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University Hospitals Bristol and Weston NHS Foundation Trust

Annual Report and Accounts 2023/24

We are
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collaborative.
We are UHBW.

University Hospitals Bristol and Weston NHS Foundation Trust
Annual Report and Accounts 2023/24

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1. Chief Executive's Statement

Looking back on 2023-2024, the year we celebrated 75 years of the NHS, we can reflect on the ways in which our people and services at UHBW have continued to evolve and improve, to a make a difference that matters to the lives we touch.

Against a backdrop of strike action, changes in leadership and considerable operational pressures, Team UHBW continued to advance the health and wellbeing of our communities with passion, pride and above all full-hearted care.

We have seen many examples of how innovation can benefit patient care, experience and outcomes in the last 12 months at UHBW. In November 2023, our new Da Vinci XI robot began assisting surgery for six different specialties in Bristol. Also in November 2023, following a £700,000 fundraising campaign by Bristol & Weston Hospitals Charity, we opened 'Coral Reef' our new ground-breaking research facility at Bristol Royal Hospital for Children.

Towards the end of 2023 we were chosen as a host of a new National Institute for Health and Care Research Regional Research Delivery Network. And, in January 2024 we marked 12 months of the new ECMO (Extracorporeal Membrane Oxygenation) service in Bristol. A collaboration with our colleagues at North Bristol Trust (NBT), it is one of only six ECMO centres in England, treating critically ill patients whose lungs have stopped working properly, using an artificial lung outside the body.

We continued to deploy our Patient First approach to deliver our strategic priorities in 2023-24 and we are starting to see the benefits of working in this way. Key successes in 2023-24 include a 37% reduction in Registered Nurse Agency spend, a 5% reduction in 12 hour waits in Emergency Departments and a 2.7% reduction in staff turnover, compared to 2022-23.

The talent and innovation of individual teams and members of Team UHBW this year must be recognised. Amongst many other notable achievements, we celebrate our colleagues in digital services who were awarded Digital Team of the Year by at the Health Service Journal (HSJ) Digital Awards 2023. Dr. Mark Lyttle was also named Digital Leader of the Year by HSJ for the digitising of the Children's Emergency Department.

Professor Massimo Caputo won the British Heart Foundation (BHF) Research Story of the Year for his work developing a new type of 'heart plaster' to treat children living with congenital heart disease. The Bristol neuromuscular centre received a prestigious Centre of Excellence award from leading national charity Muscular Dystrophy UK. Our Director of Midwifery and Nursing, Sarah Windfeld, was awarded the Chief Midwifery Officer Silver Award by NHS England, and following a visit in December 2023, our maternity services were once again rated as Good by the Care Quality Commission.

Partnership and collaboration played a significant role across our Trust in 2023-2024. In December 2023, we announced our strategic intent to form a Hospital Group with North Bristol Trust (NBT), building on the long history of successful collaboration between our organisations. In March 2024 we also set out our shared vision with NBT to deliver seamless, high quality, equitable and sustainable care as outlined in our first Joint Clinical Strategy.

Our vision to secure Weston General Hospital as a thriving and sustainable hospital at the heart of the community also made important progress this year. We opened a new Older Persons Assessment Unit (OPAU), received almost £5million in NHS England funding to expand our same day emergency care (SDEC) service and put in place plans to introduce a new state-of-the-art Community Diagnostics Centre to improve local access to the diagnosis and treatment of a range of conditions.

We should also be proud of the ways in which we showed up for each other as colleagues this year. In 2023-24, we launched 'It Stops with Me' which empowers colleagues to challenge unacceptable behaviours and our new Respecting Everyone resources give everyone at UHBW the tools to help resolve issues quickly and fairly. We opened a new wellbeing centre at Weston General Hospital, provided an extensive Flu and Covid-19 vaccination programme for colleagues and opened a menopause café to support women of all ages and stages of perimenopause or menopause.

The year ahead is one filled with opportunities for our Trust, including the appointment of our new Joint Chair, Ingrid Barker on 1 June who will lead the recruitment of a Joint Chief Executive with NBT.

From patient care to partnership, Team UHBW will continue to innovate and collaborate to become the Trust that pioneers new standards for patients, staff and communities.

Thank you to everyone at UHBW including our governors, volunteers and charities, who have helped us achieve all that we have this year and will continue to do so in the years ahead. You're all brilliant.

Stuart Walker
Interim Chief Executive

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. As a progression of this, the Trust has spent much of the past year developing a Joint Clinical Strategy with North Bristol NHS Trust, which sets out how the two trusts will make the most of their combined resources to deliver seamless, high quality, equitable and sustainable care to the population of Bristol, North Somerset and South Gloucestershire over the next three years.

Whilst the Trust's plan for 2023/24 met the requirements outlined in the 2023/24 Priorities and Operational Planning Guidance relating to the elimination of waiting times greater than 65 weeks, the impact of industrial action led performance in this area suffering. At year end, the Trust reported 257 patients waiting more than 65 weeks. In respect of cancer standards, in 2023/24, the target for the Trust was to have no greater than 160 patients waiting over 62 days by March 2024, and this target was achieved, with 155 patients being reported as waiting over 62 days as of 31 March 2024.

In respect of diagnostic waiting times, there was sustained improvement throughout the year, with 81.94% of patients waiting less than 6 weeks at year end.

The CQC undertook an inspection of the Trust's maternity services in December 2023. The CQC team visited the central delivery suite, maternity triage, day assessment, antenatal and postnatal wards in Bristol, and the Ashcombe Birth Centre. They spoke to staff and users of the service. Interviews were also held with key clinical, nursing and management staff. The CQC gave maternity services an overall rating of 'good' at both Bristol and Weston sites, and identified four must do requirements in respect of daily checks of emergency equipment; the completion of safeguarding training; monitoring of 'red flag' midwifery staffing issues; and the review of incidents in a timely manner.

The Trust delivered a net income and expenditure surplus of £0.022m (excluding technical items). 2023/24 was the 21st year in a row that the Trust delivered a surplus or break-even income and expenditure position (excluding technical items).

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 Trust is facing a range of challenges and risks with 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.

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 best possible 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 12,000 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 £1,200m.

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 2023/24. 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. During 2023/24 the gender make-up of the eight Executive Directors was four male and four female. Of the nine Non-executive Directors and two Associate Non-executive members, 7 were female and four were male.

2.1.2 Our mission, vision and values

During 2023/24, building on the engagement and insight obtained in developing our previous organisational strategy, we refreshed our Trust strategy to '*A difference that matters'.* Our vision, mission and strategic priorities our outlined below.

Our vision: ***To become the trust that pioneers new standards for patients, staff and communities.***

Our mission: ***To advance the health and wellbeing of our community***.

Our Trust values remain as:

2.1.3 Our Strategic Priorities

In June 2023 the Trust Board approved the following strategic priorities, delivered through our Patient First approach which is our long-term, continuous improvement approach to transforming hospital services for the benefit of patients and staff:

- **Experience of Care:** Together, we will deliver person-centred, compassionate and inclusive care every time, for everyone.
- **Patient Safety:** Together, we will consistently deliver the highest quality, safe and effective care to all our patients.
- **Our People:** Together, we will make UHBW the best place to work.
- **Timely Care:** Together, we will provide timely access to care for all patients, meeting their individual needs.
- **Innovate and Improve:** Together, we will drive improvement every day, engaging our staff and patients in research and innovative ways of working to unlock our full potential.
- **Our Resources:** Together, we will reduce waste and increase productivity to be in a strong financial position to release resources and reinvest in our staff, our services and our environment.

Delivery of our strategic priorities is managed through month Strategy Deployment Reviews (SDRs) with our Senior Leadership Team and are reported to Board monthly. A summary of our progress against these priorities through 2023/24 is outlined in the Continuous Improvement section below.

2.1.4 Continuous Improvement

The following is a summary of the 2023/24 progress with each of the strategic priorities, and the vision metrics, they key measures to know we are making a difference.

A. Experience of Care: Together, we will deliver person-centred, compassionate and inclusive care every time, for everyone.

Vision metrics:

- Overall experience of care (as rated by patients): 91.8% of patients rated their experience of care as good or above in monthly maternity and inpatient surveys, against a trajectory of 92.8%. (2023/24 year-to-date)
- Happy with standard of care (as rated by staff): 3.1% improvement (70.8% to 73.9%) in staff survey responses that they would be happy with standard of care for friend or relative (above trajectory of 72.6)

Key achievements:

Learning from best practice nationally, an extensive literature review and a review of current strengths and gaps, a new **Experience of care strategy** has been co-designed with patients, communities and staff, and was approved by the Trust Board in May 2024.

The strategy has five goals: Asking "what matters to you?"; Listening and Responding Well; Learning, Embedding and Spreading; Designing and Delivering Together; Continually improving.

The **improve experience of care through better communication** breakthrough objective focuses on inpatient and maternity care. A new communication experience metric has been developed based on circa 15 communication-related questions from the monthly inpatient and monthly outpatient surveys. The score for the metric is out of 100.

The 2023/24 year-to-date average score was 84 vs a target score of 88 for inpatient wards, and 89.2 score vs 88 target score for maternity wards. Based on performance against the target, wards are being identified to commence improvement projects in 2024/25.

Weston General Hospital have spear-headed the work at UHBW to embed the '**What matters to You'** conversation approach which was an initiative originally pioneered by the Scottish Government. The approach helps to provide person-centred care by providing opportunities for meaningful interaction, rather than task-based care and helps ensure staff can better meet the needs of patients. The pilot contributed to a 5% improvement in patient responses to the monthly inpatient survey question 'To what extent did staff looking after you involve you in decisions about your care and treatment'. The initiative is being rolled out to all inpatient areas across the Trust in 2024/25.

B. Patient Safety: Together, we will consistently deliver the highest quality, safe and effective care to all our patients.

Vision metrics:

Improvements have been seen in staff survey responses to the following patient safety culture related questions:

- **3.2%** (61.2% to 64.4%) improvement for 'not seen any errors/near misses/incidents that could have hurt staff/patients/service users'.
- **3.6%** (61.8% to 65.4%) improvement for 'staff involved in error/near miss/incident treated fairly'.
- **0.3%** (89.4% to 89.7%) improvement for 'organisation encourages us to report errors, near misses or incidents'.
- **1.9%** (68.2% to 70.1%) improvement for 'organisation ensure errors/near misses/incidents do not repeat'.
- **2.9%** (60.8% to 63.7%) improvement for 'feedback given on changes made following errors/near misses/incidents'.

Key achievements:

UHBW have deployed 93% of the components within the **NHS Patient Safety Strategy** planned for 2023/24. Key successes include:

- Supporting our new Patient Safety Partners in their role
- Transition to the new national Patient Safety Response Framework July 2023, and transfer to the new national learning from patient safety events system (LFPSE) in April 2024
- Developing a more just and learning patient safety culture
- Trust wide implementation of the Patient Safety Engagement and Involvement framework

- Development and launch of a Human Factors strategy and hub and commenced integration in a range of initiatives.
- Introduction of new national patient safety syllabus training

Preparation for the implementation of **Careflow Medicine Management (CMM),** an electronic prescribing and medicines administration (ePMA) system to minimise medication errors caused by paper-based processes during 2024/25 has included:

- The introduction of robust clinically led project governance to manage preparation for and oversight of implementation, including development of a communication and engagement plan and commencing system demonstration and training with clinical teams.
- Achieving compliance with Clinical Safety standards. The Safety Case for CMM is being finalised with clinical safety leads and a wide range of clinical stakeholders.
- Progressing the digital architecture groundwork needed to implement the system and moving to final stage of technical readiness, working closely with supplier (System C) and key stakeholders in preparation for Go-Live in July 2024.
- Collaborating with North Bristol Trust to ensure uniform solutions with a view to operating on the same system in the future and bring more patients' data into one place.
- We are also collaborating with our Primary Care Partners to ensure we have joined up safe and timely discharge summary processes in place as an output from CMM that is electronically communicated to GP Practices.

A Trust-Wide **Adult Deteriorating Patient** programme has delivered the following:

- A new Recognising, Escalating and Responding to the Deteriorating Patient (Adult) eLearning package; completed by 3560 staff since September 2023.
- An improvement package to support the care of pregnant patients and use of Modified Obstetric Early Warning Score (MOEWS) in non-obstetric settings, which included an eLearning package, clinical guidance and face to face education on use of MOEWS charts.
- New and streamlined clinical guidance for Recommended Summary plan for Emergency Care and Treatment (ReSPECT), and development of eLearning package, use of ReSPECT plus an integrated care system digital platform, and end of life eLearning package.
- Development of approach required for Call for Concern (previously Martha's rule) in Trust for Paediatric and Adult settings.

Achieving our vision to consistently deliver the highest quality, safe and effective care to all our patients, is underpinned by clinical strategy. In March 2024, a **joint clinical strategy (2024-2027)** for UBHW and North Bristol NHS Trust (NBT) was published. The strategy has been developed with clinicians across both organisations, seeking to build on previous collaboration achievements by working more closely together in the future. The strategy vision is to deliver seamless, high quality, equitable and sustainable care.

During the year, in addition to developing this strategy with clinicians across both organisations and wider stakeholders, the **Acute Provider Collaborative with NBT** also delivered the following:

- Pilot 'single managed services' work with two specialities: Cardiology and Perinatal Medicine
- Governance and leadership workstream (as part of Joint Clinical Strategy development) that informed the strategic intent announced in December 2023 to form a Hospital Group Model between NBT & UHBW.
- Initiation and design work for the development of a Joint Resourcing Hub between NBT & UHBW with a single leadership team. This includes a joint approach to recruitment, international recruitment, and collaborative bank with iImplementation during 2024-25.
- Finance visioning workshops where joint priorities were agreed 1) Joint Capital prioritisation 2) Joint Business Planning 3) Saving identification.

The development of a new **UHBW Clinical Strategy**, building on the current strategy Embracing Change, Proud to Care, started in Autumn 2023 and aims be published in Quarter 2 of 2024/25. The work has included full engagement with clinical services and teams, alongside analysis of data and drivers for change. The purpose of our clinical strategy is to capture the ambitions of our clinical services for the next five years, providing a high-level framework to structure and support our services in achieving our collective aims as a Trust.

The strategy will align to our System and partner strategies, including the Joint Clinical Strategy, NBT's strategy, the Integrated Care System (ICS) strategy and the Joint Forward Plan as well as to our internal UHBW strategies, including the new Experience of Care strategy and Healthy Weston.

Significant progress has been made during 2023/24 towards the Healthy Weston vision for Weston General Hospital to be a vibrant hospital at the heart of the community:

- Same Day Emergency Clinic (SDEC) pathways continue to improve, with an 80% increase in patients seen throughout 2023/24 compared to 2022/23.
- Emergency Department (ED) have seen a significant improvement in flow throughout the year with a 20% improvement in patients seen within 4 hours during 2023/24 compared to 2022/23.
- The Older Persons Assessment Unit (OPAU) opened in November 2023 and is maintaining a low average length of stay at 1.4 days in March.
- An Acute Medicine HOT clinic opened at the start of March supporting earlier discharges from Acute Medical Unit (AMU) and enabling capacity within SDEC.
- Weston SDEC received £5m national urgent and emergency care capital funding for expansion and relocation with changes expected to start from September 2024
- Clinical Frailty Scoring is now being recorded electronically for all patients over the age of 65 arriving to ED, improving pathways and outcomes for the frail older patient.
- Significant progress made in recruiting the additional 90 posts funded for Healthy Weston 2 phase 1 "front-door" services in 2023/24 with posts with 61wte posts all filled. All Acute Medicine and ED medical posts have been filled.

C. Our People: Together, we will make UHBW the best place to work.

Vision Metric:

- 7% (59.9% to 67.2%) improvement in staff survey responses for staff recommending us as a place to work.

Key achievements:

Key successes with delivery of year 2 actions of the **Our People Strategy** include:

- **Career pathway** information has been developed for Nursing, and Allied Health Professional staff within the organisation. This work will be extended in 2024/25 to include career pathways for Administrative and Clerical colleagues and Healthcare scientists.

- The **Leading together framework** offers a range of programmes to leaders in the organisation, aimed at developing a compassionate and inclusive leadership culture. The mandated Compassionate and Inclusive leadership programme has been completed by 34% of managers in 2023/24. 14 cohorts have successfully completed longer-term leadership programmes at first-line, mid, or senior level through the Leading Others, Leading Teams and Leading the Organisation and System programmes. There is significant progress in coaching and mentoring with a growth in this network including around 25 coaches in training, and reciprocal mentoring opportunities offered through the Bridges programme.

- The **Respecting Everyone framework** was launched in October 2023. The approach aims to resolve issues regarding bullying and harassment, grievances, conduct and capability, as quickly, and as fairly, as possible. 455 leaders have attended roadshows to learn how to use the new framework, and understand the key principles, which include resolving issues in a people-

centred approach, as close to source as possible, and ensuring everyone is treated with respect and supported in an inclusive way with an approach aligned to our Values.

- In September 2023 the Trust launched the **'It Stops with Me' campaign,** which focusses on empowerment, support, and action to help eliminate violence, aggression, bullying and harassment. Support has been provided to ensure staff can quickly identify organisational initiatives which relate to tackling unacceptable behaviour from patients, visitors, members of the public or colleagues. Examples include updated guidance on sexual harassment and assault following the publication of the Working Party on Sexual Misconduct in Surgery report; supporting Black History Month with a video from the Chief Nurse, and colleagues pledging their commitment to eradicating racism from our Trust; and a 'call to action' video, within the Respecting Everyone framework launch.
- The strategic initiative measure relating to **health and wellbeing** – 'my organisation takes positive action on health and wellbeing' has seen a positive increase of 4.2% (57.4% to 61.6%), which is 4.4% better than the national acute trust average. Further detail on wellbeing and the outcomes of work can be found in the wellbeing section of this report.

A **Registered Nurse Funded Retention Strategy** was implemented in 2023 to improve recruitment and retention within the staff group. Key successes include:

- Recruitment of over 400 internationally educated nurses (IENs), who complete a 3-month induction programme to prepare them for completion of the OSCE exam required for nursing registration in the UK. Following successful completion, the nurses then undertake Band 5 posts across the organisation and are supported through our pastoral support programme and Stay and Thrive activity.
- A sustained reduction in the registered nurse and midwifery vacancy rates and reduction in turnover.
- Recruitment of Practice educators to support our Internationally Educated nurses and our pipeline of Trainee Nurse Associate and Registered Nurse Degree Apprentices. This support enables our apprentices and IEN colleagues to embed their learning with clinical supervision and support both within clinical areas and in the classroom.
- Fully recruited Registered Nurse Degree Apprentice and Trainee Nurse Associate programmes with a second-year recruitment process underway.
- A comprehensive career pathway being developed for both unregistered and registered nursing and potential nursing colleagues.

The **Optimising Medical workforce programme** aims to standardise processes and optimise the use of digital systems for the management of medical staff rotas, leave, absence, payments and job plans. Key successes include:

- 98% (700) of consultant job plans transitioned from locally held formats to a single digital e-job planning system, enabling better use of manager and clinician time, better reporting and planning, increased consistency, and visibility of job plans. The final stages of the project, establishing direct links from the system to payroll, to ensure accurate payments and sign off of 2024/25 job plans on the system, are underway.
- All medical departments are being transitioned to an app-based system called Locums Nest which manages the advertising of shifts and timesheets instead of paper-based claim forms. The system enables improved oversight of locum use and advertises locum shifts to a wider audience so doctors can work shifts at UHBW from other collaborative trusts. Further deployment will continue in 2024/25 to eliminate all paper-based processes for junior doctors.
- Two thirds of medical departments have transferred to using the Healthroster system to manage absence and leave. The system enables improved oversight and reporting and will ultimately hold all rosters and activities of medical staff.

The **Reducing turnover** project has seen an overall 2.7% (14.3% to 11.6%) reduction in UHBW turnover in 2023/24. Key successes of the project include:

- Introduction of recruitment outreach events for candidates to find out more about the job before being interviewed and offered.
- Improved corporate induction experience including the introduction of a market place to showcase non-financial benefits i.e. wellbeing, trade unions etc.
- Introduction of an Admin and Clerical workforce steering group.
- Structured problem-solving improvement projects undertaken by Divisions to understand and address local issues.

D. Timely Care: Together, we will provide timely access to care for all patients, meeting their individual needs.

Vision Metric:
10% year on year improvement in Ambulance handover times as a measure of improved patient flow through our hospital:

- Since July 2023, ambulance handovers within 15 minutes, have sustained a 10% improvement each month compared to the same year to date position in 2022/23.
- Since July 2023, ambulance handovers within 30 minutes, have sustained a 20% improvement each month compared to the same year to date position in 2022/23.

Key achievements
Key successes of the Proactive **Hospital** programme, which focuses on good flow within our hospitals and aims to reduce over 12-hour Emergency Department attendances, include:

- Recruitment of a **Every Minute Matters (EMM**) team (clinical lead, improvement practitioner and consultant lead) to support design, delivery and sustainability of ongoing flow improvements across adult wards. Daily proactive board rounds are established across adult inpatients wards with the EMM team working on improving the quality and outcomes of the board rounds, as well as trialling roaming board round solutions on wards with multiple specialities.
- Year to date comparison of over 12-hour emergency department attendances shows an improvement every month in 2023/24 compared to the same month in 2022/23 with a year-to-date reduction of 5% compared to 2022/23 (8.67% to 3.64%).
- A pilot of **Frailty same day emergency care** (SDEC) pathway commenced in January 2024. Over the initial 8-week period 60 patients have been seen in the Frailty SDEC with 63.3% of patients discharged from the service. Conversion rate from Frailty SDEC to admissions was 35%.
- A pilot of the **Active Hospital** initiative, which encourages patients to be more active whilst an inpatient, promoting mobility and reducing deconditioning has been undertaken on six adult wards. The number of patients out of bed at mealtimes has increased on average by 12%.
- The **Home First team** has established a Transfer of Care hub on the Bristol site, with the Weston Transfer of Care Hub being established. The hubs are a co-location of acute Trust staff physically working alongside community, social service partners, and voluntary sector. A member of the Home First Team is present at most of the adult board rounds. The approach is to provide a coaching style patient review for all patients with a >7 day no criteria to reside length of stay, supporting staff with senior clinical and partner input to minimise delays.
- The **NHS@Home** service, which provides clinical care for people who are acutely unwell in their own homes across Bristol, North Somerset, and South Gloucestershire has increased referrals by 50%. Service developments have included the addition of three new pathways (heart failure, frailty and general), and working with Trust partners (SWASFT, primary care,

Brisdoc F-ACE (frailty assessment and coordination of emergency care) and community urgent response teams.

The **Ready for discharge** project, which aims to increase the volume of discharges before midday delivered:

- Design of a criteria led discharge (CLD) toolkit including a clinical note within the electronic patient record which specialties can use to develop CLD for specific clinical pathways. This was based on learning from the establishment of CLD pathways in the Bristol Heart Institute.
- Increased usage of adult discharge lounges compared to 2022/23, with Weston site having a 66% increase and Bristol site a 31% increase, 16% of the Bristol improvement has been achieved through a 24/7 model which launched in November 2023.

Following two pilots in 2022 and 2023, UHBW's **Community Emergency Medicine Service (**CEMS) launched its commissioned service in January 2024. Working in collaboration with South West Ambulance Service Trust (SWAST), senior Emergency Medicine Doctors from both UHBW and NBT respond to 999 calls in the community and provide Emergency Department care at the point of need. The service also supports other paramedic crews across BNSSG on scene, enabling the best care to be delivered to patients with complex presentations.

CEMS focusses on patients with multiple co-morbidities or frailty. The service averages between 6-7 patients per shift, many of whom would normally have extended hospital admissions. Of the patients seen, an additional 58% can stay at home, with tailored management plans and treatment to meet their specific needs. Patients requiring hospital admission are referred directly to the specialist required, reducing ED attendances and ambulance queuing at hospital. The service currently runs Tuesday-Thursday, with an aspiration to expand shortly.

The **Improve Theatres productivity and efficiency** project has achieved a 4% improvement (72% to 76% since March 2023) to capped touch time, measured from a patient commencing their anaesthetic to leaving theatre. The increased utilisation has been achieved by improving booking, scheduling, waiting list, theatre and pre-assessment processes. Key successes include:

- Bristol Dental Hospital achieving a 11% increase (41% to 52%); Bristol Eye Hospital achieving a 10% increase (72%-82%) and Bristol Royal Hospital for Children achieving a 10% increase (65-75%).
- Robust weekly 6-4-2 and scheduling meetings have been implemented across adult and paediatric theatres. The focus on unused sessions and available theatre time has been used to increase the number of cases booked leading to an increase in activity volumes, with a minimum of an additional 300 cases per month being completed.
- A significant amount of work has been done around data quality and reporting which has resulted in an accurate BI dashboard to support regular divisional and speciality utilisation meetings. Utilisation meetings enable a robust review of performance and identify opportunities support further improvement. New reports track activity that has been delivered from speciality to surgeon and patient level highlighting late starts, early finishes, downtime and overruns as well as a comparison between expected and actual utilisation.

The **Improve Outpatients productivity and efficiency** project has focused on Did Not Attend (DNA) reduction and appointment booking processes. In 2023/24 a 0.4% DNA has been achieved, equating to approximately 10,000 appointments at the end of month 10.
The use of the following functions in the DrDoctor patient portal has contributed to this reduction:

- In December 2024 digital letters were introduced in all Bristol specialities, excluding patients under 16 years of age and Weston specialities. 156,000 digital letters have been sent and 58% of patients are accessing their letters digitally in the DrDoctor portal. Each letter accessed through the DrDoctor portal saves the trust 69p in printing costs. If letters are not accessed through the portal they are automatically printed after 2 days. During 2024/25 digital letters will be implemented across all Trust specialities.

- The Trust sent 1.3 million appointment reminders in 2023/24 through DrDoctor. Further optimisation of the automated appointment reminders through adding specialties not previously using reminders aims to increase the use.

A review of outpatient booking processes was undertaken. An improvement project has been commenced with Ear, Nose and Throat specialty with the aim of providing patients with a choice of appointments that they are able to attend, information about waiting times and support options for patients to wait well. The learning and processes will then be cascaded to other specialities.

In 2024/25 a key focus will be reducing patient cancellations, a pilot of patient led booking and rescheduling of appointments on the DrDoctor patient portal has commenced in February 2024.

Work undertaken to deliver our **communication strategy** includes developing our new Trust brand, preparation to launch a new internal social media platform called Viva Engage, and the introduction of more engaging, measurable internal communication channels including a new Trust newsletter, all planned for launch in May 2024. This work will enable us to present ourselves visually and verbally as one united organisation and better facilitate two-way communication and engagement with colleagues, communities and patients.

E. Innovate and Improve: Together, we will drive improvement every day, engaging our staff and patients in research and innovative ways of working to unlock our full potential.

Vision metric:

- 4.2% (54.8% to 59%) improvement in staff survey responses reporting they are able to make improvements in their areas of work.

Key achievements:

UHBW has continued the **deployment of Patient First,** our long-term approach to transforming hospital services for the benefit of patients and staff. It is 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 is providing the business framework for how the organisation operates, providing 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.

In 2023/24 400 senior leaders have been trained in 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.

Training has commenced with our first front line teams in Estates & Facilities in the Lean Six Sigma tools that will support them to improve their daily ways of working and to undertake small local improvement projects. Divisional teams have initiated 27 improvement projects using the A3 thinking problem solving methodology, and report that by focusing on the root cause of the problem using data, they have been able to implement better solutions. Work will continue in 2024/25 to spread and embed the approach across our staff and teams.

The Trust's Continuous Improvement team, which supports staff to undertake improvement work, have further developed their skills by completing Lean Six Sigma green belt training, and are using the tools and processes with clinical and non-clinical teams. They have also been exploring how they can ensure equality, diversity and inclusion is woven through all projects.

A **Fire safety programme** was established to provide a robust approach to understanding and managing fire safety risks in a complex and aging estate in a changing regulatory environment and target improvement work. The Programme has undertaken retrospective fire strategies and risk assessments, to prioritise capital work for required improvements for implementation in 2024/25 and future years. The full scheme of works is expected to require a multi-year programme and continual investment to ensure the on-going safety of staff and patients.

In 2023/24 the Programme has also focussed on refreshing evacuation processes and engaging staff in fire safety awareness. Key progress with the **Fire evacuation routes** project includes:

- 1045 fire wardens across the trust, and 147 new fire wardens trained plus design, testing and roll out of a weekly fire warden reporting to support awareness of potential fire safety risks.
- Simulation evacuation drills being undertaken in high dependency areas.
- Three “clear the clutter” campaigns have been undertaken to rehome, recycle or repair equipment, helping to ensure our physical environment is free from obstructions. 40 tonnes of clutter has been removed, including metal being scrapped, disposing of electrical equipment, and reuse of items via the warp it system.

Six adult specialties commenced the use of minimally invasive **robot assisted surgery;** 163 procedures have been undertaken. Robot assisted surgery can support reduction in length of stay, reduced clinical complications and re-admission and prevention of musculoskeletal problems in surgeons.

A **Digital Strategy** has been developed and the text version was approved by Trust Board in March 2024, it will be published in May. During the development of the Joint Clinical Strategy, greater digital capability was identified as a key enabler for improving outcomes, enhancing efficiency, and delivering high-quality results for our patients. The digital strategy was therefore created to underpin the joint clinical strategy.

The Digital Strategy sets out six enabling objectives necessary to enable digital transformation of the Trust’s services.

- Infrastructure - Solid, Future-Proofed, Secure Foundations
- Digital Systems - Informed decisions and realising the benefits.
- Health Records– Removing reliance on paper.
- Business Intelligence- High quality, accessible data
- Governance and Assurance - Ensure we are doing the right things well for our communities.
- Digital Services - A redesigned Digital Service: forging a strong partnership between the new team and the Trust.

The Digital Strategy aims to deliver the following four outcomes:

- A Resilient and Reliable Foundation upon which we provide exceptional care.
- Accessible Clinical Information with more of our patient’s information in one place (Electronic Patient Record) making it easier to make the right decisions for our patients.
- A Digital First approach where digital solutions and information are a key driver for clinically led transformation of care.

One Digital Identity: Seamless access, to log in effortlessly, utilising reliable equipment, and use of essential tools for their duties, irrespective of location, ensuring a uniform provision of care across UHBW and NBT

F. Our Resources: Together, we will reduce waste and increase productivity to be in a strong financial position to release resources and reinvest in our staff, our services and our environment.

Vision metrics:

- The full financial position is included in 2.3 Finance Review.
- We will treat more patients with elective care needs, exceeding 2019/20 activity levels:

As part of the Trust’s Operational Planning submission for 2023/24, demand and capacity modelling was used to determine the activity volumes required to meet the national ambition that no patients

would be waiting 65 weeks or longer for treatment by 31st March 2024. The modelling also focussed on ensuring that both cancer and diagnostic waiting times could achieve the national and local ambitions. The outputs of the modelling were shared with clinical divisions who subsequently developed plans describing a series of schemes which supported delivery of the activity required to meet these ambitions, primarily focussing on productivity and efficiency.

Whilst there has been an increase in elective activity volumes during 2023/24, there have been significant challenges during the year that have impacted the Trust's capacity to achieve this. Industrial action has resulted in a reduction in capacity throughout the year, with an estimated loss of 7,500 new outpatient appointments, 2,600-day cases and 880 elective inpatient spells.

The Trust has also seen a 15% increase in non-elective demand at the BRI and Weston during the first eleven months of 2023/24 when compared with the first eleven months of 2022/23. This increase in non-elective demand, when combined with the activity displaced due to industrial action, has had an impact on the volumes of patients with elective care needs that the Trust has been able to see and treat.

Productivity and efficiency improvements have largely counteracted these challenges during the year, and this is evident when reviewing the average length of stay for patients admitted to the BRI and Weston sites during 2023/24, with a 14% reduction in the average length of stay for patients admitted to these two sites when compared with 2022/23.

- Adjusting for the impact of industrial action during the year, the ambition to deliver elective activity in excess of levels seen in 2019/20 has largely been achieved in 2023/24, with the number of patients treated within an elective day case and elective inpatient setting returning to the same levels delivered in 2019/20.

Key achievements:

The **Reduce premium workforce costs** project has focused on the reduction of use of agency nurses, and improvement in bank nurse fill rates delivering the following:

- 37% reduction (£8.3m) in registered nurse agency spend compared to 2022/23.
- 69% reduction (£6m) in use of non-framework agency compared to 2022/23.
- 22 agency registered nurses joined UHBW nurse bank.
- Recruitment of Mental Health support workers and delivering a training programme, to reduce reliance on agency registered mental health nurses and increase local expertise.

Bristol and Weston Purchasing consortium (BWPC) have undertaken procurement and preparation for implementation of a new **digital procurement** system across UHBW, and **inventory management system** in UHBW theatre suites in 2024/25.

The **Space Review** project has focused on releasing non-clinical space for use by clinical services. People services have been co-located in a single office with 51 desks, which are shared by 140 staff members. Use of a desk booking app, is supporting the new way of working.

The Trust has recently introduced a revised approach to the identification of and governance of the Trusts productivity and efficiency programme, through the establishment of a **Productivity and Financial Improvement Group,** chaired by the Chief Executive and attended by executive directors, divisional directors, and other key department heads. Twelve workstreams, each with a nominated executive lead will work trust wide to identify productivity and efficiency initiatives, and feed into and support the existing and ongoing work within divisions. Productivity and efficiency opportunities will continue to be sought using all available benchmarking data including the Model Health System and the Getting it Right First Time (GIRFT) programme.

2.1.5 Key risks to delivering our objectives.

In our quarterly risk reports presented to the Trust Board of Directors throughout the fiscal year 2023/24, we emphasised our proactive approach to risk management, aligning with our strategic objectives. Particularly noteworthy were our endeavours to digitise patient information, necessitating

investments for infrastructure modernisation and organisational intelligence enhancement. We also addressed challenges related to meeting NHS Oversight Framework criteria, providing targeted support to tackle critical quality and financial issues. Compliance with CQC regulations remained a priority, supported by comprehensive action plans and diligent monitoring. Progress in implementing the national Patient Safety Strategy continued, alongside ongoing efforts to manage inpatient admissions within bed capacity constraints and plans for IT infrastructure modernisation. Positive outcomes were observed in recruitment and retention initiatives, despite persistent funding challenges for our Strategic Capital Programme.

Looking ahead to 2024/25, we will transition to a new reporting format focusing on ten principal risk categories, including Patient Safety & Quality, Workforce, Capacity & Performance, Estate Infrastructure, Financial, Digital & Cybersecurity, Change Management, System Working, Emergency Planning, and Fire Safety. This evolution reflects our commitment to robust risk management practices and strategic alignment.

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 2024/25 financial plan, further forecasting has been undertaken in relation to the Trust's cash position for the period from 1st April 2024 through to 30th September 2025. The cashflow forecast predicts positive cash balances throughout the period with a projected minimum cash balance of c£61m as of 30th September 2025. In addition, downside forecasting has been undertaken, which considers a number of factors, for example, failure to deliver the Trust's savings requirement in full and additional unforeseen cost pressures, to stress test the cashflow forecast. The downside forecast continues to predict positive cash balances throughout the period. The projected minimum cash balance is £33m as of 30th September 2025. After consideration of the cashflow forecasts, the directors have adopted the going concern basis.

2.1.7 Overview of financial performance

Similar to previous years, funding envelopes for 2023/24 were set at an Integrated Care System (ICS) level. Emphasis remained on Bristol, North Somerset and South Gloucestershire Integrated Care System (BNSSG ICS) achieving a break-even income and expenditure plan in aggregate and at organisational level.

Unlike the financial regime in 2022/23, in 2023/24 the majority of the Trust's NHS income was earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. NHSPS introduced Aligned Payment and Incentive (API) contracts as the main payment mechanism. API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity based on actual activity.

Elective recovery funding (ERF) continued to be available in 2023/24 to provide further non-recurrent, financial incentive to increase elective activity beyond 2019/20 levels, but unlike in 2022/23 trusts did not earn this directly. Elective activity delivered by the trust contributed to system performance, with systems receiving elective recovery funding for exceeding their ERF target. The ERF was subsequently distributed to providers.

The Trust's 2023/24 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 £0.041m (excluding technical items). This is a significant achievement considering the operational challenges faced by the Trust as it continues to respond to increased urgent care demands and reduce waiting lists. 2023/24 was the 21st 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 continued the implementation of a significant revenue and capital investment programme. Key investments included £7.2m to support the expansion of the internationally educated nurses workforce, £11.7m in schemes to enhance elective recovery and £5.8m to support urgent and emergency care. A further 11 intensive care beds were also opened.

The Trust achieved savings of £21.1m against a plan of £27.1m, of which 57% were non-recurrent. The Trust's ability to make recurrent savings during 2023/24 continued to be a challenge as it recovered elective activity back to 2019/20 levels, amidst unprecedented levels of industrial action. During the year, the Trust launched a new approach, introducing the Productivity and Financial Improvement Group, chaired by the Chief Executive, to assist with the delivery of savings and facilitate improvements in productivity.

The Trust's statement of financial position remained positive with net assets of £682.0m and a year-end cash and cash equivalents balance of £96.7m.

Despite the continuing operational challenges of accessing the hospital estate, minimising operational disruption and securing supply chain contractors, the Trust invested £50.0m on capital projects, including 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 2024/25 break-even financial plan on 2nd May 2024. The plan was concluded as part of a break-even BNSSG ICS system financial plan in conjunction with system partners and the oversight of BNSSG Integrated Care Board (ICB).

2.2 Performance Summary

2023/24 Priorities and Operational Planning Guidance

On 23 December 2022, NHS England released the 2023/24 priorities and operational planning guidance.

The guidance outlined the priorities for the NHS in 2023/24 including improvements in elective and urgent and emergency care (UEC) performance.

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

Table 1: Performance Standards against priority areas

Priority areas	Performance standards
Urgent and Emergency Care (UEC)	- Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25. - Reduce adult general and acute (G&A) bed occupancy to 92% or below.
Elective Care	- Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties). - Deliver the system- specific activity target (agreed through the operational planning process).
Diagnostics	- Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%. - Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition.
Cancer	- Continue to reduce the number of patients waiting on a GP referred pathway over 62 days. - Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days. - Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028. - Meet the waiting time standards for the newly introduced combined constitutional standards for 62 days and 31 days (changes to cancer waiting times announced on 17 August 2023 by NHSE and effective from 1 October 2023). Removal of the two-week wait standard in favour of a focus on the faster diagnosis standard, and the rationalisation of cancer standards into three core measures for the NHS: • The 28-day faster diagnosis standard (75% by March 2024) • 62-day referral to treatment standard (70% by March 2024) 31-day decision to treat to treatment standard (96%).

Development of BNSSG Operating Plan for 2023/24

Following the publication of the 2023/24 Priorities and Operational Planning Guidance, the Trust, with other partner organisations, contributed to the development of the 2023/24 BNSSG Integrated Care System operating plan.

The Trust approach was initiated with a demand-based modelling exercise to inform activity requirements. This model was based on achieving the national ambition of no patients waiting more than 65 weeks by 31st March 2024 and also focussed on ensuring that both cancer and diagnostic waiting times could achieve the national and local ambitions.
Demand modelling was shared with divisions who subsequently developed a series of delivery plans describing schemes that will be introduced, or continued, that would support the levels of activity required to meet the ambitions referenced above. Divisional delivery plans were primarily focused on productivity benefits and were reviewed and stress-tested by corporate colleagues, ensuring that the plans were well defined, feasible and affordable.

The Trust's review of current independent sector utilisation continued to contribute towards a system wide evaluation of contracted and subcontracted services. Whilst a number of existing contracts were extended into 2023/24, the delivery planning process explored opportunities to repatriate activity from the independent sector to be delivered by the Trust.

The modelled requirements met the associated performance standards and also satisfied the value of activity required to meet the Elective Recovery Fund (ERF) threshold.

The Trust's performance trajectories included in the 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 2024)
Urgent and Emergency Care (UEC)	ED 4-hour waits	76%	76%
	Adult G&A bed occupancy	92%	96.9%-100%
Elective Care	65 Weeks	0 (Excluding patient choice)	0
	Deliver the system-specific activity target		Activity target set by the Trust met the Elective Recovery fund threshold
Cancer	62+ Day waits	160	160
	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%
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis by 2028	-	-
	6-week wait diagnostic waiting times	85%	83.3%

Updates to Performance Standards during the year

During 2023/24, NHS England wrote to trusts on a number of occasions, confirming performance expectations and outlining any additional requests or changes to guidance. In each instance, the

Trust responded as required and the headlines from each of these NHS England letters are referenced below.

On 23 May 2023, NHSE wrote to Trusts to outline the “Elective care 2023/24 priorities” NHS England » Elective care 2023/24 priorities . The key priorities outlined included:

1. Excellence in basics – maintaining strong focus on data quality, validation, clinical prioritisation and maximising booking rates.
2. Performance and long waits - continue to reduce 78 week waits and 65 week waits. Make further progress on the cancer 62-day backlog, whilst pivoting towards a primary focus on achieving the cancer Faster Diagnosis Standard (FDS).
3. Outpatients – noted that there was potential to adjust approach, engage patients more actively and significantly refocus capacity towards new patients.
4. Cancer pathway redesign – work with cancer alliances to introduce priority pathway changes for lower GI and skin.
5. Activity – ensure that the increasing diagnostic capacity coming online is supporting the most pressured cancer pathways. ICBs are asked to prioritise Community Diagnostic Centres and acute diagnostic capacity to reduce cancer backlogs and improve the FDS standard.
6. Choice – patient choice noted as an increasingly important factor as set out in the Elective Recovery Plan, with some technological advances to support this.
7. Equity – systems are expected to outline health equity plans and the evidence and impact of the interventions as part of planning returns.

NHS England wrote to acute trusts on 4th August, thanking colleagues for the progress that had been made against elective and cancer recovery and acknowledging the operational challenges faced, including ongoing industrial action. The Protecting and expanding elective capacity letter highlighted the important role that outpatient services play in achieving elective recovery and asked each trust to provide assurance against a range of associated areas. The letter references three key actions that trusts were asked to respond to:

- Revisit the plan on outpatient follow-up reduction, to identify more opportunity for transformation.
- Set an ambition that no patient in the 65-week 'cohort' (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for an outpatient appointment after 31 October 2023.
- Maintain an accurate and validated waiting list by ensuring that at least 90% of patients who have been waiting over 12 weeks are contacted and validated by 31 October 2023, and ensuring that RTT rules are applied in line with the RTT national rules suite and local access policies are appropriately applied.

The Trust also received a letter on 27th July relating to the delivery of operational resilience across the NHS during the winter (Delivering operational resilience across the NHS this winter). The letter was addressed to all NHS Trusts, ICB and Primary Care Networks, setting out the key steps that must be taken together to meet the challenges ahead. The letter recognised the progress that has been made during a challenging period and reiterated the two key ambitions for urgent and emergency care recovery, namely:

- 76% of ED patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25.

Whilst NHS England acknowledged the progress that had been made, trusts were also invited to meet two stretch targets during the winter and, in doing so, to qualify for part of a new capital allocation for 2024/25:

- Achieving an average of 80% ED 4-hour performance over Q4 of 2023/24.
- Completing at least 90% of ambulance handovers within 30 minutes during Q3 and Q4 of 2023/24.

NHS England (NHSE) and the Department of Health and Social Care (DHSC) wrote to NHS trusts and ICBs on the 17th of August describing the changes to cancer waiting times standards that have been agreed between NHSE and DHSC. The changes came into effect from 1 October 2023 (Changes to cancer waiting times standards).

The changes announced include the removal of the two-week wait standard in favour of a focus on the Faster Diagnosis Standard, and the rationalisation of current standards into three core measures for the NHS:

- The 28-day Faster Diagnosis Standard (2023/24: 75%)
- One headline 62-day referral to treatment standard (2023/24: 85%)
- One headline 31-day decision to treat to treatment standard (2023/24: 96%)

On 8th November NHSE wrote to ICBs and Trusts (Addressing the significant financial challenges created by industrial action in 2023/24, and immediate actions to take), requesting that systems complete a rapid two-week exercise to agree actions required to deliver the priorities for the remainder of the financial year, relating to the financial and performance pressure associated with industrial action. Trusts were asked to reconsider the trajectories agreed through the 2023/24 Annual Planning rounds, focusing on achieving financial balance, protecting patient safety, prioritising emergency performance and capacity, while protecting urgent, high priority elective and cancer care. In collaboration with system colleagues, the Trust self-certified that urgent care and cancer performance standards remained on-track according to the ambitions set at the beginning of the year, with the position formally signed off by Trust Board and ICB Board.

In support of the formal self-certification, Trusts and ICBs were asked by NHSE regional colleagues to assess whether elective care trajectories, also committed to as part of the Annual Planning process, required reconsideration. The Trust confirmed that, whilst all other performance measures remained on-track, RTT 65 week and 78 week wait trajectories needed to be revised, primarily due to the loss of capacity experienced as a result of industrial action. The trajectory set at the beginning of the year referred to the elimination of any 78 week waits in-year and any 65 week waits by 31 March 2024 and the revised trajectories accounted for the small number of specialties where industrial action has impacted to such an extent that it will not be possible to entirely eradicate long waiting patients.

The forecast shared with NHSE confirmed that the total number of patients waiting 65 weeks or longer at the end of the year would reduce to 392, of which 40 would be waiting 78 weeks or longer. Recovery plans were put in place to eliminate 78 week waits by the end of January 2024, with the exception of nationally recognised challenged areas – paediatric dentistry and corneal graft where the aim is to eliminate by Q1 24/25.

In terms of 65 week waits, full elimination will be delivered in Q1 2024/25, with the exception of this same subset of challenged specialties; elimination currently forecast for Q2 2024/25.

In September 2023, NHSE launched its National Patient Choice programme. There are no changes to the existing choice regulations and standing rules. However, a number of delivery commitments were made:

1. All referrers to ensure they shortlist on average 5 choices from which the patient may choose.
2. Patients should be encouraged to use the Manage Your Referral within eRS (e Referral Service) or the NHS App to choose their provider.
3. All Trusts must be registered on the Digital Mutual Aid System (DMAS) by 31 August 2023.
4. Patient Initiated Digital Mutual Aid System (PIDMAS) to be available in October 2023 for those waiting +40 weeks.

On 8 November 2023, NHSE wrote to ICBs and Trusts on the subject of “addressing the significant financial challenges created by industrial action in 2023/24, and immediate actions to take”. It asked that ICBs and Trusts in showing how they will deliver financial balance will need to show they have an elective plan that is refocused on driving productivity from core capacity, identifying the insourcing/outsourcing and WLIs considered necessary within a balanced financial plan focussed on

the longest waits, urgent elective and cancer care. Returns were required to identify the total activity forecast and the implications of any changes on the trajectory to the March 2024 65ww target. This letter required formal board confirmation to sign off commitments to deliver the March 2024 62-day backlog reduction, and the FDS set out in the 2023/24 operational plans.

Performance oversight in 2023/24

As referenced above, whilst the Trust plan for 2023/24 met the requirements outlined in the 2023/24 Priorities and Operational Planning Guidance relating to the elimination of waiting times greater than 65 weeks, the impact of industrial action led to the Trust forecasting a revised position. The Trust, working with NHSE, forecast a revised target of no more than 392 patients waiting 65 weeks or longer by the end of March 2024.

Similarly, the 2023/24 plan for cancer standards met the NHSE operational planning ambitions, but performance in-year has been challenged by industrial action and the impact of the Trust having been unable to cease the mutual aid support being provided to Somerset NHS FT for dermatology until November 2023.

As a result of these performance challenges faced during the year, the Trust and BNSSG ICS has been subject to performance management by NHSE during 2023/24.

NHS Oversight Framework Segmentation

The current NHS Oversight Framework segmentation for the Trust is segment 3 on 10 April 2024. 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	2
Integrated care system segmentation	Bristol, North Somerset & South Gloucestershire (BNSSG) ICS	3

At present, 14% of NHS trusts are in segment 1, 40% in segment 2, 36% in segment 3, and 10% 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.

Industrial Action (IA)

Industrial action throughout 2023/24 has affected the Trust's capacity to deliver the ambitions set as part of the operational planning process.

Over the course of the year, thirteen periods of industrial action took place, each of which impacted the Trust's ability to achieve the performance milestones set at the beginning of the year including the elimination of 65 week waits, cancer waiting times and diagnostic waiting times standards.

Analysis of the impact of industrial action over 2023/24 estimates that the following volumes of activity were unable to be delivered on those IA dates:

- 7,500 new outpatient appointments.
- 10,500 follow-up outpatient appointments.
- 2,600-day cases.
- 900 elective inpatients.

During periods where industrial action abated, there was noted improvement in performance which subsequently deteriorated when industrial action restarted and impacted the Trust's capacity to deliver services.

Performance during 2023/24

The following sections summarise performance against performance standards in 2023/24.

2.2.1 Referral to Treatment (RTT)

The operational planning guidance required Trusts to eliminate referral to treatment waiting times over 65 weeks by March 2024 (excluding patient choice).

The Trust originally submitted a plan of no patients waiting over 65 weeks by March 2024. During 2023/24, the impact of industrial action led to the Trust agreeing a revised trajectory with NHSE that no more than 392 patients would be waiting 65 weeks or longer by the end of March 2024.

On the 31st of March 2024, the Trust reported 257 patients waiting over 65 weeks: an improved position on the revised trajectory of 392. The Trust expect to eliminate 65 week wait backlogs by end of September 2024, with the exception of corneal graft surgery. There are 109 corneal graft patients in the 65 weeks wait cohort to the end of September and the treatment of these patients is dependent upon a nationally directed processes of allocation based on supply, clinical priority, and relative waiting times. Subject to graft material being available, there are no other constraints to full delivery against this ambition.

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

Overall, ED attendances during 2023/24 have exceeded 2019/20 levels; activity volumes are shown below.

Table 4: Total attendances at Emergency Departments

	Total Attendances				
Hospital	**2019/2020**	**2020/2021**	**2021/2022**	**2022/2023**	**2023/2024**
Bristol Royal Hospital for Children	44,499	28,417	47,205	48,795	47,879
Bristol Eye Hospital	24,941	18,110	22,325	24,661	26,771
Bristol Royal Infirmary	73,499	59,952	74,852	73,444	78,473
Weston General Hospital	50,315	33,595	45,790	46,571	51,435
Grand Total	**193,254**	**140,074**	**190,172**	**193,471**	**204,558**

Table 5: Average daily number of attendances at Emergency Departments

	Total Attendances				
Hospital	**2019/2020**	**2020/2021**	**2021/2022**	**2022/2023**	**2023/2024**
Bristol Royal Hospital for Children	122	78	129	134	131
Bristol Eye Hospital	68	50	61	68	73
Bristol Royal Infirmary	201	164	205	201	215
Weston General Hospital	138	92	125	128	141
Grand Total	**529**	**428**	**521**	**530**	**560**

The operational planning guidance set out requirements to ensure that, by the end of March 2024, a minimum of 76% of patients attending an emergency department are seen within four hours.

During 2023/24 the Trust saw increased demand in both attendances to its Adult Emergency Departments and subsequent admissions, which alongside the high bed occupancy levels, and ongoing Industrial action, impacted delivery of the four-hour standard of care, which in February 2024 was 63.4%.

From February 2024, NHS England requested that Trusts refocus their efforts to achieve the delivery of the March end position of 76%. The Trust mobilised a hospital wide response and achieved 76.5% against this target. Of note, this performance includes Type 1, 2 and 3 attendances.

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 referred by a GP on a cancer pathway waiting more than 62 days.

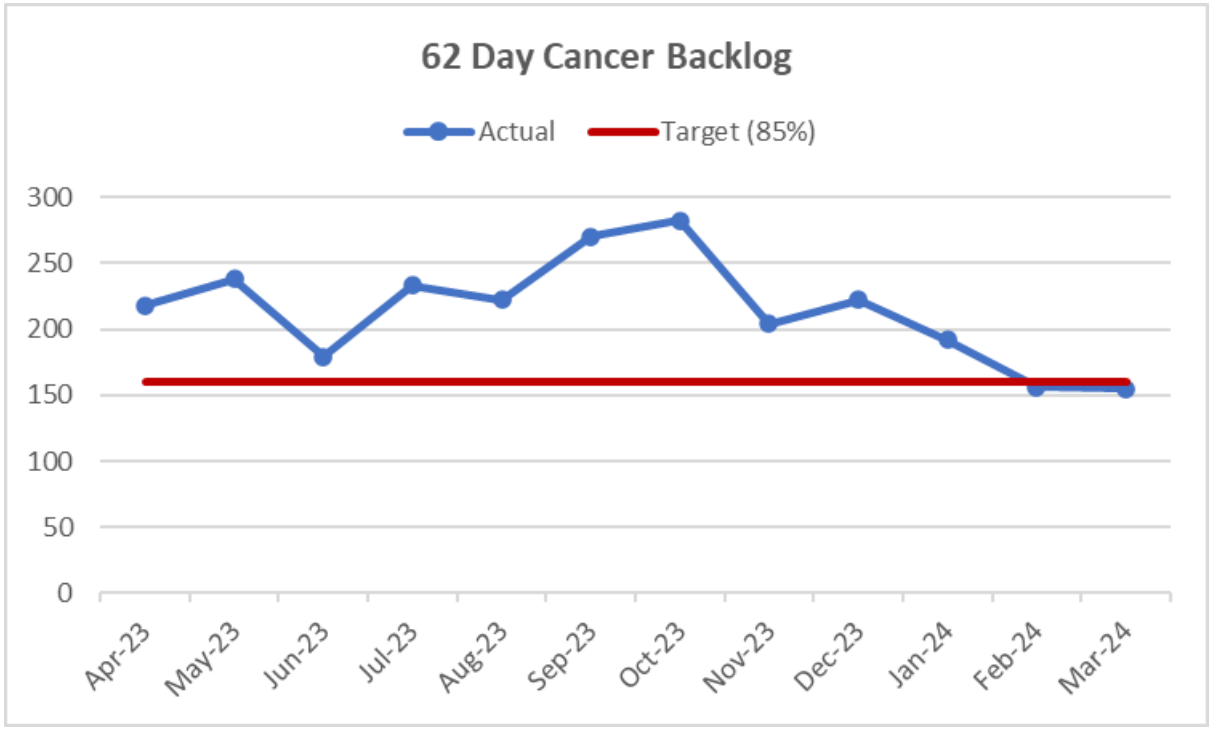
NHSE asked that all Trusts return to, or below, the number of patients waiting over 62 days pre-pandemic. This number is different for each organisation and the Cancer Alliances have a role to play in determining the appropriate target for each Trust and integrated care system.

In 2023/24, the target for the Trust was to have no greater than 160 patients waiting over 62 days by March 2024.

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.

Through 2022/23, the Trust made sustained progress in reducing the number of patients on a cancer pathway waiting over 62 days. The number of patients waiting over 62 days was reduced from a peak of 416 patients in August 2022 to 178 patients in March 2023. This reflected achievement of the 62-day baseline set for the Trust by NHS England.

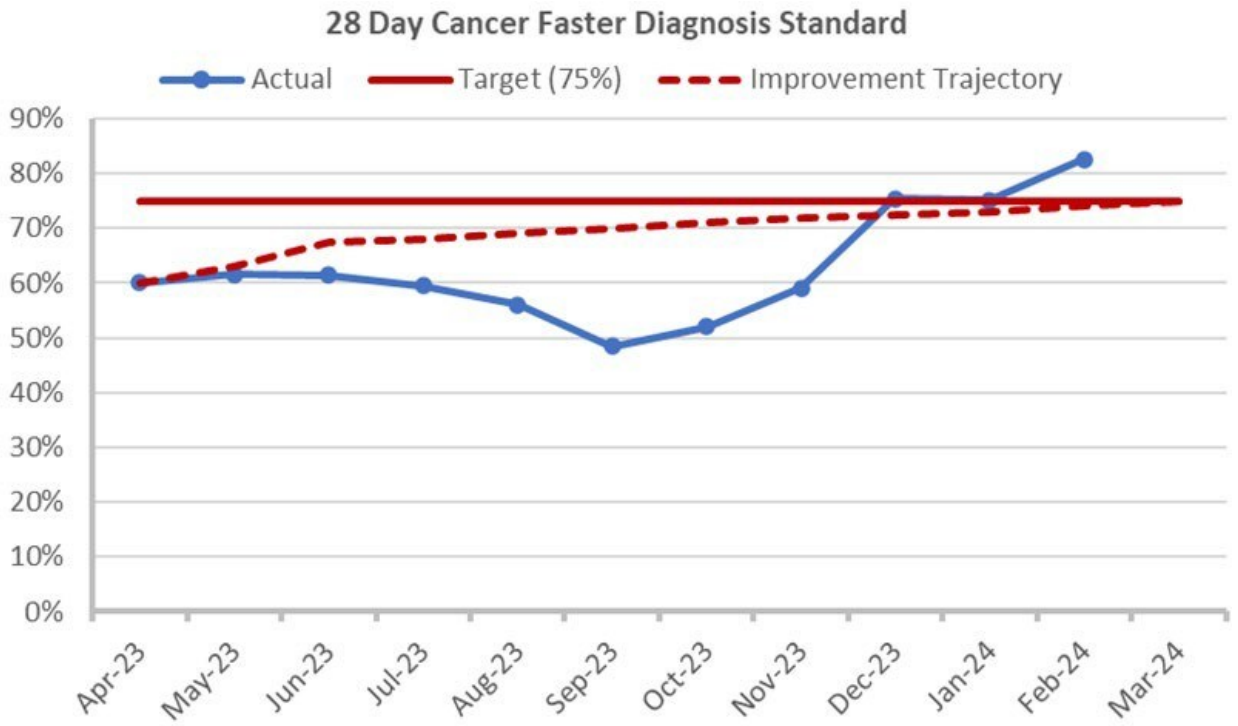
During 2023/24, alongside other planned care pathways and targets, Industrial Action has had an impact on Cancer and the number of patients waiting over 62 days. The number of patients waiting 62 days or longer had increased to 282 at the end of October 2023, but significant improvement through the next five months resulted in the number of patients waiting over 62 days reducing to 155 at the end of March 2024, successfully delivering against the ambition that no more than 160 patients would be waiting 62 days or longer by the end of 2023/24.



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.

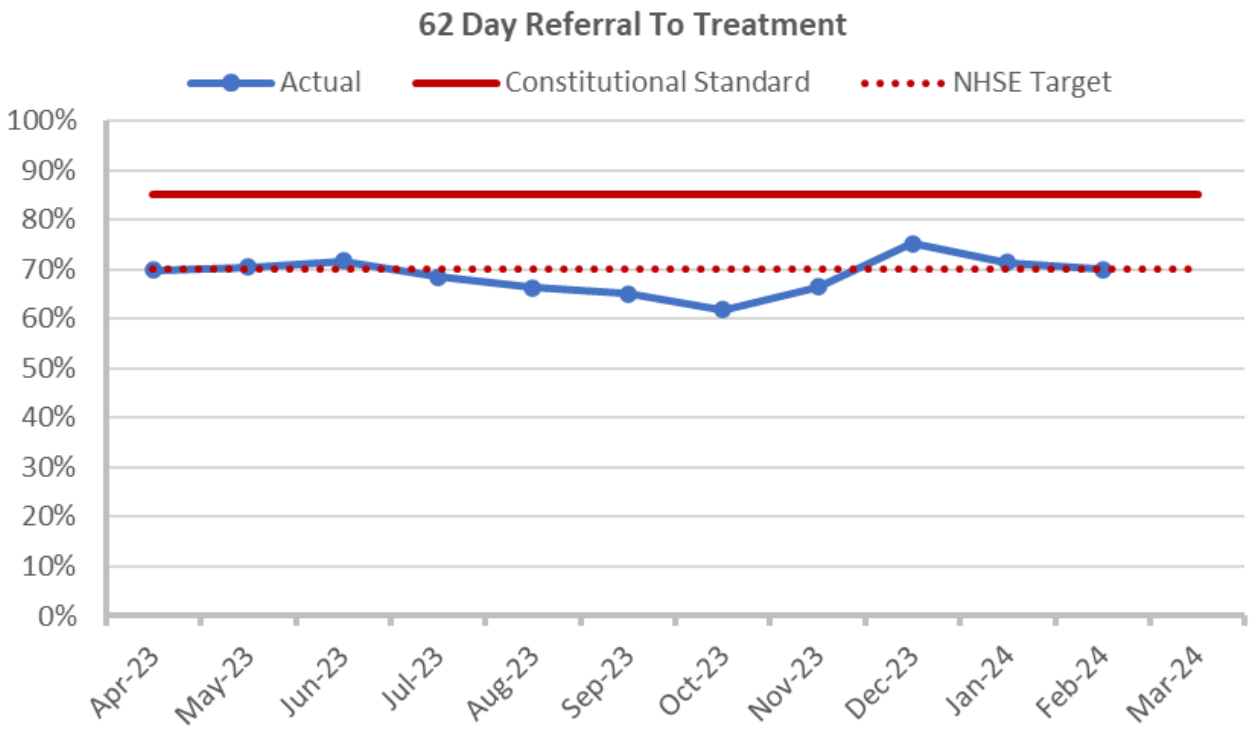
Performance against the trajectory was met during March 2023 but then deteriorated in the six months following, impacted by a combination of Industrial Action and the effect of the Trust being unable to withdraw the mutual aid support being provided to Somerset NHS FT for dermatology.

The successful implementation of a cancer services recovery plan and the cessation of mutual aid arrangements with Somerset have been key to an improvement noted from October 2023 and, since December, the Trust has achieved performance in excess of the national target of 75% which was anticipated to be achieved by end of March 2024.



Patients with cancer should start first definitive treatment within 62 days of referral from a GP, screening programme or upgrade by a consultant. The national standard is that 85% of patients should start their definitive treatment within this standard and NHSE set an interim recovery target for providers of 70% by March 2024

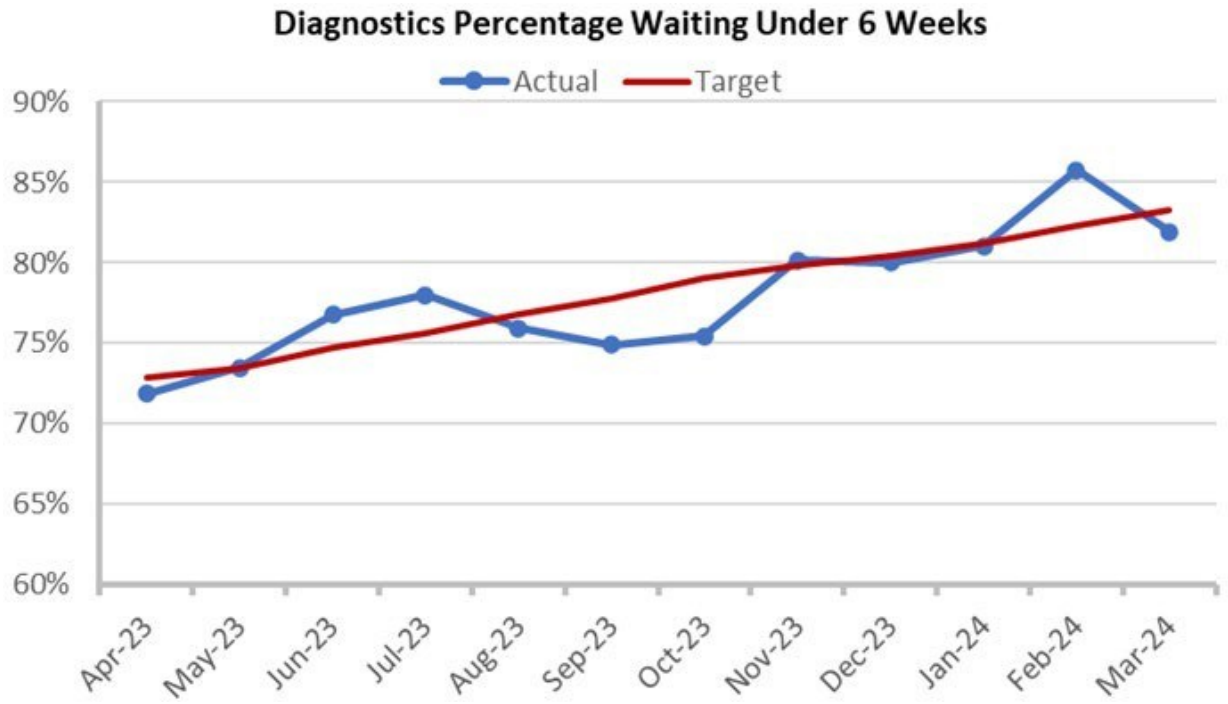
This standard was introduced in October 2023 and the Trust needed to recover from backlogs created during the Covid pandemic that continued due to the impact of industrial action. The Trust has performed above NHSE's recovery standard of 70% since December 2023 and expects to sustain this.



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 83.3% at the end of March 2024.

Throughout the year, there has been sustained improvement and at the end of March 2024, the Trust reported 81.94% 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 patients waiting 26 weeks or longer by end of October 2023.

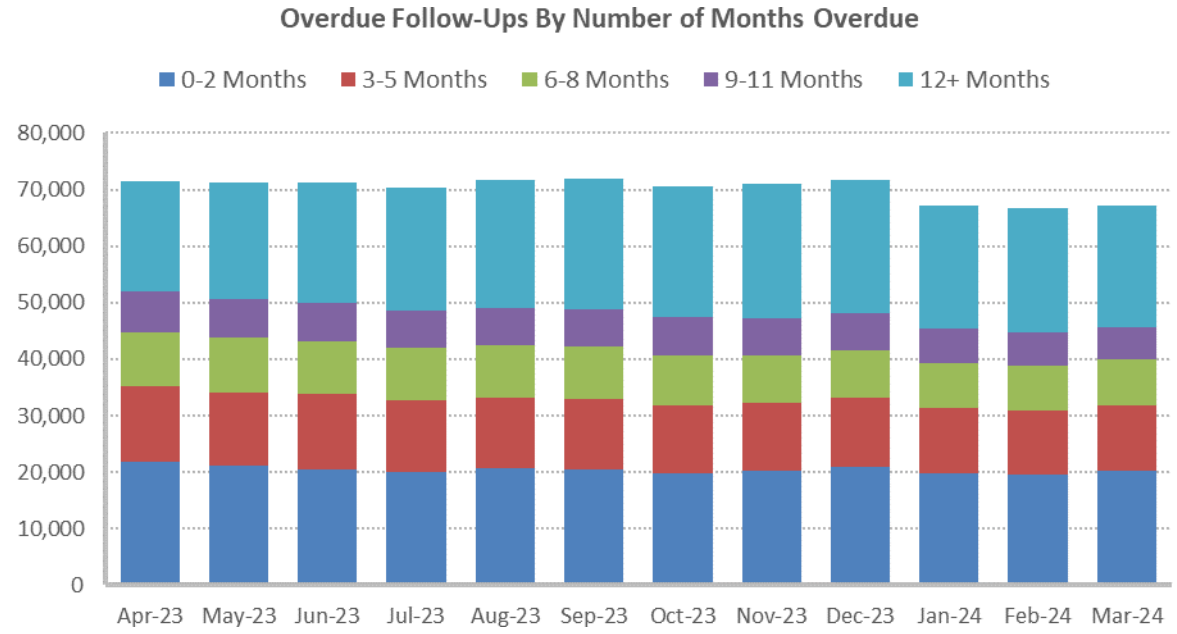
In April 2023, the Trust reported 358 patients waiting over 26 weeks for a diagnostic investigation. The Trust has demonstrated improvement through the year. At the end of March 2024, the Trust reported 206 patients waiting over 26 weeks.

2.2.5 Outpatients

The operational planning guidance also referenced a requirement to reduce the volume of follow-up activity delivered in 2023/24 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 2023/24, the number of patients overdue their follow-up has reduced from 71,525 in April 2023 to 67,193 at the end of March 2024.



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 had previously 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 2024, 3,720 patients were discharged to a PIFU pathway and an additional 2,037 were moved to PIFU on a Long-Term Condition pathway. This is approximately 8.1% of all outpatient attendances in March 2024.

2.2.6 Important events since the end of the financial year

The Trust Chair's term of office ended on 30 April 2024. As part of the shared strategic intent between the Trust and North Bristol NHS Trust to form a Hospital Group (as announced in December 2023) Ingrid Barker has been appointed as Joint Chair of both Trusts with effect from 1 June 2024.

2.3 Financial Review

2.3.1 Financial analysis

The Trust delivered a net surplus of £0.041m, 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 £0.041m 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 £31.897m.

The operating plan for 2023/24 was approved by the Trust Board on 18th April 2023 following submission of the financial plan to NHSE on 30th March 2023. 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, the impact of enhanced pay costs and industrial action, the costs of escalation capacity, recruitment into vacancies higher than planned with over 1,000wte new staff joining the Trust in 2023/24 and in-year changes to contracting arrangements.

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

Table 6: 2023/24 Financial performance against plan:

	Plan £m	Actual £m	Variance Favourable/ (Adverse) £m
Income from Patient Care Activities	1,029.177	1,115.213	86.036
Other Operating Income	105.279	125.234	19.955
Total Operating Income	**1,134.456**	**1,240.447**	**105.991**
Employee Expenses	(670.688)	(746.101)	(75.413)
Other Operating Expenses	(414.953)	(474.101)	(59.148)
Depreciation (owned & leased)	(39.578)	(42.187)	(2.609)
Total Operating Expenditure	**(1,125.219)**	**(1,262.389)**	**(137.170)**
PDC	(12.447)	(13.695)	(1.248)
Interest Payable	(2.652)	(2.748)	(0.096)
Interest Receivable	3.000	6.839	3.839
Other Gains/(Losses)	0.000	(0.351)	(0.351)
Net Surplus/(Deficit) per Annual Accounts	**(2.862)**	**(31.897)**	**(29.035)**
Remove Capital Donations, Grants, and Donated Asset Depreciation	2.862	31.938	29.076
Adjusted Financial Performance Surplus/(Deficit) Reported to NHSE	**0.000**	**0.041**	**0.041**

2.3.2 Savings

The Trust achieved savings of £21.1m against a plan of £27.1m. The majority of the savings were non-recurrent and mainly related to changes in workforce establishments and non-pay procurement savings. Although, focus on reducing the elective activity backlog, as well as the impact of industrial action reduced the Trust's ability to make recurrent productivity and efficiency savings during 2023/24, the Trust continued to develop work streams to deliver savings later in 2023/24 and future years. Focus on transactional efficiencies such as obtaining best value through purchasing, controlling spend and further embedding the use of technology also continued in 2023/24.

Table 7: Savings achieved during 2023/24:

Workstream	Plan £m	Actual £m	Variance - Favourable / (Adverse) £m
Pay Efficiencies			
Agency - price cap compliance	0.680	1.777	1.097
Establishment reviews	5.158	6.164	1.006
E-Rostering	0.030	0.040	0.010
Service re-design - pay	7.850	0.766	7.084
Total Pay Efficiencies	**13.718**	**8.747**	**4.971**
Non-Pay Efficiencies			
Medicines optimisation	1.092	2.576	1.484
Procurement (excl drugs) - non-clinical	0.020	0.373	0.353
Procurement (excl drugs) - medical devices and clinical consumables	6.370	4.496	1.874
Estates and Premises transformation	1.082	1.283	0.201
Fleet Optimisation	0.036	0.027	0.009
Pathology & imaging networks	0.375	0.714	0.339
Corporate services transformation - non-pay	0.000	0.306	0.306
Digital transformation	0.000	0.029	0.029
Other - non-pay	0.207	0.238	0.031
Total Non-Pay Efficiencies	**9.182**	**10.042**	**0.860**
Income Efficiencies			
Income Non-Patient care	4.102	2.103	1.999
Other - income	0.048	0.183	0.135
Total Income Efficiencies	**4.150**	**2.286**	**1.864**
Grand Total	**27.050**	**21.075**	**5.975**

2.3.3 Statement of financial position

The Trust's cash and cash equivalents balance at 31st March 2024 was £96.7m, a decrease of £31.3m from last year. How the Trust used its cash during the year is shown in the table below:

Table 8: Use of cash 2023/24

	£m	£m
Opening Cash Balance		**128.035**
Use of cash:		
Net cash flow from operating activities	35.888	
Capital investment	(51.570)	
Other net cash flows from investing activities	8.362	
Public Dividend Capital received	6.860	
Capital loan repayments to the DHSC	(5.834)	
Interest (on capital loan) payments to the DHSC and other interest	(2.802)	
Public Dividend Capital dividend payment	(14.932)	
Finance lease payments	(7.284)	
Decrease in cash balance 2023/24		**(31.312)**
Closing Cash Balance		**96.723**

The Trust maintained a positive statement of financial position (balance sheet) with net current assets as at 31st March 2024 of £4.2m as summarised in the table below:

Table 9: Statement of Financial Position 2023/24

Statement of Financial Position	£m
Total Non-Current Assets	677.769
Total Current Assets	178.402
Total Current Liabilities	(174.181)
Net Current Assets	**4.221**
Total Assets Less Current Liabilities	**681.990**
Total Non-Current Liabilities	(142.540)
Total Assets Employed	**539.450**
Equity:	
Public Dividend Capital	333.465
Revaluation Reserve	92.408
Other Reserves	0.085
Income & Expenditure Reserve	113.492
Total Equity	**539.450**

2.3.4 Capital

The Trust Board approved the 2023/24 capital investment programme of £39.227m in April 2023. The approach to capital funding in 2023/24 remained the same as 2022/23 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 52% share of the £75.3m BNSSG ICS capital envelope. During the year, additional capital allocations were approved, including increases by the Department of Health and Social Care (DHSC) in respect of schemes to support urgent and emergency care capacity, diagnostic capability and digitalisation. The Trust's total capital funding for 2023/24 was £49.973m (excluding IFRS16 lease arrangements).

Table 10: 2023/24 capital funding by source

	£m
UHBW Funded - System Envelope	39.917
DHSC Approved Funding	7.291
Grants/Donations/Other	2.765
Total	**49.973**

The limit on capital expenditure meant that not all the Trust's prioritised capital schemes could be approved for delivery in 2023/24. Schemes which were not approved for implementation in 2023/24 have been carried forward for consideration in the prioritisation process for the 2024/25 plan.

Capital funding is allocated to individual schemes in six areas which are monitored during the year. The Trust's capital programme is managed through the Trust's Capital Programme Steering Group. In 2023/24 the Trust invested £49.968m on capital schemes. This included the following significant investments:

- Strategic Projects including GICU, LINAC replacement and Weston SDEC: **£18.8m**
- Medical Equipment e.g. Portables x-rays, Endoscopy scopes, Defibrillators: **£11.3m**
- Digital e.g., new devices, network, systems and server upgrades, cyber security: **£ 9.4m**
- Estates and Building Improvement e.g. backlog maintenance, fire improvements: **£ 6.8m**

In addition to the £49.968m invested in capital projects, the Trust also invested £20.177m on leased equipment and properties, totalling £70.145m capital expenditure in 2023/24. Total expenditure against the NHSE plan is shown in the table below.

Table 11: Funding and expenditure on capital schemes:

	2023/24 NHSE Plan £m	2023/24 Actual £m	2023/24 Variance £m
Source of Funding:			
PDC	5.400	7.291	1.891
Donations - Cash	1.934	1.523	(0.411)
Depreciation	42.164	42.187	0.023
Disposals	0.000	0.604	0.604
Cash Balances	4.461	18.540	14.079
Total Funding	**53.959**	**70.145**	**16.186**
Expenditure:			
Strategic Schemes	14.727	18.836	4.109
Medical Equipment	7.600	11.338	3.738
Operational Capital	8.500	3.611	(4.889)
Fire Improvement	2.500	1.180	(1.320)
Digital Services	7.800	9.406	1.606
Estates Replacement & Infrastructure	3.500	5.597	2.097
Other (New Leases and Remeasurements)	9.332	20.177	10.845
Total Expenditure	**53.959**	**70.145**	**16.186**

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. The Trust participates in the National Fraud Initiative.

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). This work is evidenced in the annual completion of the Counter Fraud Functional Standard Return and the annual Counter Fraud report presented to the Audit Committee.

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 NHS England, the Department of Health and Social Care and other organisations.

The Overseas Visitors Team provides a seven day a week eligibility checking service across the Trust. The team, which checks every patient that presents at the Trust, is responsible for establishing an individual's right to free NHS hospital treatment, the raising of invoices to directly chargeable visitors, the processing of reciprocal healthcare claims and for advising clinicians and other staff on their obligations under the regulations.

The Non-NHS Patient income Manager is co-chair of the NHS Overseas Visitors Eligibility Partnership.

2.3.9 Task force on climate-related financial disclosures (TCFD)

NHS England's NHS foundation trust annual reporting manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

The phased approach incorporates the disclosure requirements of the governance pillar for 2023/24. These disclosures are provided below with appropriate cross referencing to relevant information elsewhere in the annual report and accounts and in other external publications.

Climate Related Governance

UHBW has a Board approved and published Green Plan that sets out our ambitious commitments and aims for climate action for 2030. The Green Plan encompasses all BNSSG ICS partners. The Green Plan sets out the full breadth of sustainability issues that the Trust is actively managing. The Trust has two governance routes for oversight of progress against the Green Plan. One is internally through our Board, the other is through the ICS.

Whilst the governance process is established for the two routes, it is also evolving as we move towards a more collaborative approach to address sustainability across the ICS.

UHBW Governance
The UHBW Board are responsible for approving the sustainability commitments that the Trust is working towards in the Green Plan and setting the ambition to be a leader in sustainable healthcare. The Board are updated biannually through the annual reports and accounts and the annual sustainability report on our performance against our targets. Through this process the Board is made aware of our successes as well as areas for improvement. There is also Board member lead for sustainability.

Beneath the Board, the Estates and Facilities division are responsible for leading work on climate related risks. The UHBW sustainability team sits within the estates department. Sustainability is governed through the divisional board, with the head of sustainability sitting on the Estates management team. The sustainability team are tasked with working across the divisions within the Trust to implement and achieve the targets within the Green Plan.

ICS Governance
To deliver the breadth of commitments set within the Green Plan, the work has been broken down into separate streams that cover our main impact areas. These workstreams are:

- Net zero carbon
- Sustainable procurement
- Sustainable waste management
- Travel, transport and clean air
- Biodiversity
- Healthier with nature
- Communications and engagement

Each workstream has a delivery plan on how to meet our ambitious Green Plan commitments. These plans are continually updated. Each ICS member partner delivers work under all of the workstreams.

Each workstream reports monthly into the Green Plan Implementation Group, overseen by the head of sustainability at the ICS. In turn, this group reports on a quarterly basis to the Green Plan Steering Group which is made up of Executive Directors from each partner organisation.

It should be noted that, outside of the Green Plan, there is no formal process for climate related risks to be assessed in wider business strategies and decisions. The UHBW sustainability team provide advice and guidance on some business strategies but this is not part of a systematic, mandatory process. Adaptation is also not currently considered or presented to the Board. We recognise that both are current gaps in our climate related risk governance process and are working to address this as our governance process evolves and matures.

Metrics and Targets
Our Green Plan outlines the ambitious sustainability targets we are aiming to achieve. This includes one of our three headline commitments to achieve net zero carbon emissions by 2030. Our scope 1, 2, and 3 greenhouse gas emissions are reported in section 3 of this document. More information on our targets, measures and actions can be found in our Green Plan: Green Plan for Bristol, North Somerset and South Gloucestershire ICS: 2022 - 2025 (bnssghealthiertogether.org.uk)

Stuart Walker
Interim Chief Executive

3. Sustainability Report

3.1 Overview

UHBW has been working with its ICS partners to embed our ambitious sustainability goals and create a governance structure and delivery plan that sees us working together to achieve our immediate and future goals. This year has seen the publication of the ICS revised Green Plan, setting out our sustainability commitments and outcomes and confirming our aim to be a leader in delivering sustainable healthcare for our region. All ICS partners have signed up to the Green Plan, aligning our efforts and amplifying our action and outcomes. The ICS has also developed a delivery plan to drive implementation and monitor progress against the Green Plan commitments.

The Green Plan sets out three clear outcomes that we are working towards;

1. Net zero carbon by 2030 across scope 1, 2 and 3 emissions sources.
2. Improve the environment by reducing waste, improving air quality and restoring biodiversity.
3. Create a BNSSG wide movement to support a culture change amongst, staff, citizens and businesses.

As a Trust we have been making progress towards these outcomes and the sections below highlight some of the work we have undertaken.

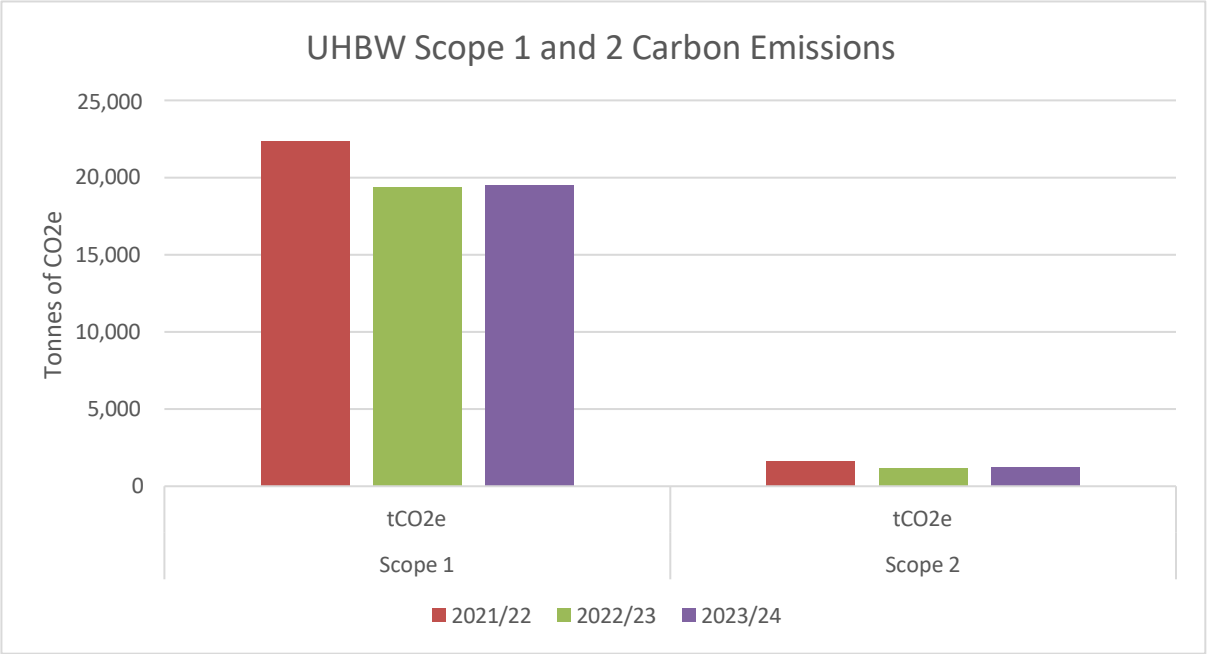
Table 12: Emissions Data

Emissions Source	**Unit**	**2021/22**	**2022/23**	**2023/24**
Scope 1	tCO_2e	22,362	19,526	19,470
Scope 2	tCO_2e	1,604	1,181	1,228
Scope 3	tCO_2e	130,917	142,214	156,573
Total	**tCO_2e**	**154,883**	**162,921**	**177,271**
Energy				
Gas consumption	kWh	110,466,019	97,905,717	98,557,570
Oil Consumption	Litres	1,369,885	43,697	27,351
Electricity Consumption	kWh	7,555,343	6,109,586	5,930,672
Supply Chain				
Purchased goods and services (including upstream transport and distribution)	tCO_2e	112,986	123,543	136,617
Travel and Transport				
Trust owned Fleet	tCO_2e	142	172	212
Employee Commuting	tCO_2e	3,000	3,171	3,131
Waste				
Total Waste	Tonnes	3,267	3,477	3,646
	tCO_2e	1,316	1,383	1,367
Water				
Water volume	m3	324,452	282,440	276,797
Waste water	m3	305,933	254,196	249,117
Water volume and wastewater	tCO_2e	132	111	99

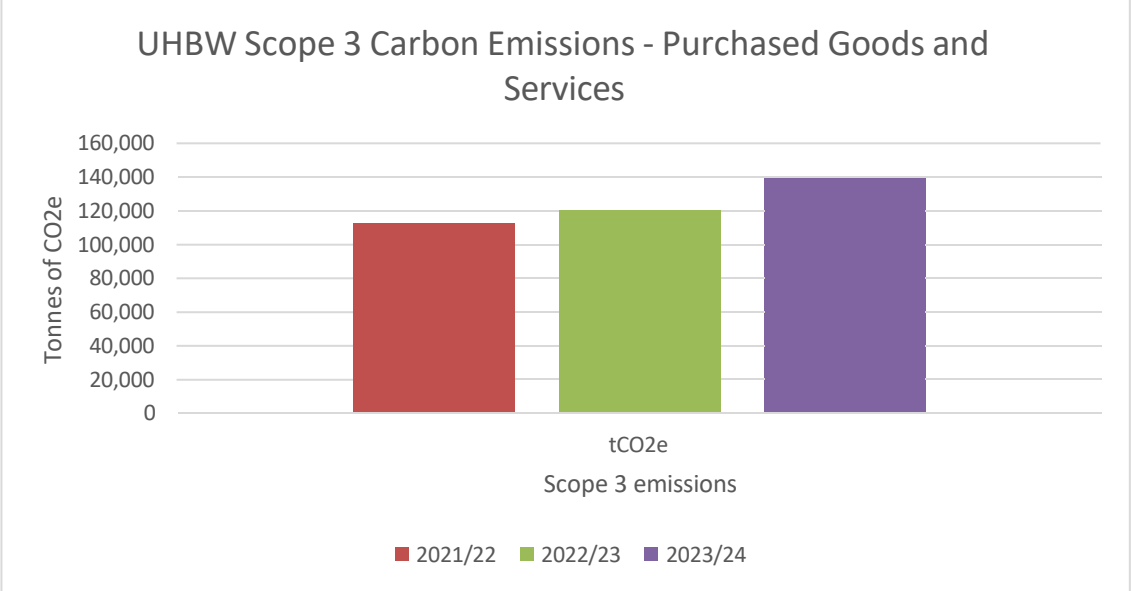
Emissions

Our scope 1 and scope 2 emissions make up 12% our carbon footprint. This year work has focused on upgrading the software and control hardware on the building management system and combined heat and power unit. The software upgrade will give greater functionality and a broader range of hardware connectivity, allowing for greater control, zoning and improved data. This data allows for the analysis of performance and opportunities for increased efficiency to be identified.

This year also saw the successful recruitment of a dedicated energy manager for the Trust, a position that was vacant for over 12 months previously.



Scope 3 emissions are the largest source of carbon emissions, with purchased goods and services making up over 75% of the total footprint. Whilst this data is presented in this report, it is recognised that the current spend based methodology is not sensitive enough to reflect our carbon performance, nor is it in line with best practice calculation methods. We continue to review alternatives calculation methodologies but have yet to identify a suitable solution to cover the scale and variety that exists within our supply chain. We will utilise opportunities to improve our data as and when internal systems are upgraded.

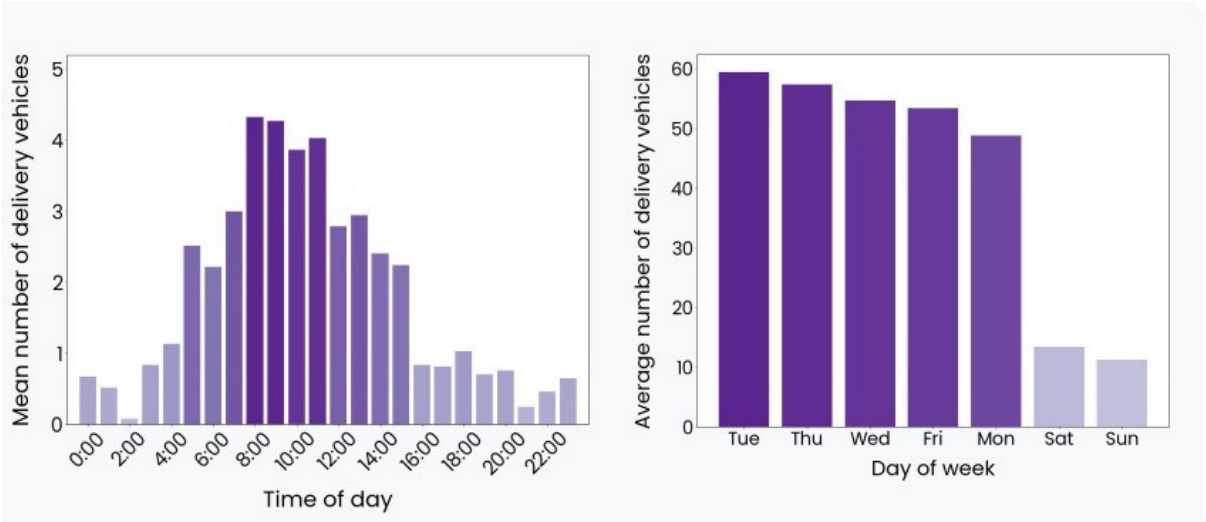


Despite, the limitations of the current scope 3 emission methodology, we have been working to reduce them. We have been updating the procurement process and creating new tools to help stakeholders manage the sustainability impact of the procurement process. Our focus has been on embedding the new NHS England net zero commitment requirement into the procurement documents, templates and sign-off process. We have created a social value question bank tool that can be used to select the most relevant and proportionate question to ask on net zero amongst other social value outcomes. The sustainability team have also provided advice and been directly involved in the procurement process for some high-risk tenders, creating the sustainability requirements, evaluation criteria and contract management mechanisms for these.

Air Pollution

The Trust has seen an improvement in the air quality in and around the central Bristol located sites. This improvement is a result of the implementation of the Bristol Clean Air Zone. This reduction can be seen in the ambient air quality levels of the roads directly outside the Bristol Royal Infirmary but also in the monitoring equipment across the hospital site. However, the ambulance bay and Afred Parade, the main delivery road on our Bristol site, are still areas of poor air quality, exceeding World Health Organisation nitrogen dioxide limits during the day.

Action has been taken to improve the air quality impact of the supply chain through the contracts let that result in many deliveries and vehicle movements on site. The graph below shows the number of delivery vehicles that the Trust receives on a weekly basis and their time of arrival. The number of deliveries peak in the mornings and during the week with fewer deliveries at the weekend and after 4pm. Mean air quality levels around the hospital can be over 30% higher for nitrogen dioxide during busy delivery periods over quiet periods.



This is being addressed through the social value criteria that the Trust apply to all tenders. Including ‘improving air quality’ as an outcome in relevant tenders has resulted in commitments being made from suppliers to reduce delivery frequency, optimise route planning and plans to introduce low and

zero emission vehicles. A working group has been established that is reviewing the main delivery road into the Bristol Royal Infirmary (Alfred Parade) that will be seeking to identify opportunities working with suppliers to introduce new ways into Alfred Parade that will reduce the queues where vehicles idle whilst waiting to make deliveries. The Trust has also added to its air quality monitoring capacity on site to improve the data and intelligence received on this.

In relation to staff travel, the Trust has implemented several schemes over the last 12 months to promote cleaner and more active travel options. This includes;

- New cycle to work scheme open for applications all year round and for an increased value of £4k.
- Bespoke, person travel plans for staff on their cleaner and active travel options.
- Upgraded shower and changing facilities on site and improved security for cycle storage.
- Monthly Doctor Bike sessions where staff can have their bike checked over for safety and any minor works carried out free of charge.

Improvements have also been made in the Trusts own fleet, with electric vehicles being introduced for internal transport runs. The Trust now has 50% of electric vehicles within its fleet.

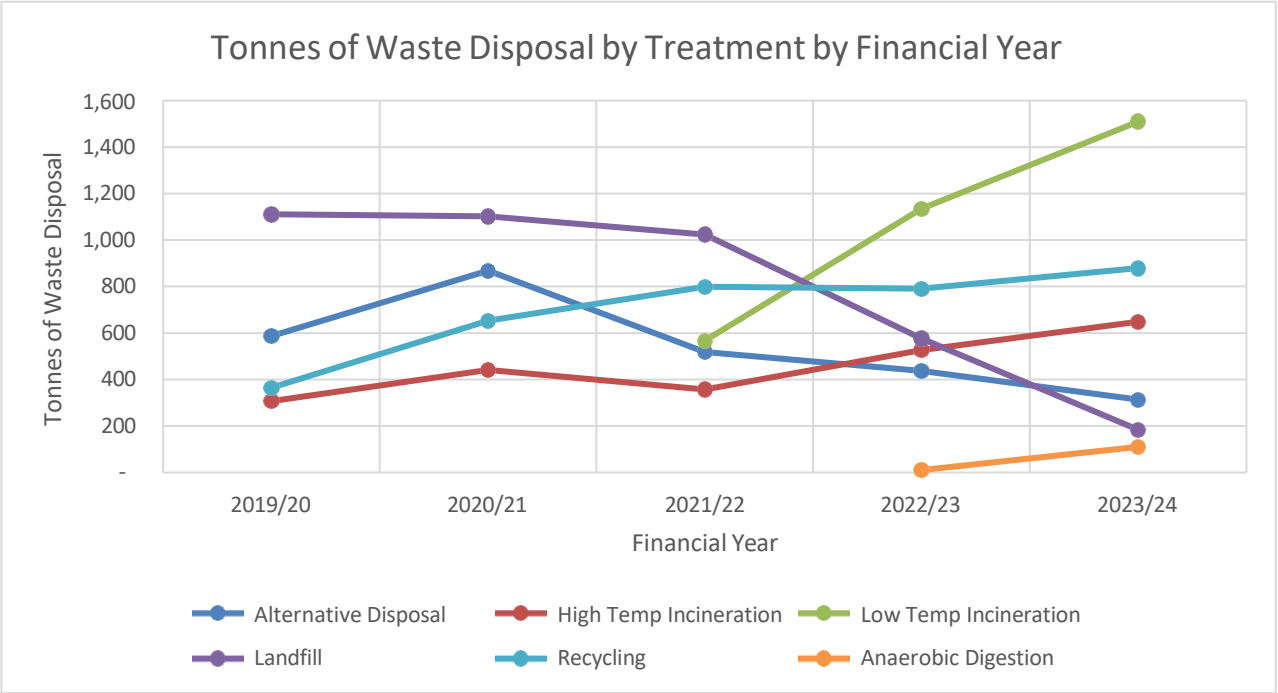
The Trust operates a free to use bus shuttle for colleagues, patients and visitors. The bus operates on a loop service from Bristol Temple Meads to all Trust hospital locations in Bristol. An additional service also runs between Bristol, Weston General Hospital and both Weston and Worle train stations. This service has been very popular with approx. 1600 users a month. This year we have improved the service to also include a Free Bus Shuttle service that operates around Weston, Worle and Haywood village.

In 2024 the Travel and Sustainability team will also be producing an information leaflet that will be given to all new recruits during the recruitment process that will support them with identifying sustainable and active travel options prior to starting work with the Trust. The team will also look to provide a travel stall at corporate induction.

Waste

The impacts of healthcare waste on our environment are particularly high given the large volumes of single use and contaminated waste produced and high carbon methods of disposal. High carbon and high-cost waste disposal solutions go hand in hand. Seeking more sustainable solutions therefore has the joint benefit of reducing carbon and cost.

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 waste to landfill target. Recycling rates have increased in 2023/24 and will continue be an area of focus going forward. Another area of focus will be high treatment incineration, which has seen an increase in 2023/24. We will be working to reduce this waste stream in line with NHS clinical waste management strategy.



This year, the Trust in conjunction with North Bristol NHS Trust, launched a joint tender for Sustainable Waste Management services, with a focus on and commitment to environmental protection, carbon reduction and the circular economy.

The tender dedicated 20% of its quality award criteria to these requirements in addition to a further 10% for social value.

The contract will require suppliers to commit to measures and deliver KPIs that help the Trusts and the service progressively innovate and improve to:

- Reduce waste volumes
- Decarbonise waste services
- Improve air quality
- Support and improve the health and wellbeing of staff working on the contract
- Improve visibility of the supply chain
- Provide accurate and timely data for accountability

The immediate impacts will be to eliminate waste to landfill and to carbon footprint the service.

The Trust will benefit from behaviour change programmes to reduce waste and promote correct segregation, low carbon transport solutions, and online, accurate and timely management information.

The project adopted the EcoQUIP Plus innovation procurement methodology, taking the project team through the process of needs identification and definition, through a market engagement and consultation process and the adoption of pro-innovation tendering and contracting approaches.

Further information on the EcoQuip Plus innovation procurement methodology and the project, can be found in the case study report which can be accessed from the following link;

EcoQUIP Plus Case Study Report FINAL - EcoQuip Plus

4. Accountability Report

4.1. 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 Code of Governance for NHS Provider Trusts 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 13: 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 term as Trust Chair 30 April 2024
Arabel Bailey, Non-executive Director. Appointment as Associate Non-executive Director 1 July 2022 End of term as Associate Non-executive Director 30 June 2023 Appointment as Non-executive Director 1 July 2023
Sue Balcombe, Non-executive Director and Senior Independent Director Appointment as Non-executive Director (Designate) 1 June 2019 Appointment as Non-executive Director 1 April 2020 End of first term 31 March 2023 Start of second Term 1 April 2023
Rosie Benneyworth, Non-executive Director Appointment 1 July 2023
Julian Dennis, Non-executive Director Appointment 1 June 2014 End of first term 31 May 2017 End of second term 30 May 2020 End of third and final 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 2022
Emma Glynn, Associate Non-Executive Director Appointment 1 July 2023
Marc Griffiths, Non-executive Director Appointment 1 July 2022
Susan Hamilton, Associate Non-Executive Director Appointment 1 July 2023
Jane Norman, Non-executive Director Appointment 1 March 2021 End of first and final term 30 April 2024
Roy Shubhabrata – Non-executive Director Appointment 1 July 2022
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 Start of third term 1 September 2023
Eugine Yafele, Chief Executive Appointed 3 May 2022 Left the Trust on 31 December 2023
Paula Clarke, Executive Managing Director of Weston General Hospital Appointed 4 April 2016
Neil Darvill, Joint Chief Digital Information Officer Appointed 1 June 2023
Jane Farrell, Chief Operating Officer Appointed as Interim Chief Operating Officer 31 October 2022 Appointed as Chief Operating Officer 1 April 2023
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
Rebecca Maxwell, Interim Chief Medical Officer Appointed 1 January 2024
Stuart Walker, Interim Chief Executive Appointed as Chief Medical Officer 21 February 2022 Appointed as Interim Chief Executive 1 January 2024
Emma Wood, Deputy Chief Executive and Chief People Officer Appointed 4 January 2022

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 14: Performance against Better Payment Practice Code

	Year ended 31 March 2024			Year ended 31 March 2023		
	NHS	Non-NHS	Total	NHS	Non-NHS	Total
No. invoices paid within 30 days	2,984	166,160	169,144	2,725	146,012	148,737
No. invoices paid	3,835	182,308	186,143	3,592	172,656	176,248
Percentage paid within 30 days - number	77.8%	91.1%	90.9%	75.9%	84.6%	84.4%
Value of invoices paid within 30 days	£65.279m	£377.093m	£442.372m	£41.524m	£346.692m	£388.216m
Value of invoices paid	£73.284m	£417.498m	£490.782m	£67.522m	£401.162m	£468.684m
Percentage paid within 30 days - value	89.0%	90.0%	90.0%	61.5%	86.4%	82.8%

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

In 2023/24, £0.002m (2022/23, nil) in interest was payable for one claim made under the Late Payment of Commercial Debts (interest) Act 1998. 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, people and performance monitoring), as well as development seminars and informal Governor- Non-Executive Directors 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 scheduled to fall in the same month as the Trust Board meetings held in public, although on different dates. There has been good attendance by governors at both meetings, which has meant governors are kept up to date on current matters of importance and can follow up on queries in more detail at separate meetings. The Council of Governors meetings have provided an opportunity for Governors to hear in depth from the Chairs and members of the Board Sub-Committees on matters of importance, and all governor and membership activities were 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 2023/24 including Non-Executive Director Appointments and re-appointments, Trust Constitution changes, Lead Governor Elections, Focus Group Terms of Reference and Business Cycles, Nominations and Appointments Committee membership, the strategic plan to move to a Group Hospital Model with North Bristol NHS Trust, the appointment of a Joint Chair and Joint Chief Executive Officer, and approval of an extension to the current Trust Chair's contract.

There were four 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 15: Membership and attendance at Council of Governors meetings 2023/24

Please note:

- Sickness absence and other reasons for non-attendance are not recorded in the Annual Report.
- Those that have reached the statutory requirement of 50% of public meetings are highlighted.
- Some Governors finished or started their term during the year but are included in this list and therefore all attendances have been calculated by a percentage.

Number of Council of Governors meetings in the period 1 April 2023 to 31 March 2024: 4			
Council of Governors	**Attended**	**Out of a possible**	**Attendance rate**
Chair: Jayne Mee	**4**	**4**	**100%**
Ben Argo	3	4	**75%**
Graham Briscoe	0	1	0%
Grace Burn	0	2	0%
Sofia Castillo	1	1	**100%**
John Chablo	4	4	**100%**
Mary Conn	2	3	**67%**
Carole Dacombe	3	4	**75%**
Robert Edwards	4	4	**100%**
Aishah Farooq	1	2	**50%**
Tom Frewin	3	4	**75%**
Lisa Gardiner	2	2	**100%**
Sarah George	2	4	**50%**
Fi Hance	2	4	**50%**
Suzanne Harford	3	3	**100%**
Mike Hockett	1	1	**100%**

Paul Hopkins	0	1	0%
Jocelyn Hopkins	0	4	0%
Karen Low	1	4	25%
Maisy McCollum	0	2	0%
Karen Marshall	0	4	0%
Jude Opogah	3	3	**100%**
Mark Patteson	0	4	0%
Mo Phillips	3	4	**75%**
Annabel Plaister	4	4	**100%**
Richard Posner	3	3	**100%**
Janis Purdy	3	3	**100%**
Mohammad Rashid	1	1	**100%**
Olivia Ratcliffe	0	1	0%
Stuart Robinson	1	1	**100%**
John Rose	3	4	**75%**
Martin Rose	1	4	25%
John Sibley	4	4	**100%**
Tony Tanner	2	3	**67%**
Libby Thompson	2	4	**50%**
Audrey Wellman	0	2	0%

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 Code of Governance for NHS provider Trusts 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 2024 there are 11 members, with a vacancy for a Staff Governor.

The Committee met via videoconference on three occasions (May 2023 and twice in November 2023) 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, Non-Executive Director, and Associate Non-Executive Director remuneration and approved changes this year. In the year, the Committee added to the planning for new Non-Executive Directors and Joint Chair Recruitment, with the recruitment campaign running until April 2024.

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, the impact of Junior Doctor industrial action, engagement with system working, supporting the Group Hospital Model with North Bristol NHS Trust 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, four Governor Development Seminar days took place (in April 2023, June 2023, October 2023 and February 2024). 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 information on quality objectives, tours of the hospital sites, updated essential training, a bespoke training day delivered by NHS Providers on successful question and challenge, and a

Divisional Update Day, where each Division provided a 'Success and Challenges' presentation and took questions from the Governors.

The Lead Governor for 2023 – 2024 was Mo Phillips, Public Governor.

4.1.10 Governor elections

Governor elections were last held in Spring 2023 with 11 seats up for election across 5 public and staff constituency classes. All but two seats were contested, with 15 candidates standing altogether. There was one uncontested public seat, and one seat did not receive any nominations. The election period consisted of a nomination period (2 March-30 March 2023), during which the seats available were advertised, and a voting period (21 April-19 May 2023) during which voting papers were dispatched to public members by post and to staff members by email. Interest was reasonable in the nomination period, and the membership team put on four drop-in sessions to find out 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. Grace Burn and Maisy McCollum were both appointed in September 2023.

Consideration was being made in 2024 to fill three spaces on the Council of Governors.

Table 16: Governors by constituency – 1 April 2022 to 31 March 2023

There are 29 governor seats in total. As of 31 March 2024, there were 26 governors in post (16 public, 4 staff and 6 appointed) and 3 vacancies.

Constituency	Name	Tenure	Elected or Appointed?
Public Governors			
Public-Bristol	Mary Conn	June 2023 to May 2026	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	Richard Posner	June 2023 to May 2026	Elected
Public Bristol	Maureen Phillips	June 2023 to May 2026 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	Janis Purdy	June 2023 to May 2026	Elected
Public North Somerset	Suzanne Harford	June 2023 to May 2026	Elected
Public North Somerset	Annabel Plaister	June 2023 to May 2026 June 2021 to May 2023	Elected
Public North Somerset	John Rose	June 2023 to May 2026 June 2021 to May 2023 June 2017 to May 2020 (extended to May 2021)	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	Tony Tanner	June 2023 to May 2026 June 2016 to May 2018 June 2013 to May 2016	Elected
Public South Gloucestershire	Ben Argo	June 2022 to May 2025	Elected
Public – Rest of England and Wales	Mark Patteson	June 2022 to May 2025	Elected
Staff Governors			
Non-clinical Staff	Lisa Gardiner	September 2023 to May 2026	Elected
Non-clinical Staff	Jude Opogah	June 2023 to May 2026	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	Fi Hance	June 2023 to May 2024 December 2022 to May 2023	Appointed
Joint Union Committee	Stuart Robinson	December 2023 to May 2026	Appointed
University of Bristol	Sarah George	March 2023 to April 2026 April 2022 to March 2023	Appointed
University of the West of England	Libby Thompson	November 2022 to May 2025	Appointed
Youth Involvement Group	Grace Burn	October 2023 to October 2024	Appointed
Youth Involvement Group	Maisy McCollum	October 2023 to October 2024	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 17: Members of the Foundation Trust

Public constituency	
At year start (April 1, 2023)	3,905
New members	51
Members leaving	220

At year end (March 31, 2024)	3,737
Staff constituency	
At year start (April 1, 2023)	14,155
At year end (March 31, 2024)	16,360

4.1.12 Membership Strategy

The Trust continued to implement the Membership Strategy of 2020-2023 and engaged with Governors to commence the development of the next Membership Strategy for 2024-2027 during the financial year.

The number of members with an email address attached to their membership is now 60%.

Members were invited in the year to attend the Annual Members Meeting which was held face-to-face and recorded for online viewing at a later date.

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 18: Analysis of current membership (those residents 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

During 2023/24 we continued to develop our systems for managing patient safety insight, involvement and improvement in line with the requirements of NHS England's Patient Safety Strategy (2019). This included launching a Human Factors Strategy and Hub, transferring to the new Patient Safety Incident Response Framework and preparation for reporting into the new national Learning from Patient Safety Events system from 1st April 2024. We also continued with our Patient Safety Improvement Programme focussing on prompt recognition, escalation and treatment of deteriorating patients in line with the Trust's strategic approach to continuous improvement, Patient First. Further details can be found in the Trust's Annual Quality Account.

4.2.2 Stakeholder relations

As part of our focus to improve the experience of care for our people and communities we continue to work with local Healthwatch organisations. Representatives from Healthwatch offer an additional external scrutiny to our Experience of Care Group and respond to feedback from people and communities about our services. This year we have furthered our partnerships with the Voluntary, Community and Social Enterprise sector (VCSE), charities and other community partners as part of our work to advance health equity. VCSE and community partner representatives including the Diversity Trust, Weston-Super-Mare based Healthy Living for All, the African Voices Forum, Caafi Health and the West of England Centre for Inclusive Living have joined partners from the Bristol City Council Sensory Support Team, the Centre for Deaf and Hard of Hearing People, The Bristol Sight Loss Council and Bristol Disability Equality Commission to bring unique insight, expertise and experience to the work of our Health Equity Delivery Group and our Accessible Information Standard Delivery Group. Together with our partners we are driving forward ideas and practices that directly challenge and reduce health inequalities specifically on areas that NHS England's Core20Plus Framework has specified: for example, asthma and oral health improvements for children and young people, making sure we meet the information and communication needs of our diverse communities across BNSSG and developments in new equality-based staff training.

During the year, we have continued to work with a range of other community partners to continually drive forward UHBW as an inclusive organisation. These include Bristol Autism Support Service (to undertake a service-user led assessment of how our four Emergency Departments support autistic people receiving care), Accessible (to develop new Access Guides for patients and carers attending our hospitals), and the Carers Liaison Centre to ensure we continue to support carers as equal partners in care. 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. Throughout the year, many of our VCSE and community partners have helped co-create our new Experience of Care strategy which is due for publication in May 2024.

We also supported engagement exercises with strategic partners on matters which affect our wider health and care system. There continued to be positive 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 and 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 Development

At UHBW, we recognise that research is an essential part of the care we can offer our patients, allowing us to develop treatments and improve outcomes locally and nationally. During 2023/24, 8,102 patients, staff and volunteers gave their time to take part in the research we lead and host. This compares with the previous year's level of participation, which was 9,743 and reflects the increasingly specialised portfolio that we develop and deliver.

Our consultants, senior nurses, midwives, and allied health professionals lead research, which can involve complex interventions and may be designed for patients with common or rarer conditions. These studies sometimes require very small numbers of participants at our site, and we focus the efforts of our highly trained workforce of research nurses, trial co-ordinators, data managers, specialist technical staff and R&D support staff to set research up quickly and, collect high quality data that will contribute to the growing evidence base in health research. Our research portfolio reflects the range of specialist and the more general services that UHBW offers as a city centre hospital with tertiary responsibilities.

As we work to grow and broaden our research leadership in the Trust, we were delighted to receive news that our third applicant to the NIHR Senior Nursing and Midwifery Research Leaders (SRL) fellowship scheme had been successful, joining our two existing SRLs in April. We have also been successful in our application to host the new National Institute for Health and Care Research Regional Research Delivery Network (NIHR RRDN) – which invests millions in our local health research infrastructure, especially staff – which will commence in October.

Our Clinical Research Education Facilitator (CREF) has allowed us to support the learning of our research teams with standardised research inductions, development of competencies and sharing of best practice across specialties. We have developed new e-learning for those with experience or just finding out about research, and we have adjusted our team, our processes, and our communication with the aim of making things easier for researchers, so they can do the jobs at which they are best. In October 2023 we launched the research link initiative to further bridge the gap between clinical and research services and embed research in clinical practice across the organisation. Research links act as champions for research, raising the profile of research within their clinical area and ensuring patients have the best opportunity to find out about or take part in research. We have had 80+ individuals sign up as research links from range of areas across UHBW, each one has access to a training programme and support from their associated delivery team. There has been national interest in our research links programme with many other organisations hoping to replicate the initiative with support and resources from UHBW.
In 2023 we saw the return of our Research Showcase as a live event. It was our best attended event of this kind, with over 100 attendees from a wide range of clinical and non-clinical professions. Our audience heard about research during the pandemic, highlighting some successes of our research teams and leaders during this time and giving an opportunity for reflection.

In this last year, whilst overall recruitment has been lower, there has been a steady increase in the number of clinical specialties offering research to our patients. We continue to work with the NIHR to ensure our portfolio is deliverable and have invested time in ensuring we are working towards efficient set up of research at the trust. Currently about half of our studies are opened within a two-week date window agreed by with the sponsor.

We are hosts for a range of National Institute for Health and care Research infrastructure. The Bristol NIHR Clinical Research Facility (CRF) and NIHR Bristol Biomedical Research Centre (BRC) and the Applied Research Collaborative West (ARC West) form part of the NIHR @Bristol and includes and West of England Clinical Research Network (WE CRN). They work closely with wider partners who form Bristol Health Partners Academic Health Science Centre (BHP AHSC).

The Bristol Clinical Research Facility (CRF) is now in its second year of National Institute for Health and Care Research (NIHR) funding and accreditation. The 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 six early phase research nurses in our core therapeutic areas of Vaccine development and Oncology & Immunotherapy. In addition, we partly fund both the R&D CREF and a Patient and Public Involvement and Engagement facilitator, who works across the Biomedical Research Centre and the CRF. These specialist staff 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 industry partners, will enable us to increase capacity. In the last year, the MRI scanner has been decommissioned, and whilst this now limits the types of clinical research, we can undertake here in UHBW, it has made more space available. This will be used in two ways: firstly, additional clinic areas will be created; secondly a small laboratory has been released and it will be refurbished for use as a pre-analytical laboratory, which will streamline sample processing in the Facility.

We have now completed the first full year of our new five-year award for the NIHR Bristol BRC. Workstreams and projects have developed smoothly, and the new strategies for Equality, Diversity and Inclusion, Training, and Patient and Public Involvement which have been developed with the NIHR CRF are becoming woven into all the work that our BRC does across its translational research themes of Diet and Physical Activity, Mental Health, Respiratory disease, Surgical and Orthopaedic innovation and Translational Data Science.

In 23/24 we submitted a total of sixteen NIHR grants; six proceeded to full application stage with four awarded and one pending. Our four newly awarded grants were: a programme grant led by Yvonne Wren “Improving outcomes by addressing variation in unmet needs at transition to adult care for young people born with cleft lip and palate (Cleft@20)”; a Health Services and Delivery Research grant lead by Jeremy Horwood “Reducing inequalities in the prevention and diagnosis of sexually transmitted infections”, and two Research for Patient Benefit grants led by Jo Robson “Rare AutoImmune SElf-management programme development” and Sophie Rees “Understanding the lived experience and unmet needs of CHILdren and young people with Lichen sclerosus and their parents/carers”.

We have seen ongoing effects of the pandemic, with almost all grants requiring extensions resulting from delays in setup and recruitment. This has impacted on workload. However, we successfully appointed a Post-award Grant Manager in February 2023, resulting in a more streamlined and improved management of contracting and finance post-award. The level of NIHR grant submissions has increased over the last two years, which will improve our overall annual grant income and associated Research Capability Funding. This has allowed the Grants Manager to refocus on development of small grants and mentoring and support for new researchers to apply for local funding. The loss of the local branch of the NIHR-Research Design Service has however resulted in a gap in specialised methodological support for small grants, and we are in process of sourcing a new arrangement specifically for our local grants, and to support less experienced researchers in their applications. The eventual impact is expected to be an increase in the number of research grant leaders in the Trust, especially those from non-medical disciplines, with the aim of increasing grant income longer term, in particular from NIHR. To promote this aim, we have a rolling local funding call. This is targeted at Nurses, Midwives, Allied Health Professionals and Clinical Scientists to apply for funding to release time to develop a small grant application, or early-stage fellowships. We have a strong collaboration with the University of the West of England, Bristol, to identify and mentor applicants through this process.

Commercial research gives our patients access to novel treatment options, as well as supporting the health and wealth of the nation. The income it generates allows us to build capacity within our research infrastructure at UHBW. 2023-24 has seen the introduction of some significant changes in how commercial research is costed in the NHS with the implementation of Stage II of the National Contract Value Review (NCVR) process. The Joint Commercial Research Manager, representing UHBW and NBT, has contributed to shaping the NCVR policy through his role on national groups and UHBW hosts the regional NCVR Champion for the West of England CRN within the R&D Department.

We have been able to maintain previous years’ levels of commercial research income throughout 2023-24, generating around £3.5 million. This has allowed us to strategically invest in posts within the core R&D team such as the Lead Clinical Research Education Facilitator and the Post Award Grant Manager, as well as posts with the wider research delivery workforce across the Trust in areas such

as Cardiology, Intensive Care Unit, Medical Equipment Management Organisation (MEMO), Surgery and at Weston General Hospital.

The R&D Department strives to make UHBW a preferred site for industry partners to place their studies. The work of the joint commercial research manager in developing relationships with industry has led to the two trusts being named a ‘Super Partner’ site with IQVIA, one of the biggest global Contract Research Organisations (CROs). We engage directly with pharmaceutical and MedTech companies running research in the UK, including Bristol-Myers Squibb, Novartis, Janssen and Moderna, meeting regularly with company representatives to discuss their upcoming pipeline and identify suitable investigators. During 2023-24, UHBW researchers were selected as the UK Chief Investigator for 14 commercial studies, resulting in UHBW acting as the lead UK site. We have continued to recruit well into commercial studies across the Trust, examples being: the enrollment of 62 patients in 2023/24 to a commercial trial in interventional cardiology, comparing a drug coated balloon against a drug-eluting stent to treat the narrowing of heart blood vessels; recruitment by the team at the Clinical Research Unit at Bristol Eye Hospital of the first UK patient to the VOYAGER study and of the first global patient to a study assessing the safety and efficacy of Intravitreal (IVT) Aflibercept with proactive customized treatment intervals in with Choroidal Neovascularization (CNV).

We concluded the year by extending a warm welcome to our new Director of Research, Professor Fergus Caskey, as we thanked his predecessor Professor David Wynick for his years of leadership.

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 2023 to 31 March 2024.

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, the appointment of the Interim Chief Executive and Interim Chief Medical Officer, and set in train the process for the recruitment of a Joint Chair.

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 approved the exit arrangements for the outgoing Chief Executive Officer and the appointment of an interim Chief Executive Officer and Interim Chief Medical 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 2023/24 and 2022/23. There was 1 exit package paid to a director in 2023/24 (nil, 2022/23). This information has been subject to audit.

Table 19: Remuneration for the senior managers of the Trust 2023/24 (Audited)

Director's remuneration: salaries and allowances for the 12 months to 31 March 2024	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 (Note 1)	60-65	100	0	N/A	60-65
Executive Directors					
Eugine Yafele, Chief Executive (Note 2)	315-320	0	0	N/A	315-320
Stuart Walker, Chief Medical Officer & Deputy Chief Executive from 1 April 23 to 31 December 23, Chief Executive from 1 January 24 (Note 2)	305-310	0	0	N/A	305-310
Jane Farrell, Chief Operating Officer (Note 2)	205-210	0	0	N/A	205-210
Paula Clarke, Executive Managing Director for Weston (note 3)	165-170	0	0	N/A	165-170
Neil Kemsley, Chief Finance Officer	190-195	0	0	347.5-350	540-545
Deirdre Fowler, Chief Nurse and Midwife (Note 2)	195-200	0	0	N/A	195-200
Emma Wood, Chief People Officer & Deputy Chief Executive	190-195	0	0	45-47.5	235-240
Neil Darvill, Joint Chief Digital Information Officer (Note 4)	70-75	0	0	72.5-75	145-150
Rebecca Maxwell, Interim Medical Director (Note 5)	50-55	0	0	157.5-160	210-215
Non-Executive Directors					
Arabel Bailey	10-15	0	0	N/A	10-15
Sue Balcombe	15-20	0	0	N/A	15-20
Romemarie Benneyworth	10-15	0	0	N/A	10-15
Julian Dennis	0-5	0	0	N/A	0-5
Bernard Galton	15-20	0	0	N/A	15-20
Emma Glynn	5-10	0	0	N/A	5-10
Thomas Griffiths	15-20	0	0	N/A	15-20

Susan Hamilton	5-10	0	0	N/A	5-10
Jane Norman	15-20	0	0	N/A	15-20
Roy Shubhabrata	15-20	0	0	N/A	15-20
Martin Sykes (Note 1)	15-20	500	0	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 - Pension benefit negative so zeroed, and excluded from total
Note 4 - Remuneration has been apportioned based on split working arrangements with North Bristol Trust
Note 5 – Calculation of the real terms increase in pension is not possible because the value at 31st March 2023 has not been supplied by the pension scheme. The pension benefit reported assumes that the entire pension entitlement accrued in 23/24.

Table 20: Remuneration for the directors of the Trust 2022/23

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

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 2023/24 or 2022/23.

There were no payments to past senior managers in either 2023/24 or 2022/23.

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 2023/24 and 2022/23. 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 21: Pension benefits for the year ended 31 March 2024

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 2024	Lump sum at pension age related to accrued pension at 31 March 2024	Cash Equivalent Transfer Value at 31 March 2024	Cash Equivalent Transfer Value at 31 March 2023	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
Stuart Walker (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	32.5-35	65-70	190-195	1,431	1,737	138	N/A
Neil Kemsley	15-17.5	40-42.5	80-85	240-245	2088	1,282	379	N/A
Deidre Fowler (Note 1)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Emma Wood	2.5-5	0	30-35	0	454	308	89	N/A
Neil Darvill (Note 3)	5-7.5	37.5-40	70-75	200-205	103	1,353	N/A	N/A
Rebecca Maxwell (Note 2)	5-7.5	17.5-20	25-30	70-75	540	N/A	130	N/A

Note 1 – Not covered by the pension arrangements during the reporting year
Note 2 – Pension data not available for 2022/23
Note 3 – NHS Pensions Online have been unable to provide information for a cash equivalent transfer value in 23/24

This table includes details for the directors who held office at any time in 2023/24.

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).

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 2022/23.

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

Table 23: 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 £305,00 to 310,000 band (2022/23 £245,000 to £250,000). The relationship to the remuneration of the organisation's workforce is disclosed in the tables below.

Table 24: Highest Paid Director

Year	2023/24	2022/23	Percentage change
Salary and allowances (£000's)	305	247	23.2%
Performance pay and bonuses (£000's)	0	0	0%

Table 25: Average Employee

Year	2023/24	2022/23	Percentage change
Salary and allowances (£)	48,519	44,416	9.2%
Performance pay and bonuses (£)	0	0	0%

Table 26: Pay Ratio Disclosure and Information

2023-24	25th percentile	Median	75th percentile
Total remuneration (£)	29,407	40,482	53,607
Salary component of total remuneration (£)	29,407	40,482	53,607
Pay ratio information	10.4	7.5	5.7
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

Remuneration of the highest paid director was 7.5 times (2022/23, 6.4 times) the median remuneration of the workforce, which was £40,482 (2022/23, £38,636). Remuneration ranged from £22,384 to £305,514 (2022/23, £20,271 to £247,125).

In 2023/24, no (2022/23, 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 2023/24 in the tables below.

Table 27: Average Employee (including temporary staff)

Year	2023/24
Salary and allowances (£)	52,930
Performance pay and bonuses (£)	0
Year	**2022/23**
Salary and allowances (£)	51,705
Performance pay and bonuses (£)	0

Table 28: Pay Ratio Disclosure and Information (including temporary staff)

2023-24	25th percentile	Median	75th percentile
Total remuneration (£)	30,632	42,474	56,954
Salary component of total remuneration (£)	30,632	42,474	56,954
Pay ratio information	10.0	7.2	5.4
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

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 Code of Governance for NHS Provider Trusts, 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 Code of governance for NHS provider trusts, 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.

Year	Directors			Governors		
	No. In office	No. reimbursed	Amount (£)	No. In office	No. reimbursed	Amount (£)
2023/24	22	11	29,016	35	13	2,095
2022/23	20	13	19,160	37	12	940

**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.

Stuart Walker
Interim 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

	2023/24			2022/23		
	Total £'000	Permanent £'000	Other £'000	Total £'000	Permanent £'000	Other £'000
Salaries and wages	568,111	507,573	60,538	523,623	473,192	50,431
Social security costs	62,694	56,329	6,365	54,477	50,105	4,372
Pension costs*	95,289	89,809	5,480	85,101	81,164	3,937
Apprenticeship levy	2,895	2,895	0	2,492	2,492	0
Termination benefits	179	179	0	11	11	0
Agency/contract staff	25,053	0	25,053	31,870	0	31,870
Total Gross Staff Costs	**754,221**	**656,785**	**97,436**	**697,574**	**606,964**	**90,610**
Income in respect of salary recharges netted off expenditure	(4,102)	(4,102)	0	(3,873)	(3,873)	0
Employee expenses capitalised	(1,969)	(1,313)	(656)	(710)	(710)	0
Net employee expenses	**748,150**	**651,370**	**96,780**	**692,991**	**602,381**	**90,610**

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 2023/24 and 2022/23 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)

	2023/24			2022/23		
Staff category	Total	Permanent	Other	Total	Permanent	Other
Medical and dental	1,807	1,706	101	1,715	1,609	106
Administration and estates	2,492	2,414	77	2,353	2,282	71
Healthcare assistant and other support	1,111	977	134	1,029	908	121
Nursing, midwifery & health visitors	5,243	4,518	725	4,733	4,070	663
Scientific, therapeutic and technical	1,621	1,572	48	1,532	1,489	43
Healthcare science staff	246	245	1	219	219	
Total staff	**12,519**	**11,433**	**1,086**	**11,581**	**10,577**	**1,004**

4.4.3 Education, Learning and Development

The Learning and Workforce Development department has just completed a restructure to ensure that we can respond to some key external drivers, notably the growth requirements outlined within the NHS long term workforce plan; the skills needed by our educators outlined in the recently published Educator Workforce Strategy and the Safe Learning Environment Charter (SLEC). Our new infrastructure will enable us to be more agile, responsive and better placed to support the increased portfolio of learners within our organisation and across the BNSSG system. The opportunities to work more effectively with system partners and NBT in particular as we move towards our planned group model has also been a key driver for our restructure.

To reflect these changes the governance of all learning and development activity and delivery of our education strategy is overseen by the Learning and Workforce Development board, with escalation to the People Learning Development Group and People Committee.

The Trust internal learning and development 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 learning and development 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 and NHS England to provide education and training opportunities for our multi-disciplinary workforce and recruitment pipelines.

The Leadership Management and Coaching team has been at full capacity since September 2023 and able to deliver the comprehensive programme of courses which support the Leading Together framework offer. The key focus for the team has been on delivering The Compassionate and Inclusive Leader mandated programmes. The team has had over 3000 attendances on these and other programmes over the last financial year. In addition to the mandated training, the team have been delivering longer term leadership programmes at three different levels, with over 200 members of staff graduating or undertaking one of these programmes, including Bridges and Internationally Educated Nurse participants. A wide range of other course are also available to staff, both line managers and non-line managers, including content covering customer service, communication skills, appraisal and recruitment, with further work planned with HR Services to increase courses offered to people managers.

Coaching and mentoring has been a big focus for the team. This will support the cultural shift in leadership behaviours and Patient First journey. There has been significant work to identify and support coaches, mentors and coachees and mentees, with the network expanding rapidly. The joint procurement of a coaching and mentoring platform with NBT will support the growing network and provide increased access to coaching and mentoring opportunities. The work with the Organisation Development team on The Bridges Programme introduced, a now established, reciprocal mentoring programme which has been well received. Other work supported by the team includes the development of the Graduate Management Scheme, delivery of action learning sets, micro training at team meetings and away days and team development (approximately 2-3 per month), which is set to be a more strategic, comprehensive part of the offer going forward. The Net Promoter Score received over 738 responses on training feedback forms is +49, with over 95% agreeing or strongly agreeing that the training met their expectations. Staff survey results indicate a positive impact on line manager, team and development ratings.

Apprenticeships are available for both newly recruited and existing members of staff. Currently, there are 400 active apprentices utilising over 50 apprenticeship standards.

By offering more entry level Apprenticeships we are providing local talent with the opportunity to have a local career within Health and Care. We're building our future pipeline utilising apprenticeships to create career opportunities for every role at UHBW.

Our commitment to the widening engagement agenda remains strong with established partnerships with local schools and colleges, community groups growing in strength and offering support for young people from disadvantaged backgrounds to enter our workforce.

This year we have further added to our traditional pipeline of undergraduate nurses by recruiting cohorts of Nursing Associate Apprentices and Registered Nurse Degree Apprentices. Together with students on traineeships and those that have studied T-levels, we are considering different ways of increasing our placement capacity and also the need to liaise with an increasing number of training providers means we are having to manage relationships differently. The Trust funded retention strategy has enabled the team to expand to ensure that we have the right team in place to support our increased portfolio of learners.

Together with the Practice Development Team we have improved the opportunities for students to develop their clinical skills on placement and with the Simulation team to enable students to participate in the Simulation Instructors Course for beginners.

We continue to work closely with our colleagues from both UWE and the University of Gloucester to provide support for students in practice, facilitating 1096 student placements (376,725 placement hours) since April 2023.

Reintroduction of the Practice Assessor Updates will be useful for the assessment of the large number of students we have on placement at this time.

UHBW takes immense pride in our ongoing commitment to welcoming and supporting Internationally Educated Nurses. Currently, we have successfully integrated 430 international nurses into our training programme, with 64 actively undergoing training while awaiting their OSCE exams. Remarkably, 365 nurses have successfully passed the OSCE. In addition, our support extends to 19 AHPs through the induction programme and aids 8 internal candidates on the HCSW to RN pathway. The IEN Workshops, totalling ten sessions, along with three community of practice gatherings, play a pivotal role in providing support and promoting education. Our Clinical Skills Facilitator contributes to adult clinical skills training during the initial eight weeks, and Career clinics, featuring mock interviews, are conducted by Clinical Pastoral Managers. The IEN Workforce and Education team oversees the Ward Readiness programme and is listed on the NHSEI directory, offering access to our OSCE training service. Our active participation in the NHSEI Stay and Thrive programme aligns with the 'We are the NHS People Plan.' Notably, we have successfully delivered a fast-track career progression programme for 16 nurses and expanded our efforts by incorporating leadership management sessions through the Bridges programme.

The Practice Development Team provide clinical skills training for all staff across UHBW. Within the last year we have introduced a new ECG training session. We have developed a supra pubic catheter module to be introduced into the Catheter training session. Most recently, a Level 5 competency assessor module has been developed on Kallidus. This aims to increase the number of registered practitioners who can assess clinical skills. It will also provide a register of staff who are able to assess skills, enabling us to check the validity of the competency documents sent to us for addition to our competency data base.

Members of the team that support Health Care Support Workers not only develop clinical skills but also provide pastoral support. Thirteen HCSWs received an NHS England Chief Nursing Officer HCSW Award for Excellence.

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.

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 positive experience the students have with us, reflected in our University monitoring visit has encouraged the University to request that we accept 2 cohorts of year 4 medical students going forward, and this will be enabled by the appointment of another Clinical teaching Fellow and a part time administrator.

South Bristol Academy were able to move back into our newly refurbished building in May 2023 and reopen to students in September 2023. We have had an increased number of 5th year medical students this year, up to a record number of 52.

Postgraduate Medical Education (PGME) have focused their efforts in 2023/24 to build an improved, robust support structure. PGME are committed to ensuring that all GMC accredited sites have a remunerated Specialty Tutor who has the time ringfenced within their job plan to fully support Doctor in Training placements.

The CESR Development Lead is working on a business case to implement CESR Champions. The Champions will provide local knowledge and experience of applying to CESR for non-training grade doctors who are looking to develop their career to a consultant.
The Career Support and Mentors in the team are providing more bespoke wellbeing and career support sessions to doctors than ever before. The Clinical Leadership Mentor has introduced a wealth of leadership resources. Doctors can shadow leaders and managers to better understand NHS processes and prepare them for leadership roles in the future.
Our SuppoRTT Return to Training Tutor has successfully bid for a SuppoRTT Fellow to help implement the SuppoRTT structure within our organisation. The SAS team have run two successful away day events for SAS doctors and dentists. The events focused on career progression, and we also ran SAS Awards for colleagues to nominate SAS for their contribution to training.

The Foundation Programme team is continuing to manage the Foundation Programme expansion which seeks to increase our cohort of Foundation Doctors by at least 15 by August 2025. The PGME team have worked with Divisions to agree 8 new NHSE SW expansion posts. These range from ST1-ST4 level and across a wide range of specialties within the Trust.

Compliance for UK Core Skills (mandatory/statutory training) rose from 88% in February 2023 to 90.2% by end February 2024. Manual & automated passporting of training records continues, with an ICB Communities of Practice group working collaboratively to investigate and implement improvements to the automated ESR interface passporting process.

The Trust has continued to build its eLearning portfolio to deliver an online and blended educational offer. This year BNSSG partners have agreed a Memorandum of Understanding which provides a simple eLearning sharing agreement and free copyright licence to standardise the way to grant copyright permissions for their eLearning works.

All our eLearning material is hosted on our Learning Management system Kallidus Learn. UHBW committed to continued use of the Kallidus Learn and Kallidus Perform eAppraisal system through the signing of a three-year contract extension, with an option for a further, fourth year. This is in alignment with our ICB system partner NBT.

All our induction programmes have been reviewed and improved this year to include an expanded ‘Welcome’ presentation with an emphasis on Trust Values and Wellbeing, as well as the ‘Marketplace’ – an open, relaxed space for inductees to network and engage with a wide range of support services available with the Trust. Regular Marketplace attendees now include Library, Temporary Staffing Bureau (bank), Unions, Charities, Freedom to Speak-up Guardians, and Apprenticeships.

National funding supported the expansion in training of the prevention and management of violence and aggression (PMVA). Education and security staff have been accredited to roll out the training. Since, August 2023, 250 priority staff in high-risk wards have been trained.

The UHBW Knowledge and Library Service received a fantastic report from NHSE praising the quality of our service. We have one of the highest use rates among benchmarked trusts of our evidence hub, and 2nd highest use of e-resources. We provide 4 times the national average literature searches, and nearly double the average amount of training. This year we launched our professional research

briefings, which have supported Patient First, the Acute Provider Collaboration, and other trust priorities. We have also launched a knowledge repository, a bulletin of all UHBW research publications, and continue to offer digital and study skills support. Our knowledge mobilisation activities continue to grow, with BNSSG-wide communities of practice, the extension of Coffee Connect to Trust Services, and After Action Reviews.

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 the Patient EDI Manager driving 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 Black, Asian and Minority Ethnic 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 we have conducted a deep dive on both the WRES and WDES data, creating a data report

with year-to-year tracking and rating on performance. This has informed out EDI Strategic Plan for 2024-25 and is being used at a division level to inform Culture and People plans for 2024-25.

This year, the Trust's talent management programme for Black, Asian and minority ethnic colleagues in Bands 1-5, was nationally recognised by NHS England's platform Future NHS as good practice, to be used as an example for other organisations. The Repository Case Study Moderation reviewed our submission and agreed that the case study provided was strong. The first two Bridges cohorts have graduated with 27 graduates toltal,10 of which have gained promotions during the programme. Cohorts 3 (14 participants) and 4 (18 participants) are underway.

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 create a joint submission published in March 2024.

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 200 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 four 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.

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.
- Respecting Everyone: Respecting Everyone aims to resolve issues regarding bullying and harassment, grievances, conduct and capability, as quickly, and as fairly, as possible. Our 'Respecting Everyone' Framework is designed with this principle in mind and builds upon our organisational Values.
- Health and Wellness policy: 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 of 31 March 2024. 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

Gender – All staff with a substantive employment contract	Total	%
Male	3224	23.5%
Female	10472	76.5%
Grand Total	13696	

Table 34: Directors by gender

Gender – Directors (Executive and non-Executive including CEO & Chair)	Total	%
Male	8	40.0%
Female	12	60.0%
Grand Total	20	

Table 35: Other Senior Managers by gender

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

Ethnicity	Total	%
A - White – British	8429	61.5%
B - White – Irish	139	1.0%
C - White - Any other White background	1031	7.5%
D - Mixed - White & Black Caribbean	81	0.6%
E - Mixed - White & Black African	50	0.4%
F - Mixed - White & Asian	80	0.6%
G - Mixed - Any other mixed background	109	0.8%
H - Asian or Asian British – Indian	1451	10.6%
J - Asian or Asian British – Pakistani	111	0.8%
K - Asian or Asian British - Bangladeshi	37	0.3%
L - Asian or Asian British - Any other Asian background	285	2.1%
M - Black or Black British – Caribbean	191	1.4%
N - Black or Black British – African	584	4.3%
P - Black or Black British - Any other Black background	106	0.8%
R – Chinese	114	0.88%
S - Any Other Ethnic Group	280	2.0%
Z - Not Stated	618	4.5%
Grand Total	13696	

Table 37: Disability

Disability	Total	%
No	11804	86.2%
Yes	565	4.1%
Not Declared	1327	9.7%
Grand Total	13696	

Table 38: Age profile

Age profile	Total	%
<=20	178	1.3%
21 – 25	1136	8.3%
26 – 30	2087	15.2%
31 – 35	2239	16.3%
36 – 40	1917	14.0%
41 – 45	1594	11.6%
`46 – 50	1331	9.7%
51 – 55	1221	8.9%

56 – 60	1094	8.0%
61 – 65	713	5.2%
66 – 70	132	1.0%
>=71	54	0.4%
Grand Total	13696	

Table 39: Religious belief

Religious belief	Total	%
Atheism	2777	20.3%
Buddhism	124	0.9%
Christianity	5332	38.9%
Hinduism	370	2.7%
Islam	478	3.5%
Judaism	16	0.1%
Sikhism	31	0.2%
Other	942	6.9%
I do not wish to disclose my religion/belief	2975	21.7%
Undefined	651	4.8%
Grand Total		

Table 40: Sexual orientation

Sexual orientation	Total	%
Bisexual	315	2.3%
Gay or Lesbian	276	2.0%
Heterosexual	10346	75.5%
Other sexual orientation not listed	42	14.7%
Not stated (person asked but declined to provide a response)	2019	0.3%
Undecided	55	0.4%
Undefined	643	4.7%
TOTAL	13696	

4.4.12 Occupational Health and Safety and Wellbeing

The annual Workplace Wellbeing Strategic Plan 2023/24 is a collaborative, action-orientated plan co-created with key stakeholders in response to workforce priorities highlighted by the UHBW Wellbeing Survey and NHS Staff Survey 2023. It aligns to evidence-based best practice and is driven by local and national strategy.

The plan, approved and monitored by the Trust People Committee, achieved a series of targeted outcomes across 2023/24.

- The provision of a Wellbeing Hub at our Weston site. Launched in April, the hub provides colleagues access to a comfortable, non-clinical rest space 24/7 with opportunities to engage in confidential 1:1 health check, psychological wellbeing interventions and social activities.

- In May, the Trust signed the ‘Menopause Workplace Pledge’ a growing movement to support people experiencing menopause at work. This forms part of an evolving package of support such as 1:1 perimenopause/menopause checks-ins, annual menopause conference, eLearning module, self-care guide and menopause cafes.

- Yoga, generously funded by the Bristol and Weston Hospital Charity is delivered weekly by our Workplace Wellbeing Nurse, achieved high uptake and satisfaction.

- A new and improved Employee Assistance Programme (EAP) introduced in September, offers 24/7 access to 'in-the-moment' support, structured counselling, holistic wellbeing app, legal and financial advisory service and online Cognitive Behavioural Therapy training and programmes. The EAP is inclusive to all colleagues, volunteers, and trainees.

- At the start of the year, the Trust registered with the North Somerset Council Healthy Workplaces Award, a Public Health programme with access to free training, peer to peer support and shared resources. At an employer event organised by North Somerset in November, the Workplace Wellbeing team presented an overview of the Trust resources to support individuals and managers with peri/menopause. And, in demonstrating our commitment to continuous quality improvement, the Trust applied for 'bronze accreditation' of the Healthy Workplaces Award in February. This comprised self-assessment against five key healthy workplace goals including leadership, compassionate, inclusive, and effective line management and eight health and wellbeing domains such as musculoskeletal health, smoking, physical activity, and healthy ageing. We await the outcome and any recommended actions to incorporate into the Workplace Wellbeing Strategic Plan 2024/25.

Developing a partnership approach with health and care providers within the Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB) is key element of the strategic approach. In February, we participated in a system-wide assessment of the NHS Equality Delivery System (EDS22), a national improvement toolkit to help review and develop the approach in addressing health inequalities. EDS22 comprises 3 domains with the second focussed on workforce health and wellbeing. This required the Trust to collate evidence against a subset of criteria including support to manage obesity, diabetes, asthma, COPD, and mental health conditions. BNSSG ICB is in the process of scoring and weighting the evidence produced across EDS domains, leading to an overall system rating. An annual self-assessment of EDS22 alongside implementation of healthy equity and improvement actions feed into future wellbeing strategy plans to ensure we continue to embed equality and diversity values into our wellbeing offer and practices.

The Trust hosts Avon Partnership NHS Occupational Health Service (APOHS), this partnership consists of UHBW, NBT and Sirona and provides an integrated occupational health service to all partners. The service also generates income from external contracts, this funding reduces the funds required from NHS partners. The main aim of the service is to make a positive impact on sickness absence through both healthy working environments and healthy management styles. Services include new employee surveillance; immunisations; physio direct, workplace assessments, Health at Work Advice, and referrals; counselling, ill health referrals; and health and wellbeing support.

This year has seen the implementation of a new management health information system, G2 which will improve the quality of the data and as a result enable more robust reporting to partners and external customers. From March the system is now interfaced with HR records from ESR which will enable further improvements in reporting going into next year.

The service has recently appointed a new Associate Director, who will be focusing on a new strategy for the service in the year ahead aligning to the national Growing NHS Occupational Health and Wellbeing Strategy. This will bring key stakeholders from the NHS partners together to review the current service and to explore how APOHS can meet evolving needs to further improve employee health and wellbeing.

The service has also recruited a consultant who will work alongside the full time Clinical Lead to provide support and training to the multi-disciplinary team. This additional consultant time will enable the Clinical Lead to work more strategically with partners to ensure policies and procedures are up to date and the service is able to respond in a timely manner to any issues that arise in 2024/25.

APOHS continued to host the Healthier Together Support Network (HTSN) through 2023/24 but unfortunately the funding ended on the 31st of March 2024. This was a highly successful programme demonstrating how UHBW can work collaboratively with ICS partners to address health and wellbeing issues across the wider health and care 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.

A 5-year Health and Safety Action Plan (2018-2023) was in place to highlight and focus on recognised areas where improvement could be made. Progress against this was 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. The areas of focus included managing workplace violence and aggression and reducing clinical sharps incidents. Work has commenced on a new action plan for 2024-2029. Topics featured will include feedback findings from external health and safety auditors, Safety Department Key Performance Indicators (KPI's) and topics of concern based on incident categories where improvement is recognised.

Internal departmental health and safety audits are undertaken annually with action plans developed and managed by department managers to address any areas of improvement with progress monitored within the Trust Health and Safety Committee meetings. In addition to this, external auditors are engaged to conduct biennial audits to gauge compliance with health and safety legislative requirements. An external audit was conducted in November 2023 by the British Safety Council, with any identified improvements featuring within the 5-year 2024-2029 action plan.

Within this annual period, a review of the structure in place for timely health and safety advice commenced with recommendations put forward into 2024/25 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. Within this annual period, reductions to incident categories have been seen.

From 2020, a face fit test service was introduced as a permanent function within the safety department and although experienced initial challenges within the Covid-19 pandemic period due to changing models of respirators, within the 2023/24 period we have sustainable models of respirators and, as a service, we have adapted to meet local demand by offering site specific fit tests where it has been difficult to release clinical staff. The service lead has attained British Safety Industry Federation (BSIF) Fit2Fit accreditation for both qualitative and quantitative methods of fit testing to ensure the best possible fit test standards in all methods of testing are adhered to and that training for fit testing staff can be provided in-house with no reliance on external provision.

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. Within 2023, an external training provider was engaged to provide health and safety training to Director level staff and an IOSH refresher for Site/Service Health and Safety Advisors.

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 promotes patient safety by providing advice to clinical areas, especially for the management of bariatric or other complex patients.

4.4.14 Sickness Absence

The Trust's average sickness for 2023/24 was 4.6%.

4.4.15 Staff Turnover

Turnover for all staff groups was 14.3% in April 2023 and reduced to 11.6% March 2024. This was against a turnover target of less than 14%. Turnover reduced throughout 23/24. This reduction was underpinned by two strategic Patient First priorities that focussed on retention; 'The Funded Retention Plan' and 'Reducing Turnover', these projects commenced in 23/24 and will roll forward into 24/25. Turnover will continue to be 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 2023/24 the Trust's expenditure on consultancy was £0.671m (2022/23: £0.433m).

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 2024, earning £245 per day or greater

No. of existing engagements as of 31 March 2024	1
Of which…	
No. that have existed for less than one year at time of reporting.	1
No. that have existed for between one and two years at time of reporting.	0
No. that have existed for between two and three years at time of reporting.	0
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting.	0

Table 42: All highly paid off-payroll workers engaged at any point during the year ended 31 March 2024 earning £245 per day or greater

Number of off-payroll workers engaged during the year ended 31 March 2021	1
Of which:	
Not subject to off-payroll legislation	1
Subject to off-payroll legislation and determined as in-scope of IR35	0
Subject to off-payroll legislation and determined as out-of-scope of IR35	0
Number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: number of engagements that saw a change to IR35 status following review	0

Table 43: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1st April 2023 and 31 March 2024

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
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.	34

4.4.18 Exit packages

The table below shows the number and cost of staff exit packages in 2023/24 with 2022/23 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

	2023/24			2022/23		
Exit package cost band	**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	10	10	0	4	4
£10,000 - £25,000	0	0	0	1	0	1
£25,001 - £50,000	2	0	2	0	1	1
£50,001 - £100,000	0	1	1	0	0	0
£100,001 - £150,000	1	1	2	0	0	0
Total number of exit packages by type	**3**	**12**	**15**	**1**	**5**	**6**
Total cost (£'000)	**179**	**264**	**443**	**11**	**40**	**51**

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

Table 45: Analysis of non-compulsory departures

	2023/24		2022/23	
	No.	**£'000**	**No.**	**£'000**
Voluntary redundancies including early retirement contractual costs	1	148	0	0
Mutually agreed resignation contractual costs (MARS)	0	0	0	0
Contractual payments in lieu of notice	11	116	4	36
Non-contractual payments requiring HMT approval	0	0	1	4
Total	**12**	**264**	**5**	**40**
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.

Staff Values and leadership behaviours reflect the team here at University Hospital Bristol and Weston they were developed with our people, by our people in November 2021:

- 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 2023 National Staff Survey response rate was 53% with over 6500 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 increased the staff engagement score in 2023 to 7.1 out of 10 an increase 0.2, which is above the benchmark group the national acute average.

Colleague feedback in the 2023 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:

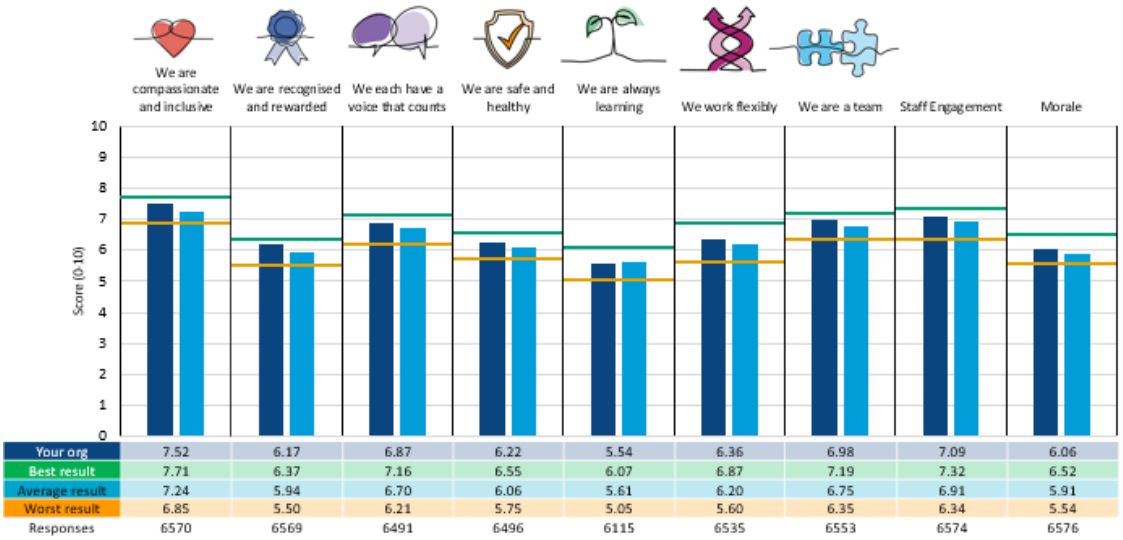
- Happy with the standard of care provided by the organisation.
- Colleagues feel safe to speak up about concerns.
- There are enough staff in organisation to your job properly.
- Colleagues believe the organisation is committed to help balancing work and home life.
- Teams work well together to achieve objectives.

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 2023, the Trust performed above the national average in eight out of the nine NHS People Promise Themes.

Table 46: NHS Staff survey Results 2023



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.52	6.17	6.87	6.22	5.54	6.36	6.98	7.09	6.06
Best result	7.71	6.37	7.16	6.55	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	6.06	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	5.75	5.05	5.60	6.35	6.34	5.54
Responses	6570	6569	6491	6496	6115	6535	6553	6574	6576

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 consultation with Weston Theatre staff to deliver Health Weston program including 7-day working and extended theatre opening hours.

- Phase 1 of consultation on the transfer of the Clinical Research Network to the Regional Research Delivery Network in support of the transformation of National Institute of Health Research.
- Consultation and implementation of several TUPE transfers in support of Integrated Care Pathways across the ICB in support of the agreed Joint Clinical Strategy.

4.4.24 Staff policies and actions applied during the financial year.

The UHBW Respecting Everyone Policy was launched in November 2023. This policy brings together 5 previous UHBW policies, Disciplinary, Grievance, Dignity at Work, Supporting Performance and Conduct and Capability of Medical Staff, into one approach focussed on early and informal resolution and just culture principles.

A full review of the Supporting Attendance Policy commenced in December 2023 and will launch in February 2024 with a view to improving colleague experience, supporting our colleagues with workplace adjustments in a robust way and improving our WDES data.

4.4.25 Tackling Harassment and Bullying

A Trust wide campaign entitled 'It Stops with Me' launched in September by the Chief People Officer as a 'call-to-action', focussing on empowerment, support, and action in tackling unwanted behaviour from patients, visitors, members of the public or colleagues.

As part of this initiative, during national anti-bullying week in November, we launched our 'Respecting Everyone' Policy and series of guides; a proactive approach to resolving issues regarding bullying and harassment, grievances, conduct and capability, as quickly, consistently, and fairly as possible.

In preparation of the launch of Respecting Everyone;

- We maintained ongoing collaboration and engagement with partners in the co-design of Respecting Everyone policy and resources including Joint Unions, Freedom to Speak Up Guardian and champion network, our HR community, Divisional representatives, line managers and peer support roles such as the Workplace Wellbeing Advocate network.
- Package of training aimed at Mediators, line managers and HR professions.
- 400 colleagues attended one of 20 online roadshows overviewing the policy and guides.
- An 'Active Bystander' eLearning module was co-created with stakeholders, learning from other NHS organisations with this provision, to help empower colleagues in recognising and calling out poor behaviour. This eLearning module is accessible to all colleagues via the Trust 24/7 online training portal, Kallidus.
- On World Religion Day in January, we raised awareness of protected characteristic-based violence, aggression, bullying and harassment and in February we celebrated LGBT+ History Month with a range of activities and promotional events.

Work to progress into 2024/25 includes the provision of guidance and resources centred on sexual safety and harassment in line with national best practice.

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 2023/24	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

At UHBW we are 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 so that we can improve services for all our patients. We want all our staff to feel psychologically safe and empowered to raise concerns and have confidence that those concerns will be addressed.

The Director of Corporate Governance is the Freedom to Speak Up Guardian (FTSUG) and is supported by a deputy FTSUG. The service also has a network of 75 FTSU champions, who work in diverse roles and locations across the Trust. FTSU champions volunteer alongside their substantive roles to carry out important FTSU work by raising awareness of FTSU by being visible and accessible, role-modelling the values and behaviours linked to speaking up, and signposting and supporting individuals who raise concerns.

FTSU is just one mechanism to raise concerns in UHBW. In practice, most concerns are raised and resolved through conversations with managers. However, staff can raise concerns in other ways, including via the FTSU service, particularly where they do not feel listened to by their managers.

The FTSUG has now completed the draft FTSU vision and strategy, and this will be sent out to various stakeholders for review. The final draft will be presented to both the People Committee and the Board for sign off. The Trust has offered its continued support for the new FTSU strategy, which will be closely monitored by the Board and the People Committee. The FTSU strategy sets out five objectives for building and effective speaking up culture:

1. Demonstrate leadership and accountability
2. Raise awareness
3. Inspire confidence
4. Remove barriers to speaking up
5. Show that we are learning from all speaking up concerns.

The objectives were selected from themes in the NHS Staff Survey, feedback from staff who have raised concerns, and the reflection and learning event held for FTSU champions in March 2024. Essentially, the feedback reflects that although staff are confident is raising concerns, they are less confident that they will see a fundamental change to their working experience.

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

The FTSUG reports quarterly to the Board or People Committee on numbers and themes of concerns, feedback from those who have spoken up, and learning. In 2023/24, 91 concerns were raised with the FTSUG (compared to 109 in the previous financial year). Policies and processes were the most commonly raised themes of concerns (21%), followed by inappropriate attitudes and behaviours (19%), worker safety or wellbeing (16%), and bullying and harassment (14%).

More details about the FTSU programme can be found in the FTSU annual report, which is available on the UHBW website.

Table 51: Number and themes of concerns raised via the FTSU Guardian in 2023/24 as reported to the National Guardian's Office

	Q1	Q2	Q3	Q4	Total
Number of cases raised with the FTSUG	**10**	**17**	**31**	**33**	**91**
Cases relating to quality/patient safety	**0**	**1**	**1**	**0**	**2**
Cases relating to bullying or harassment	**2**	**2**	**5**	**4**	**13**
Cases relating to worker safety or wellbeing	**0**	**1**	**9**	**5**	**15**
Cases relating to inappropriate attitudes or behaviours	**2**	**5**	**3**	**8**	**18**

4.5 Code of governance for NHS provider trusts

University Hospitals Bristol and Weston NHS Foundation Trust has applied the principles of the NHS Code of governance for NHS provider trusts, which was issued on 1 April 2023, on a comply or explain basis. The Board considers that it was fully compliant with the provisions of the Code in 2023/24. 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 13.

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 2023/24. 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 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.

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, Digital and Estates Committee and the People Committee. The role, functions and summary activities of the Board's committees are described below.

The Board of Directors discharged its duties during 2023/24 in 7 private and 6 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.

Table 52: Board and Committee Attendance 2023/24

	Board of Directors	Remuneration & Nomination & Appointments Committee	Audit Committee	Quality & Outcomes Committee	People Committee	Finance, Digital & Estates Committee
No. of meetings	13	5	5	10	6	8
Chair						
Jayne Mee	13 (C)	5(C)	(1)	(8)	(3)	(4)
Chief Executive						
Eugine Yafele	8	3	(1)	0	0	(5)
Non-executive Directors						
Arabel Bailey	13	5	0	0	4	6
Sue Balcombe	11	4	4	9 (C)	0	0
Rosie Benneyworth	7	2	0	6	3	0
Julian Dennis	2	0	0	1 (C)	0	0
Bernard Galton	13	3	5	0	6 (C)	0
Marc Griffiths	13	4	0	6	3	0
Emma Glynn	9	1	0	0	0	6
Susan Hamilton	9	2	0	7	0	0

	Board of Directors	Remuneration & Nomination & Appointments Committee	Audit Committee	Quality & Outcomes Committee	People Committee	Finance, Digital & Estates Committee
Jane Norman	12	4	5 (C)	0	0	3
Martin Sykes	13	5	4	0	0	8 (C)
Roy Shubhabrata	10	4	0	(1)	6	6
Executive Directors						
Paula Clarke	13	0	0	0	4	(3)
Neil Darvill	10	0	0	0	0	4
Jane Farrell	9	0	0	9	0	3
Deirdre Fowler	11	0	0	7	5	0
Neil Kemsley	11	0	4	0	0	7
Rebecca Maxwell	4	0	0	2	1	0
Stuart Walker	11	0	1	9	5	3
Emma Wood	9	4	2	0	6	0

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 2023/24, 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, counter fraud arrangements, information governance arrangements and the management of procedural documents within the Trust.

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.

The Audit Committee regularly undertakes an evaluation of the Trust's Risk Registers, both Strategic and Operational, 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:

- Encouraging improvements to the management of policies, procedures and Standard Operating Procedures, following the introduction of a new document management system 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 10 occasions and considered a set of standard reports as follows:

- The integrated quality and 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 and deep dives were also requested and received on particular areas of concern to the Committee.

4.5.9 Finance, Digital & Estates Committee

The Finance, Digital & Estates 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.
- Oversight and delivery of the Trust's Estates Strategy.

The Committee's membership includes three Non-executive Directors, and the Chief Financial Officer, Chief Executive, Chief Digital Information 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 Finance and Digital Committee met on 8 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 five 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. Much of the focus of the Bord during 2023/24 was on the development of the Joint Clinical Strategy and the move towards a group model between UHBW and NBT.

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 of 15th May 2024. 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/

Stuart Walker
Interim Chief Executive
26 June 2024

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.

Stuart Walker
Interim Chief Executive
26 June 2024

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 2024 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.

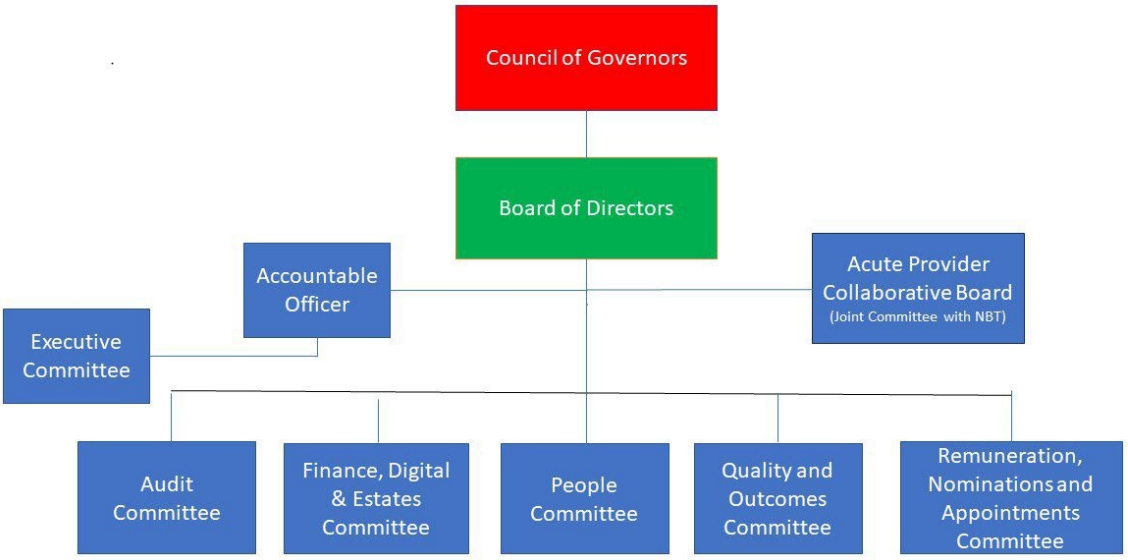
Day to day management of risks is undertaken by operational management, who are charged with ensuring risk assessments are undertaken proactively throughout their area of responsibility and remedial action is carried out where problems are identified. There is a process of escalation to executive directors, 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 Digital & Estates 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.

The Board committee structure is below:



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.

During 2023/24 the Trust commissioned DCO Partners to undertake an external review against the Well-Led Framework. DCO Partners undertook their review between September and December 2023, which included a comprehensive document review, observation of several Board and Committee meetings, interviews with Board members and senior managers, and engagement with key clinical and non-clinical staff within the Trust. The review was generally positive but did make a number of recommendations on where improvements could be made. The Board, in considering the report, agreed to focus on a small number of priority areas which were incorporated into an action plan, progress against which will be reported on at future Board meetings.

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

Our Trust's risk management policy serves as a cornerstone, defining our comprehensive approach to risk management and the risk architecture supporting it. This policy undergoes continuous review to seize opportunities for enhancement, with a mandatory comprehensive review conducted at least once every three years.

Central to our policy are clearly defined responsibilities and accountabilities, ensuring rigorous identification, evaluation, and control of risks. In 2023, a significant review of the policy was undertaken in response to changes in the trust's committee structure, including the dissolution of the risk management group and adjustments to the senior leadership team meeting terms of reference.

Our risk appetite statement and thresholds for acceptable individual risks (risk tolerance levels) are annually reviewed and ratified by the Trust Board of Directors. In the financial year 23/24, the Board convened a seminar to refine the integration of risk appetite into the organisation's decision-making framework. Consequently, our risk appetite statements were updated to provide explicit clarity on our readiness to capitalise on opportunities aligning with our objectives.

We adopt an enterprise-wide perspective on risk management, addressing quality, operational, regulatory, and financial risks with consistent principles. Our systematic approach ensures the identification, analysis, evaluation, and control of current and future risks affecting patients, visitors, staff, and the organisation.

Each division maintains comprehensive risk registers encompassing both clinical and non-clinical risks. Risks impacting multiple departments, or the division are consolidated into a 'divisional' register, while individual departments maintain 'departmental' registers focused on their specific objectives. The escalation process between these registers is closely monitored by divisional management teams monthly. Risks with potential wider organisational impact are escalated to executive directors for consideration in the corporate risk register.

Risk identification stems from various sources, including third-party inspections, recommendations, and guidelines from external stakeholders, as well as internal incident reports, complaints, risk assessments, audits, claims, and national surveys. External stakeholders include regulatory bodies such as the Care Quality Commission, NHS England, and others.

Operational staff are empowered to identify, report, and mitigate risks, with oversight from divisional management teams and assurance provided by corporate committees reporting to the Board. Our risk monitoring and communication mechanisms ensure transparency and accountability, with clinical audits, internal audit programs, and external reviews providing ongoing assurance of the effectiveness of our risk management processes.
The Audit Committee plays a pivotal role in overseeing and monitoring the performance of our risk management system, working closely with internal and external auditors to assess control effectiveness and address any system weaknesses.

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

During the course of the last twelve months Fire Risk Assessments and Fire Strategies have been undertaken across all Trust sites. The first of these reviews, focused on St Michael's Hospital, highlighted particular concerns regarding the Neonatal and Infant Critical Care Unit (NICU). It has been recognised that additional focus is required on this whole agenda, within estates and facilities, across the operations of the whole organisation and in the clarity of reporting at Board sub-Committee and Board level.

Alongside the rolling programme of Risk Assessment (and related physical risk mitigations), projects have been implemented in order to increase the number and skills of fire wardens, to update evacuation plans, particularly in higher-risk areas and to increase overall awareness through 'clear the clutter' campaigns. Governance arrangements have also been significantly overhauled with a new executive led Fire Oversight Group and regular reporting to the Senior Leadership Team, Finance, Digital and Estates Committee and Trust Board.

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 delivers the highest quality standards. The Board and Senior Leadership Team of the Trust have a critical role in leading a culture which promotes excellence. This requires both vision and action to ensure all efforts are focused on creating an environment for positive change. We do have much to be proud of. Our continuous improvement programmes continue to show us what is possible when we have a relentless focus on quality improvement.

Throughout 2023/24 we have continued to work towards achieving the quality priorities set out in our Quality Strategy whilst at the same undertaking a significant organisational shift to adopting Patient First as a way of identifying priorities for improvement. In 2023/24 the core themes of our Quality Strategy continued to be:

- 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.

Our vision for quality expressed through Patient First is:

- To deliver person-centred, compassionate and inclusive care every time, for everyone.
- To consistently deliver the highest quality, safe and effective care to all our patients
- To provide timely access to care for all patients, meeting their individual needs.

From April 2024, our annual priorities for quality will be fully aligned to Patient First.

For more information about the Trust's progress with specific quality objectives for 2023/24, please refer to our annual Quality Account.

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 and Equality Impact Assessment process involves a structured risk assessment using a standardised framework. 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's comprehensive programme of clinical audit effectively also supports improving clinical quality in alignment with the Trust's quality objectives.

The Trust has a robust quality governance reporting structure in place through its Clinical Quality Group and Quality and Outcomes Committee, both of whom monitor performance against a range of quality standards. The Trust currently has an overall rating of 'Good' with the Care Quality Commission. Our internal business planning and associated monitoring processes underpin the triangulation of our quality, workforce and finance objectives. Our Operating Plans are developed through our divisions, with regular reviews conducted with the Executive team.

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.

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, Digital & Estates, 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

The Trusts Information governance processes serves as the framework for safeguarding information with utmost security and confidentiality. Encompassing the collection, storage, and sharing of data, it ensures that personal and sensitive information is handled legally, securely, and efficiently, ultimately aiming to deliver optimal care and service.

At the forefront of our information governance efforts is the Information Risk Management Group (IRMG), led by the Chief Digital Information Officer, who acts as the Senior Information Risk Owner. The IRMG plays a pivotal role in overseeing IG compliance and managing information risks, including the annual submission of the Trust's Data Security and Protection Toolkit.

Our control and assurance mechanisms for information governance encompass several key elements:

- Designated Information Asset Owners and Information Asset Administrators responsible for maintaining systems containing patient and staff personal data.
- A trained Caldicott Guardian, Senior Information Risk Owner, and Data Protection Officer to uphold stringent standards of data protection.

- Implementation of a robust risk management and incident reporting process to swiftly address any breaches or incidents.
- Continuous staff training programs to ensure awareness and adherence to information governance protocols.
- Maintenance of an information governance risk register to systematically monitor and mitigate risks.
- Regular reviews to assess compliance with the Data Security and Protection Toolkit criteria.
- Internal audit reviews to validate the evidence provided for compliance with toolkit requirements.

In the financial year 2023/24, six cases recorded in the Information Governance Incident Reporting Tool were promptly reported to the Information Commissioner's Office. Detailed information regarding these cases is provided in the subsequent table for full transparency and accountability.

Table 53: Incidents reported to the Information Commissioner's Office 2023/24

Date of Incident	Incident description	Number affected	How individuals were informed	Lessons Learned
06/06/2023	In a gynaecology follow-up clinic, a patient experienced a breach of confidentiality when a medical secretary, who was also a friend, disclosed clinical information over the phone and via text without the patient's request. The disclosed information included an erroneous suggestion of a possible cancer diagnosis, causing significant psychological distress to the patient.	1	The patient informed us.	All staff must understand the importance of patient privacy and refrain from disclosing any medical information without explicit patient consent, even if they have a personal relationship with the patient.
17/08/2023	A university affiliated with us inadvertently sent an email to an Eating Disorders Health Integration Team mailing list, inviting participation in a research opportunity. The staff member responsible for the email believed the list comprised solely of health professionals. However, unbeknownst to them, some personal email addresses were also included in the list. Regrettably, the email addresses were not concealed, thus visible to all recipients.	19	An apology and requests to delete the email was sent	Before sending emails to mailing lists, ensure a comprehensive review of the recipient list to verify accuracy and appropriateness. Utilise the BCC feature when sending mass emails to protect recipients' privacy by concealing their email addresses from other recipients.
18/08/2023	The Heart Lung Machine records vital patient parameters during cardiopulmonary bypass, forming an electronic record, which is a legal requirement. Due to a lack of network transfer capabilities, SD cards are manually used to transfer data to Evolve. However, during a data transfer, the SD card corrupted, resulting in the loss of all patient data. Unfortunately, the data on the SD card is unrecoverable, leading to the loss of patient information.	4	By a treating clinician face to face at the next review	The Trust is seeking to procure some software so scans aren't transferred to our EPR via SD card and will instead be directly uploaded via the Trust network
11/12/2023	A patient was brought into the hospital accompanied by a parent who works at the same institution. Staff member (A) who recognized the parent mentioned this to another staff member (B). Subsequently, staff member (B)	2	By a treating clinician face to face at the next review	All staff must understand the importance of patient privacy and refrain from disclosing any medical information without explicit patient consent, even if they have a personal relationship with the patient.

	accessed the patient's medical records and relayed the information to staff member (A).			
04/01/2024	A staff member breached confidentiality by seeking and disclosing a patient's clinical condition to a family member.	1	By a treating clinician face to face at the time of the incident	All staff must understand the importance of patient privacy and refrain from disclosing any medical information without explicit patient consent, even if they have a personal relationship with the patient.
21/02/2024	The Trust was informed by a private care organization that one of their employees, who also works as a bank staff member at the Trust, shared videos, and images of vulnerable patients during their hospital stay with acquaintances, potentially via email and social media.	3	It has not been possible to identify the patients involved	Reinforce the importance of strict confidentiality policies to all staff members, emphasising the gravity of breaching patient privacy.

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

No significant internal control issues have been identified during the year.

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, Digital & Estates 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 2023/24 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 2023/24 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.

Stuart Walker
Interim 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.

Professor Yafele left the Trust on 31 December 2023 to take up the position of Chief Executive of Monash Health in Melbourne, Australia.

Prof Stuart Walker – Interim 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.

Professor Walker's substantive post is Chief Medical Officer & Deputy Chief Executive. On the departure of Eugine Yafele he was appointed Interim Chief Executive from 1 January 2024.

Paula Clarke – Executive Managing Director, Weston General Hospital

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 Darvill – Joint Chief Digital Information Officer

Neil has Board level responsibility for Digital Information at both University Hospitals Bristol and Weston NHS Foundation Trust and North Bristol NHS Trust. Neil has over 30 years' of experience working in healthcare environments. Neil is responsible for setting and driving forward the IM&T Strategy at both Trusts and developing key partnerships with suppliers and customers alike to ensure targets and expectations are met, year on year. Neil joined the Trust on 1 June 2023.

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.

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 begun a role as visiting professor at the University of West England.

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 in 2019.

Dr Rebecca Maxwell – Interim Chief Medical Officer

Dr Rebecca (Becky) Maxwell was appointed to the role of Interim Chief Medical Officer from 1 January 2024. Dr Maxwell has significant clinical experience working as an Emergency Department Consultant, Clinical Chair and as Deputy Medical Director in the Chief Medical Officer team.

Emma Wood – Chief People Officer & Deputy Chief Executive

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. Jayne's term of office came to an end on 30 April 2024.

Arabel Bailey – 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 and was appointed as a Non-executive Director on 1 July 2023.

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 the chair of the Quality and Outcomes Committee and the Trust's Senior Independent Director.

Rosie Benneyworth – Non-executive Director

Rosie is the Interim Chief Executive Officer of the Health Services Safety Investigations Body (HSSIB). Rosie was a GP and clinical commissioner in Somerset for many years, and prior to her role with HSSIB, she was Chief Inspector for Primary and Integrated Care and the

CQC. Rosie also spent two years as Managing Director of Southwest Academic Health Science Network during which time she led the national patient safety collaboratives. She was a Non-Executive Director and Vice Chair of the National Institute of Health and Care Excellence and is also a Trustee of the National Children's Orchestras of Great Britain.

Rosie was appointed as a Non-executive Director on 1 July 2023.

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 was the Senior Independent Director (SID) on the Board.

Julian's term of office ended on 30 April 2023.

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.

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.

Prof Jane Norman – Non-executive Director

Professor Jane Norman became Deputy Vice Chancellor and Provost at the University of Nottingham in December 2022, and prior to this was the Dean of the Faculty of Health Sciences at the University of Bristol. 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 and her term of office came to end on 30 April 2024. Jane was the Chair of the Audit Committee.

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.

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.

Emma Glynn - Associate Non-executive Director

Emma is a Senior Director and Head of Healthcare Advisory at JLL UK, a professional services firm specialising in real estate and investment management. She is a Non-Executive Director at not-for-profit care provider Somerset Care. Emma joined King Sturge in 2002 as a Graduate Trainee, progressing to a Senior Associate and joining the Healthcare Division on its formation in 2006. King Sturge merged with JLL in 2011 and Emma was appointed Director two years later. Emma is a Member of the Royal Institution of Chartered Surveyors and a Registered Valuer.

Emma was appointed as an Associate Non-executive Director of the Trust on 1 July 2023.

Susan Hamilton - Associate Non-executive Director

Susan has spent over 20 years in public health in the NHS, local government and charity sector and is currently Chief Executive of St Peter’s Hospice. Prior to this she was Director of Public Health for North Northamptonshire Council. She is also a Board member and Vice Chair of the social housing and support provider Taff Housing. Susan spent her earlier career in public health and management research roles at the University of Bristol and the University of Birmingham. She then completed NHS speciality training and has held Consultant in Public Health roles in several organisations including NHS North Somerset and South Gloucestershire Council. Susan has also worked in the charity sector in the role of Executive Director for Strategic Development at the Royal Osteoporosis Society. Susan holds a BSc (Hons) in Medical Microbiology, a Master of Public Health and an MBA. She is a Fellow of the Faculty of Public Health and has served on the National Institute for Health Research Public Health Research Prioritisation Committee.

Susan was appointed as an Associate Non-executive Director of the Trust on 1 July 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

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

Email: FoundationTrust@uhbw.nhs.uk

Appendix C – Annual Accounts 2023/24

University Hospitals Bristol and Weston NHS Foundation Trust

Accounts for the year ended 31 March 2024

Neil Kemsley
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 2024

FOREWORD TO THE ACCOUNTS

These accounts for the year ended 31 March 2024 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.

Signed

Professor Stuart Walker
Interim Chief Executive Officer

Date 26 June 2024

Statement of Comprehensive Income for the year ended 31 March 2024

	Note	Year Ended 31 March 2024 £000	Year Ended 31 March 2023 £000
Operating income from patient care activities	3.1	1,115,213	1,021,125
Other operating income	4.1	125,234	116,076
Operating expenses	5.1	(1,262,387)	(1,143,214)
OPERATING SURPLUS/(DEFICIT)		**(21,940)**	**(6,013)**
Finance income	8.1	6,839	3,163
Finance expenses	8.2	(2,750)	(2,819)
Public dividend capital dividend expense		(13,695)	(12,863)
NET FINANCE COSTS		**(9,606)**	**(12,519)**
Other losses	7	(351)	(846)
Gains arising from transfer by absorption			(252)
SURPLUS/(DEFICIT) FOR THE YEAR		**(31,897)**	**(19,630)**
OTHER COMPREHENSIVE INCOME/(EXPENDITURE)			
Will not be reclassified to income and expenditure			
Impairments	8.3	(19,511)	(6,991)
Revaluations	10	2,586	31,561
Other reserves movements		(238)	-
TOTAL COMPREHENSIVE INCOME/(EXPENSE) FOR THE YEAR		**(49,060)**	**4,940**

All revenue and income is derived from continuing operations.

The notes on pages 6-43 form part of these accounts.

Statement of Financial Position for the year ended 31 March 2024

	Note	31 March 2024 £000	31 March 2023 £000
NON-CURRENT ASSETS			
Intangible assets	9	17,997	20,017
Property, plant and equipment	10	547,215	577,106
Right of use assets	10.2	111,068	99,229
Receivables	12.1	1,489	1,828
TOTAL NON-CURRENT ASSETS		**677,769**	**698,180**
CURRENT ASSETS			
Inventories	11	16,722	15,028
Receivables	12.2	64,853	63,209
Other financial assets	13	104	104
Cash and cash equivalents	14	96,723	128,035
TOTAL CURRENT ASSETS		**178,402**	**206,376**
CURRENT LIABILITIES			
Trade and other payables	15	(150,727)	(164,362)
Borrowings	17.1	(13,335)	(12,535)
Provisions	18.1	(392)	(302)
Other liabilities	16	(9,727)	(8,530)
TOTAL CURRENT LIABILITIES		**(174,181)**	**(185,729)**
TOTAL ASSETS LESS CURRENT LIABILITIES		**681,990**	**718,827**
NON-CURRENT LIABILITIES			
Borrowings	17.1	(139,109)	(133,314)
Provisions	18.1	(3,431)	(3,863)
TOTAL NON-CURRENT LIABILITIES		**(142,540)**	**(137,177)**
TOTAL ASSETS EMPLOYED		**539,450**	**581,650**
EQUITY			
Public dividend capital		333,465	326,605
Revaluation reserve		92,408	111,348
Other reserves		85	85
Income and expenditure reserve		113,492	143,612
TOTAL EQUITY		**539,450**	**581,650**

The accounts on pages 2 to 43 were approved by the Board on 11 June 2024 and signed on its behalf by:

Professor Stuart Walker, Interim Chief Executive Date: 26 June 2024

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

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 2023	326,605	111,348	85	143,612	581,650
Surplus/(deficit) for the year				(31,897)	(31,897)
Net impairments	-	(19,511)	-		(19,511)
Transfers between reserves	-	(1,992)	-	1,992	-
Revaluations - PPE	-	2,586	-	-	2,586
Transfer to retained earnings on disposal of assets	-	(23)	-	23	-
Other reserve movements	-	-	-	(238)	(238)
PDC Received	7,291	-	-	-	7,291
PDC Paid	(431)	-	-	-	(431)
Equity at 31 March 2024	**333,465**	**92,408**	**85**	**113,492**	**539,450**

Changes in Equity in the prior 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**

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 2024

	Note	Year Ended 31 March 2024 £000	Year Ended 31 March 2023 £000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating surplus from continuing operations		(21,940)	(6,013)
OPERATING SURPLUS		**(21,940)**	**(6,013)**
NON-CASH INCOME AND EXPENDITURE			
Amortisation	9	3,696	2,317
Depreciation	10 & 10.2	38,491	35,967
Net impairments	8.3	30,342	16,876
Income recognised in respect of capital donations		(1,523)	(844)
(Increase)/decrease in trade and other receivables	12.1 & 12.2	(484)	(29,472)
(Increase)/decrease in inventories	11	(1,694)	(1,466)
Increase/(decrease) in trade and other payables	15	(11,617)	21,945
Increase/(decrease) in other liabilities	16	1,197	(410)
Increase/(decrease) in provisions	18	(342)	(742)
Other movements in operating cash flows		(238)	(1)
NET CASH GENERATED FROM OPERATIONS		**35,888**	**38,157**
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest received		6,839	3,163
Purchase of property, plant and equipment		(51,286)	(54,056)
Purchase of intangible assets		(284)	(4,220)
Receipt of cash donations to purchase capital assets		1,523	844
NET CASH USED IN INVESTING ACTIVITIES		**(43,208)**	**(54,269)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Public dividend capital received		7,291	3,447
Public dividend capital repaid		(431)	-
Loans repaid to DHSC	17.4	(5,834)	(5,834)
Capital element of lease liability repayments	17.4	(7,284)	(6,392)
Other interest	17.4	(2)	-
Interest paid	17.4	(1,559)	(1,756)
Interest element of lease liability repayments	17.4	(1,241)	(1,118)
PDC dividend paid		(14,932)	(12,292)
NET CASH GENERATED/(USED) IN FINANCING ACTIVITIES		**(23,992)**	**(23,945)**
INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS		**(31,312)**	**(40,056)**
CASH AND CASH EQUIVALENTS AT START OF YEAR	14	**128,035**	**168,091**
CASH AND CASH EQUIVALENTS AT END OF YEAR	14	**96,723**	**128,035**

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. Consequently, the following financial statements have been prepared in accordance with the GAM 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards (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. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

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. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive (API) contracts form the main payment mechanism under the NHSPS. In 2023/24 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as

variable consideration under IFRS 15 as explained below.

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

In 2022/23 fixed payments were set at a level assuming the achievement of elective activity targets within aligned payment and incentive contracts. These payments are accompanied by a variable-element to adjust income for actual activity delivered on elective services and advice and guidance services. Where actual elective activity delivered differed from the agreed level set in the fixed payments, the variable element either increased or reduced the income earned by the Trust at a rate of 75% of the tariff price.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead, they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15. Payment for CQUIN and BTP on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular Integrated Care Board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Elective recovery funding provides additional funding to Integrated Care Boards to fund the commissioning of elective services within their systems. In 2023/24, trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners. In 2022/23 elective recovery funding for providers was separately identified within the aligned payment and incentive contracts.

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

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded, defined benefit schemes that cover NHS employers, 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 is 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 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
- Specialised buildings – depreciated replacement cost, on a modern equivalent asset basis.

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

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.

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

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	5	48
Dwellings	14	20
Plant and machinery (incl. medical equipment)	1	32
Transport equipment	1	7
Information technology	1	12
Furniture and fittings	1	11

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.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets. Expenditure on research is not capitalised. Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

Software

Software, which is integral to the operation of hardware, 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	9

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. 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 leasing arrangements 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

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where

consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

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

The Trust as lessee

Initial recognition and measurement

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

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

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

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

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

Subsequent measurement

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

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

The Trust as lessor

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

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

Finance leases

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

Operating leases

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.

Initial application of IFRS 16 in 2022/23

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

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

The Trust as lessee

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

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

The Trust as lessor

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

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 2024:

Expected cash outflows	Years	HMT nominal rate	
		2023/24	2022/23
Short-term	Up to 5	4.26%	3.27%
Medium-term	> 5 to 10	4.03%	3.20%
Long-term	> 10 to 40	4.72%	3.51%
Very long-term	>40	4.40%	3.00%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2024:

Year	HMT inflation rate	
	2023/24	2022/23
Year 1	3.60%	7.40%
Year 2	1.80%	0.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 2.45% in real terms (prior year: 1.70%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution 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 20 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but disclosed in note 20, 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 23 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 24 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 2023/24.

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 2023/24.

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 2023/24.

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.

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 8.3.

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 system, 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 Integrated Care Boards 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-contract income is reported against the operational areas for management information purposes. The outturn position reported for 2023/24 is shown below with comparator figures for 2022/23.

	Year Ended 31 March 2024 £000	Year Ended 31 March 2023 £000
Corporate income	1,102,605	1,042,076
Corporate expenditure*	(19,256)	(29,405)
Divisions/functions net expenditure**		
Division of Diagnostic and Therapies	(99,420)	(93,773)
Division of Medicine	(154,266)	(143,550)
Division of Specialised Services	(179,823)	(167,356)
Division of Surgery	(194,745)	(175,160)
Division of Women's and Children's	(220,591)	(212,055)
Weston General Hospital	(56,372)	(54,198)
Facilities and Estates	(57,005)	(53,435)
Trust Services	(72,239)	(64,958)
Total division/function net expenditure	(1,034,461)	(964,485)
Earnings before Interest, Tax, Depreciation & Amortisation	**48,888**	**48,186**
Financing costs	(48,847)	(48,164)
Net surplus before technical adjs reported to NHSE	**41**	**22**
Technical accounting adjustments		
Donations & Grants (PPE/Intangible Assets)	1,523	844
Depreciation & Amortisation - Donated	(2,942)	(2,640)
Gains /(Losses) on asset disposals - peppercorn leased	(159)	-
Net impact on DHSC donated consumables	(18)	(109)
Impairments	(30,342)	(16,876)
Remove net impact of asset disposals donated from other DHSC bodies	-	(619)
Transfer by absorption	-	(252)
Total technical accounting adjustments	(31,938)	(19,652)
Surplus/(Deficit) for the year	**(31,897)**	**(19,630)**

* Expenditure is not attributed to a specific division or function.

**There has been an increase in expenditure in all divisions due to the nationally determined pay awards, additional costs related to industrial action 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 2024 £000	Year Ended 31 March 2023 £000
Aligned payment & incentive (API) income - Fixed (*Note 1,2*)	644,884	755,802
Aligned payment & incentive (API) income - Variable	214,472	-
Other high-cost drug and device income from commissioners (*Note 1,2*)	184,190	160,227
Other NHS clinical income (See significant items below) (*Note 1,2*)	9,604	5,547
Private patients	1,502	857
Pay award central funding	531	20,032
Additional pension contribution central funding	28,950	25,888
Other clinical income (see significant items below) (*Note 1,2*)	31,080	29,398
Elective recovery fund (comparative only)	-	23,374
Total	**1,115,213**	**1,021,125**

Aligned payment & incentive (API) income - Fixed - Significant items		
Industrial Action support payments	14,729	-
Pay award additional funding	21,972	20,875
Other NHS Clinical Income - Significant items include:		
Cross provider charges under maternity pathways	1,090	1,193
Bone Marrow Transplants and CAR- T Therapy	4,104	3,434
Other Clinical Income - Significant items include:		
Genito-urinary medicine (Local Authorities)	8,498	8,252
Injury cost recovery	1,402	1,027
Devolved Administration clinical income	20,800	19,792

Note 1: In 2023/24 Devices have been reported under other High-cost drugs and devices income from commissioners. To make comparison between the years clearer, 2022/23 values have been restated to include devices: £31,056k has moved from Aligned payments fixed and £23,963k moved from Other clinical income. £4,373k has also moved to Other clinical income for devolved administrations NHSE clinical income. Other NHSE clinical income: has also been restated to remove the Pay award central funding of £20,032k paid directly by NHSE.

Note 2 :Other clinical income: Devolved administration income has been reported under Other clinical income in 23/24. The 2022/23 position has been restated to reflect this change: £13,439k from Aligned payments fixed, £1,965k from Other NHS clinical income & £4,373k from High-cost drugs.

3.2 Income from patient care activities (by source)

	Year Ended 31 March 2024 £000	Year Ended 31 March 2023 £000
NHS England	506,074	488,216
Clinical Commissioning Groups	-	123,062
Integrated Care Boards	575,216	377,080
NHS Foundation Trusts	28	126
NHS Trusts	1,312	1,108
Local Authorities	8,498	9,528
Non-NHS private patients	1,502	857
Non-NHS overseas patients	381	329
NHS Injury Scheme	1,402	1,027
Non-NHS:other	20,800	19,792
Total	**1,115,213**	**1,021,125**

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 2024 £000	Year Ended 31 March 2023 £000
Income from services designated as commissioner requested services	1,060,732	956,084
Income from services not designated as commissioner requested services	54,481	65,041
Total	**1,115,213**	**1,021,125**

3.4 Income from overseas visitors

	Year Ended 31 March 2024 £000	Year Ended 31 March 2023 £000
Income recognised this year	381	329
For invoices raised in this and previous years:		
Cash payments received	96	193
Increase to credit losses of receivables	146	79
Amounts written off	0	379

4 Other operating income

4.1 Income by type

	Year Ended 31 March 2024			Year Ended 31 March 2023		
	Contract Income	Non-Contract Income	Total	Contract Income	Non-Contract Income	Total
	£000	£000	£000	£000	£000	£000
Research and development	25,169	7,863	33,032	22,663	7,532	30,195
Education and training	41,065	1,571	42,636	42,404	1,213	43,617
Non-patient care services to other bodies	20,418	-	20,418	16,834	-	16,834
Provider Sustainability Fund and reimbursement and top up funding	-	-	-	1,039	-	1,039
Salary recharges	7,447	-	7,447	6,091	-	6,091
Receipt of capital grants and donations	-	1,523	1,523	-	844	844
Charitable and other contributions to operating expenditure	-	777	777	-	840	840
Contribution to expenditure – inventory donated by DHSC	-	271	271	-	1,564	1,564
Rental income from operating leases	-	2,786	2,786	-	2,570	2,570
Other*	16,344	-	16,344	12,482	-	12,482
Total recognised operating income	**110,443**	**14,791**	**125,234**	**101,513**	**14,563**	**116,076**

***Significant items include:**

	Year Ended 31 March 2024	Year Ended 31 March 2023
	£000	£000
Clinical excellence awards	2,400	2,963
VAT Savings	2,067	747
Trading services - MEMO	538	599
Trading services – Pharmacy	1,653	1,382
Trading services - IT	191	86
Clinical testing	293	260
Catering	2,126	1,367
Staff accommodation rentals	509	353
Car park income	1,038	600
Staff contribution to employee benefit schemes	276	340

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 2024	**£000**	**£000**	**£000**	**£000**
Revenue recognised in reported period that was included within contract liabilities at the previous period end	3	3,949	5,775	9,727
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	63	2,827	5,640	8,530

4.3 Obligations

	Year ended 31 March 2024 £000	Year ended 31 March 2023 £000
Revenue from contracts entered into but expected to be recognised:		
- within one year	9,727	8,530
- 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 2024 £000	Year Ended 31 March 2023 £000
Rental income – minimum lease receipts	2,786	2,570

Future minimum lease receipts due to the Trust

	Year Ended 31 March 2024 £000	Year Ended 31 March 2023 £000
- no later than one year	2,020	2,396
- between one and five years	5,275	3,323
- after five years	2,529	2,732
Total	**9,824**	**8,451**

5. Operating expenses

5.1 Operating expenses by type

	Year Ended 31 March 2024 £000	Year Ended 31 March 2023 £000
Services from other bodies:		
- NHS & DHSC bodies	8,846	8,222
- non-NHS & non DHSC bodies	2,479	3,441
Purchase of healthcare from non-NHS bodies	13,081	9,485
Employee expenses excluding Board members	746,101	691,280
Employee expenses – Board members	2,049	1,711
Trust chair and non-executive directors	219	218
Supplies and services: clinical	110,710	95,966
Supplies and services: general	14,740	12,975
Drug costs	183,205	166,174
Establishment costs	20,395	18,225
Premises costs – business rates	3,791	1,229
Premises costs - other	20,439	19,800
Transport – business travel	1,824	1440
Transport – other (including patient travel)	5,045	3,635
Depreciation on property, plant and equipment and right of use assets	38,491	35,967
Amortisation on intangible assets	3,696	2,317
Net impairments	30,342	16,876
Movement in contract credit loss allowance	1,607	143
Change in provisions discount rate	(276)	(590)
Auditor's remuneration - statutory audit	121	121
Internal audit	362	395
Clinical negligence	25,949	23,371
Research and development – other	7,999	5,951
Research and development – hosting payments	9,872	9,487
Rentals under operating leases	-	-
Other*	11,300	15,375
Total	**1,262,387**	**1,143,214**

*Significant items include:

	£000	£000
Education and training	4,074	3,451
Legal fees	347	404
Parking and security	937	1,494
Insurance	907	847
International Nurse Recruitment Fees	2,607	2,130
Apprenticeships	1,571	1,213
Childcare Vouchers	255	388
Immigration Surcharge	649	297

5.2 Other auditor remuneration and limitation of auditor's liability

There is no other non-audit service remuneration in note 5.1 for 2023/24. No other non-audit work at all was undertaken in 2023/24.

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 2024	Year Ended 31 March 2023
Minimum lease payments	**£000**	**£000**
Land	34	34
Buildings	7,797	6,955
Plant and machinery	694	521
Total	**8,525**	**7,510**

Future minimum lease payments due under operating leases	**£000**	**£000**
Before one year	8,367	7,158
Between one and five years	31,817	26,243
After five years	81,108	74,185
Total	**121,292**	**107,586**

The Trust leases various equipment and buildings. The most significant is the South Bristol Community Hospital. A 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 2024 £000	Year Ended 31 March 2023 £000
Salaries and wages	568,111	523,623
Social security costs	62,694	54,477
Apprenticeship levy	2,895	2,492
Pension costs – employer contributions	66,339	59,213
Pension costs – employer contribution funded by NHSE	28,950	25,888
Termination benefits	179	11
Temporary staff - agency/contract staff	25,053	31,870
Gross employee expenses	**754,221**	**697,574**
Income in respect of salary recharges	(4,102)	(3,873)
Employee expenses capitalised	(1,969)	(710)
Net employee expenses	**748,150**	**692,991**

6.2 Retirement benefits

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 the 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years." An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial

assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

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

6.3 Retirements due to ill health

During the year ended 31 March 2024 there were 12 (2022/23: 4) early retirements from the Trust on the grounds of ill health. The estimated additional pension liabilities of these ill health retirements are £0.661m (2022/23: £0.643m). 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 £0.351m (2022/23: net loss of £0.846m) 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 2024	Year Ended 31 March 2023
	£000	£000
Interest on bank account and National Loan Fund Investments	6,839	3,163
Total	**6,839**	**3,163**

8.2 Finance expenses

	Year Ended 31 March 2024 £000	Year Ended 31 March 2023 £000
Loan interest on DHSC loans	1,507	1,701
Interest on Late Payment of Commercial Debt	2	-
Interest on lease obligations	1,241	1,118
	2,750	**2,819**
Unwinding of discount on provision	-	-
Total	**2,750**	**2,819**

In 2023/24, £0.002m (2022/23, nil) in interest was 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 2024 £000	Year ended 31 March 2023 £000
Impairment following valuation of assets brought into use	21,609	7,739
Abandonment of assets in the course of construction	-	-
Changes in valuation	8,955	11,013
Reversal of impairments from change in valuation	(387)	(1,876)
Unforeseen obsolescence	165	-
Total net impairment charged to operating surplus	**30,342**	**16,876**
Net impairments charged to the revaluation reserve	19,511	6,991
Total net impairments	**49,853**	**23,867**

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 2024 £000	Year Ended 31 March 2023 £000
Impairment following valuation of assets brought into use:		
Urgent, Emergency Care scheme	9,588	7,739
General Intensive Care Unit	12,021	-
Unforeseen obsolescence		
Plant & machinery	165	-
Change in valuation		
Valuation Office's revaluation of land & buildings	8,568	9,137
Total	**30,342**	**16,876**

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 £000	Assets Under Construction £000	Total £000
Cost at 1 April 2023	44,890	13	44,903
Additions – purchased	150	97	247
Additions – donated	25	-	25
Reclassifications with PPE	1,471	-	1,471
Disposals	(2,719)	-	(2,719)
Cost at 31 March 2024	**43,817**	**110**	**43,927**
Accumulated amortisation at 1 April 2023	24,886	-	24,886
Charged during the year – purchased	3,696	-	3,696
Charged during the year – donated	-	-	-
Disposals	(2,652)	-	(2,652)
Accumulated amortisation at 31 March 2024	**25,930**	**-**	**25,930**
Net book value at 31 March 2024			
Purchased	17,861	110	17,971
Donated	26	-	26
Total net book value at 31 March 2024	**17,887**	**110**	**17,997**

	Software Licences	Assets Under Construction	Total
	£000	£000	£000
Cost at 1 April 2022	30,919	3,118	34,037
Additions – purchased	2,629	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 2022	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 2023	**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**

10. Property, plant and equipment

The Valuation Office undertook a full, on-site valuation at the 31 March 2024 which valued the Trust's land and buildings on a depreciated replacement cost, Modern Equivalent Asset valuation (MEA), adopting the alternative site approach. The valuation resulted in a net decrease at 31 March 2024 of £25.493m compared with the book values, with £8.568m charged to the Statement of Comprehensive Income as a net impairment and £16.925m 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.

Notes to the Accounts

	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 2023	33,495	419,101	2,251	58,310	122,822	1,323	36,214	1,077	674,593
Transfers by absorption	-	-	-	-	-	-	-	-	-
Additions – purchased	-	1,810	-	40,268	5,596	62	462		48,198
Additions – donated	-	-	-	311	1,187	-	-	-	1,498
Impairments	-	(21,609)	-	-	(90)	-	(75)	-	(21,774)
Reclassifications with intangibles	-	-	-	(1,471)	-	-	-	-	(1,471)
Reclassifications within PPE	-	44,964	303	(62,283)	12,251	-	4,765	-	-
Revaluations	(15,730)	(26,475)	161	-	-	-	-	-	(42,044)
Disposals	-	-	-	-	(7,666)	-	(5,986)	(58)	(13,710)
Cost or valuation at 31 March 2024	**17,765**	**417,791**	**2,715**	**35,135**	**134,100**	**1,385**	**35,380**	**1,019**	**645,290**
Accumulated depreciation at 1 April 2023	-	-	-	-	72,854	619	23,216	798	97,487
Transfers by absorption	-	-	-	-	-	-	-	-	-
Charged during the year – purchased	-	15,032	120	-	8,617	146	3,967	61	27,943
Charged during the year – donated		1,399	-	-	1,359	7	14	-	2,779
Revaluations	-	(16,431)	(120)	-	-	-	-	-	(16,551)
Disposals	-	-	-	-	(7,577)	-	(5,948)	(58)	(13,583)
Total at 31 March 2024	**-**	**-**	**-**	**-**	**75,253**	**772**	**21,249**	**801**	**98,075**
Net book value at 31 March 2023									
Purchased	17,765	383,311	2,715	34,238	53,852	612	14,100	214	506,807
Donated	-	34,480	-	897	4,995	1	31	4	40,408
Finance leases	-	-	-	-	-	-	-	-	-
Total at 31 March 2024	**17,765**	**417,791**	**2,715**	**35,135**	**58,847**	**613**	**14,131**	**218**	**547,215**

Notes to the Accounts

	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**

10.1 Net book value of land building and dwellings

The net book value of land, buildings and dwellings comprises:

	Year Ended 31 March 2024 £000	Year Ended 31 March 2023 £000
Freehold	438,271	454,847
Long leasehold		
Total	**438,271**	**454,847**

10.2 Right of use assets

The net book value of assets held under leases:

	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
Valuation / gross cost at 1 April 2023 - brought forward	105,857	884	**106,741**	3,187	91,566
Transfers by absorption	-	-	**-**	-	-
Additions	1,517	6,263	**7,780**	-	-
Remeasurements of the lease liability	12,371	26	**12,397**	(121)	12,437
Movements in provisions for restoration / removal costs	-	-	**-**	-	-
Impairments	-	-	**-**	-	-
Reversal of impairments	-	-	**-**	-	-
Revaluations	-	-	**-**	-	-
Reclassifications	-	-	**-**	-	-
Disposals/derecognition - lease termination	(485)	-	**(485)**	(485)	
Disposals/derecognition - peppercorn lease termination	(238)	-	**(238)**	-	-
Valuation/gross cost at 31 March 2024	**119,022**	**7,173**	**126,195**	**2,581**	**104,003**
Accumulated depreciation at 1 April 2023 - brought forward	6,998	514	**7,512**	374	4,778
Transfers by absorption	-	-	**-**	-	-
Provided during the year	7,184	585	**7,769**	328	5,469
Impairments	-	-	**-**	-	-
Reversal of impairments	-	-	**-**	-	-
Revaluations	-	-	**-**	-	-
Reclassifications	-	-	**-**	-	-
Disposals/derecognition - lease termination	(75)	-	**(75)**	(75)	
Disposals/derecognition - peppercorn lease termination	(79)	-	**(79)**	-	-
Accumulated depreciation at 31 March 2024	**14,028**	**1,099**	**15,127**	**627**	**10,247**
Net book value at 31 March 2024	**104,994**	**6,074**	**111,068**	**1,954**	**93,756**

	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**	**-**	(2)
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**	**3,187**
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**	**86,788**	**2,813**

11. Inventories

Year ended 31 March 2024	Drugs	Consumables	Energy	High-cost devices	Totals
	£000	£000	£000	£000	£000
Carrying value at 1 April 2023	6,310	6,867	356	1,495	15,028
Transfer by absorption	-	-	-	-	-
Additions	100,404	64,580	-	18,774	183,758
Consumed – recognised in expenses	(99,805)	(63,815)	(59)	(18,385)	(182,064)
Carrying value at 31 March 2024	**6,909**	**7,632**	**297**	**1,884**	**16,722**

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**

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 2023/24 the Trust received £0.271m (£1.564m 2022/23) of items purchased by DHSC, consumed £0.289m (£1.673m 2022/23), with a write down of £nil (£0.018m 2022/23). 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 2024	Year Ended 31 March 2023
		£000	£000
Clinical pension tax provision reimbursement from NHS England		1,489	1,828
Total		**1,489**	**1,828**

12.2 Current Receivables	Year Ended 31 March 2024 £000	Year Ended 31 March 2023 £000
NHS contract receivables	38,411	19,725
Other contract receivables	15,256	9,860
Contract receivable not yet invoiced (*Note 1*)	6,254	31,394
VAT receivable	1,281	1,550
Allowance for credit losses	(6,536)	(4,929)
Prepayments	9,346	5,590
Clinical pension tax provision reimbursement from NHS England	20	19
Subtotal	**64,032**	**63,209**
Capital receivables	-	-
PDC dividend receivable	821	-
Total current receivables	**64,853**	**63,209**

Note 1 *– Contract receivable not yet invoiced was high in 2022/23 due to the income relating to the Agenda for Change pay offer .*

12.3 Allowance for credit losses

	Year Ended 31 March 2024 £000	Year Ended 31 March 2023 £000
Allowance as at 1 April	**4,929**	**5,064**
Transfers by absorption	-	-
New allowances arising	3,625	1,785
Changes in existing allowances	-	24
Reversals of allowances	(2,018)	(1,665)
Utilisation of allowances	-	(279
Balance at 31 March	**6,536**	**4,92**

13 Other financial assets

	Year Ended 31 March 2024 £000	Year Ended 31 March 2023 £000
Other receivables	104	10
Total	**104**	**10**

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 2024 £000	Year Ended 31 March 2023 £000
Balance at 1 April	128,035	168,091
Transfers by absorption		-
Net change in year	(31,312)	(40,056
Balance at 31 March	**96,723**	**128,035**
Broken down into:		
Cash with the government banking service	96,429	127,464
Commercial bank and cash in hand	294	571
Total cash and cash equivalents	**96,723**	**128,035**

15. Trade and other payables

	Year Ended 31 March 2024 £000	Year Ended 31 March 2023 £000
Current amounts:		
NHS payables – revenue	30,173	14,022
Amounts due to related parties – revenue	9,227	8,231
Other payables – revenue	24,126	16,385
Tax and social security	15,583	13,405
Accruals	55,484	91,608
Annual leave accrual	7,004	9,979
Subtotal	**141,597**	**153,630**
Capital payables	9,130	10,732
Total	**150,727**	**164,362**

There are no non-current trade and other payables in either year.

Outstanding pension contributions of £9.445m (2022/23: £8.159m) to the NHS Pension scheme and £0.011m (2022/23: £0.019m) for National Employment Savings Trust (NEST) local pensions are included in amounts due to related parties. PAYE of £7.888m (2022/23: £6.488m) and £7.695m National Insurance (2022/23: £6.917m) are included in tax and social security.

16. Other liabilities

	Year Ended 31 March 2024 £000	Year Ended 31 March 2023 £000
Current liabilities:		
Deferred income – contract liabilities	9,727	8,530
Total	**9,727**	**8,530**

17 Borrowings

17.1 Borrowings split

Current borrowings:	Year Ended 31 March 2024 £000	Year Ended 31 March 2023 £000
Capital loans from Department of Health and Social Care	6,236	6,288
Lease liabilities	7,099	6,247
Total	**13,335**	**12,535**

Non-current borrowings:		
Capital loans from Department of Health and Social Care	35,420	41,254
Lease liabilities	103,689	92,060
Total	**139,109**	**133,314**

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 2024 £000	Year Ended 31 March 2023 £000
Payable:		
Before one year	6,236	6,288
Between one and five years	22,936	22,884
After five years	12,082	17,916
Net obligation	**41,254**	**47,088**

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 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 2024 £000	Of which Leased from DHSC Group Bodies 31 March 2024 £000
Payable:		
Before one year	8,367	6,180
Between one and five years	31,817	24,122
After five years	81,108	74,496
Sub-total	**121,292**	**104,798**
Less finance charges allocated to future years	(10,504)	(8,256)
Net lease liabilities	**110,788**	**96,542**
Of which:		
Leased from other NHS providers		1,972
Leased from other DHSC group bodies		94,570

	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

17.4 Reconciliation of liabilities arising from financing activities

Year ended 31 March 2024	DHSC Loans	Lease liability	Total
	£000	£000	£000
Carrying Value at 01 April 2023	47,542	98,307	145,849
Cash Movements			
Principal	(5,834)	(7,284)	(13,118)
Interest	(1,559)	(1,241)	(2,800)
Non-Cash Movements			
Additions	-	7,780	7,780
Lease liability remeasurements	-	12,397	12,397
Interest Charge arising in year	1,507	1,241	2,748
Early termination	-	(412)	(412)
Carrying Value at 31 March 2024	**41,656**	**110,788**	**152,444**

Year ended 31 March 2023	DHSC Loans	Finance Lease	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**

18. Provisions

18.1 Provision for liabilities:

Year ended 31 March 2024	Clinicians Pension Tax Reimbursement	Pension Injury Benefits	Pensions Early Departure	Legal Claims	Total
	£000	£000	£000	£000	£000
At 1 April 2023	1,847	1,935	253	130	4,165
Change in discount rate	(228)	(260)	(16)	-	(504)
Arising during the year	-	315	30	131	476
Utilised during the year	(32)	(127)	(31)	(26)	(216)
Reversed unused	(78)	-	-	(20)	(98)
At 31 March 2024	**1,509**	**1,863**	**236**	**215**	**3,823**

Timing of economic outflow

Not later than one year	20	126	31	215	392
Between one and five years	107	477	118	-	702
After five years	1,382	1,260	87	-	2,729
Total	**1,509**	**1,863**	**236**	**215**	**3,823**

There are no other provisions.

Year ended 31 March 2023	Clinicians Pension Tax Reimbursement	Pension Injury Benefits	Pensions Early Departure	Legal Claims	Total
	£000	£000	£000	£000	£000
At 1 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**

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 £340.7m provision in its accounts (2022/23: £355.8m) in respect of clinical negligence liabilities of the Trust.

19. Capital commitments

	Year Ended 31 March 2024	Year Ended 31 March 2023
	£000	£000
Property, plant and equipment	-	3,470
Intangible assets	-	-
Total	**-**	**3,470**

19.1 Leases: exposure to future cash outflows not included in lease liabilities

	Leases from Other NHS Providers £000	All Other Leases £000	Total £000
Commitments for leases not yet commenced to which the Trust is contractually committed	-	274	**274**

20. Contingencies

The Trust has no contingent assets at 31 March 2024 (2022/23: £nil).

The Trust has no material contingent liabilities at 31 March 2024. 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.

21. 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 2024 (£m)		31 March 2023 (£m)		2023/24 (£m)		2022/23 (£m)	
	Receivables	Payables	Receivables	Payables	Income	Expenditure	Income	Expenditure
Avon and Wiltshire Mental Health Partnership NHS Trust	0.15	0.07	0.17	0.21	1.23	0.91	1.19	0.76
Bristol City Council	0.72	0.47	0.71	-	8.64	0.27	8.48	0.18
City of Bristol College	-	-	-	-	-	0.01	-	0.01
Department for Work and Pensions	-	-	-	-	-	-	0.21	-
NHS Confederation	-	0.02	-	0.02	-	0.02	-	0.02
NHSE South West Regional Office (including commissioning hub 14F)	6.29	-	5.14	-	413.23	-	394.46	-
North Bristol NHS Trust	2.65	3.46	2.10	2.50	8.91	17.51	8.30	14.03
St Peter's Hospice	0.01	-	-	-	0.11	0.01	0.12	0.01
Torbay and South Devon NHS FT	0.04	-	0.03	-	0.04	0.07	0.04	0.06
University of Bristol	0.26	1.07	0.41	1.19	2.81	10.19	2.58	12.38
University of the West of England	0.06	0.15	0.07	0.35	0.74	1.18	0.46	1.31
Associated Charities	See notes 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 2024 (£m)		31 March 2023 (£m)		2023/24 (£m)		2022/23 (£m)	
	Receivables	Payables	Receivables	Payables	Income	Expenditure	Income	Expenditure
Bristol City Council	0.72	0.47	0.71	-	8.64	0.27	8.48	0.18
Community Health Partnerships	-	-	-	-	-	7.21	-	5.67
Department of Health and Social Care	-	-	-	-	25.48	-	24.27	-
HM Revenue & Customs		15.58		13.41		65.59		56.97
NHS Bath and North East Somerset, Swindon and Wiltshire ICB	-	-	-	-	19.23	-	12.06	-
NHS Blood and Transplant						7.96		7.43
NHS Bristol, North Somerset and South Gloucestershire ICB	10.20	12.31	6.00	5.90	506.40	-	342.46	-
NHS England - Core (now including expenditure and payables for all regions)	-	14.39	46.97	9.87	40.94	-	23.28	-
NHS England - Central Specialised Commissioning Hub	11.65	-	7.99	-	59.38	-	49.94	-
NHSE South West Regional Office (including commissioning hub 14F)	6.29	-	5.14	-	413.23	-	394.46	-
NHS Gloucestershire ICB	0.03	0.03	-	-	5.76	-	3.60	-
NHS Pension Scheme	-	-	-	-	-	95.22	-	85.00
NHS Resolution	-	-	-	-	-	25.95	-	23.37
NHS Somerset ICB	0.03	0.05	-	-	37.42	-	21.45	-
North Bristol NHS Trust	2.65	3.46	2.10	2.50	8.91	17.51	8.30	14.03
Welsh Assembly Government	-	-	-	-	17.56	-	16.80	-

In addition the Trust pays HM Revenue and Customs tax and national insurance on behalf of employees; £128.2m in 2023/24 (£108.0m in 2022/23). The Trust pays the NHS Pension Scheme for employees' contributions which totalled £66.3m in 2023/24 (£40.5m in 2022/23).

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 2024 (£m)		31 March 2023 (£m)		2023/24 (£m)		2022/23 (£m)	
	Receivables	Payables	Receivables	Payables	Income	Expenditure	Income	Expenditure
Bristol & Weston Hospitals Charity (formally Above and Beyond)	0.95	-	0.37	-	1.41	-	0.90	-
Grand Appeal	0.02	-	0.03	-	0.21	-	0.20	-

22. Financial Instruments

22.1 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.

22.2 Carrying Value of Financial assets by category

	31 March 2024	31 March 2023
	£000	£000
Receivables with DHSC group bodies	42,531	49,690
Receivables with other bodies	12,034	8,207
Other financial assets	104	104
Cash and cash equivalents	96,723	128,035
Total	**151,392**	**186,036**

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.

22.3 Carrying Value of Financial liabilities by category

	31 March 2024	31 March 2023
	£000	£000
DHSC Loans	41,656	47,542
Obligation under leases	110,788	98,307
Trade and other payables with DHSC group bodies	31,931	23,024
Trade and other payables with other bodies	96,209	127,517
Total	**280,584**	**296,390**

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 2024	Year Ended 31 March 2023
	£000	£000
Less than one year	143,711	165,092
In more than one year but not more than five years	58,630	53,850

In more than five years	93,818	93,304
Total	**296,159**	**312,246**

22.4 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.

23. Third party assets

At 31 March 2024, the Trust held £nil (31 March 2023: £nil) cash and cash equivalents relating to third parties.

24. Losses and special payments

Losses and special payments were made during the year as follows:

	2023/24		2022/23	
Losses	**No.**	**£000**	**No.**	**£000**
Cash losses	-	-	38	43
Bad debts and claims abandoned	57	12	183	450
Damage to buildings, property etc.	4	333	12	355
Ex gratia payments	84	29	24	10
Total	**145**	**374**	**257**	**858**

The amounts reported are prepared on an accruals basis and exclude provisions for future losses.

25. Post Statement of Financial Position events

No post statement of financial position events to note.

Appendix D - Independent Auditor’s Report (including final audit certificate)

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF UNIVERSITY HOSPITALS BRISTOL & WESTON NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of University Hospitals Bristol & Weston NHS Foundation Trust ("the Trust") for the year ended 31 March 2024 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 financial position of the Trust as at 31 March 2024 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 February 2024 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2023/24; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (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 and inspection of policy documentation 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, 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 and material post-closing journal entries.
- 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 2024, 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 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 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 fraud 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 2023/24. 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 2023/24.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 90, 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 90, 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 planned our work and undertook 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 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure which is unlawful, or is about to take, or has taken, a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency.

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 & Weston NHS Foundation Trust for the year ended 31 March 2024 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 2024