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University Hospitals Bristol and Weston NHS Foundation Trust

Annual Report and Accounts 2022/23

We are
supportive
respectful
innovative
collaborative.
We are UHBW.

University Hospitals Bristol and Weston NHS Foundation Trust
Annual Report and Accounts 2022/23

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

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Contents

1. Joint Chief Executive and Trust Chair Statement 6

2. Performance Report 8

2.1 Overview 8
2.2 Performance Summary 22
2.3 Finance Review 33

3. Sustainability Report 38

3.1 Overview 38
3.2 Performance 38

4. Accountability Report 40

4.1 Directors' Report 40
4.2 An Overview of Quality 51
4.3 Remuneration Report 54
4.4 Staff Report 64
4.5 NHS Foundation Trust Code of Governance 81
4.6 Statement of the Chief Executive's Responsibilities as the Accounting Officer of University Hospitals Bristol and Weston NHS Foundation Trust 89
4.7 Annual Governance Statement 90

Appendix A - Biographies of Members of the Board of Directors
Appendix B - Contact Details
Appendix C - Annual Accounts 2022/23
Appendix D - Independent Auditor's Report (including final audit certificate)

1. Joint Chief Executive and Trust Chair Statement

Team UHBW has much to feel proud about as we look back on 2022/23. Like many of our colleagues in the NHS, we faced another challenging year of operational pressure, ongoing pandemic recovery and strike action across our own sector and beyond. Against this backdrop we've witnessed the power of supportive, respectful relationships between colleagues and partners to collaborate and innovate to make significant progress in tackling our elective waiting lists, reconnecting to the fundamentals of good, compassionate care and strengthening our partnerships with patients, families, partners and communities.

In 2022/23 we saw the amazing work of our teams recognised locally and nationally. Just some examples include: Our Diagnostic Assessment Hub Project team won The Future NHS Award in the South West Parliamentary Awards for their diagnostic assessment service; our Sustainability Team scooped the Decarbonisation Project Award at the Energy Management Awards; the Molecular Radiotherapy Team were recognised by the Society of Radiographers as the South West Team of the Year 2022 and given the Patient's Choice Award for Exceptional Care 2022 by the College of Radiographers; as part of the Children's Hospitals Alliance, Bristol Royal Hospital for Children was recognised with a Health Service Journal Performance Recovery Award for its Covid recovery programme; and Retrieve, our Adult Critical Care Transfer Service, won a second national award from the Intensive Care Society, in recognition of its contribution to critical care both regionally and nationally.

Amongst the many significant endeavours by individuals in our Trust, oncology volunteer, Hilary Emery, was given both a Queen's Platinum Jubilee award and a Platinum Champion volunteer award for her invaluable work at Weston General Hospital's Haematology & Oncology Day Unit. Professor Athimalaipet Ramanan was selected to be a Fellow of the Academy of Medical Sciences, and Research Matron Nic Manning and Paediatric Research Sister Helen Pluess-Hall were both awarded places on the National Institute for Health and Care Research Senior Research Leaders programme. At our own UHBW Recognising Success Awards we also celebrated the exceptional long service of those who reached 30, 40, and 50 years of continuous NHS service milestone. Thank you to these teams and individuals alongside the many other outstanding colleagues across our Trust who make us proud to be part of Team UHBW every day.

It is three years since University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust came together to form UHBW. Our focus is now rightly on our future, but it is important to recognise all that has been achieved so far. Our final integration assurance report was presented in February 2023. It gave us the opportunity to celebrate the many achievements of our combined Trust. The ambitions of the merger and the commitment of our talented, dedicated workforce has brought positive change for communities across the region. This was evident in WGH's improved Care Quality Commission (CQC) rating from Inadequate to Requires Improvement in October 2022, with three of the five areas assessed now rated Good.

The impact of the strikes by members of the British Medical Association (BMA), Chartered Society of Physiotherapists (CSP) and Royal College of Nursing (RCN), as well as by colleagues at Southwestern Ambulance Service NHS Foundation Trust, was felt across all our hospitals in 2022/23. Balancing colleagues' legal right to strike with patient safety was essential and we witnessed exceptional collaboration between clinical and non-clinical colleagues during every strike event. From administrative support to free up colleagues, to pharmacists doing drug rounds and doctors helping patients at mealtimes, everyone pulled together. We have learned lessons from every strike and whatever the coming months bring, we have the knowledge, skills and experience to keep our patients safe and essential services running.

Our ability to care with compassion and kindness for those who need us most, starts within and we know the previous 12 months have been tough on many of the amazing people in

Team UHBW. To support them, we have introduced a number of financial wellbeing schemes to provide support during the current cost of living crisis. These include opening food pantries for colleagues to collect from or donate goods to; introducing a new application that enables colleagues to access their pay more flexibly; funding Blue Light discount cards for colleagues in band 5 and below; as well as offering salary sacrifice schemes. For colleagues who have unacceptably experienced violence or aggression at work, we have appointed two officers to support them and work with local police to actively investigate incidents, and where appropriate seek prosecution through the criminal justice system.

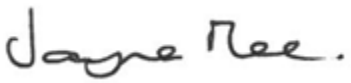
To support and improve the experience for everyone who works for or accesses UHBW services, we must continue to evolve and improve as an organisation. In 2022/23 we took a significant step forward in our ambition to do this by introducing the Patient First approach to continuous improvement. Patient First is a practical framework with tools and methodologies that enable deep analysis of problems or opportunities within the organisation, for which solutions should be developed and successes replicated. We will use the approach to align activities across the organisation and make decisions for the purpose of improving our performance and the advantage of our patients.

We continue to seek opportunities to collaborate for the benefit of our colleagues and our patients. In 2022/23 we began work to develop a joint clinical strategy with North Bristol NHS (NBT). In the year ahead we will share the ideas and potential this joint approach can bring as we look to the future. A great example of where we are already seeing the benefits of local collaboration is in our approach to stroke care across the Bristol, North Somerset and South Gloucestershire (BNSSG). We are working with NBT and Sirona to develop a care pathway that improves the prevention of stroke, as well as providing the best possible stroke emergency care, rehabilitation, and care at home once individuals are discharged from hospital.

Looking ahead, we are confident that Team UHBW will continue to go from strength to strength, building on the solid foundation of our combined hospitals and living our Trust values. We will tackle the challenges ahead with renewed resolve, underpinned by strong operational delivery, to provide exceptional care to the communities we serve. Thank you to everyone at UHBW including our governors, volunteers and charities, who have played their part and continue to do so.

With best wishes,

Eugine Yafele
Chief Executive



Jayne Mee
Trust Chair

2. Performance Report

2.1 Overview

Following the creation of Integrated Care Boards (ICBs) on 1 April 2022, as successors to Clinical Commissioning Groups, the Trust has been working with the ICB and wider system partners to develop and agree the system's priorities and the system strategic framework. The Trust has been an active member of the system, which has included the agreement of actions to support the performance of the system and system partners. These decisions have related to the accessibility and quality of services, and the delivery of the financial targets.

During 2022/23 the Trust has continued to work to reduce the significant waiting lists that developed during the Covid-19 pandemic and to continue to meet urgent and emergency care demand through the Emergency Departments. All the while seeking to ensure that patients continued to receive high quality, safe care, alongside a positive experience.

The primary focus, from an elective perspective, was to ensure all patients waiting over 104 weeks were seen and treated, and then to focus on reducing the number of patients waiting over 78 weeks. By the end of the year, the Trust had met the 104-week target and was on trajectory to meet the 78-week target. However, the end of the financial year saw the impact of strike action by many different professional groups including nurses, junior doctors, other allied health professionals and support staff which impacted on the Trust's plans for seeing and treating patients.

The number of patients classified as No Criteria to Reside has also impacted on the Trust's ability to deliver care to our elective patients and those who require urgent or emergency care. These patients are those whose ongoing care and assessment can safely be delivered in a non-acute hospital setting, but the patient is still in an acute bed whilst the support is being arranged to enable their discharge. The number of patients classified as No Criteria to Reside fluctuated between 147 and over 200 during the year.

To address the performance issues described, the Trust is actively working with system partners to identify and implement solutions which improve the outcomes for patients. This includes supporting a system wide Discharge to Assess business case, which seeks to enhance the capacity in community provision to alleviate some of the issues with patients being in acute beds when their care could be undertaken elsewhere. The Trust has also been trialling ways in conjunction with the South Western Ambulance NHS Foundation Trust to assess patients before they come into hospital, so that they can remain at home with an appropriate package of care.

Performance against the Trust's quality metrics continued to be good, with the Trust's Summary Hospital Mortality Indicator and Hospital Standardised Mortality Ratio both within the expected range, and good performance against the number of Clostridium Difficile (C.Diff) and MRSA (methicillin-resistant Staphylococcus aureus) cases and rates of infection with C.Diff, albeit in both areas the Trust exceed its targets for infections for the year. The Trust is also now required to monitor the number of E. Coli cases and has been working in conjunction with system partners to support a reduction in the number of cases identified. Performance against the target has been positive through the year.

The Trust has also prioritised supporting its people, through a programme of well-being initiatives, which have included enhancements to rest areas and access to psychological support. The Trust is actively recruiting to all vacancies to ensure that appropriate levels of staff are available to care for our patients. This has included a significant programme to recruit from across the UK and internationally.

The CQC undertook an inspection in August 2022 of the medical care services at Weston General Hospital. The inspection identified improvements in the domains of Safe, Effective and Well-led which has demonstrated the significant efforts of staff and leadership at Weston General Hospital to improve the services for patients. The CQC also identified a number of actions to further improve the services delivered and these have been used to develop an

action plan which is monitored by the Quality and Outcomes Committee and the Board of Directors. The overall rating for Medical Care at Weston General Hospital improved to Requires Improvement.

The Trust is facing a range of challenges and risks beyond those related to the COVID-19 pandemic. Workforce capacity and capability remain a concern, as well as the capacity of the Emergency Department to manage patients arriving in ambulances and the availability of beds. The Trust also needs to progress works associated with modernising its estate.

In addition, the Trust has identified a number of other risks through its internal audit programme, including Conflicts of Interest and Data Quality Framework.

The Trust Board of Directors and its Committees are monitoring these risks and proactively seek assurance that appropriate action is being taken to mitigate them and address any control issues identified. The Trust continues to prioritise these areas and work to minimise any potential negative impact they may have on patient care and safety. Overall, it has been a challenging year for the Trust and for the wider NHS, but the efforts of our staff to continue to provide the highest quality of care for patients has been exemplary. The Trust will continue to invest in our people to ensure they have the resources they need to deliver the care they aspire to give, and to work with our system partners to deliver the ambitions of the NHS, specifically to address the significant backlogs of patients who are waiting to be treated and to improve the timeliness of care to patients requiring urgent or emergency care.

2.1.1 Principal activities of the Trust

University Hospitals Bristol and Weston NHS Foundation Trust (the Trust) is a public benefit corporation authorised by NHS England, the Independent Regulator of NHS Foundation Trusts on 1 June 2008.

We have more than 13,000 staff who deliver over 100 different clinical services across ten different sites, providing care to the people of Bristol, North Somerset and the South West from the very beginning of life to its later stages. We are one of the country's largest acute NHS Trusts with an annual income of over £1,100m.

The Trust provides services in the three principal domains of clinical service provision; teaching and learning, and research and innovation. The most significant of these with respect to income and workforce is the clinical service portfolio consisting of general and specialised services.

For general provision, services are provided to the population of central and south Bristol and North Somerset, around 350,000 patients. A comprehensive range of services, including all typical diagnostic, medical and surgical specialties, are provided through outpatient, day care and inpatient models. These are largely delivered from the Trust's city centre campus and from Weston General Hospital in Weston-Super-Mare, with the exception of a small number of services delivered in community settings such as South Bristol Community Hospital.

Specialist services are delivered to a wider population throughout the South West and beyond, typically between one and five million people. The main components of this portfolio are children's services, cardiac services and cancer services as well as a number of smaller, but highly specialised services, some of which are nationally commissioned.

As a University Teaching Trust, we also place great importance on teaching and research. The Trust has strong links with both of the city's universities and teaches students from medicine, nursing and other professions allied to health. Research is a core aspect of our activity and has an increasingly important role in the Trust's business with a significant grant funding secured in 2022/23. The Trust is a full member of Bristol Health Partners, and of the West of England Academic Health Science Network, and also hosts the recently established Collaboration for Leadership in Applied Health Research for the West of England.

Whilst we do not believe that diversity in the Boardroom is adequately represented solely by a consideration of gender, we are required to provide a breakdown of the numbers of female and male directors in this report. The gender make-up of the seven Executive Directors is

three male and four female. Of the eight Non-executive Directors, four are female and four are male.

2.1.2 Our mission, vision and values

Our mission as a Trust is to improve the health of the people we serve by delivering exceptional care, teaching and research, every day.

UHBW published its new five-year strategy, Embracing Change, Proud to Care; our 2025 Vision in June 2019. Our five-year strategic vision is to;

- Anchor our future as a major specialist service centre and a beacon of excellence for education.
- Work in partnership within an integrated care system, locally, regionally, and beyond.
- Excel in world-class clinical research and our culture of innovation.

In November 2021, as part of the Trust's merger programme to develop a common organisational culture, the Trust launched our new staff values, which are outlined below.

2.1.3 Our Strategic Priorities

Our Trust Strategy outlines six Strategic Priorities which set the direction for the organisation over this 5-year period:

- Our Patients: we will excel in the consistent delivery of high quality, patient centred care, delivered with compassion.
- Our People: we will invest in our staff and their wellbeing, supporting them to care with pride and skill, educating and developing the workforce for the future.
- Our Portfolio: we will consolidate and grow our specialist clinical services and improve how we manage demand for our general acute services, focusing on core areas of excellence and pursuing appropriate, effective out of hospital solutions.
- Our Partners: we will lead, collaborate, and co-create sustainable integrated models translated rapidly into exceptional clinical care, and embrace innovation.
- Our Potential: we will be at the leading edge of research and transformation that is translated rapidly into exceptional clinical care.

- Our Performance: we will deliver financial sustainability for the Trust and contribute to the financial recovery of our health system to safeguard the quality of our services for the future.

We remain committed to addressing the aspects of care that matter most to our patients, remaining responsive to the changing needs of our population and significant changes within both the national and local planning environment.

Our focus for 2023/24 will be supporting the development of the Integrated Care System (ICS) strategy as a key partner within the ICS along with the development of the System 5-year Joint Forward Plan (JFP). In 2023/24 UHBW will also be focussed on developing a joint clinical strategy, as part of the Acute Provider Collaborative with our local acute partner, North Bristol Trust (NBT). It is intended that these key partnership strategies will inform the development of a revised clinical strategy for the Trust and a refresh of our overall organisational strategy to reflect our updated strategic priorities, our changing context and our role as an anchor partner in BNSSG.

We will also continue to focus on the delivery of our current strategic priorities, in the following areas.

- Specialist and regional services.
- Local acute and integrated care.
- Education and workforce.
- Research and innovation.

2.1.4 Transforming Care

Our focus remains on ensuring our patients are at the heart of all we do around our six strategic priorities: Our Patients, Our People, Our Portfolio, Our Partners, Our Potential, Our Performance. To achieve this, we seek to continually improve and learn.

Key areas of progress made in 2022/23 for each priority follows:

Our Patients: We will excel in consistent delivery of high quality, patient centred care, delivered with compassion.

Proactive Hospital, commenced in May 2021 with a focus on making improvements across urgent care, flow and discharge. Key achievements have included:

- Bristol Royal Infirmary **Medical Same Day Emergency Care (SDEC) service** activity increased by 62% from Q1 to Q4 of the calendar year 2022. SDEC routinely sees approximately 12.5% of Emergency Department attendances on weekdays. There has been a 38% reduction in medically expected patients attending the Emergency Department thanks to the alternative admission pathway provided by SDEC**.**
- Funding to implement a **Cardiology SDEC,** which will be co-located with the BRI medical SDEC, the new pathway for patients launched in February 2023.
- In October 2022, the **Weston General Hospital** Acute Emergency Care service expanded to provide a full **SDEC** service. The expansion has led to increased patients being treated via the SDEC pathway, with 12.7% of all Emergency Department attendances being directed and managed via the SDEC in February 2023.
- A **Community Emergency Medicine Service** (CEMS) pilot has been undertaken to assess the impact of an adult emergency consultant or registrar attending patients in their homes alongside South West Ambulance Service Trust (SWAST) ambulance crew or paramedic. The initial pilot had a positive impact, including patients being discharged from the scene, directed to specialties avoiding the Emergency Department, being able to avoid hospital admission for palliative care, and referral to Same Day Emergency

Clinic. Building on the learning from the initial pilot, a successful second twelve-week pilot was completed and has led to a proposal for funding for a fully commissioned service.

Integrated discharge service improvements have included:

- a reduction in planned discharge cancellations for patients requiring discharge pathways 1-3.
- use of the Care Hotel, during the winter period, facilitating patients to be discharged earlier.
- increase in patient discharges ahead of planned discharge dates with family support or therapy only visits.
- significant reduction in the number of days patients have no criteria to reside.
- implementation of twice weekly discharge multi-disciplinary team meetings with system partners, which, along with improved Criteria to Reside data via the Every Minute Matters programme, has led to a reduction in the average length of stay for patients with no criteria to reside.

Forty adult wards across UHBW completed our **Every Minute Matters (EMM)** ward programme. EMM is a multi-professional approach which aims to help our teams to deliver care in a timely way, providing information about where action is needed to improve patient experience or hospital flow and ensure no patient is in hospital longer than they need to be and valuable time can be released back to our clinical teams to deliver patient care. The positive impact of the programme includes:

- Criteria to Reside (CTR) data being discussed at board rounds enabling opportunities for improvement to be identified.
- Contributed to a 32% reduction in patients with a length of stay over 28 days in the last six months.
- a 7% increase in patients from EMM wards being discharged via a discharge lounge in 2022/23, releasing beds on the ward for new patients earlier.
- A reduction in the time taken from a patient's admission to the first submission of a Transfer of Care document for their discharge, when requiring pathway 1-3.

A **Critical Care Outreach service** for adult inpatients on our Bristol sites was launched in October 2022. The new team provide the service 24 hours a day, seven days a week supporting ward staff and medical teams with the recognition and management of deteriorating patients. An average of 330 patients per month are reviewed by the team, with 36% of reviews being for very sick patients with a NEWS2 (National Early Warning Score 2) of greater than seven. Direct ward referrals from the multi-disciplinary team are increasing at an earlier stage in a patient's deterioration, transfer time for patients requiring Intensive Care admission has been reduced by 50%, with 70% completed in less than three hours, and completion of RESPECT forms for patients referred to the Outreach service have increased from 59.1%1 to 73.1%.

The **Redesign of Outpatients programme** continued to support improvements in outpatients' services across the Trust. Key achievements have included:

- Development of a new **Trust wide Outpatient Clinical lead role** and **Outpatient clinical lead roles** in each Division to increase the profile of Outpatients, including transformation projects.
- A **long-term condition patient initiated follow up** (PIFU) pathway, building on the improvements made in 2021/22 to enable patients to use PIFU to self-manage their conditions.

- An Integrated Care System decision was made to deploy the **DrDoctor patient portal**, specialty teams have commenced use of the system by transferring the delivery of video consultations and text reminders, contributing to a 0.3% reduction in patients who Did Not Attend (DNAs). Pilots have been completed for the two new functions:
    - ‘Quick Questions’, specialty teams can message patients with a single question to be responded to, pilot areas have trialled the use to support clinical validation of the waiting list.
    - ‘Clinical Assessment’, specialty teams can ask patients to complete a structured questionnaire about their condition, which can be used as a baseline pre appointment or to remotely monitor patients on PIFU pathways.

Our People: We will invest in our staff and their wellbeing, supporting them to care with pride and skill, educating and developing the workforce for the future.

Despite recruiting in a very challenging market, UHBW has successfully recruited at a large scale and into shortage occupations over the last 12 month. Key successes include:

- Improvement to our **international recruitment** approach by recruiting directly in new markets (India and the Caribbean) for international nurses and further improving on the pastoral and practical support in place.
- Increasingly working as a **system to recruit** collaboratively into shortage occupations, for example Radiographers.
- Held several large-scale **recruitment day events** for Admin and Clerical and Unregistered Nurses, resulting in over a hundred offers being made on the day.
- Launch of a **process review and improvement project** in the recruitment team which has resulted in efficiency, quality, and candidate experience improvements; such as new starter checks being moved into an electronic portal which candidates can complete on their phones.

The Trust has spent time listening to staff about how we can improve their **experiences at work** and remaining working at UHBW. In response to feedback a range of work has been undertaken:

- a programme of improvements to **staff rest areas**.
- **financial wellbeing** offers for staff have included lunch time food offers, and a contribution to the discount card, Blue Light, for all staff up to Band 5.
- The **flexible and agile working policy** has been extensively revised to take account of a post covid workplace and is due to be launched in April 2023.
- Staff have talked about feeling safe at work as we have employed two **Victim Support officers** as part of a number of measures to reduce violence and aggression across the organisation.

The Trust's inclusive **workplace wellbeing** provision continues to adapt to meet the evolving needs of colleagues against evidence based best practice. In January 2023, the workplace wellbeing team collaborated with the BNSSG “Alright my Liver” initiative to offer 153 health checks and liver checks onsite to colleagues. These dual sessions proved so popular among the workforce, this partnership is continuing into 2023. The range of wellbeing offers to support staff is considerable and has been captured in a handy guide for staff and managers and is available via the Trust internal connect pages.

The Trust **Learning and development** offer now includes mandated leadership, management and coaching training for all new managers to the organisation. This reflects UHBW’s commitment to developing a compassionate leadership culture, reflecting the leadership behaviours of our Patient First approach.

Migrating our Learning Management System onto 'Kallidus Learn' and extending the system to Weston Hospital has enabled equity of access for our whole UHBW sites and has resulted in notable improvements in compliance for statutory and mandatory training. Work will continue to develop the system, aspiring for all our internal learning and development provision to be accessed through the platform.

Apprenticeship opportunities used for new recruits and upskilling are now available for all staffing groups and for all levels of education from entry level to post doctorate. Working with system partners across BNSSG we continue to increase placement capacity for our multidisciplinary learners.

In November 2022, the first cohort of UHBW's Talent Management Programme specifically for colleagues from Black, Asian and Minority Ethnic backgrounds, in bands 1-5 roles commenced. The aim of the trail blazing programme is to equip staff to progress through their career at the same rate as white colleagues in the Trust, creating parity within our diverse workforce. Participants have access to a wide range of resources including leadership and management modules, mentoring, coaching conversations, practical support including application writing, automatic enrolment onto staff networks and priority access to other development programmes.

Our Portfolio: We will consolidate and grow our specialist clinical services and improve how we manage demand for our general acute services, focusing on core areas of excellence and pursuing appropriate, effective out of hospital solutions.

The development of an adult respiratory **Extra-Corporeal Membrane Oxygenation (ECMO)** service in Bristol to increase resilience in the national service was agreed in December 2021, delivered collaboratively between North Bristol Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW). The service is commissioned to be provided on site at the Bristol Royal Infirmary (BRI), as this is co-located with cardiothoracic surgery, meaning patients will fall within the envelope of the General Intensive Care Unit (GICU). For financial year 2022/2023, two patients can be supported concurrently, increasing to up to four patients concurrently (plus an independent Bristol ECMO retrieval service) in financial year 2023/2024.

The Bristol ECMO service successfully went live on 1st November 2022. The service has cared for a total of four patients, with 100% of patients now discharged from GICU to the ward, and then from the ward to home. Nursing teams are working collaboratively across four intensive care units (ITU-NBT, GICU-UHBW, Cardiac Intensive Care Unit- UHBW, and Weston ITU-UHBW), and medical and perfusionist teams continue to work collaboratively with their mentoring site, Guys and St Thomas's and the Royal Brompton Hospital.

The next steps for the service include working with the Adult Critical Care Transfer Service, 'Retrieve', towards the initiation of the Bristol ECMO Retrieval Service during 2023 and preparing for up to four patients simultaneously. The service demand in the first full year of operation (2023/24) is expected to be up to 30 patients per year, and the Bristol ECMO Retrieval service is currently planned to initiate during Autumn 2023.

In April 2022 UHBW became a Southwest regional hub for the newly funded **Complications from Excess Weight (CEW) clinics** which use a holistic approach to identifying and treating conditions related to obesity in children and young people. The service aims to support families to work towards longer term good physical and mental health and support to access activities and the right financial support.

Key achievements have included:

- establishment of regional multi-disciplinary clinics

- collaborated and co-written the psychology, dietetic and social work elements of a national CEW service e-learning package.
- delivery of a twelve-week physical activity programme
- development of a specific twelve-week education and activity programme for young people with type 2 diabetes
- delivery of clinics to support the use of medications to control hunger and appetite.
- secured NIHR funding and taking part in the co-development phase ACT (Acceptance and Commitment Therapy) trial.
- Gym-based activity sessions for cohorts of young people of different age groups.

Weston General Hospital Renewal and Integration

Almost three years ago, University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) was founded. In February 2023, we took the decision to formally close the Integration programme, as it had achieved its key aims, and the proposed plans for post-programme oversight and monitoring of the realisation of the remaining benefits were fit for purpose. The final integration assurance report containing further details can be found on our Trust website. The challenges of integrating two NHS trusts at the start of the global pandemic were great and, while our focus is now on our future as Team UHBW, it is important to recognise all that has been achieved but also the ongoing journey of organisational change that we are on.

The Trust is a making good progress on our journey towards achieving full organisational integration, with over 50% of benefits expected to be realised within the next 12 months, ahead of plan. Since October 2022, over 90% of all clinical services have been integrated Trust wide under our five clinical divisions and the new management arrangements at WGH. This is enabling the Trust to better deliver equitable access to services across Bristol and Weston, provide strong on-site leadership and a shared platform for the future delivery of the ICS vision for Healthy Weston 2.

Developing and valuing our workforce continues to be at the centre of assuring Weston General as a sustainable hospital, and major improvements are already evident through significant investment into targeted recruitment and retention activities, particularly with nursing staff and middle grade doctors. This has included the appointment of 117 internationally educated nurses since April 2021. We have also significantly improved access to learning opportunities, with the number of courses for staff at Weston increased from 70 to over 250 for clinical practice and career development. and the proportion of staff undertaking apprenticeships up from 1.5% to 7.5% over the last two years.

Consciously evolving the new organisation to one that has the right culture, has been key objective in our integration journey. This has included the development of our shared Trust values. More than 5,000 members of staff were part of the process which helped to choose our values which are: Supportive, Respectful, Innovative, Collaborative. The process of embedding our new shared values is a long-term project and will continue to guide how we develop and grow as an organisation.

Working closely with the CQC (Care Quality Commission) has been crucial to assure the developments and improvements, particularly in the quality of care and reduction of risks, which is reflected in the overall rating for WGH improving from 'inadequate' to 'requires improvement'. While this is a significant step in the right direction, we know there is more to do, building on the many successful initiatives already underway.

The UHBW five-year Digital Convergence Programme is replacing outdated legacy IT systems at WGH and moving to modern Trust-wide solutions that enable better and more flexible management of patient care by clinicians. This includes the major milestone of merging the two versions of our patient administration system (Medway) in April 2022.

Delivering one single electronic patient record (EPR) and a range of associated clinical systems in place across the UHBW hospitals and sites, benefits patient safety, patient experience and releases more time to care.

We also continue to invest in upgrading the estate at Weston General Hospital, investing £5m since merger to reduce long standing estates and infrastructure risks at WGH, with a further £5m of investment planned over the next two years to complete the programme.

The work undertaken to date and the exciting future plans that have been made, could not have been achieved without the support of organisations within the Bristol, North Somerset, and South Gloucestershire Integrated Care Partnership. Continued collaboration will be key to our successful delivery of the vision for Weston General Hospital.

Future clinical vision (Healthy Weston):

Our ambitious plans for Weston General Hospital to lead the country as a successful small hospital delivering truly integrated, safe, and high-quality services that meet the specific needs of local people, have taken an important step forward, with the go-ahead given in June 2022 to the Healthy Weston 2 plans.

The plans focus on the development of safe, high-quality, and sustainable urgent care services at Weston General Hospital, alongside routine, ongoing service improvements and offer exciting opportunities for increasingly integrated working across hospital and community-based health and social care teams. These plans build on the extensive engagement on the programme over the last four years, with the most recent period of public engagement taking place between June and August 2022, providing feedback from 890 people. Overall, there was wide support for the plans.

The improvement proposals have been agreed for delivery over three phases as follows:

- Phase 1 Focusses on introducing and enhancing a range of front door services, including Same Day Emergency Care (SDEC), Acute Monitoring Unit (AMU) and Emergency Department Observation Unit and the expansion of Geriatric Emergency Medicine Service (GEMS), to ensure a modern and fit-for-the-future Emergency Department at WGH.
- Phase 2 Focusses on the development of specialist multidisciplinary care of older people wards and the transfer of some inpatient beds to other larger acute sites for specialist medical care.
- Phase 3 Will drive the development of the surgical centre of excellence at WGH primarily focussed on high-volume, low-complexity procedures.

Our Partners: We will lead, collaborate and co-create sustainable integrated models of care with our partners to improve the health of the communities we serve.

Working with Integrated Care System (ICS) partners the **NHS@Home service** has expanded the number of pathways available to UHBW patients. The service has received excellent feedback from patients and their families, and has been featured on local news programmes - BBC Points West and ITV West News. More than 3,000 bed days have been saved by two key pathways:

- Over 150 patients from our hospitals have been referred into a respiratory virtual pathway, with 70% being supported to have an earlier discharge and 30% receiving treatment at home as an alternative to hospital admission.
- Over 105 adult patients were referred to receive Outpatient Parental Antibiotic Therapy (OPAT), with 80% being supported to have an earlier discharge and 20% receiving treatment at home as an alternative to admission.

Doccla, a patient observation system was implemented, supporting improved safety netting by enabling teams to see any signs of deterioration earlier. The system has enabled an

improvement in c difficile monitoring, antibiotic stewardship, and increased confidence in the model of care for self-administration patients.

Working with primary care, the Bristol Royal Hospital for Children Asthma service built on the learning of an initial pilot in March 2022 to deliver community-based children and young people (CYP) asthma clinics between September 2022 and March 2023. The asthma clinics were delivered across Bristol, North Somerset and South Gloucestershire (BNSSG) children's centres. Led by our UHBW paediatric asthma and allergy consultant nurse, patients and their carers were offered a clinical review, lung function testing and education to manage their condition. Working together, primary, and secondary care professionals aimed to optimise community asthma management and streamline referrals to specialist services. A total of 160 children from 36 GP practices have been reviewed.

Acute Provider Collaborative (APC)

A key focus for how we deliver our strategic priorities effectively is working collaboratively with partners across health and social care. In 2022/23 we consolidated our APC with North Bristol Trust (NBT), with both organisations committed to working together to continuously improve quality, efficiency and outcomes for the populations we serve locally and across the Southwest region. Our APC Partnership Board continues to be jointly chaired by UHBW Chair Jayne Mee and Michelle Romaine, Chair at NBT. The APC Board includes executive and non-executive directors from both organisations and has three established workstreams, each overseen by executive directors from both trusts.

The **Clinical Services** workstream is led by both Chief Medical Officers and has focussed on the following:

- Development of a Joint Clinical Strategy that sets out some intentions where we are "better together".
- Establishment of four priority specialities projects (Maternity, Acute Medicine, Cardiology and GI Services) to optimise existing services by reducing variation in patients' experiences, access and outcomes as well as a range of other collaboration opportunities.
- Completion of a feasibility study that sets out some options for future service models between both trusts that will be evaluated with recommendations.

The **Corporate Services** workstream is led by UHBW's Chief People Officer and NBT's Chief Financial Officer and the priorities are:

- Development of a Shared Services Model for corporates services which builds on the Bristol and Weston Procurement Consortium (BWPC) and Occupational Health arrangements.
- Alignment of some finance and human resources transactional services where teams can share and learn.
- Opportunity search for other opportunities through benchmarking.

The **Digital** workstream:

- Appointment to the first joint Trust Board position, Joint Chief Digital Information Officer.
- Establishment of a Digital Convergence Group that will develop a high-level road map and implementation plan for the years ahead.

From May 2023 a new model for stroke care will be implemented across BNSSG. In this model hyper acute care for stroke patients will be provided at a single site in Southmead Hospital, with increased provision for rehabilitation of patients following a stroke at two Sub-Acute Stroke Units at Weston General Hospital and South Bristol Community Hospital. There will also be increased input for stroke survivors in the community from integrated Early Supported Discharge and community teams. The new model of care has been developed by

clinical experts, stroke survivors and many organisations across BNSSG working in partnership and will ensure:

- High quality acute stroke care provision within a hyper acute setting
- Reduced length of stay in hospital, reduced long term social care needs and an equitable service with excellent outcomes for stroke patients across BNSSG
- Integrated care for life after stroke services
- One big team across BNSSG with geographical bases supporting patient care in the right place for them.

Our Potential: We will be at the leading edge of research (2.3.4) and transformation that is translated rapidly into exceptional clinical care and embrace innovation.

UHBW has begun the roll out of **Patient First,** a long-term approach to transforming Hospital services for the better and a process of continuous improvement that is all about giving frontline staff the freedom to identify opportunities for positive, sustainable change and the skills to make that happen.

Our Patient First approach will become our continuous improvement management operating system (MOS) which will provide the business framework for how the organisation operates and provide standardised tools and methodologies to enable deep analysis of problems or opportunities within the organisation, for which solutions should be developed. It aligns activities across the organisation and provides a mechanism to make decisions for the purpose of improving performance.

Colleagues in our Senior Leadership teams across the Trust have undertaken two days of training, this has introduced them to the Patient First framework and the tools, techniques and methods that will support structured problem solving, and enable them to support their colleagues and their teams as we transition to this new way of working.

Adult dermatology is undertaking a one-year pilot to test the impact of an artificial intelligence app provided by **Skin Analytics.** The app helps to identify non-cancerous referrals by analysing photos of the patient's lesion. 1003 patients have gone through the new pathway with an average of 16% being discharged by the platform as their skin condition is non-malignant, preventing patients having to attend an unnecessary hospital appointment. A further 51% have been sent straight to surgery when reviewed on the platform by our Clinicians, speeding up the pathway for patients.

Bristol Royal Hospital for Children (BRHC) successfully implemented phase one of **e-observations** across wards, high dependency units and the Children' Emergency Department (CED) in July 2022. The new system which includes the recording of physiological and neurological observations for infants and children, documentation of respiratory distress and respiratory devices, sepsis screening and urinalysis has been embraced by the multi-disciplinary team.

The implementation has allowed for the electronic calculation of the Paediatric Early Warning Score (PEWS) with the resulting 'Action/Response/Escalation' process to any high PEWS currently remaining a person centric escalation, rather than automated. This long-awaited multi-professional, digital approach to caring for infants and children admitted to BRHC helps teams more effectively and efficiently monitor, assess and recognise any patient deterioration, thus optimising the care provided to them. Next steps include the implementation of the national PEWS, and a use of automated alerts to inform the Outreach service when a patient on their caseload has a high PEWS.

Six specialty teams across UHBW became early adopters of **Referapatient,** a secure cloud-based web application for patient referrals from other acute hospitals. The system supports

the delivery of quality care for patients needing inpatient transfer by providing a written record of advice given to referring hospitals, enables sharing of real time plans for transfer, and more effective prioritisation and management of urgent transfers. Teams using the system have found it beneficial, one of the Thoracic Surgery Consultants has said it has 'transformed our acute referral pathway'.

Our Performance: We will deliver financial sustainability for the Trust and contribute to the financial recovery of our health system to safeguard the quality of our services for the future.

Good financial management and strong governance provide the foundation for the delivery of high-quality health services. A range of initiatives have been undertaken to support productivity and efficiency:

A trust wide **e-job planning** project aims to transfer all medical consultants and Specialty/Specialist Doctor (SAS) job plans onto a digital platform. Using the digital system to manage job plans will enable better use of manager and clinician time, better reporting and planning, increased consistency, and visibility of job plans. 281 consultants across 15 specialities have had their job plans transferred during 2022/23, with the remaining consultants planned for completion by August 2023.

BNSSG established a dedicated thematic focus on **productivity in elective care** through the system Elective Recovery Operational Group. A system dashboard has been developed and data is reviewed, and actions identified and progressed through this forum. Both Trusts also have internal governance established to support and drive the focus on productivity.

In September 2022, a productivity workshop was held with members of the senior leadership team. The workshop support divisions to create 'Working Smarter' productivity improvement plans for the year, referencing a range of benchmark data from the Model Hospital, Four Eyes Insight (theatres), CHKS, MCAP (no criteria to reside and length of stay). Divisions report progress through to the Cost Savings Delivery Board.

2.1.5 Key risks to delivering our objectives

The Board receives reports on the risks on a quarterly basis, it scrutinises the controls and assurances in place and the actions being taken to minimise risk and has a number of enabling strategies whose focus is on the delivery of key objectives designed to mitigate specific strategic risk and delivery of benefits to the Organisation.

The assessment of the Trusts strategic risk profile moved slightly across the period, movements in-year related to:

- Patient Safety - One risk was escalated to the Strategic Risk Register from the Corporate Risk Register regarding full digitalisation of the patient record.
- Workforce - One new risk was escalated recognising the impact of a failure to have a fully diverse workforce.
- Finance – The existing risk regarding the funding of the Strategic Capital Programme increased in score from 16 to 20.
- Business - The Weston General Hospital Integration Programme Board recommended the closure of one risk relating to the delivery of a suitable service model for the hospital.

The COVID-19 pandemic continues to negatively impact on the delivery timescales of action plans in relation to the mitigation of strategic risks as it has been necessary in many cases to re-direct resources to assist with the ongoing operational response.

A summary of the risks to our strategic plans are outlined below:

- That the Trust is unable to recruit sufficient numbers of substantive staff.
- That the Trust fails to fund the strategic capital programme.
- That the national patient safety strategy requirements are not delivered.

- That the Trust may not meet standards to ensure compliance with CQC Regulations.
- That clinical decision making may be based upon incomplete information.
- That the Trust is unable to retain members of the substantive workforce.
- That the Integrated Care System Implementation reduces the Trusts decision making.
- That the Trust is unable to develop and modernise the Trust estate.
- That the Trust fails to meet its commitments under the Sustainable Development Strategy.
- That the benefits of transformation, improvement and innovation are not realised.
- That Research and Innovation is not adequately supported.
- That the Trust fails to have a fully diverse workforce.

2.1.6 Going concern disclosure

The directors have a reasonable expectation that the services provided by the NHS foundation trust will continue in operational existence for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Alongside the Trust's 2023/24 financial plan, further forecasting has been undertaken in relation to the Trust's cash position for the period from 1st April 2023 through to 30th September 2024. The cashflow forecast predicts significant cash balances throughout the period with a projected minimum cash balance of c£98m as at 30th September 2024. In addition, downside forecasting has been undertaken, which considers a number of factors, for example, failure to deliver the NHSE savings requirement in full and additional cost pressures, to stress test the cashflow forecast. The downside forecast continues to predict significant cash balances throughout the period. The projected minimum cash balance is £56m as at 30th September 2024. After consideration of the cashflow forecasts, the directors have adopted the going concern basis.

2.1.7 Overview of financial performance

The financial regime for 2022/23 was similar to the arrangements in place during 2021/22, but with an emphasis this time on a Bristol, North Somerset and South Gloucestershire Integrated Care System (BNSSG ICS) break-even income and expenditure plan in aggregate and at organisational level. Elective Services Recovery Funding (ESRF) remained in play to provide further non-recurrent, financial incentive to increase elective activity back to and beyond 2019/20 levels. Also, similar to 2021/22, Covid support funding was provided to cover the on-going costs of the Pandemic albeit this had reduced significantly. The increased focus on system working continued during the year following the creation of Integrated Care Systems (ICS) in July 2022.

The Trust's 2022/23 financial plan, was a breakeven revenue income and revenue plan, constructed in accordance with the national planning guidance issued by NHS England (NHSE) and was aligned with the BNSSG ICS system financial envelope including the South West regional specialised commissioners.

The Trust delivered a net income and expenditure surplus of £0.022m (excluding technical items). This is a significant achievement considering the operational pressures faced by the Trust as services recover from the impact of the Covid-19 pandemic and the continued implementation of a significant revenue and capital investment programme. 2022/23 was the 20th year in a row that the Trust delivered a surplus or break-even income and expenditure position (excluding technical items).

During the financial year, the Trust reduced the cost incurred on Covid-19 related expenditure such as staff testing and vaccination costs from £12.0m in 2021/22 to £5.8m in 2022/23. The Trust also invested £5.6m on international recruitment, £15.0m in “demand and capacity” and “accelerator” schemes to support elective recovery and opened a new adult respiratory Extra Corporeal Membrane Oxygenation (ECMO) service.

The Trust achieved savings of £15.8m against a plan of £14.9m, of which 46% were non-recurrent. Understandably, there have been challenges to the Trust’s ability to make recurrent savings during 2022/23 as it recovers from the Pandemic. During the year the Trust relaunched, among others, it’s Working Smarter groups, Trust-wide Working Smarter Forum and Divisional Savings Boards to assist with the delivery of savings.

The Trust’s statement of financial position remained positive with net assets of £718.8m and a year-end cash and cash equivalents balance of £128.0m.

Despite the continuing operational challenges of accessing the hospital estate and securing supply chain contractors, the Trust invested £60.3m on capital projects, including the acquisition of the Bristol Dental Hospital, reconfiguration and improvements to the Trust’s estate, medical equipment purchases, and further investment in information technology.
In accordance with NHSE requirements, the Trust submitted its 2023/24 break-even financial plan on 30th March 2023. The plan was concluded as part of a break-even BNSSG ICS system financial plan via the oversight of the newly formed BNSSG Integrated Care Board (ICB).

Eugine Yafele
Chief Executive

2.2 Performance Summary

2022/23 Priorities and Operational Planning Guidance

On 24 December 2021, NHS England released the 2022/23 priorities and operational planning guidance.

The guidance outlined the priorities for the NHS in 2022/23 including improvements in elective and urgent and emergency care (UEC) performance.

A range of performance standards were defined in the document, which are summarised in the table below.

Table 1: Performance Standards against priority areas

Priority areas	Performance standards
Maximise elective activity and reduce long waits, taking full advantage of opportunities to transform the delivery of services.	- Eliminate waits of over 104 weeks as a priority by July 2022 and maintain this position through 2022/23 (except where patients choose to wait longer). - Eliminate waits of over 78 weeks by April 2023, except where patients choose to wait longer or in specific specialties. - Develop plans that support an overall reduction in 52-week waits where possible, in line with an ambition to eliminate them by March 2025, except where patients choose to wait longer or in specific specialties. - Accelerate the progress made towards a more personalised approach to follow-up care in hospitals or clinics, reducing outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023 and going further where possible. - Patient initiated follow-up (PIFU) to be expanded to all major specialties, moving, or discharging 5% of outpatient attendances to PIFU pathways by March 2023. - Referral optimisation, including through use of specialist advice services to enhance patient pathways – delivering 16 specialist advice requests, including advice and guidance (A&G), per 100 outpatient first attendances by March 2023.
Complete recovery and improve performance against cancer waiting times standards.	- Return the number of people waiting for longer than 62 days to the level in February 2020. - Improve performance against cancer standards, with a focus on the 62-day urgent referral to first treatment standard, the 28-day faster diagnosis standard and the 31-day decision-to-treat to first treatment standard.
Diagnostics.	- Increase diagnostic activity to a minimum of 120% of pre-pandemic levels across 2022/23.

Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity – keeping patients safe and offering the right care, at the right time, in the right setting.	- Reduce 12-hour trolley waits in EDs towards zero and no more than 2%. - Minimise handover delays between ambulance and hospital, allowing crews to get back on the road and contribute to achieving the ambulance response standards, including: o Eliminating handover delays of over 60 minutes, o Ensuring 95% of handovers take place within 30 minutes. o Ensuring 65% of handovers take place within 15 minutes.

Development of BNSSG Operating Plan for 2022/23

Following the publication of the 2022/23 Priorities and Operational Planning Guidance, the Trust, with other partner organisations, contributed to the development of the 2022/23 BNSSG Integrated Care System operating plan.

The Trust used demand and capacity modelling to determine the requirements to deliver the performance standards. There was also an assessment of bed, theatre, outpatient capacity and workforce to deliver these improvements.

In support the achievement of these ambitions, the ICS agreed additional investment of £6.35m with the following objectives:

Objective 1: Increase elective inpatient activity towards 2019/20 activity levels.

- The Trust established its Proactive Hospital Programme, and launch an initiative called Every Minute Matters, which focussed on improving length of stay and ensuring timely discharge of patients from hospital.

- Funding was also agreed to expand our Same Day Emergency Care (SDEC) services to reduce hospital admissions.

- £1.3m funding was agreed for the Weston General Hospital Surgical Short Stay Unit (Knightstone Ward) to extend its use from August 2022 to March 2023.

Objective 2 – Reduction in follow up backlogs with a specific focus on reducing delays to avoid preventable sight loss in Ophthalmology.

- The COVID-19 pandemic had resulted in the Trust reporting a significant increase in overdue follow ups. In this context, the Trust and BNSSG Integrated Care System's plan did not reflect the ambition outlined in the operational planning guidance to reduce follow-up volumes by 25%. Our plan was based on a modest reduction in long waiting overdue follow-ups.

- There was a particular increase in overdue follow-ups in Ophthalmology. The Trust's plans were based on the eye diagnostic hub being moved to a new, larger location within the Broadmead Galleries shopping centre and was expected to generate more than 28,000 additional outpatients follow up procedures.

Objective 3 – Reduction in the number of long waiting patients, and improvements in diagnostic and cancer performance.

- £2m of funding was agreed to improve waiting times in endoscopy, paediatrics, dental specialties, oncology, gynaecology, and cardiac echo.

- Diagnostic plans included at least a 10% reduction on the May 2022 diagnostic waiting list size, elimination of patients waiting over 26 weeks and delivery of a Trust wide standard of 75% waiting under 6 weeks.

These investments contributed to a recovery of care backlogs, including an improvement in the number of patients anticipated to wait over 78 weeks and 104 weeks at the end of March 2023.

The Trust's performance trajectories in our operating plan submission are summarised in the following table.

Table 2: Performance trajectories in the Trust's operating plan submission

	Waiting time standard	Operational Planning Requirement	UHBW Plan Submission (by March 2023)
Referral to Treatment (RTT) Long Waits	104 Weeks	0 (Excluding patient choice)	197 by July 2022 29 by March 2023
	78 Weeks	0 (Excluding patient choice)	675
	52 Weeks	Reduce where possible	4,472
Outpatients	Outpatient Follow-up Activity	25% lower than 2019/20	-
	Patient Initiated Follow-up (PIFU) rate	5%	5%
	Advice & Guidance (ratio of requests to outpatient first attendances)	16:100	16:100
Cancer	62+ Day waits	180	180
	62-day urgent referral to first treatment	85%	85%
	28-day faster diagnosis standard	75%	75%
	31-day decision-to-treat to first treatment standard	96%	96%
Diagnostics	Diagnostic activity	Increase to 120% pre-pandemic levels.	UHBW targets for high volume modalities: Echo 105% Colonoscopy 243% CT 112% Flexi Sigmoidoscopy 82% Gastroscopy 100% MRI 100% Non-Obstetric Ultrasound 99%
Urgent & Emergency Care (UEC)	12-hour trolley waits	0	0
	Ambulance handover delays greater than 60 minutes	0	0
	Ambulance handovers within 30 minutes	95%	-

	Ambulance handovers within 15 minutes	65%	-

Performance oversight in 2022/23

The Trust and BNSSG ICS plan for 2022/23 did not meet the requirements outlined in the 2022/23 Priorities and Operational Planning Guidance related to the elimination of waiting times greater than 104 and 78 weeks.

Therefore, the Trust and BNSSG ICS has been subject to performance management by NHSE throughout 2022/23.

The current segmentation for the Trust is segment 3 on 15 February 2023. The segmentation for the Trust and partner organisations is summarised in the following table.

Table 3: Segmentation for the Trust and partner organisations

Type	Organisation	Segment
Provider segmentation	University Hospitals Bristol and Weston NHS Foundation Trust	3
	North Bristol NHS Trust	3
Integrated care system segmentation	Bristol, North Somerset & South Gloucestershire (BNSSG) ICS	3

At present, 7% of NHS trusts are in segment 1, 38% in segment 2, 40% in segment 3, and 15% in segment 4. The current segmentation of the BNSSG ICS is segment 3. Information related to the segmentation of ICSs and NHS trusts is published on the NHS England website.

The following sections summarise performance against performance standards in 2022/23.

2.2.1 Referral to Treatment (RTT)

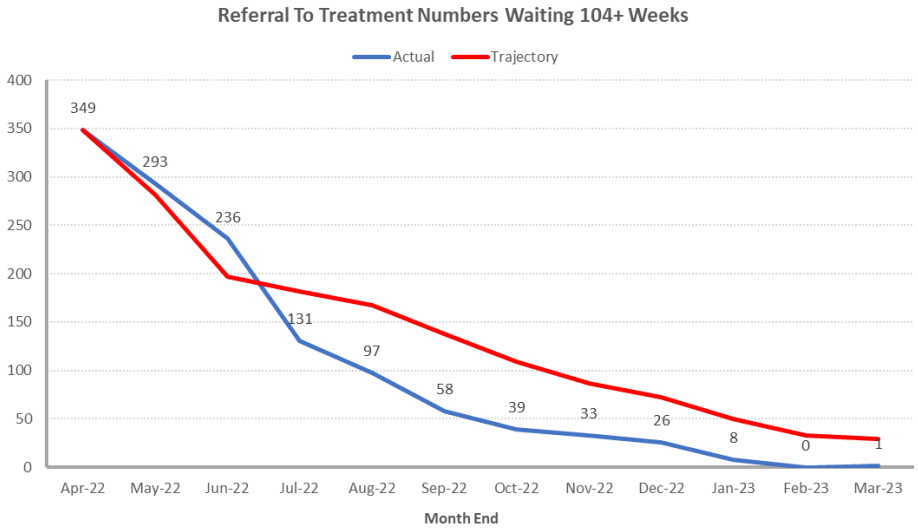
The operational planning guidance required Trusts to eliminate referral to treatment waiting times over 104 weeks by July 2022 (excluding patient choice).

The Trust submitted a plan of 197 patients waiting over 104 weeks by July 2022, and 29 patients waiting over 104 weeks by March 2023. It was assumed that the 29 patients would be waiting over 104 weeks because of patient choice.

At the end of June 2022, the Trust reported 236 patients waiting over 104 weeks. This exceeded the operational planning requirements and the Trust's own trajectory for improvement.

However, the Trust demonstrated sustained improvement in reducing long waits throughout the remainder of 2022. In February 2023, the Trust reported that it has eliminated all patients waiting over 104 weeks.

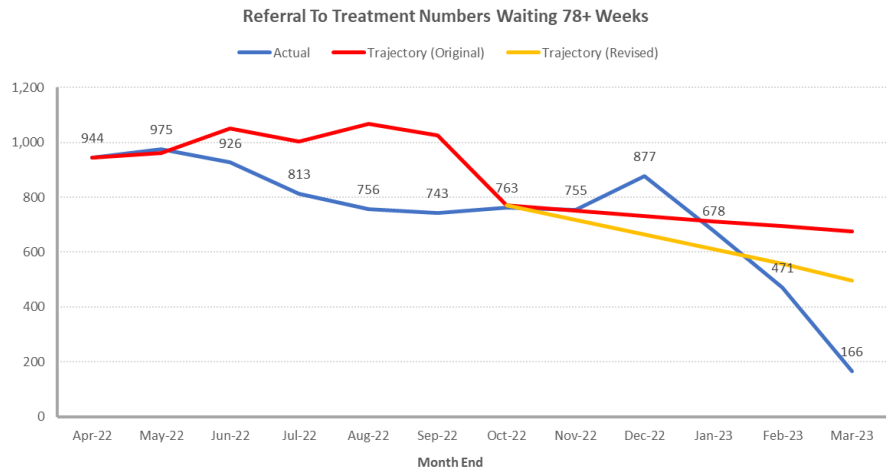
At the end of March 2023, there was one patient waiting over 104 weeks. Therefore, the end of the year performance exceeded the planning requirements and the Trust's trajectory for improvement.



The operational planning guidance also stipulated that waiting times over 78 weeks should be eliminated by the end of March 2023. The Trust's plan was to reduce the care backlog to 675 patients waiting over 78 weeks by the end of March 2023.

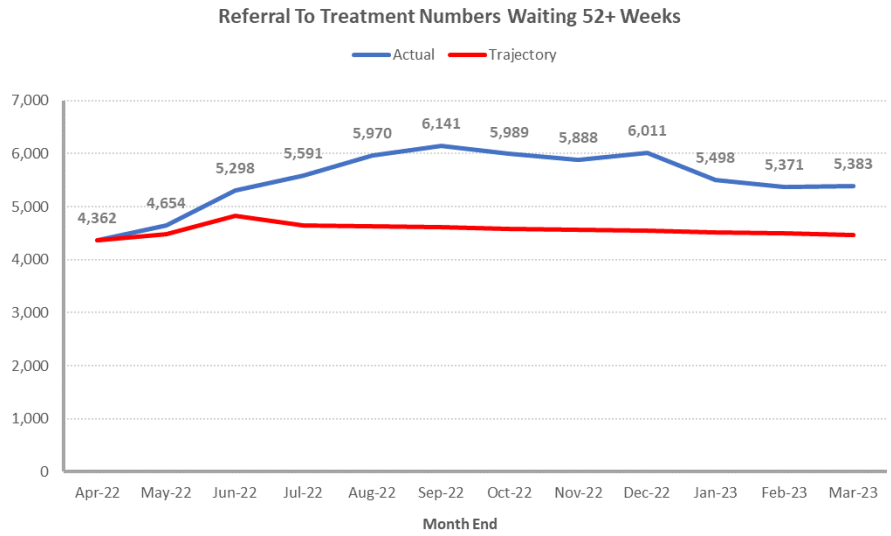
The Trust continued to focus on reducing the patients waiting over 78 weeks. In October 2022, the Trust improved its plan from 675 to 497 patients waiting over 78 weeks at the end of March 2023.

At the end of March 2023, the Trust reported 166 patients waiting over 78 weeks. Although this number exceeds the requirements set out in the operational planning guidance, it does represent a significant improvement against the revised plan of 497 patients waiting over 78 weeks at the end of March 2023.



The operational planning guidance asked providers to reduce waiting times over 52 weeks where possible. In April 2022, the Trust reported 4,362 patients waiting over 52 weeks. Based on demand and capacity modelling, the Trust's plan anticipated that there would be 4,472 patients waiting over 52 weeks at the end of March 2023.

At the end of March 2023, the Trust reported 5,383 patients waiting over 52 weeks. This represents an increase in the total size of our 52-week backlog and reflects growth in the overall size of the referral to treatment waiting list over the same period.



The Trust will continue to focus in 2023/24 on reducing long waiting times towards an elimination of waiting times over 78 weeks in a sustainable manner.

2.2.2 Accident & Emergency four-hour maximum wait and 12-hour trolley waits

Overall, ED attendances normalised to 2019/20 levels outturn experienced in 2021/22. Overall Activity Volumes are shown below.

Table 4: Total attendances at Emergency Departments

	Total Attendances			
Hospital	**2019/2020**	**2020/2021**	**2021/2022**	**2022/2023**
Bristol Royal Hospital For Children	44,499	28,417	47,205	48,795
Bristol Eye Hospital	24,941	18,110	22,325	24,661
Bristol Royal Infirmary	73,499	59,952	74,852	73,444
Weston General Hospital	50,228	33,582	45,841	46,571
Grand Total	**193,167**	**140,061**	**190,223**	**193,471**

Table 5: Average daily number of attendances at Emergency Departments

	Average Attendances Per Day			
Hospital	**2019/2020**	**2020/2021**	**2021/2022**	**2022/2023**
Bristol Royal Hospital For Children	122	78	129	134
Bristol Eye Hospital	68	50	61	68
Bristol Royal Infirmary	201	164	205	201
Weston General Hospital	138	92	126	128
Grand Total	**529**	**384**	**521**	**531**

The operational planning guidance set out requirements to eliminate 12-hour trolley waits and ambulance handover delays greater than 60 minutes.

In 2022/23, there were 9,315 12-hour trolley waits. This is the time from a decision to admit to the admission to a ward. This was 5.5% of all ED attendances, excluding the Eye Hospital. Challenges in flow out of the emergency departments remain following the covid pandemic, including management of infections requiring cubicles. This is challenging in UHBW due to the proportionately low ratio of cubicles to bay beds, particularly on the Weston site (17:83). Improvement plans are in place for each site for the year 2023/24, with the aim of ensuring no more than 2% of all ED attendances breach the 12 hour trolley wait standard. The improvement work focusses on both process changes to assist staff in moving patients

through our hospitals smoothly, but also supporting colleagues post pandemic to return to working against 4 and 12 hour standard requirements.

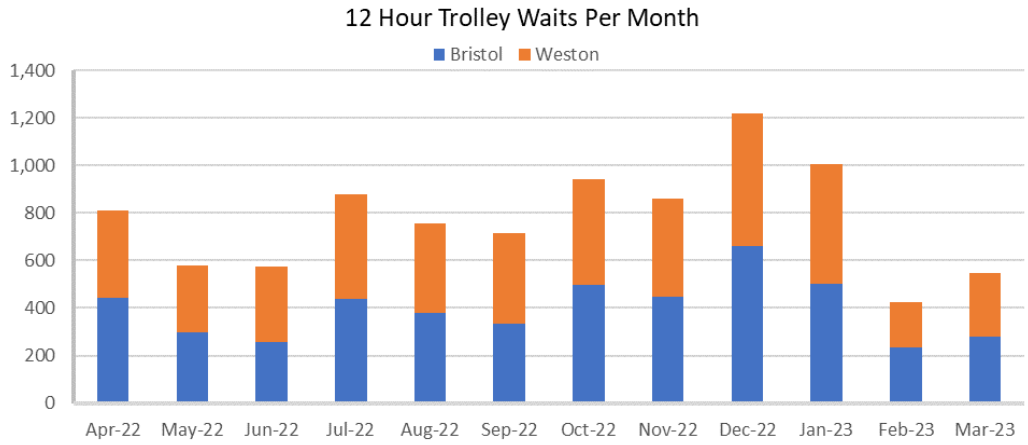
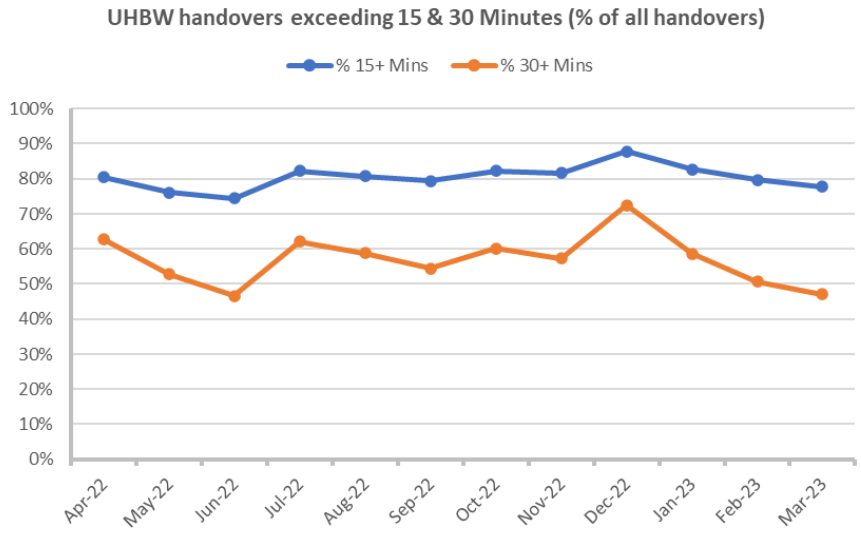


Table 6: Total number of 12-hour trolley waits.

Hospital	2019/2020	2020/2021	2021/2022	2022/2023
Bristol Royal Hospital For Children	2	0	154	372
Bristol Eye Hospital	0	0	0	0
Bristol Royal Infirmary	23	459	2,999	4,392
Weston General Hospital	796	981	2,608	4,551
Grand Total	**821**	**1,440**	**5,761**	**9,315**

Ambulance handover performance has also remained challenging across the Trust, with some improvement towards the end of the year.



As part of the refreshed workplans across urgent care in UHBW, there is a refocus on the 15 minute standard, including improvement work on the process of handover and escalation to prevent delays. We are also working with the ambulance service on real time data reporting to drive improvement.

2.2.3 Cancer

One of the metrics being used by NHSE to monitor recovery of cancer care backlogs related to the COVID-19 pandemic is the number of patients on a cancer pathway waiting more than 62 days.

NHSE asked that all Trusts return to, or below, the number of patients waiting over 62 days pre-pandemic. This number is different for each organisation and the Cancer Alliances have a role to play in determining the appropriate target for each Trust and integrated care system.

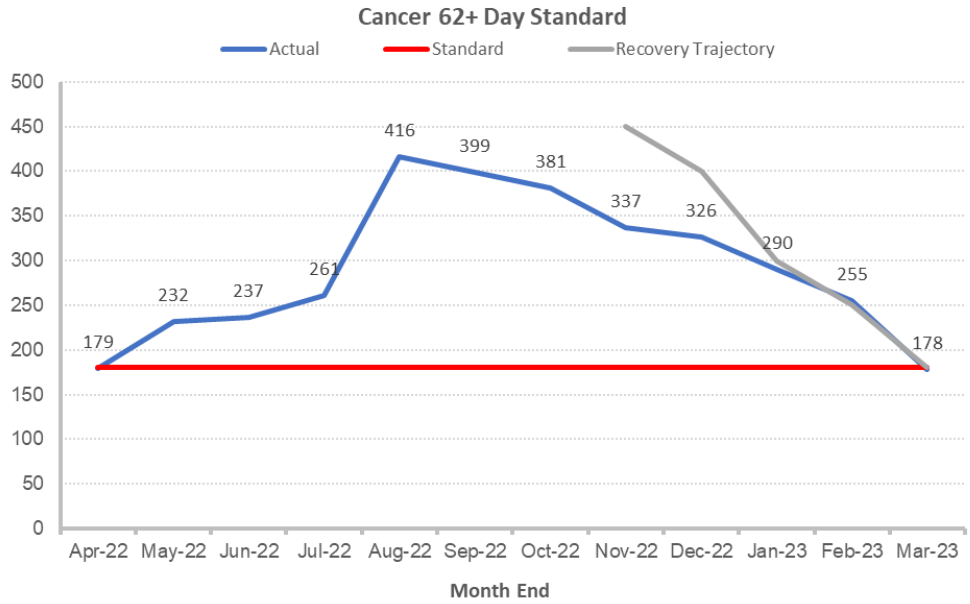
In 2022/23, the target for the Trust was to have no greater than 180 patients waiting over 62 days.

Note that the 62-day NHS constitutional standard is different from this metric as it is based on patients who start treatment. The measure of patients waiting over 62 days considers the number of patients waiting on a 62-day pathway prior to treatment or confirmation of cancer diagnosis.

In the late Summer / early Autumn of 2022, several of our clinical teams were impacted by the COVID-19 wave that resulted in high levels of sickness absence in some of our high-volume cancer specialties. The Trust also experienced an increase in referrals during this period that resulted in a significant increase in the number of patients waiting over 62 days.

In October 2022, the Trust developed a recovery plan to reduce the number of long waiting patients back to the pre-COVID target of 180 patients.

The Trust has successfully delivered this recovery plan and reported 178 patients waiting over 62 days at the end of March 2023.

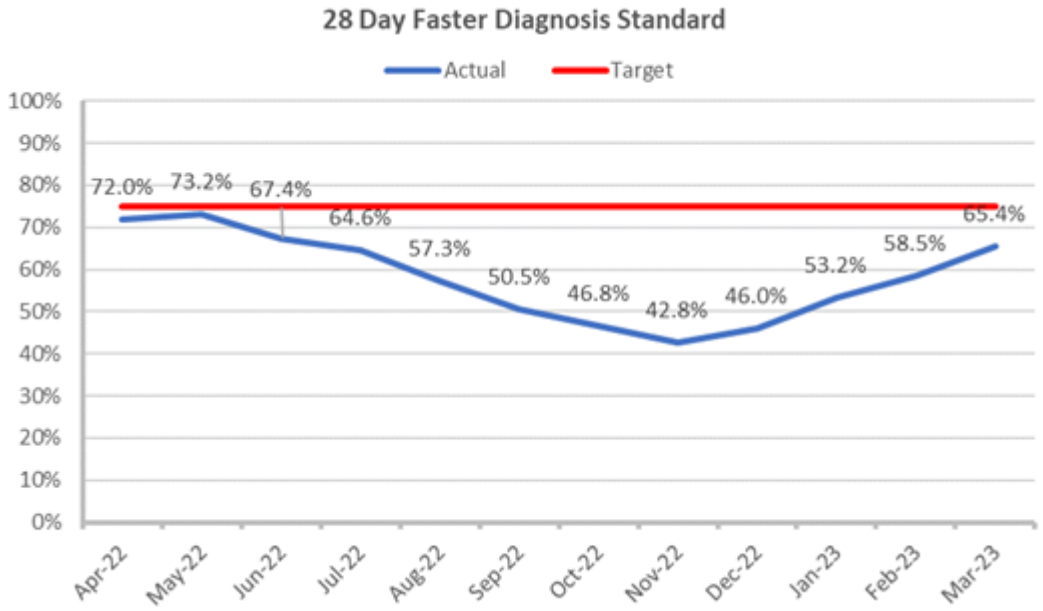


The increase in demand and shortfall in capacity during the late Summer / early Autumn period also impact the Trust's performance against the Faster Diagnosis Standard.

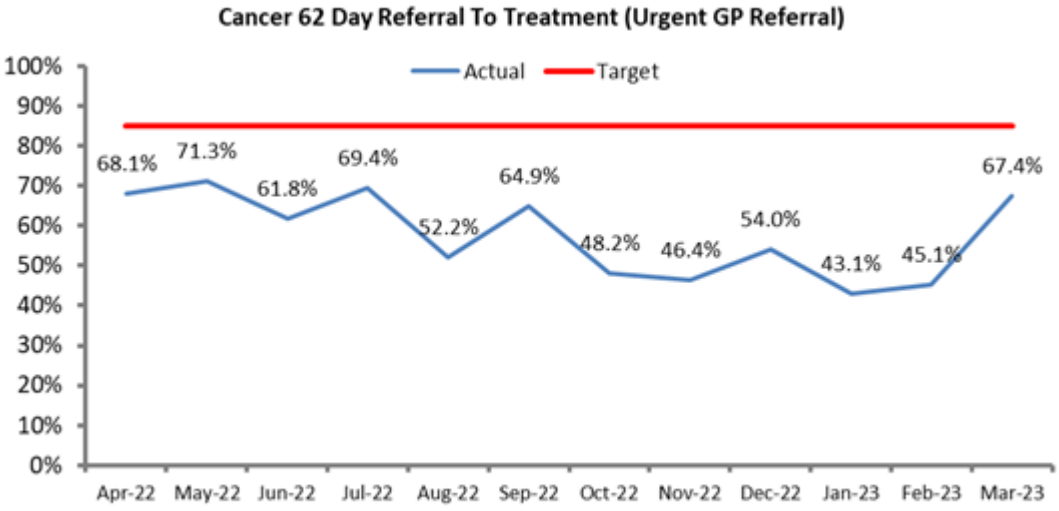
The Faster Diagnosis Standard (FDS) is designed to measure the time from referral to a patient receiving a diagnosis, or having cancer ruled out, within 28 days.

This standard is likely to replace the 2 Week Wait standard which measures the time from a patient being referred with a suspected cancer to see a specialist within 14 days of being referred by their GP or cancer screening programme.

In March 2023, the Trust reported that 65.4% of patients received a diagnosis, or had cancer ruled out within 28 days. Although this is some way below the FDS standard of 75% it does demonstrate a month-on-month improvement since November 2022.



The impact of delays in the early stages of the cancer pathway has also impacted on the Trust's performance against the NHS constitutional standards. Performance has deteriorated against the 62-day urgent GP referral to treatment standard.

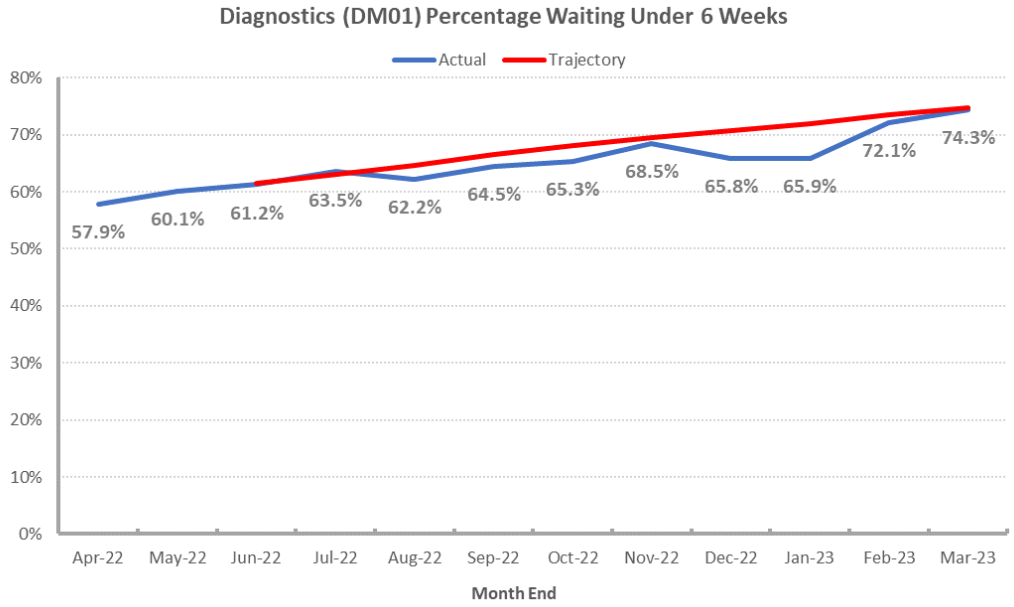


In April 2022, the Trust's performance against this standard was 68%. At the end of March 2023, performance had recovered to 67.4%. It is anticipated that as waiting times in the early part of the cancer pathway improve, performance against this retrospective standard will improve.

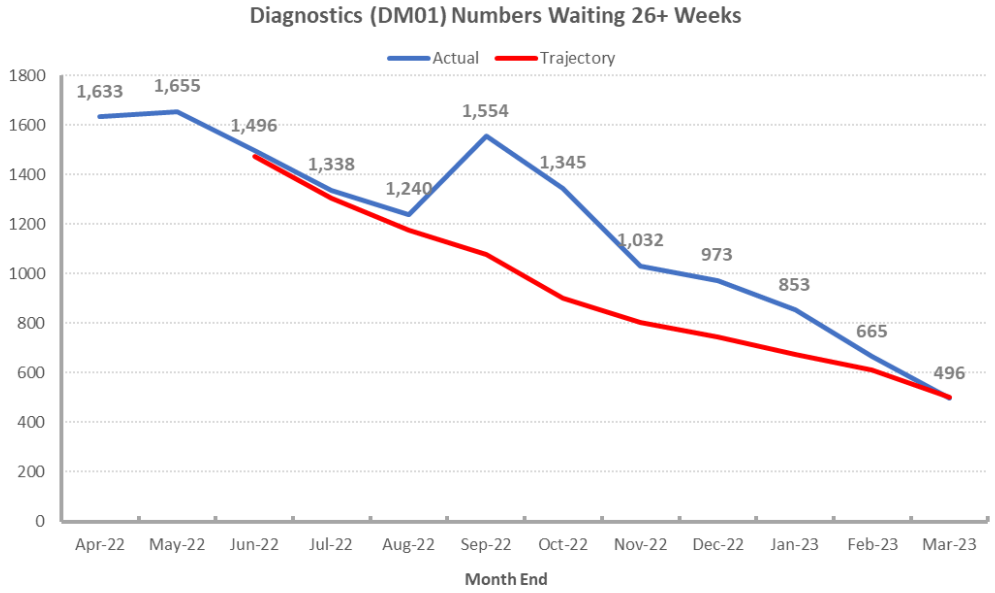
2.2.4 Diagnostic waiting times

The Trust planned to reduce diagnostic waiting times by increasing activity levels for high volume modalities. The plan was intended to increase the percentage of patients waiting under 6 weeks towards 75% at the end of March 2023.

Throughout the year, there has been sustained improvement. At the end of March 2023, the Trust reported 74.3% of patients as waiting under 6 weeks.



The Trust's plan also focussed on reducing long waits for diagnostic investigation. The Trust's plan was based on a reduction to no more than 500 patients waiting greater than 26 weeks for a diagnostic investigation (418 endoscopy and 82 MRI only).



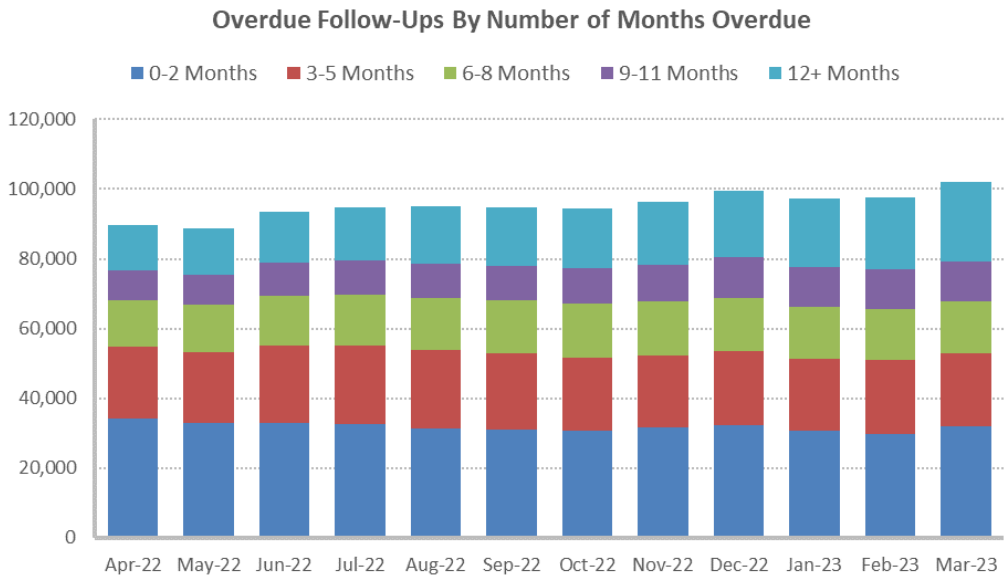
In April 2022, the Trust reported 1,633 patients waiting over 26 weeks for a diagnostic investigation. The Trust has demonstrated sustained improvement throughout the year. At the end of March 2023, the Trust reported 496 patients waiting over 26 weeks.

2.2.5 Outpatients

The operational planning requirement was to reduce the volume of follow-up activity delivered in 2022/23 by 25% compared to 2019/20.

In the context of the COVID-19 pandemic, the Trust's outpatient care backlogs have increased. Therefore, the Trust did not plan to reduce outpatient follow-up volumes and modelled the activity required to reduce the longest waiting follow-up care backlogs.

In 2022/23, the number of patients overdue their follow-up has increased from 89,591 in April 2022 to 101,950 at the end of March 2023. There has been a particular increase in the longest waiting cohorts of patients either 9-11 months or 12+ months overdue.



An important strategy to reduce the number of lower clinical priority routine follow-up attendances is the use of patient-initiated follow-up (PIFU). This means that patients can decide if and when they need to access a follow-up appointment. The operational planning guidance required PIFU levels to be at 5% of attendances.

The Trust has two PIFU pathways – one for patients that are discharged, with the ability for patients to initiate a follow-up if required, and the other for patients will long term condition which means that there are longer intervals between follow-up appointments, with the ability for the patient to initiate a follow-up if required.

In March 2023, 3762 patients were discharged to a PIFU pathway and an additional 1244 were moved to PIFU on a Long Term Condition pathway. This is approximately 6.8% of all outpatient attendances in March 2023.

Advice and guidance is used to support the reduction of new referrals into hospital services. This means that general practitioners can seek advice and guidance from hospital specialists and continue to manage their ongoing care in the community.

The operational planning guidance required Trusts to deliver 16 advice and guidance requests for every 100 outpatient first attendances (i.e., 16% of first attendances). The advice and guidance metric includes pre-referral activity (advice and guidance) and post-referral activity (pre-triage, referral and advice services).

For the month of March 2023, the Trust advice and guidance performance included 1,756 advice and guidance responses. Data available for 2022/23 confirms the Trust performance of 12% against the 16% target.

2.2.6 Important events since the end of the financial year

During April 2023, junior doctors undertook four days of strike action across the NHS. The impact of these strikes included the cancellation of elective procedures and outpatient

activities. This impacted on the delivery of the Trust's elective recovery plans and caused delays to patient's treatments.

2.3 Finance Review

2.3.1 Financial analysis

The Trust delivered a net surplus of £0.022m, excluding technical accounting adjustments as set out in note 2 of the annual accounts. There are a number of items classified as technical which are excluded by NHSE when considering the Trust's financial performance. As in previous years, technical items include depreciation on donated assets, donated income in respect of assets, impairments, and reversal of impairments. The £0.022m surplus compares favourably with the breakeven plan.

Including technical items and as per the annual accounts, the Trust reported a net income and expenditure deficit of £19.630m.

The operating plan for 2022/23 was approved by the Trust Board on 9th August 2022 following submission of the financial plan to NHSE on 20th June 2022. Consistent with the national planning guidance and the previous year, the increased national employer pension contributions were excluded from the plan and show as a material adverse variance. In addition, other significant variances in both income and expenditure terms include an estimate for the 2022/23 pay award, enhanced pay costs and the costs of escalation capacity.

The Trust's income and expenditure performance for the year is shown in the table below:

Table 7: 2022/23 Financial performance against plan:

	Plan £m	Actual £m	Variance Favourable/ (Adverse) £m
Income from Patient Care Activities	929.536	1,021.125	91.589
Other Operating Income	110.951	116.076	5.125
Total Operating Income	**1,040.486**	**1,137.201**	**96.714**
Employee Expenses	(599.744)	(692.991)	(93.247)
Other Operating Expenses	(389.990)	(409.966)	(19.976)
Depreciation (owned & leased)	(38.126)	(40.257)	(2.131)
Total Operating Expenditure	**(1,027.860)**	**(1,143.214)**	**(115.354)**
PDC	(12.447)	(12.863)	(0.416)
Interest Payable	(2.927)	(2.818)	0.109
Interest Receivable	0.352	3.163	2.811
Other Gains/(Losses)	0.000	(1.099)	(1.099)
Gains/(Losses) on Transfer by Absorption	0.000	0.000	0.000
Net Surplus/(Deficit) per Annual Accounts	**(2.396)**	**(19.630)**	**(17.235)**
Remove Capital Donations, Grants, and Donated Asset Depreciation	2.396	19.652	17.256
Adjusted Financial Performance Surplus/(Deficit) Reported to NHSE	**0.000**	**0.022**	**0.021**

2.3.2 Savings

The Trust achieved savings of £15.8m against a plan of £14.9m. The majority of the savings were non-recurrent and mainly related to activity related non-pay costs due to lower than planned elective activity volumes. Although, the ongoing effects of the Covid-19 pandemic reduced the Trust's ability to make recurrent productivity and efficiency savings at the beginning of 2022/23, the Trust continued to develop work streams to deliver savings later in

the year. Focus on transactional efficiencies such as obtaining best value through purchasing, controlling spend and further embedding the use of technology also continued in 2022/23.

Table 8: Savings achieved during 2022/23:

Workstream	Plan £m	Actual £m	Variance - Favourable/ (Adverse) £m
Pay Efficiencies			
Agency - improved procurement	0.930	0.840	(0.090)
Bank - collaborative working	0.600	-	(0.600)
Skill mix reviews	1.610	2.746	1.135
Corporate services transformation	-	0.067	0.067
Pay Other (bal)	0.366	1.470	1.103
Total Pay Efficiencies	**3.506**	**5.122**	**1.616**
Non-pay Efficiencies			
Medicines optimisation	0.230	0.406	0.176
Procurement (excl drugs) - medical devices and clinical consumables	4.151	3.849	(0.303)
Estates and Premises transformation	0.628	0.631	0.003
Pathology & imaging networks	1.094	1.144	0.050
Corporate services transformation	0.567	1.489	0.921
Digital transformation	0.342	0.023	(0.319)
Non-pay Other (bal)	3.362	2.042	(1.320)
Total Non-Pay Efficiencies	**10.375**	**9.583**	**(0.792)**
Income Efficiencies			
Income - Non-Patient Care	1.070	1.124	0.054
Total Income Efficiencies	**1.070**	**1.124**	**0.054**
Grand Total	**14.951**	**15.829**	**0.878**

2.3.3 Statement of financial position

The Trust's cash and cash equivalents balance at 31st March 2023 was £128.0m, a decrease of £40.0m from last year. How the Trust used its cash during the year is shown in the table below:

Table 9: Use of cash 2022/23:

	£m	£m
Opening Cash Balance		**168.091**
Use of cash:		
Net cash flow from operating activities	38.157	
Capital investment	(58.275)	
Other net cash flows from investing activities	4.007	
Public Dividend Capital received	3.447	
Capital loan repayments to the DHSC	(5.834)	
Interest (on capital loan) payments to the DHSC	(2.874)	
Public Dividend Capital dividend payment	(12.292)	
Finance lease payments	(6.392)	
Decrease in cash balance 2022/23		**(40.056)**
Closing Cash Balance		**128.035**

The Trust maintained a positive statement of financial position (balance sheet) throughout the year with net current assets at 31st March 2023 of £20.647m as summarised in the table below:

Table 10: Statement of Financial Position:

Statement of Financial Position	£m
Total Non-Current Assets	698.180
Total Current Assets	206.376
Total Current Liabilities	(185.729)
Net Current Assets	**20.647**
Total Assets Less Current Liabilities	**718.827**
Total Non-Current Liabilities	(137.177)
Total Assets Employed	**581.650**
Equity:	
Public Dividend Capital	326.605
Revaluation Reserve	111.348
Other Reserves	0.085
Income & Expenditure Reserve	143.612
Total Equity	**581.650**

2.3.4 Capital

The Trust Board approved the 2022/23 capital investment programme of £64.735m in August 2022. This was an ambitious plan, but it reflected the priority of the Trust to continue to invest in its estate, infrastructure, and equipment for the benefit of patients and staff.

The approach to capital funding in 2022/23 remained the same as 2021/22 with capital envelopes allocated to each Integrated Care System (ICS). This envelope set a limit on the capital expenditure within a system and required the partners to work together to prioritise capital expenditure. The Trust was allocated a 67% share of the system envelope at £54m of the BNSSG ICS envelope. During the year, additional capital allocations were approved, including an increase to the system envelope by the Department of Health and Social Care (DHSC) in respect of schemes to support elective activity recovery and digitalisation. The Trust's capital funding for 2022/23 was £67.7m.

Table 11: 2022/23 capital plan by source

	£m
UHBW Funded - System Envelope	56.513
UHBW Funded - New Finance Leases	4.972
DHSC Approved Funding	3.447
Grants/Donations/Other	2.803
Total	**67.735**

The limit on capital expenditure meant that not all the Trust's approved capital schemes could be prioritised for delivery in 2022/23. Schemes which were not prioritised for implementation in 2022/23 have been carried forward for consideration in the 2023/24 plan.

Capital funding is allocated to individual schemes in seven areas which are monitored during the year. The Trust's capital programme is managed through the Trust's Capital Programme Steering Group. In 2022/23 the Trust invested £60.3m on capital schemes. This included the following significant investments:

- Purchase of Bristol Dental Hospital £11.9m
- Surgical Robots £ 3.7m
- Medical Equipment e.g., Cath Lab replacement, LINAC, scanners £ 7.5m

- Strategic Projects – Including GICU and wellbeing £14.5m
- Operational Capital e.g., department and system upgrades, rest areas £ 6.9m
- Digital e.g., new devices, network, systems and server upgrades, cyber security £ 8.8m

Table 12: Funding and expenditure on capital schemes:

	2022/23 NHSE Plan £m	2022/23 Actual £m	2022/23 Variance £m
Source of Funding:			
PDC		3.016	3.016
Donations - Cash	6.250	0.844	(5.406)
Depreciation	40.257	38.284	(1.973)
Cash Balances	18.228	18.191	(0.037)
Total Funding	**64.735**	**60.335**	**(4.400)**
Expenditure:			
Strategic Schemes	20.897	29.998	9.101
Medical Equipment	7.912	7.529	(0.383)
Operational Capital	13.564	6.874	(6.690)
Fire Improvement	3.153	0.732	(2.421)
Digital Services	7.867	8.784	0.917
Estates Replacement & Infrastructure	6.370	6.418	0.048
Other (New Finance Lease)	4.972	0.000	(4.972)
Total Expenditure	**64.735**	**60.335**	**(4.400)**

2.3.5 Countering Fraud, Bribery and Corruption

The Board takes the prevention and reduction of fraud very seriously and has policies in place to minimise the risk of fraud, bribery and corruption and to promote procedures for reporting suspected wrongdoing.

The Trust works closely with the Local Counter Fraud Specialist (LCFS) to implement the NHS Counter Fraud Authority (NHSCFA) national strategy on countering fraud and to ensure the Trust is working with the LCFS in fully complying with Government, NHSCFA and commissioner requirements.

Work is carried out across all key areas of Counter Fraud activity, ensuring compliance against the 13 components required by the Government Functional Standard 013: Counter Fraud (NHS Requirements).

The Local Counter Fraud, Bribery and Corruption policy and legislative background is also available on the Trust's intranet together with contact details of the LCFS and the NHSCFA.

2.3.6 NHS CFA Fraud and Corruption Reporting Line (FCRL)

Fraud prevention messages are regularly raised via the Trust's communication systems which include posters in workplaces, the dissemination of Counter Fraud newsletters and regular articles in the Trust's staff newsletter. All materials contain details of the FCRL.

2.3.7 Anti-Bribery Statement

The Bribery Act 2010 came into force on 1 July 2011. The aim of the Act is to tackle bribery and corruption in both the private and public sector.

The Act defines the following key offences with regards to bribery:

- Active bribery (offering, promising or giving a bribe)
- Passive bribery (requesting, agreeing to receive or accepting a bribe)

- Bribery of a foreign public official.
- A corporate offence of failing to prevent bribery

The Trust does not tolerate any form of bribery whether by staff, contractors, suppliers or patients. Bribery will have a detrimental effect on the Trust and can undermine the public's perception of the Trust and the integrity of its staff.

The Board is committed to applying and enforcing effective anti-bribery measures to prevent, examine and eradicate Fraud, Bribery and Corruption. The Board will seek to apply the strongest penalties to anyone involved in bribery activities; staff, suppliers and public alike.

To reduce both the Trust's and its staff's exposure to bribery there are clear policies in place:

- Staff Conduct Policy;
- Local Counter Fraud, Bribery and Corruption Policy;
- Freedom to Speak Up Policy;
- Register of Interests, Gifts and Hospitality Policy.

A register of interest for all decision-making staff is held to demonstrate the open and transparent way we conduct our work within the Trust.

Any suspicions of Fraud, Bribery or Corruption may be reported by contacting the Local Counter Fraud Specialist or the NHSCFA FCRL.

2.3.8 Overseas Visitors (patients who are not ordinarily resident in the UK)

The Trust is committed to fulfilling its obligations under the Overseas Visitors NHS Hospital Charging Regulations 2015 and continues to work closely with NHSEI's Cost Recovery Programme and other organisations involved in this field.

The Overseas Visitors Team provides a seven day a week eligibility checking service across the Trust. The team, which works in a non-discriminatory way, is responsible for establishing an individual's right to free NHS hospital treatment, the raising of invoices to directly chargeable visitors, the processing of European Health Insurance Card, other reciprocal healthcare agreements and for advising clinicians and other staff on their obligations under the regulations.

Eugine Yafele
Chief Executive

3. Sustainability Report

3.1 Overview

At UHBW, we aim to be one of the most sustainable healthcare providers in the world. Since declaring a climate emergency in 2019 we have made progress but there are many opportunities to do things better, smarter and more effectively – for the good of patients, staff and our communities in Bristol and Weston.

As one of the largest organisations in the Southwest, we have a significant role to play to help protect the environment. We have this year been developing our own Sustainable Development Strategy into a joint ICS Green Plan for Bristol, North Somerset, & South Gloucestershire. This plan sets out how we will manage and reduce our environmental impact, whilst improving efficiency and resilience.

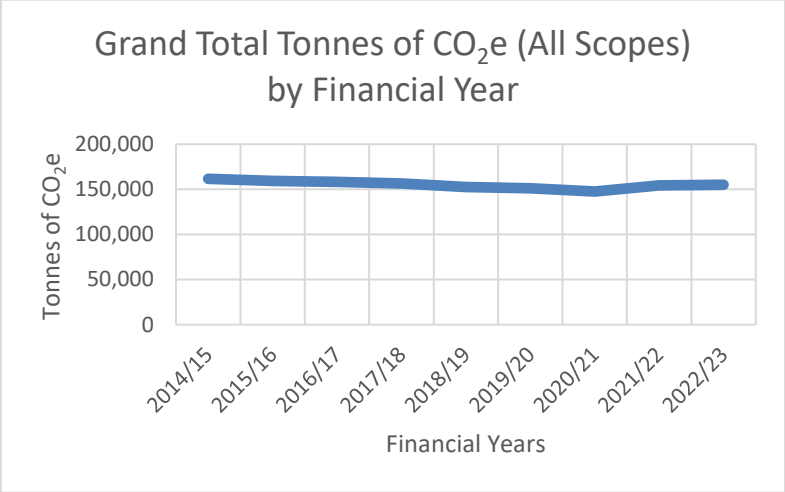
Our specific goals are:

- Achieving net-zero greenhouse gas emissions by 2030.
- Cutting air pollution.
- Achieving zero waste to landfill by 2025.

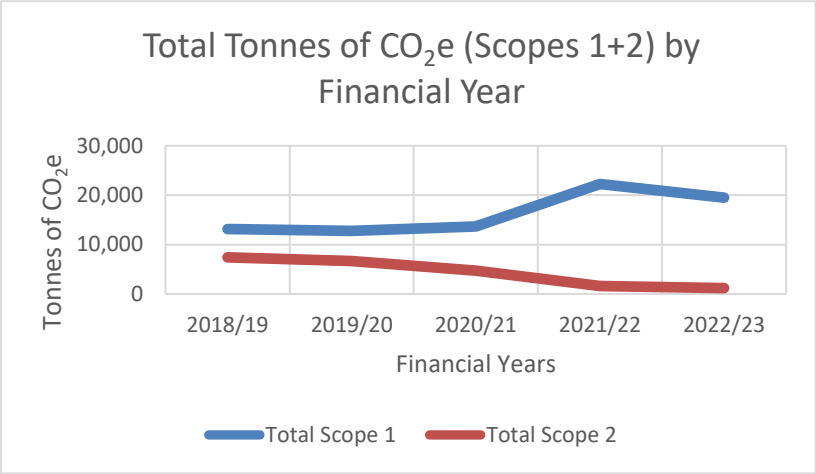
3.2 Performance

3.2.1 Emissions

The below graph shows that despite investment in developing a Sustainability Team since 2019, our total greenhouse gas emissions from direct operations and our wider supply chain have remained stable at around 160,000 tCO_2e annually.



The below graph shows emissions from direct operations which are more within our ability to control. Here we can see electricity in red has remained low for 2022/23 as we continue to utilise generation from our combined heat and power engines. There has also been a decrease in scope 1 emissions in blue which is a direct result of a more efficient district heating system installed on the Bristol site.



If we're to see meaningful reductions in emissions from direct operations by 2030 we will need significant investment in zero-carbon heating for our estate over the next few years. We are also working with Bristol & Weston Purchasing Consortium to leverage Trust spend into lower-carbon products and services to begin to tackle our supply chain emissions.

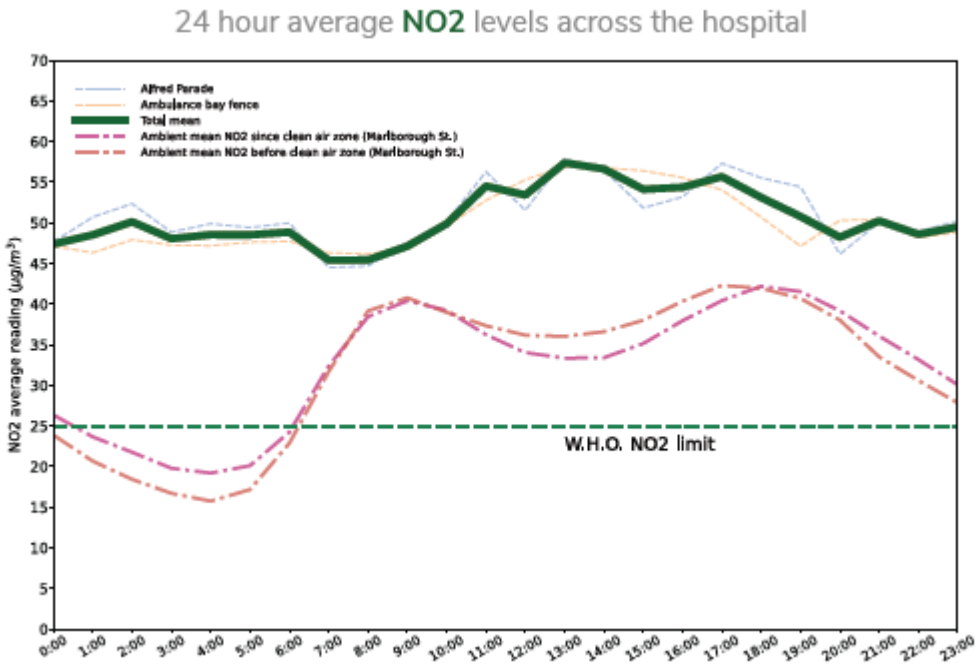
3.2.2 Air Pollution

The table below shows three sets of particulate matter PM guidelines and three nitrous oxide (NO2) guidelines, and how often different areas of the Trust exceeded these between 29th November 2022 and 28th February 2023. You can see that under the strictest World Health Organisation limits, there were numerous breaches across our sites.

Table 13: Total number of PM and NO2 exposure threshold events

Sensor	PM			NO2		
	IAQM 1-hour TWA* Environmental PM10: 190 µg/m³	WHO 24-hour TWA Environ. / H&S PM10: 45 µg/m³ PM2.5: 15 µg/m³	HSE (EH40) 8-hour TWA Health & Safety PM10: 10,000 µg/m³ PM2.5: 4,000 µg/m³	WHO 24-hour TWA Environ. / H&S NO2: 25 µg/m³	EU 1-hour TWA‡ Health & Safety NO2: 200 µg/m³	DEEE 8-hour TWA Health & Safety NO2: 960 µg/m³
Alfred Parade Tunnel	0	22	0	83	0	0
Ambulance Bay Fence	1	19	0	91	0	0
Children's A&E Entrance	3	19	0			
Level 2 Drop-off	0	12	0			
Medical Gas Plant Room	0	0	0			
Total	**4**	**72**	**0**	**174**	**0**	**0**

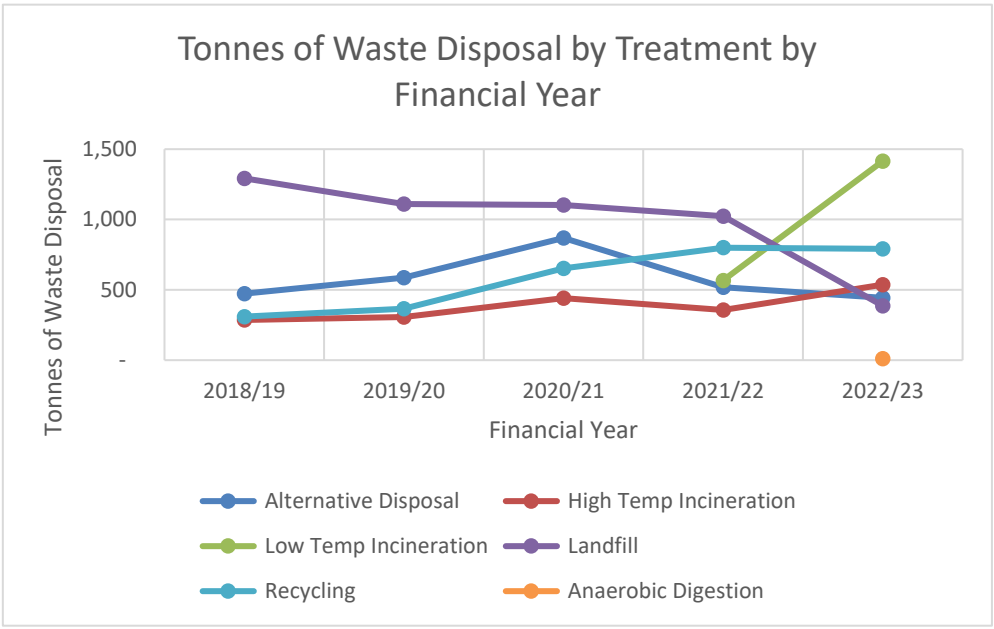
The graph below shows nitrous oxide levels on the Bristol site are not only double the World Health Organisation limit, but also higher than the general Bristol city ambient pollution levels.



To tackle this air pollution and bring Trust levels in line with city ambient, we have installed electrical lines to ambulance parking bays so engines can now be turned off when parked waiting to unload. We're also looking at ways to reduce traffic on site, for example by upgrading cycling facilities to encourage less vehicle movements.

3.2.3 Waste

The graph below shows how landfill use has significantly dropped in the last financial year as more waste is sent to low temperature incineration. This is great progress towards our zero-landfill target. Unfortunately, recycling rates plateaued in 2022/23, so this will be an area of focus going forward.



4. Accountability Report

Directors' Report

The Board of Directors is responsible for exercising all of the powers of the Trust; however, it has the option to delegate these powers to senior management and other committees. The

Board sets the strategic direction within the context of NHS priorities, allocates resources, monitors performance against organisational objectives, ensures that clinical services are safe, of a high quality, patient focused and effective, ensures high standards of clinical and corporate governance and, along with the Council of Governors, engages members and stakeholders to ensure effective dialogue with the communities it serves.

The 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 plan, deliver safe, high-quality healthcare, measure and monitor the Trust's effectiveness and efficiency as well as seeking continuous improvement and innovation. The Board delegates some of its powers to a committee of Directors or to an Executive Director and these matters are set out in the Trust's scheme of delegation. Decision making for the operational running of the Trust is delegated to the executive management team.

There are specific responsibilities reserved by the entire Board, which include approval of the Trust's long term objectives and financial strategy; annual operating and capital budgets; changes to the Trust's senior management structure; the Board's overall 'risk appetite'; the Trust's financial results and any significant changes to accounting practices or policies; changes to the Trust's capital and estate structure; and conducting an annual review of the effectiveness of internal control arrangements.

The Board of Directors has formally assessed the independence of the Non-executive Directors and considers all of its current Non-executive Directors to be independent in that notwithstanding their known relationships with other organisations, there are no circumstances that are likely to affect their judgement that cannot be addressed through the provisions of the Foundation Trust Code of Governance as evidenced through their declarations of interest, annual individual appraisal process and the ongoing scrutiny and monitoring by the Director of Corporate Governance.

4.1.1 Directors' interests

Members of the Board of Directors are required to disclose details of company directorships or other material interests in companies held which may conflict with their role and management responsibilities at the Trust. The directors declare any interests before each Board and committee meeting which may conflict with the business of the Trust and excuse themselves from any discussion where such conflict may arise. The Trust is satisfied with the independence of the Board for the entire year.

The Director of Corporate Governance maintains a register of interests, which is available to members of the public on the Trust's website: https://www.uhbw.nhs.uk/p/about-us/reports-and-publications

Alternatively, members of the public by can contact the Director of Corporate Governance, University Hospitals Bristol and Weston NHS Foundation Trust, Trust Headquarters, Marlborough Street, Bristol BS1 3NU. Email: Trust.Secretariat@uhbw.nhs.uk

4.1.2 Political donations

The Trust has made no political donations.

4.1.3 Internal audit

The Audit Committee had ensured that there was an effective internal audit function established by management that met Public Sector Internal Audit Standards and provided appropriate independent assurance. The Trust receives its internal audit service from ASW Assurance.

Table 14: Board of Directors – Terms of Office

Board Member
Jayne Mee, Chair
Appointment as Non-executive Director 1 June 2019
End of first term 8 December 2021
Appointed as Interim Chair 1 April 2021
Appointed as Trust Chair 9 December 2021
End of first term as Trust Chair 31 March 2024
David Armstrong, Non-executive Director
Appointment 28 November 2013
End of first term 27 November 2016
End of second term 27 November 2019
End of third term 26 November 2022
Arabel Bailey, Associate Non-executive Director
Appointment 1 July 2022
End of first term 30 June 2023
Sue Balcombe, Non-executive Director
Appointment 1 April 2020
End of first term 31 March 2023
Start of second Term 1 April 2023
Julian Dennis, Non-executive Director and Senior Independent Director
Appointment 1 June 2014
End of first term 31 May 2017
End of second term 30 May 2020
End of third term 30 April 2023
Bernard Galton, Non-executive Director
Appointment 1 July 2019
End of first term 30 June 2022
Start of second term 1 July 2023
Marc Griffiths, Non-executive Director
Appointment 1 July 2022
End of first term 30 June 2025
Jane Norman, Non-executive Director
Appointment 1 March 2021
End of first term 29 February 2024
Stephen Peacock, Non-executive Director
Appointment 1 July 2022
Resigned 3 September 2022
Roy Shubhabrata – Non-executive Director
Appointment 1 July 2022
End of first term 30 June 2025

Martin Sykes, Non-executive Director and Vice-Chair Appointment 4 September 2017 End of first term 31 August 2020 End of second term 31 August 2023
Gill Vickers, Non-executive Director Appointment 1 July 2022 Resigned 14 March 2023
Eugine Yafele, Chief Executive Appointed 3 May 2022
Paula Clarke, Executive Managing Director of Weston General Hospital Appointed 4 April 2016
Deirdre Fowler, Chief Nurse and Midwife Appointed as Interim Chief Nurse 18 January 2021 Appointed as Chief Nurse and Midwife 29 April 2021
Neil Kemsley, Chief Financial Officer Appointed 1 July 2019
Mark Smith, Deputy Chief Executive and Chief Operating Officer Appointed 13 February 2017 End of Term 8 November 2022
Stuart Walker, Deputy Chief Executive and Chief Medical Officer Appointed 21 February 2022
Emma Wood, Deputy Chief Executive and Chief People Officer Appointed 4 January 2022
Jane Farrell, Chief Operating Officer Appointed as Interim Chief Operating Officer 31 October 2022 Appointed as Chief Operating Officer 1 April 2023

Biographies of the members of the Board are provided at Appendix A

4.1.4 Statement on compliance with cost allocation and charging guidance

The Trust ensures that it sets any charges to recover full costs in line with the guidance issued by HM Treasury.

4.1.5 Income disclosures

The Trust can confirm that income from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes.

The Trust provides a variety of goods and services to patients, visitors, staff, and external organisations. Such goods and services include catering, car parking, pharmacy products, IT Services, and medical equipment maintenance. The income generated covers the full cost of the services and where appropriate contributes towards funding patient care.

4.1.6 Better Payment Practice Code

The Better Payment Practice Code Trust requires the Trust to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. Financial management controls ensure all invoices are appropriately checked and authorised before being paid. The complexity of services provided to the Trust requires detailed checking by divisional clinical and operational management staff, both in terms of activity and services provided.

The Trust's performance against this standard is shown in the table below:

Table 15: Performance against Better Payment Practice Code:

	Year ended 31 March 2023			Year ended 31 March 2022		
	NHS	Non NHS	Total	NHS	Non NHS	Total
No. invoices paid within 30 days	2,725	146,012	148,737	2,869	145,503	148,372
No. invoices paid	3,592	172,656	176,248	3,743	166,760	170,503
Percentage paid within 30 days - number	75.9%	84.6%	84.4%	76.6%	87.3%	87.0%
Value of invoices paid within 30 days	£41.524m	£346.692m	£388.216m	£46.770m	£299.482m	£346.252m
Value of invoices paid	£67.522m	£401.162m	£468.684m	£68.547m	£364.733m	£433.280m
Percentage paid within 30 days - value	61.5%	86.4%	82.8%	68.2%	82.1%	79.9%

Despite continued operational challenges, performance remains comparable to 2022/23. Although there remains some difficulty in obtaining authorisation across the Trust to pay invoices, there has been a noticeable improvement in engagement with key suppliers. However, queries from suppliers have noticeably increased throughout the year. Changes in processes have improved the ability of the Trust to adapt to the increasing demands, with the planned implementation of new systems in 2023/24 set to improve capacity and contribute to further improvement in both the volume and value of invoices paid within the 30-day target.

In both years, there was no interest payable arising from claims made under the Late Payment of Commercial Debts (interest) Act 1998 and no other compensation was paid to cover debt recovery cost under this legislation.

4.1.7 Council of Governors

NHS Foundation Trusts are 'public benefit corporations' and are required by the National Health Service Act 2006 to have a Council of Governors, the general duties of which are to:

- Hold the Non-executive Directors individually and collectively to account for the performance of the Board of Directors.
- Represent the interests of the members of the corporation as a whole and the interests of the public.

The Council of Governors is responsible for regularly feeding back information about the Trust's vision, strategy and performance to the members who elected them and the stakeholder organisations that appointed them. It discharges a further set of statutory duties which include appointing, re-appointing and removing the Chair and Non-Executive Directors, approving the appointment and removal of the Trust's External Auditor, and approving any application by the Trust to enter into a merger, acquisition, separation or dissolution.

The roles and responsibilities of the Council of Governors are set out in a separate document. Governors and the Board of Directors communicate through the Chair who is the formal conduit, and through their meeting schedule, which allows many opportunities for Board-Governor interaction.

Communications and consultations between the Council and the Board include the Trust's annual Quality Report; strategic proposals; significant transactions, clinical and service priorities; proposals for new capital developments; engagement of the Trust's membership; performance monitoring; and reviews of the quality of the Trust's services. The Board of Directors present the Annual Accounts, Annual Report and Auditor's Report to the Council of Governors at the Annual Members' Meeting.

The Council has developed a good working relationship with the Chair and Directors, and through the forums of Governor Focus Groups (dealing with matters of constitution and membership engagement; strategy and planning; and quality and performance monitoring), as well as development seminars and informal Governor-NED Engagement Sessions, governors are provided with information and resources to enable them to engage in a challenging and constructive dialogue with the Non-Executive Directors.

Council of Governor Meetings: The formal meetings of the Council of Governors are usually scheduled to follow the Trust Board meetings held in public, and good attendance by governors at both has meant governors are kept up to date on current matters of importance and have the opportunity to follow up on queries in more detail with all members of the Board. All governor and membership activities are formally reported at Council of Governors meetings. Updates from the Chair and Chief Executive are standing agenda items and provide an opportunity to brief governors on the significant issues facing the Trust, provide updates on developments and report on performance. Governors use these meetings to publicly seek assurance on matters of public and staff interest. They are also the formal decision-making meetings for governors, with decisions in 2022/23 including the Non-executive Director Appointments and re-appointments, Trust Constitution changes, Lead Governor Elections, Nominations and Appointments Committee membership and approval of a business case for the Marlborough Hill proposal.

There were 4 formal Council of Governors meetings in the year and all meetings were published on YouTube for public viewing.

Governors are required to disclose details of any material interests which may conflict with their role as governors at each Council meeting. A register of interests is available to members of the public by contacting the Director of Corporate Governance at the address given in Appendix B of this report.

Table 16: Membership and attendance at Council of Governors meetings 2022/23

Please note, Sickness absence and other reasons for non-attendance are not recorded in the Annual Report.

Number of Council of Governors meetings in the period 1 April 2022 to 31 March 2023: 4			
Council of Governors	**Attended**	**Out of a possible**	**Attendance rate**
Chair: Jayne Mee	**4**	**4**	**100%**
Hessam Amiri	0	1	0%
Ben Argo	2	3	67%
Charlie Bolton	3	3	100%
Graham Briscoe	3	4	75%
John Chablo	4	4	100%
Dave Clarke	1	1	100%
Sofia Cuevas-Asturias	0	2	0%
Carole Dacombe	4	4	100%
Khushboo Dixit	2	2	100%
Robert Edwards	3	3	100%
Aishah Farooq	4	4	100%
Tom Frewin	4	4	100%
Chrissie Gardner	1	2	50%

Sarah George	1	2	50%
Fi Hance	1	2	50%
Stephen Hartnell	0	1	0%
Paul Hopkins	0	4	0%
Jocelyn Hopkins	0	4	0%
Karen Low	0	4	0%
Karen Marshall	0	4	0%
Hannah McNiven	0	1	0%
Sue Milestone	1	1	100%
Sally Moyle	1	1	100%
Debbi Norden	0	1	0%
Graham Papworth	0	1	0%
Barry Parsons	0	2	0%
Mark Patteson	3	3	100%
Mo Phillips	4	4	100%
Ray Phipps	0	1	0%
Annabel Plaister	3	4	75%
Mohammad Rashid	4	4	100%
Olivia Ratcliffe	0	3	0%
John Rose	4	4	100%
Martin Rose	2	4	50%
John Sibley	4	4	100%
Libby Thompson	1	2	50%
Malcolm Watson	1	3	33%
Audrey Wellman	2	4	50%
Garry Williams	0	1	0%
Non-executive Directors	**Attended**	**Out of a possible**	**Attendance rate**
David Armstrong	2	2	100%
Arabel Bailey	3	3	100%
Sue Balcombe	2	4	50%
Julian Dennis	2	4	50%
Bernard Galton	2	4	50%
Marc Griffiths	2	3	67%
Jayne Mee	4	4	100%
Jane Norman	3	4	75%
Stephen Peacock	1	1	100%
Roy Shubhabrata	3	3	100%
Martin Sykes	4	4	100%
Gill Vickers	2	3	67%
Executive Directors	**Attended**	**Out of a possible**	**Attendance rate**
Paula Clarke	2	4	50%
Jane Farrell	2	2	100%
Deirdre Fowler	3	4	75%
Neil Kemsley	3	4	75%
Mark Smith	2	2	100%
Stuart Walker	3	4	75%
Emma Wood	2	4	50%

Eugine Yafele	4	4	100%

4.1.8 Governors' Nominations and Appointments Committee

The Governors' Nominations and Appointments Committee is a formal Committee of the Council established in accordance with the NHS Act 2006, the UHBW Trust Constitution, and the Foundation Trust Code of Governance for the purpose of carrying out the duties of governors with respect to the appointment, re-appointment, removal, remuneration and other terms of service of the Chair and Non-executive Directors. The Committee is chaired by the Chair of the Trust and normally has 12 governor members; however as of 31 March 2023 there are 10 members.

The Committee met via videoconference on 3 occasions (May, November and February) and in between meetings it conducted business via email. Committee members were involved in reviewing activity records and annual performance appraisal reports for each of the Non-Executive Directors and making recommendation on re-appointments. The Committee reviewed Chair and Non-executive Director remuneration and approved changes this year. In the year the Committee added to the planning for new Non-executive Director and Associate Non-executive Director Recruitment, which will run until July 2023.

4.1.9 Performance and development of the Council of Governors

Governors have been able to carry out all of their necessary formal statutory duties in the year through hybrid meetings. Governors provided a considerable amount of constructive challenge, questions and feedback on the impact of the pandemic on staff with a main focus on wellbeing and people accessing our services, the progress of Healthy Weston, and many other areas of the Trust's work. A lot of this work was carried out through meetings of the three governor groups: the Quality Focus Group, Governors' Strategy Group and Membership and Constitution Group.

In terms of formal training, five Governor Development Seminar days took place (in April, May, June, October and February). The seminars form an important part of the programme of development for governors. The programme provided governors with training on their statutory duties and included a focus on system-working, with speakers from the Integrated Care System for Bristol, North Somerset and South Gloucestershire, discussing with governors the progress of joined-up system development and its impact on the Trust and the updated considerations for governors according to the Addendum to Governor Statutory Duties as published by NHS England.

The Lead Governor for 2022 - 2023 was Mo Phillips, Public Governor.

4.1.10 Governor elections

Governor elections are held every two years out of three. They were last held in Spring 2022 with 14 seats up for election across 5 public and staff constituency classes. All seats were contested, with 22 candidates standing altogether. The election period consisted of a nomination period (2 March-30 March 2022), during which the seats available were advertised, and a voting period (25 April-19 May 2022) during which voting papers were dispatched to public members by post and to staff members by email. Interest was high in the nomination period, with 42 people contacting the Membership Team to request information about the role.

The Membership Team works with the Trust's Youth Involvement Group to support the appointment each year of two young governors for a 12-month term of office. Aishah Farooq and Audrey Wellman were both re-appointed in September 2022.

Planning was undertaken in the latter half of the year to start governor elections for 2023, with 11 seats up for election across five constituencies. The results will be determined in May 2023.

Table 17: Governors by constituency – 1 April 2022 to 31 March 2023

There are 29 governor seats in total. As at 31 March 2023, there were 23 governors in post (17 public, 6 staff and 6 appointed) and 6 vacancies.

Constituency	Name	Tenure	Elected or Appointed
Public Governors			
Public-Bristol	Khushboo Dixit	June 2021 to Sept 2022	Elected
Public Bristol	John Chablo	June 2022 to May 2025 June 2019 to May 2022 June 2017 to May 2019	Elected
Public Bristol	Carole Dacombe	June 2022 to May 2025 June 2019 to May 2022 June 2016 to May 2019	Elected
Public Bristol	Tom Frewin	June 2022 to May 2025 June 2019 to May 2022 June 2016 to May 2019	Elected
Public Bristol	Robert Edwards	June 2022 to May 2025	Elected
Public Bristol	Stephen Hartnell	June 2022 to September 2022	Elected
Public Bristol	Maureen Phillips	June 2021 to May 2023 June 2017 to May 2020 (extended to May 2021)	Elected
Public Bristol	Martin Rose	June 2022 to May 2025 June 2019 to May 2022	Elected
Public Bristol	Mohammad Rashid	June 2021 to May 2023	Elected
Public North Somerset	Graham Briscoe	June 2021 to May 2023 June 2019 to May 2020 (extended to May 2021) June 2014 to May 2017	Elected
Public North Somerset	Annabel Plaister	June 2021 to May 2023	Elected
Public North Somerset	John Rose	June 2021 to May 2023 June 2017 to May 2020 (extended to May 2021)	Elected
Public South Gloucestershire	Ray Phipps	June 2019 to May 2022 June 2016 to May 2019 Mar 2015 to May 2016	Elected
Public South Gloucestershire	John Sibley	June 2022 to May 2025 June 2019 to May 2022 June 2017 to May 2019	Elected
Public South Gloucestershire	Malcolm Watson	June 2022 to January 2023 June 2019 to May 2022 June 2016 to May 2019	Elected
Public South Gloucestershire	Ben Argo	June 2022 to May 2025	Elected
Public – Rest of England and Wales	Garry Williams	June 2019 to May 2022 June 2016 to May 2019 June 2010 to May 2013	Elected

Public – Rest of England and Wales	Hessam Amiri	June 2019 to May 2022	Elected
Public – Rest of England and Wales	Mark Patteson	June 2022 to May 2025	Elected
Public – Rest of England and Wales	Olivia Ratcliffe	June 2022 to May 2025	Elected
Staff Governors			
Medical and Dental	Sofia Cuevas-Asturias	August 2021 to September 2022	Elected
Non-clinical Staff	Chrissie Gardner	June 2021 to August 2022 June 2019 to May 2020 (extended to May 2021)	Elected
Non-clinical Staff	Charles Bolton	June 2021 to January 2023	Elected
Nursing and Midwifery	Hannah McNiven	June 2019 to May 2022	Elected
Nursing and Midwifery	Debbi Norden	June 2019 to May 2022	Elected
Nursing and Midwifery	Karen Marshall	June 2022 to May 2025	Elected
Nursing and Midwifery	Karen Low	June 2022 to May 2025	Elected
Other Clinical Staff	Jocelyn Hopkins	June 2022 to May 2025 June 2021 to May 2022	Elected
Appointed Governors			
Bristol City Council	Barry Parsons	June 2021 to December 2022	Appointed
Bristol City Council	Fi Hance	December 2022 to May 2023	Appointed
Joint Union Committee	Paul Hopkins	June 2022 to May 2025 October 2021 to May 2022	Appointed
University of Bristol	Sarah George	April 2022 to May 2023	Appointed
University of the West of England	Sally Moyle	June 2020 to May 2022 June 2017 to May 2020	Appointed
University of the West of England	Dave Clarke	June 2022 to November 2022	Appointed
University of the West of England	Libby Thompson	November 2022 to May 2025	Appointed
Youth Involvement Group	Aishah Farooq	September 2022 to August 2023 September 2021 to August 2022 September 2020 to August 2021 September 2019 to August 2020 September 2018 to August 2019	Appointed
Youth Involvement Group	Audrey Wellman	September 2022 to August 2023 September 2021 to August 2022	Appointed

4.1.11 Foundation Trust Membership

The Trust maintains a broadly representative membership of people from eligible constituencies in keeping with the NHS Foundation Trust governance model of local accountability (see analysis of current membership below). The Trust has two membership constituencies as follows:

- A public constituency with four constituency classes: Bristol; North Somerset; South Gloucestershire; and Rest of England and Wales

- A staff constituency with four constituency classes: medical and dental; nursing and midwifery; other clinical healthcare professionals; and non-clinical staff.

Staff are automatically registered as members on appointment and may opt out if they wish. Information on opting out of the scheme is included in induction packs and published on the intranet.

Public membership is open to members of the public who are not eligible to become a member of the Trust's staff constituency and who are seven years of age and above. Membership is free to join, and people can become members by completing a short application form, which is available on the Trust website or in printed form, accessed at various points within our hospitals. Public members receive news from our hospitals, invitations to come to events, or to have their say on our services, and can stand for election as governors and vote for governors to represent them. Members of the Trust can contact the elected governors who represent them by emailing FoundationTrust@uhbw.nhs.uk. This information is available on the Membership page of the Trust website: https://www.uhbw.nhs.uk/p/working-with-us/become-a-member-of-our-trust and is publicised in all communications to members.

Information about the composition of Trust membership is below.

Table 18: Members of the Foundation Trust

Public constituency	
At year start (April 1 2022)	4,610
New members	53
Members leaving	758
At year end (March 31 2023)	3,905
Staff constituency	
At year start (April 1 2022)	14,200
At year end (March 31 2023)	14,155

4.1.12 Membership Strategy

The Trust continued to implement the Membership Strategy of 2020-2023 and will start preparations for the next membership strategy of 2023-2026 during the coming financial year.

The final phase of the membership strategy data cleanse took place which resulted in removal of a number of members in December 2022. The cleanse has now finished and the number of members with an email address attached to their membership has now increased to 62%.

Members were invited in the year to attend the Annual Members Meeting as well as five Health Matters Events on Sustainability, Healthier Together @ Home, Waiting Well, Ask an Obstetric Anaesthetist and The Importance of Vaccine Research. Two of these events were held face-to-face.

Young Members continued to be engaged with the help of the Trust's Youth Involvement Group, and a member of the Trust's Council of Governors, Aishah Farooq, representing young people at a national level on the NHS Youth Forum. Staff governors engaged with their constituents through regular articles in staff newsletters.

Social media and communications to public members were not as effective as they could have been during the year, and so this will have a significant focus in the new Membership strategy being produced.

Table 19: Analysis of current membership (those resident in Bristol, North Somerset and South Gloucestershire only)

Public constituency	Number of members (Public members in Bristol, North Somerset and South Gloucestershire)	Eligible membership (Population of Bristol, North Somerset and South Gloucestershire)
Total	**3,905**	**983,692**
Age (years):		
0-16	17	190,877
17-21	231	65,266
22+	3,602	727,549
Ethnicity:		
White	3,228	806,242
Mixed	65	21,138
Asian or Asian British	189	32,531
Black or Black British	111	28,584
Other	4	5,072
Socio-economic groupings*:		
AB	1,158	101,555
C1	1,158	131,836
C2	756	83,178
DE	809	97,501
Gender analysis		
Male	1,608	489,236
Female	2,121	494,456

***Note 1** - This analysis excludes public members living outside Bristol, North Somerset and South Gloucestershire, and (as appropriate) public members with no date of birth, no stated ethnicity or no stated gender. *Members of UHBW must be at least seven years of age.*

4.2 An Overview of Quality

The Trust's objectives, values, quality and efficiency strategies provide a clear message to all staff that high quality services and excellent patient experience are the first priority for the Trust.

The Trust's quality strategy remains focused on responding to national requirements and delivering our commitment to address aspects of care that matter most to our patients. Our patients describe these as: keeping them safe; minimising waiting for treatment; being treated as individuals; being involved in decisions about their care; being cared for in a clean and calm environment; receiving appetising and nutritional food and achieving the best clinical outcomes possible for them. The safety of our patients, the quality of their experience of care, and the success of their clinical outcomes are at the heart of everything we want to achieve as a provider of healthcare services. The Trust has continued to make progress in the last 12 months to improve the quality of care that we provide to patients and address any known quality concerns.

We have much to be proud of. The Trust's quality improvement programme has shown us what is possible when we have a relentless focus on quality improvement. Healthcare does not stand still. We need to continuously find new and better ways of enhancing value, whilst enabling a better patient experience and improved outcomes. Never has there been a greater need to ensure we get the best value from all that we do.

4.2.1 Our Patient Safety Improvement Programme

The aim of the Patient Safety Improvement Programme is to systematically improve safety and quality across the Trust to reduce risks to patients and drive harm reduction. The programme underpins the Trust's commitment to continuous improvement and aims to embed processes and systems that are efficient and deliver improved patient outcomes.

It provides a framework and structure to take forward safety and quality improvements across the Trust, with focus on internal and external improvement opportunities identified from systematic learning and new developments. Key improvement priorities currently include Deteriorating Patients, Venous Thromboembolism, and Invasive Procedure Safety; a summary, and progress report of each workstream is detailed in the Trust's Annual Quality Account.

4.2.2 Stakeholder relations

As part of our focus to improve the quality of the care we offer we continue to work in partnership with local Healthwatch organisations. In particular, Healthwatch representatives offer an additional external scrutiny assurance process through the Trust's Experience of Care Group and by responding to feedback from patients, carers and community groups about our services. Such processes enable us to reflect the needs of the diverse population we serve. In addition, we actively engage with the Bristol Deaf Health Partnership and Bristol Sight Loss Council. These partnerships provide a single forum to foster dialogue; enabling us to work together to understand and improve the experience of Deaf, hard of hearing and visually impaired people across the health community in Bristol. During the year, we have also worked with a range of community partners to continually drive forward UHBW as an inclusive organisation. These include: a public health social enterprise to establish a baseline assessment for equality, diversity and inclusion as it relates to patients and communities; Bristol Autism Support, to lead a service user assessment of how our Emergency Departments support autistic people accessing care; AccessAble, to develop Access Guides for patients and carers attending out hospitals. We are active members of the Bristol Race and Health Equality Group, a group set up to look at the issues raised in the Bristol Manifesto for Race Equality.

We also supported engagement exercises with strategic partners on matters which affect our wider health and care system. There continued to be specific action in relation to Healthy Weston 2 – a programme to join up services for better care in Weston super Mare and the surrounding areas including the future priorities of Weston General Hospital. We have worked in partnership with voluntary sector organisations, service users and health & social care providers to prepare a Carer Strategy for the Bristol, North Somerset and South Gloucestershire area. The Trust maintains close relationships with Local Authorities and Joint Health Overview and Scrutiny Committees to support any major changes in services for our patients.

4.2.3 Research and Innovation

Research remains at the heart of UHBW's mission to improve the health of the people we serve by delivering exceptional care, teaching and research every day. During 2022/23, 9,648 patients, staff and volunteers have given their time to take part in the research that we lead and host. This compares with the previous year's level of participation, which was 10,863. We have led and hosted research which ranges from highly resource-intensive specialist trials offering complex interventions in rare conditions requiring as few as one or participants in total, to large, high-recruiting observational studies in more common conditions. In all our research we value the expertise and skills of the multidisciplinary research workforce working alongside clinical colleagues.

Over the last year, there has been a steady increase in the proportion and number of non-COVID research studies, with many areas normalising to pre-pandemic levels, and our COVID studies have become embedded within our research portfolio across the trust. We continue to work with the NIHR to ensure our portfolio is deliverable and in line with national guidance on prioritisation including supporting studies addressing other public health concerns such as influenza. Despite ongoing clinical pressures, research delivery teams have continued to deliver high quality research and maintain recruitment rates to trials. There has also been an increase in more complex specialised research trials such as those testing Advanced Therapy Investigational Medicinal Products or cellular therapies which could yield positive results for patients. Much of our portfolio reflected the very specialist services that

we offer as a tertiary centre, but this was positioned alongside research in some of our general medical specialties which allowed us to offer research participation to a wider range of patients, particularly in respiratory medicine.

Recognising that investing in the skills and knowledge of our staff is key to a high-quality service with the expertise to engage our patients with research, we have appointed a Clinical Research Education Facilitator (CREF). The CREF has developed a standardised induction and training programme supported by practical sessions within the clinical areas which is offered to all research delivery teams.

Our Clinical Research Facility was awarded funding by the National Institute for Health and Care Research (NIHR), and this commenced in September 2022. The NIHR Bristol CRF provides dedicated clinic space and expertise to deliver experimental medicine and early translational research. The NIHR award has allowed us to fund three band 6 early phase research nurses in our core therapeutic areas of Vaccine development and Oncology & Immunotherapy. These specialist staff will play a key part in supporting the trust strategy to further develop our early phase research capacity and capability. Alongside the NIHR funding, income generated by working with academic partners such as the University of Bristol, and with industry partners, will enable us to increase capacity, in particular for research scanning, using the Siemens 3T MRI scanner that is located in the CRF.

We also secured funding for a further five years for the NIHR Bristol Biomedical Research Centre (BRC), with the centre launching in December 2022. The BRC brings together partners within and beyond Bristol to conduct translational research across the five themes of Diet and Physical Activity, Mental Health, Respiratory disease, Surgical and Orthopaedic innovation and Translational Data Science.

The NIHR CRF and NIHR Bristol BRC sit alongside our other NIHR @Bristol infrastructures which include the Applied Research Collaborative West (ARC West), West of England Clinical Research Network (WE CRN) and Research Design Service South West (RDS SW), all of which work closely with wider partners who form Bristol Health Partners Academic Health Science Centre (BHP AHSC).

In 22/23 we submitted eight NIHR grants to the Health Technology Assessment (HTA), Programme Grant and Programme Development Grant streams. Five of those proceeded to full application stage. We have heard the outcome for four of them, all of which were funded, at a total of £3.1million. Our four newly awarded grants were: a programme development grant to look at preventing and improving management of delirium in Intensive Care Units (Chief Investigators Ben Gibbison and Maria Pufulete); a programme development grant for improving fatigue outcomes in rheumatology (CI Emma Dures); an HTA of a randomised controlled trial looking at statins for prevention of pre-term birth (CI Kate Birchenall); an Acceleration HTA – a new funding stream - to develop a platform trial to improve outcomes of atrial fibrillation after cardiac surgery (CIs Ben Gibbison and Maria Pufulete). A fifth large grant was awarded to Rajeka Lazarus, in collaboration with Bristol Trials Centre; this is an investigator-led commercial grant to investigate the safety of a vaccine for shingles when given with covid or flu vaccines, the results of which would inform future vaccine strategy in the UK.

We have seen ongoing effects of the pandemic, with delays in setup and recruitment for our NIHR grants. One impact was on the level of annual NIHR grant income, which was lower than the two previous years; overall income for each grant has remained broadly the same but durations have been extended into subsequent years. Looking ahead to the impact on Research Capability Funding, which is driven by NIHR grant income, we have invested in a new role within R&I to mitigate the workload associated with the increasing complexity of grant budgets and contract management. The new Post-Award Grant Manager was appointed to work alongside the Grants Manager, creating capacity for them to prioritise further development of small grants and mentoring and support for new researchers to apply for local funding. The impact is expected to be an increase in the number of research grant leaders (especially those from non-medical disciplines) in the Trust, with the aim of increasing grant income longer term, in particular from NIHR.

We have continued to revive our portfolio of commercial research as we recover from the pandemic, with around 50 new commercial studies opening in 2022-23. We opened the first commercial research study in Weston General Hospital since the merger of the two Trusts, with the Weston Research Team recruiting the first UK participant. This phase 4 study is looking at the incidence of Squamous Cell Carcinoma and evaluating the Long-term safety of Tirbanibulin Ointment and Diclofenac Sodium Gel for the treatment of adult patients with Actinic Keratosis on the face or scalp. Our Women's and Children's Research Team recruited 100 babies between October 2022 and February 2023 to a commercial trial looking at the effectiveness of a monoclonal antibody vaccine for respiratory syncytial virus (RSV).

Our team at the Bristol Royal Hospital for Children was the highest recruiting site in the West of England in this high-profile commercial trial.

Our commercial research income levels continue to surpass pre-COVID levels, with over £3 million being generated in 2022-23. This has allowed us to reinvest capacity building elements of commercial income, funding posts and activities in our research teams and wider support services throughout the Trust. By maintaining this level of commercial income again in 2022-23, we have been able to commit to reinvesting funding into the coming financial year.

In January 2023 UHBW and North Bristol NHS Trust launched a Joint Commercial Research Function, building on our partnership working and providing a single service across the two acute NHS trusts. Working across both trusts and reporting into both Heads of R&I, Jake Harley has been appointed as Joint Commercial Research Manager from 1st January 2023. Springboarding from the work of the last 11 years at UHBW, the new team also includes a Joint Commercial Research Projects Manager reporting to Jake and supported by members of the existing Research Operations Teams at both organisations. We look forward to this opportunity to expand the Bristol offer as an attractive and competitive site for industry sponsored trials in the UK.

Our reputation as a site of excellence for the delivery for adult and paediatric vaccine research continues to grow. There has been a shift away from COVID vaccine trials over the year and our teams in both the adult and paediatric settings have been delivering and setting up trials looking at other respiratory infections such as RSV and influenza, but also other infectious diseases such as cytomegalovirus, Mpox and E-Coli.

In December 2022, the UK Government announced a 10-year-partnership with Moderna to invest in mRNA research and development (R&D) in the UK. Since that announcement we have been engaging directly with Moderna, NHS England and the NIHR CRN to ensure UHBW are at the forefront of discussions on the delivery of Moderna's mRNA vaccine trial pipeline.

Our priority as we enter 2023/24 is to maintain the quality of our service, plan for resilience, strengthen our partnership working within the NHS, with higher education and with funders, and look for new opportunities to increase engagement in research both for our staff and our patients. Recognising the varied population that our hospitals care for, we will work with our partners and members of the community to find ways of increasing the diversity of our research participants, making it easier to take part, and improving the relevance of the research we lead and host.

4.3 Remuneration Report

This is the Report of the Remuneration, Nominations and Appointments Committee of the Board of Directors, for the financial year of 1 April 2022 to 31 March 2023.

4.3.1 Annual Statement on Remuneration

The purpose of the Remuneration, Nominations and Appointment Committee is to decide the remuneration and allowances, and the other terms and conditions of office, of the Executive Directors, and to review the suitability of structures of remuneration for senior management. The Committee was chaired by the Trust Chair and all Non-executive Directors were members of the Committee. The Committee was attended by the Chief Executive and Chief People Officer in an advisory capacity when appropriate, and supported by the Director of Corporate Governance to ensure it undertook its duties in accordance with applicable regulation, policy and guidance.

The Committee met on 5 occasions in the reporting period to consider the annual review of Executive Directors' performance, the skills and knowledge mix of the Board of Directors, current remuneration levels, and oversaw the appointment of the joint Chief Digital Information Officer with North Bristol NHS Trust and the substantive appointment of the Chief Operating Officer.

4.3.2 Major decisions and substantial changes

The Committee carried out an annual review of Executive remuneration, with reference to national benchmarking data for Executive Director Remuneration and agreed an uplift to Director's salaries in line with the national guidance to reflect cost of living changes. The Committee also agreed a new set of pay principles for Very Senior Managers (VSM) in advance of the new national VSM pay framework being agreed, The Committee approved the appointment of the joint Chief Digital Information Officer with North Bristol NHS Trust and the substantive appointment of the Chief Operating Officer.

4.3.3 Senior Manager's Remuneration Policy

The overarching policy statement is as follows: 'Levels of remuneration should be sufficient to attract, retain and motivate directors of quality, and with the skills and experience required to lead the NHS Foundation Trust successfully, but an NHS Foundation Trust should avoid paying more than is necessary for this purpose and should consider all relevant and current directions relating to contractual benefits such as pay and redundancy entitlements.' For the purposes of the annual report, the definition of 'VSM' is the Executive Directors of the Board. The Committee agreed the following pay principles in the year:

1. Remuneration levels offered will be sufficient to attract, retain and motivate Board Directors with the requisite knowledge, skills, values and experience to effectively lead the Trust;
2. The Trust anticipates the need to pay at and above the median level within the Supra Trust benchmarks and will take into account additional benchmarked data (such as NHS Providers pay data, Executive Search data, model hospital peers);
3. The Trust will utilise responsibility allowances where Executive Directors extend their remit to new and larger portfolio's. Up to an additional 10 per cent award for those taking on temporary significant extra responsibilities should be available;
4. Allowances for relocation and associated expenditure may be offered to new Executive Directors to the value of £8,000 where relevant. This amount can be claimed over a 24- month period and for expenses relating to moving, commuting or living away from their primary residence. HMRC rules will apply to this benefit if claims are deemed to be benefits in kind (BIK);
5. Data regarding pay will be collected annually and reviewed by the Remuneration, Nominations and Appointments Committee;
6. An Equalities Impact Assessment should be conducted to ensure remuneration is fair and adverse impact mitigated especially where there are gender pay gaps.

The remuneration policy has been reviewed and is in line with the principles contained in the letter from the Secretary of State in respect of VSM Pay dated 2 June 2015, October 2016 and guidance issued in February 2017 and March 2018 from NHSEI. In this context, there

are currently five VSMs employed at the Trust with an annual salary greater than the salary of the Prime Minister.

The Trust has, in setting these salaries, taken into account market conditions in the public sector as a whole and the NHS in particular. The Trust is satisfied that having regard to these factors that remuneration to these very senior managers is reasonable and compares favourably with the rest of the public sector.

The Committee is also cognisant of its responsibilities in relation to addressing the gender pay gap and actively considered during the year how to ensure parity of pay of female and male Executive Directors.

Accounting policies for pensions and other retirement benefits (which apply to all employees) are contained in Note 1 of the Annual Accounts.

The following tables show the remuneration for the senior managers of the Trust for 2022/23 and 2021/22. There were no exit packages paid to any director in either year. This information has been subject to audit.

Table 20: Remuneration for the senior managers of the Trust 2022/23 (Audited)

Director's remuneration: salaries and allowances for the 12 Months to 31 March 2023	Salary (bands of £5,000)	Taxable benefits (to nearest £100)	Annual performance related bonus	All pension-related benefits (band of £2,500)	Total (bands of £5,000)
Chair					
Jayne Mee	60-65	100	0	N/A	60-65
Executive Directors					
Eugine Yafele, Chief Executive (Note 1)	235-240	2,100	0	N/A	235-240
Mark Smith, Chief Operating Officer (Note 1)	170-175	100	0	N/A	170-175
Jane Farrell, Interim Chief Operating Officer (Note 1)	70-75	0	0	N/A	70-75
Paula Clarke, Executive Managing Director for Weston (Note 2)	160-165	100	0	N/A	160-165
Neil Kemsley, Chief Finance Officer (Note 1)	180-185	0	0	N/A	180-185
Stuart Walker, Medical Director (Note 3)	245-250	0	0	N/A	245-250
Deirdre Fowler, Chief Nurse and Midwife	165-170	100	0	57.5-60	225-230
Emma Wood, Chief People Officer	160-165	0	0	42.5-45	205-210
Non-Executive Directors					
David Armstrong	10-15	200	0	N/A	10-15
Arabel Bailey	5-10	0	0	N/A	5-10
Sue Balcombe	10-15	100	0	N/A	10-15
Julian Dennis	15-20	100	0	N/A	15-20
Bernard Galton	15-20	0	0	N/A	15-20
Thomas Griffiths	10-15	0	0	N/A	10-15
Jane Norman	15-20	0	0	N/A	15-20
Stephen Peacock	0-5	0	0	N/A	0-5
Roy Shubhabrata	10-15	0	0	N/A	10-15
Martin Sykes	15-20	600	0	N/A	20-25
Gillian Vickers	10-15	0	0	N/A	10-15

Note 1 - No NHS Pension benefits have been disclosed as they are no longer a contributing member of the scheme.

Note 2 - Pension benefit negative so zeroed, and excluded from total
Note 3 - Prior year pension data not available.

Table 21: Remuneration for the senior managers of the Trust 2021/22

Directors' Remuneration for 2021/22 (£'000)	Salary (Bands of £5,000)	Taxable Benefits (to nearest £100)	Annual Performance Related Bonus (Bands of £5,000)	Pension Related Benefits (Bands of £2,500)	Total (Bands of £5,000)
Chair:					
Jayne Mee (Note 1)	60-65	200	n/a	n/a	60-65
Executive Directors:					
Robert Woolley, Chief Executive (Note 2)	240-245	n/a	n/a	n/a	240-245
Mark Smith, Chief Operating Officer	180-185	n/a	n/a	107.5-110	290-295
Paula Clarke, Director of Strategy and Transformation	160-165	n/a	n/a	100-102.5	260-265
Neil Kemsley, Director of Finance and Information (Note 2,3)	175-180	2,300	n/a	n/a	175-180
Deirdre Fowler, Chief Nurse	155-160	n/a	n/a	137.5-140	295-300
Matthew Joint, Director of People	35-40	n/a	n/a	52.5-55	90-95
Alexandra Nestor, Director of People (Interim) (Note 4)	70-75	n/a	n/a	n/a	70-75
Emma Wood, Director of People	35-40	n/a	n/a	55-57.5	95-100
William Oldfield, Medical Director	115-120	n/a	n/a	52.5-55	170-175
Emma Redfern, Medical Director (Interim) (Note 4)	90-95	n/a	n/a	n/a	90-95
Stuart Walker, Medical Director (Note 4)	25-30	n/a	n/a	n/a	25-30
Non-Executive Directors					
David Armstrong	15-20	n/a	n/a	n/a	15-20
Sue Balcombe	10-15	n/a	n/a	n/a	10-15
Julian Dennis	15-20	n/a	n/a	n/a	15-20
Bernard Galton	15-20	n/a	n/a	n/a	15-20
Jane Norman	10-15	n/a	n/a	n/a	10-15
Steven West	10-15	n/a	n/a	n/a	10-15
Martin Sykes (Note 1)	15-20	800	n/a	n/a	15-20

Note 1 – Taxable benefits relate to reimbursement of travel cost for home to base mileage.
Note 2 - No NHS Pension benefits have been disclosed as they are no longer a contributing member of the scheme.
Note 3 – Neil Kemsley's taxable benefit relates to a lease car
Note 4 – NHS Pensions Online have been unable to provide information for 20/21 and therefore calculation of pensionable benefits in 21/22 is not possible.

The value of pension benefits accrued in 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. The value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual.

There were no payments made for loss of office in either 2022/22 or 2021/22.
There were no payments to past senior managers in either 2022/23 or 2021/22.

Real increases and employer's contributions are shown for the time in post where this has been less than the full year.
As non-executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for non-executive members.

The following tables show the pension benefits for the senior managers of the Trust for 2022/23 and 2021/22. As Non-Executive directors do not receive pensionable remuneration, there are no entries in respect of any pensions. This information has been subject to audit.

Table 22: Pension benefits for the year ended 31 March 2023

Name	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 31 March 2023	Cash Equivalent Transfer Value at 31 March 2022	Real Increase in Cash Equivalent Transfer Value	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
Eugine Yafele (Note 1)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mark Smith (Note 1)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Jane Farrell (Note 1)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Paula Clarke	0-2.5	0	65-70	140-145	1,431	1,359	7	0
Neil Kemsley (Note 1)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Stuart Walker (Note 2)	N/A	N/A	90-95	195-200	1,811	N/A	N/A	N/A
Deidre Fowler	2.5-5	0-2.5	55-60	170-175	1,348	1,224	68	0
Emma Wood	2.5-5	0	25-30	0	308	254	23	0

Note 1 – Not covered by the pension arrangements during the reporting year.
Note 2 – Pension data not available for 2021/22.

This table includes details for the directors who held office at any time in 2022/23.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and 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.

The real increase in CETV reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation and contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement).

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

Table 23: Pension benefits for the year ended 31 March 2022

Name	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 2022	Lump sum at age 60 related to accrued pension at 31 March 2022	Cash Equivalent Transfer Value at 31 March 2022	Cash Equivalent Transfer Value at 31 March 2021	Real Increase in Cash Equivalent Transfer Value	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
Robert Woolley (Note 1)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mark Smith	5-7.5	7.5-10	50-55	145-150	1,252	1,098	122	0
Paula Clark	5-7.5	7.5-10	65-70	140-145	1,359	1,219	111	0
Neil Kemsley (Note 1)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Deirdre Fowler	5-7.5	20-22.5	50-55	160-165	1,224	1,036	159	0
Matthew Joint	0-2.5	0	Oct-15	0	189	142	5	0
Alexandra Nestor (Note 2)	0	0	45-50	95-100	881	0	0	0
Emma Wood	0-2.5	0	20-25	0	254	211	4	0
William Oldfield	0-2.5	0-2.5	65-70	85-90	1,140	1,064	25	0
Emma Redfern (Note 2)	0	0	55-60	60-65	759	0	0	0
Stuart Walker (Note 2)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Note 1 – Robert Woolley and Neil Kemsley chose not to be covered by the pension arrangements during the reporting year.
Note 2 – NHS Pensions Online have been unable to provide information for 20/21 and therefore calculation of some pensionable benefits in 21/22 is not possible.

This table includes details for the directors who held office at any time in 2021/22.

Table 24: Future Policy Table

Element of pay (component)	How component supports short and long term objective/goal of the Trust	Operation of the component	Description of the framework to assess pay and performance
Basic Salary	Provides a stable basis for recruitment and retention, taking into account the Trust's position in the labour market and a need for a consistent approach to leadership.	Individual pay is set for each Executive Director on appointment; this is by reviewing salaries of equivalent posts within the NHS. (Please note that this does not include additional payments over and above the role such as clinical duties and Clinical Excellence award. Total remuneration can be found in the remuneration tables in the Annual Report on Remuneration).	Pay is reviewed annually by the Remuneration and Nomination Committee in respect of national NHS benchmarking. In addition any Agenda for Change cost of living pay award, when agreed nationally, is considered for payment to the Executive Directors. Performance is reviewed annually in relation to individual performance based on agreed objectives set out prior to the start of the financial year.
Pension	Provides a solid basis for recruitment and retention of top leaders in the sector.	Contributions within the relevant NHS pension scheme.	Contribution rates are set by the NHS pension scheme.

***Note 1** - Where an individual Executive Director is paid more than £150,000, the Trust has taken steps to assure that remuneration is set at a competitive rate in relation to other similar NHS Trusts and that this rate enables the Trust to attract, motivate and retain executive directors with the necessary abilities to manage and develop the Trust's activities fully for the benefits of patients.*
***Note 2** - The components above apply generally to all Executive Directors in the table and there are no particular arrangements that are specific to an individual director.*
***Note 3** - The Remuneration, Nominations and Appointments Committee adopts the principle of the Agenda for Change framework when considering Executive Directors pay. However, unlike Agenda for Change, there is no automatic salary progression within the salary scale.*

4.3.4 Fair pay multiple (Audited)

The Trust is required to disclose the relationship between the remuneration of the highest-paid director in the organisation against the 25th percentile, median, and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median, and 75th percentile is further broken down to disclose the salary component.

The remuneration report shows that the highest paid director's remuneration fell into the £245,000 to £250,000 band (2021/22 £240,000 to £245,000). The relationship to the remuneration of the organisation's workforce is disclosed in the tables below.

Table 25: Highest Paid Director

Year	2022/23	2021/22	Percentage change
Salary and allowances (£000's)	247	243	2.1%
Performance pay and bonuses (£000's)	0	0	0%

Table 26: Average Employee

Year	2022/23	2021/22	Percentage change
Salary and allowances	44,416	41,287	7.6%
Performance pay and bonuses	0	0	0%

Table 27: Pay Ratio Disclosure and Information

2022-23	25th percentile	Median	75th percentile
Total remuneration (£)	28,658	38,636	51,234
Salary component of total remuneration (£)	28,658	38,636	51,234
Pay ratio information	8.6	6.4	4.8

2021-22	25th percentile	Median	75th percentile
Total remuneration (£)	24,805	33,916	46,173
Salary component of total remuneration (£)	24,805	33,916	46,173
Pay ratio information	9.8	7.2	5.3

Remuneration of the highest paid director was 6.4 times (2021/22, 7.2 times) the median remuneration of the workforce, which was £38,636 (2021/22, £33,916). Remuneration ranged from £20,271 to £243,896 (2021/22, £18,546 to £242,500). The increase in employee

remuneration and consequent reduction in the ratio to the highest paid director's remuneration is a result of national pay awards. In 2022/23, no (2021/22, nil) employees received total remuneration more than the highest paid director.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. The information in the tables above does not include remuneration of temporary staff because the organisation believes it artificially inflates the 25th percentile, median, and 75th percentile remuneration and therefore reduces the ratio with the remuneration of the highest paid director. Including temporary staff would cause year on year changes in the ratios to be driven by the volume of agency workers used, rather than a change in the underlying salaries paid to employees.

To ensure compliance with mandatory reporting requirements, and to provide all available information, remuneration including temporary staff is disclosed for 2022/23 in the tables below.

Table 28: Average Employee

Year	2022/23
Salary and allowances	51,705
Performance pay and bonuses	0

Year	2021/22
Salary and allowances (£)	47,234
Performance pay and bonuses (£)	0

Table 29: Pay Ratio Disclosure and Information

2022-23	25th percentile	Median	75th percentile
Total remuneration (£)	29,892	41,497	57,050
Salary component of total remuneration (£)	29,892	41,497	57,050
Pay ratio information	8.3	6.0	4.3

2021-22	25th percentile	Median	75th percentile
Total remuneration (£)	26,826	34,503	49,886
Salary component of total remuneration (£)	26,826	34,503	49,886
Pay ratio information	9.0	7.0	4.9

This information has been subject to audit.

4.3.5 Remuneration of Non-executive Directors

The remuneration of the Chair and Non-executive Directors is determined by the Governors' Nominations and Appointments Committee. The Committee is a formal Committee of the Council of Governors established in accordance with the NHS Act 2006, the Trust Constitution, and the Monitor Foundation Trust Code of Governance, and has responsibility to review the appointment, re-appointment, removal, remuneration and other terms of service of the Chair and Non-executive Directors.

Members of the Committee are appointed by the Council of Governors. The membership includes eight elected public governors, two elected staff governors and two appointed governors.

The Committee is chaired by the Chair of the Trust in line with the Foundation Trust Code of Governance, and in her absence, or when the Committee is to consider matters in relation to the appraisal, appointment, reappointment, suspension or removal of the Chair, by the Senior Independent Director.

The purpose of the Committee with regard to remuneration is to consider and make recommendations to the Council of Governors as to the remuneration and allowances and other terms and conditions of office of the Chair and Non-executive Directors, and, on a regular basis, monitor the performance of the Chair and Non-executive Directors.

4.3.6 Assessment of performance

All Executive and Non-executive Directors are subject to individual performance review. This involves the setting and agreeing of objectives for a 12-month period running from 1 April to 31 March each year. During the year, regular reviews take place to discuss progress, and there is an end-of-year review to assess achievements and performance.

Executive Directors are assessed by the Chief Executive. The Chair undertakes the performance review of the Chief Executive and Non-executive Directors. The Chair is appraised by the Senior Independent Director and rigorous review of this process is undertaken by the Governors' Nominations and Appointments Committee chaired for this purpose by the Senior Independent Director and advised by the Director of Corporate Governance.

4.3.7 Expenses

Members of the Council of Governors and the Board of Directors are entitled to expenses at rates determined by the Trust. Further details relating to the expenses for members of the Council of Governors and the Board of Directors may be obtained on request to the Director of Corporate Governance.

Table 30: Expenses paid to governors and directors.

	Directors			Governors		
Year	No. in office	No. reimbursed	Amount (£)	No. in office	No. reimbursed	Amount (£)
2022/23	20	13	19,160	37	12	940
2021/22	22	4	2,332	35	2	89

**Expenses are reimbursement of travel and subsistence costs incurred on Trust business*

4.3.8 Duration of contracts

All Executive Directors have standard substantive contracts of employment with a six-month notice provision in respect of termination. This does not affect the right of the Trust to terminate the contract without notice by reason of the conduct of the Executive Director.

4.3.9 Early termination liability

Depending on the circumstances of the early termination, the Trust would, if the termination were due to redundancy, apply the terms under Section 16 of the Agenda for Change Terms and Conditions of Service; there are no established special provisions. All other Trust

employees (other than Non-executive Directors) are subject to national terms and conditions of employment and pay.

Eugine Yafele
Chief Executive

4.4 Staff Report

We recognise our workforce is our most valuable asset and have developed a clear People Strategy. Our aim is to be an employer of choice: attracting, supporting and developing a workforce that is skilled, dedicated, compassionate, and engaged, so that it can continue to deliver exceptional care, teaching and research every day.

4.4.1 Analysis of staff costs

The following table analyses the Trust's staff costs, following the format required by the Trust Accounting Consolidated Schedules (TACs) and distinguishes between staff with a permanent employment contract with the Trust (which excludes non-executive directors) and other staff such as bank staff, agency staff and inward secondments from other organisations where the Trust is paying the whole or the majority of their costs, but the individual does not have a permanent contract of employment. This information has been subject to audit.

Table 31: Analysis of staff costs

	2022/23			2021/22		
	Total £'000	Permanent £'000	Other £'000	Total £'000	Permanent £'000	Other £'000
Salaries and wages	523,623	473,192	50,431	467,400	415,883	51,517
Social security costs	54,477	50,105	4,372	48,124	44,669	3,455
Pension costs*	85,101	81,164	3,937	80,103	76,645	3,458
Apprenticeship levy	2,492	2,492	0	2,288	2,288	0
Termination benefits	11	11	0	77	77	0
Agency/contract staff	31,870	0	31,870	28,825	0	28,825
Total Gross Staff Costs	**697,574**	**606,964**	**90,610**	**626,817**	**539,562**	**87,255**
Income in respect of salary recharges netted off expenditure	(3,873)	(3,873)	0	(3,754)	(3,754)	0
Employee expenses capitalised	(710)	(710)	0	(1,370)	(1,335)	(35)
Net employee expenses	**692,991**	**602,381**	**90,610**	**621,693**	**534,473**	**87,220**

4.4.2 Analysis of average whole time equivalent staff numbers

An analysis of the average whole time equivalent staff numbers employed by the Trust for 2022/23 and 2021/22 is shown in the table below. The information uses the categories required by the Trust Accounting Consolidated Schedules (TACs) and distinguishes between staff with a permanent employment contract with the Trust and other staff such as bank staff, agency staff and inward secondments from other organisations where the Trust is paying the whole or the majority of their costs. This information has been subject to audit.

Table 32: Average staff numbers (whole time equivalents)

	2022/23			2021/22		
Staff category	**Total**	**Permanent**	**Other**	**Total**	**Permanent**	**Other**
Medical and dental	1,715	1,609	106	1,645	1,544	101
Administration and estates	2,353	2,282	71	2,321	2,246	75
Healthcare assistant and other support	1,029	908	121	1,015	892	123
Nursing, midwifery & health visitors	4,733	4,070	663	4,537	3,943	594
Scientific, therapeutic and technical	1,532	1,489	43	1,514	1,458	56
Healthcare science staff	219	219		209	209	-
Total staff	**11,581**	**10,577**	**1,004**	**11,241**	**10,292**	**949**

4.4.3 Education, Learning and Development

The department continued to progress the advances made in the previous fiscal year to re-structure the educational workstreams around Trust priorities, emerging system themes and the existing education strategy. During the year, new governance was implemented to oversee all education within the Trust via the Education Development Board and our activity refocussed in line with a refreshed Education strategy developed to support our new People strategy.

The Trust internal education offer has continued to expand and include new provision for registered and unregistered staff. The Trust outreach provision has also extended to include a wider stakeholder community. The Trust continues to work with educational partners at a local, national and global level, including schools, colleges and universities. We have an established relationship with our local providers, particularly the University of Bristol (UoB) and University of West of England (UWE) in the provision of under-graduate and post-graduate education, and the delivery of healthcare apprenticeships with Weston College. The department works together with our BNSSG ICB system partners, Health Education England and NHS England to provide education and training opportunities for our multi-disciplinary workforce and recruitment pipelines.

Over the year, the Trust expanded the provision of nurse pre-registration placements for full-time and blended learning programmes with UWE and the University of Gloucestershire. Placement support is provided through the university's provision of placement practitioners and our Learning Education Facilitators, with student evaluations being positive. The Trust continues to work with system partners and educational providers to develop and expand placement capacity whilst always aiming to maintain a positive student experience. The Trust invested in the development and expansion of the nursing workforce through the trainee nurse associate apprenticeship provision, recruiting at two census points in the year, and the introduction of a cohort of registered nurse degree apprentices. These remain key areas of growth for the organisation. Providing career development opportunities for existing colleagues and more opportunities for new employees to enter the Trust workforce.

In addition to the local recruitment pipeline, the Trust has worked with national partners to deliver an educational programme for internationally educated nurses as they transition into clinical roles. The education team provide a transition programme aligned to the Nursing and Midwifery Council's competence test and pin registration. Post pin registration, additional pastoral and career support is provided as our colleagues develop in role. The Trust is a key exponent of the NHS England initiative of a 'stay and thrive' and career fast-track programme.

Clinical staff competencies and knowledge are developed through the provision of CPD (Continuous Professional Development), funded by Health Education England and internally via the Practice Development team within areas such as venepuncture, cannulation, catheterisation, IV additives and nasogastric tube insertion. The team provided over 1765 episodes of clinical competency training. Delivery of the care certificate to unregistered staff is a key driver, at the point of induction, in developing the healthcare support workforce. The Practice Development team inducted more than 400 new healthcare support workers through a month-long induction and upskilling programme alongside on-going pastoral and careers guidance activity. Working closely with system partners, the Trust is developing a joint nursing career pathway for existing and new staff to further develop this staff group. Recognising their successes ten healthcare support workers were successfully nominated at a national level for the Chief Nurse Award.

Undergraduate medical education continued to expand with placement activity available to students across 5 years of the MBChB curriculum within the South Bristol Academy and North Somerset academy regions. The Trust offers a range of placements, such as working creatively with Allied Health Professionals (AHPs) and other teams to ensure future doctors receive a well-rounded experience. Teaching resource was developed within the South Bristol Academy to improve accessibility, teaching experience and to extend placement

capacity. The Trust is also growing as a host to overseas medical electives and nationally for year 5 elective placements.

Postgraduate Medical Education is responsible for the governance and quality of training provided to all doctors in training in partnership with Health Education England. The team consists of a Director of Medical Education (DME) and an administrative team alongside a broad base of educational faculty including educational and clinical supervisors at Bristol and Weston.

In support of growing Trust recruitment, induction sessions were increased to enable quicker on-boarding of new staff. Across the BNSSG ICB, six partner organisations revamped their learning management systems to facilitate the ease of transfer of staff training records from one organisation to another thereby easing their transition into role. This is further facilitated at Induction where any essential training gaps are covered by a combination of refresher sessions and e-learning. The Trust launched a new 'Leading Together' leadership, management and coaching framework offer which encompasses a suite of leadership development programmes delivered internally and aligned to apprenticeship standards and the NHS Leadership Academy offer. The Trust actively promotes the career development of staff from ethnically diverse backgrounds through a bespoke talent management programme. All new managers attend a leadership and management training course, with the intent of rolling the provision out across the rest of the Trust next year.

Internal training programmes, include the provision of digital literacy and basic skills programmes to enhance and improve staff skills. The Trust works with local partners, such as the City of Bristol College to deliver numeracy and literacy, and NHS Digital to provide digital skills. The Trust will continue to develop its basic skills provision to a range of staff groups. National funding supported the expansion in training of the prevention and management of violence and aggression (PMVA). The Trust has continued to build its eLearning portfolio to deliver an online and blended educational offer.

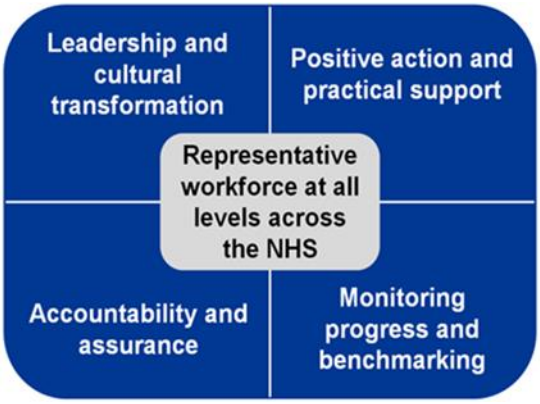
The provision of simulation education is now established across all sites within the Trust and encompasses a wide staff base, thus positively impacting upon patient care and staff wellbeing. The team support the introduction of new specialist clinical pathways and enable the integration to role of those new to healthcare internally, as well as provide an out-reach programme to local schools/colleges through an experience immersive and interactive simulation education. Simulation education has been an effective means of engaging young people in a healthcare experience. Equally, internal staff teams use simulation methodology to develop and grow their service areas.

The Library & Knowledge Service was assessed by Health Education England as among the top 10% of services, across all outcomes of the Quality Improvement Outcomes Framework. The service currently delivers the 4th highest amount of evidence across the country, with more access to e-resources than any service in the South West. The service supports staff and trainees, ensuring the right knowledge and evidence is used at the right time and in the right place, thus enabling high quality decision making. Evidence and knowledge access is supported via several activities from outreach clinical support work to synthesized literature searches.

Apprenticeships are available for both newly recruited and existing members of staff. Currently, there are 263 active apprentices predominantly within the clinical sector and following a nursing pathway. The Trust offers over 52 apprenticeship standards to staff through 30 training providers across a range of professions. The Trust supports a widening engagement agenda, working with local schools and colleges, community groups and other partners to support young people from disadvantaged backgrounds into the workplace through initiatives such as Project Search, traineeship programme, work experience and development opportunities for young people. In conjunction with system partners, the Trust expanded its reach to schools and colleges via a work experience portal and virtual experience for young people.

4.4.4 Diversity and Inclusion

The Trust is committed to 'Inclusion in everything we do' because everyone has the right to be treated with dignity and respect. The Trust recognises its legal duties under the Human Rights Act 1998 and the Equality Act 2010, and is committed to undertaking action under the public sector equality duty as defined within the Act. To achieve this, the Trust launched an ambitious five-year workforce Equality, Diversity and Inclusion (EDI) Strategy 2020-2025 in partnership with the national WRES team, with an annual strategic plan built on four overarching themes.



The ambition within these themes is delivered through an annual strategic plan underpinning the strategy's objectives aligned to our newly developed people strategy.

To achieve this, the Trust has established robust equality, diversity and inclusion governance and reporting pathways. The people equality, diversity and inclusion steering group is the Trust's key group delivering against the strategic objectives. The Associate Director OD and Wellbeing chairs the steering group and progress against the strategic objectives is monitored through the Trust's People Committee, which is chaired by a Trust Non-Executive Director. Progress against the EDI Strategy 2020-2025 is evidenced and published in the EDI Bi-annual Report.

The Chief People Officer is the nominated executive lead for People equality, diversity and inclusion on the Trust Board with delegated responsibility for the delivery of the programme of work sitting with the Associate Director OD and Wellbeing. The Chief Nurse is the executive lead for Health inequalities, with a new Patient EDI Manager appointed this year to drive forward this agenda.

A range of equality, diversity and inclusion data is published by the Trust on its external website, including demographic information in relation to its workforce and patients and measures to improve equality, diversity and inclusion across all protected characteristics. The published information includes annual progress reports and action plans on Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES), EDS2022 and Gender Pay Gap.

4.4.5 The Workforce Race Equality Standard (WRES)

The NHS Workforce Race Equality Standard (WRES) is designed to ensure employees from Black, Asian, and minority ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. Through nine evidence-based measures, the WRES highlights any differences between the experience and treatment of white staff and BAME staff in the NHS with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time. The WRES action plan is integrated into the Trust's yearly equality, diversity and inclusion strategic plan and progress against plan is reported bi-annually. The Trust's yearly WRES report is also available on its website. This year, the Trust developed and implemented a talent management programme for 50 colleagues in Bands 1-5, from Black, Asian and Ethnic minority backgrounds, as part of our plan to improve our Model Employer

data. This programme has been well received and there is interest in rolling it out to other partners within the system in the next year alongside running additional cohorts in 2023/24.

4.4.6 The Workforce Disability Equality Standard (WDES)

The NHS Workforce Disability Equality Standard (WDES) is designed to improve workplace experience and career opportunities for disabled people working or seeking employment in the NHS. The WDES is a series of evidence-based metrics that provides NHS organisations with comparative data between disabled and non-disabled staff, giving a snapshot of the experiences of their disabled staff in key areas. This information is used to understand where key differences lie and provide the basis for the development of action plans, enabling organisations to track progress on a year-by-year basis. The WDES action plan is integrated into the Trust's yearly equality, diversity and inclusion strategic plan and progress against plan is reported bi-annually. The Trust's yearly WDES report is also available on its website.

4.4.7 The NHS Equality Delivery System (EDS2022)

EDS2022, is an accountable improvement tool for NHS organisations in England, designed to review and develop their services, workforces, and leadership. It comprises of eleven outcomes spread across three Domains, which are: 1) Commissioned or provided services 2) Workforce health and well-being 3) Inclusive leadership. The Trust has collaborated with BNSSG Integrated Care System partners to agree an integrated approach to completion, which will commence in 2023/24.

4.4.8 Gender Pay Gap Reporting

Public sector organisations are required to publish and report specific figures about their gender pay gap to show the pay gap between their male and female employees each year. The gender pay gap is a measure of the difference between the average earnings of men and women in an organisation, including the average difference in bonus payments. The Trust's yearly gender pay gap report is available on its website and has been reported on the Government's gender pay gap reporting portal as required. Comparison data can be found at: https://gender-pay-gap.service.gov.uk/ The gender pay gap report action plan is integrated into the Trust's yearly equality, diversity and inclusion action plan with progress being reported on bi-annually.

4.4.9 Training and the Equality Act

The Trust's equality, diversity and human rights training has been developed in accordance with the UK Core Skill Framework. It is one of our essential training requirements undertaken as part of corporate induction and refreshed every three years for all staff at all levels. It is available online and face-to-face (on request). Compliance is monitored through monthly divisional performance reviews as part of the overall governance for essential training across the organisation. Trust- wide compliance with the training remains consistently good. In addition to this core training the Trust has a 'cultural awareness' training session to support further development in this area alongside recruiting over 80 EDI advocates who will be trained to provide improved allyship, to support in divisions, and to work alongside our established staff networks.

4.4.10 Diversity and Inclusion in the Workplace

The Trust is committed to equality of opportunity for our staff across all protected groups through inclusive leadership and cultural transformation, positive action and practical support, accountability and assurance, monitoring progressive and benchmarking. Integral to this work are the five Trust staff networks:

- ABLE+ staff network supports staff and volunteers with physical, sensory or mental impairments to raise awareness of reasonable adjustment solutions to issues encountered at work.
- Race Equality and Inclusion network supports staff from Black, Asian and minority ethnic groups.
- LGBTQIA+ staff network supports lesbian, gay, bi-sexual and transexual staff.

- Women's Network brings women together to create positive connections.
- Men's Network focuses on issues affecting men such as mental health

The staff networks meet regularly to provide peer support and discuss issues relating to Trust policy and procedure. Each staff network is represented on the Trust's workforce equality, diversity and inclusion steering group. Their programmes of work are key to the delivery of the Trust's vision of being committed to inclusion in everything we do, this includes:

- Contributing to the development and implementation of the Trust 2020/25 equality, diversity and inclusion strategy
- Playing an active part in celebrating the valuable contribution of our diverse staff
- Contributing to the WRES, WDES and LGBTQIA+ reporting pathways and action plans
- Helping to support the programme of work to promote an inclusive organisational culture

The Trust's HR Policies further underpin our commitment to equality, diversity and inclusion including:

- Equality, diversity and human rights: This sets out the Trust's commitments to equality, diversity, inclusion and human rights and its obligations under the Equality Act 2010 and the Human Rights Act 1998. It also describes the roles and responsibilities of individuals and groups in ensuring the Trust fulfils its commitments and obligations to develop and enhance a diverse and inclusive culture.
- Recruitment: This reflects the requirement to advance equality of opportunity, and includes a commitment to interview all applicants with a disability who meet the minimum criteria for a job vacancy.
- Supporting Attendance: This includes guidance on the Trust's duty to provide reasonable workplace adjustments to support the continuing employment of staff who have become disabled.

The Trust is also an accredited Disability Confident Employer, and is a Mindful Employer signatory – an initiative which provides employers with access to information, support and training relating to staff mental health and wellbeing.

4.4.11 Analysis of staff diversity profile

The Trust's annual statutory monitoring of workforce and patient data reflects information as at 31 March 2023. Some of the key workforce data is given in the tables below. This data applies to staff with a permanent employment contract with the Trust.

Table 33: Staff with permanent contract	31 March 2023	
Gender – All staff with a substantive employment contract	**Total**	**%**
Male	3006	23.6
Female	9723	76.4
Grand Total	12729	100

Table 34: Directors by gender	31 March 2023	
Gender – Directors (Executive and non-Executive including CEO & Chair)	**Total**	**%**
Male	8	50
Female	8	50
Grand Total	16	100

Table 35: Other Senior Managers by gender	31 March 2023	
Gender – Other Senior Managers	**Total**	**%**
Male	28	50
Female	28	50
Grand Total	56	100

Note 1 *- For the purposes of the staff section of the report, Senior Managers are defined as all staff at Band 8d & 9, Clinical Chairs of the Trust's Divisions and senior medics.*

Table 36: Ethnicity	31 March 2023	
Ethnicity	**Total**	**%**
A - White – British	8359	65.7
B - White – Irish	138	1.1
C - White - Any other White background	999	7.8
D - Mixed - White & Black Caribbean	85	0.7
E - Mixed - White & Black African	39	0.3
F - Mixed - White & Asian	81	0.6
G - Mixed - Any other mixed background	98	0.8
H - Asian or Asian British – Indian	1014	8.0
J - Asian or Asian British – Pakistani	91	0.7
K - Asian or Asian British - Bangladeshi	23	0.2
L - Asian or Asian British - Any other Asian background	240	1.9

Table 36: Ethnicity	31 March 2023	
Ethnicity	**Total**	**%**
M - Black or Black British – Caribbean	170	1.3
N - Black or Black British – African	401	3.2
P - Black or Black British - Any other Black background	88	0.7
R – Chinese	87	0.7
S - Any Other Ethnic Group	255	2.0
Z - Not Stated	561	4.4
Grand Total	12729	100

Table 37: Disability	March 2023	
Disability	**Total**	**%**
No	10904	85.7
Yes	473	3.7
Not Declared	1352	10.6
Grand Total	12729	100

Table 38: Age profile	March 2023	
Age profile	**Total**	**%**
<=20	153	1.2
21 – 25	1086	8.5
26 – 30	1881	14.8
31 – 35	2053	16.1
36 – 40	1698	13.3
41 – 45	1459	11.5
`46 – 50	1259	9.9
51 – 55	1189	9.3
56 – 60	1117	8.8
61 – 65	657	5.2
66 – 70	134	1.1
>=71	43	0.3
Grand Total	12729	100

Table 39: Religious belief	March 2023	
Religious belief	**Total**	**%**
Atheism	2575	20.2
Buddhism	98	0.8
Christianity	4779	37.5
Hinduism	251	2.0
Islam	382	3.0
Jainism	4	0.0
Judaism	11	0.1
Sikhism	26	0.2
Other	869	6.8
I do not wish to disclose my religion/belief	3125	24.6
Undefined	609	4.8
Grand Total	12729	100

Table 40: Sexual orientation	March 2023	
Sexual orientation	**Total**	**%**
Bisexual	244	1.9
Gay or Lesbian	237	1.9
Heterosexual or Straight	9426	74.1
Other sexual orientation not listed	32	0.3
Not stated (person asked but declined to provide a response)	2133	16.8
Undecided	52	0.4
Undefined	605	4.8
TOTAL	12729	100

4.4.12 Occupational Health and Safety and Wellbeing

The Trust Workplace Wellbeing Strategic Framework 2020-2025 and People Strategy 2022-2025 outlines the organisational approach to the provision of proactive and reactive services and interventions to protect the health and wellbeing of our diverse workforce. This is reflective of national research-based best practice and was co-created with subject experts and UHBW colleagues.

To measure progress against the strategy, the Trust has established robust wellbeing governance and reporting pathways. The wellbeing steering group is the Trust's key group delivering against the strategic objectives. The Associate Director OD and Wellbeing chairs

the steering group and progress against the strategic objectives is monitored through the Trust's People Committee, which is chaired by a Non-executive Director. Progress against the wellbeing Strategy 2020-2025 is evidenced in the wellbeing biannual Report.

The voluntary network of Workplace Wellbeing Advocates acts as key drivers to the delivery of the annual strategic plan; improving awareness and equitable uptake of our inclusive wellbeing offer at local level. This year, the advocate network increased by 20% to over 450 members and we continue to realise our collective ambition to recruit a minimum of 1 advocate in every team across the Trust.

The Trust also hosts Avon Partnership NHS Occupational Health Service (APOHS), which provides an integrated occupational health service with the objective of making a positive impact on sickness absence through both healthy working environments and healthy management styles. Services include new employee surveillance; immunisations; physio direct, Health at Work Advice and referrals; ill health referrals; and health and wellbeing support.

This year has seen the development of a new management health information system, as part of this work the service has mapped all processes to ensure a consistent and more efficient pathway for the service. In addition, the service has been working with customers to understand their reporting needs and to see how the service can use data more effectively to measure outcomes, this includes exploring how APOHS can triangulate data to measure interventions that reduce sickness levels, to reduce DNA's and identify gaps in service provision.

APOHS has also continued to host the Healthier Together Support Network (HTSN) which aims to improve the wellbeing of our colleagues across the system, however; national funding for this has now ceased. The HTSN provided an opportunity for UHBW to work collaboratively across the ICS, and for the learnings from the HTSN to now provide a platform where Health and Wellbeing specialists can continue to work together to address and continuously improve the health and wellbeing issues across the system.

4.4.13 A Safe and Healthy Working Environment

The Trust recognises its legal duty to ensure suitable arrangements are in place to manage health and safety. And, that such arrangements are monitored for effectiveness and regularly reviewed.

The overall model for health and safety in the Trust complies with the Health and Safety Executive guidance document number HSG65: Managing for Health and Safety and the NHS Staff Council, Workplace health and safety standards, which are implemented in full as the healthcare models for safety management systems. These models include the domains of health, safety, welfare, and wellbeing and are based upon continuous improvement. Within this annual period, it would be fair to say the global Covid-19 pandemic has, at times, impacted on the structure in place for timely health and safety advice and a review is planned going forward into 2023 to ensure a robust structure can be maintained at all times.

Health and safety is integral to the People Strategy introduced in 2022 with specific objectives for 'Providing a safe working environment'. Milestone targets include reducing incidents in key areas, the improvement of rest areas for staff comfort and wellbeing and an overall target for recognition for delivering excellent health and safety governance and systems.

A 5-year Health and Safety Action Plan is in place to highlight and focus on recognised areas where improvement could be made. Progress against this is subject to review by topic Leads and monitored within the Trust Health and Safety Committee with summary

reports provided to the People and Education Group and People Committee. In addition, internal departmental health and safety audits are undertaken annually and the trust engages an external auditor to conduct biennially audits to gauge compliance with health and safety legislative requirements. However, an external trust wide health and safety audit was not delivered in 2022 due to the pandemic and operational needs and has been planned for 2023.

Risk assessments, safe systems of work, practices and processes are managed at ward and department level to ensure that all key risks to compliance with legislation have been identified and addressed. This includes physical and psychological hazards as well as the broader environmental risk assessments.

An annually reviewed Training Delivery Plan identifies requirements beyond the essential health and safety training in place for all staff e.g., health and safety for executives and senior managers and mandatory departmental risk assessors. Quarterly compliance with risk assessor coverage within each division is monitored within the Trust Health and Safety Committee.

Expertise within the Manual Handling Team has enabled the Trust to access the most up to date knowledge and skills to reduce the risk of musculoskeletal disorders to the workforce and deliver efficient service improvement. The expert team work hard to keep staff well at work by completing workplace assessments for those who return to work post injury and workstation assessments to support staff who are working from home. The Team promote patient safety by providing advice to clinical areas, especially for the management of bariatric patients.

A face fit test service introduced as a permanent function within the safety dept in early 2020 has experienced ongoing challenges which have included changes to models of disposable respirators from government supplies and staff shortages which has impacted on the take-up of the service. Going forward, the trust has identified sustainable models of respirators and, as a service, we have adapted to meet local demand. The service lead has attained British Safety Industry Federation (BSIF) Fit2Fit accreditation to ensure the best possible fit test standards in all methods of testing are adhered to.

4.4.14 Sickness Absence

The Trust's sickness absence rate for 2022/23 was 5.3%.

4.4.15 Staff Turnover

Turnover at the end of 22/23 was 14.6% for the 12-month period against a target of 15.0%. Turnover has reduced throughout 22/23 reaching its lowest point of 14.6% in March 2023. The Trust has implemented a range of actions based on a review of leaver and exit interview data in early 2022, in line with the new overarching People strategy and our Retention strategy which sits within it. This work is being monitored through the People Committee.

4.4.16 Expenditure on consultancy

Consultancy is defined as the provision to management, of objective advice and assistance relating to strategy, structure, management, or operations of an organisation in pursuit of its purposes and objectives. Such assistance will be provided outside the business-as-usual environment. For 2022/23 the Trust's expenditure on consultancy was £0.433m (2021/22: £0.475m).

4.4.17 Off-payroll engagements

Individuals can only be paid via invoice provided the Trust's 'engaging workers off payroll' procedure has been followed. All engagements falling within the scope of IR35 require invoices to be paid via the payroll system and are therefore subject to PAYE. The procedure ensures that the appropriate employment checks have been made, an agreement detailing the terms of engagement has been issued and all HMRC and other statutory regulations have been met.

The Trust makes use of highly paid 'off payroll' arrangements only in exceptional circumstances. For instance, where there is a requirement for short term specialist project management experience which cannot be filled within the existing workforce because of capacity or in-house knowledge and experience. Where an executive director post becomes vacant, the Trust Board looks to put in place an "acting-up" arrangement but may select an interim manager to provide cover pending recruitment.

The following tables provide information regarding off-payroll engagements entered into at a cost of more than £245 per day, and any off-payroll engagements of board members and/or senior officers with significant financial responsibility. The Trust defines officers with significant financial responsibility as executive directors, divisional directors and clinical chairs.

Table 41: Highly paid off-payroll worker engagements as at 31 March 2023, earning £245 per day or greater

No. of existing engagements as of 31 March 2023	-
Of which:	
No. that have existed for less than one year at time of reporting.	-
No. that have existed for between one and two years at time of reporting.	-
No. that have existed for between two and three years at time of reporting.	-
No. that have existed for between three and four years at time of reporting.	-
No. that have existed for four or more years at time of reporting.	-

Table 42: All highly paid off-payroll workers engaged at any point during the year ended 31 March 2023 earning £245 per day or greater.

No. of off-payroll workers engaged during the year ended 31 March 2022	-
Of which:	
Not subject to off-payroll legislation	-
Subject to off-payroll legislation and determined as in-scope of IR35	-
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	-

Table 43*: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1st April 2022 and 31 March 2023*

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	-
No. of individuals that have been deemed "board members, and/or, senior officials with significant financial responsibility" during the financial year. The figure includes both off-payroll and on-payroll engagements.	35

4.4.18 Exit packages

The table below shows the number and cost of staff exit packages in 2022/23 with 2021/22 provided for comparison. Termination benefits are payable to an employee when the Trust terminates their employment before their normal retirement date, or when an employee accepts voluntary redundancy in exchange for these benefits. This information has been subject to audit.

Table 44: Exit packages

Exit package cost band	2022/23			2021/22		
	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	0	4	4	0	3	3
£10,000 - £25,000	1	0	1	0	0	0
£25,001 - £50,000	0	1	1	0	0	0
£50,000 - £75,000	0	0	0	0	1	1
Total number of exit packages by type	**1**	**5**	**6**	**0**	**4**	**4**
Total cost (£'000)	**11**	**40**	**51**	**0**	**82**	**82**

An analysis of the non-compulsory departures agreed, which has been subject to audit, is as follows:

Table 45: Analysis of non-compulsory departures

	2022/23		2021/22	
	No.	£'000	No.	£'000
Voluntary redundancies including early retirement contractual costs	0	0	1	77
Mutually agreed resignation contractual costs (MARS)	0	0	0	0
Contractual payments in lieu of notice	4	36	3	5
Non-contractual payments requiring HMT approval	1	4	0	0
Total	**5**	**40**	**4**	**82**
Of which: Non contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	0

4.4.19 Engaging with staff.

The Trust Values provide the foundation for how we are expected to behave towards patients, relatives, carers, visitors and each other. The Trust values and leadership behaviours are integral to the culture of the organisation and set the expectation and accountability across the hospital community.

A new set of Staff Values and leadership behaviours to reflect University Hospital Bristol and Weston they were developed with our people, by our people in November 2021. The new Values have been immersed and embedded during 2022 creating a workplace where the values are illustrated by 'who we are'.

The values are:

- **We are supportive**: we are always there for each other We try and do the right thing for patients and colleagues every day.
- **We are Respectful**: we always look for the best in people. We are inclusive welcoming and treat everybody fairly.
- **We are Innovative**: We are full of bright ideas. We are open to research, learning and finding new ways of working.
- **We are collaborative**: We do things together. We share our experience and expertise for the benefit of the Trust and our communities.

The Trust values the role and contribution both Trade Unions and Professional Associations make in supporting and representing the Trust's workforce; and their active participation in partnership working across the Trust. Regular consultation with staff takes place through both informal and formal groups, including the Staff Partnership Forum, and the Local Negotiating Committee (for Medical and Dental staff). Staff and management representatives consult on change programmes, terms and conditions of employment, policy development, pay assurance and strategic issues, thereby ensuring that workforce issues are proactively addressed.

The Trust also has a cohort of staff governors who work closely with the Board of Directors on behalf of their staff constituents to ensure that the Board remains focused on staff issues on the frontline.

4.4.20 NHS staff survey

The Trust continues to be committed to the annual National Staff Survey for all staff and the results are utilised in developing organisational and local action plans to improve staff experience at work.

The 2022 National Staff Survey response rate was 45% with over 5000 staff taking time to provide feedback on their experience at work. Staff engagement is a key measure of how colleagues experience at work in the organisation, which is determined through nine questions in the national staff survey which measure three engagement themes: Motivation, Involvement, and Advocacy. The Trust have maintained the same overall staff engagement score as last year 6.9 out of 10, which also remains above the benchmark group, national acute average engagement score (+0.1)

Colleague feedback in the 2022 staff survey demonstrates that there is a pride in working at the Trust and that colleagues are kind understanding and appreciative.

This is further supported and demonstrated by positive improvements in the following questions:

- Last experience of violence reported.
- Can approach my immediate manager to talk openly about flexible working.
- Don't work any additional hours per week for this organisation over and above contracted hours.
- Not felt pressure from my manager to come to work when not feeling well enough.
- In the last 12 months have not felt unwell due to work related stress

4.4.21 Staff Survey Reporting

The National Staff Survey results are aligned to the NHS People Promise and are benchmarked against NHS Acute and Acute Community Trust. The reporting themes are a combination of the seven elements of the people promise with the addition of Staff Engagement and Morale, making nine themes altogether.

The following table demonstrates the Trust's performance in the line with the benchmarking group and in line with the nine themes. In 2022, the Trust performed above the national average in five out of the nine areas, scored the same as the national average in two elements, and scored less than the average in the two remaining elements.

Table 46: NHS Staff survey Results 2022

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

	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 Engagememt	Morale
Your org	7.4	5.9	6.8	5.9	5.2	5.9	6.8	6.9	5.7
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	5205	5206	5175	5168	4911	5187	5201	5208	5205

4.4.22 Key areas for improvement

The Staff Survey data provides the largest feedback from UHBW colleagues on their experience at work, utilising this data to develop local and organisational plans and priorities is the key to engaging, motivating and delivering a workplace where colleagues are proud to work and recommend.

The response to the feedback is shared across the organisation as part of the cascade of the results, as well as in the development of organisational and local Divisional culture and people plans. The priorities are aligned to the People Strategy milestones and People Patient First measures and intentions.

The Trust recognises that it needs to continuously engage and listen to its workforce and seeks to respond to all suggested areas for improvement. Working in partnership with the business to develop robust plans and priorities in response to the staff survey feedback, in line with the People Strategy miles stones and the Divisional culture and people plans will shape improved staff experience and create a workplace where colleagues continue to take pride, feel valued and recommend to others to work and have treatment.

4.4.23 Staff consultations

The Trust is committed to innovation and continuous improvement in order to deliver responsive and accessible services which deliver excellent patient care. As part of the continuous improvement journey the Trust embraces technological innovation, new ways of working and system and pathway redesign and development. The Trust undertakes many change projects throughout the year, including skill mix/role redesign and internal transfers of service. Some of the bigger examples of change management consultations are as follows:

- Full integration of the Weston Division, aligning services to their respective divisions and creating opportunities to embed the Weston Business Unit model. This change program is now complete following two years of significant change.
- Consultation and implementation of the Healthcare Support Worker job description and band changes including a comprehensive re-banding exercise and significant amounts of staff engagement.
- Consultation and implementation of several TUPE transfers in support of Integrated Care Pathways across the ICB.

4.4.24 Staff policies and actions applied during the financial year

Revisions of several key policies including the Disciplinary, Grievance, Dignity at Work and Supporting Performance commenced in 2022. The training and associated staff engagement work surrounding this change will continue into 2023 with a launch of the new Respecting Everyone Policy in November 2023.

The review and implementation of Fixed Term Contract and Secondment Policies and the Annual Leave Policy were also completed.

4.4.25 Tackling Harassment and Bullying

In May 2022, the Trust commenced a programme of work designed to be a preventative, values-based approach to bullying and harassment, fostering a culture of civility and respect centred on early resolution. An integrated model was developed, aiming to pull together all of the key issues that contribute to staff experience and developing the governance framework to support this work with the aim of yielding a greater return based on the integration of effort with this multi-faceted issue.

A new resolution framework is emerging comprising a revised policy accompanied by a series of guides and resources being co-developed by stakeholders to equip individuals and managers with the knowledge, skills and tools to reduce incidents of bullying and harassment through early resolution and mediation as required.

Progress against this programme of work is monitored through Managing Violence and Aggression Committee which is chaired by the Chief People Officer with updates provided to people committee. The Trust plans to launch the resolution framework and associated guidance, training, and toolkits during National anti-bullying week in November 2023.

4.4.26 Trade Union facility time reporting

The Trade Union (Facility Time Publication Requirements) Regulations 2017 put into effect the provision in the Trade Union Act 2016 whereby public sector employers with more than 55 employees will be expected to report annually on use of facility time provided to trade union officials.

- The regulations require the following information to be published:
- the number of employees who were relevant union officials during the relevant period, and the number of full-time equivalent employees.
- the percentage of time spent on facility time for each relevant union official.
- the percentage of pay bill spent on facility time.
- the number of hours spent by relevant union officials on paid trade union activities as a percentage of total paid facility time hours.

Table 47: Relevant union officials

Number of employees who were relevant union officials during 2021/22	Full-time equivalent employee number
55	53

Table 48: Percentage of time spent on facility time.

Percentage of time	No of employees
0%	-
1-50%	53
51%-99%	-
100%	2

Table 49: Percentage of pay bill spent on facility time.

The total cost of facility time	£151,197
The total pay bill	£641,866,000
The percentage of the total pay bill spent on facility time	0.024%

Table 50: Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours	100%

4.4.27 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 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.

The Director of Corporate Governance is the FTSU Guardian who is supported by a Deputy FTSU Guardian and a network of around 80 voluntary FTSU staff speaking up champions, who work in diverse roles and locations across the Trust.

The three objectives of the Trust's Freedom to Speak Up strategy focus on raising awareness of and building confidence in the speaking up programme and ensuring that our leadership and management training is informed by the feedback from the programme.

The FTSU Guardian and champions are visible across the Trust by attending key meetings and talking to staff groups to promote speaking up messages. Promotional materials advertising the contact details for the FTSU Guardian (a dedicated phone number and email address) are available across the Trust. There are regular communications about speaking up which are shared in the weekly newsletter to all staff.

The National Guardian's Office/Health Education England's 'Speak Up core training' is mandatory training for staff at UHBW since February 2021 and the 'Listen Up' module also now forms part of a suite of online training for managers in the Trust.

In the year, 109 concerns were raised with the Freedom to Speak Up Guardian (compared to 102 in the last financial year). In terms of themes of concerns, the majority (36%) relate to policies and

processes, followed by 34% relating to inappropriate attitudes and behaviours, including bullying and harassment.

The FTSU Guardian reports quarterly to the Board or People Committee on numbers and themes of concerns, feedback from those who have spoken up, and learning.

More details about the Freedom to Speak Up programme can be found in the Freedom to Speak Up annual report, which is available on the UHBW website.

Table 51: Number and themes of concerns raised via the FTSU Guardian in 2022/23 as reported to the National Guardian's Office

	Q1	Q2	Q3	Q4	Total
Number of cases raised with the FTSU Guardian	**28**	**23**	**35**	**23**	**109**
Cases relating to quality / patient safety	1	2	2	1	6
Cases relating to bullying or harassment	2	2	3	3	10
Cases relating to worker safety or wellbeing	8	5	4	3	20
Cases relating to inappropriate attitudes or behaviours	5	4	13	5	27

4.5 NHS Foundation Trust Code of Governance

University Hospitals Bristol and Weston NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance is based on the principles of the UK Corporate Governance Code issued in 2012. The Code of Governance relevant to 2022/23 was issued in July 2014, with a new version coming into effect on 1 April 2023.

The Board considers that it was fully compliant with the provisions of the Code in 2022/23, with the exception of paragraph A.5.12. Governors of The Trust are not provided with copies of the minutes of Board meetings held in private due to the confidential nature of business. However, they are provided with a summary of discussion of business at Board meetings held in public and meetings of the Council of Governors, where appropriate. Compliance with the Mandatory Disclosures is available from the Director of Corporate Governance.

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

- The Constitution of the Trust;
- Standing orders;
- Standing financial instructions;
- Schemes of delegation and decisions reserved to the Board;
- Terms of reference for the board of directors, the Council of Governors and their committees;
- Role descriptions;
- Codes of conduct for staff, directors and governors;
- Annual declarations of interest;
- Annual Governance Statement.

All of the Non-executive Directors are considered to be independent in character and in judgement. The Executive Directors undertake an annual appraisal process to ensure that the board remains focused on the patient and delivering safe, high quality, patient centred care. Additional assurance of independence and commitment for those Non-executive Directors serving longer than six years

is achieved via a rigorous annual appraisal and review process in line with the recommendations outlined in the Code. A report of the Governors' Nomination and Appointments Committee is detailed further in this report. The composition of the Board over the year is set out in Table 14.

The 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 plan, deliver safe, high quality healthcare, measure and monitor the Trust's effectiveness and efficiency as well as seeking continuous improvement and innovation. The Board delegates some of its powers to a committee of Directors or to an Executive Director and these matters are set out in the Trust's scheme of delegation. Decision making for the operational running of the Trust is delegated to the executive management team.

There are specific responsibilities reserved by the entire Board, which includes approval of the Trust's long term objectives and financial strategy; annual operating and capital budgets; changes to the Trust's senior management structure; the Board's overall 'risk appetite'; the Trust's financial results and any significant changes to accounting practices or policies; changes to the Trust's capital and estate structure; and conducting an annual review of the effectiveness of internal control arrangements.

4.5.1 Board Performance

Boards of NHS Foundation Trusts have faced significant challenges, financial and operational, in 2022/23. Good governance is essential if we are to continue providing safe, sustainable and high quality care for patients.

The Board has considered its own performance through the use of a number of different tools. These included analysing the business undertaken by the Board to identify the balance between strategic and operational issues that were considered, using the Good Governance Institute's Maturity Matrix for Boards and asking that all Board members completed an individual questionnaire. The results of these actions were then combined and considered by the Board to identify further actions for improving the functioning of the Board.

The Board also monitors performance of the organisation against Leadership Priorities set as part of the annual Operating Plan via the Performance Report which is presented to the Board each month, to ensure that these priorities are being delivered. This assessment is considered alongside the strategic and operational risks to the Trust, to ensure a comprehensive overview is considered by the Board, In addition the Board considers performance against the NHS England Single Oversight Framework with the focus on four key areas of performance: A&E four hours, 62-day GP cancer, Referral to Treatment times and six week diagnostic waits. The Board does this, plus review of quality and workforce information, via review of the Performance Report (previously referred to as the Integrated Quality and Performance Report).

The Trust has a policy for Fit and Proper Persons and as part of this policy, checks have been completed for all Directors. 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 Directors appeared on the Disqualified Directors' Register.

During the year, the Board has undertaken a range of development activities. This has been supported by a Board Development Partner and with individuals with specific expertise to assist the Board in changing how it operates and to help shape the strategy and culture of the Trust.

4.5.2 Performance of the Board and Board Committees

The Board of Directors undertakes regular assessments of its performance to establish whether it has adequately and effectively discharged its role, functions and duties during the preceding period.

Throughout the year, the Board adhered to a comprehensive cycle of reporting, to ensure that it focused on the key strategic issues and to ensure that it met good practice principles. In addition

the Board met outside of the formal meetings in seminar format to undertake development activities including helping to shape decisions prior to formal decision making, understanding changes in local, regional and national context and to undertake joint learning around new or complex topics.

The findings of Internal Audit combined with the Head of Internal Audit Opinion set out in the Annual Governance Statement support the Board's conclusions as to the efficacy of their performance.

In addition the Board expects each of its Committees to undertake a review of their performance and report this to the Board alongside any proposed changes to the Terms of Reference. These reviews were undertaken during the year.

4.5.3 Qualification, Appointment and Removal of Non-executive Directors

Non-executive Directors and the Chair of the Trust are appointed by the Governors at a general meeting of the Council of Governors. The recruitment, selection and interviewing of candidates is overseen by the Governors' Nominations and Appointments Committee which also makes recommendation to the Council of Governors for the appointment of successful candidates. The Foundation Trust Constitution requires that Non-executive Directors are members of the public constituency. Removal of the Chair or any other Non-executive Director is subject to the approval of three-quarters of the members of the Council of Governors.

4.5.4 Committees of the Board of Directors

The Board has established the two statutory committees required by the NHS Act 2006 and the Foundation Trust Constitution. The Directors Remuneration, Nominations and Appointments Committee and the Audit Committee each discharge the duties set out in the Foundation Trust Constitution and their Terms of Reference as set out below.

The Board has chosen to constitute three additional designated committees to augment its monitoring, scrutiny, and oversight functions, particularly with respect to quality and outcomes, financial management, people and digital services. These are the Quality and Outcomes Committee, the Finance and Digital Committee and the People Committee. The role, functions and summary activities of the Board's committees are described below.

Table 52: Board and Committee Attendance 2022/23

The Board of Directors discharged its duties during 2022/23 in 10 private and 5 public meetings, and through the work of its committees. The table below shows the membership and attendance of Directors at meetings of the Board of Directors and Board committees. A figure in brackets indicates that the individual was not a member and 'C' denotes the Chair of the Board or committee.

	Board of Directors	Remuneration & Nomination & Appointments Committee	Audit Committee	Quality & Outcomes Committee	People Committee	Finance and Digital Committee
No. of meetings	15	5	5	12	6	7
Chair						
Jayne Mee	15 (C)	5	0	(10)	(6)	(6)
Chief Executive						
Eugine Yafele	15	4	2	(2)	(1)	5
Non-executive Directors						
David Armstrong	5	1	4(C)	0	0	3
Sue Balcombe	13	5	0	11 (C)	3	0
Julian Dennis	11	3	5	11 (C)	0	(2)

	Board of Directors	Remuneration & Nomination & Appointments Committee	Audit Committee	Quality & Outcomes Committee	People Committee	Finance and Digital Committee
Bernard Galton	12	3	5	0	6 (C)	0
Jane Norman	12	2	4 (C)	0	0	5
Martin Sykes	14	5	3	0	0	8 (C)
Gill Vickers	8	2	0	7	0	0
Arabel Bailey	11	4	0	0	(1)	6
Roy Shubhabrata	9	4	0	0	4	6
Marc Griffiths	9	2	0	8	4	0
Executive Directors						
Paula Clarke	13	0	0	0	3	0
Deirdre Fowler	10	0	0	10	3	0
Neil Kemsley	13	0	3	0	5	8
Mark Smith	10	0	(1)	5	0	3
Stuart Walker	14	0	0	9	5	0
Emma Wood	14	3	0	0	6	0
Jane Farrell	7	0	0	4	0	3

4.5.5 Remuneration and Nomination and Appointments Committees

The purpose of the Directors' Remuneration, Nominations and Appointments Committee is to conduct the formal appointment to, and removal from office, of Executive Directors of the Trust, other than the Chief Executive (who is appointed or removed by the Non-executive Directors subject to approval by the Council of Governors). The Committee also gives consideration to succession planning for Executive Directors, taking into account the challenges and opportunities facing the Trust, and the skills and expertise that will be needed on the Board of Directors in the future.

The Committee is chaired by the Trust Chair and is attended by all Non-executive Directors. The Committee is attended by the Chief Executive and Chief People Officer in an advisory capacity when appropriate and is supported by the Director of Corporate Governance to ensure it undertakes its duties in accordance with applicable regulation, policy and guidance.

Further details of the activities of the Committee are included in the Remuneration Report.

4.5.6 Audit Committee

The primary purpose of the Audit Committee is to provide oversight and scrutiny of the Trust's governance, risk management, internal financial control and all other control processes, including those related to quality and performance. These controls underpin the Trust's Assurance Framework so as to ensure its overall adequacy, robustness and effectiveness. This addresses risks and controls that affect all aspects of the Trust's day to day activity and reporting.

Additional oversight and scrutiny, in particular relating to quality and patient care performance is provided through the Quality and Outcomes Committee, Finance and Digital Committee and People Committee and information is triangulated from all four forums to ensure appropriate oversight and assurance can be provided to the Board in line with the Committee's delegated authority. The Non-Executive members of the Audit Committee also serve as the Chairs of these committees. The day to day performance management of the Trust's activity, risks and controls is however the responsibility of the Trust's Executive.

The Audit Committee is comprised of not less than four Non-executive Directors and includes in its membership a Non-executive Director who is considered to have recent and relevant financial experience. The committee met on five occasions during the year with the Chief Executive, Chief Operating Officer/Deputy Chief Executive, other Trust Officers and the Internal and External Auditors in attendance. The Chair of the committee submitted a report to the Board following each meeting, highlighting any issues requiring disclosure to the Board.

The Committee is responsible for providing the Board with assurance on the adequacy of the Trust's Audit plans and performance against these, and the committee's review of accounting policies and the annual accounts.

During 2022/23, the Audit Committee reviewed the Annual Report and Accounts including the Annual Governance Statement together with the Head of Internal Audit statement and External Audit opinion.

The Trust's External Auditors are KPMG LLP (KPMG). In order to ensure that the independence and objectivity of the External Auditor is not compromised, the Trust has in place a policy that requires the Committee to approve the arrangements for all proposals to engage the External Auditors on non-audit work. The External Auditors did not undertake any non-audit work during the period. KPMG has also provided a statement of the perceived threats to independence and a description of the safeguards in place.

Both at the date of presenting the audit plan and at the conclusion of their audit, KPMG confirmed that in its professional judgement, they are independent accountants with respect to the Trust; within the meaning of UK regulatory and professional requirements and that the objectivity of the audit team is not impaired. Together with the safeguards provided by PwC, the Audit Committee accepts these as reasonable assurances of continued independence and objectivity in the audit services provided by KPMG within the meaning of the UK regulatory and professional requirements.

The Trust's Internal Audit and Counter Fraud function is provided by ASW Assurance through a consortia arrangement. The Audit Committee agreed the Strategic Audit Plan, including the Annual Audit Plan, and received regular reports throughout the year to assist in evaluating and continually improving the effectiveness of risk management and internal control processes in the Trust.

The committee sought reports and assurances from Directors and managers as appropriate, concentrating on the over-arching systems of governance, risk management and internal control, together with indicators of their effectiveness. Notably, the committee received assurance with regard to risk management and Trust wide systems and processes relating to the procurement service.

Additionally during the year, the Audit Committee continued to review the Estates and Fire risks to ensure progress was being made in addressing the issues previously identified in these areas.

4.5.7 Audit Committee Chair's Opinion and Report

In support of the Chief Executive's responsibilities as Accountable Officer, the Audit Committee is responsible for evaluating the Trust's systems of Governance, Assurance and Risk Management, especially with respect to the adequacy and effectiveness of our Financial Control mechanisms, independent Internal and External Audit programme, Strategic and Operational Risk Identification and Mitigation and activities to counter Fraud.

The Committee has met on a regular basis throughout the year with good representation from both the Executive team and from the Non-executive Directors. In addition, both the Internal Audit Team and External Auditors have unrestricted access to the Chair of the Audit Committee and have met on a regular basis.

At every Audit Committee, an evaluation of the Trust's Risk Registers, both Strategic and Operational, is undertaken with regard to the Trust's stated objectives detailed in the Board Assurance Framework and our Strategic and Operational Plans. In addition, as part of our standing

Agenda, the Committee reviews the results of Internal and External Audit findings, Counter Fraud activity and key financial indicators.

From the information supplied, the Committee has formed the opinion that there is a mature and robust framework of control in place to provide effective assurance of The Trust's Systems of Governance and of the management of risk.

During the course of this year the Committee has sought to further improve its effectiveness and so the Assurance it can offer to the Trust Board by:

- Continuing to monitor the benefits and risk of the integration following the merger of the former University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust. The committee received the closedown report of the integration programme in January 2023.
- Encouraging improvements to the management of policies, procedures and Standard Operating Procedures, with a new document management system due to be introduced in 2023/24.
- Reviewed the Trust's Information Governance arrangements (including the Data Security and Protection Toolkit) on a regular basis.

In summary, the Audit Committee has been encouraged by the drive and ambition of the Trust to further develop its approach to Governance, Assurance and Improvement, from what is already a mature and largely effective position. The Committee is likewise committed to seeking further opportunities to increase the Committee's effectiveness and value to the Trust and especially to its Accountable Officer.

4.5.8 Quality and Outcomes Committee

The Quality and Outcomes Committee was established by the Board of Directors to support the Board in discharging its responsibilities for monitoring the quality and performance of the Trust's clinical services and patient experience. This includes the fundamental standards of care (as determined by Care Quality Commission), national targets and indicators and patient reported experience and serious incidents.

The Committee's membership includes three Non-executive Directors, one of whom is the Chair, the Chief Nurse and Midwife, Chief Medical Officer, and Chief Operating Officer. The Committee is also supported by the Director of Corporate Governance or Head of Corporate Governance in an advisory role.

The Committee reviews the outcomes associated with clinical services and patient experience and the suitability and implementation of performance improvement and risk mitigation plans with particular regard to their potential impact on patient outcomes. The Committee is also required, as directed by the Board from time to time, to consider issues relating to performance where the Board requires this additional level of scrutiny.

During the course of the year, the Committee met on 12 occasions and considered a set of standard reports as follows:

- The performance report.
- The strategic and corporate risk registers.
- The clinical quality group meeting report (including clinical audit).
- Complaints and patient experience reports.
- Maternity update reports, including the Maternity Perinatal Quality Surveillance Matrix.
- Serious Incident Reports and Never Events.

Ad hoc reports were also requested and received on particular areas of concern to the Committee. During 2022/23, the Committee spent much of its time working closely with Executive members of the Board to monitor and support the Trust's efforts in recovering the backlogs in elective care resulting from the COVID-19 pandemic.

4.5.9 Finance and Digital Committee

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

- Control and management of the finances of the Trust;
- Target level of cash releasing efficiency savings and actions to ensure these are achieved;
- Budget setting principles;
- Year-end forecasting;
- Commissioning;
- Capital planning;
- Oversight of the delivery of the Trust's Digital Strategy.

The Committee's membership includes three Non-executive Directors, and the Chief Financial Officer, Chief Executive, and Chief Operating Officer. The Committee is also supported by the Director of Corporate Governance or Head of Corporate Governance in an advisory role.

The Finance and Digital Committee met on 7 occasions in the course of this reporting period. The Chair of the Committee submitted a report to the Board following each meeting, highlighting any issues requiring disclosure to the Board.

4.5.10 People Committee

The People Committee was established by the Board of Directors to support the Board in discharging its responsibilities in respect of people and workforce issues affecting the organisation.

The key responsibilities of the Committee include:

- Ensuring that the strategic workforce needs of the Trust are understood and plans are in place to deliver these
- Provide oversight of workforce performance
- Understand the risks to the workforce and seek assurance that mitigating actions are in place
- Support the development of enabling strategies including the Education Strategy.

The Committee's membership includes three Non-executive Directors, and the Chief People Officer, Chief Financial Officer, Chief Medical Officer, Chef Nurse and Midwife, Executive Managing Director of Weston General Hospital.

The People Committee met on 6 occasions in the course of this reporting period. The Chair of the Committee submitted a report to the Board following each meeting, highlighting any issues requiring disclosure to the Board.

4.5.11 Acute Provider Collaborative Board

In 2021 the Trust developed a provider collaborative alongside North Bristol NHS Foundation Trust in light of the development of the Integrated Care System and the progression of the Health and Care Bill through Parliament. The Acute Provider Collaborative Board is a meeting in common of University Hospitals Bristol NHS Foundation Trust and North Bristol NHS Trust and is a formal sub-committee of the respective Boards.

The purpose of the Board is to provide the following for the Acute Provider Collaborative:

- Strategic leadership and direction
- Non-Executive and Executive oversight
- Agreed scope and phasing of programmes of work,
- Delivery oversight and resourcing agreements of the Executive-led programmes of work (both clinical and corporate)
- A point of escalation for any issues or significant risks that the programmes cannot mitigate

The Committee's membership includes the Trust Chair, a Non-Executive Director, the Chief Executive and the Chief Operating Officer.

The Committee met on seven occasions in the course of this reporting period. The Chair of the Committee submitted a report to the Board following each meeting, highlighting any issues requiring disclosure to the Board.

4.5.12 NHS Oversight Framework

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

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

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

b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

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

The Trust is currently placed in segment 3. This segmentation information is the trust's position as at 1st June 2023. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website:
https://www.england.nhs.uk/publication/nhs-oversight-framework-segmentation/

Eugine Yafele
Chief Executive
26 June 2023

4.6 Statement of the Chief Executive's Responsibilities as the Accounting Officer of University Hospitals Bristol and Weston NHS Foundation Trust

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

NHS England, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require University Hospitals Bristol and Weston NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of University Hospitals Bristol and Weston NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

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

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

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

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

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

Eugine Yafele
Chief Executive
26 June 2023

4.7 Annual Governance Statement

4.7.1 Scope of responsibility

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

4.7.2 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 University Hospitals Bristol and Weston NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in University Hospitals Bristol and Weston NHS Foundation Trust for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

4.7.3 Capacity to handle risk

As Chief Executive, I have overall responsibility for risk management within the Trust, for meeting all statutory requirements and adhering to the guidance issued by NHS England and the Department of Health and Social Care in respect of governance.

The Trust's Executive Committee, which I chair, has the remit to ensure the adequacy of structures, processes and responsibilities for identifying and managing key risks facing the organisation, prior to board discussion.

The Board brings together the corporate, financial, workforce, clinical, information and research governance risk agendas. The Board Assurance Framework (BAF) ensures that there is clarity about the risks that may impact on the Trust's ability to deliver its strategic objectives together with any gaps in control or assurance.

Day to day management of risks is undertaken by operational management, who are charged with ensuring risk assessments are undertaken proactively throughout their area of responsibility and remedial action is carried out where problems are identified. There is a process of escalation to executive directors, relevant committees and governance groups for risks where there are difficulties in implementing mitigations.

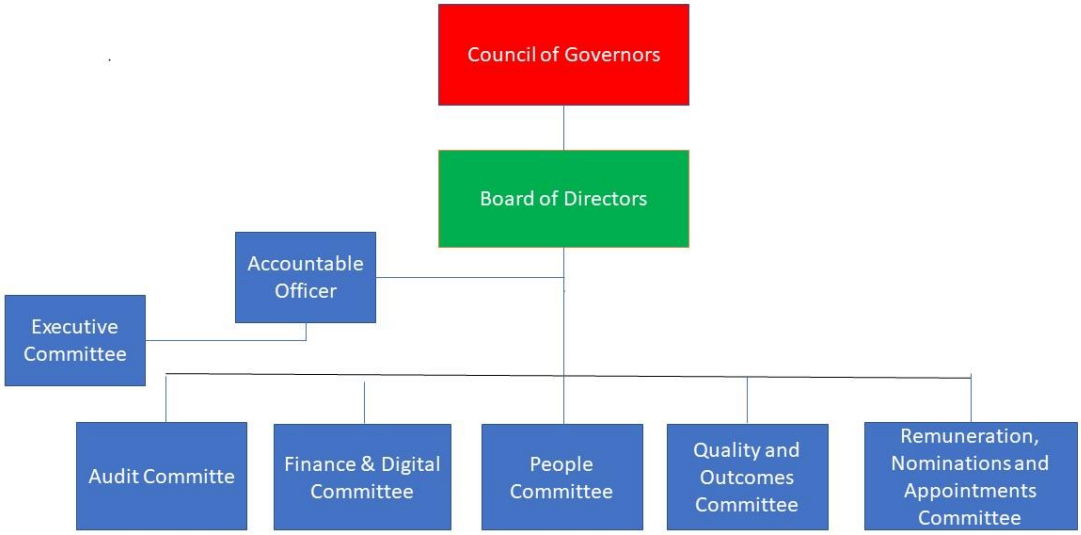
The process of identification, assessment, analysis and management of risks (including incidents) is the responsibility of all staff across the Trust and particularly of all managers.

Staff receive appropriate training to equip themselves to manage the identification, analysis, evaluation and reporting of risk in a way appropriate to their authority and duties. The Trust has an e-learning package on risk management to complement the existing risk assessment training programme. The purpose of this is to raise risk management awareness at Divisional and departmental level and to ensure staff are aware of their responsibilities in relation to risk management. The emphasis of our approach is increasingly on the proactive management of risk and ensuring that risk management plans are in place for all key risks.

Each of the Board Committees (the Finance and Digital Committee, the People Committee, the Quality and Outcomes Committee and the Audit Committee) reviews the risks appropriate to their remit. The Trust's performance information, and the quality of this

information, is also assessed by each of the Board Committees and by the Board as a whole at each meeting.

Table 53: Board Committee Structure



Board members receive training in risk management which includes an overview of the risk systems. The Board is responsible for the periodic review of the overall governance arrangements, both clinical and non-clinical, to ensure that they remain effective.

Prior to its merger with Weston Area Health NHS Trust, University Hospitals Bristol NHS Foundation Trust, commissioned an externally facilitated review against the Well-Led Framework in 2019. The conclusions of this review was that there was no reason, in the view of the Good Governance Institute, why the Trust should not maintain its overall rating of 'outstanding'; however, some small areas for improvement were identified, and these were delivered through the Board Development Plan through 2019 and 2020. UHBW will undertake a further external review against the Well-led Framework in 2023/24. The CQC, in its inspection report of 2022 into University Hospitals Bristol & Weston NHS Foundation Trust, gave it a rating of Good for the Well-led domain which recognised this domain was performing well and meeting the CQC's expectations.

Emphasis continues to be put into ensuring intelligence from incident investigation, patient safety projects, clinical audits and patient feedback is encompassed into the risk management framework. Through ensuring consistent and evidence-based risk assessments are managed at the appropriate level risk register, divisions are able to prioritise resources using risk-based information.

The Trust uses the national Electronic Staff Record (ESR) system which is managed by IBM. IBM are responsible for the design, implementation and operation of controls with regard to ESR, producing an annual ISAE 3000 report to provide reasonable assurance that the control objectives are achieved. This is subject to independent audit.

4.7.4 The risk and control framework

The Trust's risk management policy describes our approach to risk management and outlines the risk architecture in place to support this approach. The policy is reviewed on an ongoing basis as opportunities for improvement are identified, and no less than once every three years. The policy sets out the key responsibilities and accountabilities to ensure that risk is identified, evaluated and controlled. During 2023 the policy underwent a major review following changes made to the trusts committee structure, which included removal of the risk management group and changes to the terms of reference of the senior leadership team meeting

The Trust's risk appetite statement and thresholds of individual risks (risk tolerance levels) that are deemed acceptable are reviewed and approved by the Trust Board of Directors on an annual basis. During 22/23 the trust board of directors held a seminar to discuss how the risk appetite could be better integrated into the decision framework of the organisation and updated the risk appetite statements to provide great clarity around the trust's willingness to build on opportunities available to it during the pursuit of its objectives.

The Trust consider risk from the perspective of enterprise-wide risk management, with the approach to managing quality, operational, regulatory and financial risk following the same core principles. The management of these risks is approached systematically to identify, analyse, evaluate and ensure control of existing and future risks posed to our patients, visitors, staff, and wider organisation.

Each division maintains risk registers containing clinical and non-clinical risks. All unresolved risks affecting multiple departments, or the division as a whole are placed on a 'divisional' risk register, whilst individual departments maintain 'departmental' risk registers containing risks to the achievements of each individual department's objectives. The escalation process between these risk registers is monitored on a monthly basis via the divisional management teams. The description, assessment and escalation of risks are considered at various specialist governance groups across the organisation, and where risks are identified that have the potential to impact on the wider organisation they are escalated to an executive director who considers them for inclusion on the corporate risk register.

Risks are identified through third-party inspections, recommendations, comments and guidelines from external stakeholders and internally through incident forms, complaints, risk assessments, audits (including clinical and internal), claims and national survey results. External stakeholders include the Care Quality Commission, NHS England, the Health and Safety Executive, NHS Resolution (previously the NHS Litigation Authority), the Medicines and Healthcare Products Regulatory Agency and the Information Commissioner's Office.

The divisional management teams ensure that operational staff identify and mitigate risk. Corporate committees provide assurance to the Board that the mitigations are effective and the risks are adequately controlled. Risk is monitored and communicated via these committees reporting to the Audit Committee and ultimately the Board. Our clinical audits, internal audit programme and external reviews of the organisation are the sources used to provide assurance that these processes are effective and risk monitoring is fully embedded.

The Audit Committee oversees and monitors the performance of the risk management system, and internal auditors (ASW Assurance) and external auditors (PwC) work closely with this committee. The internal auditors undertake reviews and provide assurances on the systems of control operating within the Trust.

The Trust's Board Assurance Framework is formed of three key elements, the first details the principle strategic risks to the achievement of the Trusts objectives and outlines the planned mitigation, the second provides progress towards the achievement of the objectives and the third is the detailed assurance around the robustness of the controls in place to mitigate risk contained in the Integrated Quality Performance Report (IQPR)

The results of internal audit reviews are reported to the Audit Committee which takes a close interest in ensuring system weaknesses are addressed. Procedures are in place to monitor the implementation of control improvements and to undertake follow-up reviews if systems are deemed

less than adequate. Internal audit recommendations are robustly tracked via reports to the Audit Committee. The counter fraud programme is also monitored by the Audit Committee.

The Trust has a number of key mechanisms to ensure that the short, medium, and long-term workforce strategies and staffing systems are in place to assure the Board that staffing processes are safe, sustainable, and effective. These include the following:

- The implementation of a new People Strategy to support the Trust's capacity to deliver staff processes, to ensure the appropriate resources and people systems are in place to support its delivery, and to act as an enabling strategy to the Trust's 2025 Strategy: Embracing Change, Proud to Care. The People Strategy contains a range of workforce-related objectives for the coming 3 years that mitigate major workforce risks.
- The Board receives regular updates on key strategic staffing issues, including staff wellbeing, recruitment and retention, and systems to support staffing processes.
- The Quality and Outcomes Committee of the Board receives Monthly Safe Staffing Reports, as well as a six-monthly review report, to provide assurance that the Trust has discharged its responsibility to ensure safe nurse staffing across key clinical areas. The Chief Nurse also leads an Annual Staffing Review on nurse staffing.
- The People Committee supports the discharge of the Board's strategic priorities and responsibilities relating to its workforce and education. It is intended to focus primarily on all people working within and educated by the Trust, but also take a broader view that encompasses the wider stakeholder base of the Trust.

4.7.5 Quality governance arrangements

The Trust is committed to and expects to provide excellent health services that meet the needs of our patients and their families and provides the highest quality standards.

The Board and Senior Leadership Team of the Trust have a critical role in leading a culture which promotes the delivery of high-quality services. This requires both vision and action to ensure all efforts are focused on creating an environment for change and continuous improvement.

The Trust's annual quality delivery plans and quality objectives set out the actions we will take to ensure that this is achieved.

We do have much to be proud of. The Trust's quality improvement and transformation programmes, led by the Chief Nurse and Midwife, Chief Medical Officer, and Chief Operating Officer, continue to show us what is possible when we have a relentless focus on quality improvement. Our quality strategy and quality improvement work is now structured around four core quality themes:

- To make quality the first priority for every member of staff – the 'why' that's behind everything we do;
- To reduce unwanted variation in the quality and safety of services through an unswerving focus on continuous evidence-informed improvement;
- To work closely with patients, families and other healthcare partners to improve healthcare experience and co-design better joined up care;
- To be recognised by our patients, staff and regulators for delivering consistently outstanding patient care.

The Trust has a robust approach to the assessment of the potential impact of cost reduction programmes on the quality of services. The Trust's Quality Impact Assessment process involves a structured risk assessment, using our standardised risk assessment framework, which includes assessment against the risk domains of safety, quality and workforce. The Chief Medical Officer and Chief Nurse and Midwife are responsible for assuring themselves and the Board that Cost Improvement Programmes will not have an adverse impact on quality. The Trust's overall processes for monitoring quality and triangulating information provide a framework within which to monitor the impact of schemes.

The Trust has a robust Quality Governance reporting structure in place through an established Quality and Outcomes Committee. Our internal business planning and associated monitoring processes underpin the triangulation of our quality, workforce and finance objectives. Our Operating Plans are developed through the clinical divisions and Trust Services corporate division, with monthly and quarterly Divisional Reviews conducted with the Executive team. The Trust's Clinical Quality Group monitors compliance with Care Quality Commission Fundamental Standards on an ongoing basis and our Quality and Outcomes Committee monitors performance against a range of performance standards.

Our Governors engage with the quality agenda via their Quality Focus Group. Each quarter, the Board and its sub-committees receive the Board Assurance Framework and the Trust's Risk Register which report high level progress against each of the Trust's corporate objectives (including quality objectives) and any associated risks to their achievement. Additionally, the Board's Audit Committee works with the Trust's Clinical Audit and Effectiveness team to consider evidence that the Trust's comprehensive programme of clinical audit effectively supports improving clinical quality in alignment with the Trust's quality objectives.

The Trust is fully compliant with the registration requirements of the Care Quality Commission and is currently rated as 'Good'.

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 the guidance) within the past twelve months as required by the Managing Conflicts of Interest in the NHS guidance.

There are no material inconsistencies between the Annual Governance Statement, the annual and board statements required by NHS England, the corporate governance statement and reports arising from Care Quality Commission planned and responsive reviews of the Trust.

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 and has a Sustainable Development Strategy in place which takes account of UK Climate Projections 2018. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

The Trust has a range of processes to ensure that resources are used economically, efficiently and effectively. This includes clear and effective management and supervision arrangements for staff and the presentation of relevant monthly finance and performance reports to the Finance and Digital, People, and Quality and Outcomes Committees, the Executive Team, the Senior Leadership Team, and to the Board. More information about this is in the financial review section of this report.

Our external auditors are required as part of their annual audit to satisfy themselves the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and report by exception if in their opinion the Trust has not.

4.7.7 Information governance

Information governance provides the framework for handling information in a secure and confidential manner; covering the collecting, storing and sharing information, it provides assurance that personal and sensitive information is managed legally, securely, efficiently and effectively in order to deliver the best possible care and service.

The Trust has an Information Risk Management Group (IRMG) chaired by the Chief Financial Officer, who is the Senior Information Risk Owner for the Trust. IRMG is the principal body overseeing IG

compliance and the management of information risks. It also oversees the annual submission of the Trust's Data Security and Protection Toolkit.

The Trust's control and assurance processes for information governance include:

The key structures in place, principally Information Asset Owners and Information Asset Administrators who maintain the Trust's systems containing patient and staff personal data

- A trained Caldicott Guardian, a trained Senior Information Risk Owner and a trained Data Protection Officer
- A risk management and incident reporting process
- Staff training
- Information governance risk register
- Review of compliance with the Data Security and Protection Toolkit
- Internal audit review of the evidence provided to comply with the criterion of the Data Security and Protection Toolkit.

Four cases recorded in the Information Governance Incident Reporting Tool were reported to the Information Commissioner's Office in 2022/23. The details are provided in the following table.

Table 54: Incidents reported to the Information Commissioner's Office 2022/23

Date of Incident	Incident description	Number affected	How individuals were informed	Lessons Learned
17/05/2022	An email detailing the sensitive medical status of an employee was sent to two group emails within that employee's department.	1	Face to face supported by HR.	Email distribution list was selected in error to circulate a document that contained sensitive medical information.
21/10/2022	Member of the public contacted the Trust with concerns their medical records had been inappropriately accessed by a member of staff.	2	Member of the public informed the Trust of the breach.	Staff member admitted inappropriate access - case handed over to HR.
11/11/2022	The address of a paediatric patient and their parent was disclosed to the patient's estranged parent, inadvertently disclosing the patient's new address as it was included in the copy of a clinic letter sent to the estranged parent.	2	The parent with custody informed the Trust of the breach.	No alerts were added to the electronic patient record to inform staff to redact the patients current address from any copies of clinic letters before being sent to the estranged parent, as had been requested.
15/02/2023	The address of a paediatric patient, their sibling and parent was disclosed to an abusive ex-partner's new partner when they attended the emergency department with the patient as it was automatically printed on the triage paperwork.	3	The parent with custody informed the Trust of the breach.	The parent with custody nor the children were known to domestic violence or safeguarding teams, and therefore no alert has been requested to inform staff of any concerns with the family,

4.7.8 Data Quality and Governance

In respect of data accuracy, our quality and performance data follows a set pattern each month. Data is processed on the tenth working day from the agreed sources. Prior to this, most areas undergo data checks and each data source is overseen by a senior responsible officer in the relevant Trust team. Once the data is ready, the Scorecards and key performance indicator reports are uploaded to our InfoWeb 'Performance' page. This data is reviewed by the various leads; exception reports and commentaries are compiled, collated and signed-off by relevant Exec lead before being reported to the Trust Board.

For Elective waiting lists (Referral to Treatment) the approach is the same. We validate the data up to the 'freeze date' and perform a series of data quality checks prior to publication. NHS England's Elective Care Intensive Support Team (ECIST) have reviewed our processes and are satisfied with our approach to reporting waiting times.

4.7.9 Significant Internal Control Issues

Two significant internal control issues have been identified during the year, as follows:

- The significant elective backlogs that developed during the COVID-19 pandemic continued to be felt throughout 2022/23 and the efforts to address these were a significant draw on the Trust's resources.
- The industrial action taken by many different professional groups including nurses, junior doctors, other allied health professionals and support staff in the second half of the financial year impacted the Trust's ability to reduce its elective backlogs.

4.7.10 Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, Finance and Digital Committee, People Committee and the Quality and Outcomes Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Board Assurance Framework (BAF) and on the controls reviewed as part of the internal audit work. My review of the effectiveness of the system of internal control is informed by executives and managers within the organisation, who have responsibility for the development and maintenance of the system of internal control and the assurance framework. The BAF itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its objectives have been reviewed.

The assurance framework has been reviewed by the Trust's internal auditors. They have confirmed that a BAF has been established which is designed and operating to meet the requirements of the 2022/23 Annual Governance Statement. Their opinion supported that overall there is an effective system of internal control to manage the principal risks identified by the organisation.

The Board reviews risks to the delivery of the Trust's performance objectives through monthly monitoring and discussion of the performance in the key areas of finance, activity, national standards, patient safety and quality and workforce. This enables the Board of Directors to focus on key issues as they arise and address them.

The Audit Committee oversees the effectiveness of the Trust's overall risk management and internal control arrangement. On behalf of the Board, it independently reviews the effectiveness of risk management systems in ensuring all significant risks identified, assessed, recorded and escalated as

appropriate. The Audit Committee regularly receives reports on internal control and risk management matters from the internal and external auditors. None of the internal or external auditors' reports considered by the audit committee during 2022/23 raised significant internal control issues. There is a full programme of clinical audit in place.

The responsibility for compliance with the CQC essential standards is allocated to lead executive directors who are responsible for maintaining evidence of compliance. The Trust is addressing all areas of underperformance and non- compliance identified either through external inspections, patient and staff surveys, raised by stakeholders, including patients, staff, governors and others or identified by internal peer review.

4.7.11 Conclusion

The Board is committed to continuous improvement of its governance arrangements to ensure that systems are in place which ensure risks are correctly identified and managed and that serious incidents and incidents of non-compliance with standards and regulatory requirements are escalated and are subject to prompt and effective remedial action, so that the patients, service users, staff and stakeholders of University Hospitals Bristol and Weston NHS Foundation Trust can be confident in the quality of the service we deliver and the effective, economic and efficient use of resources.

My review confirms that University Hospitals Bristol and Weston NHS Foundation Trust has sound systems of internal control up to the date of approval of the annual report and accounts.

Eugine Yafele
Chief Executive

Appendix A – Biographies of Members of the Board of Directors

Prof Eugine Yafele – Chief Executive

Eugine was appointed chief executive of University Hospitals Bristol NHS Foundation Trust in May 2022. Prior to joining UHBW, Eugine was the chief executive of Dorset HealthCare University Foundation Trust for four years. Under his leadership, the Trust achieved a CQC rating of Outstanding in his first year as chief executive. The Trust was also ranked amongst the top 4 in the annual staff survey for 3 consecutive years – with the best scores nationally for staff engagement and empowerment.

A nurse by background, Eugine brings a wealth of experience across senior clinical and operational roles in the private sector and in acute and mental health organisations in the NHS.

Eugine completed his MBA at Warwick Business School and has broad experience of partnership working and developing new models of care to improve the experience and outcomes for people who use health and social care services.

Mark Smith – Chief Operating Officer & Deputy Chief Executive

Mark practiced as a GP until he became the deputy medical director for the North East Strategic Health Authority. Whilst in the role he worked with organisations in the North East to develop commissioning, clinical engagement and the NETs programme which utilised quality improvement methodology to improve patient care. He has worked on several national committees and the High Quality Care for All Strategy whilst on secondment to the Department of Health. He has a wide experience in health informatics including working with the national programme for IT and developing one of the first national e-referral systems for cancer patients.

Mark has held several chief operating officer roles including City Hospitals Foundation Trust, Leeds University Teaching Hospital and Brighton and Sussex University Teaching Hospital.

Mark left the Trust on 8 November 2022.

Prof Stuart Walker – Chief Medical Officer & Deputy Chief Executive

Professor Stuart Walker is an experienced NHS Executive Medical Director and previous Deputy Chief Executive Officer. He has a background in a broad range of senior leadership positions and, as a prior Cardiologist of 18 years standing, significant senior clinical experience. Before coming to UHBW in Feb 2022 he worked at Cardiff and Vale University Health Board as MD, Deputy CEO and then Interim CEO. He has also held prior Executive, and senior leadership, roles in the English NHS for example as MD at Taunton and Somerset NHS FT, and Chief Medical Officer at TSFT and Somerset Partnership FT. He was awarded the title of Honorary Professor by Cardiff University in 2021.

Prof Deirdre Fowler – Chief Nurse and Midwife

Deirdre is an experienced executive nurse and midwife whose career in healthcare now spans over 30 years. Deirdre has worked in community, acute and academic sectors. She has held positions in senior midwifery leadership and commenced her first executive nurse post in 2013. Deirdre has worked at senior level in a range of organisations, more recently at South Tees Hospitals NHS Foundation Trust in the North East. Deirdre has recently began a role as visiting professor at the University of West England.

Paula Clarke – Executive Managing Director

Paula is an experienced Executive who has held senior manager and Executive roles in commissioning, provider and primary care organisations over the last 30 years. She worked

for 23 years in the integrated health and social care system in Northern Ireland bringing this experience of multidisciplinary and collaborative delivery into UHBW and the ICS. Paula has 14 years Board level experience, including serving as the interim chief executive of Southern Health and Social Care Trust in 2015/16. Over the pandemic, Paula was national lead for establishing large-scale mass vaccination centres and also led on delivery of the Bristol Nightingale Hospital. Paula has extensive experience in integrated care operational delivery, strategic planning, continuous improvement, partnership working and service transformation programmes. Paula started in the Trust on 1 April 2016

Neil Kemsley – Chief Financial Officer

Neil trained and qualified at The Trust before leaving in 1998 to progress his career through the finance ranks at University College London hospitals, Kings and then Portsmouth.

Neil has over 15 years' experience as a Board director working across the provider, commissioning and regulatory sectors of the NHS.

More recently he spent three-and-a-half years at University Hospitals Plymouth NHS Trust before returning to Bristol.

Emma Wood – Chief People Officer

Emma is an experienced executive whose specialisms include employee relations and engagement, inclusion, organisational design and development, resourcing and talent development. With a strong track record across both private and public sector, Emma previously worked at South Western Ambulance Service NHS Foundation Trust as well as Avon and Somerset Constabulary. Emma holds a BA in Psychology and Education and an MSC in Integrated Professional Practice from UWE. She is a Chartered Fellow of the Chartered Institute of Personnel and Development and an Executive Coach. Emma started in the Trust on 4 January 2022.

Jayne Mee - Chair

Jayne has spent more than 30 years in human resources and organisational development, working in executive roles with the Boots Company, Whitbread, Royal Mail, Punch Taverns and Barratt Developments. Until June 2015 she was director of people and organisation development at Imperial College Healthcare NHS Trust. Until June 2021 she was a non-executive director at London Ambulance Service NHS Trust, and a trustee at St John Ambulance. She joined NHS Charities Together as a Trustee in September 2021. Jayne is also an executive coach where she supports executives and organisations in culture change, engagement and transformation in a wide variety of private and public sector businesses. Jayne holds an MSc in human resource development from Nottingham Trent University, a certificate in coaching from Henley Management College and is a Fellow of the Institute of Personnel and Development.
Jayne was appointed as Non-Executive in June 2019 before taking on the role of Interim Chair in April 2021. She was appointed into the substantive role of Trust Chair on 9 December 2021.

Jane Farrell – Chief Operating Officer

Jane has experience of working in and across large complex organisations and systems, including 19 years as an executive director. Her previous roles have included Executive Managing Director, Deputy Chief Executive, Director of Transformation and Chief Operating Officer across NHS organisations including Kings College Hospitals, Mid & South Essex FT, and Western Sussex Hospitals. Jane is a dual registered nurse, specialising in paediatric critical care. Jane joined UHBW on 31 October 2022 as Interim Chief Operating Officer and was appointed on a permanent basis from 1st April 2023.

Martin Sykes – Non-executive Director

Martin studied chemistry at the University of Newcastle upon Tyne, where he obtained a PhD and spent a number of years working in post-doctoral research. He later qualified as an accountant and joined the NHS in 1995. Martin worked most recently at Frimley Health NHS Foundation Trust as finance director and deputy chief executive. Within the NHS Martin has also held executive responsibility for procurement; information management and technology; information governance; contracting; and strategy. Martin is chair of the Finance and Digital Committee and vice chair of the Board.

Julian Dennis – Non-executive Director

A company director and public health scientist, Julian worked for the Public Health Laboratory Service at Porton Down before joining Thames Water. He was appointed a director of United Kingdom Water Industry Research Limited in 2003 before joining the board of Wessex Water as director of environment and science in 2004. Julian chairs the Quality and Outcomes Committee and is the Senior Independent Director (SID) on the Board.

Bernard Galton – Non-executive Director

Bernard has had a long and successful Civil Service career with 28 years in the Ministry of Defence, and 10 years in the Welsh Government. He retired in 2014 from his role as director general. With more than 20 years executive Board experience he has complemented this with non-executive directorships in the Royal National Mineral Hospital for Rheumatic Diseases Foundation Trust, Capita Property Services in Wales. Whilst in the Welsh Government, Bernard led a large corporate services department spanning human resources, learning and development, information services, property, facilities, health and safety and security. He was head of profession for human resources and organisation development for all Public Service organisations in Wales, and also worked at the highest level in NHS Wales gaining an understanding of the key strategic issues facing health and social care services. He is a Chartered member of the Chartered Institute of Personnel and Development, and lives in Bath. Bernard is chair of the People Committee.

David Armstrong – Non-executive Director

After graduating from Southampton University in 1980 with First Class Honours in Mathematics and its Applications, David initially worked in the banking sector before taking up a position as a systems engineer with GEC-Marconi in 1983. During the early part of his career he worked internationally, both in project management and function management roles. In 1999 he was appointed as business improvement, IT and quality director at Alenia Marconi Systems Ltd and since that time has held Board level positions in a number of GEC-Marconi and BAE Systems businesses, usually with responsibility for governance, risk, assurance and improvement. During his career David has also served on a number of policy making committees including Engineering UK's Business and Industry Panel and as a trustee of the Chartered Quality Institute. In 2014 David left the aerospace and defence sector to pursue interim and Non-executive director roles, including a secondment as ‘head of profession’ at the Chartered Quality Institute, where he was responsible for developing the quality profession, both within industry and the academic sector and also through development of its individual members. He is a Fellow of the Chartered Quality Institute and a Chartered Quality Professional, and was a Chartered Engineer and Fellow of the Institute of Engineering and Technology from 2005-2019. David is chair of the Audit Committee.

David’s final term of office ended in November 2022.

Sue Balcombe – Non-executive Director

Sue is a registered nurse with more than 35 years’ experience within the NHS and significant NHS board experience at an executive level. In 2005 she was Director of Nursing at Taunton Deane Primary Care Trust followed by Chief Nurse at Somerset Community Health. Following a merger and acquisition in 2015 she became Chief Nurse at Somerset Partnership

NHS Foundation Trust bringing together community and mental health services within an integrated Trust. Sue has extensive and varied clinical experience principally in urgent and emergency care and community care, assuming leadership roles in each. She brings significant experience in service integration and system redesign having played a clinical leadership role within Somerset STP prior to her retirement in 2018. Prior to joining the Board Sue was a Non-executive Director at Weston Area Health NHS Trust and a non- executive director (designate) at University Hospitals Bristol and Weston NHS Foundation Trust.

Sue is also the chair of the Quality and Outcomes Committee.

Prof Jane Norman – Non-executive Director

Professor Jane Norman has been Dean of the Faculty of Health Sciences at the University of Bristol since June 2019. She was the academic lead for diversity and inclusion at the University of Edinburgh and in addition, she was a Non-Executive Director of the Equality Challenge Unit from 2014 until it was absorbed into Advance HE in 2018. She has held executive roles in many other organisations, including the Academy of Medical Sciences and (currently) the Medical Schools Council.

She has a strong background in health research, spanning the full range of research activity, from discovery (basic laboratory and preclinical studies) through early phase clinical trials to phase III/IV studies and analysis of large epidemiological datasets. She has over 250 peer-reviewed publications. She also has 35 years' experience as a hospital clinician in obstetrics and gynaecology.

Jane was appointed as a Non-executive Director of the Trust on 1 March 2021. Jane is the Chair of the Audit Committee.

Prof Marc Griffiths – Non-executive Director

Marc is the Pro Vice-Chancellor and Executive Dean of the Faculty of Health and Applied Sciences at the University of the West of England, Bristol. He has responsibility for approximately 10,500 students across Health and Social Care, Applied Sciences and Social Sciences at all levels of education from foundation degree through to doctoral level. He also has overall responsibility for circa 450 staff and work with a number of external partners across the city and region of Bristol and beyond.

Marc's research and knowledge exchange areas include exploring the development of hybrid practitioners within healthcare and education, Leadership redesign for Allied Health Professions, EDI work and service provision mapping.

Marc was appointed as a Non-executive Director of the Trust on 1 July 2022.

Roy Shubhabrata – Non-executive Director

Roy has spent the last two decades focused on digital transformation in healthcare across Europe, North America, Asia and Australia. His interest lies is in the collaboration of government, academia, charities and providers in the adoption of innovative technologies in health and care settings.

Roy is the Chief Executive of Healthinnova, an international health technology solutions company based in Bath. He is a Trustee of Age UK, the country's leading charity focused on older people, as well as HelpAge International UK, which focuses on ageing issues in low and middle-income countries.

Roy was appointed as a Non-executive Director of the Trust on 1 July 2022.

Arabel Bailey – Associate Non-executive Director

Arabel brings 30 years experience of technology-driven transformation in the private sector, across a wide range of industries. She is an experienced business leader and has held numerous senior executive positions in the areas of Technology, Digital Transformation and Innovation.

She is also a Non-executive Director at the Department for Work and Pensions working as part of their Transformation Advisory Committee. She provides expertise and insight around modernising and transforming the Department's citizen services.

Arabel has long been a champion for Diversity and Inclusion, and for the need to bring a better gender balance to the Technology industry. She is recognised as a role model in this area and has received industry recognition for her leadership roles.

Arabel was appointed as an Associate Non-executive Director of the Trust on 1 July 2022.

Stephen Peacock – Associate Non-executive Director

A former partner with Grant Thornton UKLLP, Stephen was Executive Director for Growth and Regeneration at Bristol City Council where he led the Council's work on the built environment and the delivery of key city services. Stephen was then appointed Chief Executive of Bristol City Council in September 2022. His earlier career involved international roles in the energy and technology sectors.

Stephen was appointed as an Associate Non-executive Director of the Trust on 1 July 2022, and he resigned on 3 September 2022 following his appointment as Chief Executive of Bristol City Council.

Gill Vickers – Non-executive Director

Gill has worked in Adult Social Care and Health, for the past thirty five years with a focus on transformation and integration to improve outcomes for service users. Gill is firmly committed to the principles of personalised health and care services to benefit the people who need them.

Gill has worked in a number of Shire, Metropolitan and London Councils and, more recently, has been the Director of Adult Social Services (DASS) in the following authorities: Bracknell-Forest; Dorset Council; Brent Council and East Riding Council. Gill is also a qualified Acupuncturist (no longer practicing).

Gill is a keen gardener, enjoys walking with her dog, loves holidaying in her campervan with her family and is a enthusiastic dressmaker and quilter.

Gill resigned as a Non-executive Director on 14 March 2023.

Appendix B – Contact Details

The **Trust Secretariat** can be contacted at the following address:

Director of Corporate Governance
University Hospitals Bristol and Weston NHS Foundation Trust
Trust Headquarters
Marlborough Street
BRISTOL
BS1 3NU

Telephone: 0117 34 21577
Email: Trust.Secretariat@uhbw.nhs.uk

The **Membership Office** can be contact at the following address:

Membership Office
University Hospitals Bristol and Weston NHS Foundation Trust
Trust Headquarters
Marlborough Street
BRISTOL
BS1 3NU

Telephone: 0117 34 23764

Email: FoundationTrust@uhbw.nhs.uk

Appendix C – Annual Accounts 2022/23

University Hospitals Bristol and Weston NHS Foundation Trust

Accounts for the year ended 31 March 2023

Jeremy Spearing
Acting Chief Financial Officer

Finance Department
Trust Headquarters
Marlborough Street
PO Box 3214
BRISTOL BS1 9JR

UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST

Accounts for the year ended 31 March 2023

FOREWORD TO THE ACCOUNTS

These accounts for the year ended 31 March 2023 have been prepared by the University Hospitals Bristol and Weston NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Services Act 2006.

Eugine Yafele
Chief Executive

Date 26 June 2023

Statement of Comprehensive Income for the year ended 31 March 2023

	Note	Year Ended 31 March 2023 £000	Year Ended 31 March 2022 £000
Operating income from patient care activities	3.1	1,021,125	937,560
Other operating income	4.1	116,076	134,259
Operating expenses	5.1	(1,143,214)	(1,050,033)
OPERATING (DEFICIT)/SURPLUS		**(6,013)**	**21,786**
Finance income	8.1	3,163	90
Finance expenses	8.2	(2,819)	(2,068)
Public dividend capital dividend expense		(12,863)	(11,929)
NET FINANCE COSTS		**(12,519)**	**(13,907)**
Other losses	7	(846)	(66)
Gains arising from transfer by absorption	20	(252)	(100)
(DEFICIT)/SURPLUS FOR THE YEAR		**(19,630)**	**7,713**
OTHER COMPREHENSIVE INCOME/(EXPENDITURE)			
Will not be reclassified to income and expenditure			
Impairments	8.3	(6,991)	120
Revaluations	10	31,561	15,356
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		**4,940**	**23,189**

All revenue and income is derived from continuing operations.

The notes on pages 6-41 form part of these accounts.

Statement of Financial Position at 31 March 2023

	Note	Year Ended 31 March 2023 £000	Year Ended 31 March 2022 £000
NON-CURRENT ASSETS			
Intangible assets	9	20,017	10,788
Property, plant and equipment	10	577,106	554,404
Right of use assets	10.2	99,229	-
Receivables	12.1	1,828	1,906
TOTAL NON-CURRENT ASSETS		**698,180**	**567,098**
CURRENT ASSETS			
Inventories	11	15,028	13,562
Receivables	12.2	63,209	33,814
Other financial assets	13	104	104
Cash and cash equivalents	14	128,035	168,091
TOTAL CURRENT ASSETS		**206,376**	**215,571**
CURRENT LIABILITIES			
Trade and other payables	15	(164,362)	(139,942)
Borrowings	17.1	(12,535)	(6,773)
Provisions	18.1	(302)	(370)
Other liabilities	16	(8,530)	(8,940)
TOTAL CURRENT LIABILITIES		**(185,729)**	**(156,025)**
TOTAL ASSETS LESS CURRENT LIABILITIES		**718,827**	**626,644**
NON-CURRENT LIABILITIES			
Borrowings	17.1	(133,314)	(49,832)
Provisions	18.1	(3,863)	(4,537)
TOTAL NON-CURRENT LIABILITIES		**(137,177)**	**(54,369)**
TOTAL ASSETS EMPLOYED		**581,650**	**572,275**
EQUITY			
Public dividend capital		326,605	323,158
Revaluation reserve		111,348	88,941
Other reserves		85	85
Income and expenditure reserve		143,612	160,091
TOTAL EQUITY		**581,650**	**572,275**

The accounts on pages 2 to 41 were approved by the Board on 15 June 2023 and signed on its behalf by:

Eugine Yafele, Chief Executive Date: 26 June 2023

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

Changes in Equity in the current year	Public Dividend Capital	Revaluation Reserve	Other Reserves	Income & Expenditure Reserve	Total Equity
	£000	£000	£000	£000	£000
Equity at 1 April 2022	323,158	88,941	85	160,091	572,275
Implementation of IFRS16 on 01/04/22		-	-	988	988
Surplus/(deficit) for the year		-	-	(19,630)	(19,630)
Net impairments		(6,991)	-	-	(6,991)
Transfers between reserves		(2,163)	-	2,163	-
Revaluations - PPE		31,561	-	-	31,561
PDC Received	3,447	-	-	-	3,447
Equity at 31 March 2023	**326,605**	**111,348**	**85**	**143,612**	**581,650**

Changes in Equity in the previous year	Public Dividend Capital	Revaluation Reserve	Other Reserves	Income & Expenditure Reserve	Total Equity
	£000	£000	£000	£000	£000
Equity at 1 April 2021	312,135	75,704	85	150,139	538,063
Surplus/(deficit) for the year	-	-	-	7,713	7,713
Net impairments	-	120	-		120
Transfers between reserves	-	(2,239)	-	2,239	-
Revaluations - PPE	-	15,356	-	-	15,356
PDC Received	11,023	-	-	-	11,023
Equity at 31 March 2022	**323,158**	**88,941**	**85**	**160,091**	**572,275**

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 and Social Care 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.

Other reserves

Relates to historical balances and will not move.

Income and expenditure reserve

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

Statement of Cash Flows for the year ended 31 March 2023

	Note	Year Ended 31 March 2023 £000	Year Ended 31 March 2022 £000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating surplus from continuing operations		(6,013)	21,786
OPERATING SURPLUS		**(6,013)**	**21,786**
NON-CASH INCOME AND EXPENDITURE			
Amortisation	9	2,317	2,898
Depreciation	10	35,967	27,404
Net impairments	8.3	16,876	13,035
Income recognised in respect of capital donations		(844)	(17,179)
(Increase)/decrease in trade and other receivables	12.1 & 12.2	(29,472)	(2,085)
(Increase)/decrease in inventories	11	(1,466)	(942)
Increase/(decrease) in trade and other payables	15	21,945	11,495
Increase/(decrease) in other liabilities	16	(410)	395
Increase/(decrease) in provisions	18	(742)	(271)
Other movements in operating cash flows		(1)	5
NET CASH GENERATED FROM OPERATIONS		**38,157**	**56,541**
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest received		3,163	90
Purchase of property, plant and equipment		(54,056)	(66,904)
Purchase of intangible assets		(4,220)	(1,094)
Receipt of cash donations to purchase capital assets		844	17,179
NET CASH USED IN INVESTING ACTIVITIES		**(54,269)**	**(50,729)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Public dividend capital received		3,447	11,023
Loans repaid to DHSC	17.4	(5,834)	(5,834)
Capital element of lease liability repayments	17.4	(6,392)	(417)
Interest paid	17.4	(1,756)	(1,958)
Interest element of lease liability repayments	17.4	(1,118)	(169)
PDC dividend paid		(12,292)	(10,010)
NET CASH GENERATED/(USED) IN FINANCING ACTIVITIES		**(23,945)**	**(7,365)**
INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS		**(40,056)**	**(1,553)**
CASH AND CASH EQUIVALENTS AT START OF YEAR	14	**168,091**	**169,644**
Transfer by absorption			-
CASH AND CASH EQUIVALENTS AT END OF YEAR	14	**128,035**	**168,091**

The accompanying notes form part of these financial statements.

1. Accounting policies

1.1 Basis of preparation

NHS England, in exercising its statutory functions, has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Accordingly therefore, the following financial statements have been prepared in accordance with the GAM 2022/23 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to NHS foundation trusts, 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 circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. The accounting policies 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.

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 (FReM), 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.

1.3 Income

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 regulation 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 from contracts with customers

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.

The timing of satisfaction of performance obligations relates to the typical timing of payment (i.e. credit terms).

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. In 2022/23 and 2021/22, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at an Integrated Care System level. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In 2022/23, the Elective Services Recovery Fund (ESRF) enabling systems to earn income linked to the achievement of elective activity targets was suspended. The ESRF income allocated to the system was distributed between individual entities by local agreement. Income received from the fund is therefore, also accounted for as a block

consideration as it did not vary based on activity performed.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that when treatment has been given, it receives notification that the Department for 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.

1.4 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 grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when the Trust accesses funds from the Government's apprenticeship service are 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 of the benefit.

1.5 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 year is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

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 schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to that scheme for the accounting period. The contributions are charged to operating expenses as 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 expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

1.6 Expenditure on other goods and services

Expenditure on goods and services are recognised when, and to the extent that they have been received, and are 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.

1.7 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 will be provided to the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably;
- the item has cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, for example, 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 that are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or corporate functions) are measured subsequently at their current value in existing use. Assets that 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 amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

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

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

Assets in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Costs include professional fees and, where capitalised in accordance with IAS 23, borrowing 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 historical cost where these assets have short useful economic 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 have 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 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 service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss are 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.

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:

Asset Type	Minimum Life Years	Maximum Life Years
Buildings excl. dwellings	9	49
Dwellings	14	20
Plant and machinery (incl. medical equipment)	1	32
Transport equipment	1	7
Information technology	1	12
Furniture and fittings	1	27

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

1.8 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.

Software

Software, which is integral to the operation of hardware, for example, 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, for example, 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:

Asset Type	Minimum Life Years	Maximum Life Years
Software (purchased)	1	8

1.9 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. In 2022/23 and 2021/22, 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 of Health and Social Care.

1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the

date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

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

1.11 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.

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

Classification and measurement

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

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

There are no material differences between amortised costs and net book values of financial assets and liabilities. As a result, all financial assets and liabilities are held at net book value.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities measured 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 discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of the financial asset or 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 as 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.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables and contract assets, 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 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).

For other 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 the estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive

Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

De-recognition

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

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

1.12 Leases

IFRS 16 Leases replaced IAS 17 Leases, IFRIC 4 *Determining whether an arrangement contains a lease* and other interpretations and became applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the re-measurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases remain and the accounting is largely unchanged.

IFRS 16 changes the definition of a lease compared with IAS 17 and IFRIC 4. The Trust has applied this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Trust applied the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability has been recognised equal to the value of the remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate as defined by HM Treasury is 3.51% (from January 2023, transition it was 0.95%). The related right of use asset has been measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset has been measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability is recognised in the income and expenditure reserve on transition.

Existing finance leases have been adjusted from market value to represent the actual lease liability upon transition.

For leases commencing in 2022/23, the Trust does not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets are subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The Trust as lessor

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

Rental income from operating leases is recognised on a straight-line 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.

1.13 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 2023:

Expected cash outflows	Years	HMT nominal rate	
		2022/23	2021/22
Short-term	Up to 5	3.27%	0.47%
Medium-term	> 5 to 10	3.20%	0.70%
Long-term	> 10 to 40	3.51%	0.95%
Very long-term	>40	3.00%	0.66%

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:

Year	HMT inflation rate	
	2022/23	2021/22
Year 1	7.40%	4.00%
Year 2	0.60%	2.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.70% in real terms (prior year: minus 1.30%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution and in return all clinical negligence claims are settled. 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 18.2 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.

1.14 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 Trust's control) are not recognised as assets but would be disclosed in note 21 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but disclosed in note 21, 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.

1.15 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 PDC dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year.

Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined in the PDC dividend policy issued 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 of the audit of the annual accounts.

1.16 Value added tax (VAT)

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.

1.17 Corporation tax

The Trust has assessed that it has no liabilities (£nil prior year) for corporation tax under the activities for which tax may be payable as described below:

- if activity is not related to the provision of core healthcare as defined under the HSCA. (Private healthcare falls under this legislation and is therefore not taxable);
- If activity is commercial in nature and competes with the private sector. In house trading activities are normally ancillary to the core healthcare objectives and are therefore not subject to tax; and
- If activity has annual profits of over £50,000.

1.18 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.

1.19 Foreign exchange

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

The Trust has no assets or liabilities denominated in a foreign currency at the Statement of Financial Position date, nor any exchange gains or losses on monetary items.

1.20 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in note 24 to the accounts in accordance with the requirements of HM Treasury's *FReM*.

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 managed. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note 25 is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

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.

1.23 Transfers of functions to/from other NHS bodies

For functions that have been transferred to the Trust from another NHS government 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 / (loss) corresponding to the net assets/ (liabilities) transferred is recognised within income / expenses, 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.

For functions that the Trust has transferred to another NHS government body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net loss / gain corresponding to the net assets / liabilities transferred is recognised within expenses / income, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve.

1.24 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been subject to early adoption in 2022/23.

1.25 Standards, amendments and interpretations in issue but not yet effective or adopted

No new accounting standards, amendments or interpretations have been issued but not yet effective or adopted in 2022/23.

Other standards, amendments and interpretations

The following table presents a list of recently issued IFRS standards and amendments that have not yet been adopted within the HM Treasury FReM and are therefore not applicable in 2022/23.

Standards and Interpretations	Financial year for which the change first applies
IFRS 17 *Insurance Contracts*	Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM which is expected to be from April 2024: early adoption is not therefore permitted.
IAS 1 Disclosure of Accounting Policies	The amendments require that an entity discloses its material accounting policies, instead of its significant accounting policies. Further amendments explain how an entity can identify a material accounting policy. Examples of when an accounting policy is likely to be material are added. To support the amendment, the Financial Reporting Advisory Board has also developed guidance and examples to explain and demonstrate the application of the 'four-step materiality process' described in IFRS Practice Statement 2.
IAS 8 Definition of Accounting Estimates	The amendments replace the definition of a change in accounting estimates with a definition of accounting estimates. Under the new definition, accounting estimates are "monetary amounts in financial statements that are subject to measurement uncertainty." Entities develop accounting estimates if accounting policies require items in financial statements to be measured in a way that involves measurement uncertainty. The amendments clarify that a change in accounting estimate that results from new information or new developments is not the correction of an error.
IAS 12 Deferred Tax related to Assets and Liabilities arising from a Single Transaction	The amendments clarify that the initial recognition exemption does not apply to transactions in which equal amounts of deductible and taxable temporary differences arise on initial recognition.

1.26 Critical accounting estimates and judgements

Estimates and judgments are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

The Trust has made no judgements in applying the accounting policies other than those involving accounting estimates.

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:

a) Depreciation

Depreciation is based on automatic calculations within the Trust's Fixed Asset Register and is calculated on a monthly basis throughout the year. When an asset is added to the Fixed Asset Register, it is given a useful economic life by the capital accountant, depending on the class of asset (i.e. vehicle, IT equipment etc.). Buildings can be assigned a useful economic life of up to 50 years by the District Valuer as part of their valuations, depending on their state of repair and intended use. Useful economic life can be adjusted on the Fixed Asset Register if required, for example following an external valuation by the District Valuer. This estimate will consider past experience. Typically more expensive items have a longer lifespan which reduces the degree of sensitivity of charges.

The value of depreciation in the accounts is identified in note 10.

b) Revaluation

The Trust's assets are subject to a 5-year cycle of revaluations by the Trust's approved Valuer. In the interim years, the Trust's assets are revalued using desktop revaluations undertaken by the Valuation Office. The Valuation Office is an expert therefore there is a high degree of reliance on the Valuer's expertise.

The value of revaluations in the accounts is identified in note 10.

c) Impairment

Impairments are based on the Valuation Office's revaluation, on application of indices or on revaluation of individual assets e.g. when brought into operational use or identified for disposal. Estimates and judgments are used where the valuations and the assumptions used are applicable to the Trust's circumstances. Additionally, management reviews would identify circumstances which may indicate where an impairment has occurred.

The value of impairments in the accounts is identified in note 10.

d) Annual leave accrual

The Trust's approach to calculating the cost of annual leave entitlement earned but not taken by employees at the end of the year multiplies the number of days carried forward by average costs for each staff group.

To reasonably estimate the number of days carried forward, the Trust's rostering systems' Healthroster is used to provide the data for a sample of a cross section of employees by staff group.

The average cost of the staff group continues to be calculated using the mid-point of the pay scale which is then weighted based on the number of staff in each band and increased to reflect allowances paid in addition to base rate.

The value of the annual leave accrual in the accounts is identified in note 15.

e) Provisions

For the purposes of calculating provisions balances, estimates are based on information supplied by third parties such as NHS Resolution and NHS Pension Agency. Inflation and discount rates are notified to the Trust. The probability and timing of settlements are also estimated, based upon previous experience and robust estimation techniques. Provisions in respect of payments to NHS Pension Agency are calculated based on actuarial tables covering life expectancy and are regularly reviewed.

The clinician pension tax provision is calculated based on the number of consultants in posts at the Trust on 31 March 2020 multiplied by the average discounted value as provided by DHSC.

The value of provisions in the accounts is identified in note 18.

f) Determining transaction price under IFRS15

The Trust has considered the implications of IFRS 15 in relation to the determination of transaction price and the satisfaction of performance obligations over time. There are no material elements of Trust income that involve assumptions beyond existing transactional estimates.

2 Segmental analysis

The Trust operates only one healthcare segment. The healthcare segment delivers a range of healthcare services, predominantly to Clinical Commissioning Groups and NHS England. The Trust is operationally managed through five clinical divisions, two support divisions and one business unit, all of which operate in the healthcare segment. Internally the finance, activity and performance of these areas are reported to the Trust Board. They are consolidated, as permitted by IFRS 8 paragraph 12, into Trust wide figures for these accounts.

Expenditure and non-service agreement income is reported against the operational areas for management information purposes. The outturn position reported for 2022/23 is shown below with comparator figures for 2021/22.

	Year Ended 31 March 2023 £000	Year Ended 31 March 2022 £000
Corporate income	1,022,044	945,433
Corporate expenditure*	(29,689)	(26,711)
Divisions/functions net expenditure**		
Division of Diagnostic and Therapies	(90,896)	(76,503)
Division of Medicine	(141,281)	(122,768)
Division of Specialised Services	(165,121)	(147,871)
Division of Surgery	(171,729)	(139,792)
Division of Women's and Children's	(208,115)	(193,471)
Division of Weston	-	(80,673)
Weston General Hospital	(52,656)	-
Facilities and Estates	(51,735)	(51,608)
Trust Services	(62,638)	(58,759)
Total division/function net expenditure	(944,171)	(871,445)
Earnings before Interest, Tax, Depreciation & Amortisation	**48,184**	**47,277**
Financing costs	(48,162)	(42,206)
Net surplus before technical adjs reported to NHSE	**22**	**5,071**
Technical accounting adjustments		
Donations received for Property Plant and Equipment	844	17,179
Depreciation on donated assets	(2,640)	(2,254)
Impairment (charge) / reversal from revaluation	(16,876)	(13,035)
Net impact of DHSC donated consumables	(109)	(210)
Remove net impact of asset disposals donated from other DHSC bodies	(619)	-
Retain impact of DEL I&E (impairments)	-	1,062
Transfer by absorption	(252)	(100)
Total technical accounting adjustments	(19,652)	2,642
Surplus/(Deficit) for the year	**(19,630)**	**7,713**

* Expenditure is not attributed to a specific division or function.

**During the year services from Weston Division integrated with their Bristol counterpart. The remaining services managed on the Weston site now form the Business unit, Weston General Hospital. The integration

has contributed to increased expenditure within the other clinical divisions. There has also been an increase in expenditure in all divisions due to the nationally determined pay awards, the recently proposed Agenda for Change pay settlement and other inflationary pressures.

3. Operating income from patient care activities

All income from patient care activities related to contract income recognised in line with accounting policy 1.3.

3.1 Income by nature

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
NHS patient activity income (*Note 1*)	800,297	759,523
Other high-cost drug income from commissioners (*Note 1*)	109,581	103,380
Other NHS clinical income (See significant items below) (*Note 1*)	51,507	31,189
Private patients	857	758
Additional pension contribution central funding	25,888	24,306
Other clinical income (see significant items below)	9,621	9,184
Elective recovery fund	23,374	9,220
Total	**1,021,125**	**937,560**
Other NHS Clinical Income - Significant items include:		
Cross provider charges under maternity pathways	1,193	1,723
Pass through income (*Note 1*)	25,709	20,737
Bone Marrow Transplants and CAR- T Therapy	3,434	1,021
Agenda for Change pay award central funding (*Note 2*)	20,875	
2022/23 Additional Agenda for Change pay settlement (*Note 2*)	20,032	
Other Clinical Income - Significant items include:		
Genito-urinary medicine (Local Authorities)	8,252	8,277
Injury cost recovery	1,027	730

Note 1: In 2021/22 all NHSE Pass Through Drugs & Devices were reported as changes to the Block, for 2022/23 these are being identified separately. To make comparison between these clearer, we have restated 2021/22 values as described: NHS Patient Activity Income has been reduced by £121.9m, from £881.4m to £759.5m, with the reassignment increasing Other High-Cost Drugs From Commissioners by £101.4m (from £1.962m to £103.380m) and Other NHS Clinical Income by £20.5m (from £10.7m to £31.2m, all of which was Pass through income).

Note 2: In March 2023, the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023, the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.' Agenda for Change pay award was finalised during 2022/23. This was funded centrally with additional income received part way through the year.

3.2 Income from patient care activities (by source)

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
NHS England	488,216	430,757
Clinical Commissioning Groups	500,142	477,230
NHS Foundation Trusts	126	251
NHS Trusts	1,108	2,079
Local Authorities	9,528	8,412
Non-NHS private patients	857	758
Non-NHS overseas patients	329	89
NHS Injury Scheme	1027	730
Territorial Bodies	19,792	17,254
Total	**1,021,125**	**937,560**

3.3 Income from patient care activities arising from Commissioner Requested Services

Under the terms of the provider license, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested services and non-commissioner requested services. Commissioner requested are defined in the provider license and are services that commissioners believe would need to be protected in the event of failure. This information is provided in the table below:

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Income from services designated as commissioner requested services	956,084	899,244
Income from services not designated as commissioner requested services (Note 1)	65,041	38,316
Total	**1,021,125**	**937,560**

Note 1 Funding for annual pay award and proposed pay settlement (described in Table 3.1 Income by Nature) additional income in 2022/23.

3.4 Income from overseas visitors

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Income recognised this year	329	89
For invoices raised in this and previous years:		
Cash payments received	193	91
Increase to credit losses of receivables	79	13
Amounts written off	379	274

4 Other operating income

4.1 Income by type

	Year ended 31 March 2023			Year ended 31 March 2022		
	Contract Income £000	Non-Contract Income £000	Total £000	Contract Income £000	Non-Contract Income £000	Total £000
Research and development	22,663	7,532	30,195	23,807	10,984	34,791
Education and training	42,404	1,213	43,617	39,189	754	39,943
Non-patient care services to other bodies	16,834	-	16,834	15,325	-	15,325
Provider Sustainability Fund and reimbursement and top up funding	1,039	-	1,039	2,135	-	2,135
Salary recharges	6,091	-	6,091	5,128	-	5,128
Receipt of capital grants and donations *(Note 1)*	-	844	844	-	17,179	17,179
Charitable and other contributions to operating expenditure	-	840	840	-	673	673
Contribution to expenditure – inventory donated by DHSC	-	1,564	1,564	-	2,090	2,090
Rental income from operating leases	-	2,570	2,570	-	2,222	2,222
Other*	12,482	-	12,482	14,773	-	14,773
Total recognised operating income	**101,513**	**14,563**	**116,076**	**100,357**	**33,902**	**134,259**

***Significant items include:**

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Clinical excellence awards	2,963	3,531
Trading services - MEMO	599	459
Trading services – Pharmacy	1,382	1,437
Trading services - IT	86	176
Clinical testing	260	217
Catering	1,367	962
Staff accommodation rentals	353	163
Car park income	600	512
Staff contribution to employee benefit schemes	340	454
Insurance income	-	341

Note 1 *In 2021/22 grant income of £16.5m was received to fund schemes which improve energy efficiency and reduce the Trust's carbon footprint.*

4.2 Additional Information on contract revenue recognised in the period

	NHS Providers	Other DHSC group bodies	Non DHSC group bodies	Total
Year ended 31 March 2023	**£000**	**£000**	**£000**	**£000**
Revenue recognised in reported period that was included within contract liabilities at the previous period end	59	4,038	4,843	8,940
Year ended 31 March 2022	**£000**	**£000**	**£000**	**£000**
Revenue recognised in reported period that was included within contract liabilities at the previous period end	15	3,883	4,647	8,545

4.3 Obligations

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Revenue from contracts entered into but expected to be recognised:		
- within one year	8,530	8,940
- after one year but not later than five years	-	-
- after five years	-	-

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

4.4 Lease income

This note discloses income generated in lease arrangements where the University Hospitals Bristol and Weston NHS FT is the lessor.

	Year ended 31 March 2023 £000	Year ended 31 March 2021 £000
Rental income – minimum lease receipts	2,570	2,222

Future minimum lease receipts due to the Trust

	Year ended 31 March 2023 £000	Year ended 31 March 2021 £000
- no later than one year	2,396	2,202
- between one and five years	3,323	3,762
- after five years	2,732	3,671
Total	**8,451**	**9,635**

5. Operating expenses

5.1 Operating expenses by type

	Year ended 31 March 2023	Year ended 31 March 2022
	£000	£000
Services from other bodies:		
- NHS & DHSC bodies	8,222	11,522
- non-NHS & non DHSC bodies	3,441	2,444
Purchase of healthcare from non-NHS bodies	9,485	9,929
Employee expenses excluding Board members	691,280	620,013
Employee expenses – Board members	1,711	1,603
Trust chair and non-executive directors	218	187
Supplies and services: clinical	95,966	85,252
Supplies and services: general	12,975	10,222
Drug costs	166,174	166,798
Establishment costs	18,225	16,335
Premises costs – business rates	1,229	3,623
Premises costs - other	19,800	13,475
Transport – business travel	1,440	995
Transport – other (including patient travel)	3,635	2,987
Depreciation on property, plant and equipment and right of use assets	35,967	27,404
Amortisation on intangible assets	2,317	2,898
Net impairments	16,876	13,035
Movement in contract credit loss allowance	143	474
Change in provisions discount rate	(590)	249
Auditor's remuneration - statutory audit	121	176
Internal audit	395	379
Clinical negligence	23,371	23,552
Research and development – other	5,951	10,632
Research and development – hosting payments	9,487	9,246
Rentals under operating leases	-	8,067
Other*	15,375	8,536
Total	**1,143,214**	**1,050,033**

*Significant items include:

	£000	£000
Education and training	3,451	4,106
Legal fees	404	364
Parking and security	1,494	1,398
Insurance	847	559
International Nurse Recruitment Fees	2,130	734
Apprenticeships	1,213	754
Childcare Vouchers	388	479
Immigration Surcharge	297	332

5.2 Other auditor remuneration and limitation of auditor's liability

There is no other non-audit service remuneration in note 5.1 for 2022/23. No other non-audit work at all was undertaken in 2022/23.

There is a limitation of liability of £138,000 in respect of external audit services unless unable to be limited by law, related to death or personal injury caused by negligence, bribery or fraud, or breach of obligation as to title implied by section 12 of the Sale of Goods Act 1979 or section 2 of the Supply of Goods and Services Act 1982.

5.3 Lease expenses

This note discloses costs and commitments incurred in lease arrangements where the University Hospitals Bristol and Weston NHS FT is the lessee.

	Year ended 31 March 2023	Year ended 31 March 2022
Minimum lease payments	**£000**	**£000**
Land	34	34
Buildings	6,955	7,026
Plant and machinery	521	1,007
Total	**7,510**	**8,067**
Future minimum lease payments due under operating leases	**£000**	**£000**
Before one year	7,158	7,928
Between one and five years	26,243	26,576
After five years	74,185	83,603
Total	**107,586**	**118,107**

The Trust leases various equipment and buildings. The most significant is the South Bristol Community Hospital. A new 20-year lease was signed in March 2022, which contributes to the significant value reflected in the minimum lease payments due after five years.

6. Employee benefits

Further detail on senior manager remuneration, fair pay multiple, employee data and benefits and exit packages can be found in the Remuneration and Staff Report sections of the Annual Report.

6.1 Employee expenses

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Salaries and wages	523,623	467,400
Social security costs	54,477	48,124
Apprenticeship levy	2,492	2,288
Pension costs – employer contributions	59,213	55,797
Pension costs – employer contribution funded by NHSE	25,888	24,306
Termination benefits	11	77
Temporary staff - agency/contract staff	31,870	28,825
Gross employee expenses	**697,574**	**626,817**
Income in respect of salary recharges	(3,873)	(3,754)
Employee expenses capitalised	(710)	(1,370)
Net employee expenses	**692,991**	**621,693**

6.2 Retirement benefits

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 are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 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 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

6.3 Retirements due to ill health

During the year ended 31 March 2023 there were 4 (2021/22: 4) early retirements from the Trust on the grounds of ill health. The estimated additional pension liabilities of these ill health retirements are £0.643m (2021/22: £0.228m). These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

7. Other Gains/Losses

The net loss on the disposal of property, plant and equipment of £0.846m (2021/22: net loss of £0.066m) related exclusively to non-protected assets. No assets used in the provision of Commissioner Requested Services have been disposed of during the year.

8. Financing

8.1 Finance income

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Interest on bank account and National Loan Fund Investments	3,163	90
Total	**3,163**	**90**

8.2 Finance expenses

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Loan interest on DHSC loans	1,701	1,899
Interest on lease obligations	1,118	169
	2,819	**2,068**
Unwinding of discount on provision	-	-
Total	**2,819**	**2,068**

In both years, there was no interest payable arising from claims made under the Late Payment of Commercial Debts (interest) Act 1998 and no other compensation was paid to cover debt recovery cost under this legislation.

8.3 Impairments

Net impairment charged to operating surplus resulting from:

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Impairment following valuation of assets brought into use	7,739	11,939
Abandonment of assets in the course of construction	-	1,062
Changes in valuation	11,013	326
Reversal of impairments from change in valuation	(1,876)	(292)
Total net impairment charged to operating surplus	**16,876**	**13,035**
Net impairments charged to the revaluation reserve	-	(120)
Total net impairments	**16,876**	**12,915**

Property impairments occur when the carrying amounts are reviewed by the Valuation Office through formal valuation. Plant and equipment impairments are identified following an assessment of whether there is any indication that an asset may be impaired e.g. obsolescence or physical damage.

Property reviews are undertaken to ensure assets are reflected at fair value in the accounts, when they are brought into use or when they are identified as assets held for sale. At the first valuation after the asset is brought into use any write down of cost is treated as an impairment and charged into the Statement of Comprehensive Income.

The impairment losses charged to the Statement of Comprehensive Income relate to the following:

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Impairment following valuation of assets brought into use:		
Bristol District Heating	7,739	-
Combined Heat & Power	-	3,488
British Heart Institute Extension	-	3,811
Bristol Haematology and Oncology Centre Refurbishment	-	2,572
Weston Urgent & Emergency Care	-	2,068
Abandonment of assets in the course of construction:		
Clinical Research Unit	-	1,062
Change in valuation		
Valuation Office's revaluation of land & buildings	9,137	34
Total	**16,876**	**13,035**

Where a revaluation increases an asset's value and reverses a revaluation loss previously recognised in operating expenses it is credited to operating expenses as a reversal of impairment and netted against any impairment charge.

9. Intangible assets

	Software licences	Assets under construction	Total
	£000	£000	£000
Cost at 1 April 2022	30,919	3,118	34,037
Additions – purchased	2629	26	2,655
Additions – donated	-	-	-
Reclassifications with PPE	12,033	(3,131)	8,902
Disposals	(691)	-	(691)
Cost at 31 March 2023	**44,890**	**13**	**44,903**
Accumulated amortisation at 1 April 2021	23,249	-	23,249
Charged during the year – purchased	2,281	-	2,281
Charged during the year – donated	36	-	36
Disposals	(680)	-	(680)
Accumulated amortisation at 31 March 2022	**24,886**	**-**	**24,886**
Net book value at 31 March 2023			
Purchased	19,993	13	20,006
Donated	11	-	11
Total net book value at 31 March 2023	**20,004**	**13**	**20,017**

	Software licences	Assets under construction	Total
	£000	£000	£000
Cost at 1 April 2021	30,689	2,641	33,330
Additions – purchased	416	477	893
Additions – donated	-	-	-
Reclassifications with PPE	182	-	182
Disposals	(368)	-	(368)
Cost at 31 March 2022	**30,919**	**3,118**	**34,037**
Accumulated amortisation at 1 April 2021	20,713	-	20,713
Charged during the year – purchased	2,854	-	2,854
Charged during the year – donated	44	-	44
Disposals	(362)	-	(362)
Accumulated amortisation at 31 March 2022	**23,249**	**-**	**23,249**
Net book value at 31 March 2022			
Purchased	7,612	3,118	10,730
Donated	58	-	58
Total net book value at 31 March 2022	**7,670**	**3,118**	**10,788**

10. Property, plant and equipment

The Valuation Office undertook a desktop exercise at the 31 March 2023 which valued the Trust's land and buildings on a depreciated replacement cost, Modern Equivalent Asset valuation (MEA). The last full valuation was undertaken at 31 March 2020. The valuation resulted in a net increase at 31 March 2023 of £17.610m compared with the book values, with £9.137m charged to the Statement of Comprehensive Income as a net impairment and £26.747m movement to the revaluation reserve in the Statement of Financial Position.

The valuation has been undertaken in accordance with International Financial Reporting Standards (IFRS) as interpreted and applied by the HMT Treasury FReM compliant Department of Health and Social Care Group Accounting Manual (DHSC GAM). The valuations also accord with the requirements of the professional standards of the Royal Institute of Chartered Surveyors: RICS Valuation - Global Standards 2017 and the RICS Valuation – Professional Standards UK (January 2014, revised April 2015), commonly known together as the Red Book, including the International Valuation Standards, in so far as these are consistent with IFRS and the above-mentioned guidance; RICS UKVS 1.14 refers.

The following are the agreed departures from the RICS Professional Standards and special assumptions:

- The Instant Building approach has been adopted, as required by the DHSC GAM and HM Treasury for the UK public sector. Therefore, no building periods or consequential finance costs have been reflected in the costs applied when the depreciated replacement cost approach is used; and

- It should be noted that the use of the terms 'Existing Use Value', 'Fair Value' and 'Market Value' in regard to the valuation of the NHS estate may be regarded as not inconsistent with that set out in the RICS Professional Standards, subject to the additional special assumption of no adjustment has been made on the grounds of a hypothetical "flooding of the market" if a number of properties were to be marketed simultaneously.

	Land	Buildings excluding dwellings	Dwellings	Assets under construction & payments on account	Plant & machinery	Transport	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2022	34,295	390,306	2,440	61,786	129,122	1,311	34,571	1,507	655,338
Reclassification of existing finance leased assets to right of use assets on 1st April 2022	-	(6,421)	-	-	-	-	-	-	(6,421)
Transfers by absorption	-	-	-	(252)	-	-	-	-	(252)
Additions – purchased	-	14,808	-	35,784	5,433	170	641	-	56,836
Additions – donated	-	166	-	301	377	-	-	-	844
Impairments	(1,683)	(19,914)	(93)	-	-	-	-	-	(21,690)
Reclassifications with intangibles	-	23,865	9	(39,309)	2,745	-	3,788	-	(8,902)
Reclassifications within PPE	-	-	-	-	-	-	-	-	-
Revaluations	883	16,291	(105)	-	-	-	-	-	17,069
Disposals	-	-	-	-	(14,855)	(158)	(2,786)	(430)	(18,229)
Cost or valuation at 31 March 2023	**33,495**	**419,101**	**2,251**	**58,310**	**122,822**	**1,323**	**36,214**	**1,077**	**674,593**
Accumulated depreciation at 1 April 2022	-	-	-	-	76,975	634	22,164	1,161	100,934
Transfers by absorption	-	-	-	-	-	-	-	-	-
Charged during the year – purchased	-	13,452	125	-	8,492	135	3,792	67	26,063
Charged during the year – donated	-	915	-	-	1,416	8	33	-	2,372
Revaluations	-	(14,367)	(125)	-	-	-	-	-	(14,492)
Disposals	-	-	-	-	(14,029)	(158)	(2,773)	(430)	(17,390)
Total at 31 March 2023	**-**	**-**	**-**	**-**	**72,854**	**619**	**23,216**	**798**	**97,487**
Net book value at 31 March 2022									
Purchased	33,495	384,464	2,251	56,774	44,994	696	12,953	275	535,902
Donated	-	34,637	-	1,536	4,974	8	45	4	41,204
Finance leases	-	-	-	-	-	-	-	-	-
Total at 31 March 2023	**33,495**	**419,101**	**2,251**	**58,310**	**49,968**	**704**	**12,998**	**279**	**577,106**

	Land	Buildings excluding dwellings	Dwellings	Assets under construction & payments on account	Plant & machinery	Transport	Information	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2021	33,060	369,067	2,365	53,244	121,034	807	33,501	2,194	615,272
Transfers by absorption	-	-	-	-	(304)	-	-	-	(304)
Additions – purchased	-	4,117	24	35,404	7,850	504	368	180	48,447
Additions – donated	-	2	-	16,723	426	-	28	-	17,179
Impairments	15	(11,868)	-	(1,062)	-	-	-	-	(12,915)
Reclassifications with intangibles	-	-	-	(182)	-	-	-	-	(182)
Reclassifications within PPE	-	29,531	-	(42,341)	7,493	-	5,240	77	-
Revaluations	1,220	(543)	51	-	-	-	-	-	728
Disposals	-	-	-	-	(7,377)	-	(4,566)	(944)	(12,887)
Cost or valuation at 31 March 2022	**34,295**	**390,306**	**2,440**	**61,786**	**129,122**	**1,311**	**34,571**	**1,507**	**655,338**
Accumulated depreciation at 1 April 2021	-	-	-	-	75,299	548	23,286	2,069	101,202
Transfers by absorption	-	-	-	-	(222)	-	-	-	(222)
Charged during the year – purchased	-	13,732	129	-	7,823	78	3,397	36	25,195
Charged during the year – donated	-	767	-	-	1,397	8	37	-	2,209
Revaluations	-	(14,499)	(129)	-	-	-	-	-	(14,628)
Disposals	-	-	-	-	(7,322)	-	(4,556)	(944)	(12,822)
At 31 March 2022	-	-	-	-	**76,975**	**634**	**22,164**	**1,161**	**100,934**
Net book value at 31 March 2022									
Purchased	34,295	361,886	2,440	43,839	49,334	661	12,316	342	505,113
Donated	-	22,245	-	17,947	2,813	16	91	4	43,116
Finance leases	-	6,175	-	-	-	-	-	-	6,175
Total at 31 March 2022	**34,295**	**390,306**	**2,440**	**61,786**	**52,147**	**677**	**12,407**	**346**	**554,404**

10.1 Net book value of land building and dwellings

The net book value of land, buildings and dwellings comprises:

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Freehold	454,847	420,866
Long leasehold	-	6,175
Total	**454,847**	**427,041**

10.2 Right of use assets 2022/23

The net book value of assets held under leases was:

	Property (land and buildings)	Plant & machinery	Total	Of which: leased from Provider org.	Of which: leased from other DHSC group bodies
	£000	£000	£000	£000	£000
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	6,421	-	**6,421**		-
IFRS 16 implementation - adjustments for existing operating leases / subleases	102,132	835	**102,967**	91,566	3,189
Transfers by absorption	-	-	**-**		-
Additions	194	49	**243**		-
Remeasurements of the lease liability	124	-	**124**		-
Movements in provisions for restoration / removal costs	-	-	**-**		-
Impairments	(2,177)	-	**(2,177)**		-
Reversal of impairments	-	-	**-**		-
Revaluations	-	-	**-**		-
Reclassifications	-	-	**-**		-
Disposals / derecognition	(837)	-	**(837)**		-
Valuation/gross cost at 31 March 2023	**105,857**	**884**	**106,741**	**91,566**	**3,189**
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	-	-	**-**		-
IFRS 16 implementation - adjustments for existing subleases	-	-	**-**		-
Transfers by absorption	-	-	**-**		-
Provided during the year	7,018	514	**7,532**	4,778	374
Impairments	-	-	**-**		-
Reversal of impairments	-	-	**-**		-
Revaluations	-	-	**-**		-
Reclassifications	-	-	**-**		-
Disposals / derecognition	(20)	-	**(20)**		-
Accumulated depreciation at 31 March 2023	**6,998**	**514**	**7,512**	**4,778**	**374**
Net book value at 31 March 2023	**98,859**	**370**	**99,229**	**-**	**-**

11. Inventories

Year ended 31 March 2023	Drugs	Consumables	Energy	High-cost devices	Totals
	£000	£000	£000	£000	£000
Carrying value at 1 April 2022	6,059	5,562	422	1,519	13,562
Transfer by absorption	-	-	-	-	-
Additions	77,997	72,138	-	-	150,135
Consumed – recognised in expenses	(77,746)	(70,833)	(66)	(24)	(148,669)
Carrying value at 31 March 2023	**6,310**	**6,867**	**356**	**1,495**	**15,028**

Year ended 31 March 2022	Drugs	Consumables	Energy	High-cost devices	Totals
	£000	£000	£000	£000	£000
Carrying value at 1 April 2021	4,875	5,797	126	1,840	12,638
Transfer by absorption	-	(18)	-	-	(18)
Additions	80,558	58,003	296	-	138,857
Consumed – recognised in expenses	(79,374)	(58,220)	-	(321)	(137,915)
Carrying value at 31 March 2022	**6,059**	**5,562**	**422**	**1,519**	**13,562**

In response to the Covid-19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed it to NHS providers free of charge. During 2022/23 the Trust received £1.564m (£2.090m 2021/22) of items purchased by DHSC, consumed £1.673m (£2.300m 2021/22), with a write down of £nil (£nil 2021/22). The remaining balance of £0.109m (£0.210m 2021/22) is recorded within the consumables balance. These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of the items is included in the expenses disclosed above.

The year-end stock balance for high-cost devices held is agreed with the Specialist Commissioners with a corresponding income balance included within deferred income.

12. Receivables

12.1 Non-Current Receivables

	Year ended 31 March 2023	Year ended 31 March 2022
	£000	£000
Clinical pension tax provision reimbursement from NHS England	1,828	1,906
Total	**1,828**	**1,906**

12.2 Current Receivables	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
NHS contract receivables	19,725	12,820
Other contract receivables	9,860	10,299
Contract receivable not yet invoiced (*Note 1*)	31,394	10,864
VAT receivable	1,550	-
Allowance for credit losses	(4,929)	(5,064)
Prepayments	5,590	4,690
Clinical pension tax provision reimbursement from NHS England	19	50
Subtotal	**63,209**	**33,659**
Capital receivables	-	-
PDC dividend receivable	-	155
Total current receivables	**63,209**	**33,814**

Note 1 – Increase in contract receivable not yet invoiced is mainly due to income relating to the Agenda for Change pay offer.

12.3 Allowance for credit losses

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Allowance as at 1 April	**5,064**	**4,880**
Transfers by absorption	-	-
New allowances arising	1,785	1,251
Changes in existing allowances	24	-
Reversals of allowances	(1,665)	(777)
Utilisation of allowances	(279)	(290)
Balance at 31 March	**4,929**	**5,064**

13 Other financial assets

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Other receivables	104	104
Total	**104**	**104**

This relates to a section 106 deposit paid to Bristol City Council.

14. 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.

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
At 01 April	168,091	169,644
Transfers by absorption	-	-
Net change in year	(40,056)	(1,553)
At 31 March	**128,035**	**168,091**
Broken down into:		
Cash with the government banking service	127,464	167,074
Commercial bank and cash in hand	571	1017
Total cash and cash equivalents	**128,035**	**168,091**

15. Trade and other payables

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Current amounts:		
NHS payables – revenue	14,022	5,246
Amounts due to related parties – revenue	8,231	7,879
Other payables – revenue	16,385	23,510
Tax and social security	13,405	14,371
Accruals	91,608	70,806
Annual leave accrual	9,979	9,457
Subtotal	**153,630**	**131,269**
Capital payables	10,732	8,673
Total	**164,362**	**139,942**

There are no non-current trade and other payables in either year.

Outstanding pension contributions of £8.159m (2021/22: £7.789m) to the NHS Pension scheme and £0.019m (2021/22: £0.017m) for National Employment Savings Trust (NEST) local pensions are included in amounts due to related parties. PAYE of £6.488m (2021/22: £6.824m) and £6.917m National Insurance (2021/22: £7.168m) are included in tax and social security.

16. Other liabilities

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Current liabilities:		
Deferred income – contract liabilities	8,530	8,940
Total	**8,530**	**8,940**

17 Borrowings

17.1 Borrowings split

Current borrowings:	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Capital loans from Department of Health and Social Care	6,288	6,343
Lease liabilities (*Note 1*)	6,247	430
Total	**12,535**	**6,773**

Non-current borrowings:		
Capital loans from Department of Health and Social Care	41,254	47,089
Lease liabilities (*Note 1*)	92,060	2,743
Total	**133,314**	**49,832**

Note 1 – Increase in lease liabilities due to the adoption of IFRS16. These were previously presented as finance lease obligations.

17.2 Borrowing rates and repayments

The Trust has three loans with the Department of Health and Social Care for the capital investment purposes.

Amount borrowed	Interest Rate	Final repayment date
£20m	2.65%	June 2029
£70m	3.71%	June 2031
£5m	1.73%	March 2032

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Payable:		
Before one year	6,288	6,343
Between one and five years	22,884	29,172
After five years	17,916	17,916
Net obligation	**47,088**	**53,431**

17.3 IFRS16 Lease obligations

Future lease obligations due under lease agreements where the Trust is the lessee.

The Trust leases various equipment and buildings. The most significant is the South Bristol Community Hospital. A new 20-year lease signed in March 2022 contributes to the significant value reflected in the minimum lease payments due after five years.

	Year ended 31 March 2023 £000	Of which leased from DHSC group bodies 31 March 2023 £000
Payable:		
Before one year	7,158	5,627
Between one and five years	26,243	21,711
After five years	74,185	71,253
Sub-total	**107,586**	**98,591**
Less finance charges allocated to future years	(9,279)	(8,565)
Net lease liabilities	**98,307**	**90,026**

Of which:	
Leased from other NHS providers	**2,840**
Leased from other DHSC group bodies	**87,186**

	Year ended 31 March 2022 £000	Of which leased from DHSC group bodies 31 March 2022 £000
Payable:		
Before one year	575	-
Between one and five years	2,300	-
After five years	815	-
Sub-total	**3,690**	**-**
Less finance charges allocated to future years	(516)	-
Net lease liabilities	**3,174**	**-**

17.4 Reconciliation of liabilities arising from financing activities

Year ended 31 March 2023	DHSC Loans	Lease liability	Total
	£000	£000	£000
Carrying Value at 01 April 2022	53,431	3,174	56,605
Cash Movements			
Principal	(5,834)	(6,392)	(12,226)
Interest	(1,756)	(1,118)	(2,874)
Non-Cash Movements			
Impact of implementing IFRS16 on 1st April 2022	-	101,979	101,979
Additions	-	243	243
Lease liability remeasurements	-	124	124
Interest Charge arising in year	1,701	1,118	2,819
Early termination	-	(821)	(821)
Carrying Value at 31 March 2023	**47,542**	**98,307**	**145,849**

Year ended 31 March 2022	DHSC Loans	Finance Lease	Total
	£000	£000	£000
Carrying Value at 01 April 2021	59,324	3,591	62,915
Cash Movements			
Principal	(5,834)	(417)	(6,251)
Interest	(1,958)	(169)	(2,127)
Non-Cash Movements			
Interest Charge arising in year	1,899	169	2,068
Carrying Value at 31 March 2022	**53,431**	**3,174**	**56,605**

18. Provisions

18.1 Provision for liabilities:

Year ended 31 March 2023	Clinicians pension tax reimbursement	Pension Injury Benefits	Pensions Early departure	Legal Claims	Total
	£000	£000	£000	£000	£000
At 01 April 2022	1,956	2,472	307	172	4,907
Change in discount rate	(1,588)	(563)	(27)	-	(2,178)
Arising during the year	1,532	142	5	122	1,801
Utilised during the year	(53)	(116)	(32)	(79)	(280)
Reversed unused	-	-	-	(85)	(85)
At 31 March 2023	**1,847**	**1,935**	**253**	**130**	**4,165**
Timing of economic outflow					
Before one year	19	120	33	130	302
Between one and five years	77	460	127	-	664
After five years	1,751	1,355	93	-	3,199
Total	**1,847**	**1,935**	**253**	**130**	**4,165**

There are no other provisions.

Year ended 31 March 2022	Clinicians pension tax reimbursement	Pension Injury Benefits	Pensions Early departure	Legal Claims	Total
	£000	£000	£000	£000	£000
At 01 April 2021	2,328	2,343	330	177	5,178
Change in discount rate	-	246	3	-	249
Arising during the year	-	(2)	5	71	74
Utilised during the year	-	(115)	(31)	(43)	(189)
Reversed unused	(372)	-	-	(33)	(405)
At 31 March 2022	**1,956**	**2,472**	**307**	**172**	**4,907**

The clinical pension tax reimbursement represent the arrangements NHS England has established where certain clinicians who incur annual allowance tax charges as a result of their continued membership of any NHS pension scheme at 31 March 2020 will be able to look to the NHS Pension Scheme to pay those tax charges under the Scheme Pays arrangements and will receive additional payments in the future to compensate for any reduction in such payments.

Pension injury benefits are in respect of staff injury allowances payable to the NHS Business Services Authority (Pensions Division). Legal claims represent liabilities to third parties for the excess payable by the Trust, under the NHS Resolution Liabilities to Third Parties Scheme.

18.2 Clinical negligence

NHS Resolution has included a £355.8m provision in its accounts (2021/22: £531.6m) in respect of clinical negligence liabilities of the Trust.

19. Capital commitments

	Year ended 31 March 2023	Year ended 31 March 2022
	£000	£000
Property, plant and equipment *(Note 1)*	3,470	15,950
Intangible assets	-	1,138
Total	**3,470**	**17,088**

Note 1 *Reduction in property, plant and equipment commitments is due to the GICU project costs having been substantially incurred during the financial year.*

19.1 Leases: exposure to future cash outflows not included in lease liabilities

	Leases from other NHS providers	All other leases	Total
	£000	£000	£000
Commitments for leases not yet commenced to which the Trust is contractually committed	-	31,671	**31,671**

20. Transfer by absorption

Analysis of balances transferred - Year ended 31 March 2023

Amounts transferred from:		**Amounts transferred to:**	
University Hospitals Bristol and Weston NHS FT	**£000**	**North Bristol NHS Trust**	**£000**
Non-Current Assets	(252)	Non-Current Assets	252
Current Assets	-	Current Assets	-
Current Liabilities	-	Current Liabilities	-
Non-Current Liabilities	-	Non-Current Liabilities	-
Net Assets	(252)	**Net Assets**	**252**

The transaction by absorption has been transacted through the SOCI accounting statement in line with the instructions set out in the Group Accounting Manual.

The transfer relates to the transfer of an asset in the year relating to Urology Services which transferred from University Bristol and Weston NHS Foundation Trust to North Bristol NHS Trust during 2021/22.

21. Contingencies

The Trust has no contingent assets at 31 March 2023 (2021/22: £nil).

The Trust has no material contingent liabilities at 31 March 2023. The Trust has contingent liabilities in relation to new claims that may arise from past events under the NHS Resolution "Liability to Third Parties" and "Property Expenses" schemes however the contingent liability will be limited to the Trust's excess for each new claim.

22. Related party transactions

The University Hospitals Bristol and Weston NHS Foundation Trust is a Public Benefit Corporation authorised under the National Health Service Act 2006.

During the year, none of the Board members or members of the key management staff of the Trust, or parties related to them has undertaken any material transactions with the Trust. Board members have declared interests in a number of bodies. Transactions of more than £0.5m between the Trust and these bodies are shown below.

	31 March 2023 (£m)		31 March 2022 (£m)		2022/23 (£m)		2021/22 (£m)	
	Receivables	Payables	Receivables	Payables	Income	Expenditure	Income	Expenditure
Bristol City Council	0.71	-	1.18	0.52	8.48	0.18	8.37	-
City of Bristol College	-	-	-	-	-	0.01	-	-
Department for Work and Pensions	-	-	-	-	0.21	-	-	-
Langford Veterinary Services	0.01	-	-	-	0.02	-	0.01	-
Medicines and Healthcare Products Regulatory Agency	-	-	-	-	-	0.01	-	-
NHS Confederation	-	0.02	-	-	-	0.02	-	-
NHSE South West Regional Office (including commissioning hub 14F)	-	-	7.76	-	394.46	-	340.02	-
Price Water House Coopers LLP	-	-	-	-	-	-	-	0.20
Sirona Care and Health CIC	0.25	0.08	0.19	0.42	2.13	0.46	0.97	0.21
Torbay and South Devon NHS FT	-	-	0.32	0.08	-	-	0.41	0.62
University of Bristol	0.41	1.19	0.41	2.46	2.58	12.38	2.25	10.02
University of the West of England	0.07	0.35	0.04	0.84	0.46	1.31	0.52	0.57
Welsh Government	-	-	-	-	-	-	14.74	-
West of England Academic Health Service Network	-	-	-	-	0.02	-	0.03	-
Associated Charities	See notes below							
Health Education England	See WGA table below							

All bodies within the scope of Whole of Government Accounting are related parties to the Trust. This includes the Department of Health and Social Care and its associated departments. Such bodies where an income or expenditure, or outstanding balances as at 31 March, exceeds £5m are listed below.

	31 March 2023 (£m)		31 March 2022 (£m)		2022/23 (£m)		2021/22 (£m)	
	Receivables	Payables	Receivables	Income	Income	Expenditure	Income	Expenditure
Bristol City Council	-	-	1.18	0.52	8.83	-	8.37	-
Community Health Partnerships	-	-	0.08	0.26	-	5.67	-	6.65
Department of Health and Social Care	-	-	0.28	0.24	24.27	-	27.22	-
Health Education England	-	-	0.16	0.63	41.42	-	39.41	0.27
HM Revenue & Customs	-	13.41	-	14.03	-	56.97	-	50.41
NHS Bath and North East Somerset, Swindon and Wiltshire CCG	-	-	-	-	-	-	15.41	-
NHS Bath and North East Somerset, Swindon and Wiltshire ICB	-	-			12.06	-	-	-
NHS Blood and Transplant	-	-	-	0.65	-	7.43	0.18	7.07
NHS Bristol, North Somerset and South Gloucestershire CCG	-	-	0.49	1.81	109.79	-	425.46	1.27
NHS Bristol, North Somerset and South Gloucestershire ICB	6.0	5.90	-	-	342.46	-	-	-
NHS England - Core (now including expenditure and payables for all regions)	46.97	9.87	0.82	4.29	23.28	-	1.93	-
NHS England - Central Specialised Commissioning Hub	7.99	-	1.45	-	49.94	-	68.73	-
NHSE South West Regional Office (including commissioning hub 14F)	-	-	7.76	-	394.46	-	340.02	-
NHS Pension Scheme	-	-	-	-	-	85.00	-	80.00
NHS Resolution	-	-	-	-	-	23.37	-	23.55
NHS Somerset CCG	-	-	0.01	0.01	7.01	-	27.47	-
NHS Somerset ICB	-	-			21.45	-		
North Bristol NHS Trust	-	-	3.49	2.21	8.30	14.03	7.93	14.39
Welsh Health Bodies - Cwm Taf Local Health Board	-	-	-	-	-	-	0.34	-
Welsh Assembly Government	-	-	-	-	16.80	-	14.74	-

In addition the Trust pays HM Revenue and Customs tax and national insurance on behalf of employees; £108.0m in 2022/23 (£98.8m in 2021/22). The Trust pays the NHS Pension Scheme for employees' contributions which totalled £40.5m in 2022/23 (£38.1m in 2021/22).

The Trust also has transactions with charitable bodies including Bristol & Weston Hospitals Charity which is the official charity for all hospitals within the Trust and, the Grand Appeal which is the Bristol Children's Hospital Charity. The Grand Appeal charities is independently managed by a board of trustees and is not consolidated within the Trust's accounts.
The transactions are as follows:

	31 March 2023 (£m)		31 March 2022 (£m)		2022/23 (£m)		2021/22 (£m)	
	Receivables	Payables	Receivables	Payables	Income	Expenditure	Income	Expenditure
Bristol & Weston Hospitals Charity (formally Above and Beyond)	0.37	-	0.27	-	0.90	-	0.66	0.29
Grand Appeal	0.03	-	0.04	-	0.20	-	0.13	-
Weston Health General Charitable Fund	-	-	-	-	-	-	0.01	0.07

23. Financial Instruments

23.1 Financial risk management

IFRS 7, 'Financial Instruments: Disclosures', requires disclosure of the role that financial instruments have had during the year in creating or changing the risks an entity faces in undertaking its activities.

The Trust's activities expose it to a variety of financial risks: market risk (including interest rate risk, and foreign exchange risk), credit risk and liquidity risk. Risk management is conducted by the Trust's Treasury Management Department under policies approved by Trust Board.

a) Market risk and foreign exchange risk

As the Trust does not deal in currencies, invest in cash over the long term, borrow at variable rate or hold any equity investment in companies its exposure to market risk (either interest rate, currency, or price) is limited.

Market risk is managed by limiting investments to fixed rate and fixed term with credit worthy institutions, based upon market knowledge as to the likely movements in interest rates.

All financial assets and liabilities are recorded in sterling. Therefore, the Trust has no exposure to foreign exchange risk.

b) Credit risk

Credit risk arises from cash and cash equivalents and deposits with financial institutions, as well as outstanding receivables and committed transactions. The Trust operates primarily within the NHS market and receives the majority of its income from other NHS organisations. This means that there is little risk that one party will fail to discharge its obligation with the other. However disputes can arise, around how amounts are calculated. For financial institutions, only independently rated parties with a minimum rating (Moody) of P-1 and A1 for short-term and long-term respectively are accepted.

c) Liquidity risk

The Trust's net operating costs are incurred under annual service agreements with local Integrated Care Boards, which are financed from resources voted annually by Parliament. Therefore the Trust has little exposure to liquidity risk.

23.2 Carrying Value of Financial assets by category

	31 March 2023 £000	31 March 2022 £000
Receivables with DHSC group bodies	49,690	20,116
Receivables with other bodies	8,207	10,759
Other financial assets	104	104
Cash and cash equivalents	128,035	168,091
Total	**186,036**	**199,070**

There are no material differences between amortised costs and net book value of the above financial assets. As a result, all financial assets are held at net book value.

23.3 Carrying Value of Financial liabilities by category

	31 March 2023 £000	31 March 2022 £000
DHSC Loans	47,542	53,431
Obligation under Finance lease	98,307	3,174
Trade and other payables with DHSC group bodies	23,024	10,433
Trade and other payables with other bodies	127,517	115,136
Total	**296,390**	**182,174**

There are no material differences between amortised costs and net book value of the above financial liabilities. As a result, all financial liabilities are held at net book value.

Maturity of financial liabilities based on undiscounted flows

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Less than one year	165,092	133,734
In more than one year but not more than five years	53,850	9,693
In more than five years	93,304	47,572
Total	**312,246**	**190,999**

23.4 Fair values

The carrying value of the financial liabilities is considered to be approximate to fair value as the arrangement is of a fixed interest and equal instalment repayment nature and the interest rate is not materially different to the discount rate.

The carrying value of short-term financial assets and financial liabilities are considered to be approximate to fair value.

24. Third party assets

At 31 March 2023, the Trust held £nil (31 March 2022: £nil) cash and cash equivalents relating to third parties.

25. Losses and special payments

Losses and special payments were made during the year as follows:

	2022/23		2021/22	
Losses	No.	£000	No.	£000
Cash losses	38	43	36	30
Fruitless payments			0	0
Bad debts and claims abandoned	183	450	264	429
Damage to buildings, property etc.	12	355	1	255
Special payments			0	0
Ex gratia payments	24	10	39	1,685
Total	**257**	**858**	**340**	**2,399**

The amounts reported are prepared on an accruals basis and exclude provisions for future losses.

26. Post Statement of Financial Position events

No post statement of financial position events to note.

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of University Hospitals Bristol and Weston NHS Foundation Trust ("the Trust") for the year ended 31 March 2023 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2023 and of the Trust's income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in March 2023 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to either cease the Trust's services or dissolve the Trust without the transfer of their services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over their ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the Trust over the going concern period.

Our conclusions based on this work:

- we consider that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified and concur with the Accounting Officer's assessment that there is not a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit as to the Trust's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Trust's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported financial performance because of the need to achieve financial performance targets delegated to the Trust by NHS England.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated targets, we performed procedures to address the risk of management override of controls in particular the risk that Trust management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the funding provided to the Trust during the year. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to expenditure recognition, particularly in relation to completeness of expenditure around year end, in response to possible pressures to meet delegated targets.

We also performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included unexpected account pairings, high risk users and journal descriptions containing key words.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.
- inspecting a sample of invoices of expenditure, in the period around 31 March 2023, to determine whether expenditure had been recognised in the correct accounting period and whether accruals were complete.

Identifying and responding to risks of material misstatement related to compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the Accounting Officer (as required by auditing standards), and discussed with the Accounting Officer the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

Firstly, the Trust is subject to laws and regulations that directly affect the financial statements, including the financial reporting aspects of NHS legislation. We assessed the extent of

compliance with these laws and regulations as part of our procedures on the related financial statement items.

Secondly, the Trust is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: health and safety, data protection laws, anti-bribery, employment law, recognising the regulated nature of the Trust's activities. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Accounting Officer and other management and inspection of regulatory and legal correspondence, if any. Therefore, if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Accounting Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required by 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") to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2022/23. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in all material respects, in accordance with the NHS Foundation Trust Annual Reporting Manual 2022/23.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 89, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing 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 either cease the services provided by the Trust or dissolve the Trust without the transfer of their services to another public sector entity.

Auditor's responsibilities

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 our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not 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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on 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 if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement set out on page 89, the Accounting Officer is responsible for ensuring that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Under Section 62(1) and paragraph 1(d) of Schedule 10 of the National Health Service Act 2006 we have a duty to satisfy ourselves 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 planned our work and undertaken our review in accordance with the Code of Audit Practice and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

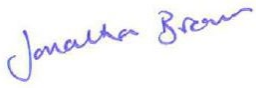
We are required by Schedule 2 to the Code of Audit Practice to report to you if any reports to the Regulator have been made under paragraph 6 of Schedule 10 of the National Health Service Act 2006. We have nothing to report in this respect.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, 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 Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of University Hospitals Bristol and Weston NHS Foundation Trust for the year ended 31 March 2023 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.



Jonathan Brown
for and on behalf of KPMG LLP
Chartered Accountants
66 Queen Square
Bristol
BS1 4BE

27 June 2023