North Bristol NHS Trust
Annual Report 2025/26
"Transformation and Partnership"

Contents

Chair's Introduction

Transformation, partnership and our place in the community

As Chair of Bristol NHS Group, I am proud to reflect on a year in which our people have continued to show extraordinary commitment, compassion and resilience.

What has stood out to me most this year is the way transformation and partnership have been made real through the daily actions of our colleagues. Across the Trust, I have seen people responding to pressure with professionalism, supporting one another with kindness, and continuing to place patients and communities at the heart of what they do. That matters, because successful transformation is not about buildings, structures or programmes. It is about culture, trust and the willingness of people to work together in service of something bigger than themselves.

NBT has always had a strong sense of purpose as both a provider of care and as an anchor institution in our community. This year, that role has been brought to life in new and practical ways. A particularly striking example was our partnership with Bristol Rovers Community Trust - in a genuine first of its kind - which combines public health, community engagement and sport. That work led to health checks for staff at the club and Community Trust, strong public visibility, and wider recognition beyond Bristol. Importantly, it did not stop there. The success of that partnership helped open the door to wider collaboration with Bristol City FC and Gloucestershire County Cricket Club, showing the boundless potential for NBT to work creatively with major community partners across our region.

I have also been encouraged by the way NBT has continued to build relationships and confidence more broadly. The development of Bristol NHS Group with University Hospitals Bristol and Weston is not an abstract exercise in organisation design. It is about creating the conditions for more seamless, equitable and sustainable care. It is also about recognising that the challenges facing the NHS are too significant, and the opportunities too important, for any one organisation to face alone.

Alongside that, we have continued to see the importance of inclusion, dialogue and shared ownership. New routes for engagement have helped embed the voices of the people we serve, their carers and community representatives more firmly in planning and delivery, reflecting a wider commitment to ensuring that change is shaped with people, not simply presented to them.

There have been other visible examples too, including the first Bristol NHS Group Annual Meeting and Health Fair, which brought together NHS services, charities and community organisations in a way that felt practical, open and inclusive. But for me, the bigger story is the direction of travel: a Trust increasingly willing to look outward, listen carefully and build partnerships that strengthen both health services and the communities around them.

None of this means we should be complacent. There is still much to do to improve experience, reduce inequalities and ensure that everyone who comes into contact with NBT - whether as a person relying on our services, colleague, volunteer or partner - feels respected, heard and valued. But I believe this year has shown the strength of our foundations.

To our colleagues, our volunteers, our partners and our communities: thank you. Your commitment, care and belief in what this Trust stands for continue to make an enormous difference. You are helping to shape a future defined not only by transformation, but by partnership, belonging and public service at its best.

Best wishes,

Ingrid Barker
Group Chair

Chief Executive's Statement

Performance, Partnership and Transformation

This has been a year of strong delivery, significant progress and growing confidence in the future direction of North Bristol NHS Trust – both individually and collectively as part of Bristol NHS Group.

We have continued to improve operational performance in areas that matter most to patients. This year we have unremittingly focused on delivery, capacity and improvement. We have also seen major developments in infrastructure, innovation and service transformation that strengthen our ability to meet rising demand and improve care.

A major milestone this year was the opening of The Princess Royal Bristol Surgical Centre. This is a clear example of transformation in practice: increasing capacity, modernising the environment in which care is delivered, and supporting better patient flow and experience. The Centre's opening, a partnership with UHBW and the ICB, demonstrated the pace and seriousness of the progress being made.

We have also continued to strengthen NBT's position as a national leader in innovation. Our work in robotics and AI received national recognition, leading to a visit from the Secretary of State for Science, Innovation and Technology. Moreover, the Bristol 3D Medical Centre continued to break new ground and transform lives, reinforcing NBT's reputation as a place where pioneering ideas are being translated into real world care.

Throughout the year, I have remained clear that our direction of travel must be tested against the Four Ps: better outcomes for Patients, greater support and opportunity for our People, improved health and fairness for our Population, and responsible stewardship of the Public purse. Those four priorities are not separate from operational delivery; they are the framework that helps ensure improvement translates into tangible performance.

For patients, that means faster access, safer pathways and more consistent care. For our people, it means creating an organisation where innovation, development and collaboration are part of everyday working life. For our population, it means thinking more seriously about prevention, equity and care closer to home. And for the public purse, it means reducing duplication, improving productivity and making disciplined, intelligent use of finite resources.

Partnership has been central to that progress. Our work with University Hospitals Bristol and Weston through Bristol NHS Group continues to create new opportunities to align services, strengthen governance and accelerate transformation. Equally, our wider partnerships with communities, universities, system colleagues and government have helped ensure that NBT is not only delivering for today but helping to shape the future of healthcare in Bristol and beyond.

The launch of the NHS 10 Year Health Plan this year provided an important national marker for the direction of travel across the NHS. At NBT, we can be confident that this is a direction we are already helping to lead. Through our focus on digital innovation, prevention, partnership working and new models of care, we are already delivering the Plan's three shifts - from hospital to community, from analogue to digital, and from sickness to prevention - and we are determined to go further.

Of course, challenges remain. The pressures facing the NHS are real, and we should be honest about that. But I believe this year has shown that NBT is not standing still. We are building, improving, innovating and partnering at pace. We are showing that transformation is not something done to an organisation; it is something delivered by committed people with a clear sense of purpose.

Finally, my thanks go to all of our staff, volunteers and partners. Your professionalism and dedication continue to drive this Trust forward, and I remain confident that, together, we can continue to deliver the high-quality, forward-looking care our patients and communities deserve.

Best wishes,

Maria Kane
Group Chief Executive

Organisation's Purpose and Aims

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

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

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

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

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

These objectives are underpinned by strategic improvement areas:

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

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

- Anaesthesia, Surgery, Critical Care & Renal (ASCR)
- Core Clinical Services (CCS)

- Medicine
- Neurological & Musculoskeletal Sciences (NMSK)
- Women & Children's Health (W&CH).

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

Bristol NHS Group

In April 2025, UHBW and North Bristol NHS Trust confirmed the formation of Bristol NHS Group, bringing together two major NHS providers with a shared ambition: to deliver seamless, high-quality, and equitable care for every person across Bristol, Weston, South Gloucestershire, and the wider South West. With a combined workforce of 28,000 and a combined budget of over £2.1 billion, we are coming together to tackle health inequalities, improve outcomes, and deliver better value for patients, staff, and the public.

Through a Group Clinical Strategy, Bristol NHS Group will transform the way healthcare is delivered locally for our patients, our people, the population we serve, and the public purse.

Our five priorities as Bristol NHS Group:

1. Deliver outstanding care for every patient
2. Lead in groundbreaking innovation, research and development
3. Support our people to thrive and grow
4. Maximise resources and eliminate waste so we can deliver for the communities we serve
5. Collaborate with partners as one team

Our vision for five years from now:

- Patients will wait less and experience the same high-quality care wherever they live
- More care will be delivered closer to home, including in community or virtual settings
- Digital technology will transform how we work and how care is delivered
- Our people will feel energised, engaged and proud to work here
- We'll be recognised nationally and globally for research and innovation
- We'll be in financial balance — and delivering better value for taxpayers

PART 1 - Performance Report

Our Performance and Progress

2025/26 Priorities and Operational Planning Guidance

On 30th January 2025, NHS England released the 2025/26 priorities and operational planning guidance.

The guidance outlined the priorities for the NHS in 2025/26 including improvements in elective and urgent and emergency care (UEC) performance.

A range of performance objectives were defined in the document, and the core metrics 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, with a minimum of 78% of patients admitted, discharged and transferred from the Emergency Department (ED) within 4 hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25
Elective Care	Improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5%-point improvement* Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026, with every trust expected to deliver a minimum 5%-point improvement* Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026
Cancer	Improve performance against the headline 62-day cancer standard to 75% by March 2026 Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026

*Against the November 2024 baseline, with all providers required to increase their RTT performance to a minimum of 60% and performance on wait for first appointment to a minimum of 67%

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 (by March 2026)	NBT Plan Submission (by March 2026)
Urgent and Emergency Care (UEC)[1]	Percentage of attendances at Type 1, 2, 3 A&E departments, departing in less than 4 hours	78%	78%[1] (*72.3% excluding footprint uplift)*
Elective Care	Percentage of patients waiting no longer than 18 weeks for treatment	71.9% (i.e. a 5% improvement on baseline)	71.9%
	Percentage of patients waiting no longer than 18 weeks for a first appointment	77.9% (i.e. a 5% improvement on baseline)	77.9%
	Proportion of people waiting over 52 weeks for treatment	<1%	<1%
Cancer	62-day urgent referral to first treatment	75%	75.3%
	28-day Faster Diagnosis Standard	80%	80.6%

[1] The performance standard is set as a system ambition of 78%, with a percentage uplift applied based on the performance of Sirona Type-3 Emergency Departments within the Trust footprint (MIU and UTC).

Performance Overview 2025/26

This section of the report is intended to give an overview of the Trust's performance during 2025/26 against key operational performance metrics.

2025/26 has been a successful year in the delivery of Planned Care, where the Trust has been meeting key performance objectives in Referral to Treatment and Diagnostics. However, there have been ongoing challenges, particularly in Urgent and Emergency Care (UEC) and Cancer.

Accident & Emergency 4-hour and 12-hour waits

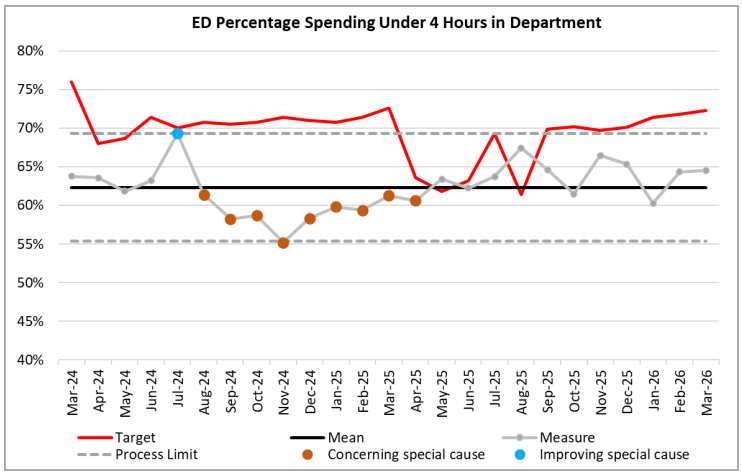
Overall, ED attendances during 2025/26 exceeded the previous year's levels by 3.7%; activity volumes are shown in the table below. Despite total attendances being lower than submitted in the 2025/26 plan, the department experienced three months of the highest attendances ever seen, peaking at 9,856 in October 2025. In addition, the average daily attendances have also been increasing year-on-year.

Table 3: Emergency Department Attendances

	2019/20	2023/24	2024/25	2025/26
Total Attendances	96,993	105,818	106,781	110,712
Average Daily Attendances	265	289	293	303

The operational planning guidance set out the requirement that a minimum of 78% (including footprint uplift %) of patients attending an emergency department be seen, treated if necessary, and either discharged or admitted within four hours, by the end of March 2026. NBT performance with footprint uplift reported at 71.8%. The Trust trajectory for year-end performance (not including uplift %) was 72.3% against which the Trust performed at 64.5%.

Chart 1. ED 4-Hour Performance

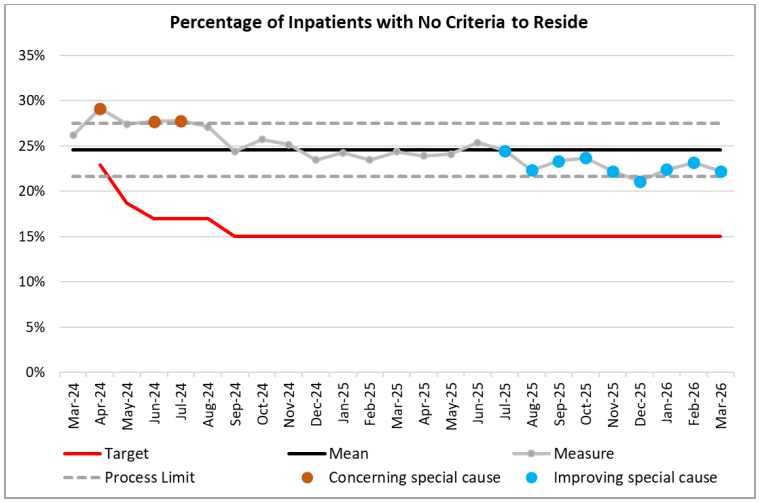


Throughout the year, a combination of high demand, challenged bed occupancy and continued impact of patients with No Criteria to Reside (NCTR) a demanding clinical, operational and performance environment. In 2025/26, NBT also saw an increase in direct admissions from GPs to Emergency Zone units such as the Acute Medical Unit (AMU) and the Acute Frailty Unit (AFU). There was an increase of 8.7% in these types of admissions compared to 2024/25, which has further contributed to the UEC pressures seen this year.

Improving the experience of people with NCTR remains a priority in the system; the Trust continues to work closely with system partners on a range of measures aimed at reducing the discharge delays from acute hospitals with the aim of reducing the impact of NCTR. However, the System ambition to reduce the NCTR percentage to 15% remains unachieved.

Strategic work in 2026/27 includes a transformation approach across Bristol, North Somerset and South Gloucestershire (BNSSG) to improve the integration of home-based intermediate care between community and all three local authorities. Further work will focus on consolidating and improving inpatient intermediate care across the system. Additional work will focus on reducing variation in approaches taken across the local authorities in order to reduce length of stay across all pathways. The Trust will be working with all partners to strengthen partnership working and specifically scoping new ways of working both prior to attendance and admission to the hospital and at the point of discharge.

Chart 2. No Criteria to Reside



Ambulance handover times have been an ongoing challenge. Despite this, over the year, NBT has seen significant improvement in the timeliness of ambulance handovers, which includes seeing a reduction in the total hours lost to handover, even with an increasing number of monthly conveyances. There has been improvement in the average handover time and in the proportion of handovers over 45 minutes compared to last year. NBT has been delivering against our 2025/26 plan to not exceed 45 minutes for the average ambulance handover time, achieving this consistently since June 2025. The average handover time for this year was 34 minutes, significantly improved from the average of 42 for the previous year in 2024/25.

We have seen a decrease in the proportion of handovers over 45 minutes this year, with an average of 21.6% in 2025/26 compared to 25.2% in 2024/25. Recognising the need for further improvement, focussed actions include working with ICB, SWASFT and BrisDoc Severnside on validation of Category 3 and Category 4 ambulance dispositions. NBT is working on development of an action plan following a System wide review of the South Western Ambulance Service NHS Foundation Trust (SWASFT) Timely Handover Plan.

Chart 3. Average Ambulance Handover Time

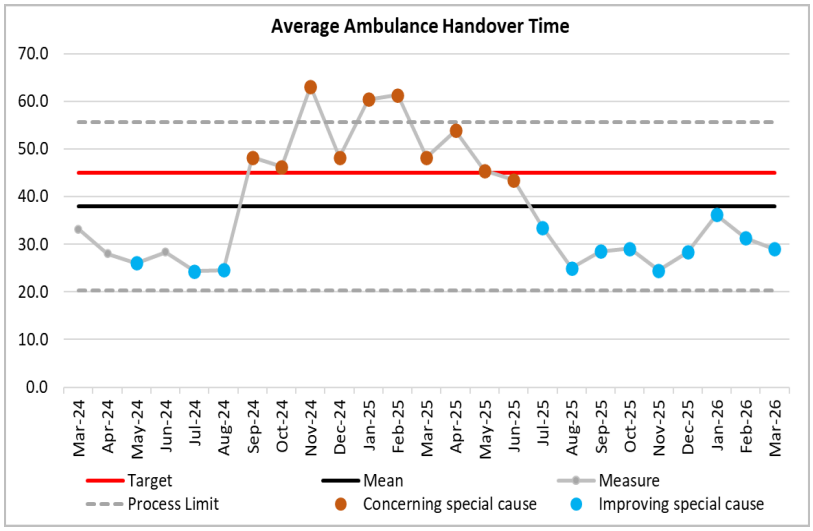
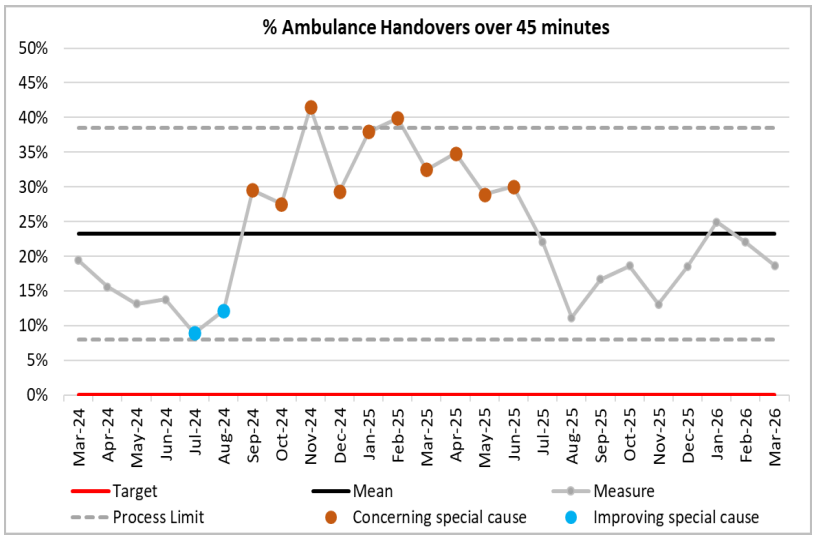


Chart 4. Proportion of Ambulance Handovers over 45 minutes



NBT has continued to deliver projects across the UEC pathway to improve patient care and performance. 2025/26 has seen some key areas of work commence which will be taken through to the 2026/27 UEC plan and will support improvement in performance across the UEC pathway from the A&E 'front door', flow through the hospital and to discharge:

- Throughout the year, NBT actively worked with the 'Getting it Right the First Time' (GIRFT) team, whose recommendations have been incorporated into the UEC programme to form the basis of 2026/27 improvement through an operational delivery lens.
- The Clinical Operational Standards (COS) Oversight Group has identified priority areas of focus which include Standardised Referral Pathways, Diagnostic pathways, and Frailty / Care Homes, all of which will reduce patient length of stay across UEC pathways.
- Approval of expansion of the Community Emergency Medicine Service (CEMS) which is expected to support reduction in conveyance to A&E.
- Service modelling and a detailed operational plan are currently being worked up to move ED Minors to an alternative onsite location. The current area will then be used to provide services in line with the new NHSE Model ED and extended emergency medicine ambulatory care (EEMAC) guidance (target date of November 2026).

Referral to Treatment (RTT)

The Trust continued its focus on a planning and delivery approach, which aligned with national priorities. We have been further reducing the number of long-waiting patients on our waiting list and have consistently had less than 1% of our patients waiting over 52 weeks for their treatment; a target achieved well ahead of national expectation. The number of patients waiting over 52 weeks is now the lowest it has been since 2020.

The Trust has participated in the national validation sprints and has had considerable success across the year, achieving c.3,500 patients having been treated and/or discharged (clock stops) above baseline in Q4 alone.

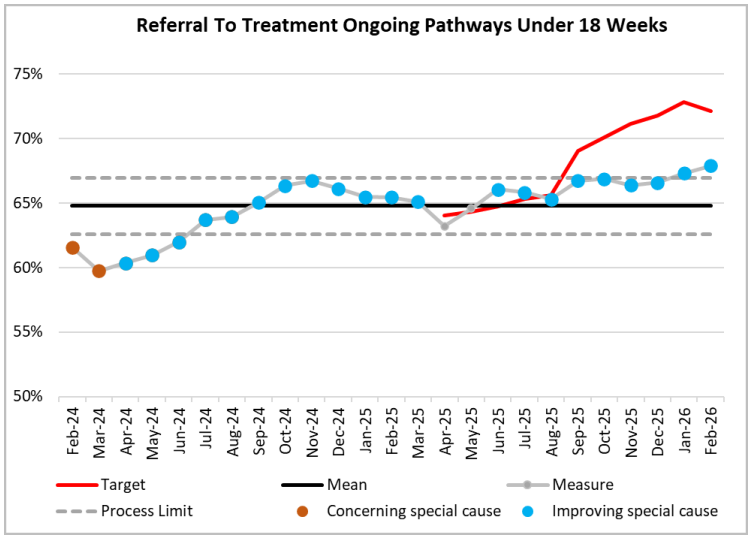
The Trust has also delivered additional activity and clock stops in Q4 associated with the national Q4 RTT outpatient sprint, exceeding planned volumes.

These schemes have supported improvements in delivery against RTT targets in the last quarter of the year.

RTT 18 Week Waits

- The operational planning guidance required Trusts to improve the percentage of patients waiting no longer than 18 weeks for treatment to 71.9% by March 2026.
- At the end of March 2026, the Trust reported that 70.7% of patients were waiting 18 weeks or less, marginally below 2025/26 plan.
- National expectations going into 2026/27 are even more stretching and the Trust has worked on developing a three-year delivery plan to achieve constitutional standard by March 2029. This requires further investment, optimising use of the Princess Royal Bristol Surgical Centre (PRBSC) and delivery of other productivity opportunities, such as reduced DNAs, standardisation of clinic templates, increased capped theatre utilisation and rollout of the national advice and refer demand management initiative.

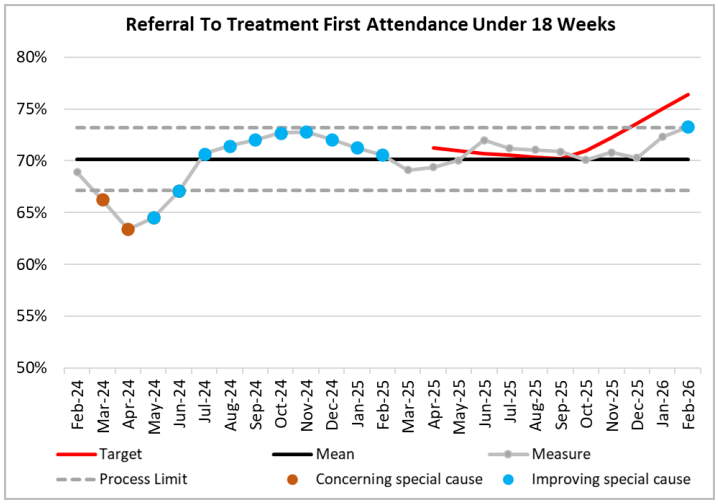
Chart 5. RTT 18 Week Wait performance



RTT Wait to First Appointment

- The Trust submitted a plan to achieve the national standard of 77.9% of patients waiting no longer than 18 weeks for a first appointment by March 2026.
- The Trust has delivered a significant improvement against baseline, however, marginally falling short against plan with performance of 75.6% versus a baseline of 72.8% and the plan of 77.9%.

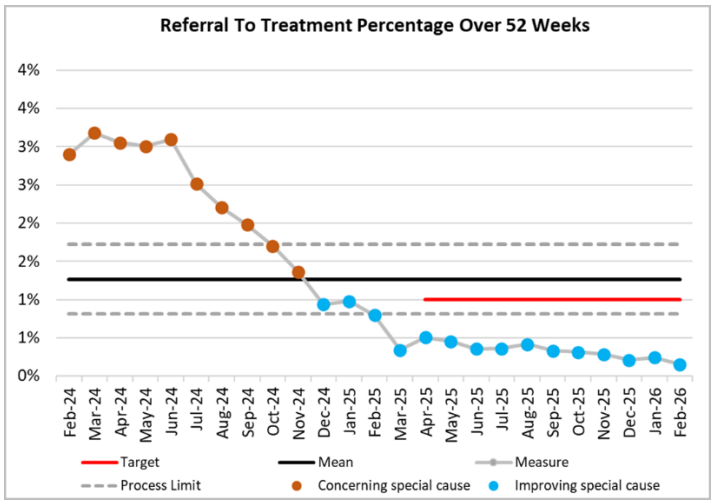
Chart 6. RTT Wait for first appointment within 18 weeks performance



RTT 52 Week Waits

- The third RTT measure included in the Operational Planning Guidance related to patients waiting no longer than 52 weeks for treatment, with a target of less than 1% of total RTT waiting list by March 2026.
- NBT achieved this target in December 2024 and has continued to deliver this measure consistently since then.
- In 2025/26 we reduced the number of patients waiting over 52 weeks from over 200 in April 2025 to 37 in March 2026.
- We continue to focus on reducing the number of patients waiting over 52-weeks into 2026/27 with the ultimate plan of clearance during the year.

Chart 7. Proportion of RTT waiting list over 52 weeks



Diagnostics

The Trust continues to meet the national constitutional standard of no more than 1% of patients waiting more than 6 weeks for a diagnostic test, which was first achieved in September 2024, well ahead of national targets. Despite in-year challenges with Echocardiography and DEXA which impacted overall Trust performance, the position was recovered by Feb 2026 and we expect ongoing delivery of the national constitutional standard. The Trust continues to have no patients waiting more than 13-weeks.

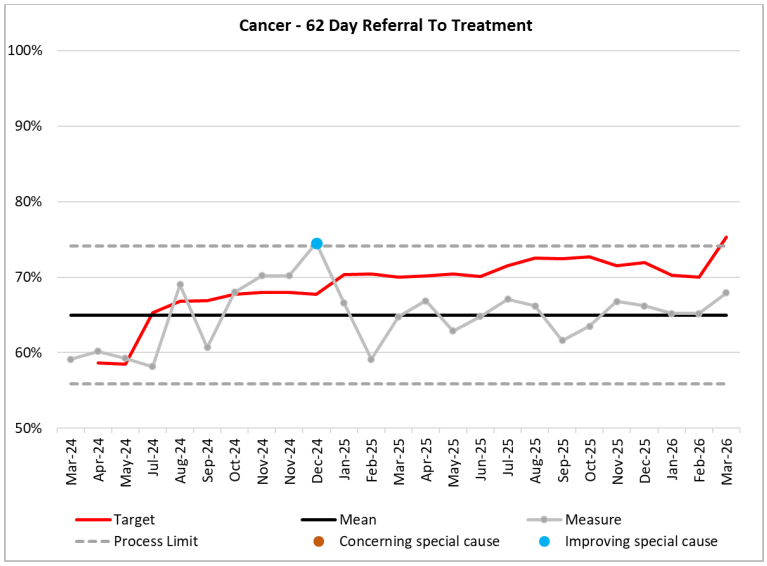
Cancer

Cancer performance has remained challenged in 2025/26, impacting performance against the national metrics.

62-day urgent referral to first treatment

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 75% by March 2025. For March 2026, the 62-day performance reported at 67.9% against the Trust trajectory of 75.3%. On average, our performance for the year was 65.4%, which was an improvement compared to the previous year average of 64.4%.

Chart 8. Cancer 62-day Performance



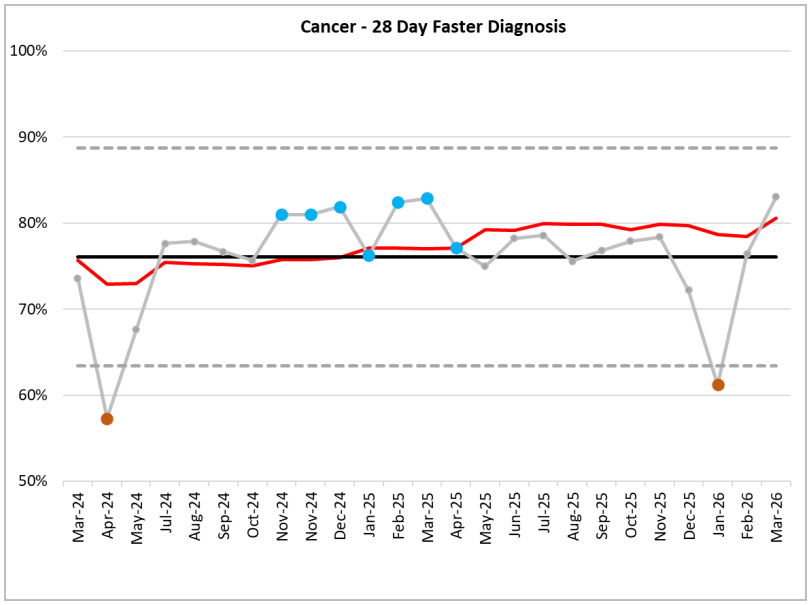
The main challenges have been in the Urology and Breast pathways. Performance has been impacted by long-standing vacancy in Breast Radiology; NBT is progressing recruitment across different work groups outside of the hard-to-recruit Consultant Radiologist to deliver the one-stop clinic across symptomatic and screening. In Urology, the main driver has been the demand and capacity for Robotic-Assisted Laparoscopic Prostatectomy (RALP) in the Prostate pathway. An upstream change in referral timing is essential to our delivery of the 62-day standard going forward.

28-day Faster Diagnosis Standard (FDS)

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. There was improvement in the 28-Day FDS performance which delivered the national standard at year-end, reporting at 83.1% for March 2026.

The work previously undertaken has been around improving systems and processes, and maximising performance across all tumour sites. The Trust has focused on the most challenging pathways and areas of backlogs, in addition to Breast and Urology, work is being done around diagnostic turnaround times and progressing straight-to-test pathways in the Lung and Brain tumour sites.

Chart 9. Cancer 28-day FDS Performance



NHS Oversight Framework (NHS OF)

NHS England published the revised NHS Oversight Framework 2025/26 on 26 June 2025, describing an approach to assessing NHS organisations, ensuring public accountability for performance and providing a foundation for how NHS England works with systems and providers to support improvement.

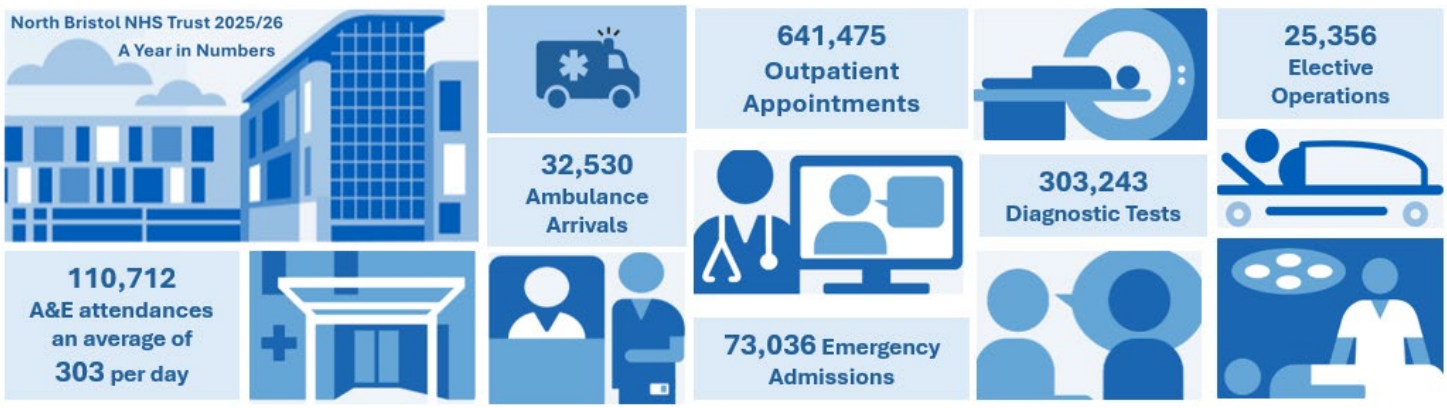
A score is calculated for each organisation, based upon performance against a range of metrics associated with:

- Access to services
- Effectiveness and experience of care
- Patient safety
- People and workforce
- Finance and productivity

This score is then used to determine a segment, which identifies the level of support that each organisation requires (segments described below). Segmentation allocation is republished each quarter and NBT has maintained our Tier 2 raking in segment 2 since publication of the revised NHS OF. Doing well against this assessment is important as it shows that NBT is performing well against a range of measures and the summary segmentation is used as eligibility criteria for the Trust to access additional opportunities and resources.

Table 4: Description of NHS OF segments

Segment	Description
1	The organisation is consistently high-performing across all domains, delivering against plans.
2	The organisation has good performance across most domains. Specific issues exist.
3	The organisation and/or wider system are off-track in a range of domains or are in financial deficit.
4	The organisation is significantly off-track in a range of domains.
5	The organisation is one of the most challenged providers in the country, with low performance across a range of domains and low capability to improve. or The organisation is a challenged provider where NHS England has identified significant concerns.



Performance Monitoring and Assurance

Following the development of a Hospital Group with UHBW, as of April 2025 Board meetings have been held in common and the two Trusts have worked together to develop a new consolidated Integrated Quality and Performance Report (IQPR). The IQPR sets out a range of measures in line with the objectives in the CQC domains of Safe, Effective, Caring, Responsive and Well Led. This information is provided for the previous month, trending over time, and against a set of business rules indicating normal or significant variation. This is presented to the Board in common each month and has been received positively for its aligned presentation of key Trust metrics, offering a unified comparative perspective. The IQPR is also

presented at the monthly Quality Outcome Committee, which from September 2025 was also commenced to be held in common for the Hospital Group.

For NBT, these key measures are then monitored through the Accountability Framework in both static and operational reports provided through the Trust's Business Intelligence Unit (BIU). These are monitored through a series of daily, weekly, and monthly performance reviews that provide a view of the current and past position as well as a forecast or against target, where applicable. Other details of quality and performance measures are provided by the BIU and considered across the Trust at various meetings and specialist groups where specific and appropriate performance data are reviewed. This provides the Board with assurance that it is receiving correct data and that the right processes are in place to ensure patient safety and performance standards are not only being maintained but also improved. The BIU, in conjunction with the Operations Team, also monitors and acts to improve data quality and assurance reporting throughout the year through comparative measures and audits.

Financial Performance

The Trust has achieved a performance-adjusted surplus for 2025/26 of £4.9m (0.429% of turnover), against a required break-even performance by NHS England. The Trust delivered recurrent savings of £22.2m.

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

	2025/26 (£m)
Deficit for the year from continuing operations	(-20.2)
Add back impairments/ (reversals)	16.4
Add capital donations / grants and Income & Expenditure impact	-3.5
Remove I&E impact of IFRS 16 on IFRIC 12 schemes	12.2
Adjust financial performance surpluses for the purposes of system achievement	**4.9**

The Trust operates within the Integrated Care System (ICS) as defined by the Health and Care Act 2022. Most income comes from block funding, with some variability for elective procedures, diagnostics, and drugs. The main causes of the current deficit include missed efficiencies, incremental increases, non-pay inflation, and higher service costs. The BNSSG system aims to reduce the deficit through improved collaboration and productivity.

Financial Duties and Financial Health

The Trust has three key financial duties:

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

The table below sets out the Trust's performance against these targets in 2025/26 and the previous five years of the Trust.

£'m	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
Breakeven Duty - Annual	10.8	13.1	8.5	2.1	0.1	4.9
Breakeven Duty - cumulative	(111.4)	(98.3)	(89.9)	(87.8)	(87.6)	(82.7)
External Financing Limit	Achieved	Achieved	Achieved	Achieved	N/A	N/A
Capital Resource Limit	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved

Despite recording surpluses in the last five years, the Trust remains cumulatively in deficit to 31 March 2026. As a result, in accordance with their statutory responsibility, the Trust's external auditors have made a referral to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014. This approach is consistent with previous years. Under the financial regime for 2020/21 and 2021/22, Trusts were being managed against a break-even requirement in-year, therefore the Trust was not able to make a significant surplus. Since 2022/23 under the current financial framework the majority of NHS income was under block arrangements, again limiting the ability to generate surpluses.

Capital expenditure for 2025/26 was £53.4m. This was funded by internally generated funds of £26.9m, Public Dividend Capital (PDC) draw-down of £16.4m and system capital support of £10.1m.

The Trust has a capital plan of £23.1m for 2026/27 and an opening cash position of £77.4m. The capital plan will be affordable from internally generated funds; thus, the Trust will have sufficient cash in 2024/25 that cash support from the Department of Health & Social Care will not be required.

After considering the above and making appropriate enquiries the directors of the Trust have a reasonable expectation that North Bristol NHS Trust has adequate resources to continue in operational existence for the foreseeable future. The annual report and accounts for 2025/26 have, therefore, been prepared on a going concern basis.

Our Patients

Patient and Carer Experience Strategy

We want to hear from the people who use our services so we can understand what we are doing well and what we need to improve in order to transform our services and deliver outstanding patient experience.

Our three-year Patient and Carer Experience Strategy builds on the Trust's strategic aim: Outstanding Patient Experience. In this third and final year, we continued to focus on four key commitments that have shaped and guided our work:

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

For each of these commitments, we identified the objectives to be delivered in year three. A detailed work plan has supported their implementation, and a summary of progress is outlined below:

Patient & Carer Experience Strategy Commitment	Commitments	Progress Status
	More routine use of Patient and Carer Partners or condition-specific or demographic-specific patient focus groups and qualitative interviews to provide their expertise through lived experience in the redesign of services.	We have supported the formation of the Community Participation Group, bringing together people with lived experience and VCSE organisations to contribute to the delivery of the Joint Clinical Strategy. Together, we have co-produced a PPI framework that will now guide the transformation of services, ensuring the voices of patients and our communities are central to decision-making. This approach embeds expertise through lived experience into service redesign and sets a clear expectation that meaningful involvement becomes routine and part of business-as-usual for clinical teams.
Listening to what patients tell us	We will continue to work with, and strengthen the Bristol, North Somerset and South Gloucestershire Maternity and Neonatal Voices Partnership (MNVP) to ensure we listen to and act on feedback from women and their families.	Our NBT Maternity team continues to work closely with the local MNVP. Over the past year, the MNVP has supported the review of patient communications and information materials, contributed to the analysis of the 2025 Maternity Survey, and advised the team on the prioritisation of actions arising from the findings.
	We will explore the implementation of a single system which allows us to collate the different sources	This year we concluded our one-year pilot project exploring the introduction of a single patient experience platform to bring all patient experience data together in one

	of patient experience data in one place to allow for automated reporting and effective analysis which will in turn support us in turning data into realisable actions.	place. While the system delivered several benefits, including insights from social listening, it ultimately did not meet the core requirement of collating all data sources. Instead, it became another standalone system that could not integrate with existing platforms. We hope that, through our alignment work with UHBW, we will be able to revisit this commitment and explore a more integrated solution in the future.
	We will upskill our divisional leadership teams and front-line staff in how best to engage with and involve patients and use their experience and feedback to influence how they develop their service.	As noted above, as part of our Group Clinical Services programme, we have co-produced a PPI framework which equips project teams (including clinical staff, operation staff, etc.) to engage and involve patients more confidently.
	We will build upon existing volunteering roles such as purple butterfly volunteers, mealtime companions and patient feedback volunteers, and spiritual care volunteers, that support staff to understand and meet the individual needs of our patients.	We were pleased to launch our Volunteers Strategic Plan 2025-2028 back in April 2025. This commitment was picked up in that strategic plan for taking forward.
	Working with our Equality, Diversity, and Inclusion team and the VCSE sector we will develop a programme of community health activism, supporting communities to positively engage with hospital services.	We continue to work closely with our local communities and have proactively engaged with Carers and Young Carers, the Bristol Deaf Health Partnership, Caafi Health, and the West of England Sight Loss Council. We have also collaborated with an individual with lived experience to understand how we can improve cancer care for Black women. In forming the Community Participation Group (CPG), we worked with the BNSSG VCSE Alliance to ensure the group is representative of our local communities and that VCSE partners have a meaningful place at the table. This approach strengthens our commitment to inclusive engagement and ensures community voices directly influence our work.
Working together to support and value the individual and promote inclusion	We will improve our Cancer Patient Experience scores, learning from the insight this provides.	We ranked 73rd out of 131 Trusts in this year's (2024) National Cancer Patient Experience Survey. We performed above the expected range in 16 questions, demonstrating areas of strong patient experience. To maintain visibility of our performance throughout the year, we continue to run a monthly survey aligned to

		key NCPES questions. This enables us to track in-month performance, identify emerging issues early, and take action proactively rather than waiting for the next annual survey cycle.
	We will commit to co-design volunteer roles together with patients.	We were pleased to launch our Volunteers Strategic Plan 2025-2028 back in April 2025. This commitment was picked up in that strategic plan for taking forward.
	We will ensure an Equality and Quality Impact Assessment (EQIA) is completed on significant decisions taken by the organisation.	Equality Impact Assessments (EQIAs) have been fully embedded within the Group Clinical Services programme, ensuring that all significant decisions are viewed through the lens of health inequalities. This approach supports more equitable service planning and helps clinical teams consider the potential impact of changes on different patient groups from the outset.
	We will respond to 85% of our Patient Advice and Liaison Service (PALS) concerns within agreed timescales.	Due to significant staff shortages within the Complaints and PALS team, we have been unable to closely monitor performance against this target. In addition, our PALS response timescales have recently been extended from 5 working days to 10 working days to align with UHBW. We are not currently auditing our responses against this revised timeframe, and therefore cannot confirm whether we are meeting the measure. Operational focus has also been directed toward improving the timeliness of formal complaint responses, which has taken priority over monitoring PALS performance.
Being responsive and striving for better	We will be better at sharing best practices and positive feedback across the Trust by systematically promoting this.	We were pleased to introduce the Outstanding Patient Experience Awards, which took place in April last year and will now be repeated annually. These awards provide an opportunity for staff to nominate individuals, teams or projects that have improved the patient experience, with four categories aligned to the four commitments of the strategy. The awards are widely promoted across the Trust, and winners and highly commended nominations are shared to highlight and spread best practice.
	We will improve the collection and recording of compliments and positive feedback.	We have successfully added a module to Radar that enables us to record and theme feedback from patient conversations. The next step is to explore how we can apply the same approach to compliments, while also reviewing and aligning our processes

		and systems with UHBW to ensure a consistent and integrated way of capturing patient experience across the Group.
	We will be able to triangulate data from other sources (Claims, Patient Safety, Safeguarding, Risk, Audit) to enable divisions to know where they need to be responding and acting.	This year we updated our reporting templates and refreshed our governance structures to improve the triangulation of data across patient experience, quality and operational metrics. This has helped shift the focus toward understanding the whole picture and encouraging divisions to consider the 'so what?' behind the data they receive. As a result, the quality of insight has improved, enabling teams to take more meaningful and targeted actions.
	We will promote the importance of patient experience and responding to feedback through the NBT Healthcare Excellence in Leadership and Management Programme (HELM).	Due to the corporate transformation programme and the alignment work across the Bristol NHS Group, the HELM Programme was suspended pending the development of a new joint Leadership and Management Development programme. This will enable a more consistent and integrated approach to leadership development across both organisations.
Putting the spotlight on patient and carer experience	We will actively support patients to participate in clinical research.	No update
	We will collaborate with colleagues in our Learning Development to further embed patient experience training in leadership development	As above, due to the corporate transformation programme and the alignment work across the Bristol NHS Group, the HELM Programme was suspended pending the development of a new joint Leadership and Management Development programme. This will enable a more consistent and integrated approach to leadership development across both organisations.

Our current Strategy concludes on 31st March 2026. University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) is currently delivering its own Experience of Care Strategy, which remains in place until 31 March 2027. As both organisations continue to align and work in partnership, to ensure continuity and a clear sense of direction during this transition period, NBT will implement an Interim Strategic Plan to bridge the gap between the end of its current strategy and the conclusion of UHBW's. This interim plan will:

- Maintain momentum on key group/merger alignment priorities
- Ensure national statutory/regulatory requirements are met
- Include and Group Patient First Improvement Priorities
- Carry forward any unfinished priorities from our current strategy.

The NBT Interim Strategic Plan will run for 12 months, from 1 April 2026 to 31 March 2027.

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

The FFT is a helpful tool that enables people using our services to share feedback on their experience and tell us whether we are delivering the standard of care they expect. We ask two core questions: *"Overall, how was your experience of our service?" and "Please tell us why you gave your answer."*

Between 1 April 2025 and 31 March 2026, we received 101,121 responses. Our Trust-wide response rate has decreased slightly, from 13.2% to 12%. We achieved a 91.31% positive rating, which represents a small decrease from last year's rating of 92.39%.

Although we have seen a decrease in scores, the overall trend remains within the expected range of normal variation and is likely to reflect the increase in activity and pressures on the hospital.

Since 1 October 2025, we have introduced a monthly survey in the Emergency Department. This includes the FFT question, alongside additional priority questions informed by previous national Urgent and Emergency Care National Survey results. Collecting this insight throughout the year enables us to maintain visibility of our performance, track in-month trends, identify emerging issues early, and take proactive action rather than waiting for the next annual survey cycle. This model also aligns closely with UHBW's patient survey programme, where monthly surveys are administered across different areas, supporting greater consistency across the Group. We will continue to work in partnership with UHBW to bring our patient survey programmes into alignment so we can better compare patient experience across the Group with shared methodology and reporting.

The table below shows the positive scores for each care domain.

	Response Rate	% Positive Scores	Response Rate	% Positive Scores
	2024/25		2025/26	
Trust-wide	13%	92.39%	12%	91.31%
Emergency Department	19%	74.68%	15%	73.84%
Inpatients	22%	89.60%	20%	88.19%
Outpatients	11%	94.94%	10%	94.35%
Birth	21%	93.43%	21%	93.22%
Day-case	19%	95.21%	18%	95.03%

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

Ethnicity	**Percentage of Total Respondents**
Any other Ethnic Group	0.8%
Asian or Asian British	2.0%
Black or Black British	1.4%
Mixed	1.5%
Not known	6.8%
Not stated	15.2%
Other Ethnic Group	0.4%
White	71.9%

Disability Status	**Percentage of Total Respondents**
No	8.65%
Not known	79.49%
Not stated	0.40%
Yes	11.45%
Gender	**Percentage of Total Respondents**
Female	57.0%
Male	40.5%
Not known	2.3%
Not stated	0.11%
Other	0.05%

Working together to support and value the individual and promote inclusion

We recognise that our current FFT responses do not fully reflect the breadth and diversity of our patient population. To address this, we have developed a proactive programme of work focused on reaching groups whose voices are not yet well represented. Our Access and Inclusion Lead works closely with the Voluntary, Community and Social Enterprise (VCSE) sector and in partnership with UHBW to engage with people who are using our services but are not routinely sharing their experiences.

This has included working with local radio and VCSE partners to promote an engagement event focused on understanding the experiences of Black women in cancer services. Through a series of focus groups and patient interviews, we gathered meaningful insights and clear recommendations on how our services can better support this group, ensuring they feel more included, understood and supported throughout their cancer pathway.

We have also successfully launched the Community Participation Group, which brings together people with lived experience and VCSE organisations to contribute to the delivery of the Joint Clinical Strategy. Together, we have co-produced a Patient and Public Involvement

(PPI) framework that will guide future service transformation, ensuring the voices of patients and communities are central to decision-making. This approach embeds lived-experience expertise into service redesign and sets a clear expectation that meaningful involvement becomes routine and part of business-as-usual for clinical teams.

We recently had the opportunity to continue our partnership work with the local Young Carers Group, who helped co-design and deliver our updated Carers and Young Carers Awareness Training. Their lived experience and personal stories have been a powerful way to highlight what matters most to young carers. We look forward to rolling this training out to our staff over the coming year.

Our Patient and Carer Partnership Group continues to go from strength to strength. The group meets quarterly, with additional social events held throughout the year. We have welcomed three new partners over the past year, further enriching the breadth of lived experience and insight within the group.

Activities the group has contributed to include:

- Advising on the Emergency Department webpage content, including information on waiting times
- Participating in the End of Life Care Strategy Group
- Sitting on stakeholder interview panels for consultant appointments
- Taking part in the PLACE 2025 assessments
- Reviewing signage for the new Princess Royal Bristol Surgical Centre

Being responsive and striving for better

Patient and Carer Conversations- real time feedback

We have continued to successfully deliver patient conversations, our real time feedback approach, with the support of our brilliant feedback volunteers.

- We visited over 130 locations and spoke with around 400 patients.
- We carried out 9 visits to cancer services for the first time.
- We completed 11 conversations with patients with lived experience of Learning Disability or autism.
- We delivered specialist training for our feedback volunteers on Learning Disabilities and autism, as well as on using translation and interpreting services to support conversations with patients whose first language is not English.

We have also introduced a new module within Radar that enables us to record and theme feedback from patient conversations. The next step is to explore how we can apply the same approach to compliments, while also reviewing and aligning our processes and systems with UHBW to ensure a consistent and integrated method of capturing patient experience across the Group.

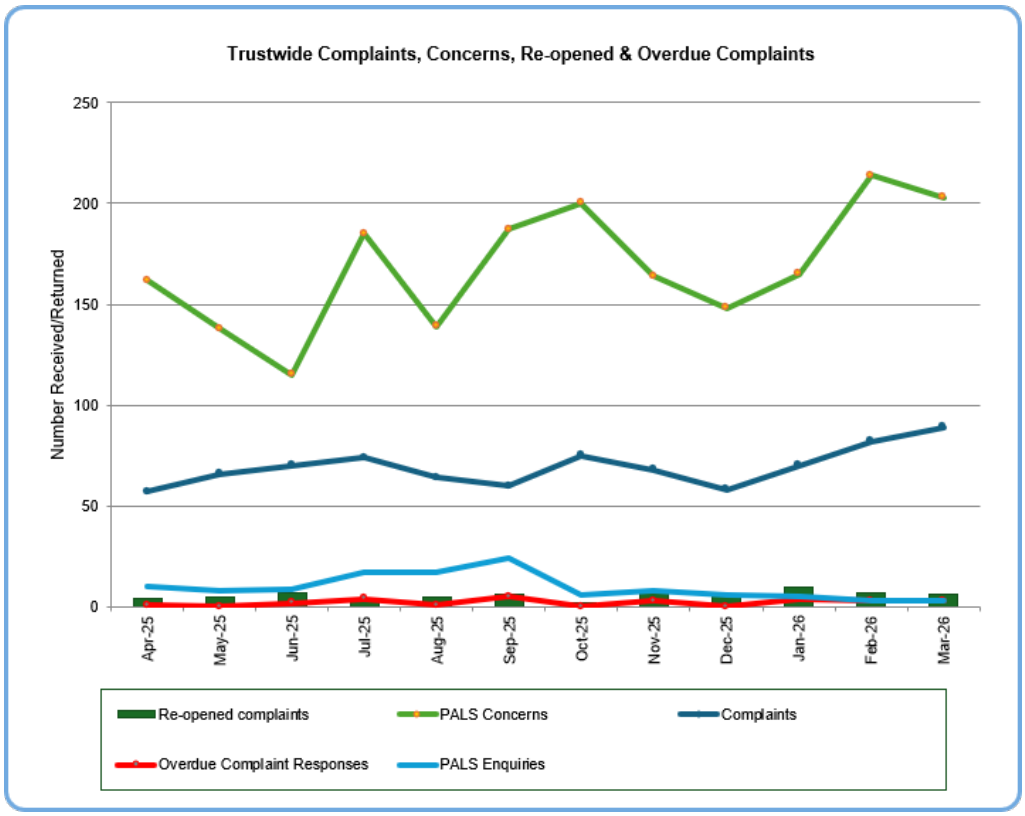
The top three themes from patient conversations were:

- Emotional support, empathy and respect: This included interpersonal qualities, bedside manner, how well staff met patients' emotional needs, and the way staff made patients feel during their care.
- Attention to physical and environmental needs: Feedback in this theme largely related to facilities and resources, the ward environment and atmosphere, and catering and

food.

- Clear information, communication and support for self-care: This included the clarity of advice and updates provided to patients, as well as the quality of clinical information shared verbally or in written form.

Complaints and the Patient Advice and Liaison Service (PALS)



We received 833 formal complaints this year (1st April 2025 to 31st March 2026). This is a 44% increase on the number received in the previous year (578).

Of the 833 complaints received, 70 were reopened, which is 8.4%. This represents a slight decrease compared with the previous year (10%).

In May 2025, we aligned the reopened categories with UHBW so that both organisations now use the same categorisation. Previously, NBT used a free-text box in Radar, which made categorisation too broad, while UHBW used a list that did not include all the options we required. UHBW also reported only the number of *dissatisfied* reopenings, whereas NBT reported the *total* number of reopenings. Both are useful measures, but they are not equivalent.

To ensure consistency, we agreed the following categories. The numbers in brackets show how many reopened complaints have been recorded under each category since the list went live at NBT:

- Dissatisfied – information disputed (13)
- Dissatisfied – unresolved issue(s) or not all issues addressed (42)
- Dissatisfied – other (e.g., style or tone of our response) (3)
- Clarification(s) requested (3)
- New question(s) raised (5)

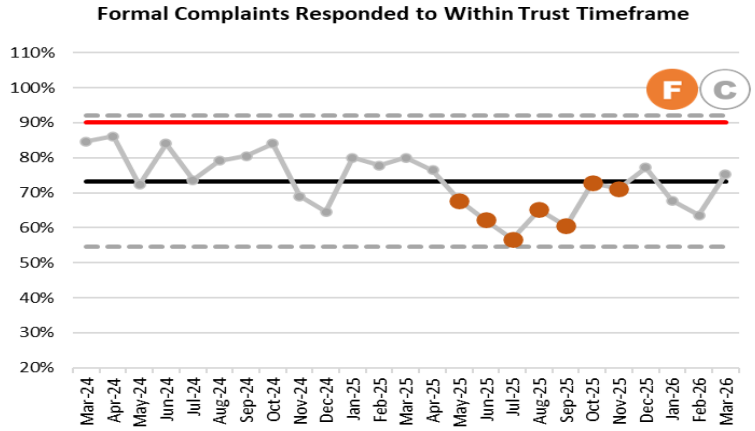
PALS activity increased by 9.2% in 2025/26, with 1,987 concerns received compared with 1,811 the previous year.

Due to both increased activity and capacity constraints within the PALS team, the acknowledgement timeframe for new concerns was extended from 2 working days to 3 working days. In addition, the target timescale for responding to PALS concerns was revised from 5 working days to 10 working days, bringing the service in line with UHBW standards.

Complaint response rate performance

The Trust has a target to respond to 90% of formal complaints within the agreed timescale. Performance has fluctuated throughout the year and the target has not been met. On average, 68% of complaints were responded to within the agreed timeframe, representing a 10% decline compared with the previous year. This reduction is not unexpected given the significant increase in the number of complaints received.

One division in particular has had a notable impact on overall Trust performance due to the high volume of complaints it receives. This division is now engaged in an improvement project focused on strengthening both the timeliness and quality of complaint responses, with the aim of achieving and sustaining compliance with the Trust standard.



Complaint themes

The main theme of complaints in 2025/26 continued to be Clinical Care & Treatment, accounting for 62% of all complaints. The next most common subject was Staff at 10%, which represents a change from the previous year. This was followed by Communication, making up 8% of complaints.

NBT continues to be supported by the Complaints Lay Review Panel, a group of trained volunteers who meet quarterly to review a sample of complaint cases. The panel assesses the quality of investigations and written responses, provides a scored evaluation, and highlights both good practice and areas where further improvement is needed. Their feedback is then shared with the clinical divisions to support learning, strengthen complaint handling, and improve the overall quality of patient experience.

Accessibility of the Complaints Process

Equality monitoring data is collected from complainants through a non-mandatory questionnaire sent during the acknowledgement process. In 2025/26, only 26 responses were received, giving a response rate of 3%. This is a significant decrease from the previous year's 17% response rate. This reduction is likely linked to staffing changes within the complaints team, as the team administrator left and recruitment to the role has been unsuccessful. As a

result, the administration and collation of equality monitoring data has been affected.

Despite the low response rate, the data received shows:

- Gender: The majority of complainants were women (54%).
- Age: Most complainants were aged 46–60. Notably, there was an increase in complaints from people aged 16–30, while the proportion of complaints from those aged 31–45 fell.
- Disability: 50% of respondents disclosed a disability, representing a 9% increase from the previous year.
- Ethnicity: White – 91.3%, Mixed: White & Black Caribbean – 4.3%, Asian or Asian British: Indian – 4.3%

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

PALS concern themes

The top theme for PALS concerns in 2025/26 was Clinical Care & Treatment, accounting for 38% of all concerns. The second most common theme was Access to Services (23%), followed by Communication (16%). These patterns are consistent with last year's themes, indicating ongoing areas of concern for service users.

Putting the spotlight on patient and carer experience

We continue to provide Patient and Carer Stories to the Group Board, working in partnership with colleagues at UHBW to ensure voices from across all our services are represented. This year, stories have covered a range of important topics, including Sickle Cell Disease, the Macmillan Wellbeing Centre, Urology, and delivering emotionally intelligent healthcare.

We are also proud to have launched our new Trolley Project, which brings creative and therapeutic activities, such as puzzles, colouring packs, and word searches, directly to patients on the wards to help brighten their stay and encourage conversation. The project has been made possible through the generous support of the League of Friends Southmead, with additional collaboration from Fresh Arts, Bristol Library, and Active Hospitals, who worked with Volunteer Services to deliver this offer for patients.

We have been working closely with the West of England Sight Loss Council, alongside colleagues in IMT and Procurement, to strengthen digital accessibility as the NHS moves toward a digital-first approach. As part of this work, members of the Sight Loss Council delivered a digital accessibility training session for IMT Project Managers, focusing on the importance of ensuring that websites and apps meet WCAG standards.

This collaboration has been truly transformational, creating a real shift in culture and thinking within the Digital team. It has also been an excellent example of effective partnership working between Trust teams and the VCSE sector.

In April, we held our first Outstanding Patient Experience Awards, providing an opportunity to recognise and celebrate the individuals and teams who are delivering exceptional patient experience across the Trust. The event was very well received and helped to showcase examples of excellent practice, inspiring colleagues and spreading ideas about how services

can continue to enhance the experience of patients and families. This is something we will now repeat annually.

Health Inequalities

This year, the Trust has continued to deliver the Group Clinical Strategy, with equity as a core pillar. Reducing healthcare inequalities and strengthening prevention of inequalities remain strategic priorities and are reflected in the Clinical Strategy Update. Our approach to health equity is rooted in understanding the needs of our population, working in partnership, and co-producing solutions with communities and system partners. As an anchor organisation, we recognise that inequalities affect our patients, our staff and the communities we serve.

Across 2025/26, Bristol NHS Group teams worked closely to align and strengthen our approach to health equity across NBT and UHBW. We collaborated with the NHS Race and Health Observatory to deliver a Board development session on health inequalities in June 2025, helping to identify priorities for action. In September 2025, our work was recognised nationally through a Health Systems Journal Patient Safety Award nomination for our project on improving access to outpatient services for people from the global majority and more deprived communities in Bristol, North Somerset and South Gloucestershire.

We recognise there is more to do, and working with system and community partners, we developed a Joint Health Equity Plan for 2026/27. This is informed by data, population insight and prevention priorities, and grounded in what we have heard from our communities. We remain committed to co-producing our longer-term plans for health equity with partners and local communities.

During 2025/26 we have focussed on:

Understanding and improving our data on population needs

We continue to work with public health teams and system partners, using Joint Strategic Needs Assessments, Health and Wellbeing Strategies and wider sources of data and evidence to guide our work. Internally, we are strengthening how inequalities data is used in service planning and delivery. The data appendix details core inequalities metrics and monitoring; reporting for 2025/26 has been prioritised against our agreed priority areas. Our work to improve visibility and use of inequalities data continues into 2026/27.

Ethnicity status in Trust datasets for elective pathways is an area of focus for improvement as high-quality data improves our ability to identify and address inequalities, including barriers to care. The Trust's target is for 80% of patients to have their ethnicity recorded. In March 2026, 71% of patients on the Referral To Treatment waiting list had their ethnicity recorded (data source: WLMDS, w.e 1.3.2026). This compares to 69.4% in March 2025 (data source: WLMDS, w.e 2.3.2025 and 1.3.2026). Our data quality improves once patients have accessed care, and for patients who have attended an outpatient appointment 85% from January 2026 had a known ethnicity, increased from 82% in March 2025. During 2025/26, we delivered new staff training to support confidence and accuracy in recording ethnicity. We are also using national guidance and community insight to improve recording systems, co-develop resources for communities and patients on ethnicity recording and our equity work, and explore opportunities for data sharing. This work will continue into 2026/27.

Community involvement and partnerships

During 2025/26, the Trust strengthened its approach to patient and community involvement, with a greater emphasis on partnership and co-production. We worked closely with voluntary, community and social enterprise (VCSE) partners to support engagement in trusted community settings, including community centres, faith venues and local hubs.

This approach recognises that people experiencing the greatest inequalities are often least likely to engage through traditional NHS routes. Community partners acted as trusted intermediaries, enabling culturally appropriate engagement and supporting more meaningful conversations about barriers to care. Insight gathered through this work has informed improvements to patient communication, information and service pathways, drawing on learning from Brigstowe and the Common Ambition Bristol co-production model.

Partnership working with the VCSE sector has also improved engagement with communities facing significant marginalisation, including Gypsy, Roma, and Traveller communities, where trusted relationships are essential to reducing barriers to access and participation.

Participation and the Health Equity Delivery Group (HEDG)

The Health Equity Delivery Group (HEDG) provides oversight of the Trust's approach to health equity and participation. We now have one HEDG for both Trusts. HEDG membership includes community partners Caafi Health, For All Healthy Living Centre, African Voices Forum, WECIL and The Diversity Trust, ensuring that lived experience and cultural insight inform service design and improvement. We remain grateful to our partners for their support, expertise, healthy challenge and commitment to collaboration.

This year, the Trust strengthened coordination between governance structures and established a Community Participation Group to work in partnership with Trust leadership and support delivery of the Group Clinical Strategy. To reduce duplication and maximise impact, we are developing a more consistent, team-based approach to capturing and using community insight, alongside a system-wide overview of engagement activity.

We are also strengthening the role of the VCSE sector in decision-making and commissioning, building on NHS England guidance. Work is underway on a VCSE Participation Policy informed by local learning, alongside practical steps to widen participation. These include guidance on involving patients and public partners in recruitment, available via the MyStaff app, and pilots for training and recruitment panel involvement.

Access to participation has been further supported by the development of a reimbursement policy for community partners, now progressing through governance, ensuring individuals and organisations are not financially disadvantaged by their involvement.

Alongside this, the Trust is investing in staff capability through action learning sets and a Community of Practice for Better Involvement, supporting co-production as a core way of working. Early impact includes increased participation from underserved groups, stronger community relationships, and service improvements shaped directly by lived experience.

To further strengthen participation and involvement, in 2026/27, the Trust will:

- Implement a new policy recognising the role of people and community partners
- Develop an accessible online involvement portal
- Extend the reach of the participation community, particularly among diverse communities and young people
- Launch a collaborative system-wide outreach model focused on tackling health inequalities, including senior leader community engagement
- Develop an evaluation tool to better evidence the impact of patient and community voice on service improvement.

Improving access to our services

The Trust recognises persistent disparities in access to care, as reflected in our data. We are taking a data-driven approach to identify and address inequalities across care pathways.

Trust-wide dashboards monitor elective waiting times and non-attendance rates by deprivation and ethnicity, alongside ethnicity recording completeness. This enables targeted action where inequalities are identified. Practical measures to improve access include strengthened interpreting services, implementation of the Accessible Information Standard, and reasonable adjustments for patients with additional needs.

Digital developments are also supporting more equitable access, with greater use of the NHS App for appointment letters and reminders, contributing to improved attendance rates. Virtual outpatient appointments are expanding, with DNA rates for first attendances now trending downwards. Targeted interventions are being developed for groups at higher risk of exclusion, informed by learning from cardiology and system-wide work on supporting timely access and engagement with elective care.

Patient-initiated follow-up, including virtual models, continues to expand, alongside active review to ensure equitable re-access to care. Access to My Medical Records is supporting clearer information sharing and improved follow-up, particularly for cancer services. These actions inform our future Clinical Strategy, aligned with the NHS 10-Year Plan and a shift towards more community-based, integrated and digital models of care.

Accessible Information Standard

The Trust continues to make steady progress embedding the NHS Accessible Information Standard (AIS), supported by partnership working with community organisations including the West of England Sight Loss Council, the Centre for the Deaf & Hard of Hearing Communities, Bristol City Council's Sensory Impairment Team and the Bristol Disability Equality Forum.

NBT has delivered Visual Impairment Awareness training facilitated by the West of England Sight Loss Council, alongside specialist digital accessibility training across the Group. An AIS awareness campaign has further increased understanding of the standard, supported by a network of Accessibility and Inclusion Champions who promote good practice and share resources across teams.

Staff have access to e-learning on Deaf Awareness and AIS, with increasing uptake among patient-facing roles. Following the refresh of the national standard in July 2025, further work is required to support implementation of the Digital Reasonable Adjustment Flag, alongside

additional digital capacity to meet national requirements for SNOMED CT and reasonable adjustment compliance.

Recent progress includes co-designing and approving the provision of interpreter information to BSL users ahead of appointments to reduce anxiety, with implementation starting in June 2026.

Neighbourhood Health

The Trust remains an active partner in the development of Neighbourhood Health across BNSSG and will continue to support locally delivered, community-based models of care throughout 2026/27. This work reflects a shift from engagement as an activity to patient and community involvement as a core function of delivering equitable, high-quality healthcare.

Our 2025/26 Spotlight Areas For Priority Groups And Services:

Homeless Health

Homelessness is rising nationally and locally, and people who experience homelessness often have multiple unmet health needs. Over the past 2.5 years, a Homeless Health Pathway has been established through the Integrated Discharge Service (IDS), with significant development of homelessness processes and workflows. IDS now provides Trust-wide coverage through a team of registered case managers working across emergency, acute, inpatient, and pre-operative settings to identify and support patients at risk of homelessness, with the aim of avoiding street homelessness at discharge wherever possible. A standardised IDS workflow supports consistent identification, screening within 24 hours of ward transfer, attendance at board rounds, and early escalation for advice and guidance when homelessness is identified.

When homelessness risk is identified, a Duty to Refer is completed to the relevant local authority, and IDS works closely with housing, voluntary-sector partners, and wider support services. Holistic care and integration between health and housing has been strengthened through named housing advisors, embedded St Mungo's support within the transfer of care hub, access to social services across all BNSSG local authorities, and standardised MDT and escalation processes. Training and development for IDS staff has focused on legal duties, barriers to engagement, and trauma-informed communication. As a result, referral volumes have increased alongside case complexity, but outcomes have improved, with many more patients discharged into accommodation and with appropriate support. Over the winter period we worked with our local authorities to implement the Severe Weather Emergency Protocol during periods of extreme cold, and supported people at risk of rough sleeping to access emergency provision.

For 2026/27, priorities include improving awareness of homelessness with our clinical teams, further strengthening integration with housing and community services, strengthening successful joint working arrangements with our local authorities, and developing more robust data collection on homelessness referrals and discharge outcomes to support ongoing improvement and oversight.

Cancer Services

In the UK cancer commonly drives inequalities, including a higher risk of preventable cancers and later stage cancer diagnoses for some of our population groups. In 2025/26 we have supported implementation of the Early Diagnosis Plan in partnership with screening and community care providers, including delivery of Lung Cancer Screening led by NBT and initially targeted at the most deprived communities. Funding has been secured through SWAG for an Equity of Access Coordinator role to use inequalities data to proactively reach people who do not attend appointments, or are at risk of poorer outcomes, and to strengthen existing pathways to improve equity of access. The Cancer Improvement Collaborative 'Reasonable Adjustments in Cancer care' project was delivered to improve reasonable adjustments in cancer care and included the launch of a dedicated training module for specialist cancer staff across BNSSG and beyond, co-designed through focus groups with 45 people with lived experience and published in the *Journal of Cancer Policy*. Impact data for this training is currently being gathered.

Further progress has focused on improving patient experience, engagement, and health literacy. We have introduced a new question within the Patient Experience of Cancer survey to monitor progress on reasonable adjustments, and learning from this work is being shared beyond the region. Targeted engagement with global majority communities has included co-led focus groups exploring the experiences of Black women with cancer, with 28 participants contributing to the *Power in Our Voices* project supported by Black Women Rising, and a report of recommendations in development.

In collaboration with the ICB and using SWAG funding, locally adapted cancer information z-cards are being produced to support personalised care, particularly for people with limited digital access, and will be translated into the four most commonly spoken local languages. This work builds on wider outreach to improve cancer health literacy, screening uptake, and early presentation, in the Communities Against Cancer programme. The Group cancer teams work closely with Macmillan and Caafi Health colleagues, delivering cancer awareness and screening support across BNSSG, having so far recruited over 50 community-based cancer champion volunteers, bringing cancer conversations into diverse communities by trusted individuals.

Learning Disabilities and Autism

People with a learning disability and who are autistic are at risk of health inequalities, and may experience barriers to accessing health care. Learning disability and autism (LD/A) considerations are embedded within the Trust's inequalities dashboards for identifying and acting on inequalities. Within clinical systems flags are used to support proactive care planning. LD/A Liaison Teams work with clinical specialties on referral to coordinate care, support clinical decision-making, and advise on reasonable adjustments and advocacy. Long waits are monitored and addressed at specialty level, with current data showing higher DNA rates for patients with learning disabilities (8.2%) and autism (8.8%) compared with the Trust average (6.1%), and longer waits for first outpatient appointments (17 weeks for LD/A patients compared with 14 weeks for non-LD/A patients). A clear improvement focus is in place to reduce DNAs and improve RTT performance, with a new workflow pathway developed, user acceptance testing underway, and planned go-live in April/May.

The Trust remains actively engaged in system and quality improvement activity. This includes participation in the system-wide Co-improvement Group and the LeDeR Governance Group, reviewing deaths to ensure equity of care and sharing learning with Trust and system partners. There is a current system focus on training staff in autism, informed by data showing high suicide rates among autistic patients, alongside mandatory Oliver McGowan training. Annual bowel and constipation awareness activity ("Poo Matters") is delivered for acute staff, and targeted audits are undertaken in hotspot areas, including a recent audit of aspiration pneumonia in acute LD/A patients completed in February 2026. System partners are also addressing evidence that patients with LD/A from Black and Minority Ethnic communities die younger than the wider LD/A population, with the Trust contributing to, and supporting this work through engagement with local communities.

This work will continue into 2026/27 under a single Learning Disability and Steering Group for the Bristol NHS Group. Paediatric care and transitions will be a focus, with recent recruitment of our specialist paediatric clinical nurse specialist and our transition nurse, and a feedback survey sent out to patients aged 14-21 to help shape the future service. Patient engagement will be a continued focus, with a patient engagement group running monthly across the Trusts by the LD/A liaison team.

Maternity Services

Our experiences during pregnancy and early childhood have a large influence on our future health. Our maternity service is committed to creating a culturally safe, inclusive, and equitable experience for every family we care for. Over the past year, we have continued to strengthen our approach to reducing the gap in health inequalities and ensuring an equitable experience for all through targeted initiatives that improve access, experience, and outcomes across all protected characteristics. This includes improving access to antenatal care (such as the Patchway obstetric clinic) which was selected via an in depth review of the Index of Multiple Deprivation (IMD), outcomes data and 'Did Not Attend' data by ethnicity. The clinic is still in the initial stages however receives overwhelmingly positive feedback around location, environment and compassion of staff which are all factors in providing a more equitable service to women who are likely to experience poorer outcomes or who have experienced birth trauma. The home birth service and prison service are well established continuity of carer models.

A comprehensive interpreting service is now well embedded allowing face to face, phone and video interpreting. Co-production with our Maternity and Neonatal Voices Partnership (MNVP) takes place on a regular basis to ensure our services reflect the voices of the communities we serve (recent example include a Gypsy Roma Traveler focus group and an equity in pain management for global majority women focus group). Our work on cultural competency, anti-racism, education informed by local learning (in line with the Core Competency Framework), and specialist pathways and services support families from a wide range of ethnic, cultural, social backgrounds.

We are focused on clinical equity and safety. Our equity in pain management project, OASI quality-improvement work, and commitment to implementing the national maternity care bundle ensure that care is responsive to known disparities in outcomes both nationally and locally (for example noting the MBRRACE-UK report or a local deep dive into complaints relating to pain management). Equity focused quality improvement is well embedded within

the division and has been further driven by three cohorts of staff undertaking the Black Maternity Matters Training across a period of three years, leaders within the Trust Executive team including have also taken part on the specific Senior Leaders Black Maternity Matters training. Tools such as Martha's Rule and NEWTT-2 reinforce our commitment to listening to families and learning from their experiences. Continued progress in smoking reduction can be seen including take up of the smoking incentive programme. NBT maternity services are also meeting stretch targets across SBL care bundle elements for areas more prevalent in the global majority population such as fetal growth restriction and diabetes.

Prevention in action: Community asset-based approaches and reducing interpersonal violence

In response to citywide incidents of interpersonal violence that have particularly affected young people across all communities, we have developed plans to meet the needs of our local population in working towards establishing an In-Hospital Violence Reduction Unit based in the Emergency Department at Southmead Hospital, which will be an in-hospital support service for young people presenting with violence-related injuries.

We have made major changes in a number of areas in support of this work: improving the quality and reliability of our violence-related data (Information Sharing to Tackle Violence); training our staff in the recognition of interpersonal violence as a trigger for hospital attendance; improving the assessment of victims of interpersonal violence; and developing pathways for onward care for these people. This culminated in the receipt of funding for Youth Support Workers in the Emergency Department, who will be appointed in conjunction with community partners.

The work that we have undertaken has drawn on insights from local and national partners in the NHS, academia and the VCSE sector, and has fed into the citywide work drawn together at the multi-agency Reducing Serious Youth Violence Board run by Bristol City Council.
A fundamental part of the ethos of this project is working with the communities most affected by interpersonal violence, who will help to co-design the next phases of the service ahead of recruitment in 2026–27.

Once the model has been established at Southmead Hospital, we intend to work with colleagues at UHBW to roll out the same services for adult and paediatric services there.

Prevention in action: Treating tobacco dependency (TTD)

Tobacco use remains a leading cause of health inequalities, premature mortality and preventable illness for our population. In pregnancy, smoking tobacco is the leading modifiable cause of poor outcomes including stillbirth and sudden infant death. Continued collaboration with integrated care system partners through the BNSSG Smokefree Alliance has been key to driving progress on tobacco dependency this year.

Our Trust-based Treating Tobacco Dependency (TTD) services works to treat and support patients in hospital and in maternity, working closely with community-based tobacco dependency services.

This year, 336 maternity patients, and 1,234 inpatients were referred to the TTD services – a 60% increase from last year in inpatient referrals. For those who engage in a quit attempt, 281 patients successfully stopped smoking – a 50% increase from last year. As referrals increase, the inpatient service has used innovative approaches to reach more patients, including a digital support offer. The maternity team have launched the National Smokefree Pregnancy Incentive Scheme – offering financial incentives to help people to stay engaged with TTD support throughout pregnancy and to remain smokefree in the months immediately following delivery when relapse rates are high.

TTD services and the partnership approach have delivered significant health impacts. Smoking at the time of delivery (SATOD) rates for NBT are now at a historic low of 3.6% - almost 2% lower than last year and over 2% lower than the national target of 6%. This improves maternal health and substantially reduces the risk of infant mortality.

Our understanding of smoking status is very good in maternity services; 100% patients have their smoking status recorded and of those, 100% of people who have smoked within 14 days of their booking appointment are offered a TTD referral and 82% engage with the service. For inpatients our understanding of smoking status is improving with mandatory recording on nursing assessment and ED assessment forms. We estimate that in the second half of 25-26, almost 40% of inpatients who smoke are identified and referred into the TTD service.

Smoking has wider impacts. Young people who grow up in a household with an adult who smokes are three times as likely to smoke themselves, and NHS staff who smoke are more likely to have time off work due to physical illness. We have prioritised using a whole household approach. In collaboration with our local authority partners, we have:

- embedded stop smoking support into our staff health checks
- connected patients' friends and family with local stop smoking services
- launched a pilot tobacco dependency service in Trauma and Orthopaedics for preoperative assessment and optimisation
- developed system-wide communications for the Swap To Stop scheme.

Our data shows that our TTD services are reaching groups where smoking rates are higher. Looking forward we will continue to grow the reach of our services and share best practice across the hospital Group.

"Friendly, non-judgemental support worker. Gave sound, professional and informative advice. Pleased to say I have not had a cigarette since our talk."

NHS service user; TTD inpatients

Prevention in action: Alcohol and Drugs

Alcohol and drug-related harm continue to be a major driver of health inequalities across our area, contributing significantly to emergency demand, prolonged inpatient stays and poorer outcomes for people in our most deprived communities. The Alcohol Care Team has been developing at NBT since 2015. It provides a 7 day service to the emergency department and a 5 day service to in-patient services and clinics. Seeing over 3,000 patients in the last calendar year the team offers opportunistic, trauma informed, patient focused interventions throughout NBT. Identifying and responding to health inequalities is an intrinsic part of the team model. The anecdotal experiences from the 10 year old, nurse led, fibroscan clinic has enabled the team to identify barriers to screening presented by patients with significantly

complex needs and health inequalities and address these. The team has a portable fibroscanner which was purchased for them by NBT League of Friends and enabled the team to provide opportunistic liver screening when patients with barriers to accessing OPA present to the ED or are admitted. This early identification of liver disease and the opportunistic health promotion interventions provided by the team support patients to make informed choices moving forward. Encouraging and supporting them to make changes to ensure they age well.

The Drug Team is in its 3rd year at NBT and has had a positive impact in making healthcare more accessible and improving health outcomes for people who are often extremely marginalised or experience multiple disadvantages. The signposting and referrals both team make for patients in the ED means patients are getting the help when they need it in a timely, supportive and safe setting using adverse health events to support and encourage change in anyone attending the ED.

Prevention in action: Cardiac Rehabilitation

Cardiovascular disease is a significant driver of early deaths and health inequalities, with some population groups more likely to experience a heart attack or stroke. For many people with a heart condition, cardiac rehabilitation programmes safely increase physical activity levels and support lifestyle change, to reduce the risk of dying and being re-admitted to hospital.

NBT Cardiac Rehab has seen significant expansion in 2025/26. We have added two new community-based venues (Horfield Leisure Centre and Parish Wharf Leisure Centre) to complement our Cossham Hospital venue and improved access to face-to-face rehab, going from running 3 groups per week to 7 per week across the 3 venues. We have expanded our acceptance criteria to offer rehabilitation to more patients.

- In 2024/25, 429 patients received treatment, this increased to 703 in 2025 (64% increase).
- In 2024/25 87% of enrolled patients completed the rehab programme, and our data entry for 2025/26 is incomplete but at the moment the completion rate remains the same at 87%.
- In 2024/25 88% of referrals accepted by our service went on to receive rehab with 12% declining rehab. In 2025/26 93% accepted rehab and 7% declined.

Improvements in acceptance rate are likely to be related to improvements in inpatient phase 1 cardiac rehab, where patients are seen by rehab staff during their hospital stay. This has the advantage of allowing us to meet patients in underserved groups and recommending progression to phase 3 outpatient cardiac rehab.

The two Trusts have been actively collaborating to improve the cardiac rehabilitation offer, and better meet the needs of different patient groups. NBT and UHBW have worked with the psychology service to jointly develop a Woodland Wellbeing programme to better support the psychosocial needs of cardiac patients. This has received positive feedback and is continuing to run this year. NBT and UHBW have been working together to align services and provide equity of rehab across Bristol and Weston. Acceptance criteria have been matched and the modes of rehab are now very similar as work continues towards a joint service. UHBW provides rehab for all key patient groups and across 3 venues with a high-quality phase 1 inpatient programme and improvements at NBT have developed parity of service quality. Both

services have now achieved full certification status, meeting all 7 Key Performance Indicators set by the National Audit of Cardiac Rehabilitation.

For 2026/27, a significant patient and public involvement project is currently underway, seeking experiences from a large number of patients enrolled in both home and face-to-face rehab across NBT and UHBW. This will inform how to better meet the needs of our patients.

Prevention in action: Blood borne virus (BBV) screening

HIV and hepatitis B and C disproportionately affect deprived communities and socially marginalised groups, causing health inequalities. Earlier diagnosis allows access to support, treatment and knowing your status helps reduce transmission. Since 2021, NHS England has funded HIV opt-out testing in Emergency Departments (ED) in areas with higher diagnosed HIV prevalence, as part of the national HIV Action Plan. Partnering with the NHS England Hepatitis C Elimination Programme enabled the scope to expand to include testing for hepatitis B and C. In participating EDs all adults who are having blood tests are tested for BBVs unless they opt-out. With NIHR funding from 2023, Bristol sites were some of the earliest Phase 2 sites to commence opt-out BBV screening, launching in October 2024.

NBT has worked closely as part of a Bristol-wide steering group with UHBW, co-developing pathways and resources. This project is a successful example of cross-trust collaboration to deliver regional health improvement outcomes. In December 2025 we shone a spotlight on the programme for World Aids Day, and national evaluation showed our uptake is above national average. Partnership with community services is an important strategy to support people with a new or reidentified diagnosis to engage with our specialist services.

In 2025/26, NBT performed over 32,000 BBV tests for patients attending the ED, giving an overall uptake of 79% of eligible patients. 76 new BBV diagnoses have been identified through this testing, with an engagement success rate of 79%. 11 patients who had been previously known to either the HIV or viral hepatitis services in Bristol but had subsequently been lost to follow-up have also been reidentified.

Prevention in action: Why Weight Pledge

The Bristol NHS Group is committed to the Why Weight Pledge for Creating Healthier Places Together, the system approach to prevention of obesity and the impacts of excess weight. Obesity is a significant driver of preventable illness and mortality for our population, and causes health inequalities through the higher rates seen in some population groups and deprived areas. This year we have developed our organisational action plans, and will be seeking to improve access to healthy, sustainable and affordable food on our hospital sites. We will work with local providers and partners, bringing wider benefits for our area. We continue to make use of our green spaces on our hospital sites for the benefit of patients, staff and visitors. We have launched our “Why Weight” training for staff, run a training webinar with a patient, and will continue to work with system partners to learn more about patient and public experience of living with excess weight and receiving care.

Prevention in action: Staff Health and Vaccination Team

For 2025/2026, NHSE mandated a minimum of a 5% increase on Flu vaccination rates for staff from last year. NBT have exceeded this ambition by 10% and has driven increase directly in areas with previously low uptakes. We have inequalities in flu vaccination rates for our frontline workers, including lower uptake in some global majority groups, and we have focussed on understanding and improving uptake for different groups. NBT have offered a range of appointment times, days, and used a variety of communication methods aimed at informing as many staff as possible about the benefits of the Flu vaccine and where it could be accessed across NBT sites.

Maternal vaccinations are also part of our focused work on improving access across all groups, and as pregnancy / perinatal immunisations represent a significant risk group, we have been using lots of new ways to drive uptake. For example, NBT now offer a satellite clinic in Portishead that aims to offer a geographical alternative to a busy hospital setting. We also have used digital resources available within Badgernet that we can use to send targeted messages to pregnant people describing the offer available. Overall, this year our maternal flu vaccine uptake was 59%, compared to 34% in the 2024/25 season.

Prevention in action: Staff Health Checks 2025/6

From September 2024 to May 2025 a partnership was formed between Bristol City Council, North Bristol NHS Trust and University Hospitals Bristol and Weston NHS Foundation Trust to deliver a national workplace cardiovascular health checks pilot organised by Department of Health and Social Care.

A total of 5,119 workplace health checks were delivered between UHBW and NBT which exceeded expectations at the outset of the pilot. They were delivered to colleagues at our two Trusts, alongside 14 other public and private sector organisations. People receiving a workplace health check were broadly representative of our workforce in terms of gender, and the Bristol population in terms of ethnic groups. Approximately half of recipients of workplace health checks were aged 40-59, followed by 39% who were less than 40 years of age and 10% were 60 years or more. And approximately 85% of recipients of an alternative health check were aged 40 or less, which demonstrates a demand for health checks in a younger cohort than the normal NHS health checks offer (aged 40-74). The aim was to reach the following occupation groups: porters, catering and cleaning, health care assistants and ancillary workforce with around a third of all participants were recorded in one of these groups.

We have referred substantial numbers of staff onwards to GPs for management of clinical risk factors. There is a wide variation in clinical risks across different occupational groups. We also monitor uptake and clinical risk by age group and ethnic group. We are now able to use the rich data from these health checks to inform future health checks delivery models that reduce inequalities and support gender and occupational differences in uptake.

Working with the Trust's charity partners

Bristol & Weston Hospitals Charity:
Over the past year, Bristol & Weston Hospitals Charity has made 28 grants totalling £418,000 which will support reducing health inequalities through our 'Healthcare for All' funding programme. We're proud to have supported a wide range of different projects including:

Cognitive Behavioural Therapy for cancer survivors going through menopause, Equality Access Improvement Project for patients with Learning Disabilities and Autism Spectrum Conditions, a toenail cutting service for older patients to help with mobility, sensory bags for young patients with additional needs, Enabling British Sign Language training for UBHW staff, Ready, Steady, Go, Hello, a project for young patients transitioning to adult services, and many more.

Southmead Hospital Charity:
Southmead Hospital Charity has contributed more than £103,000 towards 24 projects across North Bristol NHS Trust that seek to address health inequalities by promoting inclusive care and equipping staff to meet the needs of patients from marginalised groups. These projects include accessible signage, resources for patients with mental health conditions, learning disabilities and autism, and training and resources to support care for patients experiencing menopause symptoms.

Common Ground
Both charities share common areas where funding has been invested to tackle health inequalities in our hospitals. These include gender inequalities, peer support for patients living with chronic illness, using the arts to improve access and engagement, support for patients with learning disabilities and autism, and addressing disparities in care according to location, accessibility, and age. We are proud to be working together to make these improvements a reality for patients who need them most.

Our People

Equality, Diversity & Inclusion (EDI)

We're deeply committed to building an equitable and inclusive culture at NBT where everyone feels valued and able to thrive. We understand our responsibilities under the Equality Act 2010, and we take the Public Sector Equality Duty to heart in the way we work every day.

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

- Ensuring EDI ownership and accountability
- Eliminating discrimination, harassment, bullying and violence
- Embedding diverse and fair recruitment
- Closing the pay gap

Back in 2023, our Board set three high-level priorities to drive meaningful progress against our above actions: increasing representation of global majority staff in Bands 8a and above to 12.5%, improving the quality of appraisals for global majority colleagues, and piloting an anti-racist training programme for three staff cohorts. Building on this commitment, our work in 2025/26 has focused on deep listening and collective learning. We launched a series of 17 anti-racism listening events across April and May, creating dedicated spaces for staff to share their experiences and reflections on how racism affects working life at NBT. A total of 164 colleagues took part, including both open sessions and protected spaces for global majority staff. Together, they contributed 995 individual comments, offering rich insight into the changes

they want to see. Five clear themes emerged: the need for a more inclusive culture and open communication; better training, education and practical tools; safe reporting routes and transparent processes; stronger support structures and safe spaces; and visible leadership and accountability. These insights have shaped our organisational pledge and the actions we are taking to become a truly anti-racist organisation. This directly informed the tangible steps we focused on delivering this year including:

- **Organisational anti-racism pledge:** Building on what we heard through our listening events, we developed an organisational Anti-Racism Statement and Pledge that sets out how we will move forward and create meaningful, lasting change. To ensure it genuinely reflected the voices of our staff, we invited a wide range of stakeholders to review and shape it including colleagues who took part in the listening events, senior leaders, members of our Black, Asian and Ethnic Minority Staff Network, and staff already trained in anti-racism. Their feedback was overwhelmingly positive: 95% agreed the statement and pledge captured the themes raised through the listening events, and 81% felt they went far enough in addressing the actions needed. As the pledge states, "*We are at the beginning of our journey. Becoming anti-racist means more than not being racist. It means taking action. It means listening, learning, challenging and changing."* The full pledge is available to read here: Our Anti-Racism Statement and Pledge | North Bristol NHS Trust

- **Anti-racism training for our Senior Leaders, Champions and Staff:** Our Anti-Racism training programme was delivered in partnership with Black Maternity Matters and Health Innovation West of England, running as a pilot between November 2024 and April 2025. Across this period, 91 delegates from our senior leader, Champion and all-staff cohorts completed the training. Following a series of co-design workshops, each cohort received tailored content shaped around their specific roles and responsibilities including:

For all cohorts	• Building a common language and understanding of racism, its forms, and its impacts. • Practical scenarios that reflect real workplace situations to enhance empathy and understanding.
For the Senior Leaders cohort	• Emphasising the responsibility of Leaders to actively engage in anti-racist practices. • Handling and responding to racial issues with sensitivity and awareness. • Recognising the responsibility of running an anti-racist organisation.
For the Champions cohort	• Equipping with skills to lead discussions and train others within the organisation, focusing on operational and practical aspects of anti-racism.

The formal evaluation showed encouraging progress, with participants reporting increased confidence and describing a wide range of anti-racist actions they had begun to take because of the programme. Feedback also highlighted the importance of further tailoring future sessions to the needs of each audience. Building on this learning, the next phase of our anti-racism education programme is now being developed across the Bristol NHS Group.

- **Anti-racism peer supporter pathway and network:** Following the launch of our Anti-Racist Pledge and Statement, and our commitment to providing stronger support for staff, NBT began piloting a new Anti-Racism Peer Supporter role from January to June 2026. This confidential, peer-led service offers any staff member who has experienced racism at work a safe space to talk, reflect and feel heard. Twenty trained Peer Supporters now provide structured one-to-one check-ins, drawing on a programme developed by the NBT Staff Psychology Team and adapted from the Trust's Staff Trauma Support Pathway. The pathway is designed to offer specialist racial-equity and racial-trauma support, recognising that racism is rarely a single event and can have an ongoing impact on the day-to-day lives of global majority staff. Peer Supporters offer compassionate listening, guidance and signposting to further support where needed.

- **Reflective spaces:** In response to global conflict, geopolitical tensions and wider societal protests around immigration, our Staff Psychology Team continued to offer both online and in-person reflective spaces for colleagues. These spaces are designed to be supportive and collaborative, grounded in empathy and compassion, and provide staff with the opportunity to reflect on the emotional impact of recent and ongoing conflicts. They also create a moment to pause, connect and consider how we can take care of ourselves and one another during challenging times.

Social Model of Disability

As part of our EDI plan, we continued to strengthen our approach to disability inclusion by embedding the Social Model of Disability across NBT. With WDES funding, we focused on improving the working experience of disabled colleagues by shifting away from the Medical Model and recognising that disability is created by societal barriers rather than individual impairments. Throughout 2025, we supported colleagues to build their understanding through engagement sessions and refreshed intranet resources, particularly during Disability History Month. Feedback from staff and insights from casework also helped us identify further projects to enhance the implementation of reasonable adjustments, ensuring we remove unnecessary barriers and enable disabled colleagues to thrive.

Further support and development of Staff Networks:

NBT has 4 long-established equality staff networks that help the organisation develop positive change for our workforce by creating a fairer, more compassionate, and diverse work-based culture. In line with the best practice principles established by NHS England, NBT developed a toolkit in 2025 to create a consistent approach to running networks effectively so they can thrive and support the organisation in achieving the following:

- Support senior level decision making to shape the staff experience and retention of different employee demographics.
- Influence or challenge policy.
- Drive forward an inclusive and representative culture.
- Advocate for the needs of different communities.
- Create more inclusive recruitment processes.
- Feedback on strategic areas of work.
- Improve patient care.

By allowing our colleagues access to safe spaces, they can discuss their shared lived experience and create supportive connections with peers and help the organisation shape an inclusive culture and work environment where everyone feels they belong.

Celebration days and events

Supported by our Staff Networks and local social groups and communities, we celebrated a wide range of equality-focused awareness months, cultural events and religious festivals throughout the year. These celebrations helped strengthen connection, visibility and belonging across NBT, and included Pride, Onam, Filipino Independence Day, Nigerian Independence Day, Black History Month, Disability History Month and Women's History Month. Each event offered an opportunity for colleagues to come together, learn from one another and recognise the richness of the communities we serve.

Staff Health and Wellbeing

The Staff Health and Wellbeing Strategy Group, together with the Staff Experience Team, finalised an ambitious three-year plan in 2025 to strengthen the health and wellbeing support available to our workforce. The plan is built on a simple principle: the standard of care we expect for our patients should be mirrored in the care we provide for our staff, enabling individuals and teams to maintain their wellbeing and perform at their best. Over the past year, our focus has been on implementing and embedding the Year 1 actions of this plan, laying strong foundations for the improvements that will follow.

Fatigue Risk Management Bid and project

Fatigue has a profound impact on workforce wellbeing and the quality of patient care, yet it remains one of the most overlooked and unmanaged risks in healthcare. Evidence shows that occupational fatigue can impair decision-making, reduce the reliability of clinical tasks and diminish levels of compassion, all of which directly affect staff and patients. In response, Wellbeing Leads from NBT and UHBW, working with Bristol & Weston Hospitals Charity and Southmead Hospital Charity, successfully secured a national Workforce Wellbeing Programme grant from NHS Charities Together and NHS England. This funding will enable the Bristol NHS Group to design and test a pioneering work programme focused on implementing evidence-based controls proven to reduce occupational fatigue. Out of more than 200 bids submitted nationally, we were one of only six organisations awarded a transformation grant. This project has already attracted significant national interest. It is the first pilot of its kind designed specifically for the health and care workforce and marks the first major staff-wellbeing-driven patient safety initiative to be delivered across the hospital group. At NBT, the pilot is being implemented in two high-pressure areas the Emergency Department and Maternity Services where it will introduce a structured, risk-based approach to identifying and managing staff fatigue.

Appointment of Health and Wellbeing Guardian

This year we successfully appointed a Group Health and Wellbeing Guardian, fulfilling a key Year 1 commitment in our Staff Health and Wellbeing Plan and ensuring clear board-level accountability for staff wellbeing across the Hospital Group. Our new Guardian is a Non-Executive Director and the Pro-Vice Chancellor for Regional Partnerships, Engagement and Innovation at the University of the West of England, Bristol. His appointment strengthens the visibility and leadership of our wellbeing agenda and reinforces our commitment to creating a culture where staff health is prioritised with the same care and attention we give to our patients.

Re-procurement of our Employee Assistance Programme (Wisdom Health)

Wellbeing Leads and stakeholders from NBT and our Group partner UHBW successfully completed a full group-wide procurement process to appoint a single Employee Assistance Programme (EAP) provider. This collaborative procurement approach has delivered standardised, more inclusive contracts for our workforce, alongside consistent reporting and important cost efficiencies. Work is now underway across the Hospital Group to embed awareness of the full EAP offer, with utilisation at NBT already rising to over 10%. We are working towards a utilisation target of 15% by September 2026, ensuring more colleagues can access timely, confidential support when they need it.

Female Health – highlights

- Our **menopause support** offer continued to grow this year, providing colleagues and managers with the knowledge and confidence to better understand and respond to menopause-related needs. A new cohort of menopause trainers was developed to ensure we can keep delivering high-quality training across the

organisation. This not only supports our responsibilities under the Employment Rights Act but also strengthens our commitment to creating a workplace where those going through menopause feel understood, supported and able to thrive.

- We have also improved access to **breastfeeding facilities** across the Trust, identifying and upgrading four new dedicated spaces to better support colleagues returning to work who wish to continue breastfeeding. NBT's accreditation as a Baby Friendly Hospital, achieved through the work of our infant feeding team, reinforces this commitment. The enhanced staff facilities mean more mothers will now be able to benefit from the same high standards of support we provide to the families in our care.
- The Colposcopy Team successfully secured NHSE funding to deliver additional on-site **cervical screening clinics** for staff. These clinics are now bookable through our staff intranet, enabling colleagues to access screening easily and conveniently while at work. This initiative removes practical barriers to attendance and supports earlier detection by making cervical screening more accessible to our workforce.

New Prayer Space

A project to deliver a new prayer space was established by the Staff Experience Team with support from Pathology, Library and Knowledge Services, Estates and Chaplaincy. This space provides a quiet space for colleagues of all faiths and none for reflection and prayer. The project was warmly welcomed by numerous staff, particularly those in Pathology who have benefited from having a purpose-built prayer space they can utilise in breaks.

Ensuring Effective Occupational Health Services

Our Wellbeing Leads continued to play a key role in strengthening our Occupational Health (OH) provision throughout the year. This included supporting counselling services to review and improve access pathways, introducing a new screening and triage process to ensure staff are directed to the most appropriate support at the earliest opportunity. The changes have been very well received, with excellent feedback and a noticeable increase in urgent cases being seen more quickly.

We also delivered an OH referral advice and information session for NBT managers, with further sessions planned for 2026 to build confidence and consistency in the referral process. In addition, NBT adopted a successful UHBW-led OH pilot that has improved the accuracy of staff immunisation records and significantly reduced the workload associated with contact tracing. OH further strengthened workforce and patient safety by delivering an enhanced TB screening programme, reducing associated risks across the organisation.

Staff Turnover

Turnover for 2025/26 remained broadly stable at 9.4% (March 2026) compared to 11.4% (March 2025) in the previous year, during a period of significant organisational change and merger activity. The agreed organisational ambition during this period was to maintain a stable turnover position while continuing to support colleagues through change and transformation.

Throughout the year, the Trust continued to prioritise colleague experience, wellbeing, leadership development and organisational culture as key contributors to retention and engagement. This built on longer-term work focused on creating a culture where colleagues feel valued, supported and proud to belong. In recognition of this, NBT was proud to receive national recognition, winning Nursing Times Employer of the Year award for its work to improve colleague experience and workforce retention.

A range of organisational development and people initiatives continued throughout the year (as described elsewhere in this report), including leadership and team development, wellbeing and inclusion activity, flexible working support, appraisal and career conversations and staff listening initiatives. This work aligns with the Group People Plan ambition of supporting our people to thrive and excel and creating a culture of wellbeing, belonging and kindness across the organisation.

The Trust anticipates that these continued investments in organisational culture, leadership and colleague experience will positively support staff retention, engagement and organisational performance over time.

Staff Attitude Survey

This year we saw an above average Staff survey response rate of 56% at NBT. This compares very favourably to the national acute community trust median average response rate 47%. The Campaign supplier, process, incentives, targets and timeframes were aligned across our hospital group.

Staff Survey Action Planning Workshop *"We said and together we did"*

In early March we ran a group wide Staff Survey Action Planning workshop to support rapid improvement actions across all clinical divisions. The workshop was attended by 59 senior leaders across the hospital group, with representatives from all divisions present. 7 key areas of focus were identified:

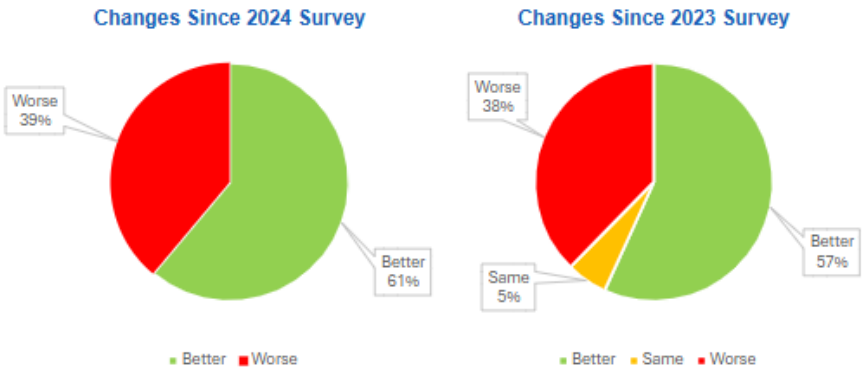
- Hospital Group Focus (Group Executive Team)
- We Are a Team & Morale
- Burnout & Work pressure
- Appraisals
- Improving Musculoskeletal Health
- Compassionate Leadership
- Discrimination (Racism)

With subject matter experts and Patient First Improvement facilitators, our leaders have worked to identify priority actions that can be delivered across the hospital group.

NBT performance in the Staff Survey 2025 remained strong and showed an improving picture against a context of national decline in key areas related to staff engagement advocacy and morale.

NBT SAS 2025 results overview

NBT:



Our results show increased improvement for 61.11% of questions (66) compared to 2024. In 2024, 57% of questions had improved compared to 2023.

- 38.89% of questions (42) showed a decline since 2024 (9 were worse by 1% or more).
- Our largest improvement in 2025 was 'grounds by which staff have experienced discrimination - race' – 3.74% decrease of staff experiencing racial discrimination.

Key Advocacy Questions – Southwest region*	NB* results below are a comparison of the largest Acute Community Trusts in SW 8000+ staff			
Trust	**Code**	**25a. Care of patients / service users is my organisation's top priority (Agree/Strongly agree).**	**25c. I would recommend my organisation as a place to work (Agree/Strongly agree).**	**25d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (Agree/Strongly agree).**
National Benchmark Average*	**N/A**	**71.60%**	**57.80%**	**60.80%**
Bristol North Somerset South Gloucestershire ICB	**BNSSG**	**79.67%**	**69.63%**	**75.81%**
North Bristol NHS Trust	NBT	78.80%	71.40%	76.10%
University Hospitals Bristol & Weston	UHBW	80.40%	68.60%	76.00%
Royal Devon University Healthcare NHS Foundation Trust	RDUH	72.44%	62.90%	73.63%
Royal United Hospitals Bath NHS Foundation Trust	RUH	69.43%	60.41%	66.29%
University Hospitals Dorset NHS Foundation Trust	UHD	72.79%	60.18%	65.61%
Great Western Hospitals NHS Foundation Trust	GWH	72.20%	58.51%	59.51%
University Hospitals Plymouth NHS Trust	UHP	68.18%	53.02%	55.71%

Gloucestershire Hospitals NHS Foundation Trust	GHNH SFT	63.71%	49.11%	49.92%

NBT was ranked 1st for staff recommending the organisation as a place to work, for the 4th consecutive year. NBT also ranked 1st for the question '*If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation'*.

People promise scores & sub scores

All people promise scores and sub scores remained above national average. Regionally, NBT people promise scores across all elements ranked second in the region with a small 0.3-point difference between UHBW (1st) and NBT, demonstrating a narrowing gap between performance across the hospital group.

Staff Experience

We Won Nursing Times Employer of the Year Award

In November 2025, we won the Nursing Times '*Employer of the Year' Award.*

This award celebrated our work to improve the staff experience of new healthcare support workers. Our success measures included 93% of new HCSWs reporting feeling supported.

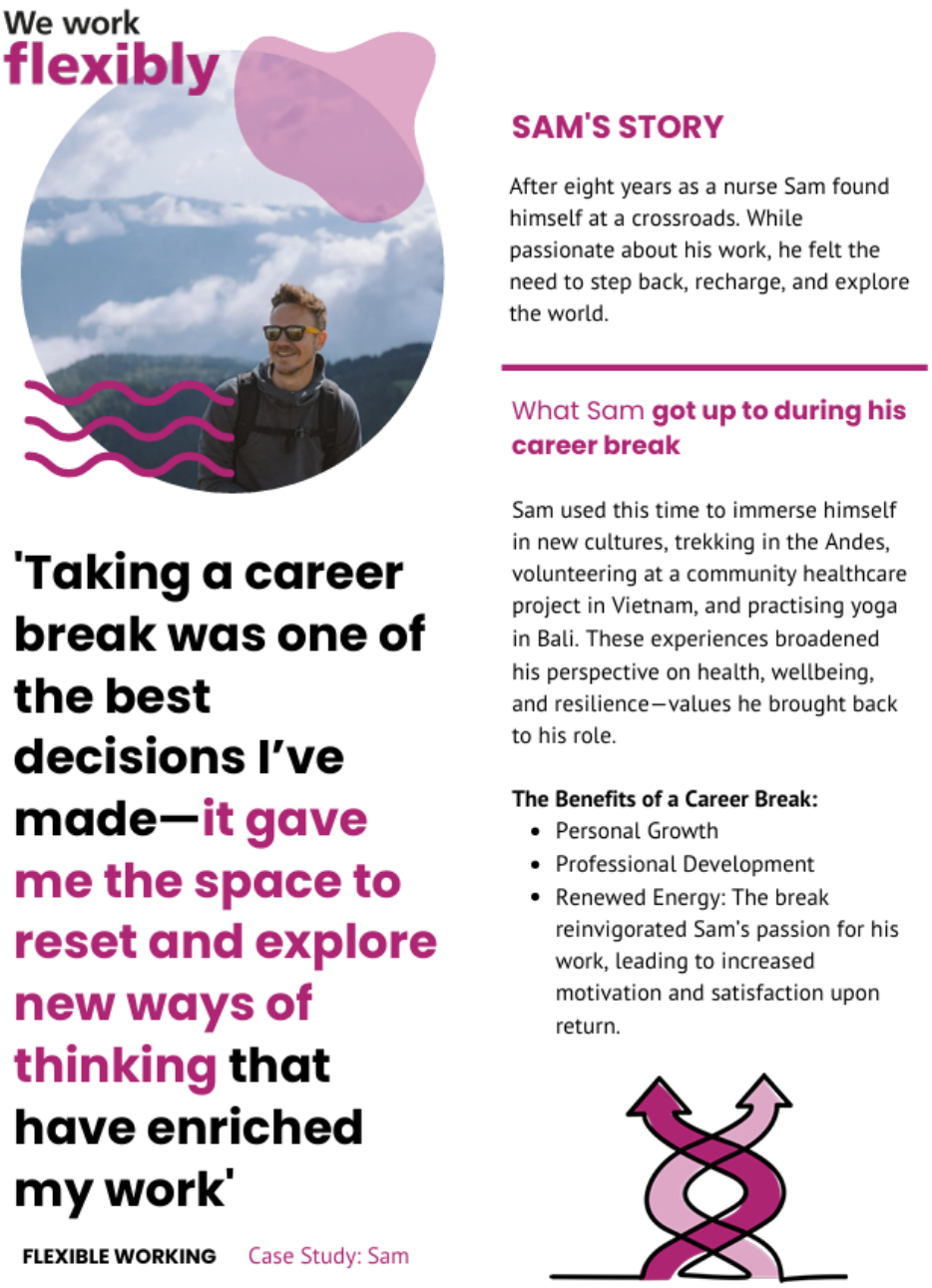
Flexible working

We have made further progress in embedding flexible working across the organisation, supporting colleagues to balance work and personal commitments. This included promoting flexible working options, supporting managers to have effective conversations, and improving access to flexible opportunities across a wider range of roles.

Our new Career Break staff stories campaign was very popular and provided new ways of sharing guidance and information with staff in more relatable and easier to understand ways. We saw a 53% increase in career break applications with staff coming back to work reporting they had new skills and experiences to bring back into our workplace.

This work helped to improve staff experience, support retention, and ensure we are an inclusive employer that meets the needs of a diverse workforce. Teams are demonstrating they are using the new tools and making flexible working work for them, their teams and patients with 80% of flexible working applications being approved or trialled.

Building on the success of our 2024 programme, we again took part in National Work Life Balance Week in October, hosting a series of events and practical workshops. More than 185 colleagues joined us to explore what makes an effective flexible working request and how to find solutions that work for them, their teams, their services and our patients. These sessions continue to strengthen confidence, understanding and openness around flexible working across the organisation.



Reducing violence and aggression

We continued to prioritise the safety of our staff through a coordinated and multi-disciplinary approach to reducing violence and aggression. We continued our *'We do not accept'* campaign to promote and embed our work in this area. This work included strengthening reporting processes, supporting teams to respond consistently to incidents, and using data and insight to identify areas of focus. Alongside this, we worked to raise awareness and ensure staff feel supported when incidents occur, including incidents of racism.

During October 2025 we delivered a high impact awareness week that saw senior leaders and those with responsibility for keeping staff safe going out onto all our wards and clinical areas to talk to staff about the new simplified tools that were available to them.

This ongoing work is contributing to a safer working environment and reinforcing our commitment to staff wellbeing. This is reflected in this year's national staff survey results which showed an improvement in all questions relating to Violence and Aggression.

Sexual safety

During the year, we took significant steps to improve awareness and understanding of sexual safety. This included delivering training for over 50 staff involved in managing disclosures and investigations, as well as wider awareness initiatives to support a culture where colleagues feel safe to speak up. We also ran bespoke training for HR teams on managing cases of sexual misconduct which was delivered by 'Surviving in Scrubs'.

A Sexual Safety Round Table event in January 2026 provided a launch pad for understanding different lived experiences. From the event we identified 3 key actions we are taking forward during 2026 as well as actions we would work on as a hospital group:

Group Priority Improving Sexual Safety	
Vision	To create a safe working environment across the Hospital Group where sexual misconduct is not tolerated, colleagues feel confident to speak up, and disclosures are handled consistently, compassionately and taking a trauma informed approach. To embed sexual safety as a core part of our culture, leadership expectations and everyday practice as we move towards becoming a single organisation.
Year 1	In Year 1 we will: 1. **Increase communications** and launch a new group-wide campaign to address sexual harassment at work from patients, or colleagues 2. Address the low levels of reporting at both organisation **by making it easier for colleagues to report sexual misconduct** 3. Develop case studies and bite **size resources that guide staff through raising a complaint** and the support they can expect
Longer term	Over the longer term we will standardise disclosure pathways, case management processes and reporting systems. We will embed sexual safety into leadership expectations, induction and ongoing development. Strengthen prevention activity through behavioural standards, bystander approaches and psychologically safe reporting.
Key Metrics	Success Measures: • NHS Staff Survey sexual safety and harassment indicators • Staff confidence in reporting sexual misconduct – numbers of reports received • Completion rates for sexual safety training and disclosure handling training • Engagement feedback from staff networks and roundtables and perception of safety and respectful culture

Living our values

We continued to embed our organisational values in day-to-day practice, recognising their importance in shaping culture and behaviour. This year we developed and launched two new tools designed to help colleagues live our NBT CARES values in a consistent and practical way. The first was a new 'one-stop-shop' platform that supports staff when they encounter behaviours or situations that fall short of our values. Covering a wide range of scenarios, from a colleague raising their voice, to concerns about sexual harassment, to witnessing something unsafe, the platform provides self-directed, tailored workflows so individuals can quickly access the right guidance, support and information.

This was complemented by the introduction of our proactive *Living Our Values Toolkit*, which offers practical resources and suggested team-huddle activities to spark meaningful conversations on topics such as allyship, giving feedback, and building civility and respect within teams. Both tools have received excellent feedback and are already helping to embed a more consistent, values-led approach across the organisation. Our focus remains on ensuring that our values are not simply words on a page, but are reflected in how we work, lead and support one another every day.

Resident Doctor 10 Point Plan

During 2025/26, the Medical Workforce Team made significant progress towards delivering the national 10 Point Plan to improve the working lives of Resident Doctors. Feedback gathered highlighted several key priorities for improvement, including compliant delivery of

work schedules, exception reporting and more streamlined pay-error resolution processes. In response, we delivered a series improvements that continue to have a measurable positive impact. To ensure Resident Doctors have a strong and influential voice in shaping ongoing improvements, a dedicated working group has been established in partnership with key stakeholders, including the newly appointed Resident Doctor Peer Leads and the Guardian of Safe Working. This group has championed Resident Doctor experiences promote with the principles and expectations of the 10 Point Plan.

Community and Widening Engagement

As a major employer in Bristol, NBT remains committed to building a workforce that reflects the communities it serves. Our focus continues to be on widening access to employment, skills and career pathways through our community engagement activities with schools, colleges and community organisations across North Bristol. We also continue to collaborate with the West of England Combined Authority (WECA), Bristol WORKS and a wide range of charities and employability programmes, to engage teachers, careers leads and community practitioners.

NBT supported more than 400 work experience placements and expanded Health T- Level opportunities with clear pathways into nursing with Digital T-levels. Work placements and targeted skills support continued through partnerships with Women's Work Lab, Youth Guarantee and council funded employability programmes. A new system of work trials is enabling the local community to gain real-world experience and opportunities for employment.

The Pathways to Medicine programme completed its fifth successful year, providing an insight into medical career pathways and supporting those applying for University.

NBT supported 40 adults furthest from the labour market to complete Functional Skills in maths and English, enabling many to access career and further training opportunities. A further 47 people completed Skills Bootcamps funded by WECA, addressing key skills gaps in digital, leadership and education.

A major milestone was the launch of **Connect to Work**, building on the success of the Mayoral Priority Skills Fund project. NBT has been selected as the first employer based Connect to Work site nationally, aiming to support 88 candidates with significant employment barriers over 15 months using high-fidelity supported employment frameworks.

Learning & Development

Appraisal

Appraisal completion remained strong throughout 2025/26, achieving 89.62% (7,209 of 8,044) against the 90% Trust target. Meaningful Appraisals workshops and eLearning continued to support -high-quality discussions, with more emphasis on wellbeing, performance and development with 99.5% of staff reporting they were happy or very happy- with their appraisal experience.

Induction

Since April 2025, NBT has welcomed 1,213 new starters, including 319 Healthcare support workers, 194 Registered Clinicians, 47 Consultants and 178 Facilities staff. Improvements to onboarding and engagement have strengthened understanding of Trust values and improved training attendance.

Apprenticeships

NBT continues to maximise its apprenticeship levy to support development across all professional groups, with around 400 apprentices in learning at any time. Between 1 April 2025 and 17 March 2026, 189 employees began an apprenticeship. We piloted the first groupwide Level 5 Coaching Apprenticeship cohort (22 colleagues) and introduced new -inTrust-

programmes including Level 6 Digital Marketer, Level 4 Cyber Security Technologist, Level 5 Learning and Skills Teacher and Level 6 Enhanced Clinical Practitioner.

We continue to strengthen system relationships by gifting unused levy funds to other healthcare providers and securing NHS England funding to support apprenticeships in Healthcare Science and Allied Health Professions. Expansion of Healthcare Apprenticeship vacancies has improved accessibility for local communities, supported by joint work with Widening Engagement colleagues and The King's Trust.

The NBT Apprenticeship Centre, building on its positive 2024 Ofsted outcome, continues to enhance teaching, learning and assessment.

Student Nursing Associate and Registered Nurse Degree Apprenticeships

In 2025/26, 56 learners across six cohorts enrolled on the two-year Student Nursing Associate (SNA) programme, achieving a 77% retention rate. 31 completed successfully and gained eligibility to register as Nursing Associates and apply for Band 4 roles.

The Registered Nurse Degree Apprenticeship (RNDA) remains a popular accelerated route into nursing, with 46 apprentices currently enrolled and 18 expected to complete in May 2026. Engagement remains strong, with a 96% retention rate.

Undergrads Medical Education

The senior team from the University of Bristol Medical School undertakes an annual monitoring visit to the Academy. Feedback from the most recent visit confirmed that students continue to report a very positive experience. They described feeling welcomed across the hospital environment, benefiting from high-quality teaching, and receiving strong academic and pastoral support from tutors, Clinical Teaching Fellows, and the wider Academy team. The visiting team also noted the professionalism, organisation, and approachability of staff involved in supporting the students.

Further progress has been made in developing a programme of student wellbeing activities. These sessions are delivered with support from the Wellbeing Lead, Clinical Teaching Fellows, and undergraduate staff. The initiative has been well received by students and is now established as a regular and valued component of the Academy's programme.

Post Grad Medical Education (PGME)

PGME team have worked collaboratively with Trust Executives and with colleagues at UHBW to develop a unified Postgraduate Medical Education template and have already worked with them on several joint initiatives, including delivering the Residents' 10 Point Plan, submitting a combined NHSSW expansion request, aligning induction requirements for resident doctors and planning is underway for joint teaching programmes.

Throughout the year, we have remained proactive in responding to national and local quality surveys and are currently developing an interactive quality dashboard to bring these results together in a more accessible format. The reintroduction of revalidation for educational appraisal submissions as part of supervisors' annual appraisals have driven quality within specialities.

We have worked on recognition of the SAS medical workforce and the importance they play within specialities this was especially highlighted at our yearly award event with more nominations than ever before. We have further developed our programmes to upskill our Medical Educators and Supervisors and have achieved excellent attendance at our CPD events which have included workshops on sexual safety, wellbeing and AI in Medical Education as some of the subjects covered.

Finally following a successful MEQR visit in October 2025, we are focusing on improving transparency around the use of the educational finance tariff in preparation for this year's

review, including meeting with PGME finance teams in Swindon and Taunton to understand their processes more fully.

Leadership Development

The 'Mastering Management' programme, delivered jointly by UWE and NBT's leadership trainers, continues to support onboarding for new clinical and nonclinical managers. Since launching in June 2023, 241 managers have completed or are completing the programme with -46% of delegates identifying with a protected characteristic, and participation spans Bands 4 to 8d/Consultant level.

Feedback remains- strong, with an overall learning impact score of 4.4 out of 5. Modules are continuously reviewed and improved based on participant feedback.

As part of the Group model and preparations for merger, work is underway to align the future leadership offer with the new national management and leadership framework due for launch in Autumn 2026.

Library and Knowledge Service

Between April 2025 and March 2026, the Library and Knowledge Service supported delivery of the Clinical Research Strategy 2022–27 by contributing to 21 systematic reviews and providing high-quality- evidence searches that strengthened research design and improved patient outcomes.

This year also marked significant progress in our collaboration with the Knowledge & Library Service at University Hospitals Bristol and Weston. In November 2025, we developed and launched a new Knowledge Mobilisation Toolkit to help staff capture, share, and apply learning more effectively. From December 2025, we introduced a shared evidence search service and information skills training across both organisations, improving efficiency and expanding specialist knowledge support to all staff and students on placement.

Clinical Learning and Development

The Clinical Skills Team delivered nine core programmes accessed by 1,099 staff, with an additional 629 attending through Registered Induction. Deteriorating Patient simulation was delivered to 335 staff, and Human Factors workshops to 163 registered practitioners. Several sessions were also delivered to external healthcare organisations.

The success of the blended learning programme for core clinical skills developed in NBT has been adopted by UHBW and is now an aligned model of training delivery. Additionally Physiological observations, electrocardiogram and Blood Glucose and Ketone monitoring competencies are now also aligned which supports colleagues to work across the group.

From July 2026, Healthcare Support Worker induction will also be aligned across the group and will also include the Enhanced Therapeutic Observation of Care (ETOC) programme which will be delivered jointly across the group.

Resuscitation Services

Resuscitation Services delivered a broad range of training programmes, with 3,305 people accessing the service in 2025/26. Mandatory Basic Life Support training achieved a record 90% compliance. Delivery of specialist national courses expanded as part of an income generation plan, including ILS, ALS, NLS and the European Trauma Course for internal and external candidates.

New technologies, e-systems and strengthened partnerships supported several quality improvement projects, aligning educational workstreams, simulation-based learning and policies to enhance patient safety and governance.

Multiprofessional Preceptorship

In 2025/26, 194 newly registered practitioners completed the preceptorship programme, with 198 enrolling. Programme delivery has been strengthened through monthly study days and the digitalisation of the preceptorship workbook.

Robust support systems remained in place, including preceptor drop-in sessions and individual and group Restorative Clinical Supervision (RCS). -95% -of preceptees accessed group RCS sessions.

With the expiration of the NHSE Nursing Interim Preceptorship Quality Mark, preparations are underway for the launch of the Multi-Professional Preceptorship Quality Standards in Spring 2026. Newly qualified midwives have now joined the NBT programme, with 12 enrolled.

NBT and UHBW have aligned preceptorship policies and delivery ahead of these changes and held their first joint celebration event recognising successful preceptees across both organisations.

Continuous Professional Development (Nurses, Midwives, AHPs, Nursing Associates)

Work has begun to align CPD processes across the Hospital Group, starting with the annual demand forecast, though NBT and UHBW continue to submit independent returns to NHSE. NBT utilised £1.1 million of 2025/26 CPD funding to support a wide range of internal and external development opportunities, including specialist university modules aligned to service priorities.

Targeted funding enabled access to highly specialised learning for AHPs, including conferences and study days. Requests exceeding £2,000 required written justification and were all approved by NHSE. Three partnership modules with UWE—in neuro, trauma and orthopaedics, and burns—continued to attract national participation and generate income. Work has begun on new partnership modules in simulation and renal care for delivery in 2026/27.

Advanced Practice – Accredited Pathway

The Advanced Practice Accredited Pathway continues to expand steadily. Eleven new ACP trainees joined last year, bringing the total to 21, representing nursing and AHP backgrounds. A further seven practitioners commenced the Enhanced Clinical Practice programme. Delivery is supported in partnership with UWE Bristol, ensuring a strong and sustainable pipeline from core practice through to enhanced and advanced roles.

Safe Learning Environment Charter / Educator Workforce Strategy

The NHS England Safe Learning Environment Charter will launch across the Bristol Group in April 2026. Engagement in the self-assessment process has highlighted good practice and identified- clear areas for development. The resulting baseline will inform a phased rollout from April 2026 to May 2027 to ensure a consistently high--quality- learning environment across professions and specialties.

Digital Innovation – Learner Placement App

The Clinical Education Team continues to develop innovative approaches to supporting learners in clinical practice. The Learner Placement App has seen significant progress this year, supported by close collaboration with NHSE and strong leadership from Caroline Lilley-Woolnough. Regional and national engagement has grown, with increasing demand for wider rollout due to the App's potential to support strategic placement planning and enhance learner support at scale.

Freedom to Speak Up Service

A routine speaking up, listening up and following up improvement environment is nationally expected as part of safe and effective services in which worker voice is valued as a gift to the organisation, and supporting colleagues to thrive at work. These behaviours are key aspects of NBT's values and behaviours framework and contribute to the organisation's improvement priorities. Expectation is that there is an open, safe culture in which workers can speak up easily and effectively to a manager as routine with concerns resolved and feedback provided.

Freedom to Speak Up (FTSU) Guardians provide an additional route where the above has not been possible or has been felt to be ineffective. As subject matter experts, FTSU Guardians also support workers through training and the organisation's leadership and managers to develop, role model and deliver the routine speak up culture, in addition to reflecting back opportunities for improvement.

During 2025/2026 NBT FTSU Guardian resource was comprised of a 0.9WTE Lead FTSU Guardian and fixed term 0.6WTE Associate FTSU Guardian (support capacity in responsiveness, visibility, and supporting the network of FTSU Champions as a key mechanism to break down barriers to speaking up (signposting to appropriate sources).

Responsive work:

2025/2026	Q1	Q2	Q3	Q4	Total
Number of cases raised with the FTSU Guardians	26	36	37	38	137

Proactive improvement work:

In addition to ongoing proactive visibility (walkarounds, training and communications) to ensure a broad range of workers are aware of, and have access to, support, key areas of focus in 2025/2026 have been:

- Further evolution of the FTSU Champion network
- Working with Divisional leadership to triangulate data and support routine speaking up, listening up and closing the loop (including connection with FTSU Champions)
- Manager session availability as a key part of a focus on supporting managers
- Encouraging completion of national FTSU related e-learning modules
- Improving data recording system
- Supporting NBT data triangulation
- Supporting key related areas of cultural improvement and worker voice: 'We do not accept', sexual safety, anti-racism.
- Bringing together FTSU Champions from the Hospital group (NBT and UHBW) for networking and support (also attendance at a SW Champion day)
- Speak Up week activity in October 2025 (National Focus: Follow up in Action)
- Contributing to Group FTSU alignment considerations

Further details of the work of the FTSU service is included in the reports to Trust Board (available on the organisation's website).

Future Plans for 2026/2027

As NBT and UHBW move from a Bristol NHS Group model toward potential merger, opportunities for alignment of the service are under consideration. A Group Speaking Up Steering Group has been instigated to inform aligned further improvement actions (including

refreshed review of the Speaking Up organisational self-review).

Fundraising – Southmead Hospital Charity

Southmead Hospital Charity, the Trust's official charity, continues to play a vital role in supporting our patients, their loved ones and NHS staff, by funding projects and enhancements that go beyond what the NHS alone can provide. Working closely with colleagues from across North Bristol NHS Trust, the Charity identifies where donations can make the greatest difference, helping to support over one million people locally, and nearly four million people across the South West and beyond.

Over the past year, the Charity has supported a wide range of projects that are already making a tangible impact on patient care. Thanks to charitable funding, Southmead Hospital has introduced advanced equipment to support innovation in both breast cancer care and prostate cancer treatment. Charitable support has also expanded access to clinical trials for people living with multiple sclerosis, through the funding of more dedicated research time.

The Charity has transformed patient environments across the Trust, helping to make time spent in hospital more comfortable and dignified. Recent examples include upgrades to the Chemotherapy Suite, where layout improvements and additional treatment chairs are reducing waiting times and improving comfort for patients attending long or frequent appointments. Through the charity-funded Fresh Arts programme, creative projects have brought colour, calm and warmth into care spaces – from refurbished relatives' rooms to artwork developed in collaboration with patients themselves.

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

Research & Innovation

2025-26 has been an exceptional year for research and development (R&D) at NBT.

At the core of every research project is a collaboration of multi-professionals, patients and public seeking to address the concerns of our communities and populations. NBT continues to deliver research across every division within the Trust, often with multiple departments and system partners working together.

In 2025/26 the Trust opened 112 new studies of which 34 were commercial, maintaining our strategic growth in commercial research. NBT recruited over 6500 patients and participants across 200 active studies, 130% of the target set at the start of the year.

NBT also acts as a cornerstone within research pathways which flow through NBT. In 2025/26 NBT opened a further 30 studies where we are supporting system partners deliver research, acting as identification, continuing care or follow on sites, helping ensure our patients have access to research even where NBT is not delivering the study.

NBT has been actively seeking new collaborative ways of working within the group and with system partners. In 2025/26 R&D leveraged the benefits of the Bristol Hospital Group to set up a phase one, advanced therapy clinical trial, a first for NBT. Through the collaboration the

NBT team, supported by expert practitioners from UHBW, have set up and, recruited the first patient globally to the trial. Delivering this renal study using advanced therapies was only achievable through the collaboration of multiple teams across both NBT and UHBW, including the NBT renal research team, pharmacy, interventional radiology and the expertise of UHBW Clinical Research Facility staff. It is anticipated that this will be the first of many studies we will deliver together.

2025/26 saw the re-introduction of performance driven research delivery funding from the NIHR. The national funding model is based on historic allocations, performance and activity. The funding awarded is based on 3 years performance and activity. As a result of NBT's strong performance over multiple years NBT received an increase to our budget, one of only two Trusts within the research network to achieve this.

NBT continues to act as a powerhouse for developing, managing and delivering NIHR nationally commissioned grants. In 2025 NBT submitted over 100 grants, a 33% increase on previous years. This growth in high quality grant submissions is a result of investment from NBT R&D and the sustained commitment of the Trust and service managers to support research and enable team members to show curiosity and explore better ways of delivering care.

Over recent years R&D has provided focused support for new researchers, this has translated into a growing number of NBT NMAHPS successfully securing funding. In 2022 two NIHR grants were led by NMAHPs. In 2025/26 13 NIHR internships and grants have been awarded to NMAHPs.

In addition to supporting the development of grants the team also manages 114 grants awarded by external funder with a combined value of over £50 millions, over £40 millions worth of grants from NIHR funding streams.

A benchmark of research grant success is Research Capability Funding (RCF). is allocated pro-rata based on the value of grants income managed during the year by an organisation. NBT is currently the 3rd highest recipient of RCF in England. A significant testament to the collaborations and partnerships with patients, clinicians, clinical academics and academic partners

NBT R&D have always worked closely with the NBT Charity, in the last 18 years The NBT charity and R&D have held annual small grants calls. In that time £1,328,621 total funding has been awarded to deliver 108 research projects across all the clinical Divisions within 23 Departments. These projects have changed practice, provided essential data for the next step in a grant proposal and acted as a training opportunity for our researchers, undoubtedly contributing to NBTs current level of NIHR grant success.

In 2025/26 the refurbishment of the Clinical Research Centre (CRC) started and will be completed by June 2026, when we will welcome our first patients to use the dedicated research Dexa scanner.

The improved facilities at the CRC will allow NBT to expand the types of research it offers, currently access to DEXA has been a limiting factor in some areas of research. The DEXA will also be available for other NHS partners to use for research purposes, enabling GP practices and other care providers to deliver research which otherwise they would not have been able to, delivering more research closer to people's homes.

NBT also established a collaboration with AWP in anticipation of the establishment of the Functional Mood Disorder service at the Southmead site. NBT Clinical pharmacy will support their trials widening the types of research their patients will have easy access to.

NBT is working with the ICB to improve connectivity, identifying ways to enable shared research care pathways and maximising the opportunities for our communities. This project will identify existing pathways, address any governance issues and engage the teams to help deliver research closer to people's homes increases accessibility and participant diversity.

As the Bristol Hospital Group moves through towards merger the two R&Ds are working together to harness the best of both organisations. As a single legal entity, we will be one of the largest research organisations in the country. Leveraging the opportunities which this affords will be an exciting challenge.

Sustainability

Transformation and Partnership in Sustainable Healthcare

Delivering a sustainable healthcare service for our population heavily relies on strong partnerships and transformations in the way we deliver care and treat our patients. Throughout this year, North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston (UHBW) have worked together as one sustainability team along with colleagues from Sirona and Avon and Wiltshire Mental Health Partnership. Our focus this year has been refreshing the Healthier Together ICS Green Plan and our Delivery Plan. Alongside this, we have ramped up our delivery of clinical sustainability projects and government-funded energy efficiency and energy decarbonisation projects.

Since setting up the Sustainable Healthcare Collaboration in 2024, we have brought together clinical and non-clinical staff from across the Bristol NHS Group to develop and prioritise a list of over 150 project ideas. With the help of Professor Sanjoy Shah, the Director for Green and Sustainable Healthcare, we have gained visibility and support for these projects from divisional and financial leads. The collaboration has allowed us to pilot and scale projects across the two Trusts more than ever before and has demonstrated the importance of partnerships and clinical transformation in delivering sustainable healthcare.

This year we partnered with sustainability colleagues in UHBW and Sirona to expand our Sustainability Audit Programme across the ICS. The audit programme provides practical insights into departmental practices and helps to bridge the gap between the sustainability team and frontline staff. Through the audits we can identify opportunities, understand challenges, and develop actions that feel relevant and achievable.

Our Green Spaces Coordinator has made magnificent progress this year designing and delivering Nature for Health Programmes and Drop-ins for patients living with long term health conditions. The coordinator has formed partnerships with clinicians and local community organisations to design and deliver programmes that improve access to nature for people that often feel excluded from these spaces. The six-week programmes have created a bridge between the hospital and community and transformed the way the hospital supports patient's wellbeing. These programmes provide patients with the confidence and knowledge to use nature as a tool in managing their own health and wellbeing.

Green Plan 2025-2030

This year we refreshed our Healthier Together ICS Green Plan in line with NHS England guidance, outlining the outcomes and actions we will achieve to become a sustainable healthcare service, delivering high quality care for the BNSSG population, now and for the future. The refreshed Green Plan charts a path to net zero that brings in a wider breadth of

departments and disciplines across our organisations, emphasising net zero delivery as everyone's responsibility.

A key change to our Green Plan was the revision of our net zero carbon goal for emissions we can only influence to align with national NHS targets. Our ICS' net zero carbon target now commits us to:

- Reduce the emissions we directly control to net zero by 2030, powering our activities without fossil fuels and only using renewable electricity.
- Reduce the emissions we influence by 50% by 2030, 80% by 2036 and to net zero by 2045.

Supply Chain and Procurement

This year the Trust has worked closely with Bristol and Weston Purchasing Consortium (BWPC) to establish a pipeline of projects that will reduce carbon and cost over the next three years. Most of these projects replace single use items with reusable and refurbished alternatives. Next year we will continue to deliver projects to replace single use items and will engage clinical stakeholders to encourage the adoption of more sustainable alternatives.

Actions taken in 2025/26

- Supported 7 tenders with the inclusion of social value criteria and supplier evaluation.
- Transferred list of clinical sustainability opportunities into BWPCs procurement tracker and delivery pipeline.
- Supported successful trials of reusable tourniquets across hospital departments.
- Contributed towards UCL Masters dissertation on improving circulating in the UK healthcare sector – barriers, opportunities, lessons learnt.
- ODP worked with NHSSC to remove excessive plastic packaging used on blood pressure cuffs.
- Finalised supplier sustainability questionnaire.
- 72 Sustainability Impact Assessments completed out of 102 business cases submitted. Captured 931 tonnes of potential carbon reductions (£1.8million avoided in future carbon tax) and 2,863 tonnes of potential carbon emissions (£1.1 million in future carbon tax).

Actions planned for 2026/27

- Deliver a contract with an ambitious social value weighting and criteria to test how social value can be leveraged to deliver environmental, social and economic benefits to the Trust and local community.
- Engage with theatres staff to encourage uptake of reusable surgical gowns to maximise carbon, waste and cost savings.
- Increase the uptake of remanufactured and reusable surgical equipment.

Medicines

The Medicines Optimisation System Leadership Group with senior representation from all system partners established a standing agenda item for Green Plan medicines optimisation to go through delivery plan outcomes and identify barriers and ways to progress actions.

Actions taken in 2025/26

- Completed sustainability audits across all pharmacy dispensaries across the Bristol NHS Group and presented to both senior leadership teams, encouraging collaboration in achieving the Greener Pharmacy Toolkit
- Asthma Pharmacy team switched to lower carbon default inhaler.
- Decommissioned Nitrous Oxide manifold in Women's and Children's, moving to portable cylinders and saving an average of 20 tonnes of CO2e a month
- Nitrous Oxide abstract submitted to regional anaesthesia conference
- Cold sticks replacing ethyl chloride spray avoiding 18 tonnes of carbon since December 2023
- ICU cost and carbon lifecycle analysis of IV paracetamol prescriptions

Actions planned for 2026/27

- Investigate reducing waste emanating from Entonox manifold in Women's and Childrens

Estates and Facilities

This year our Carbon and Energy team have been busy delivering Public Sector Decarbonisation Scheme and National Energy Efficiency Fund projects to decarbonise the way we power our buildings. Our Green Spaces Coordinator has improved green spaces across our estate and facilitated outdoor activities for staff, patients and community members to get involved.

Actions taken in 2025/26

- Delivered heat decarbonisation schemes supported by national funding for heat pump installation in Pathology, Clinical Research and Learning and Research.
- Upgraded Building Management Systems and LED lighting in Brunel Building through National Energy Efficiency Fund
- Completed solar PV design for installation on Brunel
- Installation of first fleet electric vehicle charger completed
- Replaced fan motors with highly efficient models in Brunel Building as part of ICS-funded project.
- Installation of LEDs into Brunel plant rooms 95% complete.
- No Mow May continuation
- Allotment Gala
- Cossham planters, Elgar planters
- HITU Ecotherapy Garden Improvements from NHS Charities Together funding.
- 3 community planting days at Southmead and Weston, 200 bulbs and 250 saplings planted.
- Meeting with Carbon and Energy Fund to discuss off balance sheet decarbonisation solutions.
- The reusable sharps bin system has been in place for over a year and has so far saved 32 tonnes of waste and 73 tonnes of carbon.
- Patching vinyl furniture to avoid disposal.
- Conducted 48-hour Compositional Waste Audit in ICU.

"The site is much lovelier when there are longer grasses and wild flowers … I've seen patients admiring the areas that have been left and they have told me how much they like them. It's such an important and easy thing to do for the benefit of our pollinators and ultimately for the health of everyone"

- No Mow May Staff Feedback

Actions planned for 2026/27

- Official opening of Head Injury Therapy Unit's Ecotherapy Garden.
- Finish installing heat pumps for Pathology, Clinical Research and Learning and Research
- Complete Theatres, Plantrooms, Boomerangs, Atrium, Lamp Posts, Floodlights & Bollards LED upgrades in the PFI estate
- Complete fan motor replacements project
- Roll out Building Management Systems efficiency strategies in Brunel
- Repair broken metering across estate
- Source funding for solar PV array on Brunel

Travel and Transport

Our work on Travel and Transport in 2025/26 has been primarily focused on making plans for improving staff options for travelling to and from work without using a car. A trust-wide Staff Transport Project began in late-spring 2025 to address the long-standing issues around staff parking, but with a broader remit around improving alternatives. The project included an initial period of wide-ranging engagement activities to gather staff feedback before using the information gathered to identify, investigate and develop potential interventions. The proposals which are taken forward will be put in place by the end of 2026.

Large scale fleet decarbonisation remains a difficult area to progress due to site-wide electrical capacity limitations. While we were successful in an initial bid for NHS England funding to install Electric Vehicle (EV) charging infrastructure, the work was ultimately unable to progress. Within the context of electrical capacity limitations, the Trust has taken a first step toward replacing Internal Combustion Engine vehicles with EV. Sustainability colleagues worked closely with the Digital team to identify a way for their diesel van to be replaced with an electric alternative, which is now in regular use and should serve as a useful proof of concept for other departments investigating changing their own vehicles.

Actions taken in 2025/26

- Reintroduction of charging for staff car parking at Southmead site
- Provided 120 bus discount codes to staff
- Loaned 13 e-bikes for staff to try before you buy
- Prepared 21 Personal Travel Plans
- Set up Staff Transport Project Task and Finish Groups to identify ways to support staff travelling to work via public transport or active modes
- Electric cargo bike used for bin collections on PFI estate as part of WECA's Sustainable Urban Freight Project
- IM&T services swapped diesel vehicle for an electric one

Actions planned for 2026/27

- Delivery of new communication and engagement campaign aimed at encouraging staff to consider non-car modes of transport for commuting
- Installation of additional bike storage facilities for staff commuting by bike (subject to approval of spend)
- Upgrades to existing changing facilities to address concerns raised by staff during summer 2025 engagement work (subject to approval of spend)
- Allocating 9 electric bikes to departments to use as pool bikes for business travel

Digital Transformation

Digital Services have been improving the technology infrastructure to enable delivery of improved patient care and environmental benefits. Enabling care in our communities by remote consultation and monitoring reduces travel emissions.

Actions taken in 2025/26

- Since moving the Group's default search engine to Ecosia the Trust has planted an estimated 29,455 trees, equivalent to 32 football pitches.
- CareFlow Medicines Management system went live in October digitalising our drug charts, medicine administration and prescribing. This has so far saved 370,000 pages of paper from being used and disposed of, saving 2,497 kg of carbon which is equivalent to driving 33,740 miles. This project has also reduced the volume of IV antimicrobial medication prescribed.

Actions planned for 2026/27

- Deliver Managed Inventory System to reduce stock wastage and obsolescence through greater visibility and better inventory management
- Migrate data to OneDrive for Business and SharePoint Online reducing the need for on-premises infrastructure, decreasing energy consumption and carbon footprint
- Capture and routinely report the sustainability benefits of all projects across the digital portfolio

Clinical Transformation

Throughout this year we have partnered with finance and procurement to develop a list of over 150 clinical sustainability projects with carbon and cost savings. Through our partnership with procurement, we translated this list onto their delivery pipeline for the next five years. Clinical sustainability leads have worked tirelessly to pilot improvements and sustain positive change in their departments.

Actions taken in 2025/26

- Identified 154 clinical sustainability opportunities with a carbon saving potential of 2,511 tonnes carbon dioxide. Attended Senior Medical Staff meetings and divisional meetings to promote the Sustainable Healthcare Collaboration.
- Gloves Off campaign – IPC team developed guidance material and education on appropriate glove use and hand hygiene. Gloves Off pilots were delivered by clinicians across the Trust, namely Radiography Gloves Off pilot, finding gloves used unnecessarily for majority of patient contacts. ED using 9 pairs of gloves per patient contact compared with 12 a year ago, 25% reduction.
- QI projects: reducing unnecessary blood tests in ED, inventory management and stock control in IR labs, streamlining procedure packs, couch roll reduction.
- Delivered two 6-week Nature for Health Programmes for dialysis patients and one 6-week Nature for Health Programme for head injury patients.
- Delivered 9 Nature for Health courtyard drop-in sessions for patients with Functional Neurological Disorders.
- ED achieved Green ED Silver Award, only 1 of 3 Trusts in the UK to do so.
- Nordic walking for chemotherapy patients through Macmillan Wellbeing Centre.
- Renal charity funds funded nature-based storytelling on dialysis wards.
- Bristol Children's Hospital Paediatric Neurosurgery completed Green Operating Day, reducing carbon by 50% with the potential to save 1,176 tonnes CO2e over a year.
- Southmead Renal Unit appointed Associate Pilot site for EU-funded KitNewCare project to trial innovations to make kidney healthcare more environmentally sustainable.

"Amazing to see people with similar problems to me, to get out the house and appreciate the world. I've noticed so much more, like spider web floating in the breeze. I love nature and it has really helped see more. I feel so calm after session and it supports me throughout my week."

Nature for Health 6-week Programme Participant

Actions planned for 2026/27

- Explore charity funding for Greenspaces Coordinator role
- Attend Divisional Management Board meetings across the Group to gain support for clinical sustainability leads undertaking projects and embed sustainability projects into divisional governance
- Recruit Sustainable Kidney Care Officer and demonstrate environmental improvements delivered through dedicated role

Workforce and Leadership

Our approach to staff engagement has become more targeted and responsive to the needs of different staff groups. Rather than relying on broad, Trust-wide campaigns, we have shifted towards tailored communication that frames sustainability through the lens of what matters most to people, whether that is health and wellbeing, financial outcomes, or productivity. This has allowed us to connect sustainability with the priorities of teams across the organisation.

A central part of this has been increasing our in-person engagement. The success of the Gloves Off campaign has offered an effective structure that we can continue to build on for future initiatives. We have increased our presence and visibility in clinical areas through our Sustainability Audit Programme, helping staff understand how their role directly impacts the Trusts sustainability performance and empowering them to make improvements.

We recognise there is still value in Trust wide engagement. Events such as the Allotment Gala and Sustainable Healthcare Showcase offer opportunities for staff, patients and the community to learn about the work of the sustainability team and connect with others in a way that might inspire action – whether on a personal level or within their own departments. They also play an important role in strengthening the Trust's relationships with local stakeholders, helping to build partnerships that support the delivery of our sustainability goals.

Actions taken in 2025/26

- 605 staff engaged and 45 areas visited through the Gloves Off campaign.
- Undertaken 14 sustainability audits.
- Sustainable Healthcare Showcase, 71 staff and external partners attended.
- 15 ICS staff undertook Sustainable Healthcare for Leaders training.
- 50 allotment sessions for staff and the community
- Delivered 3 Community Allotment Sessions with patients.
- 4 staff away day support sessions.
- Greenspaces Coordinator delivered 2 sessions with wider NHS sector to share learnings of green social prescribing in acute settings and 2 workshops for Natural Academy 'Supporting nature connection in secondary care settings', solidifying NBT as a leader in the secondary care nature connection space.
- 414 staff and 217 patients and community members have benefited from the Growing Together project, delivered by the Greenspaces Coordinator.
- 107,818 individual engagements with staff, patients and the community.
- Collaboration between clinical sustainability leads and universities to improve sustainable healthcare education and training across our organisations.

"Very informative session. I learnt a lot and feel empowered to follow up with the audit"

"The room smelt amazing full of natural materials. The group was friendly, the activity was calming and creative and felt like a wonderful calm space in the midst of a busy stressful month"

Actions planned for 2026/27

- Green Plan launch event.
- Collaboration with local universities on training and education.

Food and Nutrition

This year we have developed our Sustainable Food Workstream to include a wider range of stakeholders including catering teams, dieticians, psychologists, wellbeing leads and public health consultants, and integrated actions with the system approach to our food environments through the Why Weight Pledge.

Actions taken in 2025/26

- Installed two new digestors to reduce food waste volume.
- Launched Why Weight Pledge.
- Launched Sims Hill Farm fruit and vegetable box collection point at Southmead Hospital.
- Introduced digital patient meal ordering system.
- Introduced coffee discount for reusable cups.
- Collecting coffee grounds for staff to use on their gardens.
- Attended UWE conference Connecting the Food and Drink Sector to Health and Life Sciences.

Actions planned for 2026/27

- Explore trial with Greener by Default to review staff and patient menus and reduce carbon footprint of meals and encourage healthier choices.
- Reintroduce fresh fruit and vegetable stall.
- Remove single use plastics from patient catering.

Adaptation

This year we worked with the universities on grant applications and projects exploring the impact of climate change on health and healthcare services. Next year we will be working more closely with our board to identify climate risks and how, as an organisation, we can control these or adapt. This exercise will inform the Trust's Climate Change Risk Assessment and Climate Adaptation Plan.

Actions taken in 2025/26

- University of Bristol research project investigating the impact of temperature on ED admissions and patient flow.
- Working with local partners and organisations to map regional resilience to climate change and understand risks.

Actions planned for 2026/27

- Board development seminar to review climate risks and action
- Use the NHS Climate Adaptation Framework to assess maturity level for each capability area, prepare for severe weather events and improve climate resilience of local sites and services.

For further information on the Trust's Carbon Footprint and how the Trust identifies and manages climate risks, please see the Taskforce on Climate-Related Financial Disclosures (TCFD) section.

Taskforce on Climate-related Financial Disclosures (TCFD)

NHS England's annual reporting manual adopted a phased approach to incorporate 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 are as interpreted and adapted for the public sector by HM Treasury. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England. However, NBT does calculate and publish this data to help track our progress against the Green Plan sustainability commitments. This data can be found below and in section 3 of this document.

These disclosures are provided below with appropriate cross referencing to relevant information elsewhere in the Annual Report and Accounts and in other external publications.

Governance

The Board provides strategic oversight of climate-related issues, approving all corporate commitments, including the refreshed ICS Green Plan published this year.

Day-to-day delivery is led by the sustainability team. They report three times a year to the Board, covering statutory reporting, annual Green Plan performance and the Carbon Reduction Plan. These focus on performance, highlighting progress and the financial and compliance transition risks associated with this performance. For example, modelling of the financial exposure to transition climate risks from future legislation, policy and taxation.

The Green Plan covers a broad range of environmental priorities relevant to the Trust, including greenhouse gas emissions, waste, air quality, resource use, biodiversity and climate adaptation. The Carbon Reduction Plan focuses specifically on greenhouse gas emissions and associated mitigation measures.

Executive responsibility sits with the Group Chief Finance and Estates Officer with sustainability embedded within the Estates and Facilities Division. It manages the energy

budget and monitors associated projects and costs. Climate-related risks and opportunities are escalated through the Group Finance and Estates Officer to the Finance and Estates Committee.

Clinical sustainability projects are driven by the Sustainable Healthcare Collaboration, which brings together representatives from clinical specialties from across the Bristol NHS Group. Our Director for Green and Sustainable Healthcare acts as the link between the Collaboration and clinical divisions. Progress is shared with the collaboration and divisional boards through monthly departmental highlight reports. Financial saving opportunities from this work are shared directly with the finance team and the Group Chief Finance and Estates Officer with an element of savings proposed to be re-invested in Collaboration projects.

At a system level, the ICS Green Plan is governed through the monthly Green Plan Implementation Group chaired by the Head of Sustainability for the ICS. Quarterly Executive level oversight is achieved via the Green Plan Steering Group, which brings together Executive Directors from across the ICS. The Steering Group escalates risks to the System Executive Group. This provides a mechanism for climate-related risks to be fed back to our system partners.

The sustainability team prepares all disclosures, following reporting protocols and consistent methodologies. Drafts are reviewed by the Sustainability Manager and the ICS Head of Sustainability before Board submission. External auditors provide assurance through the Annual Report and Accounts process.

Strategy

Physical and transition climate-related risks and opportunities need to be considered over the short, medium and long-term. It is proposed to achieve this by integration into the yearly Trust operational planning process (short-term), Medium term 5-year integrated delivery plan and the NHS long term 10-year strategic plan timescales. The system annual operational planning includes assessment of contribution to the Green Plan. The ICS 5-year strategic commissioning plan is informed by the long-term ICS Healthier Together 2040 strategy. Across these timeframes, the degree of certainty and control over climate-related risks and opportunities decreases as the planning horizon extends.

The Sustainability Manager has drafted a Climate Change Adaptation Risk Assessment for North Bristol NHS Trust using the UK Climate Change Risk Assessment 2017 Evidence Report as guidance. Risks have been identified for each directorate and assigned a UK CCRA Urgency Category and Urgency Score and was then scored on likelihood and consequence. Current measures in place to control the risks were outlined as well as proposed measures to mitigate the risk. These risks have not yet been classified as short, medium or long term. The risk assessment has not been shared outside of the Sustainability Team and is not embedded into any Trust risk management processes or financial and operational planning.

Short term impacts (12-18 months) predominantly influence operational sustainability projects, compliance requirements and budget management. Regulatory changes may require investment to ensure compliance and changes to our operating instructions and processes. Lack of data accuracy and sensitivity impairs our ability to prioritise action and measure progress. Opportunities arise from resource-efficiency projects that reduce operating costs such as those delivered by the Sustainable Healthcare Collaboration. Access to funding and research also provides opportunities to better understand localised climate impacts. Key

support areas affected include operations, supply chain, estates, procurement, fleet management and clinical services.

Medium term (18 months to 2035) impacts focus on strategic investment decisions, including decarbonising our energy use. Rising energy prices and potential carbon taxes create financial pressures that further incentivise investment in energy efficient and net zero technologies. Reputational risks may arise if the Trust does not meet its interim targets. Opportunities lie in embedding climate-related risk and opportunities into our decisions making processes. Medium term impacts affect estates, finance, clinical services, strategy and governance.

Long term risks (to 2045 and net zero) increased frequency of extreme weather disruption including the impact of heatwaves on A&E patient admissions, IT infrastructure and staff productivity. Failure to meet our net zero target may result in substantial financial liabilities linked to carbon offsets or carbon taxes. Long-term opportunities relate to the adoption of climate-resilient technologies and low carbon clinical pathways. These impacts affect estates, emergency planning, finance, supply chain, strategy, operations, clinical services, workforce and adaptation.

The Trust has not yet undertaken formal climate scenario analysis for a 2-degree warming pathway over short, medium and long-term horizons. However, preparatory work is underway. There are three impacts that we have prioritised;

1. The impact of heatwaves on demand for hospital services.
2. The impact of heatwaves on productivity.
3. Disruptions to our supply chain.

As part of the Bristol NHS Group, NBT are part of a research study looking into the impact of heatwaves on Emergency Department admissions. Also in development is a study looking at the impact of heatwaves on Pathology. Both studies will look to quantify the current impact and apply it to scenario models under a 2-degree warming pathway.

This work is in the early stages but forms the basis of the Trust looking at the medium to long term impact of climate change on its strategy, operations and finances.

NBT currently integrates climate-related risks into our strategic and financial planning through the completion of Sustainable Impact Assessments for business cases and decision making. The Assessment helps to quantify climate risks and opportunities as well as an estimate of future financial risk due to carbon taxes. It encourages the author to consider the risk or opportunity of building and infrastructure resilience to extreme weather. It focuses on mitigation actions but could be developed to include adaptation. Carbon budgeting for each division is also being considered but data availability remains a limitation to the introduction of this.

Risk Management

Climate-related risks are integrated into the Trust's overall risk management process through the Trust Risk Register and Board Assurance Framework. These risks are identified as principal risks for the Trust. Climate-related risks follow the Trust's Risk Management Strategy Policy, using the same processes for identification, scoring, monitoring and escalation. Scoring is determined by an assessment of likelihood and impact. Oversight is provided by the Finance and Estates Committee.

Risks are identified using;

- Current and emerging regulatory requirements,
- Green Plan commitments,
- National NHS climate priorities,
- Previous evidence from operational impacts (e.g., increased cooling requirements during heatwaves),
- Local health priorities and
- Financial modelling of future energy and carbon related costs.

Long term risks carry greater uncertainty due to extended time horizons.

The sustainability team are responsible for identifying and ensuring compliance with all sustainability related laws and regulation, existing and new. They work closely with operational teams, professional bodies and suppliers to ensure early awareness and implementation. The Bristol NHS Group has a shared legal register of compliance obligations and requirements. We recognise that early identification, involvement and implementation are key to reduce the likelihood and impact of non-compliance.

Financial and service delivery climate-related risks are listed on the Trust's risk management register.

The climate-related risks listed below are on the Trust's Risk Register.

Ref	Risk Type	Rating	Description	Mitigation Actions
1776	Service Delivery	Extreme Risk	Trust does not take the necessary action to enable it to cope with extreme weather events resulting from climate change. Risk to health of our population and delivery of services if fail to adapt to climate change.	• Ensure adaptation plans and risk assessments are completed. • Ensure adaptation is considered alongside mitigation of climate change. • Appoint a climate adaptation lead. • Projects to mitigate climate change impacts are funded and completed.
1777	Financial	Extreme Risk	Based on current legislation, the Trust is exposed to a financial risk relating to the need for significant capital funding to meet decarbonisation targets and to carbon tax penalties and offset costs where decarbonisation targets are not met.	• Obtain external investment to secure grant funding. • Government change to accounting rules to enable third party funding. • Contractual lever to encourage The Hospital Company to invest in decarbonisation. • Embed sustainability in Trust's business case usual processes to devolve responsibility for delivery to divisions. • Report performance against sustainability goals and metrics to divisions and on IPR.

No mitigation measures are currently in place to address the increased risk of extreme weather events including the impact of heatwaves on staff productivity and patient admissions. The

long-term time horizon that these risks cover do not complement current risk scoring mechanisms which leaves its priority in the face of more immediate pressures, low in comparison. Its inclusion reflects the Trust's commitment and recognition of the role of adaption.

Project level risks are managed through the Green Plan governance process and currently sit outside of the Trust's risk register. The Green Plan Implementation Group will be reviewing these risks in April 2026 and then on a quarterly basis.

A Board seminar is being scheduled to develop understanding of climate risks and address gaps in managing those risks.

Metrics and Targets

The ICS Green Plan contains a comprehensive set of environmental metrics to monitor performance, inform decision making and support compliance with NHS England reporting requirements. It outlines the interim and long-term targets for 5 years to 2030. All targets are absolute reduction targets. They are not science based but align with the wider NHS ambition for achieving net zero and reflect our local priorities and impacts. The Trust informally uses an internal carbon price through the completion of Sustainability Impact Assessments. This is not formally applied and is only used to influence decisions and change behaviour.

The Green Plan can be found here; 6.2 - ICS Green Plan Refresh - ICB Board July 2025

The Trust's three main commitments are to;

1. Improve the environment: reduce air pollution and restore biodiversity.
2. Achieve net zero carbon:
    a. Net zero for directly controlled emissions by 2030;
    b. 50% reduction in influenced emissions by 2030;
    c. 80% reduction in influenced emissions by 2036 and;
    d. Net Zero for influenced emissions by 2045.
3. Drive a wider sustainability movement: inspire change across local communities and partners.

The baseline year for our carbon target is 2019/2020, representing a pre-pandemic operating position for comparison.

In 2025, the Trust revised its net zero target for influenced emissions. The target date moved from 2030 to 2045. This decision aligns our target with the wider NHS net zero target. It also reflects the scale and complexity of scope 3 emissions.

Specific measurable targets we are aiming to achieve under each Green Plan strategic commitment are found in the ICS Green Plan. The metrics are collected for regulatory compliance and NHS England reporting requirements. They also support the Trust in assessing and managing material climate-related risks. Metrics and performance have been reviewed by the Board and are publicly published in this document.

This data helps the Trust manage its climate-related risks in the following ways;

Risk Area	Metrics	Purpose
Local health risks	Air quality monitoring Travel and Transport	• Inform operational and financial decisions relating to fleet purchases and supply chain deliveries. • Health and safety risk for staff exposed to high levels of air pollution. • Health benefits of active travel.
Financial risks	Greenhouse gas emissions Waste Management	• Inform offset cost modelling for future financial exposure associated with residual emissions. • Inform fossil fuel financial exposure in supply chain • Assess the energy-cost risks and investments requirements for decarbonisation projects. • Budget planning for waste management and potential savings resulting from waste reduction and improved segregation activities.
Compliance and Reputation	All metrics and data	• NHS England reporting and compliance. • Demonstrate transparency and progress against our ICS Green Plan commitments.

The Trust aligns its reporting boundaries and accounting methodologies with those of NHS England and the GHG Protocol Corporate Standard. Conversion factors are checked and updated each year where relevant. Scope 2 emissions use location-based factors.

Consumption based data is used for energy, waste, water, owned fleet, grey fleet, business travel, anaesthetic gas and inhaler calculations.

Spend-based metrics are used for supply chain emissions including pharmaceuticals and medical equipment where consumption data is not currently available.

Travel and transport emissions are calculated via mileage claims, expenses claims or NHS England proxy formulas.

During 2025, the Trust introduced a couple of changes to improve data accuracy:

- Inflation adjustments applied to supply-chain scope 3 emissions
- Correct reporting of waste sent for high temperature incineration and alternative treatment.
- Introduction of volume data for Penthrox and propofol (anaesthetics).

These changes have been made to all previous year's data including the baseline year to ensure their methodologies are comparable. Except for this, no other amendments have been made to the baseline year.

The data in the table below shows our performance data for 2025/26. It also shows performance for the previous two financial years and the baseline year to allow for comparison.

Emissions Source	**Unit**	**2019/20**	**2023/24**	**2024/25**	**2025/26**
Scope 1	tCO2e	13,354	10,887	9,369	9,689
Scope 2	tCO2e	10,444	7,757	8,450	7,254
Scope 3	tCO2e	70,405	121,347	114,570	194,851
Total	**tCO2e**	**94,203**	**139,991**	**132,389**	**211,794**
Energy					
Gas consumption	kWh	45,472,381	38,847,710	34,074,385	36,913,330
Oil Consumption	Litres	583,708	560,244	226,960	139,356
Electricity Consumption	kWh	40,860,494	37,459,751	40,812,725	40,981,082
Anaesthesia					
Anaesthesia	tCO2e	3,167	2,037	2,265	2,305
Supply Chain					
Purchased goods and services (including upstream transport and distribution)	tCO2e	44,326	97,686	90,330	169,992[1]
Travel and Transport					
Trust owned Fleet	tCO2e	217	199	246	246[2]
Business Travel Grey Fleet	tCO2e	132	235	98	188
Business Travel (Air, Rail)	tCO2e	116	199	59	24
Employee Commuting	tCO2e	4,304	4,705	4,893	4,893[3]
Patient and Visitor	tCO2e	6,371	13,300	14,040	14,582
Waste					
Total Waste	Tonnes	2,970	3,032	3,119	2,984
Total Waste	tCO2e	843	865	829	815
Offensive Waste	tCO2e	64	151	175	190
High Temperature Incineration	tCO2e	256	348	301	266
Alternative Treatment Waste	tCO2e	333	183	192	197

[1] Missing water, sewage, waste and energy expenditure data for 2025/26 so assumed same expenditure as 2024/25 for the purpose of calculating carbon emissions. Missing pharmaceutical spend data for 2025/26 so assumed same spend as 2024/25 for the purpose of calculating carbon emissions.

[2] Missing fleet data for 2025/26 so assumed same mileage as 2024/25 for the purpose of calculating carbon emissions.

[3] Missing staff commuting data for 2025/26 so assumed same mileage as 2024/25 for the purpose of calculating carbon emissions.

General Waste for EfW	tCO2e	173	166	155	159
Recycling	tCO2e	17	15	5	3[4]
Anaerobic Digestion	tCO2e	1.06	0.84	0.86	1.11
Landfill	tCO2e	0.00	1.77	0.00	0.00
Offensive Waste	Tonnes	257	605	702	762
High Temperature Incineration	Tonnes	238	324	280	247
Alternative Treatment Waste	Tonnes	586	322	337	346
General Waste for EfW	Tonnes	1,005	963	904	925
Recycling	Tonnes	781	721	800	581
Anaerobic Digestion	Tonnes	104	94	97	123
Landfill	Tonnes	0	3	0	0
Water					
Water volume	m3	316,732	341,992	371,326	347,039
Waste water	m3	294,135	324,800	347,627	320,660
Water volume and wastewater	tCO2e	317	126	121	121

Taking into consideration the assumptions caveated in the table, since 2019, we have reduced our Scope 1 emissions by 27% and our Scope 2 emissions by 31%. Our Scope emissions have increased by 177%. Our Scope 3 emissions calculations are not based on the actual amount of greenhouse gas we have emitted but on a spend based methodology which has significant limitations. Our Scope 3 emissions currently dominate our overall performance. We have calculated carbon emissions reductions for specific projects related to our Scope 3 emissions which are not captured in the Scope 3 emissions reporting.

We expect emission reductions to occur as structural decarbonisation measures are implemented and as data becomes more sensitive to the mitigation activities introduced. Over the next year we expect to see an increase in available product-level carbon data, driven by the NHS Net Zero Supplier Roadmap. As a result, our Scope 3 emissions will begin to reflect the actions we've taken such as replacing single use with reusable equipment.

Additional details of performance are provided in the Sustainability Chapter.

Signed……...

Chief Executive Date: 23.06.2026

[4] Missing scrap metal recycling data.

PART 2 - Accountability report

Corporate Governance Report

Directors' Report

Composition of the Trust Board

The Trust Board is a unitary board accountable for setting the Trust's strategic direction, vision and values, monitoring performance against strategic and operational objectives, ensuring high standards of corporate governance, and helping to promote links between the Trust and the local community, including the local ICS, Healthier Together. The North Bristol NHS Trust Board has met "in common" with the University Hospitals Bristol and Weston NHS Foundation Trust Board since April 2025 .

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

On 1 June 2025, the Trust also appointed a Hospital Managing Director (who was the Interim Hospital Managing Director from 2 September 2024), acknowledging the Group Chief Executive's changed role and responsibilities across both NBT and UHBW.

As of 31 March 2026, there were no executive or non-executive vacancies on the Trust Board.

Board membership for the year ending 31 March 2026 is set out below. Biographies of existing Board members can be located on the Trust Website, together with their declarations of interest (https://www.nbt.nhs.uk/about-us/meet-our-board/declarations-interest):

Non-Executive Directors:

Ingrid Barker, Group Chair
A qualified social worker, Ingrid has over 25 years of NHS board level experience. This has included roles as Chair at Gloucestershire Health and Care NHS Foundation Trust, Joint Chair of Gloucestershire Care Services NHS Trust and ²gether NHS Foundation Trust and as a Non-Executive Director of NHS Gloucestershire Primary Care Trust. She is also an active Governor at the University of Gloucestershire. Ingrid's drive and commitment to the provision of high-quality services, accessible to all, is evidenced in her national policy and service redevelopment roles, notably leading on the transformation of mental health services community provision. She was also a Trustee and Board member of NHS Providers between 2013 and 2021, elected to represent Community Trusts across England. Ingrid started in her role as Group Chair on 1 June 2024.

Professor Sarah Purdy, **Group Non-Executive Director and Vice Chair for NBT**
Sarah is Vice-Chair of North Bristol Trust and is a GP and clinical academic by background. Until 2022 Sarah was Pro Vice-Chancellor Student Experience at the University of Bristol and previously she led Bristol Medical School. Sarah has held leadership positions including as a Non-Executive Director and trustee in a number of organisations across the wider NHS, charities, and a multi-academy trust. She is a Trustee of the Barts Charity. Sarah practiced as a GP from 1991 to 2022 and was awarded an OBE for services to general practice in the 2022 Queen's Birthday Honours. Sarah was appointed as a Group Non-Executive Director on 1 September 2025.

Richard Gaunt, Group Non-Executive Director
Richard is an experienced Board member and Audit & Risk Committee Chair (most recently with Alliance Homes). Previous appointments as a Non-Executive Director or governor include a Further Education College, Multi-Academy Trust and a Charity. He brings a broad range of skills including significant strength in finance, strategy and treasury. Prior to his retirement in 2009, Richard was an Audit Partner at KPMG, and he remains a Fellow of the Society of Chartered Accountants England and Wales. Richard was appointed as a Group Non-Executive Director on 1 September 2025.

Shawn Smith, **Non-Executive Director for NBT**
Shawn is an experienced board member having served on boards in the UK, Poland and India. Having gained a degree in Economics, Shawn qualified as an accountant and is a Fellow of the Chartered Association of Certified Accountants with over thirty years' experience. Shawn has held senior finance roles across different industries for over 25 years, most recently within the aerospace sector where he was Chief Financial Officer of European Operations with additional responsibility for the company's Indian operations. Shawn helped lead the company's growth in the UK, Europe and in particular India. This included acquisitions and the development of a large-scale manufacturing facility in Bangalore. Shawn is a governor at City of Bristol College, also serving on the Finance & Resources Committee, a trustee with Bristol based charity Frank Water and a Non-Executive Director and Audit and Risk Committee member with Elim Housing Association. Shawn remains an independent NBT Non-Executive Director as the Trust moves forward with UHBW to form the Bristol NHS Group.

Martin Sykes, Group Non-Executive Director and Vice Chair for UHBW
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 Vice-Chair of University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) having been a Non-Executive Director at UHBW since 2017, chairing the Finance & Digital Committee and serving as Vice Chair of the UHBW Board. Martin was appointed as a Group Non-Executive Director on 1 September 2025.

Marc Griffiths, Group Non-Executive Director (non-voting position)
Marc is the Pro-Vice Chancellor (PVC) for Regional Partnerships, Engagement and Innovation at the University of the West of England, Bristol. He is responsible for leading and developing

the regional partnerships across all sectors, focusing on skills, education, innovation, enterprise and applied research opportunities. As part of Marc's PVC role, he leads the Integrated Care Academy at the University of the West of England, Bristol. Prior to joining the Bristol NHS Group Board, Marc was a Non-Executive Director at UHBW. Marc is a Principal Fellow within Advance HE, a Fellow of the Leadership Foundation in Higher Education, a Fellow of the College of Radiographers and also the co-founder of the Let's Talk Health and Care podcast series. In terms of wider civic facing roles, Marc is the Vice-Chair of the Board of Governors at the City of Bristol College, an appointed Trustee at the Council of Deans of Health, a member of the Futures West Advisory Board and work closely with a number of partner organisations such as NHS England, Avon and Somerset Police and Bristol City Council. Marc was appointed as a Group Non-executive Director (non-voting) on 1 September 2025.

Linda Kennedy, Group Non-Executive Director

Linda has over 40 years of HR experience, working internationally across various geographies and covering many sectors. During her executive career, she has successfully led business change programmes delivering growth and improving performance. Roles of note include VP People and Chief Change Officer for EE during the merger of Orange and T Mobile and delivering transformation when Group HR Director of SIG plc, a FTSE 250 business, for 5 years. As well an established skillset in Organisation Design and Employee Engagement, Linda brings strong experience in ESG, specifically D,E & I, Well Being and Communications. Linda speaks several languages including French, German and Spanish and is a Master of the Institute of Linguists and a Fellow of the CIPD. F Linda is currently also a Non-Executive Director/Trustee of NEBOSH (the National Examination Board in Occupational Safety and Health). She is passionate about the NHS and the service it provides. Linda was appointed as a Group Non-Executive Director 1 September 2025.

Roy Shubhabrata, Group 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. He is also a member of the Public Health Research funding committee at the National Institute for Health and Care Research. Roy was previously a non-executive director at UHBW, joining the Board in 2022. Roy was appointed as a Group Non-Executive Director on 1 September 2025.

Poku Pipim Osei, Group Non-Executive Director (non-voting position)

Poku has a strong business background and is a recognised leader in social impact, innovation, and system change. His previous board experience includes local government and higher education as well as the healthcare sector. Poku has a Master's degree in Business Management and is a Fellow of the Royal Society of Arts. Poku moved to Bristol in 2009, and founded the social enterprise company Babbasa in 2010. In 2020, they were awarded the Queen's Award for Enterprise for Promoting Opportunity for their work supporting young people in Bristol from disadvantaged backgrounds gaining training and employment. Poku remains the Director of Babbasa, and is the founder and Principal Consultant for Merop

Consulting. Poku became a Bristol NHS Group Non-Executive Director in December 2025. Poku was appointed as a Group Non-executive Director (non-voting) on 1 December 2025.

Kelvin Blake, Non Executive Director (until 31 July 2025)
Kelvin is an experienced Non-Executive Director and Board-level leader. He previously led some of the largest and most complex programmes for BT and their customers and also sat as a Board member on BT's South-West Regional Board. He has experience in the NHS, having spent six years on the Board of University Hospitals Bristol NHS Foundation Trust. Kelvin is also currently a Non-Executive Director of BrisDoc, Chair and Trustee of Second Step, a Trustee of the SS Great Britain Trust, a Trustee of the Robins Foundation (Bristol City Football Club), a member of the Labour Party and an elected member of the City of Bristol Council. Kelvin is Chair of the People and EDI Committee at NBT.

Dr Jane Khawaja, Non Executive Director (until 31 August 2025)
Jane is Bristol Innovations Programme Director at the University of Bristol. At the University, she is a member of the Board of Trustees and University Court and she chairs the University's Anti-Racism Working Group. Jane is also a Director of the Gloucestershire Cricket Foundation Board and a commissioner on Bristol's Commission on Race Equality. Jane has a degree in Physics and PhD in Plasma Physics. She started her career working for Applied Materials, a global leader in the semiconductor industry. She then worked for the Engineering and Physical Sciences Research Council, the UK's main agency for funding research in engineering and the physical sciences, before joining the University of Bristol. Jane has a very keen interest in equality, diversity and inclusion and is passionate about addressing the root causes of racial inequality and ensuring race equality is embedded into policies and processes.

Kelly Macfarlane, Non Executive Director (until 31 August 2025)
Kelly is Managing Director of HWM Global, a UK company specialising in the design and manufacture of monitoring and telemetry equipment for utility networks. Kelly has extensive experience in customer operations, strategy, business transformation and commercial leadership in senior executive roles within the water and telecommunications industries including Thames Water and Openreach. Kelly is also the Non-Executive Maternity Safety Champion for NBT.

Executive Directors

Maria Kane OBE, Group Chief Executive (of NBT and UHBW) from 29 July 2024
Maria Kane OBE was appointed as Joint Chief Executive of North Bristol NHS Trust and University Hospitals Bristol and Weston NHS Foundation Trust in July 2024. Prior to this she was Chief Executive of NBT from April 2021. Maria previously worked as Chief Executive of North Middlesex University Hospital NHS Trust from 2017 until 2021, as Chief Executive of Barnet, Enfield and Haringey Mental Health NHS Trust between 2007 and 2017, and as Executive Director at North West London Strategic Health Authority between 2002 and 2006. Maria has held a variety of senior roles in corporate and strategic development for the Royal College of Midwives, Medical Protection Society and the National Council of Voluntary Organisations. In 2019, Maria was made an OBE for services to health care leadership over two decades, particularly in North London. Maria has played a major role in system leadership, having been Chair of Bristol Health Partners, a member of the Bristol, North Somerset and South Gloucestershire Integrated Care Board, and a member of Health Innovation West of

England. She is also the South West representative for the NHS Genomics Board, and a previous member of the NHS Impact National Improvement Board. Maria has previously been a trustee of Open Door, Umbrella Mental Health, and Young Minds, as well as an adviser to the Lullaby Trust and a special adviser to the Care Quality Commission. She was also chair of governors of a primary school for ten years.

Glyn Howells, **Hospital Managing Director**
Glyn has significant Board and senior leadership experience in both the private and public sectors, with over 14 years NHS experience in both commissioning and provider organisations in addition to more than 10 years of Board level Director roles in the commercial world. His experience covers multiple portfolios including finance, estates, IMT projects and operations. He joined NBT in 2019 initially in the Finance function including being Chief Finance Officer since 2021. More recently, Glyn was appointed Interim Hospital Managing Director for NBT in September 2024 providing overall site-based leadership during the transition to Group, promoting a culture of collaboration across the organisation and wider health and social care system. Glyn was appointed as Hospital Managing Director from 1 June 2025.

Neil Kemsley, Group Chief Finance and Estates Officer
Neil has over 20 years' experience as a Board director working across the provider, commissioning and regulatory sectors of the NHS. He trained and qualified at University Hospitals Bristol before leaving in 1998 to progress his career through the finance ranks at a number of Trusts - University College London Hospitals, Kings College Hospital, Portsmouth Hospitals and University Hospitals Plymouth - before returning to Bristol on 1 July 2019.
Neil is a member of the HFMA Financial Recovery Board, Audit South West Consortium Board and is supporting the work of the Ockenden Review into maternity services at Nottingham University Hospitals NHS Trust. Neil was appointed as Group Chief Finance and Estates Officer on 1 June 2025.

Professor Tim Whittlestone, Group Chief Medical and Innovation Officer
Tim is a Urological Cancer surgeon who trained in Cambridge, Oxford and Bristol. He was appointed a Consultant in the BRI in 2001 and has held a number of senior clinical leadership roles prior to becoming Chief Medical Officer at NBT in 2021. He was Chief Medical Officer for the South West Nightingale hospital and BNSSGs vaccination services. Tim is passionate about patient-led service transformation and was listed as one of the top 50 global healthcare innovators in 2022. In 2023 he led the clinically inspired strategy refresh, and more recently co-authored the Bristol Group Joint Clinical Strategy. He is the visiting Professor of Healthcare Technology at the University of the West of England. Tim joined the Trust in July 2021 as the Chief Medical Officer and then was appointed as Group Chief Medical and Innovation Officer on 1 June 2025

Professor Steve Hams MBE, **Group Chief Nursing and Improvement Officer**
With over 30 years' experience in nursing, Steve began his career in coronary care before taking on senior leadership roles across the NHS, voluntary sector, and higher education. Most recently, Steve was Chief Nursing Officer at NBT where he has led professional nursing, midwifery and allied health leadership since March 2022. Committed to safety and compassion and a champion of inclusion, quality improvement, and the power of professional and patient voice in shaping excellent care, Steve was admitted to The Most Venerable Order of the Hospital of St John of Jerusalem in 2011 for his service to St John Ambulance, and he was

awarded an MBE for services to nursing in the 2022 New Year Honours. His particular areas of interest include compassionate leadership, community engagement, mental health, and equality. Steve is a Visiting Professor at the University of the West of England. Steve joined the Trust in March 2022 as the Chief Nursing Officer and then was appointed as Group Chief Nursing and Improvement Officer on 1 June 2025.

Jenny Lewis, Group Chief People & Culture Officer (non-voting position)
Jenny Lewis is an experienced HR and organisational development leader with a career spanning the NHS, local government, and the private sector. She brings a strong commitment to people, culture, and public service. Before joining Bristol NHS Group, Jenny was Director HR & OD at Leeds Teaching Hospitals NHS Trust and Head of HR for Hampshire Public Services, where she led people services for a workforce of 55,000 across Hampshire County Council, Hampshire Constabulary, the Office of the Police and Crime Commissioner, Hampshire Fire and Rescue Service, and 500 schools. Her experience also includes working in Organisational Development for several global private sector organisations over two decades. Jenny is passionate about creating inclusive, thriving workplaces. She believes that when colleagues feel supported, valued, and empowered, they deliver exceptional care and outcomes. Her focus includes advancing health equity, building partnerships across sectors, recruiting from local communities, and fostering cultures where wellbeing, development, and meaningful careers are at the heart of how teams work - where everyone feels they belong. Jenny was appointed Group Chief People & Culture Officer on 29 September 2025.

Paula Clarke, Group Formation Officer (non-voting position)
Paula has over 15 years Board level experience across integrated health and care organisations in England and Northern Ireland and a wealth of experience in leading strategy development and delivery through transformational change, partnership working, and continuous improvement. Paula joined University Hospitals Bristol in 2016 and led the strategy and transformation portfolios, the first Acute Care Collaboration Strategy and the successful merger with Weston Area Health Trust. Since 2022, Paula has provided Executive leadership for implementing the Healthy Weston vision for Weston General Hospital as part of UHBW. Paula was appointed as Group Formation Officer on 1 June 2025.

Neil Darvill, Group Chief Digital Information Officer (non-voting position)
Neil has held Board level responsibility for Digital Information at both NBT and UHBW since June 2023. With over 30 years' experience in senior leadership roles in healthcare environments, Neil is responsible for setting and driving forward Digital strategy at both Trusts. He is passionate about digital transformation and has significant experience in leading strategic organisational transformation and wider system leadership partnership initiatives.

Elizabeth Poskitt, **Interim Chief Finance Officer** (from 1 October 2024 until 31 May 2025)
Elizabeth Poskitt leads on the financial sustainability of the Trust, including business planning processes and ensuring the Trust delivers good value for money within a strong control environment. Additionally, she leads the Estates and Facilities Directorate, ensuring that clinical and operational colleagues have access to the space and facilities they need to deliver their services in a safe, effective and sustainable way, both today and in the future.
A qualified Chartered Management Accountant since 2007, Elizabeth joined NBT in October 2021 as Director of Operational Finance following a 17-year career in the NHS including experience in financial services, income and contracting and financial management. Prior to

this she gained broad experience at senior level in a number of acute trusts in the South-West.

Nicholas Smith, Interim Chief Operating Officer (from 14 March 2025 until 31 May 2025)
Nick rejoined NBT in 2015 as the General Manager for Urology and has since held a number of roles, including Divisional Operations Director for 2 Divisions at NBT and most recently as the Deputy Chief Operating Officer. Nick began his career as a Biomedical Scientist in Microbiology and gained experience in general management at a senior level in other acute Trusts in the Southwest. As Chief Operating Officer (COO), Nick ensures effective operational delivery of the Trust's business on a day-to-day basis. Working with system partners and through the clinical divisions, the COO provides leadership, management and direction to secure the effective and clinical operation and flow of the hospital.

Peter Mitchell, Interim Chief People Officer (non-voting position) (from 2 April 2024 until 31 May 2025)
Peter has a background predominantly in higher education and has held senior positions including HR Director across six different universities, primarily in London, including the Royal Veterinary College, School of Oriental and African Studies, and the London School of Hygiene & Tropical Medicine. Peter has also undertaken interim roles at institutions such as the University of Derby, Kingston University, and the University of Sussex and has contributed his skills and knowledge to the healthcare sector, serving previously as the interim Director of HR & OD at Camden & Islington NHS Foundation Trust.

Board and Committee Attendance 2025/26

The Trust Board discharged its duties during 2025/26 in in nine private and seven public meetings, all but one of which were held in common with the UHBW Board. The table below shows the membership and attendance of Board members at meetings of the Trust Board and its committees. Where a column reads "N/A" that individual is not a member of the relevant committee (or was not a member of the committee for part of the year).

	Trust Board	Remuneration & Nomination Cttee	Audit Cttee	Quality & Outcomes Cttee	People Cttee	Finance & Estates Cttee	Digital Cttee	Merger Cttee	Charity Cttee
No. of meetings	16	6	5	10	5	8	6	2	5
Group Chair									
Ingrid Barker	15	6(C)	0	2	1	0	0	0	0
Group Chief Executive									
Maria Kane	16	4	0	1	0	0	0	0	0
Non-executive Directors									
Richard Gaunt	16	6*	5(C)	0	0	1	4*	0	4(C)
Sarah Purdy	16	5*	0	8(C)	0	6*	0	2*	3*
Marc Griffiths †	12	3*	0	5	5	0	0	0	0
Linda Kennedy †	12	4*	2*	0	5(C)	0	0	0	0

	Trust Board	Remuneration & Nomination Cttee	Audit Cttee	Quality & Outcomes Cttee	People Cttee	Finance & Estates Cttee	Digital Cttee	Merger Cttee	Charity Cttee
Poku Osei †	4	1*	0	0	0	1*	0	0	0
Martin Sykes †	15	4*	2*	0	1*	7(C)	0	0	0
Roy Shubhabrata †	13	2*	0	0	1*	6*	6(C)	0	0
Kelly Macfarlane ‡	6	2	0	3	0	0	0	0	0
Jane Khawaja ‡	3	1	0	0	0	0	0	0	0
Kelvin Blake ‡	6	2	3	3	1	1	0	0	1
Shawn Smtih	16	6*	3	8*	3*	0	5*	2 (C)	1
Executive Directors									
Paula Clarke †	13	0	0	1	3*	1	2*	0	0
Neil Darvill	15	0	0	0	4*	2	5*	0	0
Steve Hams	15	0	0	10*	4*	0	0	0	3*
Neil Kemsley †	16	0	3	0	0	8*	5*	0	0
Jenny Lewis †	7	2	0	0	3*	0	0	0	0
Tim Whittlestone	15	0	0	9*	2*	1	3*	0	0
Glyn Howells	13	0	0	4*	0	5	0	2*	5*
Elizabeth Poskitt ‡	3	0	5	0	0	2	1	0	3
Nicholas Smith ‡	4	0	0	2	0	0	0	0	0
Peter Mitchell ‡	3	2	0	0	0	0	0	0	1

Key:
(C) Current Chair of Committee
* Current Member of Committee
† Joined the Board during 2025/26
‡ Left the Board during 2025/26

Fit and Proper Persons (FPPR) Requirements

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

Code of Governance for NHS Provider Trusts

2025/26 is the third year where the Code of Governance for NHS Provider Trusts (the Code) applies to North Bristol NHS Trust. The Code sets out a common overarching framework for the corporate governance of trusts, reflecting developments in UK corporate governance and

the development of integrated care systems. We have applied the principles of the Code on a "comply or explain" basis.

The Trust Board considers that it was fully compliant with the provisions of the Code in 2025/26, noting the comments below on the independence of Non-Executive Directors.

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

NBT is limited by its Establishment Order to having six non-executive directors (in addition to the Chair) and five executive directors. One of its non-executive directors must be appointed from the University of Bristol. The Trust Board considers this non-executive director (from 1 April 2025 until 31 August 2025 it was Jane Khwaja and then from 1 September 2025 it was Sarah Purdy) to be independent, as they have been in post for less than six years, and they bring a wide range of expertise to the Board, not simply the perspective of the University of Bristol.

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

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

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

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

Audit Committee

From 1 April 2025 until 31 August 2025 members of the Trust's Audit Committee in 2025/26 have been:

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

From 1 September 2025 members of the Trust's Audit Committee in 2025/26 have been:

- Richard Gaunt, Group Non-Executive Director (Committee Chair)
- Martin Sykes, Group Non-Executive Director
- Linda Kennedy, Group Non-Executive Director

External Auditors

The Trust's auditors are Grant Thornton. During the financial year there was expenditure of £264,000 (including VAT) for statutory audit services to the Trust.

In order to ensure that the independence and objectivity of the external auditors is not compromised, they are not engaged to undertake other non-audit work for the Trust. The Audit Committee meets as an Auditor Panel on an ad-hoc basis to oversee the appointment or re-appointment of both the internal and external auditor arrangements. The current contractual arrangements for external audit services expire from 2026 and will be re-tendered during that financial year.

Board Effectiveness and Development

The Boards of NBT and UHBW have been engaged throughout 2025/26 in reviewing the effectiveness of the Boards, and all Board committees, and aligning the Board and committee arrangements, and terms of reference. A number of Board Development away days were held (by NBT, by UHBW, and jointly) during 2025/26 as part of the development of the Hospital Group. 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.

Well-Led Services

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

The CQC undertook a targeted inspection of Maternity Services in November 2023 as part of the national Maternity inspection programme (which inspected the Well-Led and Caring domains). The service at NBT maintained its "Good" status overall. The CQC rated the Maternity Service's Well-Led domain as "Good" and increased the Safe domain rating to

"Good" from "Requires Improvement". The overall rating for Southmead Hospital and the Trust, which runs the hospital and its maternity services, remain rated as "Good".

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 retains and works closely with qualified Local Counter Fraud Specialists (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.

NHS CFA Fraud and Corruption Reporting Line (FCRL)

Fraud prevention messages are regularly raised via the Trust's communication systems which include the dissemination of Counter Fraud newsletters and regular articles in the Trust's staff communications, on the intranet and via internal digital communication platforms. All materials contain details for the FCRL as well as contact details for the LCFS.

Annual Governance Statement

Maria Kane, Group Chief Executive

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of North Bristol NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to

manage them efficiently, effectively and economically. The system of internal control has been in place in North Bristol NHS Trust for the year ended 31 March 2026 and up to the date of approval of the annual report and accounts.

Governance Framework

The Trust Board maintains overall accountability for the effectiveness of the Trust's system of internal control. It delegates elements of its responsibility to its various Committees. In 2025/26 it primarily discharged this responsibility through the receipt and review of:

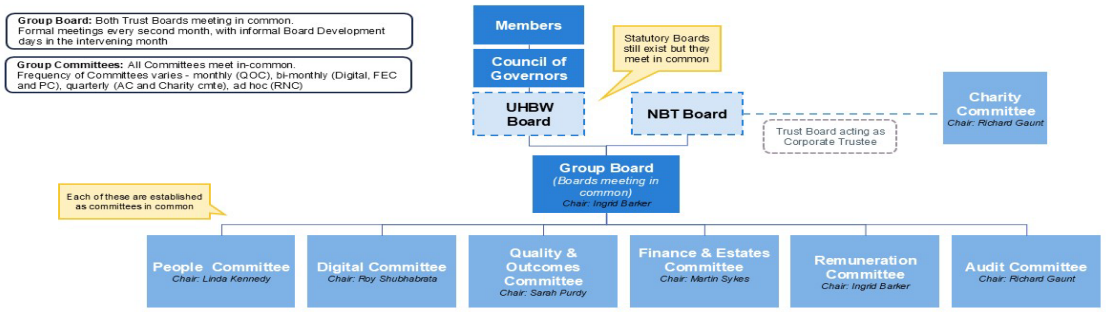
- Regular reports on the Board Assurance Framework and Trust Level Risks ensuring key risks were identified and controls or assurance gaps were being addressed,
- Regular upward reports from its Committees, including assurance that the Committees were reviewing relevant strategic and operational risks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

In December 2023 North Bristol NHS Trust and UHBW announced their decision to move to a Joint Chair and Joint Chief Executive and the strategic intention to form an NHS Group, with the aim of unlocking significant benefits for our patients, our population, our people and the public purse. The Bristol NHS Group was subsequently launched in April 2025 at which point the two Trusts announced their intention to formally merge, thereby creating one single acute trust for the Greater Bristol area. Subject to NHSE approval, it is anticipated that the merger will take place in July 2026.

As part of the formation of the Bristol NHS Group with UHBW, the Trust Board met in common with the UHBW Board from April 2025 and subsequently aligned its committee structure with that of UHBW to allow the committees of both Trusts to meet in common.

The formal Board Committee structure on 31 March 2025 is set out below:

As of September 2025, all committees were meeting in common with UHBW and the revised group committee structure is set out below:



In addition to the above, the Board also established a time limited Merger Committee to provide it with assurance on the merger process as it proceeded.

Approved terms of reference for each of the Board's Committees are available on the Trust's website at: https://www.nbt.nhs.uk/about-us/trust-board/committee-terms-reference

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

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

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

Quality Governance

The Trust is fully compliant with the registration requirements of the CQC and maintains an active dialogue with the local inspection team to address any specific issues raised during the year and to facilitate in-year monitoring and engagement visits. During the year detailed discussions were held with the CQC with respect to the implementation of the Group model and associated governance arrangements, for example the Group Board (in Common) and related sub committees. From September 2025, CQC engagement meetings were undertaken

jointly for NBT and UHBW FT with a focus on the Group strategic direction alongside each trust's individual quality responsibilities.

The Trust has progressed a range of quality improvement initiatives as set out within the Trust's Quality priorities 2025/26, approved by the Quality Committee and Trust Board and aligned to the related Patient First Strategic objectives under 'Outstanding Patient Experience' and 'Quality & Safety.' In addition, as the year progressed, significant emphasis was placed on supporting the development of 'Single Managed Services' with clinical leadership.

Specific improvement projects during the year aligned to these objectives include:

- Enhanced approaches to patient and carer feedback – testing the Artificial Intelligence (AI) digital technology for high volume digital feedback via FFT and other surveys and embedding the use of open 'patient conversations' with patients for immediate insight and improvement at ward level. Also, agreeing the approach for 2026/27 to fully align surveys and other feedback mechanisms with UHBW FT approaches.
- Aligning approaches to PALS/Complaints management and reporting taxonomies as part of the Group benefits focus and support for Single Managed Services and preparing for organisational merger with UHBW FT.
- Co-creating with UHBW FT colleagues the Community Participation Group to provide multi-stakeholder input to the development of the Clinical Strategy within an elected forum. This is co-chaired by one of its members alongside the Group Chair, with executive leadership from the Chief Nursing & Improvement Officer.
- Implementing delivery of the first year of the Mental Health Strategy in collaboration with system partners, with significant focus in Emergency Department support through partial Core 24 implementation and improvements in 4-hour referral times and plans developed for 2026 re-configuration of physical environment.
- Continued focus under significant operational pressure through the Urgent & Emergency Care Programme focusing on two key workstreams – Front door and Flow & Discharge, to support timeliness of ambulance handover. Plans and capital funding agreed following detailed evaluation to move ED minors (Target date: Summer 26) to an alternative onsite location. The current minors' area will instead provide an expanded ED SDEC and ED majors area, reducing use of current ED corridor areas
- Significant work undertaken within Urology, Gynaecology and Skin cancer pathways, through direct to test pathway delivery, further expansion of tele-dermatology and the opening of the Bristol Surgical Centre. Despite these efforts, the year-end position for combined cancer pathway target for patients receiving treatment within 62 days fell short of plan and a detailed recovery plan was provided to NHS England through the Tier 2 support.
- Improvements in the trust's medication safety through the implementation of Careflow Medicines Management, for example resulting in improvement in the completion of VTE Risk Assessments and continued refinement of safe allergy management.
- Fully embedding the new Acute Response Team to enhance identification, support and management of patient deterioration and implementation of Martha's Law in line with national requirements.
- Delivering the annual plan for Patient Safety Incident Response Framework (PSIRF), including the Patient Safety training curriculum and Human Factors approach, with funding agreed to establish an innovative Fatigue Risk Management project in partnership with UHBW FT.

- Implementation of the new Incident reporting module in the Radar Healthcare system and embedding data submission and review into the national Learning from Patient Safety Events (LfPSE) system.
- Fully aligned board and sub board reporting and developing revised workflows and progressing towards unified digital systems within the Mortality Improvement Programme - in collaboration with the Medical Examiner Service and UHBW FT.
- Reducing Health Inequalities – driving priorities set through the Health Inequalities Steering Group, such as Tackling Tobacco dependency, improving data quality (demographics), aligning focus areas with UHBW FT and the NHS 10-year plan within a new Bristol NHS Group Health Equity Plan for 2026/27.

Monthly divisional review meetings continued throughout 2025/26, allowing the Trust Management Team (chaired by the Hospital Managing Director) to check and challenge key quality and safety matters, as well as overarching operational performance at a divisional level.

Quality governance arrangements for 2025/26 were shaped by the creation of the Bristol NHS Group and the establishment of a Group Board (in common), which first met in April 2025. Transitional arrangements were implemented during the year to align trust-level governance with the new group model. Board oversight was delivered in two phases: from April to August, the Patient & Carer Experience Committee and Quality Committee were combined into a single NBT Quality Committee; this was followed by the establishment of a Group Quality & Outcomes Committee, bringing together NBT and UHBW governance and reporting. This phased approach enabled proportionate change and mitigated the risk of overloading the new Group committee, while allowing time to develop integrated reporting across key quality domains, including mortality, patient safety, patient experience, safeguarding and infection prevention and control.

In parallel, an NBT Clinical Quality Group (CQG) was established in February 2026 to maintain a strong focus on quality assurance and improvement during this period of change. The CQG is co-chaired by the Trust's Medical Director and Director of Nursing, with clinical divisional leaders and corporate leaders forming its membership, along with two patient and Carer partners. Based on the successful UHBW model, the CQG will continue beyond the planned trust merger, with its role evolving in line with the accountability framework for the merged organisation.

Throughout the year quality groups and committees have continued to operate as follows, with reporting transitioning from the Quality & Outcomes Committee into the Clinical Quality Group, as outlined above:

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

These groups/committees seek assurance from clinical and corporate leaders and teams and provide assurance to the Quality and Outcomes Committee and on occasions, directly to the Trust Board, based upon the business conducted within those meetings.

Independent quality assurance is provided through the Trust's Internal Audit programme, as well as external agency reviews. The outcomes of Internal Audit reviews are reported to the Audit & Risk Committee but also to Quality & Outcomes Committee.

Overall delivery against the Trust's Quality Priorities and across a wider range of quality indicators and workstreams is set out within the Trust's Quality Account for 2025/26, including external stakeholder feedback, in line with Quality Account regulations.

Capacity to handle risk

As Accountable Officer, the Chief Executive holds overall responsibility for ensuring effective risk management across the Trust. Executive leadership for risk management at Trust Board level is delegated to the Group Chief Nursing and Improvement Officer. The corporate risk management function is hosted within the Corporate Governance Team under the direction of the Group Director of Corporate Governance.

The Trust's risk management approach is designed to empower staff to identify and manage risk in a manner that is proportionate, clear, and supportive of their roles and responsibilities. Senior oversight of key risks is maintained through the application of the Trust-level risk descriptor ("Trust Level Risk" – TLR), which is applied to any risk that meets or exceeds the risk appetite threshold for its associated risk type as determined by the Trust Board. All TLRs collectively form the Trust Risk Register.

Each TLR is assigned a Trust Management Team Risk Sponsor and is aligned to an accountable committee. All TLRs are mapped to the relevant principal risks and incorporated within the Group Board Assurance Framework.

At operational level, divisional quality governance forums oversee division-specific risks and may escalate risks for consideration as TLRs to the monthly Risk Management Group (RMG). RMG brings together senior representatives from clinical divisions, corporate functions, and the Trust Management Team to support effective risk management, promote cross-organisational learning, and oversee the quality and consistency of risk processes.

The Trust Management Team receives a monthly upward report from RMG and reviews all TLRs as part of its regular performance and governance assurance cycle.

During 2025/26, work commenced to align risk management processes across North Bristol NHS Trust and UHBW as part of the NHS Group, including the development and approval of a Group-level Board Assurance Framework.

Accountable committees

The Group Chief Executive holds overall accountability for the effective management of risk across the organisation. Assurance on the effectiveness of risk management arrangements is provided to the Board via the Audit Committee, chaired by a Non-Executive Director. The

Board routinely reviews the Board Assurance Framework alongside the Trust Level Risks (TLRs).

Subject-specific TLRs are reported to the appropriate accountable committees and where significant or emerging issues are identified, these are escalated to the Trust Board through formal committee reports. Executive-led groups, such as the Health and Safety Committee and the Operational Management Board, also play an important role in monitoring relevant risks, including TLRs.

Risk appetite and tolerance thresholds

The Board reaffirmed its risk appetite position for the Bristol NHS Group in March 2026. Risk appetite and tolerance are routinely reviewed by the Board and its Committees as part of discussions, with any proposed changes escalated to the Trust Board for approval. The Board's risk tolerance defines the threshold for TLRs. The Head of Risk Management reviews the risk register to identify common risks across divisions and, where appropriate, recommends aggregation to the Risk Management Group.

Risk Framework

The Trust's risk management policy framework is designed to support a proactive and proportionate approach to risk management, embedding responsibility at all levels and enabling risks to be identified and managed as close to their source as possible. The system of internal control is intended to manage risk within acceptable limits and does not seek to eliminate all risk of failure to achieve strategic objectives. As such, it provides reasonable, rather than absolute, assurance of effectiveness.

Risk management within the Trust is embedded across a range of interdependent assurance and governance mechanisms. Intelligence and learning from incidents, investigations, audits, and external inspections inform the Trust's understanding of risk exposure. Equality and sustainability impact assessments are also used to identify risks, dependencies, and unintended consequences, particularly through the business case approval process. New and emerging risks are considered routinely through the Trust's committee and governance structures.

The Trust's risk management processes are subject to annual internal audit review, including benchmarking against recognised best practice and comparable organisations. Any recommendations arising from internal audit are considered, implemented by the Trust and monitored through the Audit Committee. The 2025/26 Internal Audit review of risk management has recently concluded with a satisfactory assurance rating being achieved.

Group Board Assurance Framework

The Board Assurance Framework (BAF) defines and assesses the principal strategic risks to the Trust's objectives and sets out the key controls and sources of assurance in place to manage these risks.

During 2025/26, the development of the Group model, including the establishment of a common Board, has enabled a more consistent and aligned approach to risk reporting at Board level across both organisations. Principal risks have been reviewed and aligned to

support a coherent view of the most significant risks facing the Group, with increasing consistency in how Trust Level Risks (TLRs) and Corporate Risk Registers (CRRs) are articulated and escalated for Board oversight.

Each principal risk is assessed in terms of its impact on the delivery of the Trust's strategic objectives. Where gaps in control or assurance are identified, these are clearly articulated and translated into targeted actions to strengthen mitigation and improve the overall control environment.

The BAF is subject to regular review by the Board and its Committees, with a focus on material changes in risk profile, emerging risks, and progress against mitigating actions. This approach supports a clear line of sight from operational risks through to principal strategic risks.

The BAF also informs the Internal Audit programme, ensuring audit activity is aligned to the Trust's key risk areas. Audit findings contribute to the Board's overall assurance by confirming the effectiveness of controls or identifying areas requiring further improvement. In addition, principal risks are used to shape Committee work programmes, ensuring that scrutiny and assurance activity remains focused on the most significant risks to delivery of the Trust's strategy.

Risks to data security

Risks to data security are managed by the Informatics Division (IM&T). Internally, any risks to Trust data can be raised on the Trust's risk register which, depending on risk type and score, may be reported to an Accountable Committee. Cyber Security is also a risk on the BAF, ensuring that visibility of this key risk remains high. On a day-to-day basis, monitoring is in place to ensure any unusual digital activity can be reported by staff to the IT Service Desk to investigate further, e.g., virus risks, phishing attacks etc. IM&T also monitor network security boundaries to pick up and block any suspicious activity.

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

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

In 2025/26 the internal audit rating of the Trust's Data Security and Protection Toolkit assessed the overall risk across all five Cyber Assessment Framework objectives as "very low" and overall confident level in the veracity of our self-assessment as "high".

The organisation's major risks

The following risks have been tracked on the BAF and monitored via the Accountable Committees and Trust Board:

The Trust's principal risks reflect a complex, high-demand operating environment and are aligned to the delivery of strategic objectives across quality, performance, workforce, resources and system working. During 2025/26, the risk profile has continued to be characterised by sustained operational pressure, increasing demand, and system-wide constraints, with a number of risks showing an increasing trend.

The most significant risks relate to:

- **Quality of care** – the ability to consistently deliver safe, high-quality care is challenged by workforce pressures, increasing demand, and infrastructure limitations, with risks around clinical safety, patient outcomes and experience.
- **Operational performance and patient flow** – persistent system constraints, particularly high numbers of patients with no criteria to reside (NCtR), are impacting patient flow, contributing to overcrowding, delays in treatment and increased risk to patient safety.
- **Workforce capacity and capability** – ongoing challenges in recruitment, retention and workforce supply, alongside increasing service demand, continue to impact the Trust's ability to align workforce capacity to future service models.
- **Financial sustainability** – the Trust faces a structural financial challenge driven by cost pressures, productivity requirements and limitations in capital funding, which constrain investment in services, estate and equipment.
- **Estates and equipment infrastructure** – ageing estate and clinical equipment, combined with capital constraints, present risks to service continuity, regulatory compliance and patient safety.
- **Digital maturity and resilience** – limitations in digital infrastructure, interoperability and cyber resilience create risks to operational effectiveness, data quality and business continuity.
- **Compliance and regulatory requirements** – the complexity of operating within a Group model increases the challenge of maintaining consistent compliance with statutory and regulatory requirements across organisations.
- **Change management and transformation** – the scale and pace of organisational change, along with national changes arising from the NHS 10 Year Plan, creates risks relating to capacity to deliver transformation alongside business-as-usual is constrained.

These risks are interdependent and collectively impact the Trust's ability to deliver its strategic priorities. The BAF provides a structured approach to identifying, assessing and managing these risks, with oversight provided through Board committees and supported by internal and external sources of assurance.

While robust controls and mitigation plans are in place, a number of risks remain outside of the Trust's risk appetite, reflecting both internal pressures and wider system dependencies, particularly in relation to patient flow, workforce supply and financial sustainability.

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

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

The Trust has not been subject to any enforcement action from NHS England in 2025/2026 and does not anticipate being subject to such action in 2026/27.

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

Workforce safeguards

The Board receives regular reports (the most recent in March 2026) on Nursing and Midwifery staffing, providing assurance that the Trust has a clear validated process in place for monitoring and ensuring safe staffing in line with current national recommendations and is compliant with the 'Developing Workforce Safeguards' recommendations and the requirements of the National Quality Board (NQB). Further, the regional NHSE workforce team have undertaken a detailed compliance assessment against the NQB standards with all Trusts in the South-West.

The Quality and Outcomes Committee also received updates on safe nurse and midwifery staffing in June and July 2025 and a further update on midwifery staffing in October 2025. These set out the results of the Safe Nursing Care Tool (SNCT) (Shelford 2013) and the Midwife to Birth ratios as recommended and found within the Birthrate Plus ® tool. The Quality and Outcomes Committee provided assurance to Trust Board via its upward reports.

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

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

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

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

The GOSW produces monthly reports for Divisional Management Teams, allowing them to review and address any persistent breaches, as well as a report presented to the Group People Committee bi-annually.

The Medical Workforce team is leading on the implementation of the Improving Resident Doctors Lives 10-point plan. This has included the appointment of nominated clinical leads and Resident Doctor representatives who report directly to the Trust Board on progress on the implementation of the actions outlined within the plan.

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

The Trust is compliant with the registration requirements of the Care Quality Commission and continues to engage proactively through quarterly executive engagement meetings with the regional team and respond to enquiries and potential concerns flagged during the year.

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

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

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

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

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

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

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

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

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

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

The Trust has continued to use tools available as part of national best practice, including NHS England’s “Grip and Control” checklist, which supports improved financial control. Recognising the challenging financial year that North Bristol NHS Trust faced in 2025/26 and will again face in 2026/27, opportunities to learn from others across the NHS to support delivery will form part of the overall approach to financial stewardship. Work in the previous financial years to support controls and assurance continues to underpin the future plans.

Assurance on the Trust’s approach to economy, efficiency, effectiveness, and use of resources has been provided via internal audit.

Information governance

During the past year, the Trust reported three data security incidents through the Data Security and Protection Toolkit (DSPT). Two of these cases related to personally identifiable information being shared without proper verification, and one involved unauthorised access to such information. All three incidents were notified to the Information Commissioner’s Office (ICO), which reviewed each case and confirmed that no regulatory action was required.

Data quality and governance

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

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board and its Committees, particularly the Audit Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

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

- Executive Directors and senior managers within the organisation who have responsibility for the development and maintenance of the system of internal control (including but not limited to the Chief Operating Officer, the Chief Finance Officer, the Chief Nursing Officer and the Director of Corporate Governance) who provide me with assurance,
- The Board Assurance Framework and TLR reports and their regular review via the Trust Board's committees and the Board itself, as well as the Risk Management Group and Executive Assurance Forum, provides me with evidence of the effectiveness of controls that manage the risks to the organisation achieving its strategic and operational objectives,
- Internal Audit, which provides me with an opinion about the effectiveness of the risk management framework ("satisfactory" assurance) and the internal controls reviewed as part of the Internal Audit plan,
- Engagement with, and inspection reports from, key regulators, particularly the CQC.

The Head of Internal Audit has provided me with an opinion (HIAO) for the period of 1 April 2025 to 31 March 2026 of "satisfactory assurance", confirming that:

"*Largely there is a sound system of internal control, designed to meet the Trust's strategic objectives, and controls are generally being applied consistently. Weaknesses in the design and/or inconsistent application of controls in some key areas put the achievement of particular objectives at risk.*

The Trust has fulfilled its governance agenda in a year of challenge, with a robust Group governance structure and the monitoring and development of Group corporate and strategic risks through its Board Assurance Framework.

NBT was operating in a Group arrangement with UHBW in year, with a number of departments/ teams developing joint working in preparation for the planned formal merger in July 2026. Where possible, we have considered these joint approaches in the reviews we have undertaken.

Three Limited Assurance opinions were concluded in the year, with progress and improvement achieved around the use of the Clinical Prioritisation Code in-year. The complex, joint review with UHBW of the new SAP Ariba Procurement System identified a number of areas where improvements will be required, which will be followed-up in 2026/27.

As well as the assurance assignments undertaken by Internal Audit, the draft opinion takes into consideration other external assurance activities and outcomes, the year-end financial plan delivery position, and the Oversight Framework segmentation position."

My review is also informed by External Audit opinion.

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

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

Conclusion

My overall conclusion is that, taking into account the items referred to above and the various mitigations put in place, there is an adequate system of internal control in place, which is designed to manage the key organisational objectives and minimise the Trust's exposure to risk. Reflecting on the guidance provided by NHS England on determining significant internal control issues, I do not consider there to have been any significant internal control issues in 2025/26.

Signed……...

Chief Executive Date: 23.06.2026

PART 3 - Remuneration Report

Salary and Pensions entitlements of senior managers 2025/26 – Subject to Audit

Remuneration of senior managers

Name and title	2025/26						2024/25					
	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits, (bands of £2,500)	(f) Total (a to e) (bands of £5,000)	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) Total (a to e) (bands of £5,000)
Non-Executive Directors												
Ingrid Barker – Group Chair with UHBW, joined June 2024	45-50	1,700	0	0	0	45-50	35-40	1,300	0	0	0	35-40
Sarah Purdy - Vice Chair for NBT and Group Non-Executive Director	15-20	0	0	0	0	15-20	20-25	0	0	0	0	20-25
Richard Gaunt- Group Non-Executive Director	10-15	0	0	0	0	10-15	10-15	0	0	0	0	10-15
Shawn Smith – Non-Executive Director	10-15	0	0	0	0	10-15	10-15	0	0	0	0	10-15
Kelvin Blake - Non-Executive Director, left July 2025	0-5	0	0	0	0	0-5	10-15	0	0	0	0	10-15
Kelly Macfarlane - Non-Executive Director, left August 2025	5-10	0	0	0	0	5-10	10-15	0	0	0	0	10-15
Jane Khawaja - Non-Executive Director, left August 2025	5-10	0	0	0	0	5-10	10-15	0	0	0	0	10-15
Martin Sykes – Vice chair for UHBW and Group Non-Executive Director, since September 2025	5-10	300	0	0	0	5-10						
Thomas (Marc) Griffiths – Group Non-Executive Director, since September 2025	5-10	0	0	0	0	5-10						
Linda Kennedy – Group Non-Executive Director, since September 2025	5-10	0	0	0	0	5-10						
Roy Shubhabrata – Group Non-Executive Director, since September 2025	5-10	0	0	0	0	5-10						
Poku Pipim Osei – Group Non-Executive Director, since December 2025	0-5	0	0	0	0	0-5						
Michele Romaine – Chair, Left June 2024							15-20	1,600	0	0	0	15-20
Darren Roach – Associate Non-Executive Director, left April 2024							0-5	0	0	0	0	0-5

Name and title	2025/26						2024/25					
	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits, (bands of £2,500)	(f) Total (a to e) (bands of £5,000)	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) Total (a to e) (bands of £5,000)
Omar Mashjari – Associate Non-Executive, left April 2024							0-5	0	0	0	0	0-5
Executive Directors												
Maria Kane- Group Chief Executive, joint with UHBW from July 2024	165-170	0	10-15	0	47.5-50	225-230	195-200	1,200	10-15	0	0	210-215
Tim Whittlestone – Group Chief Medical & Innovation Officer, joint with UHBW since June 2025	175-180	0	0	0	67.5-70	245-250	295-300	0	0	0	27.5-30	325-330
Glyn Howells- Hospital Managing Director from September 2024.	210-215	0	15-20	0	50-52.5	280-285	175-180	5,000	15-20	0	75-77.5	275-280
Neil Kemsley – Group Chief Finance & Estates Officer, joint with UHBW since June 2025	85-90	0	0	0	50-52.5	140-145						
Steve Hams- Chief Nursing & Improvement Officer, joint with UHBW since June 2025	105-110	0	0-5	0	62.5-65	170-175	175-180	0	5-10	0	0	185-190
Nicholas Smith - Interim Chief Operating Officer, left role in May 2025	20-25	0	0	0	10-12.5	35-40	5-10	0	0	0	90-92.5	95-100
Steve Curry- Chief Operating Officer, left March 2025							235-240	0	0	0	145.5-147	385-390
Corporate Directors												
Neil Darvill – Group Chief Digital Information Officer, joint with UHBW from1 June 2023	95-100	0	0	0	0	95-100	95-100	0	0	0	20-22.5	115-120
Elizabeth Poskitt – Interim Chief Financial Officer, left role in May 2025	20-25	0	0	0	10-12.5	35-40	75-80	0	0	0	95-97.5	170-175
Peter Mitchell – Interim Chief People Officer, left June 2025	35-40	0	0	0	65-67.5	100-105	135-140	0	0	0	30-32.5	165-170
Jenny Lewis – Group Chief People & Culture Officer, joint with UHBW since October 2025	45-50	0	0	0	0	45-50						
Paula Clarke – Group Formation Officer, joint with UHBW since June 2025	75-80	0	0	0	20-22.5	95-100						
Jacqui Marshall - Chief People Officer, left April 2024							130-135	0	25-30	0	0	155-160

Due to the formation of the Bristol NHS Group in April 2025 between North Bristol NHS Trust and University Hospitals Bristol and Weston NHS Foundation Trust , a number of the Senior Manager Roles have changed as shown in the table below

Name	Notes	Total Remuneration across Group	
		2025/26	2024/25
Non-Executive Directors			
Ingrid Barker	Started as Group Chair of North Bristol Trust and University Hospitals Bristol and Weston Trust on 1 June 2024. North Bristol Trust is responsible for 50% of Ingrid Barker's remuneration as per the agreement between both Trusts.	£90k-£95k	£75k-£80k
Sarah Purdy	On 1 October 2024 Sarah Purdy become Vice Chair of North Bristol Trust and on 1 September 2025 become Group Non-Executive Director of Bristol NHS Group. From 1 September 2025 North Bristol Trust is responsible for 50% of Sarah Purdy's remuneration as per the agreement between both Trusts	£25k-£30k	£20k-£25k
Martin Sykes	On 1 September 2025 Martin Sykes become Group Non-Executive Director of Bristol NHS Group. From 1 September North Bristol Trust is responsible for 50% of Martin Sykes' remuneration as per the agreement between both Trusts.	£30k-£35k	
Thomas (Marc) Griffiths	On 1 September 2025 Thomas Griffiths became Group Non-Executive Director of Bristol NHS Group. From 1 September North Bristol Trust is responsible for 50% of Thomas Griffiths' remuneration as per the agreement between both Trusts.	£15k-£20k	
Linda Kennedy	On 1 September 2025 Linda Kennedy became Group Non-Executive Director of Bristol NHS Group. From 1 September North Bristol Trust is responsible for 50% of Linda Kennedy's remuneration as per the agreement between both Trusts	£20k-£25k	
Richard Gaunt	On 1 September 2025 Richard Gaunt became Group Non-Executive Director of Bristol NHS Group, previously Richard Gaunt was Non-Executive Director at North Bristol Trust. From 1 September North Bristol Trust is responsible for 50% of Richard Gaunts's remuneration as per the agreement between both Trusts.	£15k-£20k	
Roy Shubhabrata	On 1 September 2025 Roy Shubhabrata became Group Non-Executive Director of Bristol NHS Group. From 1 September North Bristol Trust is responsible for 50% of Roy Shubhabrata's remuneration as per the agreement between both Trusts	£15k-£20k	
Poku Pipim Osei	Started as Group Non-Executive Director for Bristol NHS Group on 1 December 2025. North Bristol Trust is responsible for 50% of Poku Pipim Osei's remuneration as per the agreement between both Trusts	£5k-£10k	
Executive Directors			
Maria Kane	On 1 July 2024 Maria Kane became Group Chief Executive of North Bristol and University Hospitals Bristol & Weston, previously Maria was Chief Executive Officer of North Bristol Trust. North Bristol Trust is responsible for 50% of Maria Kane's remuneration as per the agreement between both Trusts.	£455k-£460k	£340k-£345k
Neil Kemsley	On 1 June 2025 Neil Kemsley became Group Chief Finance and Estates Officer of Bristol NHS Group. From 1 June 2025 North Bristol Trust is responsible for 50% of Neil Kemsley's remuneration as per the agreement between both Trusts	£335k-£340k	
Tim Whittlestone	On 1 June 2025 Tim Whittlestone became Group Chief Medical & Innovation Officer of Bristol NHS Group, previously Tim Whittlestone was Chief Medical Officer of North Bristol Trust. From 1 June 2025 North Bristol Trust is responsible for 50% of Tim Whittlestone's remuneration as per the agreement between both Trusts	£415k-£420k	£325k-£330k
Steve Hams	On 1 June 2025 Steve Hams became Group Chief Nursing & Improvement Officer of Bristol NHS Group, previously Steve Hams was Chief Nursing Officer of North Bristol Trust. From 1 June 2025 North Bristol Trust is responsible for 50% of Steve Hams' remuneration as per the agreement between both Trusts	£295k-£300k	£185-£190k
Glyn Howells	On 1 September 2024 Glyn Howells became Interim Hospital Managing Director, the position was made substantive on 1 June 2025. Previously Glyn Howells was Chief Finance Officer.	£280k-£285k	£275k-£280k
Corporate Directors			
Neil Darvill	Group Chief Digital and Information Officer of North Bristol and University Hospitals Bristol & Weston from 1 June 2023 (joint Chief Digital and Information Office prior to Group formation). North Bristol Trust is responsible for 50% of Neil Darvill's remuneration as per the agreement between both Trusts.	£190k-£195k	£250k-£255k
Jenny Lewis	Started as Group Chief People and Culture Officer on 1 October 2025. North Bristol Trust is responsible for 50% of Jenny Lewis' remuneration as per the agreement between both Trusts.	£95k-£100k	
Paula Clarke	On 1 June 2025 Paula Clarke became Group Chief Formation Officer of Bristol NHS Group. From 1 June 2025 North Bristol Trust is responsible for 50% of Paula Clarke's remuneration as per the agreement between both Trusts	£235k-£240k	

Salary

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

Thomas Griffiths

Linda Kennedy

Roy Shubhabrata

Poku Pipim Osei

Neil Kemsley

Jenny Lewis

Paula Clarke

Pension Arrangements

Nicholas Smith opted out of the the pension arrangements for part of the reporting year.

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

Expense Payments

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

In 2025/26 Group Chief Executive Officer Maria Kane, Hospital Managing Director Glyn Howells, and Interim Chief People Officer Peter Mitchell received in-year living allowance payments. In 2024/25 Chief Executive Officer Maria Kane, Chief Operating Officer Steve Curry, Interim Hospital Managing Director Glyn Howells, and Interim Chief People Officer Peter Mitchell received in-year living allowance payments. These are included within the salary costs.

Performance Pay and Bonuses

In 2025/26 Group Chief Executive Officer Maria Kane, Group Chief Nursing & Improvement Officer Steve Hams, and Hospital Managing Director Glyn Howells received performance related bonus contributions, recognising the complexities of their roles and the deliverables strongly associated with the success of the Trust.

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

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

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

All Pension Related Benefits

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

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

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

Remuneration Policy

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

The Trust has a Remuneration and Nominations Committee (which meets in common with the Remuneration and Nominations Committee of University Hospitals Bristol and Weston NHS Foundation Trust, as both Trusts are now acting as a Group) that agrees the remunerationpackages for executive directors.

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

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

For salary and allowances the percentage change in the highest paid director from 2024/25 to 2025/26 was a decrease of 28.6% (2024/25: 3.5% increase). The average percentage increase for all other staff was 4.6% (2025/26: 8.6% increase).

In 2025/26 the highest paid director's bonus increased by 100% (2024/25: 100% decrease). The average percentage decrease in performance related bonuses for all other staff was 71.1% (2024/25: 2.3% increase).

For all taxable benefits, the percentage change from 2024/25 to 2025/26 for the highest paid director was a decrease of 23.5% (2024/25: 1.7% decrease). The average percentage increase for all other staff was 4.6% (2024/25: 6.9% increase). ***(Taxable benefits are not subject to audit)***

Pay Multiples – Subject to Audit

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

The annualised banded remuneration, excluding pension benefits, of the highest paid director in the organisation in the financial year 2025/26 was £225-230k (2024/25: £295k-£300k). The relationship to the remuneration of the organisation's workforce is disclosed in the table below:

2025/26	**25th percentile**	**Median**	**75th percentile**
Total remuneration (£)	30,570	43,440	57,780
Salary component of total remuneration (£)	26,598	37,796	50,273
Pay ratio information	7.4:1	5.2:1	3.9:1
2024/25	**25th percentile**	**Median**	**75th percentile**
Total remuneration (£)	29,502	41,922	53,028
Salary component of total remuneration (£)	25,674	36,483	46,148
Pay ratio information	11.1:1	7.8.:1	6.2:1

In 2025/26 13 employees (2024/25 no employees) received remuneration in excess of the highest-paid director. Remuneration ranged from £24,465 to £291,149 (2023/24: £23,615 to £299,963).

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

The highest paid director has changed from Chief Medical Officer, Tim Whittlestone, in 2024/25 to Hospital Managing Director, Glyn Howells, in 2025/26. This is due to the change in the Chief Medical Officers role to a Group Chief Medical & Innovation Officer of Bristol NHS Group where NBT is responsible for only 50% of the remuneration of this role. If full remuneration across the Group had been used for the calculations, then Group Chief Executive, Maria Kane would have be the highest paid director and the percentage change in highest paid director remuneration would have been an increase of 5.8% and the ratio of highest paid director to the median employee remuneration value would be 8.3:1.

Pension Entitlements of senior managers – Subject to audit

2025-26 Pension Entitlements

Name and title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2026	Lump sum at pension age related to accrued pension at 31 March 2026	Cash Equivalent Transfer Value at 1 April 2025	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2026	Employer's contribution to stakeholder pension
	(Bands of £2,500)	(Bands of £2,500)	(Bands of £5,000)	(Bands of £5,000)				
	£000	£000	£000	£000	£000	£000	£000	£000
Executive Directors								
Maria Kane- Group Chief Executive	5-7.5	2.5-5	65-70	175-180	1,518	0	110	0
Tim Whittlestone – Group Chief Medical & Innovation Officer	5-7.5	10-12.5	85-90	240-245	1,933	147	2,132	0
Glyn Howells- Hospital Managing Director	2.5-5	0	35-40	0-5	566	48	646	0
Neil Kemsley – Group Chief Finance & Estates Officer,	5-7.5	0	5-10	0	36	99	159	0
Steve Hams- Chief Nursing & Improvement Officer	5-7.5	7.5-10	50-55	130-135	963	107	1,107	0
Nicholas Smith - Interim Chief Operating Officer	0-2.5	0-2.5	60-65	155-160	1,223	10	1,318	0
Corporate Directors								
Neil Darvill – Chief Digital Information Officer	0	0	75-80	190-195	172	38	233	0
Elizabeth Poskitt – Interim Chief Financial Officer	0-2.5	0-2.5	45-50	100-105	834	10	925	0
Peter Mitchell – Interim Chief People Officer	2.5-5	0	5-10	0	38	55	98	0
Jenny Lewis – Group Chief People & Culture Officer	0	0	10-15	0	535	0	244	0
Paula Clarke – Group Formation Officer	2.5-5	0	10-15	0	162	40	227	0

Since pension gains cannot be allocated to specific organisations or prorated for roles under a year, the table includes the full pensions gains for all Group or part-year positions.

The real increases in pension, pension lump sum and Cash Equivalent Transfer Values for Nicholas Smith and Elizabeth Poskitt have been apportioned to reflect the period that they were in post as a senior manager for North Bristol NHS Trust

The Cash Equivalent Transfer Value at 1 April 2025 for Tim Whittlesotne and Nicholas Smith have been recalculated by NHS BSA

Nicholas Smith chose not to be covered by the pension arrangements for part of the reporting year.

2024-25 Pension Entitlements

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

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

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

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

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

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

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

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. A CETV is a payment made by a pension

scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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

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

Real Increase CETV

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

Staff Report

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

Staff Numbers

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

	2025/26			2024/25
Average Staff Numbers	**Permanent**	**Other**	**Total**	**Total**
	Number	**Number**	**Number**	**Number**
Medical and dental	1,272	49	1,321	1,236
Administration and estates	2,311	141	2,452	2,486
Healthcare assistants and other support staff	1,604	291	1,895	1,844
Nursing, midwifery, and health visiting staff	2,770	274	3,044	3,006
Scientific, therapeutic, and technical staff	1,074	10	1,085	1,026
Healthcare Science Staff	653	14	667	640
Total	**9,684**	**780**	**10,463**	**10,238**
Of Which				
Staff engaged on capital projects	50	1	51	42

Staff Composition

	2025/26			2024/25		
	Male	Female	Total	Male	Female	**Total**
Board members	10	6	16	10	6	16
Other staff	2,795	6,982	9,777	2,607	6,953	9,560
Total	**2,805**	**6,988**	**9,793**	**2,617**	**6,959**	**9,576**
Total %	**29%**	**71%**		**27%**	**73%**	

Staff Costs

The table below shows staff costs:

	2025/26			2024/25
Staff Costs	**Permanent**	**Other**	**Total**	**Total**
	£000s	**£000s**	**£000s**	**£000s**
Salaries and wages	508,686	7,442	516,128	485,853
Social security costs	66,254	0	66,254	50,996
Apprenticeship levy	2,497	0	2,497	2,375
Pension cost - Employer's contributions to NHS pension scheme	60,949	0	60,949	57,248
Termination benefits	995	0	995	515
Temporary staff - agency/contract staff	0	7,105	7,105	8,889
Pension Cost – Employer contributions paid by NHSE on provider's behalf (9.4%)	39,808	0	39,808	37,434
Total gross staff costs	**679,189**	**14,547**	**693,736**	**643,310**
Capital Of which				
Costs capitalised as part of assets	**2,859**	**162**	**3,021**	**2,960**

Exit Packages – Subject to Audit

Reporting of compensation schemes – exit packages 2025/26

The Exit packages agreed by the Trust are as follows:

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies £s	Number of other departures agreed	Cost of other departures agreed £s	Total numberof exit packages	Total cost of exit packages £s	Number of departures where special payments have been made	Cost of special payment element included in exit packages £s
Less than £10,000	0	0	37	165,894	37	165,894	0	0
£10,000 - £25,000	1	17,747	12	218,740	13	236,487	0	0
£25,001 - £50,000	1	43,689	2	73,882	3	117,572	0	0
£50,001 - £100,000	1	88,800	3	240,000	4	328,800	0	0
£100,001 - £150,000	1	146,667	0	0	1	146,667	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
Totals	**4**	**296,903**	**54**	**698,516**	**58**	**995,419**	0	**0**

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

During the reporting period, the Trust conducted two rounds of Mutually Agreed Resignation Schemes (MARS).

Reporting of compensation schemes – exit packages 2024/25 (audited)

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

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

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

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

Exit Packages: Other (non-compulsory) departure payments

	2025/26		2024/25	
	Agreements	**Total value of agreements**	**Agreements**	**Total value of agreements**
	Number	**£000s**	**Number**	**£000s**
Voluntary redundancies including early retirement contractual costs			0	0
Mutually agreed resignations (MARS) contractual costs	21	512	0	0
Early retirements in the efficiency of the service contractual costs			0	0
Contractual payments in lieu of notice	33	186	35	370
Exit payments following Employment Tribunals or court orders			0	0
Non-contractual payments requiring HMT approval			0	0
Total	**54**	**699**	**35**	**370**

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

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

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

Sickness Absence Data and Pension Liabilities

	2025/26	2024/25
Total Days Lost	101,805	101,813
Total FTE Staff Years	9,633	9,457
Average working days lost per staff year	11	11

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

Staff Policies applied during the year

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

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

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

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

Expenditure on consultancy

Expenditure on consultancy services was £128,530 (2024/25 £865,364) during the year.

Off Payroll Arrangements

As part of the 'Review of Tax Arrangements of Public Sector Appointees' the Trust is required to disclose the number of non-payroll arrangements which existed at 31 March 2026 and what action has been taken in regard to their tax status since that date.

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

Existing off-payroll engagements as of 31 March 2026, for more than £245 per day

	2025/26 Number
Number of existing engagements as of 31 March 2025	9
Of which, the number that have existed	
for less than one year at the time of reporting	8
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	1
for 4 or more years at the time of reporting	0

Any off-payroll engagements between 1 April 2025 and 31 March 2026, for more than £245 per day

	2025/26 Number
Number of temporary off-payroll workers engaged between 1 April 2024 and 31 March 2025	24
Of which	
Number not subject to off-payroll legislation	
Number subject to off-payroll legislation and determined as in-scope of IR35	24
Number subject to off-payroll legislation and determined as out of scope of IR35	
Number of engagements reassessed for compliance or assurance purposes during the year	
Of which, number of engagements that saw a change to IR35 status following review	

For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2025 and 31 March 2026:

	2025/26 Number
Number of off-payroll engagements of Board members, and / or senior officers with significant financial responsibility, during the financial year	0
Total no. of individuals on payroll and off-payroll that have been deemed "Board members, and/or senior officials with significant financial responsibility", during the financial year.	22