North Bristol NHS Trust Annual Report 2023/24 "Delivering for our Patients; Building for the Future"

Contents

Chair's Introduction

It is with pleasure that I introduce the 2023/24 annual report and accounts for North Bristol NHS Trust (NBT). As you will see they show a picture of improvements achieved despite huge challenges, the laying of foundations for future progress and areas where we need to do more.

Without question 2023/24 has been among the most challenging the NHS has faced. Industrial action, a pressured financial environment compounded by high inflation, rising demand for services and the ongoing legacy of the Covid-19 pandemic have all impacted on the Trust's ability to deliver as it would wish to.

However, thanks to the incredible hard work and dedication of its staff, NBT can – and should – look back on the last year with pride. From working with partners to launch the Transfer of Care Hub or meeting critical targets like the 65-week referral to treatment and 28 Faster Diagnostic Standard, teams across the Trust have consistently delivered.

Of course, there is more to do and it must be acknowledged that in certain areas – notably Urgent and Emergency Care – we have not always been able to achieve the standards we aspire to. These areas will be a major focus of the Board in the coming year and – supported by investments like the Community Diagnostic Centre and Elective Centre– I am confident improvements will be made.

The year, 2023/24 was also notable for the profound decision made by both NBT and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) to come together in a Hospital Group and to launch our first Joint Clinical Strategy.

It is an honour to have been appointed the first Joint Chair of these impressive organisations. In particular, as we look forward to a future where we work together in an ever-closer partnership to deliver on the NHS's founding – and still central – principle: outstanding care to everyone who needs it, irrespective of means, no matter where they are.

I look forward to working with both Boards to deliver on this promise for all people and communities we serve.

Best wishes,

Ingrid Barker
Joint Chair
North Bristol NHS Trust
University Hospitals Bristol & Weston NHS Foundation Trust

Chief Executive's Statement

Introduction

Despite many very real challenges I am delighted to say that the last year has been one of real progress at North Bristol NHS Trust. Not only have we started to fully turn the page and move on from the Covid-19 pandemic but also to deliver improvements and innovations for the future.

Although we have done incredibly well in many areas, we know we have more to do in 2024/25. Too many people are still waiting too long for care and health inequalities remain far too prevalent in far too many of our communities.

Improving performance – delivering patient care

This past year has seen the Trust:

- Launch our Transfer of Care Hub – enabling greater co-ordination than ever with our system partners to get patients to the right place for them as quickly as possible when they no longer need acute hospital care.

- Open a Community Diagnostic Centre in partnership with the Integrated Care Board (ICB) – bringing faster diagnostic support closer than ever to the people who need it.

- Started construction of a brand new £49.9 million Elective Care Centre, with the aim of delivering over 6500 additional elective procedures annually when it opens in 2025.

- Meet the 65-week referral to treatment target ahead of schedule.

- Exceeding the target for no more than 15% of patients wait more than six weeks for a diagnostic test (<5%) and eliminating 13-week diagnostic waits – on target.

- Reaching the 28 day Faster Diagnostic Cancer Standard within the year

- Halve one-hour delays in ambulance handovers in the six months from October 2023 to March 2024 – despite ambulance conveyances increasing by 21% in the same period.

- Deliver a break-even budget – despite record financial pressure – without compromising on clinical care.

There are two other areas which are important to highlight as they are the product of months of intensive work by the teams involved:

The first is the decision by the Care Quality Commission (CQC) that our overall rating of 'Good' for maternity services should remain and that the 'Safe' domain should be upgraded to 'Good'.

Although there are still areas where I know the team are looking to improve it is a significant vote of confidence in our maternity service and one of only a handful of occasions where the rating for the Safe domain has been upgraded by the CQC since the pandemic.

The second, and just as notable, was the performance of the Trust in the Annual Staff Survey. With a response rate far above the national average, I was especially pleased to see that NBT came first in the South West as a place where existing staff would recommend it as a place to work. That said, it also highlighted areas where there remained work to do and that there is no room for complacency.

I am deeply proud of each and every one of these achievements, which are a testament to the effort and energy of colleagues across the Trust – and indeed to those of our partners right across the system.

A challenging environment – more to do

Though progress has been made in many areas, it is also important to acknowledge that there are aspects of our performance where we are falling short of the high standards, we set ourselves – and which our patients rightly expect.

Urgent and Emergency Care has faced an incredibly difficult year right across the country and we are no different. Repeated industrial action, one of the toughest winter periods in recent years, seasonal flu and record levels of demand have combined to place unprecedented pressure on the teams involved. As such, although we have regularly ranked first nationally among our peer group, the reality is that too many people are waiting far longer than any of us would wish for care.

Compounding this challenge has been the difficulty of discharging patients in the timescales we would wish. At any given time around 25% of our beds are occupied by a patient who has no criteria to reside. This not only means they are not in the place best able to meet their needs but prevents us being able to use that bed for another patient who needs acute care.

Laying the foundations for the future

The year 2023/24 was momentous for many reasons but, above all, as it was the year when NBT – together with University Hospitals Bristol and Weston NHS Foundation Trust – announced its strategic intent to form a Hospital Group.

While not a merger it is a concrete sign of the absolute commitment from both organisations - backed by our partners across Bristol, North Somerset and South Gloucestershire – to work more closely together to deliver outstanding care for our patients and shared communities.

Central to the Group is the first Joint Clinical Strategy shared by both Trusts. Clinically-led and patient-focused, it is the result work by clinical leaders from both across organisations. It will build on what we have achieved in partnership to date – for instance the shared Extracorporeal Membrane Oxygenation (ECMO) service and mutual stroke pathway – to empower frontline staff to identify how and where we can do more together through single managed services.

Looking ahead

Through a combination of innovation, ideas and sheer hard work, this was a year where NBT was able to put many – though sadly not all – of the legacies of the pandemic behind it and turn firmly towards the future. Challenges remain, such as an ever more pressured financial situation, but so do opportunities like the future Hospital Group and Joint Clinical Strategy. Led by our values, and by working together, I am confident that we can seize the opportunities and mitigate the challenges.

I very much look forward to seeing what NBT can achieve in the next 12 months.

Best wishes,

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Maria Kane
Chief Executive

Organisation's Purpose and Aims

North Bristol NHS Trust (NBT) is a centre of excellence for health care in the South West in a number of fields with an annual turnover of circa £900 million. Of this, approximately 75% 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. Our Acute Provider Collaborative with UHBW is the forum through which

we drive forward our joint clinical strategy, and work together for the benefit of our patients and population.

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

- Anaesthesia, Surgery, Critical Care & Renal
- Core Clinical Services
- Medicine
- Neurological & Musculoskeletal Sciences
- Women & Children's Health.

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 2023/24 against key operational performance metrics.

2023/24 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 65weeks for treatment, achieving the target ahead of planned trajectory. We maintained zero patients waiting longer than the national milestones of 104weeks and 78weeks (i.e., waiting due to lack of capacity on a referral to treatment pathway).
- **Diagnostics** – no more than 15% of patients waiting greater than 6weeks for a diagnostic test by year-end – NBT achieved and then maintained this target seven months earlier than the original target date. Diagnostics performance has improved to such a degree that NBT is now already achieving the 2024/25 year-end target of 5%.
- **Cancer** – delivery of the reduction target for the number of General Practice-referred patients on the cancer waiting list for more than 62days awaiting their Cancer treatment. NBT's plan to recover the cancer position has resulted in the 28day Faster Diagnosis Standard (FDS) performance coming back in line with the expected improvement trajectory, anticipating that NBT will be reporting close to or at the 75% target in March 2024.

Whilst there is still room for further improvement in 2024/25, we are starting from a strong position to deliver our future objectives and tackle our remaining risks and challenges.

Workforce constraints remain significant, with this risk most acute within nursing and midwifery, support to nursing, and allied health professionals.

Similar to the position reported in our 2022/23 report, there continues 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 Emergency Department performance.

Did you know?
Our Emergency Department had just over 105,800 attendances in 2023/24, 8,000 more than in 2022/23.
There were over 32,000 ambulance arrivals, up by 5,000 on 2022/23.
We had 62,000 patients admitted into our hospital on an urgent or emergency care pathway, 4,000 up on 2022/23.
The number of patients in our beds remained higher than the target of 93% for the whole year, with average occupancy of 97% for 2023/24.
On average 214 of our inpatients each day did not meet the criteria to reside in 2023/24.
We delivered over half a million outpatient appointments in 2023/24 - that's over 2000 appointments per working day.

We have continued to access third party insourcing and outsourcing elective capacity, whilst delivering the Community Diagnostic Centre (CDC), which opened at Cribbs Causeway on 1st April 2024 (initially provided via mobile units before transferring into a permanent building once works are completed later in 2024/25.) This new facility will enable NBT to provide up to 43,000 diagnostic procedures a year, in partnership with independent healthcare provider InHealth. The CDC will offer 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.

In addition, construction has now commenced for a new Elective Care Centre at Southmead Hospital; a joint project between NBT and UHBW supported by BNSSG Integrated Care Board and NHS England. The new centre is a system asset therefore – benefiting patients across BNSSG. As the centre will be separated from our acute hospitals, surgical beds will be protected for elective operations, reducing the risk of short-notice cancellations. It will enable up to 6,500 additional operations to be carried out annually, with a phased opening from Spring 2025.

Assurance on delivery will be monitored through the Trust Board Integrated Performance Report (IPR) which provides overview and detail of the key measures of performance. The report covers over 100 measures and is available to the public via the Trust's website. Operationally, these measures are monitored through a series of daily, weekly, and monthly performance reviews.

Other details of quality and performance measures are provided by our Business Intelligence Unit (BIU) and considered across the Trust at various meetings. The Quality, Finance & Performance, People and Equality, Diversity, and Inclusion Committees and other specialist groups also review specific performance data. These sub-committees provide the Board with assurance accordingly. The BIU, in conjunction with the Operations Team, monitors data quality and assurance reporting throughout the year - through audits, for example.

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

2023/24 has been a challenging year for the timely delivery of Urgent and Emergency Care (UEC) both for the Trust and nationally, with spikes of Covid-19 admissions, the re-emergence of seasonal Flu, as well as the impact of industrial action.

However, 2023/24 has also presented the opportunity to rebalance risk within the hospital to support our Emergency Department and Ambulance Service colleagues, whilst maintaining patient safety in our wards.

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

Point of presentation actions include:

- Pre-emptive transfers and re-introduction of the “continuous flow” model where UEC demand reaches critical level.
- Introduction of a Minors Nurse in Charge to support coordination and efficiency of the Minors service.
- Increased capacity for NHS at Home and admission avoidance through increasing medical and surgical Same Day Emergency Care (SDEC) capacity and more slots to step-down patients from wards or prevent admission.
- Promoting use of the Discharge Lounge and encouraging identification of patients who can move to the discharge lounge before 10am, to provide greater flow of patients and reduce the likelihood of a backlog of patients in the Emergency Zone.

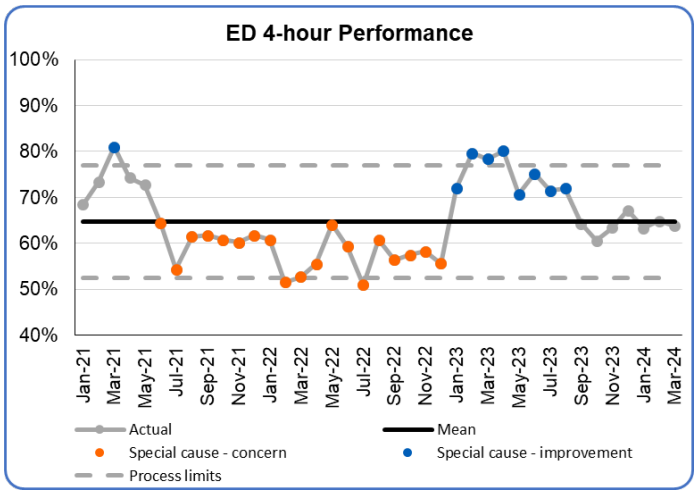
For onward care, promoting hospital flow and helping patients get home sooner by:

- Increasing discharge capacity through the new Transfer of Care Hub (see below) and to reduce the length of stay for people leaving the hospital.
- Increased capacity to support planning conversations and discharge decisions earlier in the day to secure discharge.

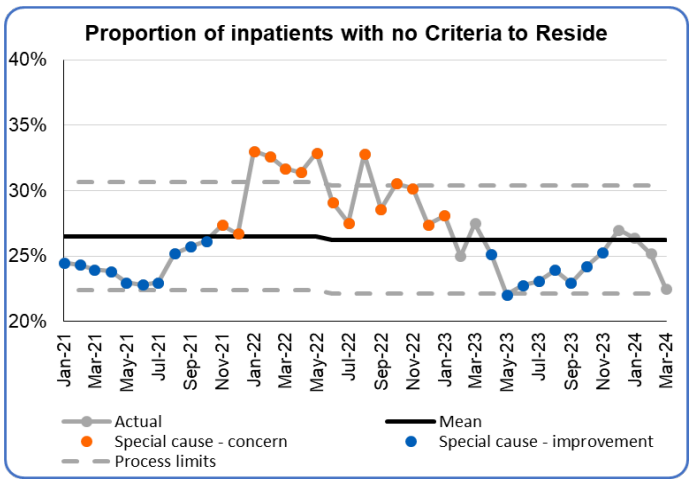
- Embedding personalised care in decision-making through family-supported discharge arrangements to bridge the gap between departure from hospital and the initiation of a new package of care.

Early 2023/24 showed an improved Emergency Department 4-hour performance following the 2022/23 winter period but this became more challenging from September 2023. This correlated with a year-on-year growth in Emergency Department attendances of 8%, and a 21% growth in ambulance conveyances. This 'demand-driven' challenge was compounded by a trended increase in numbers of patients who did not meet the criteria to reside (NC2R) in hospital – meaning the supply of beds to accommodate the increased demand did not match. This was a primary driver of UEC performance - particularly over the winter period. NBT continues to work closely with system partners on a range of measures aimed at reducing the hospital 'exit block', with a community led Discharge to Assess (D2A) programme remaining central to ongoing improvement.

Work also progressed throughout the year around development of a "Transfer of Care" Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub. The Hub is now in place and fully recruited, with ongoing work to embed and secure the benefits that have been gained. In the meantime, internal hospital flow plans continue to be developed and implemented.



Consistently improving the 4-hour ED target has remained challenging.



There have been marginal fluctuations in NC2R but fundamentally, it remains at a high percentage.

Despite these challenges, there has been a significant reduction in ambulance handover delays greater than one hour compared to the previous year. NBT has seen a steady decrease in ambulance hours lost and an improvement in ambulance handover times in 2023/24, in the face of an increase in the volume of ambulance conveyances this year. This became more challenged going into the autumn period, which led to implementation of a new ambulance handover process and a 'refresh' of the continuous flow model, which sees patients moved out of the Emergency Department and onto wards in a regular and controlled manner.

Improving the timeliness of ambulance handovers remains a Trust improvement priority under our Patient First continuous improvement methodology. NBT is aiming for a further improvement in ambulance handover times through the implementation of priority schemes under its Urgent and Emergency Care Programme.

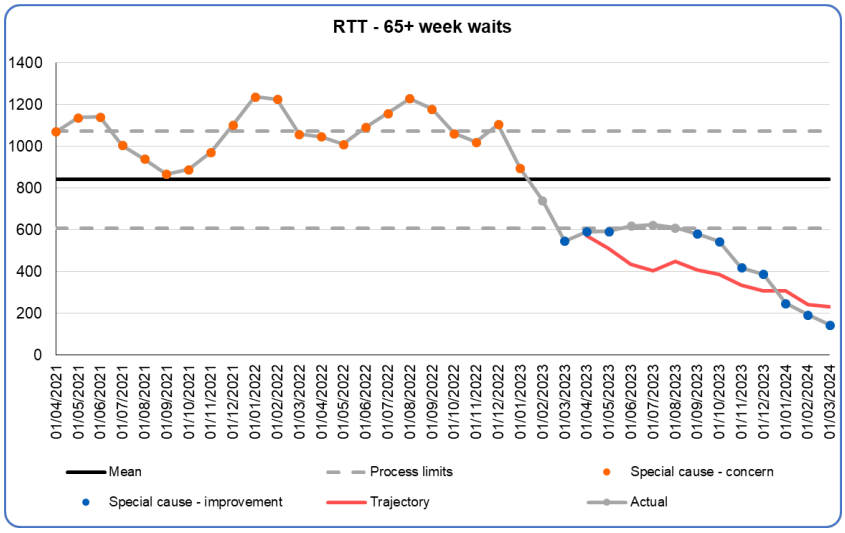
12-hour trolley breaches also reduced significantly during 2023/24 compared to the previous year. There was an increase going into the winter period, peaking in January 2024, which reduced by March 2024. NBT is continuing to focus on two key workstreams; ED and 'point of presentation' actions and Flow & Discharge work.

Planned Care

Referral to Treatment

In 2023/24, we have been able to successfully deliver planned care improvement trajectories for the second consecutive year, resulting in the reduction of patients waiting more than 65weeks for treatment, and achievement of this target ahead of schedule. We maintained zero patients waiting longer than the national milestones of 104weeks and 78weeks due to lack of capacity on a referral to treatment pathway. This was a significant achievement considering the periods of industrial action that took place throughout the 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. Additionally, one of the key components of the 2023/24 Winter Plan was to maintain high standards of patient care and safety across elective care, as well as urgent care. Whilst the schemes outlined in the winter plan primarily focused on urgent and emergency care, by their very nature the majority of actions also supported our priority of maintaining urgent and routine elective pathways.



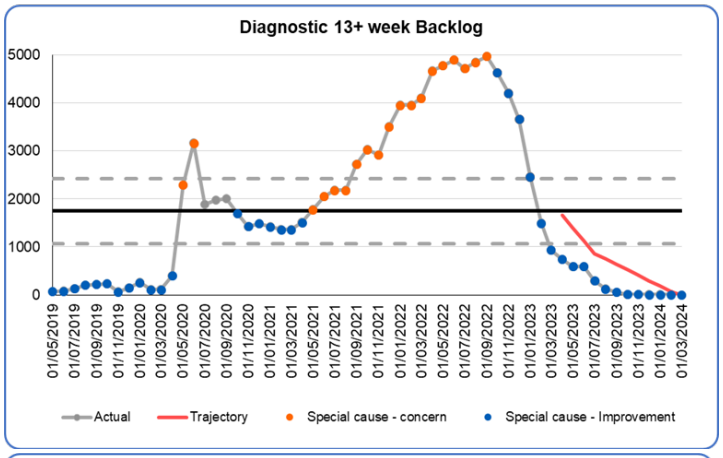
The number of patients waiting longest for surgery continues to reduce.

Diagnostics

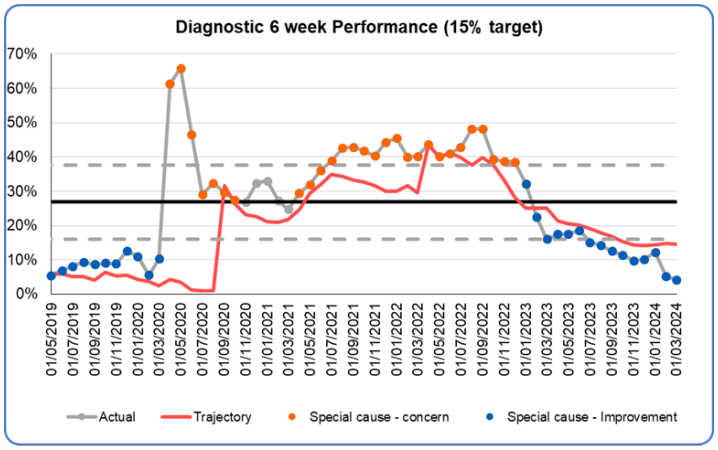
Throughout 2023/24, we have maximised the use of our core diagnostic capacity and have secured additional capacity from Independent Sector providers to support delivery of activity within the Trust and at external locations.

The Trust exceeded its improvement trajectory for no more than 15% of patients waiting greater than 6 weeks for their diagnostic test. This was delivered seven months in advance of the year-end requirement. Our final year-end position in March 2024 was just 4.22% of patients waiting more than six weeks. This puts NBT in a strong position going into 2024/25, having already reached the expected target for next year.

There has been significant achievement in clearing the backlog of longest waits for diagnostics also – i.e., those waiting for more than 13-weeks. Such waits have now been eliminated for NBT. Again, this was achieved despite activity losses during periods of industrial action.



>13-week waits for diagnostic tests have been eliminated.



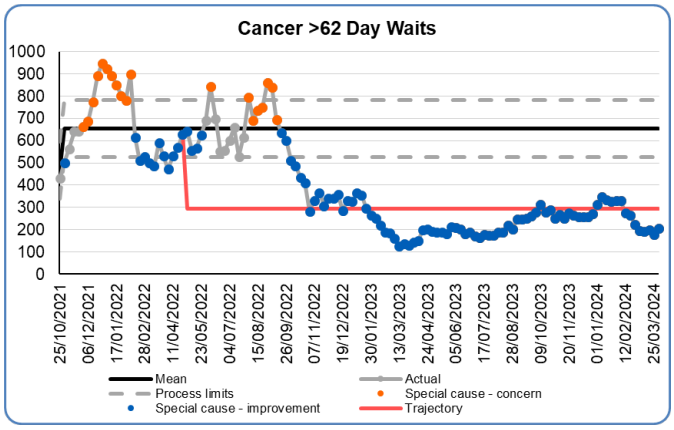
By the end of the year, >95% of patients were receiving their diagnostic test within 6-weeks.

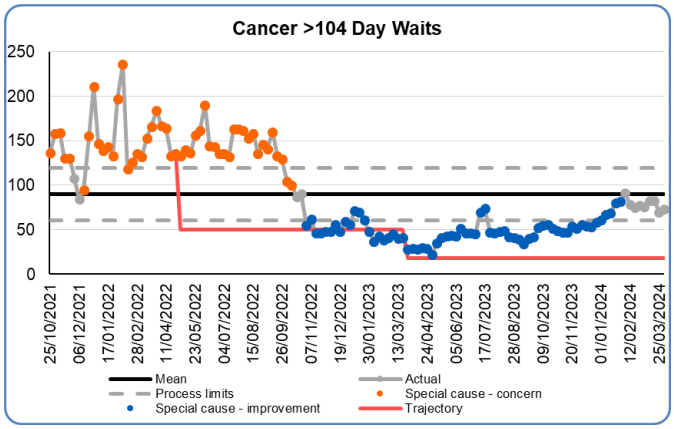
Cancer

There has been trended improvement in cancer performance since 2022/23 when NBT faced a range of challenges, including difficulties with staff recruitment and retention within Cancer Services and significant demand and capacity shortages across a few high-volume tumour sites such as in Breast and Skin services.

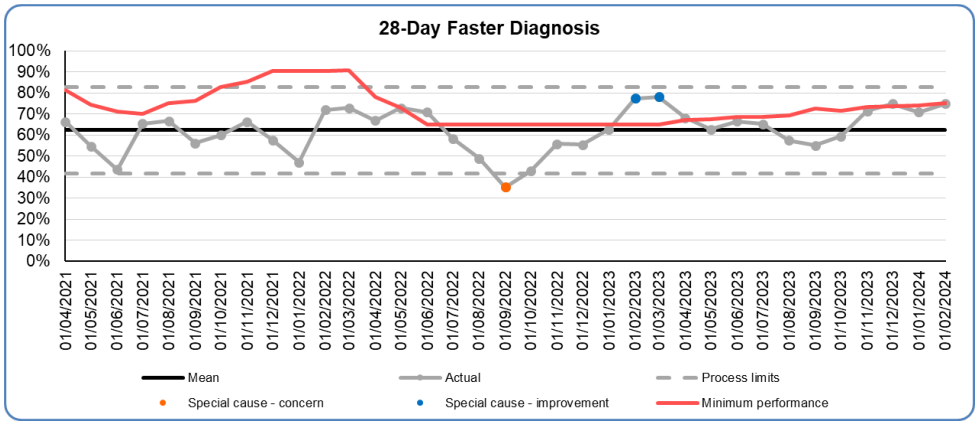
From August 2022, we adopted a bridging strategy whilst working towards long-term sustainable delivery plans. Since then, and throughout 2023/24, there has been a trended improvement in the total cancer waiting list. However, industrial action has had a significant impact on cancer waiting times and performance. Additional activity was commissioned to recover this deterioration in specialties such as Skin and Gynaecology, including the introduction of high-volume Skin 'poly-clinics'. At the same time, design work has commenced to fundamentally improve patient pathways as well as working with System partners in looking to reform cancer referral processes at Primary Care level.

In March 2024, there were 174 patients waiting over 62days on a Cancer waiting list. Despite some variation in numbers throughout the year, the year-end target (no more than 178 patients over 62days) was achieved and the final position is still significantly lower than the peak of 859 patients waiting longer than 62days seen in August 2022, demonstrating the considerable improvement the Trust has been able to make since then.





We have seen improvement in performance against the 28-Day FDS Cancer Waiting Times Standard with it increasing from 54.98% to 74.89% between September 2023 and December 2023. The Trust reported a position of 74.80% against this requirement in February 2024. There is reasonable confidence that FDS recovery plans will allow the Trust to be close to 75% in March 2024.



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

Quality Priorities

The Trust has progressed a range of quality improvement initiatives, focusing on Commissioning for Quality and Innovation (CQUIN) schemes. The 2023/24 schemes adopted by the Trust were:

- Flu vaccinations for frontline workers
- Supporting patients to drink, eat and mobilise after surgery
- Prompt switching of intravenous to oral antibiotic
- Identification and response to frailty in emergency departments
- Recording of and response to NEWS2 score for unplanned critical care admissions
- Achievement of revascularisation standards for lower limb Ischaemia
- Treatment of non-small cell lung cancer (stage I or II) in line with the national optimal lung cancer pathway
- Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery.

Delivery of these improvement initiatives has been overseen via a quarterly executive review process, linking in with the relevant clinical leads, and the Trust has recorded successful delivery against key improvement measures.

Overall delivery against the Trust's Quality Priorities for 2023-24 and across a wider range of quality indicators and workstreams is set out within the Trust's Quality Account for 2023-24, including external stakeholder feedback, in line with Quality Account regulations.

Trust Objectives for 2023/24

Our new 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.

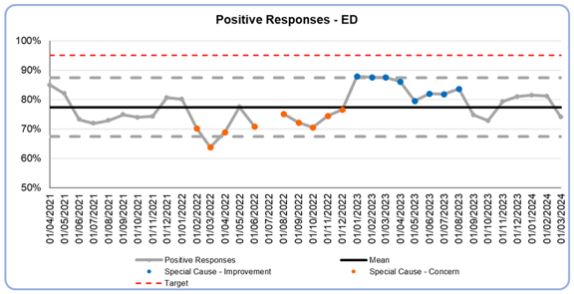
The fundamental principles of the Patient First approach are to:

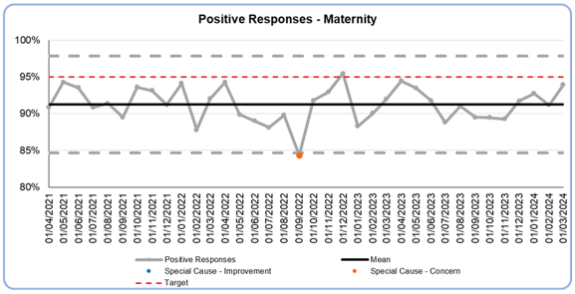
- have a clear strategy that is easy to understand at all levels of NBT
- reduce our improvement expectation at NBT to a small number of critical priorities
- develop our leaders to know, run and improve their business
- become a Trust where everybody contributes to delivering improvements for our patients.

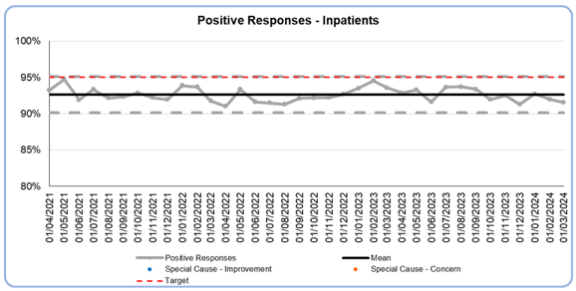
Our reason for existing as an organisation is to put the patient first by delivering outstanding patient care – and that's the focal point of our strategy. Everything else supports this aspiration.

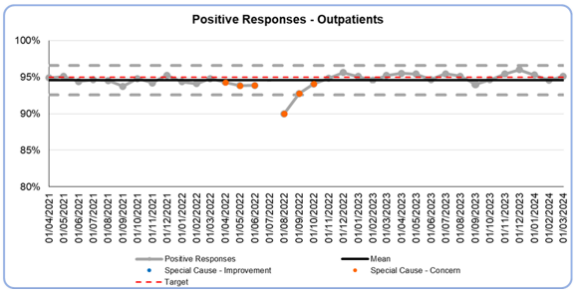
The tables below provide an overview of our 2023/24 performance against our Patient First improvement priorities. Additional information is set out within the remainder of the Performance Analysis section of this report:

	Strategic Goal (over five years)	2023/24 Breakthrough Objective
Patients – *we'll provide outstanding patient experience*	We have the highest % of patients and women 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" percentage across our Divisions and Specialties.
2023/24 Performance: **Partially achieved:** Improvements seen in Emergency Department and Outpatients FFT responses. No special cause variation in Maternity and Inpatients		







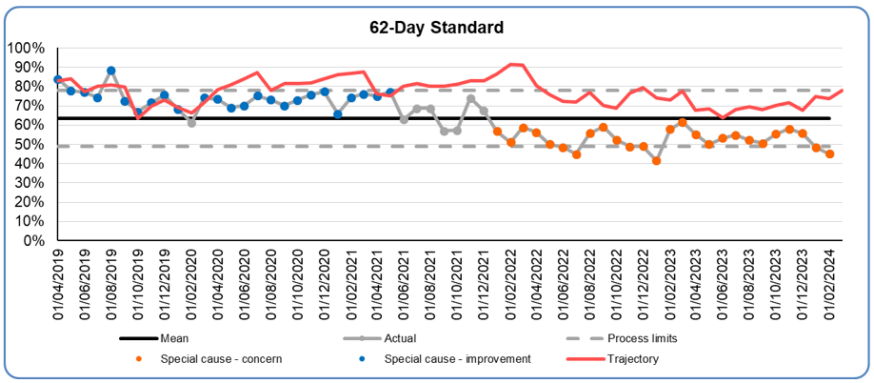


(see "Our Patients" section below for further analysis of FFT performance).

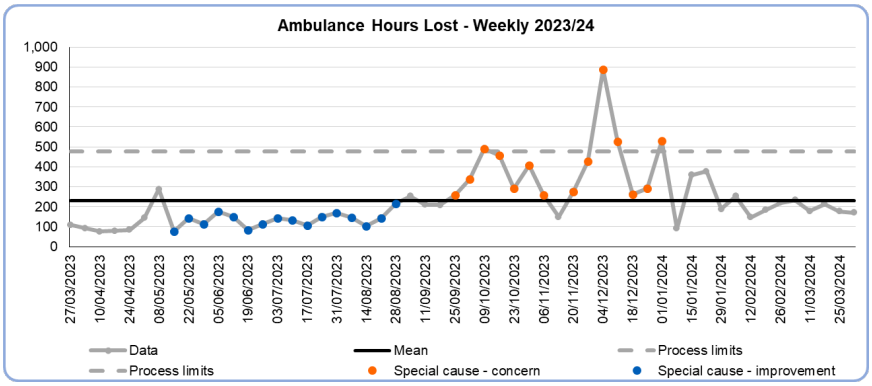
Strategic Theme	Strategic Goal (over five years)	2023/24 Breakthrough Objective
High quality care - *we'll make our care better by design*	1. 62-day cancer compliance. 2. >15 min ambulance handover compliance.	1. 75% of patients treated within 62 days on a cancer pathway by end Q3 2023/24. 2. Maintain best weekly delivered position between April 2021 and August 2022 (141 hours in week commencing 29 August 2022).

2023/24 Performance:

1. **Not achieved:** In part, due to the impact of Industrial Action. This should be considered alongside the significant improvement in FDS performance and other cancer performance indicators.



2. **Partially achieved:** Achieved in 12 out of 48 weeks, with average handover time reduced from 48 mins to 23 mins.

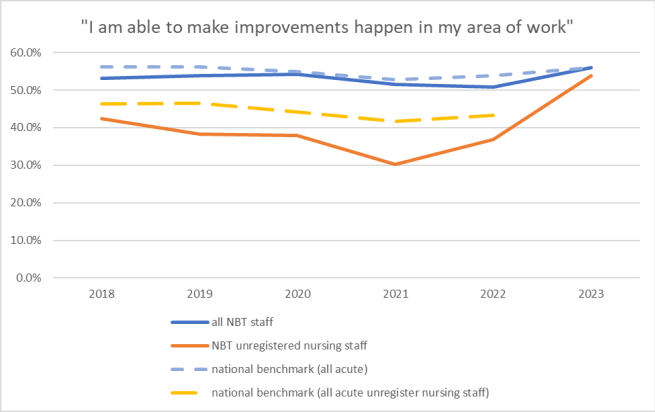


(see "Performance Analysis" sections above for more information)

Strategic Theme	Strategic Goal (over five years)	2023/24 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 41.6% of Staff Attitude Survey respondents in 2023/2024.

2023/24 Performance:

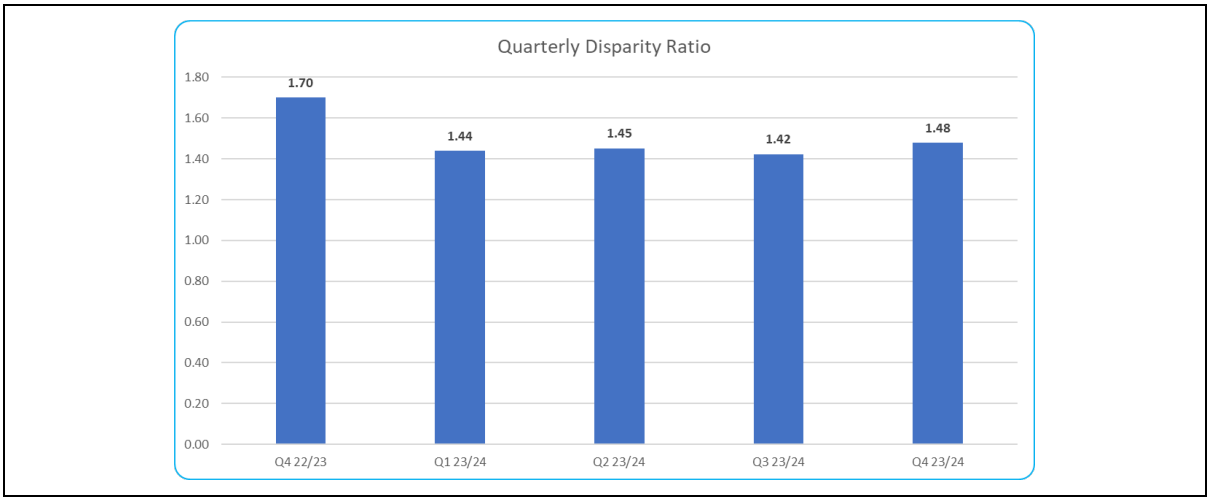
Achieved: 2023 Staff Attitude Survey results showed that 56% of respondents reported they can make improvements in their area of work. (See "Our People" section below for further information on the Staff Attitude Survey performance).



Strategic Theme	Strategic Goal (over five years)	2023/24 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 2023/24.
2023/24 Performance: **Partially achieved:** 75% of planned savings delivered in 2023/24 (circa £18m of savings – see "Financial Performance" section below and the Annual Accounts for more information).		

Strategic Theme	Strategic Goal (over five years)	2023/24 Breakthrough Objective
People – *our people will be proud to belong here*	Staff turnover sustained at 13% or below.	Staff Turnover held at 16.5% or below.
2023/24 Performance: **Achieved:** NBT's Rolling 12-month staff turnover rate was 12.32% in March 2024 (see "Our People" section below for more information).		

Strategic Theme	Strategic Goal (over five years)	2023/24 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 Black & Minority ethnic applicants.
2023/24 Performance: **Achieved:** The rolling disparity ratio was 1.42 at the end of Q3 of 2023/24 which is an improvement from the 1.70 starting point at the end of 2022/23.		



Financial Performance

The Trust has achieved a performance-adjusted surplus for 2023/24 of £0.02m (0.002% of turnover), against a required breakeven performance by NHS England. The Trust delivered recurrent savings of £18.0m.

Whilst the Financial Framework for 2023/24 was a continuation of the 2022/23 post-pandemic funding structure, noted below, there was significant impact from the industrial action which took place during the financial year. Most months included additional costs for pay to cover staff on strike or reduced income where elective activity was not delivered due to industrial action. In November 2023 there was confirmation that funding would be released nationally to cover these pressures, and further funding was made available in February 2024 for the industrial action at the end of the financial year.

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

	2023/24 (£m)
Deficit for the year from continuing operations	**(69.0)**
Add back impairments/ (reversals)	7.7
Add capital donations / grants and Income & Expenditure impact	(2.3)
Remove I&E impact of IFRS 16 on IFRIC 12 schemes	63.6
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 in 2022/23 and 2023/24 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 2023/24 and the previous five years of the Trust.

£'m	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Breakeven Duty - Annual	(7.4)	7.5	10.8	13.1	8.5	2.1
Breakeven Duty - cumulative	(129.6)	(122.1)	(111.3)	(98.3)	(89.9)	(87.8)
External Financing Limit	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
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 2024. 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. The movement from 2018/19 to 2019/20 mainly consists of additional Provider Sustainability Fund (PSF) of £9m in addition to underlying improvements. 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 and 2023/24, the majority of NHS income was under block arrangements, again limiting the ability to generate surpluses.

Capital expenditure for 2023/24 was £58.0m. This figure comprised internally generated funds of £32.9m and capital (Public Dividend Capital or PDC) draw down of £16.0m. There was a permitted overspend of £3.5m, which is allowable due to underspends elsewhere in the South West.

The Trust has a capital plan of £45.9m for 2024/25 and an opening cash position of £62.7m. 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 2023/24 have, therefore, been prepared on a going concern basis.

Our Patients

Whilst our performance against targets and trajectories provides insight into how well our services are working, hearing from our patients and carers about their experiences of our services is invaluable in helping us to understand whether we are delivering good, personalised care for them.

Patient and Carer Experience Strategy

In August 2023 we launched our new Patient and Carer Experience Strategy. This strategy builds on our Trust Strategy aim: Outstanding Patient Experience.

The strategy focuses on four key commitments which have underpinned and shaped our work this year:

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.

Against each of these commitments, there are several objectives. Alongside colleagues and patient and carer partners, we chose which of these objectives we wanted to prioritise for year one. We devised a work plan to support the delivery of these objectives. Below is a summary of these, and their progress status.

A	Amber - Progress on Track but known issues may impact on plan	C	Complete
G	Green - Progress on Track with no issues	R	Red - Progress is off Track and requires immediate action

Patient & Carer Experience Strategy Commitment	Objectives	Progress Status
Listening to what patients tell us	We will ensure that the patient experience data given to front-line teams is reliable and reflective of their services.	Data is reliable- no issues since July 2023
	A near real-time feedback offer to patients (for example 15 step challenge or observe and act)	Patient Conversations approach is in place with 3-4 visits taking place monthly across the Trust

Patient & Carer Experience Strategy Commitment	Objectives	Progress Status
Working together to support and value the individual and promote inclusion	We will deliver the Accessible Information Standard (AIS).	The AIS Steering Group continues to meet quarterly and is making good progress against the Trust's AIS Action Plan.
	We will continue to provide an inclusive person-centred holistic, spiritual, pastoral, and religious care (SPaRC) service.	The SPaRC Strategic Plan is on track and being monitored through the Patient and Carer Experience Group (PCEG).
	We will develop wider representation within our Patient and Carer Partnership, reflecting a broader range of lived experiences and providing insights from specific conditions or demographic backgrounds.	Carer Partners this year, We have successfully recruited two partners with lived experience of cancer services, a patient under 30 and a patient with lived
	We want to understand what good patient experience means to all our patients, in particular, those seldom-heard voices in our local community so we can act upon	We have made significant inroads into understanding the experience of people experiencing homelessness and Gypsy, Roma and Traveller
Being responsive and striving for better	We will consistently respond to 90% of complaints within agreed timescales.	Complaint response compliance has remained at an average of 73% this year which is below the Trust target.
	Improved FFT scores, as set out within our Patient First priorities.	Positive scores have improved Trust-wide this year and have improved across all care domains.
	We will ensure our complaint process reflects the new PHSO NHS Complaints Standards.	PHSO NHS Complaints Standards action plan is on track and is monitored through Divisional Patient Experience Group
	We will optimise our reporting and management of PALS and Complaints through our new quality governance system.	We have successfully moved to our new quality governance system Radar, for the management of complaints and PALS.
Putting the spotlight on patient and carer experience	We will ensure that the patient's voice is heard from the ward to the Board through patient stories. We will not shy away from hearing stories where things have not gone well.	We have a Patient Stories Framework in place and stories are delivered to the Board in line with the plan.
	We will introduce Patient Safety Partners (PSPs) in line with the Framework for Involving Patients in Patient Safety; this work is an integral part of our Patient Safety Strategy	1 PSP is in place, and a scoping meeting has taken place with the Head of PS to explore strengthening the role and further recruitment.
	We will increase the visibility of patient experience across the Trust by working with our Communications team and agreeing on a plan for sharing progress and developments within Patient Experience.	We have raised our profile through a quarterly Patient Experience newsletter for colleagues and the public. We have a social media plan and have been actively using X to share our updates.

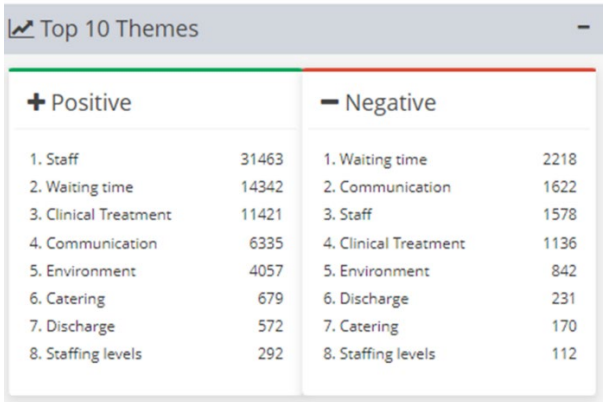
Listening to what patients tell us: Friends and Family Test (FFT)

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 2023 and 31 March 2024, 103,576 responses were received. This is an increase of 31% from last year. Our response rate remained at 16% this year. We achieved a 92.67% positive rating. This is over 1% better than the previous year (91.41%) and aligns with one of our objectives this year, to improve FFT scores.

The image 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, PALS concerns and complaints.



One of our objectives this year was to ensure there were no data quality issues with FFT, meaning that staff could rest assured that the feedback they were reviewing about their service was accurate and reliable. Since July 2023, we have had no data quality issues with FFT. This means we can confidently encourage front-line staff to log into the system and review feedback about them and their ward, giving them a better understanding of what's going well for their patients and the opportunities to improve. Our Patient Engagement Lead will continue to work with teams over the next 12 months to increase their engagement with the feedback they receive through this source.

We continue to collect demographic data alongside our FFT data for those who respond by postcard or web link. We do not currently collect demographic data for those who respond by SMS, but we are exploring this over the next year.

From the data we have available to us we know:

- 1.2% reported having a disability.
- The majority of respondents were aged between 75-84.
- More women than men responded to the Friends and Family Test.

A near real-time feedback offer

We are aware that responses elicited from the FFT are limited. The experience is often reported a few days after the patient is discharged from our services, and as noted above, the diversity of respondents is poor. We also know from our national inpatient survey results that only 8% of our patients say they are asked to give views on the quality of care during their stay. We wanted to improve this and offer an 'in the moment' opportunity to chat to our patients in an accessible way, and hear about their experiences in their own words, reflecting what matters most to them. With this in mind, we developed our 'patient conversations' framework, which went live in October 2023.

In this model, staff or volunteers go on to wards and chat with patients. They do not have a set agenda or questions but instead will listen whilst the patient talks about their experience of being in our hospital. The volunteer will then share this feedback with the ward manager immediately, so opportunities for improvement can be implemented immediately for the benefit of the patient.

We also review overarching themes from the feedback alongside other patient experience data (e.g., Complaints, PALS, local surveys) and from direct broader improvement work.
To date we've undertaken 17 patient conversation visits to wards or departments. We have 15 staff and volunteers who have been involved, and we've spoken with over 50 patients. Whilst the feedback is predominantly good and we've been able to use this to encourage staff, we've also been able to make quick 'real-time' changes to support the patient whilst they are still with us and to look at longer term opportunities to improve patient experience.

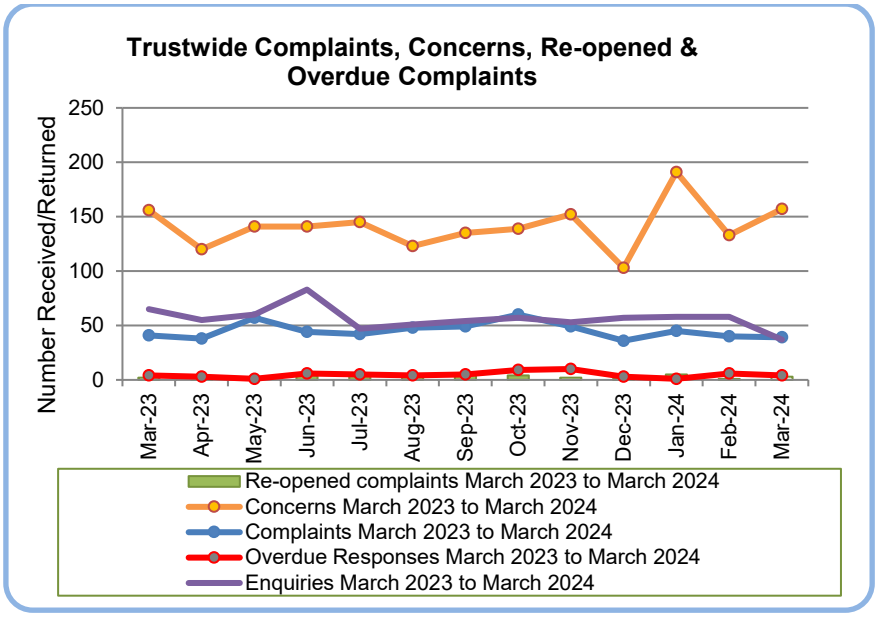
Through patient conversations we are able to speak with patients who might not otherwise provide feedback through FFT or the national survey programme.

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

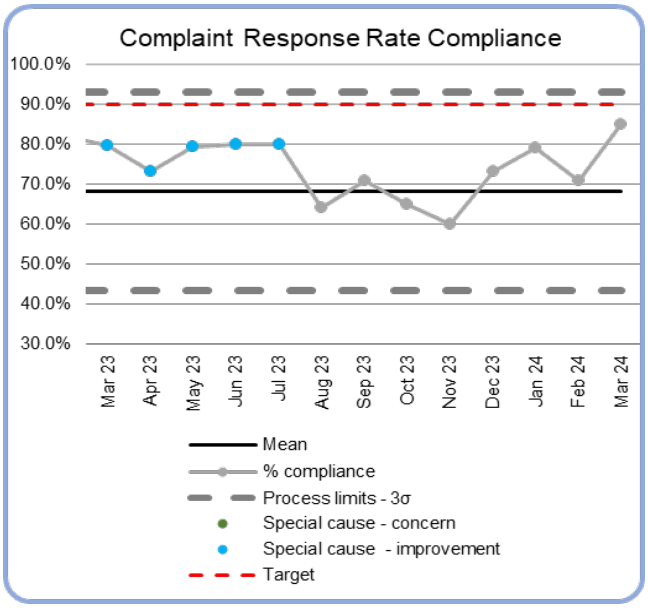
This year 560 formal complaints were received by the organisation. This is 15% fewer than the previous year, when 666 complaints were received.

This year PALS activity has remained stable. We received 1,670 PALS concerns, which is two more than the previous year.

Of the 560 complaints, 6% were returned. This is very slightly higher than the previous year, when 5% were returned. The chart below shows a summary of key activity.

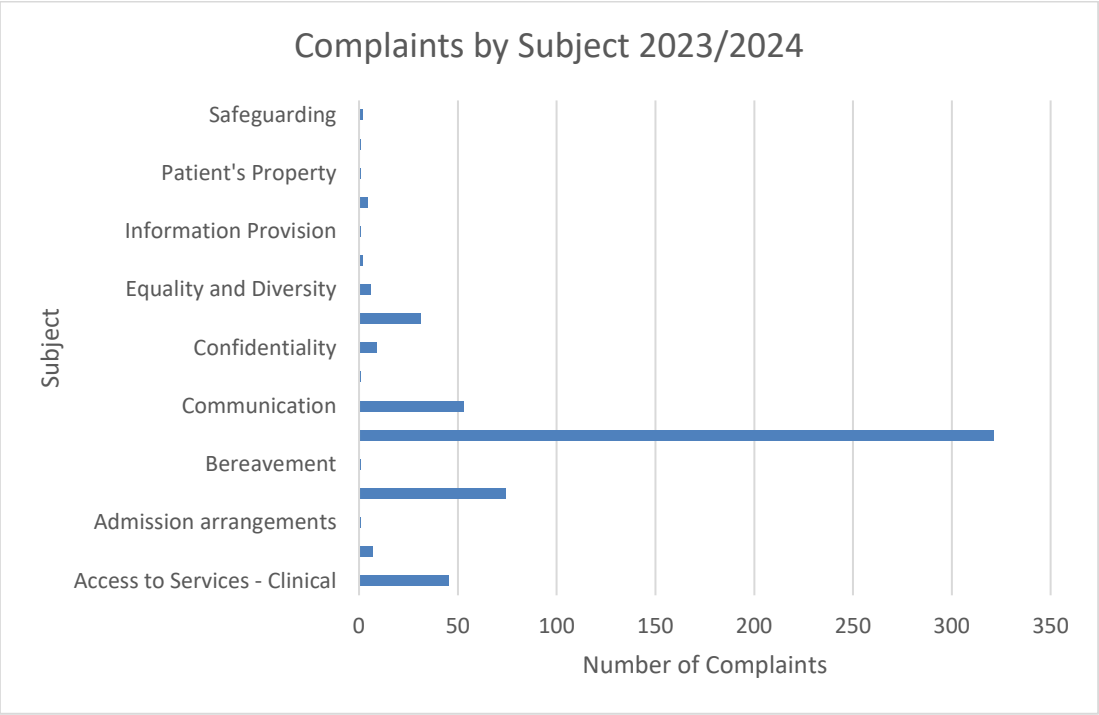


One of our objectives was to consistently respond to 90% of complaints within agreed timescales. Achieving this amongst significant operational pressures and staffing challenges has been difficult and this year we achieved 73%. The chart below shows our compliance each month.



We carried out some benchmarking activity amongst peers to understand whether we are unique in our challenges, or whether this is something experienced across similar NHS organisations. What we found is that Trusts are using different measures for timeliness and quality of complaints. It is therefore difficult to definitively compare ourselves; however we are reassured that we continue to set ourselves challenging targets with the complainant's experience at the forefront of our mind when considering timescales for response and balancing this with the quality of investigations. More information about this is in our Patient Experience Annual Report.

There have been no changes to the top themes for complaints. These remain ‘Clinical Care and Treatment’ followed by ‘Access to Services’ and ‘Communication’.



In September 2023 a report was presented to the NBT Trust Board which provided a “deep-dive” into the complaint theme ‘Clinical Care and Treatment’. This deep-dive showed that the main specialties receiving complaints about Clinical Care and Treatment were: Emergency medicine, Obstetrics, Urology, Maternity, General medicine, Trauma and Orthopaedics.

The underlying issues varied between specialties but there were some consistencies including:

- Something happening during the episode of care the patient was not expecting.
- Outcomes, potential complications, and risk of procedures not being fully explained.
- Not being able to manage a patient’s expectation of time.
- Patients feeling ignored, not listened to and not part of the decision-making process.
- Perceived delays in treatment and/or interventions.
- Attitudes of staff and expectations of professionalism (kindness and compassion) .
- Supporting with the activities of daily living i.e., eating, drinking and personal care.
- Perceived confidence in nurses and the differences experienced between day and night, substantive and agency staff.

From this, we noted key actions including accelerating the implementation of shared decision-making, to ensure there is ‘no decision about me, without me’ and continued focus on recruiting permanent colleagues and reducing turnover; this will reduce the reliance on a temporary workforce.

The most common theme for PALS concerns was ‘Access to Services’.

Complaints Lay Review Panel

Our coveted Complaints Lay Review Panel, regarded as a national standard setter, has continued to convene this year, meeting once a quarter and reviewing three anonymous complaints at every meeting. They look at how we handled the case, providing a score, noting areas of good practice, opportunities for improvement and whether we have closed off agreed actions. A member of the panel shares the findings with our Divisional Patient Experience Group, whose members can take lessons learned back to their clinical divisions.

Whilst the panel has exceptionally skilled and dedicated members, in 2024/25 we aim to bring more new perspectives and grow and diversify the panel further.

Accessibility of the Complaints Process

We collect equality monitoring data about those accessing the complaints service through a non-mandatory form. In 2023/24 we received 40 responses. This is a response rate of 7%.

The data shows that:

- Most complainants were aged between 31-45 years.
- 38% of complainants disclosed that they had a disability.
- 82% of complainants were White-British.

We know that this is not reflective of our local population and those accessing our services. For the past year, we have welcomed Healthwatch Bristol on-site to run a monthly feedback stall from our hospital atrium. This is an alternative method of collecting feedback from people who may feel uncomfortable raising concerns directly to the Trust.

We also continue to seek feedback about the accessibility of the PALS and complaints processes from service users through a questionnaire. Results show that 83% of respondents found it easy to find out how to raise a concern to PALS and 66% of respondents found it easy to find out how to raise a complaint.

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

In October 2023 we celebrated 20 years of our Patient and Carer Partnership Group. We held a celebration event with our partners where we had an opportunity to reflect on their incredible achievements and say thank you for their commitment to helping us build a better future for patients of NBT.

We now have 17 patient and carer partners, welcoming 6 new patient and carer partners over the past 12 months. Within this we have:

1. Two partners with lived experience of cancer services.
2. A partner under 30.
3. Two partners who are members of the LGBTQ+ community.

4. A partner with lived experience of mental health challenges.

Our partners continue to share their lived experience of our services and use their skills and expertise to help us understand how we can deliver even better for our patients and carers. To support our commitment to improve access and inclusion for all patients, we set ourselves the objective to understand what good patient experience means to all our patients, particularly those seldom-heard voices in our local community, so we can act upon this. We successfully recruited a Patient Access and Inclusion Lead into the team to support this work.

We have begun engaging with two groups; those experiencing homelessness and Gypsy, Roma and Traveller communities. Working with our Health Inequalities programme, the Voluntary, Community and Social Enterprise (VCSE) sector and partnering with colleagues in Sirona and UHBW, we have been able to start building trusted relationships with these groups to understand better their experience of care and treatment in our services.

We have continued to build on our well-established relationship with the Bristol Sight Loss Council (now West of England Sight Loss Council). The Sight Loss Council were awarded Team of the Year at the Rodney Powell Volunteer Awards, for the work they did collaborating with us to improve accessibility across healthcare settings and embed the Accessible Information Standard. We look forward to continuing our ongoing work together over the next year.

In February 2024 we hosted the Bristol Deaf Health Partnership for the first face-to-face meeting of the group since before Covid.

In December 2023, we commissioned Healthwatch to undertake a project for us, looking into the experiences of those waiting for surgery (specifically from areas of low deprivation, patients with learning disabilities and Autism (LD&A) and other marginalised groups). We await the outcome of this report and plan to action the findings in 2024/2025.

In January 2024, we welcomed five young carers to undertake the “15-step challenge” in three of our inpatient ward areas. This marks the start of our work with the Carers Support Centre and Young Carers Group to better understand their experience of accessing our services with the person they care for. We have been able to use their feedback to draw up an action plan which we will work through in the next year, asking the group to check and challenge our progress. We have also been an early supporter of the ‘Young Carers Covenant’ and were one of four organisations noted as having pledged commitment to the Covenant at the time of its launch in March 2024. For more information about the Covenant please see the link - The Young Carers Covenant - Carers Trust

All this targeted insight helps us better understand how we are delivering for our patients, and how we can build a better future that meets their needs.

Health Inequalities

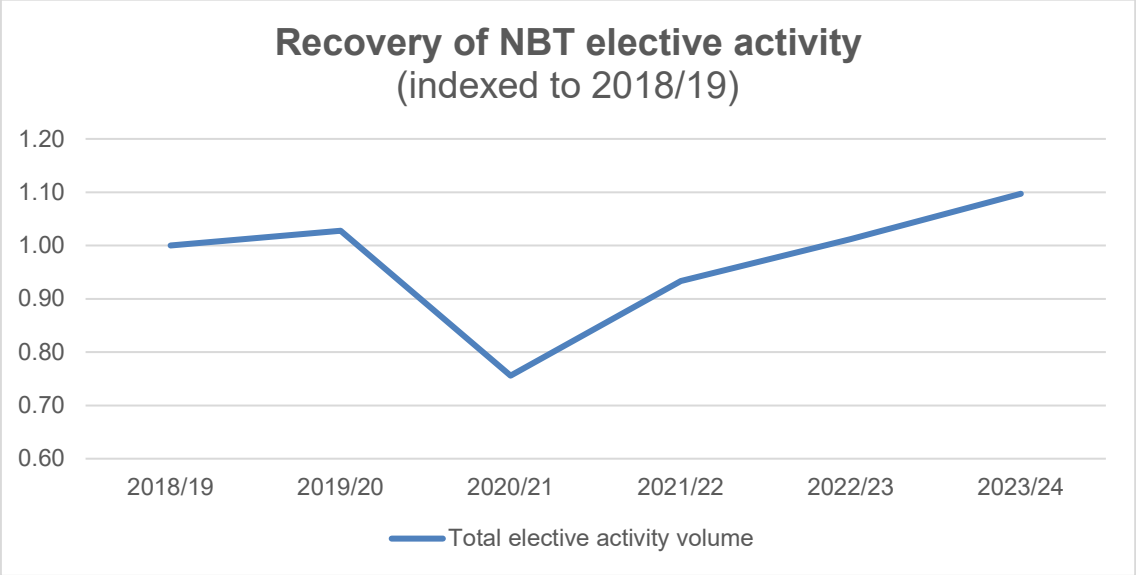
The Trust approved a new Clinical Strategy in June 2023, setting out our priorities for developing our clinical services over the next five years. A core focus of the clinical strategy

is how we meet the needs of our population and respond to health inequalities. Our clinical strategy also recognises the need to improve our understanding and support for staff health, recognising that the same inequalities that persist in wider society also impact on our workforce.

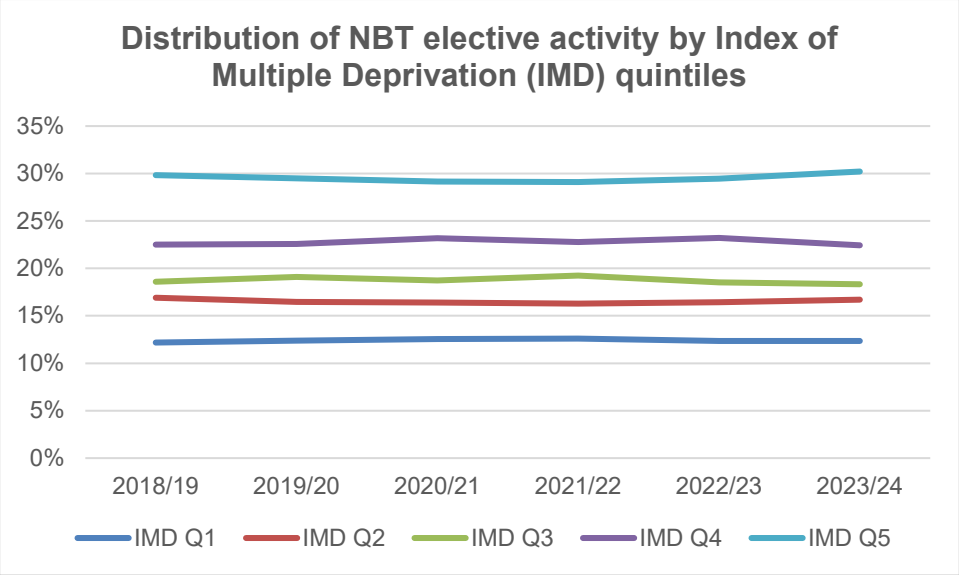
In 2023-24 we have focussed on:

Understanding and improving our data on our population needs:

- We have established inequality dashboards so that our services can monitor how they are meeting the needs of different population cohorts.
- In line national guidance, NBT is monitoring our recovery in elective services following the pandemic to ensure we understand and mitigate inequities of access. Overall, NBT has recovered elective activity above pre-pandemic levels:

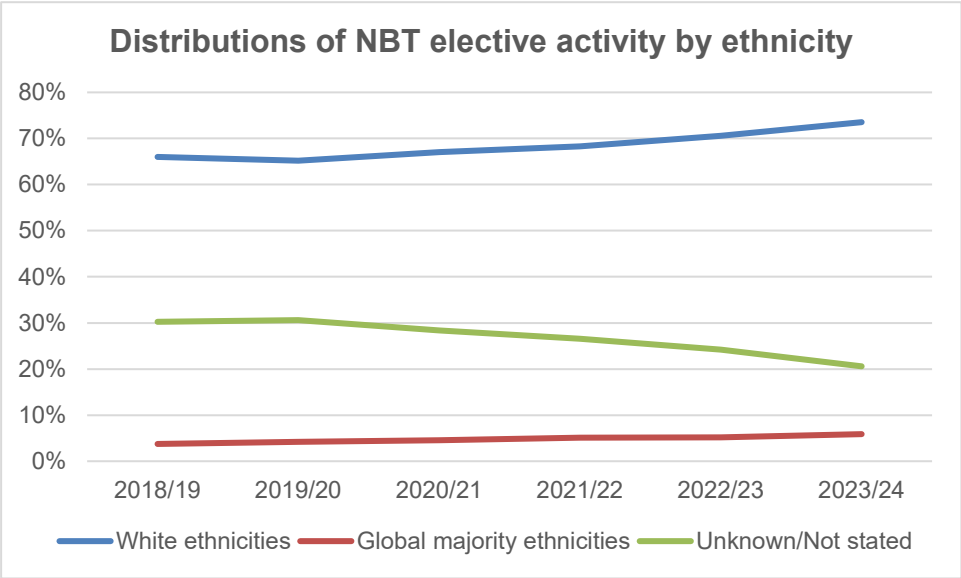


- The recovery in elective activity has been broadly similar across areas of higher and lower social deprivation. Through using our new data dashboards, our services can continuously monitor variations in access for specific services and populations.



Note: IMD Q1 refers to the population living in the 20% most deprived areas of England. IMD Q5 refers to the 20% least deprived.

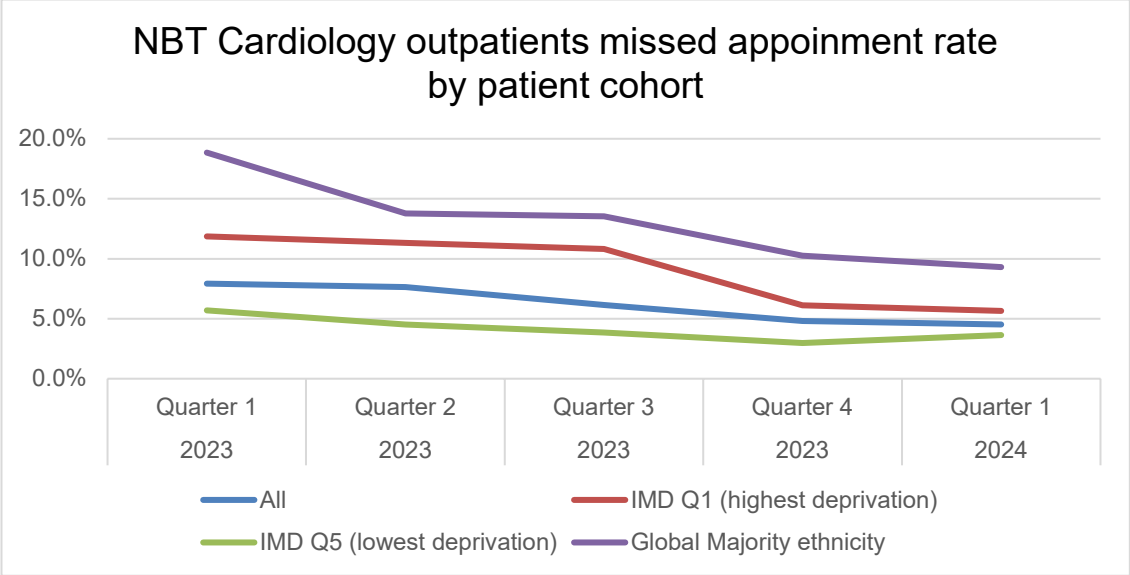
- Ethnicity status is an area where we have focussed on improving our data quality. We are working with our system partners to establish better data sharing on the core demographics and needs of our patients.
- Whilst there have been improvements in the recording of patient ethnicity, and the proportions of activity for both white and global majority patients have increased, further improvement is required for effective monitoring.



Improving access to outpatient services

- Jointly with UHBW we are looking at improving access to Cardiology outpatient services for patients who live in areas of deprivation and/or patients of global majority ethnicity. Our data shows that these patients are more likely to miss an appointment and the project has sought to understand some of the reasons and make

improvements. This project will continue into 2024-25 and the learning will then be shared to make improvements across all outpatient services. Initial changes which we have made to our services include increased reminders to patients and improvements to the information provided to patients. Whilst the full impact cannot yet be assessed, there has been improvement: we have seen missed appointment rates decrease for all our patients, but the greatest improvement has been for our target population, helping to reduce the inequities of access.



Note: IMD is Index of Multiple Deprivation

Black Maternity Matters (BMM) Project

- NBT are taking part in this project, which developed from the vision of the team from Black Mothers Matter, a local organisation supporting Black mothers in Bristol.
- The aims of the project are to support perinatal teams to improve health equity of Black mothers and their babies, and it was developed by Health Innovation West of England in partnership with Representation Matters and BCohCo (https://www.bcohco.com/). The Trust have their third cohort of staff taking part in the programme this year with a mixture of midwives and obstetricians attending.
- In 2023/24, the BMM team launched a programme designed for Senior Leaders, with NBT's Chief Executive, Chief Nursing Officer, Head of Midwifery, Deputy Head of Midwifery and Consultant Obstetricians participating.

Tackling Tobacco Dependency

- Smoking and use of tobacco products remains a leading cause of premature mortality and increased morbidity for our population and are a major contributor to health inequalities. The tobacco industry has a strong legacy in Bristol stemming from Bristol's role in the international trade in tobacco and as a manufacturing centre for cigarettes. That legacy, which included often free supplies of cigarettes to the many people who worked in the industry, endures and Bristol retains some of the highest smoking rates in the country.

- Our Integrated Care System has identified tackling tobacco dependency as a strategic priority and has funded the establishment of a new inpatient and maternity Tackling Tobacco Dependency (TTD) service hosted at NBT in 2023-24. These new services are growing in their establishment but are already making a difference for our patients. At NBT, 212 inpatients and 99 maternity patients have been referred to the service between October 2023 and January 2024. For those who engage in a quit attempt, 37% are successful.
- Our understanding of patient smoking status is very good in maternity services (99%). Of those who are identified as smoking, 85% are seen by the TTD service. However, we do not have good data on the smoking status of our inpatients and estimate only around 6% of inpatients who smoke are being identified and referred into the TTD service.
- A staff smoking cessation service was piloted during winter 2023/24 and this has supported approximately 40 NBT staff members to date. The evaluation of this pilot will be completed early in 2024-25.

Staff Health and Vaccination Team

- In response to the clinical strategy, a new team has been established, the Staff Health and Vaccination team. Alongside seasonal vaccinations and fit testing, the team has a created a comprehensive programme of physical health checks that complement the existing well-being offer for staff (see “Staff Health Checks” section below).
- Between October 2023 and March 2024, 2,439 staff accessed the health checks and 7.6% of participants had at least one health risk identified during their check.

Fundraising – 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.

Every pound generously donated directly supports our hospitals, and every project improves the healthcare the Trust provides - aiming to ensure an outstanding patient experience for each and every patient. Our work helps to support over one million people locally, and nearly four million people across the South West and beyond.

We’re proud that through charitable support, Southmead Hospital has become the first hospital in the UK with a Synaptive Modus X robotic microscope. This state-of-the-art robotic microscope for neurosurgery, means our surgical teams can continue to deliver world class healthcare for people living with brain cancer and other neurological conditions across the South West.

In addition, donations also enabled the purchase of specialised 3D scanning equipment for a Digital Design and Technology Centre, which will enable a new science and technology service in one innovative facility. The service will use 3D printing, scanning and specialist medical designers to create custom-made prosthetics, providing enhanced comfort, mobility, and quality of life for our patients.

Our People

This year we have continued to invest in the growth, retention and development of our workforce, refreshing our People Strategy to align with our new Trust Strategy, and aspiring towards everyone at NBT feeling 'Proud to Belong'. In line with these strategic priorities and the national workforce challenges we face across the NHS, we were delighted to launch a series of plans this year, with a focus on six key areas:

- Acute Provider Collaborative with UHBW
- Long-Term Workforce Plan
- Equality, Diversity, and Inclusion Plan
- Commitment to our Community
- Long-Term Retention Plan
- Enhancing People Services.

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 concerted and positive focus on EDI this year which has culminated in the development of a 3-year EDI Plan which was signed off by the Trust Board in November. This Plan coincided with, and incorporates, the 7 High Impact Actions which have been mandated nationally by NHSE following the publication of their EDI Improvement 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 2023/24 our focussed activities have included:

Inclusive and fair recruitment:

- Launching Positive Action as part of our recruitment processes, aiming to improve under-representation of B.A.ME staff at band 8a and above.
- Training staff to be Diverse Recruitment panel members and be part of recruitment processes for senior level posts.

Career and Personal Development:

- Continued support of the Stepping Up and Reciprocal Mentoring programmes.
- Stepping Up is a Positive Action Diversity Leadership programme in partnership with Stepping Up Bristol and aims to enable managers to explore co-creation and research skills, as well as working as part of a team of a diverse peer group. The programme

works through career diagnostic, virtual learning platform, virtual mentoring and career management support.
- The development and implementation of the Accelerate positive action programme which aims to address barriers and equip participants with skills for career progression at NBT. Two cohorts of staff have now completed this programme and we will be tracking their progress during 2024.

Ensuring Fairness and Equity in Processes and Services:

- Completing EDS22 (Equality Delivery System) and highlighting areas for improvement in our Maternity, PALS, Communications, Leadership, and staff wellbeing services.
- We have more than doubled our number of Cultural Ambassadors at NBT, providing accredited RCN training for another ten staff from a range of job roles and grades. They will support our aim of further reducing the over-representation of B.A.ME and disabled staff in formal HR processes such as disciplinaries and grievances.
- We successfully bid for funding from the National WDES team and have undertaken work and developed skills and resources in conjunction with the Diversity Trust and WECIL to better support neurodiverse staff at NBT.

Work of the Staff Networks:

- The establishment of a very successful new Women's Staff Network.
- Successful campaigns and events led by the staff networks for Black History Month, International Womens Day, LGBT+ history month and Disability Month.
- We also marked South Asian Heritage Month (SAHM) in 2023 and had a stall in the hospital atrium showcasing heritage of India and Sri Lanka.

Fighting discrimination and poor behaviours:

- We launched our comprehensive 'We Do Not Accept' campaign in January 2024, which aims to clearly promote the standards of behaviour we expect from staff, and the behaviours we do not accept. The campaign highlights the responsibility of staff and managers to raise, report and respond to acts of harassment, bullying, discrimination, racism, violence and aggression from colleagues and service users.
- Our Staff Survey results this year have shown improvements and progress in many areas of EDI, particularly around the experience of disabled staff and the number of incidents of bullying and harassment. However as detailed below, there is more work to be done, linked to discrimination on the grounds of race and equity of access to career development opportunities.

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, for example on EDS22 and Inclusive Recruitment plans.
- Worked closely with the Trust Board and Divisional leads to ensure they understand their responsibilities for EDI and have at least one clear and measurable EDI objective for 2024-25.

Staff Health and Wellbeing

Our staff health and wellbeing programme continued to expand during 2023/24. Our usual services supporting staff health and wellbeing such as Occupational Health, our Employee Assistance Programme (EAP), Physio Direct and our Staff Psychology Service continued to be very well used and a forum was established which brought all health and wellbeing providers together on a quarterly basis to review activity, data and trends.

Schwarz Rounds continued to be popular, averaging two per month and the addition of a part time, temporary Psychologist with a background in supporting EDI programmes of work and one-to-one staff equality issues proved very impactful.

Other highlights included:

- Opening two new calm rooms for staff to relax and decompress during their busy working day.
- Our Executive team signed the Menopause pledge.
- We developed our own pool of Menopause Trainers and launched our Menopause Matters course at NBT course. Thirty-seven leaders and managers have received this training so far.
- We launched our Menopause cafes, providing peer to peer support for staff experiencing the menopause.
- As part of NBT's financial wellbeing measures for staff, Citizens Advice were employed through their corporate outreach scheme to provide weekly onsite sessions with a trained advisor for staff facing debt, benefits, housing, or other legal issues.

Staff Health Checks

This year, alongside our Staff Vaccination Programme and linked to our Clinical Strategy, we offered on-site Staff Health checks, with very positive outcomes:

- 2,439 staff seen
- 7.6% of staff had a health condition identified
- 94% of staff would recommend the service to a colleague

Health Checks Included:	Support and Advice offered:
Blood pressure	Mental health support/signposting
Heart rate	Breast care signposting
Oxygen saturation	Menopause signposting
1-lead and 6-lead ECG	Smoking cessation advice
Cholesterol	Alcohol advice
BM check (diabetes)	

Height	
Weight	

We asked staff attending the health checks, what kind of health and wellbeing offer they would value most going forward. From the thousands of responses to these questions we received very clear feedback that the health support staff would value most is access to urgent on-site dental care, access to an on-site GP and quicker access to diagnostic tests.

We are using this intelligence to develop a three-year plan for future staff health and well-being provision, which has a clear focus on health inequalities and equity of access.

Staff Attitude Survey

The National Staff Survey Results for 2023 were very positive for NBT, both in terms of response rate and outcomes. The Trust-wide response rate was 60%, with 5880 responses from a sample of 9878, compared to a median response rate of 45% across 122 Acute & Community Trusts. This was our highest response rate ever, and an increase of 9% from 2022.

Overall, the majority of results have improved since last year with 102 out of 106 questions showing improvement from 2022. NBT's areas of strengths are:

- The Staff Engagement, Morale and all 7 People Promise scores have significantly improved since last year.
- Staff Engagement, Morale and all 7 People Promise elements scored higher than the National Acute Community Comparator Group (ACCG) scores.
- The results suggest an effective working environment where people are respectful and kind to one another.

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.43	6.06	6.83	6.21	5.77	6.35	6.82	7.10	6.09
Best result	7.71	6.37	7.16	6.55	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	6.06	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	5.75	5.05	5.60	6.35	6.34	5.54
Responses	5834	5855	5669	5775	5549	5811	5829	5857	5860

NBT was ranked number 1 of various South West NHS organisations as somewhere staff would recommend as a place to work.

However, there are still areas we need to focus on, where our staff have told us we must do better:

1. Discrimination: The sub-question relating to the type of discrimination experienced saw a 6% increase in 2023 in staff selecting 'ethnicity' as the reason for discrimination (from 47.5% to 53.5%).
2. Sexual safety at work: Unwanted sexual behaviour/target of unwanted sexual behaviour from patients/service users in past 12 months: NBT is at 9.7%, almost 2% above comparator average of 7.73%.
3. Improving the quality and outcomes of appraisal process. The percentage of staff who had an appraisal in the past 12 months improved to 87.36% in 2023; 6% higher than 2019, (previously our highest score of 81.37%). However, although we have seen improvements this year, NBT is still below Comparator average on: 'It helped me to improve how I do my job', 'It helped to agree objectives', and 'left me feeling valued'.

We are already undertaking work in all these areas. We are currently implementing in full NHSE's Sexual Safety Charter and are continuing to work to improve the appraisal experience of staff at NBT. Aligned to this is the introduction of a new on-line appraisal system in 2024. This new system will make it much easier for staff to give and receive feedback, track progress and input into their appraisal.

Discrimination on the grounds of race will require increased organisational focus and effort in 2024/25 and NBT is committed to continue this work on a Trust-wide basis.

Addressing our vacancy gaps

<u>Talent and Attraction</u>

The Talent Acquisition team's focus on unregistered nursing roles this year saw a significant reduction in vacancies across the Trust. We recruited over 340 new Band 2 and 3 healthcare support workers between April 2023 and March 2024, which has led to a vacancy factor of less than 1%.

As a result of the increased focus on promoting Band 5 registered nursing opportunities, there has been a substantial increase in nursing applications across the Trust, with over 200 new starters joining in the last year. International recruitment of nursing staff was also significantly increased in 2023/24, with 250 nurses joining from overseas and starting their OSCE training to gain Band 5 registered status. Furthermore, nearly 250 Band 4 nurses passed their OSCE during 2023/24 which is a huge step forward and means NBT now has the lowest vacancy rates the Trust has seen for some time.

Over the course of the year the Talent Acquisition Team:

- attended over 50 careers events

- implemented regular pipeline engagement sessions, predominantly for newly qualifying clinical candidates who often wait months in the pipeline between offer and commencement of employment
- broadened the reach of our social media posts, reaching over 20,000 social media users per month and growing our LinkedIn following to nearly 15,000 and
- launched regular Trac (recruitment system) Training sessions for recruiting managers.

Learning & Development

Appraisal

NBT has enhanced the appraisal process to assist its staff in better aligning their objectives with the Trust's improvement priorities and giving better oversight to managers to monitor staff progress. The appraisal system encourages continuous growth by setting up dynamic objectives and professional development activities that can be monitored, discussed and managed throughout the year. The updated review form simplifies the process, saves time and allows staff to focus on their professional development, aligning their objectives with the Trust's improvement priorities.

Induction

Since Feb 2023, NBT has successfully inducted 2248 new starters onto our new Induction Programme. The programme has received excellent feedback, with new staff expressing their satisfaction with the informative onboarding information hub, which gives them a better understanding of the organisation's Trust Values and Strategy and a feeling of being welcomed and supported.

NBT offers Work Experience to school-age students (up to 5 days) and taster days for adults considering a career change. We also partner with SGS College to provide placements for their Nursing and Midwifery Pathway T-Level Students. Since September 2023, we havehosted nearly 120 work-experience students, totalling 280 placement days. We have also supported nine T-Level students on their placements at NBT and hope to build upon this further next year as a stepping-stone to apprenticeships at NBT.

Mayoral Priority Skills funding is used to engage students in schools, colleges and community organisations. We are creating a community network, organising events, and developing key skills opportunities to support English language, numeracy, IT skills and application and interview preparation.

International Nursing & Midwifery Recruitment & Education

As part of the international nurse recruitment and education programme, the Trust has recruited 244 nurses to NBT in 2023/24. We also launched the ADAPT Programme, our post-registration education and transition programme for internationally educated nurses (IENs). This is one of the first programmes focussing on IENs' transition that supports the transition phase (post UK registration) and has evoked interest from various other Trusts across the

region and more widely. Other Trusts are looking to set up similar programmes. A total of 33 nurses have now completed the ADAPT Programme and 122 nurses are enrolled.

The Trust has also expanded into the recruitment and education of internationally educated midwives and six midwives have been recruited to NBT through this process. Plans to expand this further are being made for 2024/25. Focussed education and learning support for these learners has been provided through the introduction of the Legacy Mentor role that has been funded by NHSE on a fixed term basis.

NBT continues to hold the NHS Pastoral Care Quality Award for our onboarding and education.

PostGraduate Medical Education (PGME)

Over the last 12 months, NBT has benefited from an increase in the number of doctors in training posts, linked to the national expansion and redistribution of training. An additional 19 trainees were allocated to a variety of specialities. The forthcoming August 2024 cohort will see another 11 trainees allocated to NBT.

NBTreceived the GMC survey results in July 2023. Nationally, the South West scores improved, and at NBT, several areas have been commended for significant improvement in their indicator scores. Several specialities were on the priority to improve list, though, and our newly appointed ADMEs for Quality have worked with these individual specialities to highlight areas to improve and install an improvement plan that has been agreed upon with NHSESW.

Internally, the Simspace PGME team has been nominated and shortlisted for the Annual Staff Awards, and nationally, it was shortlisted out of hundreds of applications at the Nursing Times Awards for Workforce Team of The Year. They have delivered a multi-disciplinary simulation course programme that is open to any NBT staff member to attend. Several national and speciality courses have been run. The team have been working to improve International Medical Graduates (IMGs), with a comprehensive 2-day induction course into working in the NHS as well as our newly formed Stepping Stones Course, which will give IMGs working as Clinical Fellows a chance to engage in the sign-off of a number of clinical procedures that will enhance the sign-off of their CREST forms.

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, CTFs and Academy team, all of whom were well organized, responsive, and welcoming.’

We have taken a lead role in exploring the feasibility of engaging with the pilot programme of the Medical Doctor Degree Apprenticeships (MDDA), one of the key initiatives for Undergraduate medical education expansion in the NHS Long Term Workforce Plan. We are part of a Task and Finish Group for the MDDA, forming a community of practice with

colleagues in the Learning Academy, and colleagues within NBT, UHBW and the Avon and Wiltshire Mental Health Partnership (AWP).

We have developed a project - Training Undergraduate Skills Team (TrUST) to aid student proficiency in performing clinical skills on the wards and reducing the burden on other clinical staff for sign-off. We have also recently started facilitating an Undergraduate Medical Elective exchange programme, between NBT and BVDU Medical College Pune, India.

Apprenticeships

The NBT apprenticeship centre's first full Ofsted inspection lasted three days, and NBT received a good grade in all five themes: quality of education, apprenticeships, leadership and management, personal development, and behaviours and attitudes.

"Leaders plan an ambitious curriculum to ensure that the apprenticeships contribute positively to the strategic priorities of the National Health Service. For example - leaders have carefully selected apprenticeships which support three key trust strategies workforce retention, commitment to local communities and workforce development and training."

The Apprenticeship Centre has successfully passed its annual continuous improvement checks and has been re-awarded the Matrix accreditation. The matrix standard is an international standard for information, advice, and guidance (IAG) services, owned by the Department for Education (DfE), and ensures the high-quality delivery of IAG.

As part of the Long-Term Workforce Plan, the apprenticeship team prioritises achieving its apprenticeship targets. It collaborates with HR business partners and workforce planning to forecast the demand for upcoming apprenticeships and ensure that the levy can be fully utilised for the areas in scope. The Trust actively promotes apprenticeship vacancies to Talent Acquisition and recruiting managers as part of its commitment to the Community pledge. It has experienced some success in filling various roles, ranging from Healthcare Science degree apprenticeships and Nursing Associates to entry-level positions in admin and clerical.

Leadership Development

The “Accelerate” positive action programme aims to address barriers and equip participants with skills for career progression at NBT, such as improving confidence in applying for roles or participating in recruitment processes, enhancing application and interview skills, increasing knowledge of roles and career pathways available within the NHS and improving self-awareness in identifying areas for development or areas of strength. Our first cohort had 18 delegates, and we are recruiting for our second cohort, where we have offered 25 places with 3 people on the waiting list.

Our “Mastering Management” programme, delivered by the University of the West of England, Bristol (UWE) is designed to help managers understand their roles, levels of accountability and the required behaviours for being positive role models. This programme equips them with the necessary tools and skills to carry out their responsibilities and lead high-performing teams effectively. Five cohorts are in progress, and we are happy to announce that a further cohort

is now open, starting in May 2024. 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 “Excellence in Management” (EiM) Programme started in August 2023. 71 managers have completed or are currently on the programme. 33% of the delegates on the programme have race, disability, sexual orientation or other protected characteristics. The gender split is 71% female and 29% Male and participants are from Band 5 to Band 8d/Consultant-level roles.

Our Trust membership of NHS Elect provides access for all NBT staff to live webinars, online courses, numerous learning resources/templates, recorded webinars, 1-2-1 coaching for our senior leaders, and coaching CPD for the NBT Coaching Community. Over the past year, 300 staff have attended webinars, 131 have signed up for an online course, and 140 resources have been downloaded.

The “Leading for Change” executive speaker series, aimed at members of the Senior Leadership Group (SLG), directors, and their deputies, has seen speakers such as Dr Megan Joffe, Professor Michael West, John Drummond, and Tim Keogh, who spoke on authority, compassionate leadership, human connection, and kindness in action.

Throughout 2023/24 the Learning and Development team supported:

- 37 colleagues attended and passed the Institute of Leadership and Management Level 2 Award in Leadership and Team Skills
- over 21 organisational development requests across the Trust, creating bespoke interventions on topics such as team development, culture and ethics, MBTI, and team dynamics.
- Numerous developmental coaching arrangements.

Commitment to our Community

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 have 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’ll be taking positive and proactive action within our local communities to make sure we achieve this. We also aim to address the disparity that exists when people apply for jobs from Black, Asian, and other minority groups, 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 to address this at NBT and understand more about what we need to do to tackle this issue and reduce the disparity that exists.

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.

Long Term Workforce Plan

In our 2022/23 report we described our intention to develop a long-term workforce plan for the next five years, underpinning two of our Trust improvement priorities, People; Proud to Belong and Commitment to our Community. In August 2023 we initiated a rapid project to deliver this, focussing on three core aims:

1. Develop a new workforce modelling approach – we implemented a total organisation workforce demand and supply forecasting model
2. Align our planning with national and local strategic context – we focussed on the national context from the NHS England Long-Term Workforce Plan high level themes, 'Train', 'Retain' and 'Reform'
3. Engage extensively with stakeholders across the Trust – we held a number of individual and group interviews and two large stakeholder events with over 57 attendees from across clinical, operational and corporate teams.

Developing the plan led us to focus on our forecast workforce gaps and engaging with stakeholders led us to determine six key intervention themes aimed at closing those gaps over the next five years. The themes were, Improve Retention, Grow Apprenticeships, Enhance Recruitment, Transform our Teams, Implement New and Extended Roles and Productivity and planning assumptions were developed for each theme.

In October 2023, our Trust Board approved the first iteration of our long-term workforce plan, recognising the value of using a data driven and whole organisation approach, the benefits using a consistent modelling tool provides and the importance of engaging with stakeholders throughout all parts of the process. The Trust Board supported ongoing work to continue to develop our plan and we committed to provide them with an update every six months. Over the remaining part of the year, we have focussed on refreshing the modelling assumptions, further embedding workforce planning and workforce data literacy, providing support to our divisions to gain a greater understanding of the model, and aligning our planning assumptions with the 2024/25 operational planning process, with an update scheduled for our May 2024 Trust Board.

Freedom to speak up

The Trust is committed to an open and honest culture to ensure that everyone who works in the organisation feels safe and confident to speak up. We recognise the importance of supporting staff to speak up about any concerns at work in order to improve services for all patients and the working environment for staff. In most circumstances, concerns will be raised and resolved through the management structure of the Trust. However, other options are

available to staff who do not feel able to raise concerns in this way, including access to the Freedom to Speak Up (FTSU) Guardian.

FTSU Guardians (trained and supported by the National Guardian Office), have been in place at NBT since 2017, and a Lead Guardian with ring-fenced time has been in place since January 2021, with a network of FTSU Champions across the organisation evolving since late 2021. As an organisation we aim to:

- Support a positive speaking up culture
- Encourage the organisation to become more open and transparent, where staff are valued for speaking up
- Ensure that leaders are challenged to role model the behaviours that encourage speaking up, and that they listen and follow up when matters are raised.

2023/24	Q1	Q2	Q3	Q4
Number of cases raised with the FTSU Guardians	34	23	42	Not yet available

More details about the Freedom to Speak Up programme at NBT can be found in biannual reports to the Trust Board, available on the NBT website.

Research & Development

Our research and development priorities for 2023/24 have been to grow overall capacity and capability, and to increase opportunities for research participation within NBT.

During 2023/24, NBT opened 113 studies, including 25 commercial studies. NBT recruited over 12,500 participants across 216 ongoing research studies and supported a further 6000 participants who continue their research involvement.

> *One such study is REDEFINE-3, a commercial study, testing the effect of co-administering CagriSema, with semaglutide to patients at risk for a further cardiovascular event, including stroke with or without co-morbidities such as obesity, overweight, type 2 diabetes, and chronic kidney disease.*
>
> *There were approximately 1 million hospital admissions for cardiovascular disease in England in 2019-20 resulting in 5.5 million bed days. Studies like REDEFINE-3 afford the Trust the opportunity to support the development of new interventions. These new interventions help reduce the health risks for our community members, not just reducing inpatient demand but also resulting in a system wide benefit and most importantly a healthier and happier population.*

Equity of access remains a focus. In 2023/24 NBT secured funding to open a research portfolio supporting patients with alcohol related health complications. Acute Trusts are seeing significant increases in admissions for alcohol related health events. The treatments and solutions for alcohol-related health events are complex and costly. This portfolio will seek to find medical and non-medical interventions to support people return to a positive health state.

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.

> *The Prostate Cancer Tumour Microbiome study is seeking to identify differences and similarities in tumour microbiome profile across black, Asian, and white men with prostate cancer. This information may identify race specific microbiomes associated with clinical variables, and potentially poorer clinical outcomes.*

Commercial research continues to grow, resulting in several strategic development opportunities. NBT is funding several clinical areas including consultant time in Neurosurgery, Rheumatology and Gastroenterology. This investment has allowed these clinical areas to develop research strategy and delivery plans through 2022/23; 2023/24 and 2024/25.

Where NBT leads studies, local and national, the risk assessment now considers the environmental impact of the study. Where appropriate, study design will be adjusted to reduce the environmental impact of the study. For example, conducting fewer visits and or enabling virtual appointments, where this is appropriate, reduces the environmental impact and allows greater flexibility for study participants who no longer need to allow travel time.

In 2023/24 NBT led and managed 101 external grants with a combined value of £46 million of which £34 million was from NIHR (National Institute for Health Research) grants. NBT submitted 75 grant applications including 22 full stage NIHR grants; of these 12 were awarded and a further 9 await final decision. The value of the successful grant applications for 2023/24 is £9.8 million.

Of particular note has been the success of the nurses who were awarded Early-Stage Research funding in 2022/23, with a 100% record of securing further funding through the extremely competitive NIHR ICA (Integrated Clinical and Practitioner Academic) fellowships.

Meanwhile one of our clinicians has been awarded an NIHR Health and Social Care Delivery Research (HSDR) grant. This HSDR award is the first NBT has secured and represents our deliberate move to greater system-based research. The study will explore the impact of outreach services on access to living-donor kidney transplantation. There is evidence of socioeconomic and ethnic inequity to accessing this kind of kidney transplantation (which is associated with the best outcomes) and improving this has been highlighted as an international research priority. The award of this grant to address this extremely sensitive but critical issue is a testament to the efforts of the clinical and research teams.

The focus for 2024/25 will remain the growth of research opportunities for all, expansion of the commercial portfolio, providing system benefit, and working with the Chief Nursing Officer on the implementation of the Chief Nursing Officer for England Research Strategy at NBT.

Sustainability

Delivering for our Patients and Building for the Future

This year, NBT and UHBW have worked together as one sustainability team to achieve the Healthier Together Integrated Care System Green Plan objectives to mitigate the harmful impacts climate change will have on the health, wellbeing and livelihoods of the Bristol, North Somerset and South Gloucestershire population for generations to come. Achieving net zero, addressing the ecological emergency and building resilience to climate change through delivering our Green Plan will be crucial to delivering the best care for our patients now and in the future.

At NBT we believe the way we deliver care to our patients should not harmfully impact the health of future populations and their ability to access outstanding levels of care.

This year NBT has helped to refine our Green Plan Delivery Plan and prioritise projects for the future that will deliver the greatest carbon reduction and make best use of the Trust's resources. The Green Plan is delivered through six workstreams which are led by subject matter experts from each Integrated Care System (ICS) organisation. The workstreams report into the Green Plan Implementation Group, which reports into the Green Plan Steering Group, of which several ICS Executive Directors are members. Next year we hope to further embed net zero into Trust processes by setting carbon budgets and headline objectives for our divisions. 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 2024.

Being an Anchor in the Community

Working more closely with local partners:

In 2023-24, the Trust strengthened our existing partnerships with local organisations through our membership of the West of England Nature Partnership, North Bristol Sus Com, the SDG Alliance, Bristol Green Capital Partnership, the SHINE network and the No Cold Homes Steering Group. The Trust has continued to work with local organisations such as Leigh Court Farm, the Sustainable Development Trust, Forestry England and Natural England to improve staff and patient access to green space on our estate. The Trust has also continued its involvement with WECA's Future Transport Zone programme and the One City Environment Board.

Using Buildings and Spaces to Support Communities

The large footprint of the NBT estate grants us responsibility to support local biodiversity and pioneer nature recovery programmes within our local areas. Through our estate we can also increase access to nature for our staff, patients and local residents. In 2023-24 patients continued to use our green spaces to support their recovery through social prescribing sessions held in our Head Injury Therapy Unit (HITU) eco therapy garden, Elgar House and our Southmead Allotment. In summer 2023 we hosted Natural England's Nature Conference and invited local organisations and regional NHS Trusts to view our green estate and discuss the NHS' role in nature recovery. The Trust has recently been successful in securing a £193k joint bid with University Hospitals Bristol and Weston to fund a Green Spaces Co-Ordinator which will identify and address barriers to accessing green space and social prescribing in our Acute Trusts. The funding will also embed green social prescribing into the existing Arts on

Referral programme and support a pilot of a new green social prescribing programme for patients with chronic pain, cancer or respiratory conditions. The funding will also cover improvements to the HITU eco therapy garden.

Widening Access to Quality Work

Improving Access to Roles in Sustainability: In March 2023, the Sustainability Team recruited our first Apprentice to support the Travel Smart service and sustainability improvement projects across the Trust. The apprentice is now part of the National Sustainability Apprentices Network hosted by NHS England, which provides various resources and insights to ensure the Trust is prepared for changes in policy and compliance. The Sustainability Team provided work experience for five students from local schools and a six-week university placement identifying climate change impacts and adaptation measures within NBT. The Trust has seen an influx of hybrid clinical sustainability roles across departments, particularly in nursing and manager roles, which have driven sustainable improvements within specialities.

Staff Engagement: This year NBT and UHBW celebrate the two-year anniversary of our joint sustainability staff engagement scheme, Greener Together, which has so far seen 568 staff members sign up and 18,575 actions being taken. NBT also introduced its first ever Sustainability Staff Award which was awarded to Dr Emma Carver for her unwavering dedication to embedding sustainability within the Emergency Department.

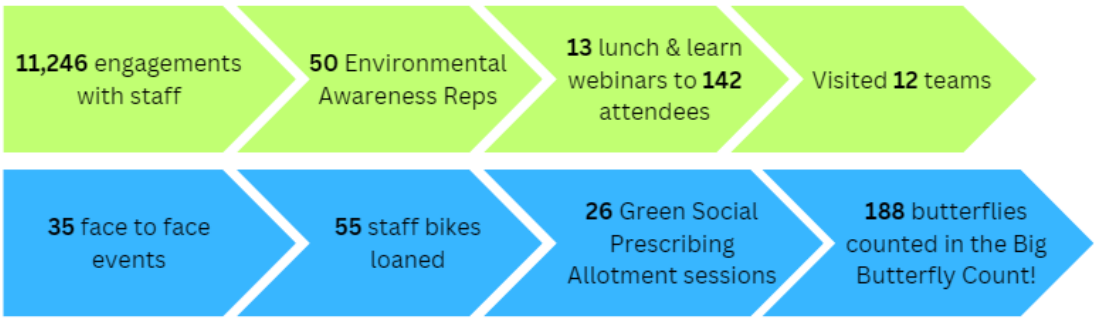


Figure 1 Staff engagement activities and successes achieved in 2023-24.

Reducing Our Environmental Impact

Net Zero Carbon 2030: In 2023-24, the ICS Communications and Engagement workstream launched several Net Zero for Health campaigns to acknowledge the importance of achieving net zero to create a safe and healthy future for our patients. In 2022-23, the Trust reduced its carbon footprint by 20,641 tonnes CO2e compared to the previous financial year, which equated to a 19% reduction (Figure 2). Despite this reduction, the Trust's carbon footprint in 2022-23 was still 19% higher than our 2019-20 baseline, due to the unforeseen impacts of COVID which particularly impacted our procurement and waste activity and due to increased clinical activity and occupied buildings.

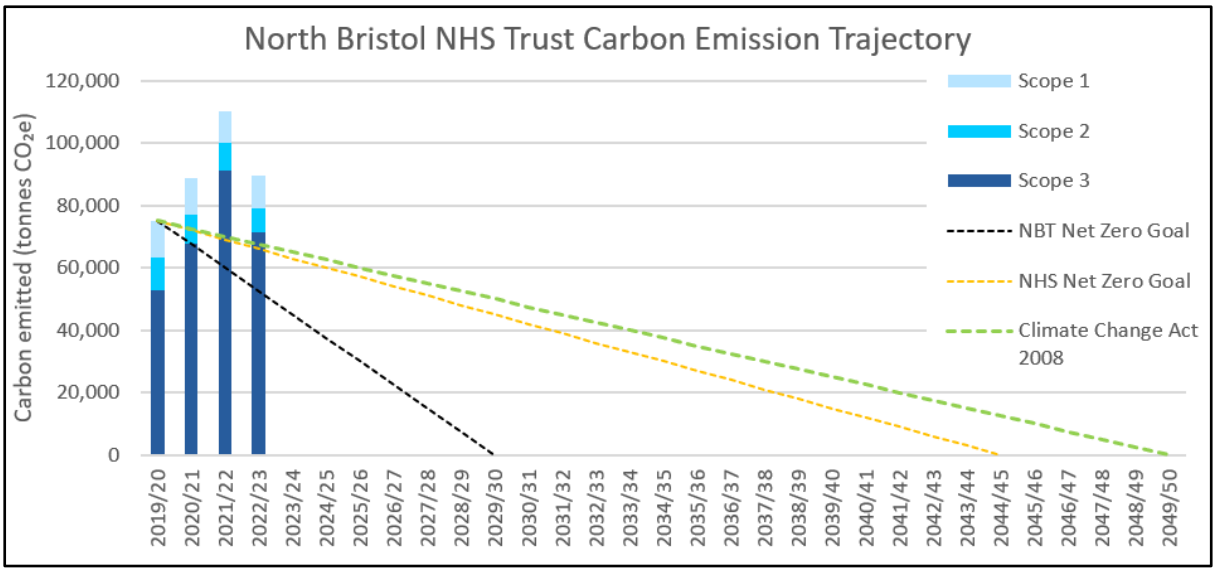


Figure 2 North Bristol NHS Trust's total carbon emissions for financial years 2019/20, 2020/21, 2021/22 and 2022/23 compared with the carbon emissions trajectory required to achieve net zero carbon by 2030 as well as the trajectories to achieve the NHS Carbon Footprint Plus goal and the Climate Change Act 2008 target.

The Trust must reduce its carbon footprint by a further 13% (11,541 tonnes CO2e) in 2023-24 to be on track to achieving net zero carbon by 2030. Forecast figures for the 2023-24 carbon footprint of procurement, energy, water and waste show an overall 23% increase in the carbon footprint compared with 2022-23. This increase can be attributed to the 32% increase in procurement emissions due to an increase in spend in line with increased clinical activity and occupied building space. When adjusting the carbon footprint to account for the increase in clinical activity, we have calculated that 0.113 tonnes CO2e was emitted per patient contact in 2023-24 compared to 0.099 tonnes CO2e in 2022-23, which is a 14% increase. Adjusting for internal floor area, 0.42 tonnes CO2e was emitted per metre squared in 2023-24 compared to 0.34 tonnes CO2e per metre squared in 2022-23, which is a 22% increase. These adjustments are a crude indicator of carbon emissions and further work will be undertaken in 2024/25 to better understand the impact of additional activity and building space on emissions. Despite the increase in carbon, there has been a 28% decrease in carbon emissions due to waste. The carbon emissions reported in the table below are pro-rated from the 11-month average and exclude some waste figures. The full breakdown of the complete Trust carbon footprint will be reported to the Trust Board in the next Green Plan progress report.

Carbon Emission Sector	2023-24 Forecasted	Units	Change from 2022-23	Change in carbon from 2022-23 (tonnes CO2e)	Trend
Waste	**2,961**	**Tonnes**	**4**	**- 367**	↓
General	968	Tonnes	39	7	↑
Recycling	371	Tonnes	14	0	↑
Food Waste	93	Tonnes	- 18	- 0	↓
Confidential	288	Tonnes	- 21	- 0	↓
HTI	550	Tonnes	- 396	- 426	↓
Alternative Treatment	94	Tonnes	- 137	- 78	↓
Offensive	598	Tonnes	524	130	↑
Supply Chain and Procurement	**168,248,079**	**£**	**47,335,002**	**16,891**	↑
Buildings and Energy	**82,402,273**	**kWh**	**- 4,235,745**	**- 13**	↓
Electricity Consumption	37,725,514	kWh	- 2,256,882	80	↑
Onsite renewable energy generation	317,583	kWh	200,161		↑
Gas Consumption	38,963,857	kWh	- 6,531,450	- 1,177	↓
Oil Consumption	4,637,301	kWh	3,937,316	1,010	↑
HVO Consumption	372,641	kWh	372,641	1	↑
Water Consumption	385,377	kWh	42,469	73	↑

Buildings and Energy: This year, NBT has appointed a new Carbon and Energy Manager and an Energy Officer to drive estate decarbonisation and energy savings, continuing the successful activities of the previous postholders.

The Trust's first Public Sector Decarbonisation Scheme (PSDS) (Phase 3a) to install heat pumps to our retained estate and deliver energy efficiency measures will be complete by May 2024 (Figure 3) having successfully received £4.4m of grant funding. This scheme has the potential to reduce carbon by up to 903,576 kgCO2e.

Delivery of the detailed RIBA stage 3 designs for decarbonising heating systems across the Trust, backed by another successful bid for £438k of Salix funding under the Low Carbon Skills Fund (LCSF) Phase 4, is complete. This will help shape the future requirements of the Trust and its decarbonisation journey. The Trust has also secured £7.3 million of Salix PSDS Phase 3c grant funding to decarbonise the heating in the Pathology and Learning and Research energy centre, which has the third highest consumption after the Brunel building and the now decommissioned ACIS gas meters. This scheme has the potential to reduce carbon by up to 1,187,770 kgCO2e.

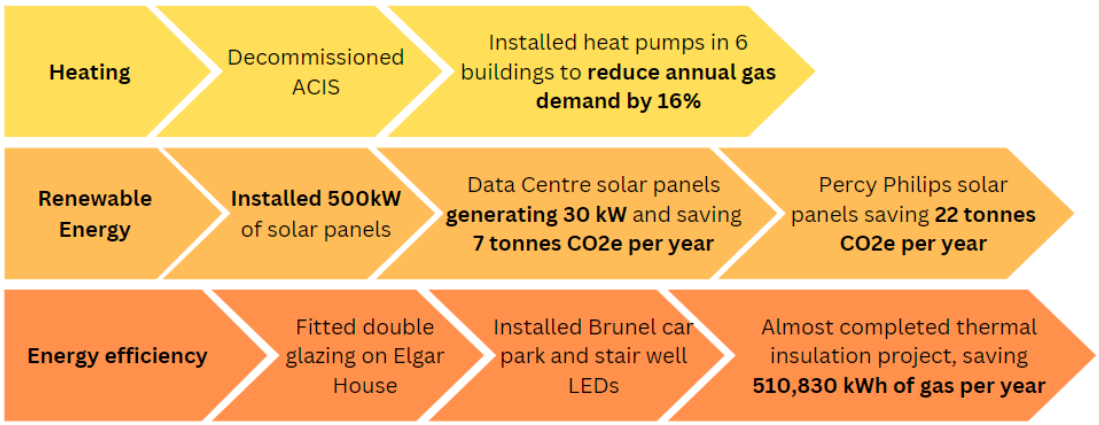


Figure 3 Energy decarbonisation and energy efficiency projects completed in 2023-24.

A strategy for future electrical capacity is a key focus for the team as new facilities such as the Elective Centre and heat pumps come on stream and mark a shift away from gas to electricity. This will support achievement of the NHS Net Zero Building Standard which was published in February 2023, and which will further drive reductions in carbon for all new major investments in healthcare buildings.

Travel, Transport and Air Quality: Despite national active travel funding being severely reduced in 2023-24, the Trust has maintained its staff bike loan scheme, Ultra Low Emission Vehicle Salary Sacrifice Scheme and pool car service (Figure 4). The Trust has also adopted new opportunities, partnering with the West of England Combined Authority to take part in the Urban Freight Trial, through which the Trust's Logistics Team have swapped their diesel van for an electric cargo bike. Estimates suggest the trial could save 1,060 kg CO2e and £5,200 per annum.

Our Clean Air Manager co-chairs the ICS-wide Travel, Transport and Air Quality workstream, alongside UHBW's Senior Fleet and Sustainable Transport Manager to decarbonise travel and transport across the ICS. In addition to monitoring and reporting on Trust-specific work, this workstream will be undertaking a major fleet optimisation study designed to identify and remove unnecessary, replicated journeys by vehicles from NBT, UHBW, Sirona and Avon and Wiltshire Mental Health Partnership.

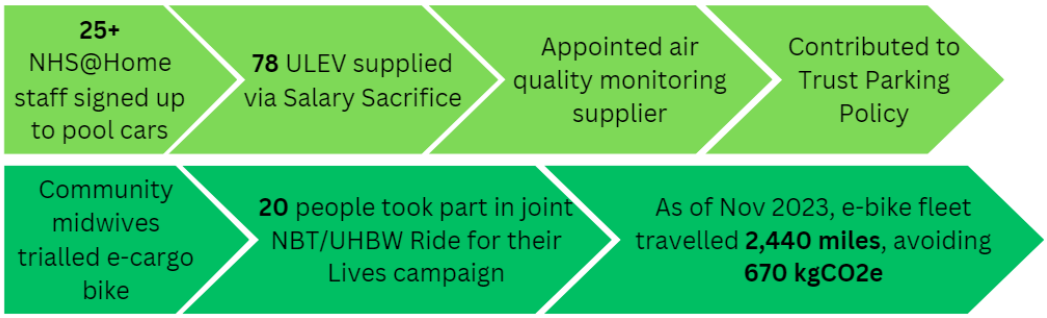


Figure 4 Low carbon travel and transport initiatives and achievements delivered in 2023-24.

Waste: The Trust has made huge progress towards the NHS Clinical Waste Strategy target which requires Trusts to achieve a 20:20:60 split across clinical waste sent for incineration, alternative treatment and offensive waste treatment by 2026. In 2023-24 the Trust achieved a 44:8:48 split across our clinical waste (Figure 5). The Trust will reduce the proportion of our incinerated waste in 2024-25 through the implementation of the new waste management contract and waste policy. We will also work more closely with ward staff, procurement and NHS Supply Chain to identify opportunities to reduce single use plastics in products.

	High Temperature Incineration	Alternative Treatment	Offensive
2026 Target	20%	20%	60%
2022-23	76%	18%	6%
2023-24 Forecast	**44%**	**8%**	**48%**

Figure 5 The Trust's 2023-24 progress towards the NHS Clinical Waste Strategy target for Trusts to achieve a 20:20:60 split across clinical waste sent for incineration, alternative treatment and offensive waste treatment by 2026, benchmarked against progress made in 2022-23.

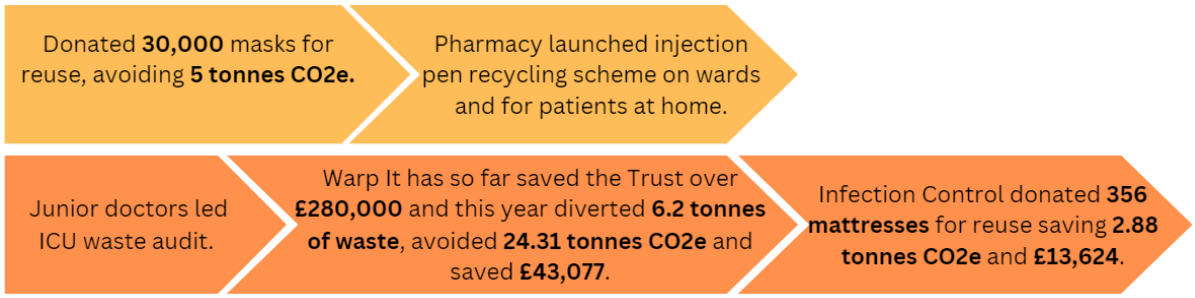


Figure 6 Projects and actions delivered in 2023-24 to reduce carbon emissions associated with waste management.

Sustainable Models of Care: Embedding sustainable models of care within our services has improved patient experience and staff productivity by creating more efficient ways of working and using fewer resources to deliver outstanding care. A spotlight has been shone on one particularly successful project below, which was only made possible by our very determined Neurosurgery team who challenged themselves to do things differently.

Green Operating Day in Neurosurgery

- Adopting sustainable and net zero principles to ten Neurospinal procedures across three theatres for a whole day.
- Calculations so far have shown **carbon was reduced by 23.49 tonnes CO2e**, which was a **58% reduction** compared to a normal operating day.
- Rationalisation of instrument sets, in one green surgery run instruments were reduced from 45 to 4 in an incredible effort by the Neurosurgery team.
- There was a **50% reduction in the opening of consumables**.
- **Waste reduced by 14kg** and segregated correctly, **saving 1,666 kg CO2e**.
- Staff reported an **increase in productivity**, **more efficient workflow**, **improved communication** and **work environment**.
- Patients reported **noticeable improvements in their overall experience**.

Through the Trust's Quality Improvement programme, 10 sustainable models of care have been identified throughout 2023-24, some of which are reported in Figure 7. Through the Nurse's Preceptorship Programme and the Patient First approach we will identify and support more sustainable models of care than ever in 2024-25. The Trust's Infection Control Team have been pivotal in driving sustainable models of care this year through their membership of the Infection Prevention Society's Sustainability Special Interest Group.

Figure 7 Actions taken to identify and deliver Sustainable Models of Care in 2023-24.

Using Our Spend as a Positive Influence:

Supply chain and procurement remain the largest contributors to our carbon footprint, accounting for 60% in 2022-23, which is set to increase as emissions increased by 16,891 tonnes CO2e in 2023-24. Carbon emissions related to the Trust's procurement and supply chain is currently based on spend and is therefore highly influenced by increases in price and is not a true reflection of carbon reduced. The Trust's procurement team hope to resolve this through the new procurement system which will go live in summer 2024. The new system will allow suppliers to upload their Carbon Reduction Plans in line with Procurement Policy Notice (PPN) 06/21 which the NHS adopted in 2024. Bristol and Weston Procurement Collaborative (BWPC) has also been busy complying with the Modern Slavery Act, delivering modern slavery training to all procurement staff and gaining Trust Board approval for their Modern Slavery Statement which will be published in 2024.

The Sustainability Team has played an advisory role in the implementation of PPN 06/20 with social value being incorporated into seven tenders during the year. In September 2023, the Sustainability Team launched the new Sustainability Impact Assessment (SIA) with an embedded carbon calculator which has been trialled in the Trust's business case process and the Integrated Care Board's (ICB's) Gateway Process. The SIA has been shared with other NHS organisations as a pioneering approach to integrate sustainability into business cases.

In 2024-25, Category Managers will undertake a risk assessment of their categories to identify supply chain risks and opportunities to integrate into tenders and will work with NHS Supply Chain and the Sustainability Team to implement carbon and waste reduction projects.

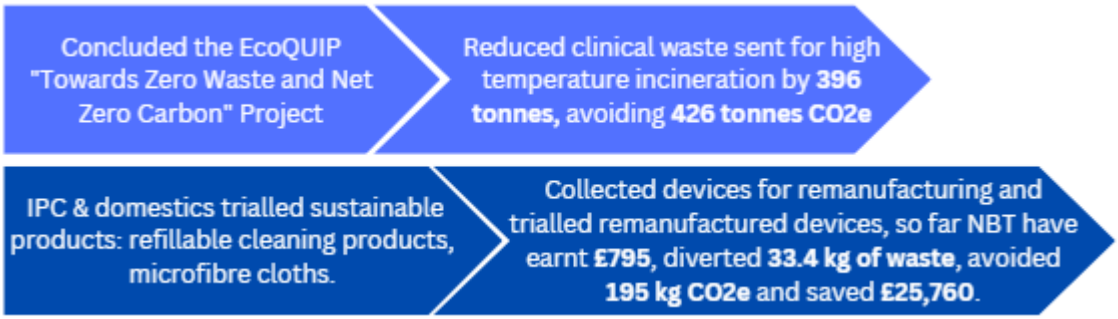


Figure 2 Projects delivered in 2023-24 to decarbonise procurement and supply chain.

Task force on climate-related financial disclosures (TCFD)

In accordance with guidance set out in the Group Accounting Manual (GAM) 2023-24, the Trust is required to make a number of disclosures recommended by the task force on climate-related financial disclosure.

The 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.

The phased approach incorporates the disclosure requirements of the governance pillar 2023-24. These disclosures are provided below.

1. Board oversight of climate-related issues

   The themes of climate change and net zero carbon feature on Trust Board agendas throughout the year and there is a high level of interest in these issues. The Board is informed about climate related issues and progress against the ICS Green Plan twice per year via the Trust Annual Report and the Green Plan progress report. The Green Plan progress report sets out achievements against the Green Plan Delivery Plan, a schedule of time-bound objectives and actions to achieve change. The Green Plan progress report also reports on the Trust's carbon footprint against the target set in its decarbonisation route map.

   The Trust's business planning and business case approval process includes sustainability impact assessments, and the template is being adapted to include a carbon calculator and improved assessment measures.

   Where risks relating to climate change reach Trust Risk Level status, then these are reported through the regular risk reporting processes to the Board. The Trust Board also receives relevant business cases for approval and updates on activities the Trust is delivering to address the impact of climate change and net zero carbon.

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

   The Trust funds a substantive sustainability team which is responsible for co-ordinating and monitoring progress towards net zero and the ICS Green Plan. This reports to the Trust Board twice per year as described above. The team is led by a Head of Sustainability for the ICS and a Sustainability Manager for the Trust with a wider team comprising a Clean Air Manager, Sustainability Engagement Officer and Sustainability Project Officer Apprentice. A Carbon and Energy Manager and Carbon and Energy Officer are also part of the wider Sustainable Health team. The ICS senior responsible officer for sustainability and net zero carbon is the Trust's Chief Finance Officer who is supported by an Associate Director responsible for Green Plan delivery.

There is a Green Plan Implementation Group, comprising representatives from the BNSSG ICS, and a Green Plan Steering Group, which is attended by the Sustainability Executive Director Leads of each ICS organisation, the Trust's sustainability team and a representative from procurement. Members of the Trust and its partner organisation, UHBW, chair and attend Green Plan meetings, which focus on delivering some of the workstreams defined in the Green Plan.

The carbon and energy team reports into the Retained Estate Energy Committee and the PFI Energy Sub-Committee which meet on a quarterly basis. In addition, there is a monthly PFI Energy and Decarbonisation Steering Group which is geared to delivering sustainability improvements within the PFI.

A Patient First Long-Term Sustainability Steering Group which meets every month is in place 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. This group has overseen the further development of the sustainability impact assessment and associated carbon calculator for business cases which are reviewed by the Trust's monthly Business Case Review Group.
A key Trust Risk (1776) on climate change adaptation 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 forecast heatwaves.

PART 2 - Accountability 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 Chair, Chief Executive, four Executive Directors and six Non-Executive Directors all with voting rights. Two additional Executive Directors attend the board in a non-voting capacity (including a Chief Digital Information Officer who holds a joint appointment with University Hospitals Bristol and Weston NHS Foundation Trust) alongside two non-voting Associate Non-Executive Directors. The Associate Non-Executive Director posts are intended to bring diverse skills and perspectives that are otherwise under-represented at Boardlevel, and to serve as a talent development and succession planning pipeline for NHS Non-Executive Directors.

As of 31 March 2024, there were no executive or non-executive vacancies on the Trust Board. Board membership for the year ending 31 March 2024 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:

Michele Romaine, Trust Chair (until 31 May 2024)
Michele has been the Chair of North Bristol Trust for over 4 years and was previously a Non-Executive Director and Vice-Chair at the Royal Devon and Exeter NHS Foundation Trust and Salisbury NHS Foundation Trust. Michele has also held a number of senior roles in the media, including as Director of Production for the BBC. She most recently ran her own consulting business working with a number of media organisations globally.

Ingrid Barker, Trust Chair – Joint Chair of NBT and UHBW (from 1 June 2024)
Ingrid brings with her significant NHS Board-level experience gained over 25 years, including her most recent 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.

Tim Gregory, Vice-Chair (until 30 June 2023, then Associate Non-Executive Director until 31 December 2023)
Tim is an experienced director, having worked in a range of organisations, including the Ministry of Defence and County Councils. Tim has experience of leading and managing large organisations including the delivery of critical operational services such as Highways and Waste as well as all the corporate services, including ICT, finance, HR and property departments. Tim finished his last role as Corporate Director (Place) at Nottinghamshire County Council in December 2016 where he was responsible for 4000+ staff and led change programmes to drive improvements and efficiencies. These included the introduction of new integrated IT systems and process improvement and the establishment of two innovative joint ventures. Tim also has extensive experience of working in and with central government through his role as a corporate director and as a Royal Marines Brigadier when working in the Ministry of Defence.

Professor Sarah Purdy, (Non-Executive Director for all of 2023/24 and Vice Chair from 1 July 2023)
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 member of the Barts Charity Grant Committee. Sarah practiced 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 a member of the Bristol City Funds Investment Advisory Committee, a Director on the Bristol Future Talent Partnership Board and a Director on the Gloucestershire Cricket Foundation Board. She is also a commissioner on Bristol City Council'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. Up until very recently he led some of the largest and 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 and of the Bristol Chamber of Commerce & Initiative (BCCI). He is also a charity trustee of WECIL and Second Step.

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.

Richard Gaunt
Richard is an experienced Board member and Audit & Risk Committee Chair (most recently with Alliance Homes). Previous appointments as a non-executive director or governor including a Further Education College, Multi-Academy Trust and a Charity . He brings 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 (from 1 July 2023)
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, also serving on the Business Services Committee, a trustee with Bristol based charity Frank Water and an Audit and Risk Committee member with Elim Housing Association.

Darren Roach (Associate Non-Executive Director, non-voting, from 1 May 2023 to 30 April 2024)

Darren was appointed as an Associate Non-Executive Director, to bring his professional expertise and lived experience with multiple disabilities to what is already a diverse and inclusive Board membership. Darren has sixteen years' experience delivering programmes in both the private and public sectors, across multiple areas including government estates, corporate services, defence procurement and education. Darren is also a Non-Executive Director for Seable, through which he is able to pursue his passion for increasing independence for the Visually Impaired community as they engage with leisure trips and holidays to complement their busy lives.

Omar Mashjari (Associate Non-Executive Director, non-voting, from 1 May 2023 to 30 April 2024)
Omar is a lawyer and academic. He is the Associate Head of Department at the Bristol Law School, UWE Bristol, having previously served as the Director of Global Engagement at the University of Westminster. He holds a PhD in Law from the University of Leeds, and a BA and Masters in Law from the University of Liverpool. He is also a qualified solicitor, having trained at an international law firm, as well as an Accredited Civil and Commercial Mediator. Omar is a Chartered Manager and Fellow of the Chartered Management Institute, a Fellow of the Royal Society for Arts and a Fellow of the Higher Education Academy. Omar serves on the Board of Trustees of a large international humanitarian charity and is dedicated to advancing equality, diversity, and inclusion. Omar is also on the Development Board of the UK's first ethnic minority investment bank, in which he advised the Metro Mayor of the Liverpool City Region.

Executive Directors

Maria Kane OBE, Chief Executive
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.

Steve Curry, Chief Operating Officer & Deputy Chief Executive
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) 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 Director of Nursing and Quality) 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).

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. 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, Chief Finance Officer
Glyn Howells 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, he 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.

Jacqui Marshall, Chief People Officer (non-voting) (approved sickness absence from 14 March 2023, returning to work on 14 August 2023, leaving the Trust on 6 April 2024)
Jacqui joined us from the University of Exeter where she was Deputy Registrar and Director of People and Transformation.
Previously, Jacqui was a Senior Civil Servant, serving in both the MOD and DEFRA.
Jacqui has a breadth of Board experience delivering innovative HR Strategies and large scale transformations which support both efficiency and cultural change.
Jacqui has recently been a Non-Executive Director at Torbay and South Devon Foundation Trust and is a mentor and coach across both the public and private sectors.

Jude Gray, Interim Chief People Officer (non-voting) (until 30 September 2023)
Jude has been the Chief People Officer at Great Western Hospitals NHS Foundation Trust since July 2019 and was seconded to NBT during 2023/24. Jude previously worked for the BBC and Her Majesty's Prison and Probation Service.

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 recently undertaken interim roles at institutions such as the University of Derby, Kingston University, and the University of Sussex. Notably, Peter has also contributed his skills and knowledge to the healthcare sector, serving 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 both the boards of NBT and UHBW)
Neil has Board level responsibility at North Bristol NHS Trust and has over 30 years' experience working in healthcare environments. Neil is responsible for setting and driving forward the IM&T Strategy at the Trust and developing key partnerships with suppliers and customers alike to ensure targets and expectations are met, year on year.

Board and Committee Attendance 2023/24

The Trust Board discharged its duties during 2023/24 in six public and 13 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.

Board member	**Trust Board** X1	**Audit & Risk** X5	**Finance & Performance** x8	**Quality** x10	**Nom & Rem** x6	**People & EDI** x6	**Charity** x4	**Patient & Carer Experience** x4	**APCB** x3 (
Michele Romaine	19/19	1/1	N/A	N/A	6/6	N/A	3/4	N/A	3/3
Tim Gregory (left December 2023)	13/14	1/2	2/4	N/A	1/1	3/4	N/A	N/A	N/A
Kelvin Blake	16/19	5/5	8/8	N/A	6/6	6/6	4/4	3/4	N/A
Kelly Macfarlane	17/19	N/A	7/8	8/10	6/6	1/1	N/A	N/A	3/3
Richard Gaunt	19/19	5/5	8/8	N/A	5/6	N/A	4/4	N/A	N/A
Sarah Purdy	19/19	N/A	N/A	10/10	6/6	N/A	N/A	3/4	3/3
Jane Khawaja	18/19	N/A	N/A	N/A	6/6	4/6	1/1	4/4	N/A

Board member	Trust Board X1	Audit & Risk X5	Finance & Performance x8	Quality x10	Nom & Rem x6	People & EDI x6	Charity x4	Patient & Carer Experience x4	APCB x3 (
Shawn Smith (from July 2023)	19/19	4/4	N/A	7/7	4/5	4/4	N/A	N/A	N/A
Darren Roach (from May 2023)	19/19	N/A	N/A	6/10	N/A	N/A	N/A	1/4	N/A
Omar Mashjari (from May 2023)	12/19	N/A	N/A	N/A	N/A	N/A	N/A	1/4	N/A
Maria Kane	18/19	1/1	N/A	N/A	1/6	1/6	N/A	N/A	2/3
Tim Whittlestone	17/19	N/A	N/A	9/10	N/A	1/6	N/A	1/4	3/3
Jacqui Marshall (approved absence March August 2023)	17/19	N/A	N/A	N/A	2/2	4/4	1/2	N/A	N/A
Judith Gray (interim CPO March August 2023)	7/7	N/A	N/A	N/A	3/3	1/2	0/2	N/A	N/A
Neil Darvill	17/19	N/A	6/8	N/A	N/A	N/A	N/A	N/A	3/3
Glyn Howells	18/19	5/5	7/8	N/A	N/A	3/6	4/4	N/A	0/3
Steve Curry	17/19	N/A	7/8	6/10	N/A	N/A	N/A	N/A	3/3
Steve Hams	19/19	N/A	N/A	8/10	N/A	2/6	1/4	4/4	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

2023/24 is the first 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 2023/24, 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 independence of the Trust Board was further strengthened during 2023/24 by the appointment of two non-voting Associate Non-Executive Directors, who are also considered to be independent members of the Board. Tim Gregory, who was a voting Non-Executive Director for six years, was appointed as an Associate Non-Executive Director for an additional six-months to support induction for new Board members. This was approved by NHS England in line with the recommendations of the Code.

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 2023/24 have been:

- Shawn Smith, Non-Executive Director (Committee Chair from 1 July 2023)
- Richard Gaunt, Non-Executive Director (Committee Chair until 30 June 2023, then Committee member)
- Tim Gregory, Non-Executive Director (Committee member until 30 June 2023)
- Kelvin Blake, Non-Executive Director.

External Auditors

The Trust's auditors are Grant Thornton. During the financial year there was expenditure of £141,600 (including VAT) for statutory audit services to the Trust, including additional charges (£7,200) for the prior-year audit agreed on its completion.

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 2024/25 and will be re-tendered during that financial year.

The Trust also spent £16,200 with Albert Goodman who are the auditors for the Southmead Hospital Charity (North Bristol NHS Trust Charitable Funds).

Board effectiveness and development

Each Board Committee undertakes an annual self-assessment of their effectiveness and reports the results to Trust Board. This informs updates to the Committee terms of reference and supports the Trust Board in determining whether the Committee is contributing effectively to the business of the Trust Board. In 2023/24 the Trust Board did not undertake any specific self-assessment, but instead relied on the developmental well-led review which took place over the summer, and which involved an assessment of overall Board and governance effectiveness in line with the CQC's well-led framework (see below).

In 2023/24 the Trust Board continued its ongoing programme of strategic and developmental away-days and seminars, focusing on team development and Equality, Diversity, and Inclusion objectives.

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”.

The Trust commissioned an external developmental well-led review carried out by AuditOne which took place over the summer of 2023, with a final report provided in October 2023. Overall, the report was very positive, recognising a great deal of good practice and the Trust’s comprehensive governance framework. A number of recommendations were identified where systems, processes, and practices could be further strengthened. The developmental review did not provide a formal rating; however, a summary of the findings and recommendations from the report were published as part of the Public Trust Board papers in March 2024.

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 KPMG LLP during 2023/24) 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 carried out in the following areas during 2023/24:

- Conflicts of Interest
- Mandate Fraud
- Overseas Patients.

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

Annual Governance Statement

Maria Kane, 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 North Bristol 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

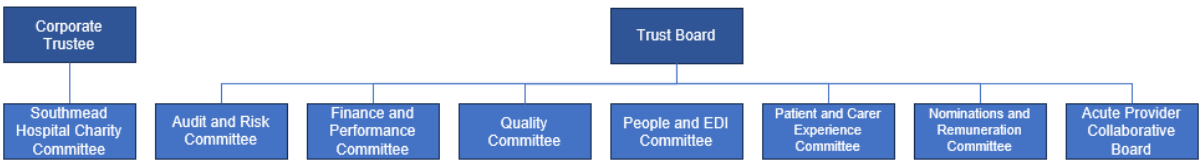
The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing 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 2024 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 2023/24 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 itsCommittees, 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, the developmental well-led review undertaken by an independent external organisation, 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 2024 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.

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 a hospital group. These changes will be crucial to unlocking significant benefits for staff and patients.

The recruitment of the Joint Chair took place in the final quarter of 2023/24, with the outcome announced early in 2024/25. Further development of the proposed group model will take place in 2024/25.

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. In 2023/24 the Trust was subject to a targeted inspection of the maternity service (Safe and Well-Led domains), as part of a national programme of maternity inspections. The CQC rated maternity services as "good" in the Safe and Well-Led domains. This was an improvement in the Safe domain, which had previously been rated as "requires improvement". A targeted inspection was also undertaken under the new CQC Single Assessment Framework focusing on a small number of Quality Statements across Medical & Surgery core services following the issue of a Coroner's Prevention of Future Deaths Regulation 28 Notice. Verbal and written summary feedback has been received from the CQC indicating a positive inspection outcome, but the final report has not yet been received. The Trust has continued its focus on core services self-assessments against the CQC's key lines of inquiry.

The Trust has progressed a range of quality improvement initiatives, focusing on Commissioning for Quality and Innovation (CQUIN) schemes. The 2023/24 schemes adopted by the Trust were:

- Flu vaccinations for frontline workers
- Supporting patients to drink, eat and mobilise after surgery
- Prompt switching of intravenous to oral antibiotic
- Identification and response to frailty in emergency departments
- Recording of and response to NEWS2 score for unplanned critical care admissions
- Achievement of revascularisation standards for lower limb Ischaemia
- Treatment of non-small cell lung cancer (stage I or II) in line with the national optimal lung cancer pathway
- Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery.

Delivery of these improvement initiatives has been overseen via a quarterly executive review process, linking in with the relevant clinical leads, and the Trust has recorded successful delivery against key improvement measures.

Monthly divisional performance review meetings continued throughout 2023/24, 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 & Audit Committee
- Patient Safety Committee
- 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 report into the Quality Committee and the final three groups report into the Patient & Carer Experience Committee, both also chaired by a Non-Executive Director. These committees seek assurance from Executive Directors and clinical 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 such as the CQC inspection of maternity services. 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, divisional quality governance arrangements, and volunteer recruitment and selection. All secured an assurance rating of "significant assurance with minor improvement opportunities".

Overall delivery against the Trust's Quality Priorities for 2023-24 and across a wider range of quality indicators and workstreams is set out within the Trust's Quality Account for 2023-24, 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 Executive Team continue to review TLRs at the monthly Executive Assurance Forum, receiving a summary report from the Risk Management Group.

The corporate risk management team has provided risk management training workshops throughout 2023/24, focused on ensuring a consistent approach to risk identification and management in line with NBT's risk management policy. This was initially focused at Divisional leadership level but was then expanded to include specialty-level leadership and corporate managers. A formal risk training needs analysis has been developed, which will be approved early in 2024/25 and implemented thereafter.

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 undertook its annual risk appetite seminar and workshop in May 2023. This was used to set the organisation's risk appetite and tolerance levels which have been incorporated into the risk management policy and are covered in the risk management training provided by the corporate risk team.

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. For example, the Patient Safety Committee receives monthly updates on all patient safety risks rated as ≥9 and this approach can also be seen in the Trust's Patient and Carer Experience Committee.

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 2023/24 Internal Audit review of risk management concluded "significant 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 on an ongoing cycle alongside TLRs, with key risk changes highlighted, and updates provided on any ongoing actions to improve risk control and mitigation. Trust Board Committees also review relevant risks from the BAF at each meeting.

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 2023/24 the internal audit rating of the Trust's Data Security and Protection Toolkit was "significant assurance with minor improvement opportunities", and the 2023/24 Toolkit has been submitted, achieving a "Standards Met" result.

The organisation's major risks

During 2023/24 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 creation of a "Transfer of Care Hub" to support integrated discharge of patients, the ongoing use of a dynamic risk assessed approach to pre-emptive transfers out of the emergency department, engagement with system and regional partners and the use of winter pressure funding mechanisms to create additional capacity at times of pressure.

This remains a significant strategic risk moving into 2024/25.

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 additional 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 secured funding for a Community Diagnostic Centre in BNSSG, and a new Elective Care Centre. These will come online in 2024 and 2025 and form part of the longer-term mitigation for this risk.

While the Trust has achieved most of its improvement trajectories across planned care, this remains a significant strategic risk moving into 2024/25.

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 2023/24. 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 2023/24 have included a revised CIP planning approach including an Executive-led CIP Board, the implementation of enhanced procurement controls, a focus on financial management in divisional review meetings, and engagement in a more system-focused approach to planning and funding allocation.

During 2023/24 the following risks were removed from the BAF:

- Strategic risk: Covid-19 Pandemic – in line with the national approach, during 2023/24 the Trust stood down its EPPR response to the pandemic and transitioned to a "business as usual" approach to managing Covid-19 through its Infection Prevention and Control processes.
- Strategic risk: Carbon Net Zero – this risk was felt to be managed more appropriately within the Estates and Facilities Division; however, it remains under review and may be revisited and return to the BAF in 2024/25.

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 receiving treatment,
- **Workforc**e risks linked to shortages and availability (including due to industrial action as well as national shortages),
- **Performance** risks linked to long waits for planned treatment and industrial action,
- **Facilities** risks particularly across the retained estate, including doors, 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 2023/24 and does not anticipate being subject to such action in 2024/25. A self-certification exercise was completed in May 2023 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 on a monthly basis via the Integrated Performance Report.

In 2023/24 the Trust underwent an external developmental well-led review, which provided positive assurance on the effectiveness of the organisation's governance structures and sub-committees. It did identify some areas where processes could be further improved to support reporting lines and accountabilities between the Board and its sub-committees; however, this was not identified as a risk to compliance.

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). A specific "deep-dive" seminar on how the Trust assesses safe nurse staffing levels was provided to the Trust Board in April 2023.

The People and EDI Committee also received updates on safe nurse and midwifery staffing in May 2023 and a further update on midwifery staffing in September 2023. 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 can be viewed, and staff redeployed as required.

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 which in turn reports to the People and EDI Committee. For other staff groups, this is done through our AHP Workforce Group and Nursing and Midwifery Workforce Group.

The Trust has a long-term workforce plan and model, underpinned by detailed analysis, which is used to inform divisional and organisation workforce planning, ensuring that we deploy the right staff with the right skills at the right place and time. The People Strategy was refreshed in March 2024 to align with the Trust's clinical strategy.

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 NHSEguidance), 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 his 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 CIP 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 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) and highlights any areas of concern.

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

The Trust has self-reported 18 data security breaches in the last 12 months through the Data Security and Protection Toolkit (DSPT). The incidents related to disclosure of personal identifiable information in error and one incident of loss of personal identifiable information, which was reported to the Information Commissioner's Office (ICO). The ICO took no action against the Trust for the breach.

Data quality and governance

Data Quality is subject to annual internal audit and is well established within NBT's governance arrangements. This year, the Data Quality audit focussed on aspects of waiting list management critical to patient care, and the Trust has achieved the highest possible assurance rating of "Significant Assurance" for a second consecutive year.

During 2023/24, best practice and associated monitoring tools, implemented during the Patient Administration System transition in 2022, have become standard operating practice. Accordingly, digital tools enabling the monitoring and assurance of Data Quality have now been further developed to support tailored divisional data quality plans. Divisional plans are reported through various trust governance forums and support the prevailing quality and performance initiatives across the Trust. The dedicated Data Quality Team within IM&T collaborates closely with operational and clinical teams to continually improve the Trust's information-based decision-making capability.

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 ("significant assurance") and the internal controls reviewed as part of the Internal Audit plan,
- The developmental well-led review undertaken by an independent organisation in 2023/24, which has provided me with assurance that our overall arrangements for compliance with the CQC's well-led framework are robust, and that we have a plan in place to respond to any recommendation made in that report,
- Engagement with, and inspection reports from, key regulators, including the report from the CQC maternity inspection in 2023/24.

The Head of Internal Audit has provided me with an opinion (HIAO) for the period of 1 April 2023 to 31 March 2024 of 'significant assurance with minor improvement opportunities',

confirming that there is generally a sound system of internal control which is designed to meet the Trust's objectives and that controls in place are being consistently applied in all key areas reviewed.

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 Improvement on determining significant internal control issues, I do not consider there to have been any significant internal control issues in 2023/24.

Signed……..
Chief Executive Date: 27. 06. 2024

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

27.06.2024

Date.....

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

27.06.2024

.....Date.....Chief Executive

27.06.2024

.....Date.....Finance Director

Certificate on summarisation schedules

Trust Accounts Consolidation (TAC) Summarisation Schedules for North Bristol NHS Trust

Summarisation schedules numbers TAC01 to TAC34 and accompanying WGA sheets for 2023/24 have been completed and this certificate accompanies them.

Finance Director Certificate

1. I certify that the attached TAC schedules have been compiled and are in accordance with:
    - the financial records maintained by the NHS trust
    - accounting standards and policies which comply with the Department of Health and Social Care's Group Accounting Manual and
    - the template NHS provider accounting policies issued by NHS England, or any deviation from these policies has been fully explained in the Confirmation questions in the TAC schedules.
2. I certify that the TAC schedules are internally consistent and that there are no validation errors*.
3. I certify that the information in the TAC schedules is consistent with the financial statements of the NHS Trust [**except for [insert text highlighting where the schedules differ from the accounts and explain the differences]].

Glyn Howells, Chief Finance Officer
27.06.2024

Chief Executive Certificate

1. I acknowledge the accompanying TAC schedules, which have been prepared and certified by the Finance Director, as the TAC schedules which the Trust is required to submit to NHS England.
2. I have reviewed the schedules and agree the statements made by the Director of Finance above.

Maria Kane, Chief Executive
27.06.2024

** If you are unable to eliminate validation errors after discussions with your auditors and contacting NHS England then amend this accordingly.*

*** Please insert the 'except for' clause only if applicable.*

PART 3 - Remuneration Report

Salary and Pensions entitlements of senior managers 2023/24

Remuneration of senior managers (audited)

Name and title	2023/24						2022/23					
	(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	60-65	4,400	0	0	0	60-65	60-65	4,200	0	0	-	60-65
Kelvin Blake - Non-Executive Director	10-15	0	0	0	0	10-15	15-20	0	0	0	-	15-20
Tim Gregory – Associate Non-Executive Director, left December 2023	10-15	0	0	0	0	10-15	10-15	0	0	0	-	10-15
Kelly Macfarlane - Non-Executive Director	10-15	0	0	0	0	10-15	10-15	0	0	0	-	10-15
Sarah Purdy - Non-Executive Director, joined December 21	10-15	0	0	0	0	10-15	10-15	0	0	0	-	10-15
Richard Gaunt- Non-Executive Director	10-15	0	0	0	0	10-15	10-15	0	0	0	-	10-15
Jane Khawaja - Non-Executive Director joined January 23	10-15	0	0	0	0	10-15	0-5	0	0	0	-	0-5
Omar Mashjari – Associate Non-Executive, joined May 23	5-10	0	0	0	0	5-10						
Darren Roach – Associate Non-Executive Director, joined May 23	5-10	0	0	0	0	5-10						
Shawn Smith – Non-Executive Director, Joined July 2023	10-15	0	0	0	0	10-15						
John Iredale - Non-Executive Director left December 22							10-15	0	0	0	-	10-15
Dr Ike Anya - Non-Executive Director, left February 23							5-10	0	0	0	-	5-10
Sandra Harding - Associate Non-Executive, left January 23							5-10	0	0	0	-	5-10

Name and title	2023/24						2022/23					
	(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- Chief Executive	270-275	18,200	10-15	0	0	300-305	240-245	18,300	5-10	0	22.5-25	290-295
Tim Whittlestone - Chief Medical Officer*	250-255	0	0-5	0	0	250-255	240-245	0	0-5	0	0	240-245
Steve Curry- Chief Operating Officer	205-210	18,000	15-20	0	0	245-250	175-180	18,000	15-20	0	70-72.5	280-285
Steve Hams- Chief Nursing Officer	165-170	0	5-10	0	0	175-180	160-165	0	5-10	0	30-32.5	200-205
Glyn Howells-Chief Finance Officer	150-155	8,100	15-20	0	0	180-185	155-160	0	15-20	0	80-82.5	255-260
Corporate Directors												
Neil Darvill – Chief Digital Information Officer - joint with UHBW from 1 June 2023**	100-105	0	0-5	0	87.5-90	190-195	140-145	0	0-5	0	32.5-35	175-180
Jacqui Marshall - Chief People Officer	185-190	0	15-20	0	0	200-205	170-175	0	15-20	0	0	190-195
Judith Gray – Interim Chief People Officer – Left 30 September 2023***	0-5	0	0-5	0	0	0-5	0-5	0	0-5	0	0-2.5	0-5

*Tim Whittlestone includes an element of salary remuneration for his work as a consultant in the range of £90-95k

**Since 1st June 2023 Neil Darvill is Joint Chief Digital Information Officer shared between North Bristol & University Hospitals Bristol & Weston, his total remuneration for the period is in the bracket £175-180k. NBT only covers 50% of his remuneration as per the agreement between both Trusts.

***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 covers an element of her remuneration as the arrangement is such that NBT covers the cost of backfilling additional roles. For a full year this additional cost would total an estimated £173k

Salary

The following Director's salaries are based on part year as they joined the Trust during the year:

Omar Mashjari

Darren Roach

Shawn Smith

Pension Arrangements

Tim Whittlestone and Jacqui Marshall chose not to be covered by the pension arrangements during the prior reporting year.

Maria Kane, Steve Curry, Steve Hams and Jacqui Marshall chose not to be covered by the pension arrangements during the reporting year. When individuals opt to recycle their pension they lose the current benefits of the pension scheme and instead the employers contribution is added to their salary, therefore a salary increase is seen for those individuals that have removed themselves from the pension in 2023/24.

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. Negative values are not disclosed in this table but are substituted for a zero. However, at pension age individuals will be able to choose which scheme is used to calculate this section of their pension.

Expense Payments

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

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. In 2022/23 Chief Executive Officer Maria Kane and Chief Operating Officer Steve Curry received in-year living allowance payments. This reflects where posts are difficult to fill requiring additional expenses associated with living away from home during the week.

Performance Pay and Bonuses

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.

The Directors were set individual ‘SMART’ objectives relevant to their portfolio, and aligned to the Trust’s strategic objectives of:

- Provider of high-quality care
- Develop healthcare for the future
- An anchor in the community

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 2022/23 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 the 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.

All 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 NHSE 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

For salary and allowances the percentage change in the highest paid director from 2022/23 to 2023/24 was an increase of 9.5%. This was largely driven by the impact of pension recycling, removing this impact would make the increase 1.9%. The average percentage increase for all other staff was 1.6% (when excluding temporary staff in post on 31 March 2024 the average percentage increase for all other staff is 4.8%).

In 2023/24 the highest paid director's bonus increased by 66.7% when compared to 2022/23. The average percentage decrease in performance related bonuses for all other staff was 8%.

For all taxable benefits, which includes impact of pension recycling, the percentage change from 2022/23 to 2023/24 for the highest paid director was an increase of 11%. The average percentage increase for all other staff was 1.6%

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 2023/24 was £300-305k (2022/23: £270k-£275k). The relationship to the remuneration of the organisation's workforce is disclosed in the table below:

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	7.2:1	5.6:1
2022/23	**25th percentile**	**Median**	**75th percentile**
Total remuneration (£)	27,658	39,329	52,313
Salary component of total remuneration (£)	23,704	33,706	44,834
Pay ratio information	9.9:1	6.9:1	5.2:1

In 2023/24 one employee (2022/23 no employees) received remuneration in excess of the highest-paid director. Remuneration ranged from £22,383 to £326,766 (2022/23: £20,070 to £230,016).

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

Pension Entitlements of senior managers

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	
Judith Gray – Interim Chief People Officer	0-2.5	0	10-15	0	127	15	200	

Maria Kane, Steve Curry, Steve Hams and Jacqui Marshall chose not to be covered by the pension arrangements during the reporting year. When individuals decide to recycle their pension they lose the current benefits of the pension scheme and instead the employers contribution is added to their salary, therefore a salary increase is seen for those individuals that have removed themselves from the pension in 2023/24.

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.

2022-23 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 2023	Lump sum at pension age related to accrued pension at 31 March 2023	Cash Equivalent Transfer Value at 1 April 2022	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2023	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	0-2.5	0	60-65	100-105	1,121	38	1,208	0
Glyn Howells – Chief Finance Officer	2.5-5	0	25-30	0	292	59	377	0
Steve Hams – Chief Nursing Officer	0-2.5	0	45-50	95-100	770	0	650	0
Steve Curry – Chief Operating Officer	2.5-5	5-7.5	75-80	170-175	1,482	99	1,637	0
Corporate Directors								
Judith Gray – Interim Chief People Officer	0-2.5	0	5-10	0	88	2	127	0
Neil Darvill – Chief Digital Information Officer	2.5-5	0	55-60	140-145	1,244	50	1,353	0

Jacqui Marshall, and Tim Whittlestone chose not to be covered by the pension arrangements during the reporting year.

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 2023/24 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 have been audited.

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 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023 to 24 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

The Staff Report is subject to audit.

Staff Numbers

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

	2023/24			2022/23
Average Staff Numbers	**Permanent**	**Other**	**Total**	**Total**
	Number	**Number**	**Number**	**Number**
Medical and dental	1,102	77	1,179	1,125
Administration and estates	2,136	178	2,315	2,190
Healthcare assistants and other support staff	1,508	270	1,778	1,645
Nursing, midwifery, and health visiting staff	2,535	382	2,917	2,662
Scientific, therapeutic, and technical staff	970	6	976	926
Healthcare Science Staff	678	18	697	718
Total	**8,929**	**932**	**9,861**	**9,266**
Of Which				
Staff engaged on capital projects	26	6	32	71

Staff Composition

	2023/24			2022/23		
	Male	Female	Total	Male	Female	**Total**
Board members	10	6	16	8	7	15
Other staff	2,484	6,824	9,307	2,294	6,281	8,575
Total	**2,494**	**68,30**	**9,323**	**2,302**	**6,288**	**8,590**
Total %	**27%**	**73%**		**27%**	**73%**	

Staff Costs

The table below shows staff costs:

	2023/24			2022/23
Staff Costs	**Permanent**	**Other**	**Total**	**Total**
	£000s	**£000s**	**£000s**	**£000s**
Salaries and wages	428,072	4,580	432,652	403,345
Social security costs	47,629	0	47,629	43,450
Apprenticeship levy	2,213	0	2,213	1,954
Pension cost - Employer's contributions to NHS pension scheme	51,369	0	51,369	45,714
Termination benefits	316	0	316	211
Temporary staff - agency/contract staff	0	23,352	23,352	21,508
Pension Cost – Employer contributions paid by NHSE on provider's behalf (6.3%)	22,358	0	22,358	20,011
Total gross staff costs	**551,957**	**27,932**	**579,889**	**536,193**
Of which				
Costs capitalised as part of assets	**1,658**	**410**	**2,068**	**4,187**

Exit Packages – Subject to Audit

Reporting of compensation schemes – exit packages 2023/24

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	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**

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 2022/23 (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	0	0	23	81,172	27	153,638	0	0
£10,000 - £25,000	2	29,638	3	40,344	2	29,638	0	0
£25,001 - £50,000	1	26,667	1	32,121	1	26,667	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	**3**	**56,305**	**27**	**153,638**	**30**	**209,943**	**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

	2023/24		2022/23	
	Agreements	**Total value of agreements**	**Agreements**	**Total value of agreements**
	Number	**£000s**	**Number**	**£000s**
Voluntary redundancies including early retirement contractual costs				
Mutually agreed resignations (MARS) contractual costs				
Early retirements in the efficiency of the service contractual costs				
Contractual payments in lieu of notice	41	275	27	154
Exit payments following Employment Tribunals or court orders				
Non-contractual payments requiring HMT approval				
Total	**41**	**275**	27	154
Of which:				
Non-contractual payments requiring HMT approval 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

	2023/24	2022/23
Total Days Lost	96,742	106,034
Total FTE Staff Years	8,903	8,373
Average working days lost per staff year	11	13

***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 2024

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	29
Staff who are Union representatives (H&S only)	1
Staff who are Union representatives with regular paid facility time	9
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
29	9,266

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%	2

Percentage of pay bill spent on facility time
What is the percentage of pay bill spent on facility time?
0.034%

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 £154,882 (2022/23 £125,394) 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 2024 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 2024, for more than £245 per day

	2023/24 Number
Number of existing engagements as of 31 March 2024	22
Of which, the number that have existed	
for less than one year at the time of reporting	13
for between one and two years at the time of reporting	2
for between 2 and 3 years at the time of reporting	4
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	3

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

	2023/24 Number
Number of temporary off-payroll workers engaged between 1 April 2023 and 31 March 2024	80
Of which	
Number not subject to off-payroll legislation	0
Number subject to off-payroll legislation and determined as in-scope of IR35	80
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 2023 and 31 March 2024:

	2023/24 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.	0

North Bristol NHS Trust

Annual accounts for the year ended 31 March 2024

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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.

Name: Maria Kane

Signed:

Position: Chief Executive
Date: 27th June 2024

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: 27th June 2024

Name: Glyn Howells

Signed: 

Position: Chief Financial Officer
Date: 27th June 2024

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 2024, 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 2023-24.

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 2024 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended; and
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24; 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 (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the group and 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 group or 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 2023-24 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 group and 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 2022) 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 April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Governance Statement does not comply with the requirements of the Department of Health and Social Care Group Accounting Manual 2023-24 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 2023-24; 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 15 May 2023 we referred a matter 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 break-even duty for the five year period ending 31 March 2024.

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 group and 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 2023-24).
- We enquired of management and the Audit and Risk committee, concerning the group and Trust's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the Audit and Risk committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the group and 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, valuation of Property, Plant and Equipment and revenue 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 valuation of property, plant and equipment and the year-end accruals.
  - The recognition of income from patient care activities and non-patient care activities.
- 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;
  - 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 2023-24
- 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.
- The team communicated with management and the Audit Committee in respect of potential non-compliance with relevant laws and regulations, included the ongoing breach due to its cumulative deficit, potential for fraud in revenue and expenditure recognition, and the significant accounting estimates related to property, plant and equipment valuations and accruals.
- Our assessment of the appropriateness of the collective competence and capabilities of the group and Trust 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 group and Trust operates
  - understanding of the legal and regulatory requirements specific to the group and 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 2024.

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 January 2023. 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 – Certificate

We certify that we have completed the audit of North Bristol NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

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
27 June 2024

Consolidated Statement of Comprehensive Income

		Group		Trust	
		2023/24	2022/23	2023/24	2022/23
	Note	£000	£000	£000	£000
Operating income from patient care activities	3	855,219	783,164	855,219	783,164
Other operating income	4	92,811	86,195	94,169	87,118
Operating expenses	7, 9	(913,606)	(837,236)	(912,854)	(836,133)
Operating surplus/(deficit) from continuing operations		**34,424**	**32,123**	**36,534**	**34,149**
Finance income	11	4,627	2,410	4,364	2,152
Finance expenses	12	(109,897)	(37,938)	(109,897)	(37,938)
PDC dividends payable		-	(3,278)	-	(3,278)
Net finance costs		**(105,270)**	**(38,806)**	**(105,533)**	**(39,064)**
Other gains / (losses)	13	234	(1,421)	-	(691)
Gains / (losses) arising from transfers by absorption	36	-	252	-	252
Surplus / (deficit) for the year		**(70,612)**	**(7,852)**	**(68,999)**	**(5,354)**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments	8	(3,617)	(118,074)	(3,617)	(118,074)
Revaluations	17	7,560	1,956	7,560	1,956
Total comprehensive income / (expense) for the period		**(66,669)**	**(123,970)**	**(65,056)**	**(121,472)**

The following information is not part of the Statement of Comprehensive Income and 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	(70,612)	(7,825)
Remove impact of consolidating NHS charitable fund	1,613	2,471
Remove net impairments not scoring to the Departmental expenditure limit	7,720	9,652
Remove (gains) / losses on transfers by absorption	-	(252)
Remove I&E impact of capital grants and donations	(2,295)	(4,422)
Remove I&E impact of IFRS 16 on IFRIC 12 schemes	63,593	-
Remove loss recognised on return of donated COVID assets to DHSC	-	691
Adjusted financial performance surplus / (deficit)	**19**	**315**

Statement of Financial Position

	Note	Group		Trust	
		31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Non-current assets					
Intangible assets	14	15,126	17,630	15,126	17,630
Property, plant and equipment	15	512,443	483,469	512,443	483,469
Right of use assets	18	9,739	8,687	9,739	8,687
Other investments / financial assets	19	6,332	7,341	-	-
Receivables	22	1,063	1,386	1,063	1,386
Total non-current assets		**544,703**	**518,513**	**538,371**	**511,172**
Current assets					
Inventories	21	11,714	10,049	11,714	10,049
Receivables	22	49,594	57,401	49,842	57,361
Cash and cash equivalents	23	63,502	105,152	62,678	103,965
Total current assets		**124,810**	**172,602**	**124,234**	**171,375**
Current liabilities					
Trade and other payables	24	(96,091)	(122,090)	(95,941)	(121,893)
Borrowings	26	(23,626)	(17,055)	(23,626)	(17,055)
Provisions	27	(4,399)	(4,091)	(4,399)	(4,091)
Other liabilities	25	(14,405)	(17,177)	(14,405)	(17,177)
Total current liabilities		**(138,521)**	**(160,413)**	**(138,371)**	**(160,216)**
Total assets less current liabilities		**530,992**	**530,702**	**524,234**	**522,331**
Non-current liabilities					
Borrowings	26	(571,810)	(355,213)	(571,810)	(355,213)
Provisions	27	(1,328)	(1,730)	(1,328)	(1,730)
Other liabilities	25	(4,831)	(5,020)	(4,831)	(5,020)
Total non-current liabilities		**(577,969)**	**(361,963)**	**(577,969)**	**(361,963)**
Total assets employed		**(46,977)**	**168,739**	**(53,735)**	**160,368**
Financed by					
Public dividend capital		485,167	469,111	485,167	469,111
Revaluation reserve		71,895	67,952	71,895	67,952
Income and expenditure reserve		(610,797)	(376,695)	(610,797)	(376,695)
Charitable fund reserves	20	6,758	8,371	-	-
Total taxpayers' equity		**(46,977)**	**168,739**	**(53,735)**	**160,368**

The notes on pages 8 to 67 form part of these accounts.

Name Maria Kane
Signed

Position Chief Executive Officer
Date 27th June 2024

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)**

Consolidated Statement of Changes in Equity for the year ended 31 March 2023

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 2022 – brought forward	**456,945**	**184,070**	**(371,341)**	**10,869**	**280,543**
Surplus/(deficit) for the year	-	-	(7,714)	(138)	**(7,852)**
Impairments	-	(118,074)	-	-	**(118,074)**
Revaluations	-	1,956	-	-	**1,956**
Public dividend capital received	12,166	-	-	-	**12,166**
Other reserve movements	-	-	2,360	(2,360)	**-**
Taxpayers' and others' equity at 31 March 2023	**469,111**	**67,952**	**(376,695)**	**8,371**	**168,739**

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)**

Statement of Changes in Equity for the year ended 31 March 2023

Trust	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**456,945**	**184,070**	**(371,341)**	**269,674**
Surplus/(deficit) for the year	-	-	(5,354)	**(5,354)**
Impairments	-	(118,074)	-	**(118,074)**
Revaluations	-	1,956	-	**1,956**
Public dividend capital repaid	12,166	-	-	**12,166**
Taxpayers' and others' equity at 31 March 2023	**469,111**	**67,952**	**(376,695)**	**160,368**

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 2023/24 £000	Group 2022/23 £000	Trust 2023/24 £000	Trust 2022/23 £000
Cash flows from operating activities					
Operating surplus / (deficit)		34,424	32,123	36,534	34,149
Non-cash income and expense:					
Depreciation and amortisation	7.1	25,993	28,187	25,993	28,187
Net impairments	8	8,407	10,075	8,407	10,075
Income recognised in respect of capital donations	4	(1,636)	(4,400)	(2,939)	(5,157)
Amortisation of PFI deferred credit		(77)	(77)	(77)	(77)
Non-cash movements in on-SoFP pension liability		-	-	-	-
(Increase) / decrease in receivables and other assets		5,413	(16,006)	5,023	(15,869)
(Increase) / decrease in inventories		(1,665)	(904)	(1,665)	(904)
Increase / (decrease) in payables and other liabilities		(31,445)	17,640	(31,445)	17,640
Increase / (decrease) in provisions		(83)	528	(83)	528
Movements in charitable fund working capital		(149)	(252)	-	-
Other movements in operating cash flows		(72)	(13)	-	-
Net cash flows from / (used in) operating activities		**39,110**	**66,901**	**39,748**	**68,572**
Cash flows from investing activities					
Interest received		4,364	2,152	4,364	2,152
Purchase of intangible assets		(1,137)	(5,736)	(1,137)	(5,736)
Purchase of PPE and investment property		(48,364)	(38,950)	(48,364)	(38,950)
Receipt of cash donations to purchase assets		529	4,400	1,760	5,146
Net cash flows from charitable fund investing activities		1,243	2,275	-	-
Net cash flows from / (used in) investing activities		**(43,365)**	**(35,859)**	**(43,377)**	**(37,388)**
Cash flows from financing activities					
Public dividend capital received		16,056	12,166	16,056	12,166
Capital element of lease liability repayments		(1,863)	(2,536)	(1,863)	(2,536)
Capital element of PFI, LIFT and other service concession payments		(17,264)	(9,347)	(17,264)	(9,347)
Other interest		-	-	-	-
Interest paid on lease liability repayments		(190)	(181)	(190)	(181)
Interest paid on PFI, LIFT and other service concession obligations		(37,099)	(37,754)	(37,099)	(37,754)
PDC dividend (paid) / refunded		2,702	(5,721)	2,702	(5,721)
Net cash flows from charitable fund financing activities		263	258	-	-
Net cash flows from / (used in) financing activities		**(37,395)**	**(43,114)**	**(37,658)**	**(43,372)**
Increase / (decrease) in cash and cash equivalents		**(41,650)**	**(12,072)**	**(41,287)**	**(12,188)**
Cash and cash equivalents at 1 April - brought forward		**105,152**	**117,224**	**103,965**	**116,153**
Cash and cash equivalents at 31 March	23.1	**63,502**	**105,152**	**62,678**	**103,965**

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 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

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 NHS Charitable Funds

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 2023/24 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 2023/24 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 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. In 2023/24, trusts did 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. In 2022/23, Elective Recovery Funding for providers was separately identified within the Aligned Payment and Incentive contracts.

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 1st 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 the government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital

Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 Expenditure on employee benefits Short-term employee benefits

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

In 2023/24, in line with NHSE national guidelines, the Trust has recognised impact of the proposed pay settlement for the medical consultants.

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

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

- Specialised buildings and attached land – depreciated replacement cost on a modern equivalent asset basis.
- Non-specialised buildings and the 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. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis 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.

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.

This includes assets donated to the Trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

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
IFRS 16 liability measurement principles have been applied to PFI, LIFT and other service concession arrangement liabilities in these financial statements from 1 April 2023. The change in measurement basis has been 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.

Comparatives for PFI, LIFT and other service concession arrangement liabilities have not been restated on an IFRS 16 basis, as required by the DHSC Group Accounting Manual. Under IAS 17 measurement principles which applied in 2022/23 and earlier, movements in the liability were limited to repayments of the liability and the annual finance cost arising from application of the implicit interest rate. The cumulative impact of indexation on payments for the asset was charged to finance costs as contingent rent as incurred.

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, including dwellings	5	97
Plant & machinery	1	15
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 which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

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

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.
Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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

Amortisation

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

Useful lives of intangible assets

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

	Min life Years	Max life Years
Information technology	4	7
Software licences	5	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.

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

Note 1.11 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 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 the 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, ie, 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 22.2.

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

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 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

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

Initial application of IFRS 16 in 2022/23

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

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

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the Statement of Financial Position immediately prior to initial application. Hindsight was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

No adjustments were made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets had a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust was lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust was an intermediate lessor, classification of all continuing sublease arrangements was been reassessed with reference to the right of use asset.

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2024:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.26%	3.27%
Medium-term	After 5 years up to 10 years	4.03%	3.20%
Long-term	After 10 years up to 40 years	4.72%	3.51%

Exceeding 40 years	4.40%	3.00%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2023:

	Inflation rate	Prior year rate
Year 1	3.60%	7.40%
Year 2	1.80%	0.60%
Into perpetuity	2.00%	2.00%

Early retirement provision uses the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (prior year: 1.70%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at Note 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 (PDCD). The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and- foundation-trusts.

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

Note 1.17 Value added tax

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

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 2023/24.

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 which is expected to be from April 2025: early adoption is not therefore permitted.

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 £302,174k as at 31st March 2024, 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 £60m. This is referred to in note 1.8 of the accounting policy.

The value of the PFI liability was £585,583k (2022/23 £365,125k), further details can be found in note 31.

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 fair 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.

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 (-3.4%) 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 35 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:

	2023/24	2022/23
	£000s	£000s
Income	1,477	1,437
Expenditure	752	1,103
Net assets	6,758	8,371

Note 3 Operating income from patient care activities (Group)

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)

	2023/24 £000	2022/23 £000
Acute services		
Income from commissioners under API contracts - variable element	150,379	-
Income from commissioners under API contracts - fixed element	590,624	633,338
High cost drugs income from commissioners	71,658	49,534
Other NHS clinical income	5,037	38,582
All services		
Private patient income	2,807	3,247
Elective recovery fund	-	17,477
National pay award central funding	422	16,005
Additional pension contribution central funding	22,358	20,011
Other clinical income	11,934	4,970
Total income from activities	**855,219**	**783,164**

Aligned Payment and Incentive (API) 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/).

There is a material variance between the current year variable income and prior year due to the way the Trust has recognised the variable component in 2023-24 which is in line with the Aligned Payment and Incentive (API) guidance, which includes accounting for Elective recovery income, Diagnostics and Imaging and Chemo. The key movement between categories include:

- There was no variable API income in 22/23 as all income from API contracts was fixed
- Other clinical income includes block variable income of £33,014k for 22/23, which an equivalent for 23/24 is recognised as part of API contract

There are also other immaterial movements between the categories that are due to other changes in NHSE's income classification guidelines.

The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay contributions at the former rate with the additional amount being paid over by NHS England on the providers behalf. The full cost and related funding have been recognised in these accounts.

Other NHS Clinical Income consists of two income streams:

1. Block income of £3,073k, which represents a fixed funding level for all non-API patient activity transacted by commissioning bodies, and;
2. Mass Vaccination project related income of £1,964k

The Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets. It is disclosed separately as per NHS England's guidelines. In 2023/24 the Elective Recovery Fund formed part of the income from commissioners under API contracts - variable element.

Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024 the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024. The additional pay for 2023/24 was based on individuals in employment at 31st March 2024. 2022/23: In March 2023, the government made a pay offer for staff on the Agenda for Change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.

Note 3.2 Income from patient care activities (by source)

	2023/24	2022/23
Income from patient care activities received from:	**£000**	**£000**
NHS England	319,118	294,480
Clinical commissioning groups	-	112,444
Integrated care boards	521,360	365,061
Non-NHS: private patients	1,731	1,866
Non-NHS: overseas patients (chargeable to patient)	1,076	1,381
Injury cost recovery scheme	3,301	2,962
Non NHS: other	8,633	4,970
Total income from activities	**855,219**	**783,164**

As of 1st July 2023, Integrated Care Boards have replaced Clinical Commissioning Groups taking over their services and responsibilities, including, among others, existing funding commitments, contractual obligations and outstanding liabilities.

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

	2023/24	2022/23
	£000	**£000**
Income recognised this year	1,076	1,381
Cash payments received in-year	414	242
Amounts added to provision for impairment of receivables	979	1,466
Amounts written off in-year	738	1,342

Note 4 Other operating income (Group)

	Group		Trust	
	2023/24 £000	2022/23 £000	2023/24 £000	2022/23 £000
Research and development	13,006	10,690	13,006	10,690
Education and training	25,114	23,364	25,114	23,364
Education and training - notional income from apprenticeship fund	1,497	1,528	1,497	1,528
Non-patient care services to other bodies	12,504	11,131	12,504	11,131
Reimbursement and top up funding*	-	2,916	-	2,916
Income in respect of employee benefits accounted on a gross basis	7,864	6,595	7,864	6,595
Receipt of capital grants and donations and peppercorn leases **	1,636	4,400	2,939	5,157
Charitable and other contributions to expenditure ***	143	1,244	1,675	2,847
Revenue from operating leases	2,002	1,735	2,002	1,735
Amortisation of PFI deferred income / credits	77	77	77	77
Charitable fund incoming resources	1,477	1,437	-	-
Car Parking income	2,056	1,838	2,056	1,838
Catering	1,800	1,531	1,800	1,531
Pharmacy sales	16	16	16	16
Staff accommodation rental	115	119	115	119
Other income	23,504	17,574	23,504	17,574
Total other operating income	**92,811**	**86,195**	**94,169**	**87,118**

* As part of the coronavirus pandemic response, transaction flows were simplified in the NHS leading to the introduction of reimbursements and top- up mechanisms. In 2022/23, these mechanisms were only used for funding for the first five months of the Mass Vaccination Programme. Since September 2022, the Mass Vaccination Programme is funded directly through the patient care activities. Hence, it is showing as nil value in 2023/24.

** In 2022/23, the Trust received a Public Sector Decarbonisation Scheme grant of £4,375k. In 2023/24, the Trust recognised, among other items, a physical donation of a MRI worth £1,107k. Detailed breakdown can be found in Note 16.

*** Includes donated inventories and equipment below the capitalisation threshold for COVID response.

Note 5 Additional information on contract revenue (IFRS 15) recognised in the period

	2023/24 £000	2022/23 £000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	188	293

Note 6 Operating leases - North Bristol NHS Trust as lessor

This note discloses income generated in operating lease agreements where North Bristol NHS Trust 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 and Trust)

The Trust has recognised income in year of £2,002k (2023/24) compared with £1,735k in the previous financial year (2022/23).

Note 6.2 Future lease receipts (Group and Trust)

	31 March 2024	31 March 2023
Future minimum lease receipts due in:	**£000**	**£000**
- not later than one year	1,893	1,872
- later than one year and not later than two years	1,757	1,863
- later than two years and not later than three years	921	1,851
- later than three years and not later than four years	882	1,003
- later than four years and not later than five years	882	960
- later than five years	18,781	20,904
Total	**25,116**	**28,453**

Note 7.1 Operating expenses (Group)

	Group		Trust	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
Purchase of healthcare from NHS and DHSC bodies	824	464	824	464
Purchase of healthcare from non-NHS and non-DHSC bodies	9,420	5,319	9,420	5,319
Staff and executive directors costs	577,821	532,006	577,821	532,006
Remuneration of non-executive directors	172	167	172	167
Supplies and services - clinical (excluding drugs costs)[1]	94,301	86,301	94,301	86,301
Supplies and services - general	12,787	11,831	12,787	11,831
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	74,942	65,101	74,942	65,101
Consultancy costs	155	126	155	126
Establishment	8,407	6,704	8,407	6,704
Premises	47,398	40,956	47,398	40,956
Transport (including patient travel)	3,227	2,045	3,227	2,045
Depreciation on property, plant and equipment	22,411	25,956	22,411	25,956
Amortisation on intangible assets	3,582	2,231	3,582	2,231
Net impairments[2]	8,407	10,075	8,407	10,075
Movement in credit loss allowance: contract receivables / contract assets	740	626	740	626
Increase/(decrease) in other provisions	570	1,408	570	1,408
Change in provisions discount rate(s)	8	42	8	42
Fees payable to the external auditor				
audit services- statutory audit[3]	159	150	142	134
other auditor remuneration (external auditor only)	-	-	-	-
Internal audit costs	143	195	143	195
Clinical negligence	19,786	18,275	19,786	18,275
Legal fees	324	530	324	530
Insurance	58	125	58	125
Research and development	5,401	4,064	5,401	4,064
Education and training	5,393	4,683	5,393	4,683
Expenditure on short term leases	2,475	5,225	2,475	5,225
Redundancy	-	-	-	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	7,879	6,856	7,879	6,856
Hospitality	7	133	7	133
Other NHS charitable fund resources expended	735	1,087	-	-
Other	6,074	4,555	6,074	4,555
Total	**913,606**	**837,236**	**912,854**	**836,133**

[1] Includes utilisation of donated consumables (personal protective equipment)

[2] Further details on the impairment can be found in Notes 8 and 17.

[3] 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 2022/23 or 2023/24

Note 7.3 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £351k (2022/23: £528k).

Note 8 Impairment of assets (Group)

	2023/24	2022/23
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	310	423
Abandonment of assets in course of construction[1]	377	-
Unforeseen obsolescence[2]	1,336	-
Changes in market price[3]	6,384	9,652
Total net impairments charged to operating surplus / deficit	**8,407**	**10,075**
Impairments charged to the revaluation reserve[4]	3,617	118,074
Total net impairments	**12,024**	**128,149**

[1] Abandonment of assets in course of construction applies to an ambulance bay development project that ceased in the course of the year.
[2] This relates to IT equipment, which was impaired and replaced due to an unforseen increase in cyber security threat levels.
[3] Changes in the market price is driven mostly by the revaluation of estates in both financial years
[4] In 2022/23, the Trust reviewed its Modern Equivalent Asset (MEA) model, which resulted in a significant impairment against the Revaluation Reserve.

Note 9 Employee benefits (Trust and Group)

	2023/24 Total £000	2022/23 Total £000
Salaries and wages	432,652	403,345
Social security costs	47,629	43,450
Apprenticeship levy	2,213	1,954
Employer's contributions to NHS pensions	73,727	65,725
Termination benefits	316	211
Temporary staff (including agency)	23,352	21,508
Total gross staff costs	**579,889**	**536,193**
Recoveries in respect of seconded staff	-	-
Total staff costs	**579,889**	**536,193**
Of which		
Costs capitalised as part of assets	2,068	4,187
Costs charged against Income and Expenditure	577,821	532,006

All of the Charity employees are employed 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 2023/24 there were 16 early retirements from the Trust agreed on the grounds of ill-health (8 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £1,192k (£394k in 2022/23).

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 two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both 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 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 2024, is based on valuation data as at 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

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

Note 11 Finance income

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

	Group		Trust	
	2023/24 £000	2022/23 £000	2023/24 £000	2022/23 £000
Interest on bank accounts	4,364	2,152	4,364	2,152
NHS charitable fund investment income	263	258	-	-
Total finance income	**4,627**	**2,410**	**4,364**	**2,152**

Note 12 Finance expenditure

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

	Group		Trust	
	2023/24 £000	2022/23 £000	2023/24 £000	2022/23 £000
Interest expense:				
Interest on lease obligations	190	181	190	181
Finance costs on PFI, LIFT and other service concession arrangements:				
Main finance costs	37,099	22,894	37,099	22,894
Contingent finance costs*	-	14,860	-	14,860
Remeasurement of the liability resulting from change in index or rate*	72,619	-	72,619	-
Total interest expense	109,908	37,935	109,908	37,935
Unwinding of discount on provisions	(11)	3	(11)	3
Total finance costs	109,897	37,938	109,897	37,938

* From 1 April 2023, IFRS 16 liability measurement principles are applied to PFI, LIFT and other service concession liabilities. Increases to imputed lease payments arising from inflationary uplifts are now included in the liability and contingent rent no longer arises. More information is provided in Note 32.

Note 13 Other gains / (losses) (Group)

	Group		Trust	
	2023/24 £000	2022/23 £000	2023/24 £000	2022/23 £000
Losses on disposal of assets *	-	(691)	-	(691)
Total gains / (losses) on disposal of assets	**-**	**(691)**	**-**	**(691)**
Fair value gains / (losses) on charitable fund investments & investment properties	234	(730)	-	-
Total other gains / (losses)	**234**	**(1,421)**	**-**	**(691)**

* Includes loss on disposal on equipment returned to DHSC in 2022/23 that was donated in 2020/21 as part of response to COVID-19 pandemic.

Note 14.1 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 - brought forward	**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 - brought forward	**11,276**	**109**	**1,821**	**-**	**13,206**
Provided during the year	532	41	3,006	-	**3,579**
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 14.2 Intangible assets - 2022/23

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 2022 - as previously stated	**26,507**	**228**	**2,963**	**9,042**	**38,740**
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	(14,033)	-	-	-	**(14,033)**
Additions	-	-	99	5,721	**5,820**
Reclassifications	397	-	981	(1,069)	**309**
Valuation / gross cost at 31 March 2023	**12,871**	**228**	**4,043**	**13,694**	**30,836**
Amortisation at 1 April 2022 - as previously stated	**23,863**	**65**	**1,076**	**-**	**25,004**
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	(13,253)	-	-	-	**(13,253)**
Provided during the year	666	44	745	-	**1,455**
Amortisation at 31 March 2023	**11,276**	**109**	**1,821**	**-**	**13,206**
Net book value at 31 March 2023	**1,595**	**119**	**2,222**	**13,694**	**17,630**
Net book value at 1 April 2022	**2,644**	**163**	**1,887**	**9,042**	**13,736**

Note 15.1 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 - brought forward	**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 - brought forward	**-**	**-**	**-**	**-**	**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 15.2 Property, plant and equipment - 2022/23

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 2022 - as previously stated	**32,392**	**510,482**	**165**	**12,007**	**86,490**	**507**	**25,651**	**7,723**	**675,417**
IFRS 16 implementation - reclassification to right of use assets	-	-	-	-	(1,661)	-	(6,755)	-	**(8,416)**
Transfers by absorption	-	-	-	-	252	-	-	-	**252**
Additions	-	1,899	-	22,053	6,716	233	2,851	18	**33,770**
Impairments	(16,075)	(124,486)	(8)	-	(423)	-	-	-	**(140,992)**
Revaluations	-	1,956	-	-	-	-	-	-	**1,956**
Reclassifications	-	8,182	-	(9,992)	419	-	1,018	64	**(309)**
Disposals / derecognition	-	-	-	-	(7,366)	(103)	-	(10)	**(7,479)**
Valuation/gross cost at 31 March 2023	**16,317**	**398,033**	**157**	**24,068**	**84,427**	**637**	**22,765**	**7,795**	**554,199**
Accumulated depreciation at 1 April 2022 - as previously stated	**-**	**-**	**-**	**-**	**49,381**	**351**	**14,280**	**6,411**	**70,423**
IFRS 16 implementation - reclassification to right of use assets	-	-	-	-	(374)	-	(3,276)	-	**(3,650)**
Provided during the year	-	12,835	8	-	6,974	45	3,323	403	**23,588**
Impairments	-	(12,835)	(8)	-	-	-	-	-	**(12,843)**
Disposals / derecognition	-	-	-	-	(6,675)	(103)	-	(10)	**(6,788)**
Accumulated depreciation at 31 March 2023	**-**	**-**	**-**	**-**	**49,306**	**293**	**14,327**	**6,804**	**70,730**
Net book value at 31 March 2023	**16,317**	**398,033**	**157**	**24,068**	**35,121**	**344**	**8,438**	**991**	**483,469**
Net book value at 1 April 2022	**32,392**	**510,482**	**165**	**12,007**	**37,109**	**156**	**11,371**	**1,312**	**604,994**

Note 15.3 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	1	5	**9,017**
NBV total at 31 March 2024	**17,117**	**418,047**	**-**	**25,220**	**43,129**	**276**	**7,864**	**790**	**512,443**

Note 15.4 Property, plant and equipment financing - 31 March 2023

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	16,317	101,988	157	19,660	32,627	307	8,417	985	**180,458**
On-SoFP PFI contracts and other service concession arrangements	-	294,678	-	-	-	-	-	-	**294,678**
Owned - donated/granted	-	1,367	-	4,408	2,494	37	21	6	**8,333**
NBV total at 31 March 2023	**16,317**	**398,033**	**157**	**24,068**	**35,121**	**344**	**8,438**	**991**	**483,469**

Note 15.5 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
On-SoFP PFI contracts and other service concession arrangements	990	9,050	`	-	-	-	-	-	**10,040**
Owned - donated/granted	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 15.6 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

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	940	8,574	-	-	-	-	-	-	**9,514**
Not subject to an operating lease	15,377	389,459	157	24,068	35,121	344	8,438	991	**473,955**
NBV total at 31 March 2023	**16,317**	**398,033**	**157**	**24,068**	**35,121**	**344**	**8,438**	**991**	**483,469**

Note 16 Donations of property, plant and equipment

In 2022/23, the Trust received £5,157k in donations and grants to support capital expenditure, of which £757k was from North Bristol NHS Trust Charitable Fund, £25k from a MacMillan Cancer Support Grant and £4,375k from a Public Sector Decarbonisation Grant. £4,933k was spend on property works, £132k for IT-related projects, £87k for additional equipment and the remaining £6k for furniture and fittings.

In 2023/24, the Trust received £2,939k in donation 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.

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 2024. These were previously valued as at 31 March 2023. 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 £2,441k, of which £7,560k was recognised as an upwards revaluation against the revaluation reserve, £3,617k as an impairment against revaluation reserve and £6,384k as an impairment against the operating surplus. For comparison, in 2022/23, there was a downward revaluation of £125,770k, which was a net of £1,956 upward revaluation reserve, £118,074 impairment against revaluation reserve and £9,652k impairment against operating surplus. This change was a result of refreshing the Modern Equivalent Asset (MEA) model to reflect the post-pandemic view on the best practice in a design of the estate. In 2023/24, 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 - 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**

Note 18.2 Right of use assets - 2022/23

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 2022 – brought forward	-	-	-	-	-	-	-
IFRS 16 implementation - reclassification of existing leased assets from PPE or intangible assets	-	1,661	-	6,755	14,033	**22,449**	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	5,018	152	289	15	-	**5,474**	4,153
Additions	-	472	339	-	-	**811**	-
Disposals / derecognition	-	-	-	-	(10,930)	**(10,930)**	-
Valuation/gross cost at 31 March 2023	**5,018**	**2,285**	**628**	**6,770**	**3,103**	**17,804**	**4,153**
Accumulated depreciation at 1 April 2022 – brought forward	-	-	-	-	-	-	-
IFRS 16 implementation - reclassification of existing leased assets from PPE or intangible assets	-	374	-	3,276	13,253	**16,903**	-
Provided during the year	573	242	197	1,356	776	**3,144**	281
Disposals / derecognition	-	-	-	-	(10,930)	**(10,930)**	-
Accumulated depreciation at 31 March 2023	**573**	**616**	**197**	**4,632**	**3,099**	**9,117**	**281**
Net book value at 31 March 2023	**4,445**	**1,669**	**431**	**2,138**	**4**	**8,687**	**3,872**
Net book value at 1 April 2022	-	-	-	-	-	-	-

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, RoU assets related to the Pathology Managed Equipment Service were revalued downwards by £250k to reflect the expected refresh date of the equipment.

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	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
Carrying value at 1 April	**7,143**	**4,096**	**7,143**	**4,096**
IFRS 16 implementation - adjustments for existing operating leases	-	5,474	-	5,474
Lease additions	4,822	811	**4,822**	811
Lease liability remeasurements	(250)	-	**(250)**	-
Interest charge arising in year	190	181	**190**	181
Early terminations	-	(701)	-	(701)
Lease payments (cash outflows)	(2,053)	(2,716)	**(2,053)**	(2,716)
Carrying value at 31 March	**9,852**	**7,143**	**9,852**	7,143
Of which:				
Current	1,729	1,386	1,729	1,386
Non current	8,124	5,757	8,124	5,757

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 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 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 18.6 Maturity analysis of future lease payments at 31 March 2023

	Group		Trust	
	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2023	31 March 2023	31 March 2023	31 March 2023
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	1,492	301	1,492	301
- later than one year and not later than five years;	2,438	1,109	2,438	1,109
- later than five years.	3,947	2,980	3,947	2,980
Total gross future lease payments	**7,877**	**4,390**	**7,877**	**4,390**
Finance charges allocated to future periods	(734)	(500)	(734)	(500)
Net finance lease liabilities at 31 March 2023	**7,143**	**3,890**	**7,143**	**3,890**
Of which:				
Leased from other NHS providers		3,575		3,575
Leased from other DHSC group bodies		316		316

Note 18.7 Leases - other information

Operating lease income and future receipts equates to £27,118k, of which £2,434k relates to DHSC Bodies as per Note 6.2.

Operating lease expenditure recognised in year relating to short term leases was £2,475k, as per note 7.1. The total future commitment on short-term leases equates to £1,437k.

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	
	2023/24	2022/23
	£000	£000
Carrying value at 1 April - brought forward	**7,341**	**10,347**
Acquisitions in year	1,075	1,551
Movement in fair value through income and expenditure	234	(730)
Disposals	(2,318)	(3,827)
Carrying value at 31 March	**6,332**	**7,341**

The Trust holds no financial assets. The financial assets are only held by the Charity.

Note 20 Analysis of charitable fund reserves

	31 March 2024	31 March 2023
	£000	£000
Unrestricted funds:		
Unrestricted income funds	5,657	7,170
Restricted funds:		
Endowment funds	31	31
Other restricted income funds	1,070	1,170
	6,758	**8,371**

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the Trustees in furtherance of the Charity's objects. 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 objects 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 2024	31 March 2023
	£000	£000
Drugs	3,615	3,792
Consumables	8,099	6,257
Total inventories	**11,714**	**10,049**

The Charity did not hold any inventories at either 31 March 2023 or 31 March 2024.

Inventories recognised in expenses for the year were £169,243k (2022/23: £151,402k). Write-down of inventories recognised as expenses for the year were £0k (2022/23: £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 (2022/23: £1,244k).

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 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Current				
Contract receivables	46,893	52,596	47,427	52,740
Allowance for impaired contract receivables / assets	(9,633)	(10,666)	(9,633)	(10,666)
Prepayments (non-PFI)	7,117	8,318	7,117	8,318
PFI lifecycle prepayments	1,417	1,534	1,417	1,534
PDC dividend receivable	-	2,702	-	2,702
VAT receivable	3,449	2,686	3,449	2,686
Corporation and other taxes receivable	36	17	36	17
Other receivables	29	30	29	30
NHS charitable funds receivables	286	184	-	-
Total current receivables	**49,594**	**57,401**	**49,842**	**57,361**
Non-current				
Other receivables	1,063	1,386	1,063	1,386
Total non-current receivables	1,063	1,386	1,063	1,386
Of which receivable from NHS and DHSC group bodies:				
Current	20,866	29,526	20,866	29,526
Non-current	1,063	1,386	1,063	1,386

Note 22.2 Allowances for credit losses - 2023/24 and 2022/23

	Trust and Group Contract receivables and contract assets	
	2023/24	2022/23
	£000	£000
Allowances as at 1 Apr 2023 - brought forward	**10,666**	**11,481**
New allowances arising	3,651	5,208
Changes in existing allowances	350	1,224
Reversals of allowances	(3,261)	(5,806)
Utilisation of allowances (write offs)	(1,773)	(1,441)
Allowances as at 31 Mar 2024	**9,633**	**10,666**

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 2024 as at 31 March 2023.

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)	129	346	44	566	499	1,473	3,057
Non-NHS receivables (%)	15%	25%	40%	38%	56%	80%	46%
Private and Overseas Patients (£000)	296	66	21	179	425	3,590	4,577
Private and Overseas Patients (%)	92%	96%	95%	96%	97%	98%	97%
Staff (£000)	0	0	0	0	0	22	22
Staff (%)	0%	0%	0%	0%	0%	100%	100%
RTA (£000)	70	86	112	177	387	1,144	1,977
RTA (%)	23%	23%	23%	23%	23%	23%	23%
Total (£000)	495	498	177	922	1,311	6,229	9,633
Total (%)	33%	27%	29%	38%	44%	59%	48%

The majority of the Trust's and Group's revenue comes from contracts with other public sector bodies. The private & 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	
	2023/24	**2022/23**	**2023/24**	**2022/23**
	£000	**£000**	**£000**	**£000**
At 1 April	**105,152**	**117,224**	**103,965**	**116,153**
At 31 March	**63,502**	**105,152**	**62,678**	**103,965**
Broken down into:				
Cash at commercial banks and in hand	15	22	14	13
Cash with the Government Banking Service	63,481	105,122	62,664	103,952
Other current investments	6	8	-	-
Total cash and cash equivalents as in SoFP	**63,502**	**105,152**	**62,678**	**103,965**
Total cash and cash equivalents as in SoCF	**63,502**	**105,152**	**62,678**	**103,965**

Note 23.2 Third party assets held by the Trust

In 2023/24, 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 2022/23). Due to the impact of Covid, patients were advised not to bring large amounts of cash into the hospitals. This policy has been sustained since then.

Note 24 Trade and other payables

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Current				
Trade payables*	27,848	45,453	27,848	45,453
Capital payables	4,947	2,337	4,947	2,337
Accruals	41,869	56,022	41,869	56,022
Social security costs	6,278	5,685	6,278	5,685
Other taxes payable	6,839	5,672	6,839	5,672
Pension contributions payable	7,319	6,340	7,319	6,340
Other payables	841	384	841	384
NHS charitable funds: trade and other payables	150	197	-	-
Total current trade and other payables	**96,091**	**122,090**	**95,941**	**121,893**
Of which payables from NHS and DHSC group bodies:				
Current	6,702	4,527	6,702	4,527

*The main driver in the movement is the improved BPPC performance (Note 38) and large value invoices for capital project carried forward between 2022/23 and 2023/24, which were paid within the terms.

Note 25 Other liabilities

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Current				
Deferred income: contract liabilities	14,328	17,100	14,328	17,100
Deferred PFI credits / income	77	77	77	77
Total other current liabilities	**14,405**	**17,177**	**14,405**	**17,177**
Non-current				
Deferred income: contract liabilities	3,241	3,353	3,241	3,353
Deferred PFI credits / income	1,590	1,667	1,590	1,667
Total other non-current liabilities	**4,831**	**5,020**	**4,831**	**5,020**

Note 26.1 Borrowings

	Group		Trust	
	31 March 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Current				
Lease liabilities	1,729	1,386	1,729	1,386
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	21,897	15,669	21,897	15,669
Total current borrowings	**23,626**	**17,055**	**23,626**	**17,055**
Non-current				
Lease liabilities	8,124	5,757	8,124	5,757
Obligations under PFI, LIFT or other service concession contracts	563,686	349,456	563,686	349,456
Total non-current borrowings	**571,810**	**355,213**	**571,810**	**355,213**

The Trust remeasured PFI liabilities in line with IFRS16 as of 1 April 2023 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 32.

Note 26.2 Reconciliation of liabilities arising from financing activities (Group)

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**
Of which:			
Current	1,729	21,897	**23,626**
Non current	8,124	563,686	**571,810**

Trust and Group - 2022/23	Lease liabilities	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2022	4,096	374,543	**378,639**
Cash movements:			
Financing cash flows - payments and receipts of principal	(2,536)	(9,347)	**(11,883)**
Financing cash flows - payments of interest	(181)	(22,965)	**(23,146)**
Non-cash movements:			
IFRS 16 implementation - adjustments for existing operating leases / subleases	5,474	-	**5,474**
Additions	811	-	**811**
Application of effective interest rate	181	22,894	**23,075**
Early terminations	(701)	-	**(701)**
Carrying value at 31 March 2023	**7,143**	**365,125**	**372,268**

Note 27.1 Provisions for liabilities and charges analysis (Trust and Group)

Group	Pensions: early departure costs	Legal claims	Re-structuring	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2023	521	283	119	4,898	**5,821**
Change in the discount rate	8	-	-	-	**8**
Arising during the year	106	95	329	184	**714**
Utilised during the year	(176)	(94)	(87)	-	**(357)**
Reversed unused	-	(125)	-	(323)	**(448)**
Unwinding of discount	(11)	-	-	-	**(11)**
At 31 March 2024	**448**	**159**	**361**	**4,759**	**5,727**
Expected timing of cash flows:					
- not later than one year;	183	159	361	3,696	**4,399**
- later than one year and not later than five years;	230	-	-	45	**275**
- later than five years.	35	-	-	1,018	**1,053**
Total	**448**	**159**	**361**	**4,759**	**5,727**

Reconciliation of Current and Non current provisions

	31 March 2024	31 March 2023
Current Provisions	4,399	4,091
Non Current Provisions	1,328	1,730
Total	**5,727**	**5,821**

Note 27.2 Clinical negligence liabilities

At 31 March 2024, £223,089k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of North Bristol NHS Trust (31 March 2023: £282,900k).

Note 28 Contingent assets and liabilities

£27k (2022/23 £38k) 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.

In 2022/23, the contingent asset related to legacy income streams depending on sales of properties and a legal settlement with a supplier recognised by the Charity (£351k). In 2023/24, the legal settlement was resolved and paid over, but the uncertainty around the remaining legacy income remains. In 2023/24, the value of contingent assets has increased to £803k as additional legacy estates were progressed during the year, the values of which are 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 2024 £000	31 March 2023 £000	31 March 2024 £000	31 March 2023 £000
Property, plant and equipment	**31,679**	1,281	**31,679**	**1,281**
Intangible assets	**-**	12	**-**	**12**
Total	**31,679**	**1,293**	**31,679**	**1,293**

The main driver of the increased commitments in 2023/24 is the Trust starting works on the Southmead Elective Centre with an intended completion date towards end of the 2024/25.

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 2024 £000	31 March 2023 £000
not later than 1 year	2,066	**3,671**
after 1 year and not later than 5 years	8,704	**-**
paid thereafter	22,969	**-**
Total	**33,739**	**3,671**

The main driver of the increased commitments in 2023/24 is the Trust entering into a Managed Equipment Service contract to supply the Pathology Department which is planned to run for the next 15 years.

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-story 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 £302,174k.

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 2023/24 was £7,879k. 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 2023/24 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 2024 £000	31 March 2023 £000
Gross PFI, LIFT or other service concession liabilities	**1,063,117**	**674,283**
Of which liabilities are due		
- not later than one year;	57,943	37,979
- later than one year and not later than five years;	209,625	126,016
- later than five years.	795,549	510,288
Finance charges allocated to future periods	(477,534)	(309,158)
Net PFI, LIFT or other service concession arrangement obligation	**585,583**	**365,125**
- not later than one year;	21,897	15,669
- later than one year and not later than five years;	76,689	43,881
- later than five years.	486,997	305,575

The main driver for increase in 2023/24 is a change of accounting treatment, which means all future remeasurements based on future indexation factors are recognised as Gross Liability from 31st March 2024 onwards.

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 2024 £000	31 March 2023 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**1,854,266**	**1,874,296**
Of which payments are due:		
- not later than one year;	71,236	63,057
- later than one year and not later than five years;	280,840	268,393
- later than five years.	1,502,190	1,542,846

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	
	2023/24 £000	2022/23 £000
Unitary payment payable to service concession operator	**62,765**	**55,077**
Consisting of:		
- Interest charge	37,099	22,894
- Repayment of balance sheet obligation	16,349	9,347
- Service element and other charges to operating expenditure	7,879	6,856
- Capital lifecycle maintenance	1,438	980
- Revenue lifecycle maintenance	-	-
- Contingent rent	-	14,860
- Addition to lifecycle prepayment	-	140
Total amount paid to service concession operator	**62,765**	**55,077**

In 2023/24, the Unitary Payment was recognised as per IFRS16, while in 2022/23 it was per IAS17. Please refer to Note 32.1 for reconciliation

Note 32 Impact of change in accounting policy for on-SoFP PFI, LIFT and other service concession liabilities

IFRS 16 liability measurement principles have been applied to PFI, LIFT and other service concession arrangement liabilities from 1 April 2023. When payments for the asset are uplifted for inflation, the imputed lease liability recognised on the SoFP is remeasured to reflect the increase in future payments. Such increases were previously recognised as contingent rent as incurred.

The change in measurement basis has been applied retrospectively without restatement of comparatives and with the cumulative impact on 1 April 2023 recognised in the income and expenditure reserve. The incremental impact of applying the new accounting policy on (a) the allocation of the unitary charge in 2023/24 and (b) the primary statements in 2023/24 is set out in the disclosures below.

Note 32.1 Impact of change in accounting policy on the allocation of unitary payment

	IFRS 16 basis (new basis) 2023/24 £000	IAS 17 basis (old basis) 2023/24 £000	Impact of change 2023/24 £000
Unitary payment payable to service concession operator	**62,765**	**62,765**	**-**
Consisting of:			
- Interest charge	37,099	22,311	**14,788**
- Repayment of balance sheet obligation	16,349	9,826	**6,523**
- Service element	7,879	7,879	**-**
- Lifecycle maintenance	1,438	1,438	**-**
- Contingent rent	-	21,311	**(21,311)**

Note 32.2 Impact of change in accounting policy on primary statements

Impact of change in PFI accounting policy on 31 March 2024 Statement of Financial Position:	**£000**
Increase in PFI / LIFT and other service concession liabilities	(231,199)
Decrease in PDC dividend payable / increase in PDC dividend receivable	-
Increase in cash and cash equivalents (impact of PDC dividend only)	2,503
Impact on net assets as at 31 March 2024	**(228,696)**

Impact of change in PFI accounting policy on 2023/24 Statement of Comprehensive Income:	**£000**
PFI liability remeasurement charged to finance costs	(72,619)
Increase in interest arising on PFI liability	(14,788)
Reduction in contingent rent	21,311
Reduction in PDC dividend charge	2,503
Net impact on surplus / (deficit)	**(63,593)**

Impact of change in PFI accounting policy on 2023/24 Statement of Changes in Equity:	**£000**
Adjustment to reserves for the cumulative retrospective impact on 1 April 2023	(165,103)
Net impact on 2023/24 surplus / deficit	(63,593)
Impact on equity as at 31 March 2024	**(228,696)**

Impact of change in PFI accounting policy on 2023/24 Statement of Cash Flows:	**£000**
Increase in cash outflows for capital element of PFI / LIFT	(6,523)
Decrease in cash outflows for financing element of PFI / LIFT	6,523
Decrease in cash outflows for PDC dividend	2,503
Net impact on cash flows from financing activities	**2,503**

Note 33 Financial instruments

Note 33.1 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 2024 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 33.2 Carrying values of financial assets (Trust and Group)

	Group			Trust	
Carrying values of financial assets as at 31 March 2024	**Held at amortised cost**	**Held at fair value through I&E**	**Total book value**	**Held at amortised cost**	**Total book value**
	£000	**£000**	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	37,288	**-**	**37,288**	37,822	**37,822**
Cash and cash equivalents	62,678	**-**	**62,678**	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**	**100,500**	**100,500**

	Group			Trust	
Carrying values of financial assets as at 31 March 2023	**Held at amortised cost**	**Held at fair value through I&E**	**Total book value**	**Held at Amortised cost**	**Total book value**
	£000	**£000**	**£000**	**£000**	**£000**
Trade and other receivables excluding non financial assets	41,959	-	**41,959**	42,103	**42,103**
Cash and cash equivalents	103,965	-	**103,965**	103,965	**103,965**
Consolidated NHS Charitable fund financial assets	1,187	7,341	**8,528**	-	**-**
Total at 31 March 2023	**147,111**	**7,341**	**154,452**	**146,068**	**146,068**

Note 33.3 Carrying values of financial liabilities (Trust and Group)

	Group		Trust	
Carrying values of financial liabilities as at 31 March 2024	**Held at amortised cost**	**Total book value**	**Held at amortised cost**	**Total book value**
	£000	**£000**	**£000**	**£000**
Obligations under leases	9,853	**9,853**	9,853	**9,853**
Obligations under PFI, LIFT and other service concessions	585,583	**585,583**	585,583	**585,583**
Trade and other payables excluding non financial liabilities	76,448	**76,448**	76,448	**76,448**
Provisions under contract	5,727	**5,727**	5,727	**5,727**
Consolidated NHS charitable fund financial liabilities	150	**150**	-	**-**
Total at 31 March 2024	**677,761**	**677,761**	**677,611**	**677,611**

Carrying values of financial liabilities as at 31 March 2023	Group		Trust	
	Held at amortised cost	Total book value	Held at amortised cost	Total book value
	£000	£000	£000	£000
Obligations under leases	7,143	**7,143**	7,143	**7,143**
Obligations under PFI, LIFT and other service concessions	365,125	**365,125**	365,125	**365,125**
Trade and other payables excluding non financial liabilities	97,625	**97,625**	97,625	**97,625**
Provisions under contract	5,821	**5,821**	5,821	**5,821**
Consolidated NHS charitable fund financial liabilities	197	**197**	-	**-**
Total at 31 March 2023	**475,911**	**475,911**	**475,714**	**475,714**

Note 33.4 Fair values of financial assets and liabilities

The carrying value of financial assets and liabilities is equal to their fair value.

Note 33.5 Maturity of financial liabilities

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

	Group		Trust	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
In one year or less	140,901	141,528	140,751	141,187
In more than one year but not more than five years	215,379	128,794	215,379	128,794
In more than five years	799,809	515,625	799,809	515,625
Total	**1,156,089**	**785,947**	**1,155,939**	**785,606**

The main driver for the increase in liabilities in 2023/24 is the change in accounting treatment linked to the Trust's PFI contract, as described in Note 31.1

Note 34 Losses and special payments

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	-	-	3	5
Bad debts and claims abandoned	809	1,762	329	1,441
Total losses	**809**	**1,762**	**332**	**1,446**
Special payments				
Compensation under court order or legally binding arbitration award	12	79	9	59
Ex-gratia payments	48	29	60	34
Total special payments	**60**	**108**	**69**	**93**
Total losses and special payments	**869**	**1,870**	**401**	**1,539**

Note 35 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 include information on transaction with related parties as well as potential conflict of interest as disclosed by Board Members

Director, Interest and Related parties	Receivables at 31.03.24, £	Income in 2023/24, £	Payables at 31.03.24, £	Expenditure in 2023/24, £
Mr Kelvin Blake (Non-Executive Director)				
Non Executive Director of BRISDOC	(730)	42,153	0	-
Dr Jane Khawaja (Non Executive Director)				
Employee and Member of the Board of Trustees, University of Bristol.	421,397	2,398,108	324,249	4,064,734
Mr Shawn Smith (Non Executive Director)				
Governor of City of Bristol College.	0	0	(695)	362
Ms Maria Kane (Chief Executive)				
Advisory Group Member of CHKS, a provider of healthcare intelligence and quality improvement services	-	-	48,019	140,506
Mr Tim Whittlestone (Chief Medical Officer)				
Director of Bristol Urology Associates Ltd.	-	-	-	28,875
Professor Steve Hams (Chief Nursing Officer)				
Independent Trustee and Chair of the Infection Prevention Society.	-	-	-	600
Husband is employed by Oxford University Hospitals NHS Foundation Trust.	2,530	31,343	28,319	111,682
Mr Neil Darvill (Chief Digital Information Officer (non-voting position))				
Joint Chief Digital Information Officer with University Hospitals Bristol & Weston NHS Foundation Trust	2,765,606	14,079,708	2,405,998	11,592,470
Wife works as a senior manager for Avon and Wiltshire Partnership Mental Health Trust.	293,631	1,074,915	165,276	468,173
Judith Gray (Interim Chief People Officer)				
Employed substantively as Chief People Officer at Great Western Hospitals NHS Foundation Trust	118,532	302,549	2,255	(1,062)
Total NHS	3,180,299	15,488,515	2,601,849	12,171,263
Total Non-NHS	420,666	2,440,261	371,573	4,235,077
Total	**3,600,966**	**17,928,775**	**2,973,422**	**16,406,340**

Note 36 Transfers by absorption

There was no transfers by absorption recognised in 2023/24 (2022/23: £252k).

Note 37 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 38 Better Payment Practice code

	2023/24	2023/24	2022/23	2022/23
Non-NHS Payables	**Number**	**£000**	**Number**	**£000**
Total non-NHS trade invoices paid in the year	81,273	573,183	85,152	488,078
Total non-NHS trade invoices paid within target	73,971	540,882	76,078	446,949
Percentage of non-NHS trade invoices paid within target	91.0%	94.4%	89.3%	91.6%
NHS Payables				
Total NHS trade invoices paid in the year	2,206	26,026	2,132	24,782
Total NHS trade invoices paid within target	1,823	22,036	1,773	18,726
Percentage of NHS trade invoices paid within target	82.6%	84.7%	83.2%	75.6%

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 39 External financing

The Trust is given an external financing limit against which it is permitted to underspend

	2023/24	2022/23
	£000	**£000**
Cash flow financing	38,216	12,472
External financing requirement	**38,216**	**12,472**
External financing limit (EFL)	38,216	14,304
Under / (over) spend against EFL	**-**	**1,832**

Note 40 Capital Resource Limit

The Trust is given an external financing limit against which it is permitted to underspend

	2023/24	2022/23
	£000	**£000**
Gross capital expenditure	57,979	40,401
Less: Disposals	-	(691)
Less: Donated, granted and peppercorn leased capital additions	(2,939)	(5,157)
Plus: Loss on disposal from capital grants in kind and peppercorn lease disposals	**-**	**691**
Charge against Capital Resource Limit	**55,040**	**35,244**
Capital Resource Limit	55,040	37,076
Under / (over) spend against CRL	**-**	**1,832**

Note 41 Breakeven duty financial performance

	2023/24
	£000
Adjusted financial performance surplus / (deficit) (control total basis)	19
Remove impairments scoring to Departmental Expenditure Limit	687
Add back non-cash element of On-SoFP pension scheme charges	-
Add back incremental impact of IFRS 16 on PFI revenue costs in 2023/24	(63,593)
IFRIC 12 breakeven adjustment	65,006
Breakeven duty financial performance surplus / (deficit)	**2,119**

Note 42 Breakeven duty rolling assessment

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
	£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)
Breakeven duty cumulative position	(31,573)	(25,396)	(17,508)	(8,506)	(1,504)	4,101	(15,639)	(67,200)
Operating income		473,815	492,883	519,430	529,896	541,376	552,911	543,638
Cumulative breakeven position as a percentage of operating income		**(5.4%)**	**(3.6%)**	**(1.6%)**	**(0.3%)**	**0.8%**	**(2.8%)**	**(12.4%)**

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	(42,922)	(12,143)	(7,440)	7,470	10,816	13,094	8,455	2,119
Breakeven duty cumulative position	(110,122)	(122,265)	(129,705)	(122,235)	(111,419)	(98,325)	(89,869)	(87,750)
Operating income	530,628	574,469	605,829	667,679	773,284	791,396	870,282	949,388
Cumulative breakeven position as a percentage of operating income	**(20.8%)**	**(21.3%)**	**(21.4%)**	**(18.3%)**	**(14.4%)**	**(12.4%)**	**(10.3%)**	**(9.2%)**

Additional Information on Staff Costs

Staff costs

	Group and Trust			
			2023/24	2022/23
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	428,072	4,580	**432,652**	403,345
Social security costs	47,629	-	**47,629**	43,450
Apprenticeship levy	2,213	-	**2,213**	1,954
Employer's contributions to NHS pension scheme	73,727	-	**73,727**	65,725
Termination benefits	316	-	**316**	211
Temporary staff	-	23,352	**23,352**	21,508
Total staff costs	**551,957**	**27,932**	**579,889**	**536,193**
Of which				
Costs capitalised as part of assets	1,658	410	**2,068**	**4,187**

Average number of employees (WTE basis)

	Group and Trust			
			2023/24	2022/23
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	1,102	77	**1,179**	1,125
Administration and estates	2,136	178	**2,315**	2,190
Healthcare assistants and other support staff	1,508	270	**1,778**	1,645
Nursing, midwifery and health visiting staff	2,535	382	**2,917**	2,662
Scientific, therapeutic and technical staff	970	6	**976**	926
Healthcare science staff	678	18	**697**	718
Total average numbers	**8,929**	**932**	**9,861**	**9,266**
Of which:				
Number of employees (WTE) engaged on capital projects	26	6	**32**	71

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 cost (£)	**£40,000**	**£276,000**	**£316,000**

Reporting of compensation schemes - exit packages 2022/23

	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	-	23	**23**
£10,000 - £25,000	2	3	**5**
£25,001 - 50,000	1	1	**2**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**3**	**27**	**30**
Total resource cost (£)	**£57,000**	**£154,000**	**£211,000**

Exit packages: other (non-compulsory) departure payments

	2023/24		2022/23	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Contractual payments in lieu of notice	41	**276**	**27**	**154**
Total	**41**	**276**	**Trust**	**154**