



Bolton

NHS Foundation Trust

Annual Report and Accounts 2024/25

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Bolton NHS Foundation Trust
Annual Report and Accounts 2024/25

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

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FOREWORD

Chair and Chief Executive Introduction

The closing weeks of 2024/25 have been incredibly challenging for the NHS, as the government called for an urgent, national focus on the fundamental priorities of the NHS.

As a provider of NHS services, this means we must continue to deliver against nationally set targets and challenges, whilst significantly reducing our costs to deliver better value for money for the taxpayer.

Over the past year we have transformed some of our services significantly. Thanks to the concerted efforts of our teams and partners, we have improved our Emergency Department 4 hour performance by 10%, the most improved Trust in Greater Manchester, with others now looking to Bolton for how to deliver upon lasting change. Each and every improvement means more people getting the help they need, when they need it. We continue to look for ways we can further improve our urgent care services through initiatives such as 'call to convey', working closely with our partners in the North West Ambulance Service to support more people with urgent needs in the community, avoiding unnecessary hospital admissions.

For the first time since early in the pandemic, the number of people waiting for our services has fallen below 40,000 – a reduction of 4,232 people. That's over 4,000 people no longer waiting for treatment, possibly enduring pain or a lower quality of life. We have continued to focus on investing in our estate wherever possible, ensuring that our services are fit for the future. Thanks to £38 million of external funding from NHS England, we are redeveloping our maternity and women's health unit to remove Reinforced Autoclaved Aerated Concrete (RAAC) from this area of the site. Further work is being scoped to address this in an area of our laboratories.

In addition, plans to reconfigure our Emergency Department and Urgent Treatment Centre will begin early in the new financial year. This will include a new ambulance handover area, an additional rapid handover bay, and a redesigned, modern waiting room to support new ways of working and better manage increasing demand.

We constantly seek to improve our services wherever possible. In the last 12 months we have achieved a 77% reduction in category 3 pressure ulcers thanks to the work of our Pressure Ulcer Improvement Collaborative – a short term learning system bringing healthcare professionals together to generate, test and share ideas for improvement on a specific topic e.g. Pressure Ulcers

We have trained 335 staff in Quality Improvement Fundamentals and supported 155 Quality Improvement projects - fostering a culture of continuous improvement where every team member understands their role in delivering exceptional patient care.

The 2024 NHS Staff Survey showed improved morale among our workforce, with our colleagues telling us they feel more engaged and better supported by their managers. Through our staff change programme, developed following the 2023 survey, we have

Foreword

delivered improvements in digital education, launched the 'Our Leaders' development programme, and increased recognition for staff achievements.

In the coming year, based on feedback, the programme will focus on ensuring everyone has the tools and resources needed to do their jobs effectively, tackling discrimination in all its forms, and doing further work to understand the reasons behind a reduction in the number of colleagues who would recommend us as a place to receive care.

We end the year with our six integrated neighbourhood teams marking their first year of co-location, a key milestone in delivering more joined-up, community based care for the people of Bolton.

Next year, we will continue to further develop this model, which will ultimately see a shift in patients being cared for in hospital, to the community. This includes expanding our urgent community response offer so more traditionally hospital-based care is being delivered within the place patients' call home, alongside launching a new integrated transfer of care hub.

Whilst we know we have difficult times ahead, we remain focused on our ambition: to improve care, and transform lives for the people we serve.

And finally, a special thank you to Jackie Njoroge, our longest serving Non-Executive Director and Vice Chair, whose tenure concluded in August and Tosca Fairchild, who stepped down from her role as one of our Non-Executive Directors at the end of March. Their expertise and insight has been invaluable, and we are grateful for their contributions during their time with us.

Dr Niruban Ratnarajah
Chair, Bolton NHSFT



Fiona Noden
Chief Executive Bolton NHS FT



1. THE PERFORMANCE REPORT

1.1. Overview of Performance

The purpose of this overview of performance is to provide information on our organisation, its history and purpose. The Chief Executive also presents her perspective on our performance during the financial year 2024/25 and describes the key issues, opportunities, and risks as determined by the Board.

1.2. Statement on the Purpose and activities of the Trust

We are an integrated care organisation providing acute and community care and support in health centres and clinics, including Bolton One complex in the town centre, as well as domiciliary and ill-health prevention services. We also provide intermediate care in the community and a wide range of acute services at the Royal Bolton Hospital.

Our vision is to be an excellent integrated care provider within Bolton and beyond delivering patient centred, efficient, and safe services.

We believe in:

High quality care centred on individual needs rather than the needs of professionals and organisations.

- Integration across health and social care.
- Accessible, convenient and responsive services 24/7.
- Local wherever possible, centralised where necessary.
- Empowering clients and patients to manage their own care and self-care with information.

1.3. History and Statutory Background

Bolton NHS Foundation Trust is an integrated care organisation providing care and support in the community at over 20 health centres and clinics as well as services such as district nursing and health visiting. We also provide intermediate care in the community and a wide range of services at the Royal Bolton Hospital.

We were authorised as a Foundation Trust in October 2008 and became an integrated care organisation in July 2011 following the transfer of services from the provider arm of NHS Bolton.

We have a wholly owned subsidiary Integrated Facilities Management Bolton (iFM Bolton Ltd - company number 10278178) which was formally established in July 2016 and became operational on 01 January 2017. iFM Bolton provides a full range of estates and facilities services to the Trust including cleaning and porter services that were previously provided by a private company.

Performance Report

1.4. Preparation of Accounts and adoption of Going Concern

The Annual Report and Accounts have been prepared in accordance with the direction issued by NHSE under the National Health Service Act 2006. This report is intended to be self-standing and comprehensive in its scope. However, where further information is available, this will be cross-referenced within the report.

For regular updates on our performance and any matters affecting the Trust please refer to our website www.boltonft.nhs.uk

1.5. Going Concern

After making enquiries, the directors have a reasonable expectation that the services provided by Bolton NHS Foundation Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the Going Concern basis in preparing the Accounts, following the definition of Going Concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

This judgment was based on the following factors:

- Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.
- The Trust Board has taken assurances throughout the year through the Audit and Risk Committee and the Finance and Investment Committee, that plans are robust and deliverable.

Please refer to the notes to the Accounts for further detail

I can confirm that the Annual Report and Accounts, taken as a whole, is fair, balanced and understandable, providing the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.



Fiona Noden

Chief Executive, Bolton NHS FT

26 June 2025

2. PERFORMANCE ANALYSIS

2.1. Performance reporting

The Integrated Performance Report provides a comprehensive understanding of how services and the organisation are performing across quality and safety outcomes, workforce activity, finance and regulatory requirements.

The framework supports operational processes to ensure continuous improvement in the quality and delivery of services. It also supports the assurances required by the Trust Board and Committees, with a clear and dynamic line of sight of issues from 'ward to Board'.

A detailed performance dashboard is published each month providing the latest position against a suite of measures. These include our compliance with standards outlined in the NHS Constitution, metrics that provide assurance with regard to the quality of care we provide and metrics associated with our staff including sickness absence rates and training rates (*see staff section of this report*).

2.2. Performance metrics

In this past year, we have made vast improvements in our delivery of operational performance against set national targets, all of which focus on improving access times to care for patients. We experienced some challenges brought on by a reduced clinical footprint due to RAAC refurbishments, but we continue to prioritise timely high quality planned and unplanned care for our patients. We have made good improvements in access times for our patients who need elective care, urgent care, diagnostic tests and cancer care.

At the beginning of the year, industrial action impacted on our delivery of services. However, this was mitigated through productivity gains and insourcing of additional clinical resource to support the reduction of access times. The Trust ended 2024/2025 with no patients waiting over 104 weeks for care, one patient waiting over 78-weeks, which was due to a national shortage in corneal graft material and 12 patients waiting over 65-weeks, due to unavailability of graft material, patient choice or complexity. We are now focused on creating sufficient capacity to be able to eradicate patients waiting over 52 weeks by the end on 2025/2026. We are also focusing on increasing the percentage of patients who are seen and treated within 18 weeks. The number of patients waiting for access to elective care is now below 40,000 which is the first time since 2023 (post pandemic) and plans are in place to reduce this further.

For those who need our care urgently, we have made substantial improvement to access times, and we were recognised as one of the top 10 organisations nationally to have most improved performance. We recognise that there is still more to be done and are committed to reducing access times further this year. In March 2025 the Trust achieved 71.8% of patients waiting under four hours from arrival to admission, transfer or discharge, against a national standard of 78%. This is a 10% improvement from March 2024. The Trust has plans in place to continue this improvement trajectory for timely access to urgent care.

Performance Analysis

We are proud to have made improvements this year in our cancer standards performance and maintain strong delivery of cancer targets nationally. In December 2024, Bolton was the highest performing organisation nationally for the 28-day faster diagnosis standard and we have maintained high performance throughout the year.

The Trust achieved the Diagnostics Waiting Times and Activity Monthly Return (DM01) national target and ensured that 95% of patients received diagnostic care within six weeks (national target is 5% not seen within six weeks.) In March 2024, our onsite Community Diagnostics Centre opened which has supported increased access to diagnostic testing across Greater Manchester.

Table 1 below outlines our performance against the operational performance metrics used by NHS England to monitor and assess NHS providers.

Performance Analysis

Performance against the relevant indicators and performance thresholds

(Risk Assessment Framework and NHS England Oversight Framework)








Indicator	Target	Achieved	March 2025 Position	
All cancers: (February 2025 position)				
Cancer 28-day faster diagnosis (Feb 25)	>=77%		90.2%	Feb 25 reported a month in arrears Target as per Operating plan guidance
31 Day General Treatment Standard for Cancer (Feb 25)	>=96%		97.7%	Feb 25 reported a month in arrears
62 Day General Standard for Cancer (Feb 25)	>=70%		81.5%	Feb 25 reported a month in arrears Target as per Operating plan guidance
Referral to Treatment (March 2025 position)				
65 week waits (March 2025)	0		12	12 patients waiting longer than 65 weeks for their treatment, which is an improvement against 639 patients the previous March. 6 of these patients were awaiting corneal graft transplant, while a further 5 patients had complex treatment pathways, and 1 patient chose to delay their treatment to April
78 week waits (March 2024)	0		1	1 patient had waited longer than 78 weeks for their treatment which is an improvement against 26 patients the previous March. This patient was awaiting corneal graft transplant
A&E waiting times (March 2025 position)				
A&E: Maximum waiting time of four from arrival to admission, transfer or discharge (March 25)	78%		71.8%	10% improvement from March 2024 and the Trust has been recognised as one of the top 10 organisations nationally to have most improved performance
Diagnostic Waiting time (March 2025 position)				
Maximum 6 week wait for diagnostic procedures (% of diagnostic waits > 6 weeks) (March 25)	5%		5.00%	
Venous thromboembolism (VTE) risk assessment included in “Reporting against core indicators section” 94.4% for March 25				

Table 1

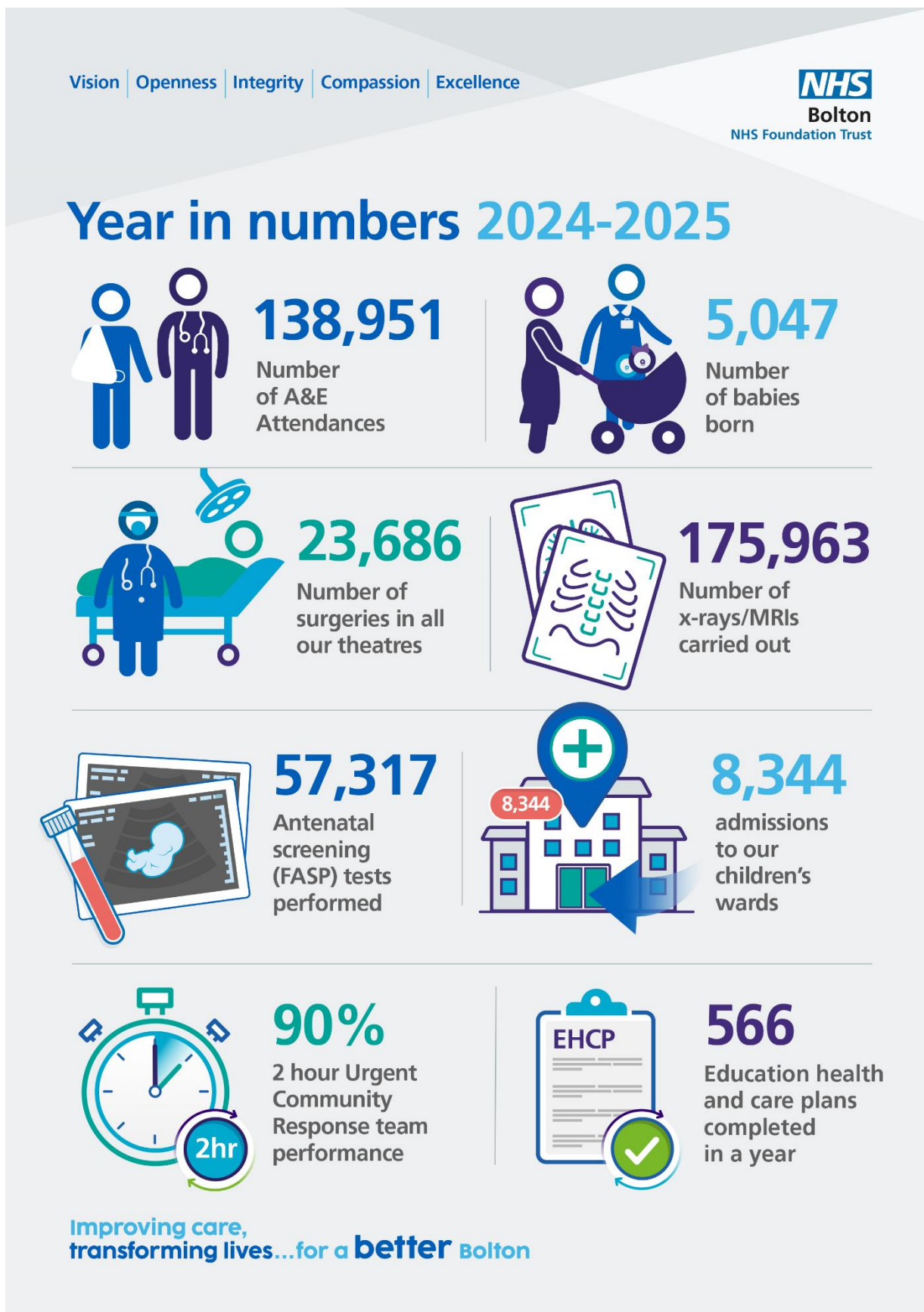


Figure 1

Performance Analysis

Vision | Openness | Integrity | Compassion | Excellence

NHS
Bolton
NHS Foundation Trust



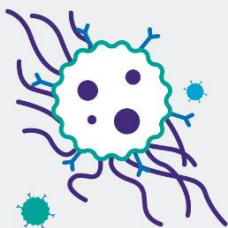
64%

4 hour Emergency
Department
performance



6.91

NHS staff
engagement
score



84%

of cancer patients
diagnosed and
started treatment
within 62 days



£530.7M

Annual
Trust
turnover



24,303

Number of no
criteria to reside
delayed days



6,945

Number of
staff employed
at the Trust



92%

Overall Friends
and Family Test
satisfaction rates



Community
contacts

515,065



Hospital
Inpatients

88,014



Hospital
Outpatients

711,683

Improving care,
transforming lives...for a **better** Bolton

Figure 2

Performance Analysis

2.4. Patient Care

We want patients to receive the best possible care and treatment from our Trust, and we are committed to improving the experiences of our patients and their families whenever they access our services.

The Patient Advice and Liaison Service (PALS) have continued to support people by offering impartial advice and assistance to patients, their relatives, friends, and carers. Through listening to feedback, answering questions and helping to resolve concerns about our services we can continually improve the services we offer. In previous years the highest number of issues raised was in relation to appointments however, in 2024/25, issues with appointments have reduced and decisions regarding treatment generally are the main reason for service users contacting PALS.

The Friends and Family Test feedback shows that we continue to maintain consistently high levels of satisfaction - demonstrated in both the recommendations scores, as well as the comments we receive. The Friends and Family Test asks patients to rate how their experience was overall and why they gave their answer. This feedback enables us to look at how improvements can be made and to celebrate where this is positive.

We aim to provide safe, high quality, and effective healthcare to our community. Feedback, both positive and negative, helps us improve the quality of our care. In 2024/25, we have started to promote numerous other ways for patients or their relatives to provide feedback as well as ways to “thank you” to staff for the care they have provided. This will be progressed further during 2025/26.

In 2024/25 there were 198 formal complaints registered. This represented a small increase when compared to the 189 formal complaints received in 2023/24. The team also managed 1,859 informal concerns, and 723 enquiries with each contact enabling the team to support patients, relatives and carers.

2.5. Incident Management

Our approach to incident management is set out in our Incident Reporting Policy. The purpose of this policy is to ensure that the Trust has systems and processes in place for the timely reporting and investigation of incidents in line with best practice. The Trust aims to achieve and maintain high standards of incident reporting and investigation so that lessons learned are identified, shared and improvements can be made to promote safety and prevent recurrence as far as reasonably practicable.

In 2024/25 the Trust continued to implement the Patient Safety Incident Response Framework. This replaced the Serious Incident Framework and focuses on learning and improvement from incidents with an aim on thematic and timely learning and involving those affected by an incident.

The Trust recorded **no** Never Events in 2024/25 which was a notable improvement from two events reported in 2023/24.

Whilst all Never Events are regrettable, incidents, complaints, claims, audits and coroner's inquests provide us with the opportunity to reflect when our practice could have been better. The Quality Governance team are central to ensuring that the intelligence gleaned from such events is accurate timely and available to Divisional teams.

Performance Analysis

The Trust ensures that lessons learned are shared with appropriate audiences across the organisation in formats that are engaging, helpful and easy to appreciate.

2.6. Financial Overview

The Annual Accounts included within this report provide a detailed breakdown of the Trust's financial performance in 2024/25.

We ended the year with a reported accounts deficit of £8.9m (prior year reported accounts deficit was £24.8m) and when technical adjustments are applied, an NHSE performance deficit of £0.6m (prior year NHSE performance deficit was £13.5m). This was in line with expectations set in the plan at the start of the financial year. Overall, this was another strong financial performance given the challenges of the year, on a turnover of £530.7m. This includes £9.7m non recurrent deficit support funding.

During the year, we worked hard to control the costs where possible, saving a total of £25.8m. This was better than anticipated but was mainly delivered by one off savings of £17.0m. The recurrent schemes have a full year effect of £13.6m.

We had a year-end cash balance of £10.6m, a decrease of £5.3m from the previous year. Within the overall cash position for the year, the revenue cash was £2.0m, which is just above the minimum revenue cash balance set for Bolton by NHS England. During the year we received £10.7m of additional funding for capital projects. The cash position enabled us to achieve a Better Payment Practice Code performance of 97.3% for the year by value and 95.5% by volume.

We spent £16.7m on capital schemes during the year on a range of projects including:

- RAAC eradication within Maternity (ongoing)
- Refurbishment of Emergency Department to improve patient flow (ongoing)
- Refurbishment of steam traps
- Purchase of a Building Management System
- Purchase of monitors for Family Care and Emergency Department

Despite the achievement in 2024/25, we still have a significant underlying deficit moving into the next financial year. This is because of the significant effect of one-off income and savings during the year.

Our aim is to continue to use our resources wisely and maintain our financial sustainability. We will continue to work to achieve our aims and refine our financial plans as we move through 2025/26 and the on-going.

2.7. Equality of Service Delivery

We remain firmly committed to ensuring that every individual accessing our services receives care that is equitable, inclusive, and responsive to their needs. Our approach is rooted in a deep understanding that health inequalities are avoidable and unjust, and we are determined to address the structural and systemic barriers that contribute to them.

Performance Analysis

In 2024/25, the Trust continued to strengthen its efforts to reduce health disparities by improving access to care, enhancing patient experiences, and delivering better outcomes for marginalised and underserved communities. This work is underpinned by our alignment with the NHS Equality, Diversity and Inclusion (EDI) Improvement Plan, which we are embedding across governance, training, and accountability frameworks.

A key area of focus has been improving compliance with the Accessible Information Standard. We are working to ensure that communication support and accessible formats are consistently available, enabling patients with sensory, cognitive, or communication needs to fully engage with their care. In parallel, we are digitising inclusive tools and processes to enhance usability and accessibility and embedding inclusive design principles across our estate to create welcoming, barrier-free environments.

We are also implementing a strengthened approach to reasonable adjustments. This includes developing clearer pathways, increasing awareness among clinical teams, and improving the coordination and signposting of support for patients with disabilities or other access needs. These efforts are designed to ensure that adjustments are not only available but proactively offered and effectively delivered.

To support data-driven improvement, the Trust is enhancing its capability to analyse patient experience data by protected characteristics. This will enable us to identify disparities in access, experience, and outcomes, and to target interventions where they are most needed. By embedding this insight into our quality and service improvement cycles, we aim to ensure that no group faces disproportionate barriers or poorer outcomes.

Our work is guided by robust governance through the Equality, Diversity and Inclusion Assurance Group (EDIAG), which plays a central role in monitoring progress, shaping strategy, and ensuring accountability. The group is also overseeing the implementation of a refreshed Equality Impact Assessment (EIA) framework, which introduces a two-step process, screening and full improvement planning, to be applied to all policies, projects, and service plans from May 2025.

Together, these initiatives reflect our unwavering commitment to delivering high-quality care that is informed by lived experience and shaped by inclusive values. We recognise that inclusion is not a one-off initiative but a continuous journey—one that requires vigilance, compassion, and collective action.

2.8. Risk Management

The Board of Directors holds ultimate accountability for ensuring that effective risk management supports the delivery of the Trust's Strategic Ambitions. This responsibility is discharged through a well-established and structured risk management framework that enables the identification, assessment and mitigation of principal risks that could impact the achievement of these ambitions.

At the core of this framework is the Board Assurance Framework (BAF) which provides a strategic overview of the key risks aligned to each ambition. It ensures that

Performance Analysis

appropriate mitigating actions are not only identified but also implemented and monitored. The BAF is reviewed regularly by the Board to maintain oversight and ensure that risk exposure remains within the Trust's defined risk appetite.

The Risk Management Policy sets out the process for the identification and evaluation of the risk, which are based on a combination of structured analysis and professional judgment, assessing both the likelihood and impact of potential risks. This process is supported by the development of robust control measures which are monitored for effectiveness and adjusted as necessary in response to internal and external changes.

The Audit and Risk Committee plays a critical role in providing independent assurance on the effectiveness of the risk management system. It reviews internal audit findings, ensures that any significant issues are escalated appropriately and seeks further assurance where necessary. The Committee also monitors the implementation of audit recommendations and the responsiveness of management to identified risks.

Operationally day-to-day risk management is embedded within the Trust's business processes and is the responsibility of senior managers and clinical leaders. They are expected to proactively manage risks within their areas of accountability, maintain up-to-date risk registers and escalate significant risks through the appropriate governance channels. This integrated approach ensures that risk management is not a standalone activity but a dynamic and continuous process that supports informed decision-making, enhances resilience and safeguards the Trust's ability to deliver high-quality care.

Further detail on the governance processes supporting our risk management can be found in our Annual Governance Statement on page 92 of this report.

2.9. Principal Risks faced and impact

Our workforce has always been important to us and this year their true importance was highlighted yet again as our staff continued to go to extraordinary lengths to deliver care to our patients under extremely difficult circumstances.

Table 2 below sets out the Trust's Ambitions and the principal risks to achieving these. They do not comprise all of the risks associated with the Trust and are not set out in priority order.

Performance Analysis

Corporate Objective		Principal Risk	Risk Appetite
Ambition 1: Improving care, transforming lives			
CO1	Deliver high quality, safe care to everyone who uses our services and make sure that everyone has a positive experience of our care	If the Trust does not provide safe, high-quality, and effective patient care, then overall experience of care may be adversely affected resulting in poor clinical outcomes, an inability to meet patients' evolving needs, increased health inequalities and unsustainable services	Avoid
CO2	Create a culture where staff can innovate and collaborate to improve care	If the Trust does not create a culture where staff can innovate and collaborate to improve care, then it will be unable to support or take an innovative approach to healthcare research to adapt to the changing needs of our patients resulting in sub-optimal response to the needs of its patients and staff	Cautious
CO3	Play our part in improving health and preventing illness, so that people live healthier lives	If the Trust does not play its part in improving health and preventing illness, then the Trust will be unable to plan and respond to the needs of its community leading to an increase in health inequalities, unsustainable services and poor clinical outcomes	Cautious
Ambition 2: A great place to work			
CO4	Improve the experience of our staff and make our organisation a great place to work.	If the Trust does not achieve its Ambition (To be a great place to work) then it will be unable to recruit, retain and support staff to maximise their potential	Cautious
CO5	Help all staff to unlock their potential	If staff are not supported to unlock their full potential, then we risk reduced performance, lower morale, and missed opportunities for innovation and improvement	Cautious
CO6	Ensure that our workforce reflects the population we serve	If our workforce does not reflect the diversity of the population we serve, then we risk reduced public trust, diminished service effectiveness and potential reputational harm.	Cautious
Ambition 3: A high performing productive organisation			
CO7	Improving access to our services	If the Trust does not deliver reliable compliance of the operational standards, then this may result in regulatory action.	Minimal
CO8	Being Efficient and Productive	If the Trust does not optimise its processes, this could negatively impact productivity and efficiency, resulting in unsustainable services	Minimal
CO9	Delivering Financial Sustainability	If the Trust does not deliver its Financial Plan, then it will fail to meet its financial objectives, which could negatively affect the Trust's long-term financial sustainability	Minimal
Ambition 4: An organisation that's fit for the future			
CO10	Being digitally enabled and inclusive	If the Trust is not digitally enabled and inclusive, then it can face significant challenges, including barriers to essential services, widening health inequalities, missed economic and educational opportunities	Minimal
CO10 a	Cyber Security	If the Trust lacks cyber resilience due to limited expertise, outdated systems and inadequate recovery measures, then it faces increased exposure to cyber threats which could	Avoid

Performance Analysis

		lead to service disruption and non-compliance with regulatory standards.	
CO11	Improving our estate	If the Trust does not provide compliant and reliable premises and supporting infrastructure then personal safety and business effectiveness will be compromised resulting in potential harm, service disruption and potential statutory breach.	Avoid
CO12	Proactively planning for the future	If the Trust fails to proactively plan for the future, it will negatively affect service provision and hinder the overall achievement of the Strategy	Minimal
Ambition 5 : A positive partner			
CO13	Developing our neighbourhoods	If the Trust fails to integrate care, opportunities to improve the health and wellbeing of the population of Bolton will be missed	Open
CO14	Working as one team	If the Trust does not promote a collaborative environment, it could result in fragmented efforts, misaligned objectives, and inefficiencies.	Open
CO15	Delivering financial sustainability	If the Trust does not establish partnerships that align with its ambitions then this could negatively affect the services on offer, infrastructure, and financial stability	Open

Table 2

2.10. Taskforce On Climate-Related Financial Disclosures (TCFD)

NHS England's NHS Foundation Trust Annual Reporting Manual (ARM) has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports.

TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

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

Board's oversight of climate-related issues

The Trust is committed to advancing the Green Plan's initiatives, ensuring responsibility, compliance, and effective communication, as well as cultivating a culture of sustainability within the organisation. As part of its annual workplan cycle, the Board receives the Green Plan, which sets out the Trust's strategic approach to environmental sustainability.

Performance Analysis

Since the launch of Our Green Plan in 2022, the Trust has made significant progress in understanding how to measure and strategically manage its environmental impact.

The proposed priorities for the new Green Plan 2025–2030 will continue to embed sustainability across the organisation and support the Trust's ambition to achieve net-zero carbon emissions by 2038. The revised plan is designed to embed sustainability into core operations and remains aligned with the Trust's vision of delivering sustainable, high-quality healthcare while enhancing resilience, wellbeing, and environmental stewardship.

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

In order to implement "Our Green Plan", management has a vital role in making sure that the organisation's values and behaviours reflect sustainability. This also involves setting up necessary groups to make changes, reducing the carbon footprint, developing an environmental policy, and measuring carbon emissions against the Green Plan's targets.

The Strategic Estates Board, which reports to the Finance and Investment Committee of the Board, oversees the "Green Group". The Green Group oversees tracking of annual improvements on sustainability, reporting on achievements and future, informing stakeholders of the Trust's dedication to sustainability, and complying with annual reporting.

Organisation's processes for identifying and assessing climate-related risks

Alongside a robust risk management process, the risks are also identified from the yearly NHS Core standards for Emergency Preparedness, Resilience and Response with specific emphasis in 2019 deep dive. The risk is extrapolated from the national and community risk registers into the Trust EPRR Risks regarding

- Adverse weather such as heatwave, snow and flooding
- Buildings and estates age / pre-planned maintenance, planning and adaptations on existing and new buildings for adverse weather and for expected climate change
- Business continuity planning and training in mitigation and response related to adverse weather incidents

As well as planning for the mitigation and response to this risk where practicable through established business continuity plans and specific incident response plans under the Trust's Emergency preparedness, resilience and response (EPRR) that support the management of climate-related risks.

Organisation's processes for managing climate-related risks

Alongside a robust risk management process, there are established business continuity plans under the Trust's Emergency preparedness, resilience and response (EPRR) that support the management of climate-related risks.

Performance Analysis

Organisation's processes for integrating the identification, assessment, and management of climate-related risks into the organisation's overall risk management

As seen in the risk management section para 2.6 and the corresponding governance associated with it, Principal Risks 12 of Ambition 4 are climate-related risks associated with the Trust's ambitions. Climate-related risks being highlighted as risks to the high-level Trust ambitions show how these risks are integrated into the Trusts' risk management processes.

The metrics used to assess climate-related risks and opportunities in line with its strategy and risk management process

Climate-related risks are assessed within the robust risk management process of the Trust.

The targets used to manage climate-related risks and opportunities and performance against targets

The new Green Plan will include programmes of works to ensure that the Trust has robust Climate Adaptation plans based upon the climate-related risks already identified through the risk management process. As part of the Green Plan, targets will be included and reported through the 'Our Green Group' governance process.

Our 2024 – 29 Strategy



Figure 3

Our Vision

To deliver exceptional care to improve the health and wellbeing of our communities.

Our Values

Vision

Be Positive

Openness

Be Inclusive

Integrity

Be Honest

Compassion

Be Kind

Excellence

Be Bold

Our five core ambitions

A great place to work

We will invest in our staff and support them to develop their skills so they are able to provide the best care. Our workforce will feel a sense of belonging and be reflective of our communities

What this means in practise:

Improving staff experience

Unlocking our potential

Reflecting our population

A positive partner

We will embrace and build on the partnerships we have with our communities and organisations in Bolton and across Greater Manchester, and to improve health and outcomes for our population.

What this means in practise:

Developing our neighbourhoods

Working as one team

Partnering for Local benefit

Improving care, transforming lives

We will deliver high quality care through a focus on safe and effective systems and processes and make sure that everyone has a positive experience in our care. We will work to improve people's health, to transform the lives and outcomes of the people of Bolton.

Improving safety, effectiveness & experience

Innovating & collaborating for the future

Playing our part in improving health

A high performing, productive organisation

We will make the best use of our resources and identify opportunities to innovate, develop research and continually evolve so that we can be the best we can possibly be, both now, and in the future.

What this means in practise:

Improving access to our services

Being efficient and productive

Delivering financial sustainability

An organisation that's fit for the future

We will make sure that we have the right infrastructure and technology to allow our systems to work seamlessly, and our buildings will enable us to provide the best care. We will look for opportunities to reduce the impact we have on the environment.

What this means in practise:

Being digitally enabled & inclusive

Improving our estate

Proactively planning for the future

Improving care,
transforming lives...for a **better Bolton**

Performance Analysis

2.10 Our Core Ambitions

Our core ambition is to deliver the best care for people when they use our services, and that's why *Improving Care, Transforming Lives* is the central ambition in our strategy.

Ambition 1: Our care improves care and transforms lives		Our Objectives	How we will do it
	<p>We will continuously improve the care that we provide, and will transform the lives and outcomes of the people of Bolton</p>	<ul style="list-style-type: none"> • Deliver high quality, safe, care to everyone who uses our services and make sure that everyone has a positive experience of our care. • Create a culture where staff can innovate and collaborate to improve care. • Play our part in improving health and preventing illness, so that people live healthier lives 	<ul style="list-style-type: none"> • We will deliver high quality, safe care and make sure that everyone has a positive experience of our care by: • We will make it easier for our staff to innovate and collaborate to improve care by: • We will play our part in improving health and preventing illness to help people live healthier lives by:
Ambition 2: A great place to work		Our Objectives	How we will do it
	<p>We will invest in our staff and support them to develop their skills so they are able to provide the best care. Our workforce will feel a sense of belonging and be reflective of our communities</p>	<ul style="list-style-type: none"> • Improve the experience of our staff and make our organisation a great place to work. • Help all staff to unlock their potential. • Ensure that our workforce reflects the population we serve. 	<p>We will improve the experience of our staff and make our organisation a great place to work</p> <p>We will help all staff to unlock their potential</p> <p>We will make sure that our workforce reflects the population we serve</p>

Performance Analysis




Ambition 3: A high performing, productive organisation			
	<p>We will identify opportunities to improve our performance across all areas of our business so that we improve access, experience and outcomes for our population, whilst making the best use of our resources</p>	<ul style="list-style-type: none"> • Improve access to our services. • Be more productive and efficient. • Be a financial sustainability organisation 	<p>We will improve access to our services</p> <p>We will be productive and efficient</p> <p>We will deliver financial sustainability</p>
Ambition 4: Our organisation is fit for the future			
	<p>We will make sure that we have the right information, infrastructure and technology to support our organisation to work efficiently and effectively now and in the future.</p>	<ul style="list-style-type: none"> • Be digitally enabled and inclusive. • Improve our estate and make it more environmentally sustainable. • Proactively plan for the future. 	<p>We will be digitally enabled and inclusive</p> <p>We will improve our estate</p> <p>We will proactively plan for the future</p>
Ambition 5: Our organisation is a positive partner			
	<p>We will work in partnership with our communities, our local partner organisations and other Greater Manchester healthcare providers to achieve our shared goal of improving the lives, health and experiences of our population.</p>	<ul style="list-style-type: none"> • Develop our neighbourhoods in partnership with our communities • Work as one team across our organisation and with our locality partners • We will develop partnerships for local benefit. 	<p>Our patients and service users have access to neighbourhood services that feel more connected and responsive to their needs.</p> <p>We work seamlessly with our partners</p> <p>We will focus on giving back to local community creating opportunities for local people to train and gain employment in Bolton.</p>

Table 3

3. ACCOUNTABILITY REPORT


3.1. Directors' report

Bolton NHS Foundation Trust operates according to the highest corporate governance standards. The Board of Directors' is a Unitary Board with a wide range of skills and experience. The Board is balanced and complete in its composition and appropriate to the requirements of the Trust. The Non-Executive Directors have wide-ranging expertise and experience including backgrounds in commercial, local government, finance and primary care.

The Directors are responsible for preparing the Annual Report and Accounts each year. The following Accountability Report element of this Annual Report comprises:

- Directors' report
- Remuneration report
- Staff report
- The disclosures set out in the NHS Foundation Trust Code of Governance
- NHS Oversight Framework
- Statement of accounting officer's responsibilities and
- Annual Governance Statement.

In my capacity as Accounting Officer, I can confirm that to the best of my knowledge the report is an accurate reflection of the Trust's business in 2024/25.



Fiona Noden
Chief Executive
26 June 2025

3.2. Our Board of Directors

The Board of Directors is the body legally responsible for the management of the Trust and is accountable for the operational delivery of services, targets and performance, as well as the definition and implementation of our strategy. It has a duty to ensure the provision of safe and effective services for our service users. It does this by having in place effective governance structures and by:

- Establishing and upholding Trust values and culture
- Setting the strategic direction
- Ensuring the Trust provides high quality, safe and effective service user and carer focused services.
- Promoting effective dialogue with the Trust's local communities and partners
- Monitoring performance against Trust Ambitions, targets, measures and standards
- Providing effective financial stewardship; and
- Ensuring high standards of governance are applied across the Trust.

The Chair of the Trust is responsible for ensuring that the Board of Directors focuses on the strategic development of the Trust and that robust governance and accountability arrangements are in place. The Chair of the Trust, chairs both the Board of Directors and the Council of Governors ensuring there is effective communication between the two bodies and that, where necessary, the views of the governors are taken into account by the Board.

Whilst the Executive Directors are individually accountable to the Chief Executive for the day-to-day operational management of the Trust, they along with the Non-Executive Directors, are part of the Unitary Board. They all share corporate responsibility and liability for ensuring that the Trust operates safely, effectively and economically. They do this by making objective decisions in the best interests of the Trust. The Non-Executive Directors will assure themselves of performance by holding the Executive Directors to account for the achievement of the agreed goals, objectives, targets and measures.

The Board sets out the Trust's Vision, Values and Standards of Conduct whilst ensuring that its obligations to Trust members and the wider public are understood, clearly communicated and met. This is achieved by ensuring that the Board is made up of individuals who have the appropriate balance of skills, experience, independence and knowledge to enable the Board to discharge its duties and responsibilities effectively.

The Board transparently provides entrepreneurial leadership, supports Trust colleagues in accordance with the Trust's VOICE values and accepted standards of behaviour in public life including the Nolan Principles of: Selflessness; Integrity; Objectivity; Accountability; Openness; Honesty and Leadership.

Accountability Report

3.3 Board Composition

Chair and Chief Executive

Dr Niruban Ratnarajah

Chair of the Board of Directors and Council of Governors.

Chair of the Nomination and Remuneration Committee

Niruban was appointed Trust Chair in June 2023, for a three year period. There is an open invite for Niruban to attend all committees with the exception of Audit and Risk Committee.



Fiona Noden

Chief Executive

Appointed Chief Executive in April 2020



Fiona regularly attends all Committees of the Board except Audit and Risk Committee.

Non-Executive Directors

Seth Crofts

Senior Independent Director (from Sept 24)

Appointed November 2023

Current Tenure: 1st term

Committee Membership

- Quality Assurance Committee
- Charitable Funds Committee
- People Committee
- Nomination and Remuneration Committee



Rebecca Ganz

Appointed Jan 2020

Current Tenure: 1st term

Committee Membership

- Finance and Investment Committee (Chair)
- Quality Assurance Committee
- Charitable Funds Committee
- Nomination and Remuneration Committee



Sean Harriss

Appointed November 2023

Current Tenure: 1st term

Committee Membership

- Finance and Investment Committee
- Audit and Risk Committee
- People Committee
- Nomination and Remuneration Committee



Martin North

Deputy Chair

(from Sept 24)

Appointed June 2018

Current Tenure: 2nd term + 1 year extension

Committee Membership

- Charitable Funds Committee (Chair)
- Quality Assurance Committee
- Finance and Investment Committee
- Nomination and Remuneration Committee



Accountability Report










<p>Alan Stuttard</p> <p>Appointed Jan 2019</p> <p>Current Tenure: 2nd term + 1year extension</p> <p>Committee Membership</p> <ul style="list-style-type: none"> • Audit and Risk Committee (Chair) • Charitable Funds Committee • People Committee • Nomination and Remuneration Committee 		<p>Fiona Taylor</p> <p>Appointed Nov 2023</p> <p>Current Tenure: 1st term</p> <p>Committee Membership</p> <ul style="list-style-type: none"> • Quality Assurance Committee (Chair) • Audit and Risk Committee • People Committee • Nomination and Remuneration Committee 	
EXECUTIVE DIRECTORS			
<p>Dr Francis Andrews</p> <p>Medical Director</p> <p><i>Francis commenced in post in August 2018.</i></p>		<p>Sharon Katema</p> <p>Director of Corporate Governance</p> <p><i>Sharon commenced in post in February 2022.</i></p>	
<p>James Mawrey</p> <p>Deputy Chief Executive / Chief People Officer</p> <p><i>James commenced in post in Feb 2018 and appointed as Deputy Chief Executive in January 2022.</i></p>		<p>Tyrone Roberts</p> <p>Chief Nursing Officer</p> <p><i>Tyrone commenced in post in April 2022.</i></p>	
<p>Annette Walker</p> <p>Chief Finance Officer</p> <p><i>Annette commenced in post in 2017.</i></p>		<p>Rae Wheatcroft</p> <p>Chief Operating Officer</p> <p><i>Rae commenced in post in January 2022.</i></p>	
<p>Sharon White</p> <p>Chief of Strategy and Partnerships</p> <p><i>Sharon commenced in post in 2018.</i></p>			

Table 4

Accountability Report

3.4 Changes to our Board

Non-Executive Directors play a vital role in ensuring effective governance by offering independent scrutiny, strategic oversight and external expertise. They help shape organisational culture, represent community interests and ensure accountability to patients and the public. The Board extends its gratitude for the dedicated service and invaluable contributions provided by the Non-Executive Directors as their roles are crucial in guiding our governance and strategic direction. During the financial year the Board said farewell to Jackie Njoroge and Tosca Fairchild.

Jackie commenced her tenure with the Trust in September 2016 as Audit Chair and continued in this capacity until January 2022 at which time she was appointed Deputy Chair of the Trust and Chair of the Finance and Investment Committee. She played a pivotal role particularly when the Trust had to establish a Financial Controls Committee in response to financial challenges. During the interregnum, Jackie was appointed by the Council of Governors as the Interim Chair and provided invaluable support to the Board and Council of Governors during the Chair appointment process.

Tosca Fairchild began her role with the Trust in December 2023 as the Chair of the People Committee. Tosca brought a wealth of experience and expertise to the Trust having previously held leadership positions in NHS organisations. She assumed the role of Chair of the People Committee and contributed to drive forward our mission to ensure that diversity is not only acknowledged but celebrated within the Trust.

Leavers from the Board of Directors during 2024/25.

Jackie Njoroge

Deputy Chair

Appointed Sept 2016

Left Sep 2024

Committee Membership

- Finance & Investment Committee (Chair)
- Quality Assurance Committee
- Nomination and Remuneration Committee



Tosca Fairchild

Appointed December 2023

Resigned 31 March 2025

Committee Membership

- People Committee (Chair)
- Audit and Risk Committee
- Finance and Investment Committee
- Nomination and Remuneration Committee



Table 5

3.5 Board of Director's Meetings

In line with its Standing Orders, the Board of Directors held seven meetings in public during 2024/25 all of which were quorate. The formal public Board meetings are held on a bi-monthly basis whilst the informal meetings interchange between Strategy and Development Sessions.

The agenda and meeting packs for all Board of Director's meetings including the minutes of the previous meeting are available on request from the Director of Corporate Governance and are also published on the [Trust website](#).

Accountability Report

Table 6 below provides a summary of attendance at all formal meetings of the Board.

Attendance at Board of Director meetings during 2024/25				
Name	Role	Meetings Attended	Possible meetings	% Attendance
Niruban Ratnarajah	Chair	6	7	86%
Fiona Noden	Chief Executive	7	7	100%
Francis Andrews	Medical Director	7	7	100%
Seth Crofts	Non-Executive Director	7	7	100%
Tosca Fairchild	Non-Executive Director	4	7	57%
Rebecca Ganz	Non-Executive Director	6	7	86%
Sean Harriss	Non-Executive Director	6	7	86%
*Sharon Katema	Director of Corporate Governance	6	6	100%
Sharon White	Chief of Strategy and Partnerships	7	7	100%
James Mawrey	Chief People Officer	6	7	86%
*Jackie Njoroge	Non-Executive Director	2	2	100%
Martin North	Non-Executive Director	6	7	86%
Tyrone Roberts	Chief Nursing Officer	7	7	100%
Alan Stuttard	Non-Executive Director	6	7	86%
Fiona Taylor	Non-Executive Director	7	7	100%
Annette Walker	Chief Finance Officer	7	7	100%
Rae Wheatcroft	Chief Operating Officer	6	7	86%

Table 6

indicates not available

Accountability Report

Table 7 below provides an overview of attendance at all Board Committee Meetings.

Attendance at Committee Meetings during 2024/25							
Name	Role	Audit and Risk	Charitable Funds	Finance & Investment	People Committee	Quality Assurance	Strategy & Operations
Francis Andrews	Medical Director		3/4		5/6	5/6	3/4
Seth Crofts	Associate NED		1/1	6/7	2/6	6/6	2/4
Tosca Fairchild	Non-Executive Director	2/5		7/10	4/6		
Rebecca Ganz	Non-Executive Director		4/4	9/10			3/4
Sean Harriss	Non-Executive Director			8/10	5/6		4/4
Sharon Katema	Director of Corporate Governance	5/5	3/4	7/7	5/5	5/5	4/4
Sharon White	Chief of Strategy and Partnerships		4/4	7/10	4/6	2/2	4/4
James Mawrey	Chief People Officer			8/10	6/6		
Jackie Njoroge	Non-Executive Director			4/4		2/2	
Martin North	Non-Executive Director	3/4	4/4	3/3		6/6	4/4
Tyrone Roberts	Chief Nursing Officer				3/6	5/6	1/4
Alan Stuttard	Non-Executive Director	5/5	3/4		6/6		4/4
Fiona Taylor	Non-Executive Director	5/5			6/6	6/6	
Annette Walker	Chief Finance Officer	5/5	4/4	9/10			
Rae Wheatcroft	Chief Operating Officer			8/10		5/6	3/4

Table 7

4 DISCLOSURES

4.1 Statement on register of interests

All Directors have a responsibility to declare relevant interests as defined within the Trust's Constitution. These declarations are made to the Director of Corporate Governance who maintains a register of other significant interests held by Directors and Governors which may conflict with their responsibilities.

Details of Directorships and Other Significant Interest held by directors.

The register is available on our [website](#) and is also published as part of the Trust-wide Register of Interests on the dedicated [declarations platform](#). Access to the register can also be obtained on request from the Director of Corporate Governance at:

Bolton Hospital NHS Foundation Trust
Trust HQ, Minerva Road
BL4 0RP

Details of Interests declared by members of the Board of Directors as of 31 March 2025, including Company Directorships are set out in **Table 8** below.

Name:	Position:	Interest Declared	Type of Interest
Francis Andrews	Medical Director	Chair of Prescott Endowed School Eccleston (Endowment charity)	Non-Financial Personal Interest
Seth Crofts	Associate Non-Executive Director	External Academic, Appointed Representative, The Open University, Academic Quality and Governance Committee	Non-Financial Professional interest
Rebecca Ganz	Non-Executive Director	Growth Catalyzers Ltd Director/Owner	Financial Interest
		Leodis Multi Academy Trustee & NED	Financial Interest
		BlueSkeye AI Ltd - NED	Financial Interest
		Director BerDor Limited	Financial Interest
Sean Harriss	Non-Executive Director	Trustee at Age Exchange	Non-Financial Professional Interest
		Senior Adviser, Private Public Limited	Financial Interest
		Director, Harriss Interim and Advisory	Financial Interest
		Family member works for Astra Zeneca	Non-Financial Personal Interest
		Non-Executive Director Borough Care	Financial Interest

Disclosures

Name:	Position:	Interest Declared	Type of Interest
Sharon Katema	Director of Corporate Governance	Nothing to declare	
James Mawrey	Deputy CEO / Chief People Officer	Nothing to declare	
Fiona Noden	Chief Executive	Trustee Bolton Community and Voluntary Services	Non-Financial Professional Interest
		Chair of Greater Manchester Maternity and Neonatal System Board GMEC Local Maternity & Neonatal System (LMNS).	Non-Financial Professional Interest
		Bolton Locality Place Based Lead	Non-Financial Professional Interest
Martin North	Non-Executive Director	Spouse is a Director of Aspire POD Ltd	Indirect Interest
		Company Secretary Aspire POD Ltd	Financial Interest
		Director MIRL Group Ltd	Financial Interest
		Egerton Pre School Committee Chair	Non-Financial Personal Interest
Niruban Ratnarajah	Chair	GP Partner: Stonehill Medical Centre	Financial Interest
		Director: Ratnarajah Medical Services Limited	Financial Interest
		Lead for GP Strategy and Placements at the University of Bolton	Financial Interest
Tyrone Roberts	Chief Nurse	Personal Trainer	Non-Financial Personal Interest
Alan Stuttard	Non-Executive Director	Nothing to declare	
Fiona Taylor	Non-Executive Director	Chair of Governors St Georges CE Primary & Nursery School	Non-Financial Personal Interest
		Trustee St Ann's Hospice	Non-Financial Personal Interest
		Trustee Women for Well Women (Leigh)	Non-Financial Personal Interest

Disclosures

Name:	Position:	Interest Declared	Type of Interest
Annette Walker	Chief Finance Officer	Chief Finance Officer of both Bolton Foundation Trusts and GM ICP Bolton	Non-Financial Professional Interest
Rae Wheatcroft	Chief Operating Officer	Nothing to declare	
Sharon White	Chief of Strategy and Partnerships	Trustee George House Trust	Non-Financial Professional Interest
		Board Member of Bolton College	Non-Financial Professional Interest
		Partner employed by Trust	Non-Financial Personal Interest
Declarations were held in respect of leavers as follows:			
Tosca Fairchild	Non-Executive Director	Chief of Staff – South-East London Integrated Care Board	Financial Interest
		Trustee – South-East London ICB Charity	Non-Financial Professional Interest
		Client Executive (Consultancy) – Bale Crocker Associates	Financial Interest
		Partner is Consultant in Emergency Care/Deputy Medical Director – University Hospitals of Derby NHSFT	Non-Financial Personal Interest
Jackie Njoroge	Non-Executive Director	Director – Salford University	Financial Interest
		Deputy Chair HESPA (non-remunerated position)	Non-financial professional interest

Table 8

4.2 Fit and Proper Persons Test Compliance

The Trust's Fit and Proper Persons Test (FPPT) Framework is fully aligned with the regulatory expectations set out by NHS England. It ensures that all Executive and Non-Executive Directors meet the standards of character, competence, and conduct required for their roles, in accordance with Regulation 5 of the Health and Social Care Act 2008.

A structured annual assessment process is in place, which includes the completion of a standardised checklist and a self-attestation by each director. All Directors are required to comply with the FPPT and must make an annual declaration of compliance in this regard. These are reviewed by the Chair to confirm ongoing compliance. This process is further supported by a suite of enhanced assurance measures, including:

- Comprehensive reference checks at the point of recruitment
- Periodic web-based register reviews

Disclosures

- A rolling programme of internal audits every three years to evaluate the effectiveness of FPPT-related processes and controls

All compliance documentation is securely maintained within individual personnel files held by the Directors of Corporate Governance and also recorded in the Electronic Staff Record (ESR) system.

The Board received the FPPT Compliance Report in May, which confirmed the Trust's full compliance with no breaches reported. The report provided further assurance that the Trust has systems in place to ensure that only individuals who meet the FPPT standards are hired for director roles and there are processes for ongoing compliance.

To support this compliance all director appraisals are aligned with the new NHS England Board Member Appraisal Framework which reflects the domains from the NHS England Leadership Competency Framework.

4.3 Independence of directors

All Non-Executive Directors bring strong, independent oversight to the Board and are tested against the independence criteria during the appointment process. We are committed to ensuring that the Board is made up of a majority of independent Non-Executive Directors who objectively challenge management.

The Council of Governors is responsible for all decisions to appoint or reappoint the Chair and Non-Executive Directors and is supported in its consideration by the recommendations it receives from the Nomination and Remuneration Committee. Any recommendation to appoint or reappoint a Non-Executive Director beyond six years follows detailed scrutiny to ensure the continued independence of the individual director and such terms of office are avoided unless there are exceptional grounds for them to be considered. Any Non-Executive Director appointed beyond six years is subject to annual reappointment and the maximum term of office is nine consecutive years.

The Board has reserved certain powers and decisions to itself which are set out in the Schedule of Matters Reserved to the Board of Directors. This details the roles and responsibilities of the Board of Directors, the Council of Governors and committees of the Board.

The Foundation Trust can make arrangements for the exercise of any of its powers by a committee of directors or by individual directors, subject to such restrictions and conditions as the Board thinks fit. Our Standing Orders set out the arrangements for the exercise of such powers under delegation.

4.4 Details of political donations

The Trust does not make any political donations and has no political allegiance.

4.5 Overseas Operations

The Trust does not have any overseas operations.

Disclosures

4.6 Pension disclosure

The accounting policies for pensions and other retirement benefits are set out in the accounts and details of senior employees' remuneration can be found in the remuneration report which is included from Page 45 of this report.

4.7 Income disclosure required by section 43 (2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012)

The Trust meets the requirement for income from the provision of goods and services for the purposes of the Health Service in England to be greater than its income from the provision of goods and services for any other purposes.

The small amount of other income received by the Trust helps support the provision of NHS care. The Trust will continue to meet the requirement for its prime business to be the provision of goods and services for the purpose of the health service in England.

4.8 Statement as to disclosure to Auditors

Each of the Directors at the date of approval of this report confirms that:

- So far as the Directors are aware there is no relevant audit information of which the NHS Foundation Trust's Auditor is unaware; and
- The Directors have taken all the steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the NHS Foundation Trust's auditor is aware of that information.

4.9 Statement of accounts preparation

The Annual Accounts have been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2024/25 and under the direction issued by NHS England. This complies with the requirements set out in paragraphs 24 and 25 of Schedule 7 to the National Health Service Act.

The Trust has complied with the cost allocation and charging guidance issued by HM Treasury.

4.10 Better payment practice code

The Trust is expected to pay 95% of all creditor invoices within 30 days of goods being received or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier.

No interest was paid under the Late Payment of Commercial Debts Act 1998.

The table below shows performance against this target in 2023/24 and 2024/25.

Disclosures

	23/24	24/25	NHS	Non-NHS
Target to be paid (%)	95	95		
No of invoices (%)	91.6	96.3	91.9	96.5
Value of invoices (%)	92.1	96.7	95.8	97.0

	Year ended 31 March 2024		Year ended 31 March 2025	
	Number	£'000	Number	£'000
Total non-NHS trade invoices paid within the target	60,019	233,341	54,958	204,778
Total non-NHS trade invoices paid in the period	65,263	251,524	56,962	211,180
Percentage of non-NHS trade invoices paid within the target	92.0%	92.8%	96.5%	97.0%
Total NHS trade invoices paid within the target	1,846	41,578	2,179	59,578
Total NHS trade invoices paid in the period	2,293	46,909	2,370	62,218
Percentage of NHS trade invoices paid within the target	80.5%	88.6%	91.9%	95.8%

Table 9

4.11 Providing Well Led Services

The Trust has continued to review its governance arrangements in light of the changes to the Board. The Care Quality Commission conducted a Well-Led Inspection in June 2023 and identified areas for improvement. An Action plan to monitor and support delivery of the recommendations is presented at Quality Assurance Committee and Board of Directors meetings.

The inspection report was published on 18 October 2023 and is available on the Trust website.

The overall rating for the Trust is "GOOD"

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Requires Improvement ↓↓ Oct 2023	Good →← Oct 2023

Amongst other findings, specifically in relation to governance, the CQC found that “leaders operated governance processes that had recently been strengthened, and were in the main effective, throughout the Trust and with partner organisations. However, policy governance needed to be strengthened”.

Further information on the governance structure and the systems of internal control that support the organisation can be found in our Annual Governance Statement which is included on page 92.

4.12 Stakeholder Relations

Our aspiration has always been to look beyond our boundaries and work with passionate, creative, expert partners to deliver the fully integrated health and care services that we aspire to provide. Alongside this, we know, that joint working with our partners across the system has the potential to provide the resilience and capacity to meet our population’s needs.

We noted in our five-year strategy that, **‘to meet increasing demand, we need to create more sustainable services and work collaboratively with our partners across Greater Manchester.’** This Ambition has continued and is part of our 2024-2029 Strategy.

A focus on Bolton

We have strong, long-standing partnerships with our colleagues in local authority, academia, and the community and voluntary sectors. Over the coming years, we will continue to collaborate to achieve our shared ambitions for the people of Bolton, as outlined in the Vision 2030 Plan. Bolton Vision 2030 is a forward-looking strategic framework that aims to transform Bolton into a borough that is:

- **Active** – where individuals are engaged both physically and socially.
- **Connected** – where communities and services are well-integrated.
- **Prosperous** – where economic growth is inclusive and benefits all residents.

Research and development

Our clinical research teams have excelled in increasing the number of high quality, patient focused trials delivered, providing more opportunities for our patients to take part in research. 6462 patients have taken part in 57 trials across 26 different clinical specialties during 2024/25, making Bolton the 4th highest recruiting site and the highest recruiting single hospital site in the Northwest.

In addition, we have continued to excel in reproductive health studies and are currently ranked as 11th in the country for our recruitment across this specialty.

We have also achieved in our delivery of commercial research, with 27% of our trials commercially sponsored compared to the national average of 23%.

Disclosures

We have continued to collaborate with our community colleagues and external partners and have embraced new ways of working, which has enabled us to not only grow research activity within the Trust, but also to expand research opportunities across the Bolton locality. We will continue to participate in research programmes focused on improving the treatment and care we provide for our patients and develop our own research focused on the needs of our local population.

Involvement in local initiatives

In addition to working with other hospitals in the Northwest we work with system partners as part of the Great Manchester Provider Collaborative. Locally we have strengthened partnerships with system partners from within Bolton including Primary Care, Greater Manchester Integrated Care Board (GM ICB) Bolton Locality, Local Authority, Bolton Community Voluntary Sector (CVS), Healthwatch, amongst others, to ensure that we deliver the best possible services for the future health of the people of Bolton.

Consultation with local groups and organisations

We are members of the Bolton Locality Board which oversees the development of our system wide plans to deliver the Bolton Locality Plan. We work with Healthwatch and the Active, Connected and Prosperous Committee to share our plans for future services and to provide updates on challenges facing the Trust and the wider health economy.

Public and patient involvement activities

As a Foundation Trust with public members part of our public and patient involvement is through our membership. We recognise the importance of involving our patients and the wider public in the development of services.

Over the past year, we have maintained a strong focus on inclusive engagement, using a range of channels including local media, social media platforms, and virtual forums, to connect with the people we serve.

Key areas of engagement have included:

- Publication and distribution of our Membership Matters bi-annual newsletter.
- Urgent Care Patient Forum held in July 2024 which provided an opportunity for people to share their first-hand experiences of receiving care in the Emergency Department. These fora provide a space for people to talk about what their care, or care of a loved one, was like and to identify what worked well and what we could improve.
- Annual Baby Remembrance Service for parents and their families to remember with love the babies and children who have died.
- Main Entrance stall to raise awareness about various items including the Trust Charity, Council of Governors and other events held within the Trust.

4.13 Statement of Emergency Preparedness Resilience and Response (EPRR) Performance:

Disclosures

The Trust continues to fulfil its statutory commitment to Emergency Preparedness Resilience and Response (EPRR). The 2024 NHS EPRR Core Standards self-assessment against 62 criteria demonstrated the Trust was fully compliant with 55 and partially compliant with seven, giving an overall assurance rating of Substantial (89%). The Self-Assessment was submitted to NHS England and the actions which formed the focus of the 2024/25 EPRR work programme.

The North West Ambulance Service (NWS) undertook an audit of the Trust Chemical, Biological, Radiological, and Nuclear (CBRN) preparedness and ability on 18 October 2024 with a positive outcome of 26 compliant criteria and two partially compliant criteria adding to the work plan.

EPRR Focus for 2024:

Ensuring service provision and patient safety was paramount, The EPRR focus was maintaining Business Continuity while supporting the move of maternity services due the identification of Reinforced autoclaved aerated concrete (RAAC), periods of industrial action involving health care staff, planned activity as the Emergency Care Centre (ECC) opened, Community Diagnostic Centre (CDC) / J Block opened, as well as supporting ward N3 implementation.

In addition, the EPRR plans were updated and a programme of annual review in place. Formal in-house EPRR training sessions continued for Senior Managers undertaking the on call rota. Trust on call managers continue to attend NHS England "Principles of Health Command" and with portfolios rolled out to this senior team, other relevant EPRR Training has continued for staff.

<i>Training, Testing and Exercising 2024: (Examples)</i>	
<i>Maternity move planning:</i>	<ul style="list-style-type: none"> Timing for emergency transfers to Maternity Theatres and main theatres
<i>Evacuation exercises:</i>	<ul style="list-style-type: none"> Wards E4 and N3, Emergency Department (ED), Neonatal Unit (NNU), Critical Care, Endoscopy, Pharmacy, J block & CDC, Urology, Theatres.
<i>Major incident exercise</i>	<ul style="list-style-type: none"> October 2024
<i>Laboratory BC Exercise</i>	<ul style="list-style-type: none"> February 2024
<i>Table top / control room exercise:</i>	<ul style="list-style-type: none"> Clinical site managers, Critical care and theatres
<i>Lockdown: walk through exercises with security</i>	<ul style="list-style-type: none"> Lockdown command centre table top September 2024 Senior Managers on Call (SMOCs)
<i>CSM training</i>	<ul style="list-style-type: none"> EPRR response training
<i>HCID (High Consequence Infectious Disease)</i>	<ul style="list-style-type: none"> Personal Protective Equipment (PPE) training - as per NHS England directive
<i>Communications cascade Internal</i>	<ul style="list-style-type: none"> Exercise Toucan Greater Manchester communications cascade

Training, Testing and Exercising 2024: (Examples)

Table 10

Support activity

The EPRR Team continue to support the Trust preparedness and planning for example through High Consequence Infectious Diseases (HCID) Preparation – action cards preparation and review with Emergency response cage put place.

Input into the Bleep replacement project and supporting capital builds/alterations projects, also for the Digital services Data Security and Protection Toolkit (DSPT) return.

EPRR Continued training for staff in Powered respirator hoods for those unable to fit test for Filtering Face Piece (FFP3) masks.

Live Incident Response 2024:

The Trust also responded to a number of live Business Continuity and Critical Incidents testing the activation of EPRR plans and individuals from Divisions and on-call teams.

Period	Incident Testing
January – April 24	RAAC maternity moves and planning
January – April 2024	Measles outbreak planning
13 April 2024	Microbiology flood
19 – 20 May 2024	Discoloured water to site
31 May 2024	Viral Haemorrhagic Fever (VHF) patient attendance
June/July 2024	Maternity Theatre cooler failure
17 July 2024	Failure of fire panel to communicate
19 July 2024	Information Technology (IT) disruption from 'crowd strike'
08 August 2024	Monkeypox presentation
August 2024	Declaration of General Practitioner (GPs) collection action
02 August 2024	Failure of fire panels to communicate
03 – 05 August 2024	Public disturbance locally
22 August 2024	Person on roof
08 September 2024	Fire in Emergency Department
09 September 2024	J Block lift outage
13 – 16 September 2024	Bleep outage
19 September 2024	IT Electronic Patient Record (EPR) not accessible
19 September 2024	Sewage flood in ED
23 September 2024	Operational Pressures Escalation Level (OPEL) 4 capacity issues
01 October 2024	Decontamination of patient

Disclosures

Period	Incident Testing
01 October 2024	Middle Eastern Respiratory Syndrome (MERS) patient attendance at Clinical Decision Unit (CDU)
18 October 2024	MERS patient attendance
04 December 2024	IT loss of access to National Spine
09 – 10 December 2024	Bleep issues
09 – 13 December 2024	Lift issues on main hospital site
12 December 2024	IT EPR issues
19 December 2024	IT issues with staff unable to access to EPR
31 December 2024	MERS patient attendance

Table 11

5 REMUNERATION REPORT

The Remuneration Report has been prepared in compliance with the relevant elements of sections 420 to 422 of the Companies Act 2006, Regulation 11 and Schedule 8 of the Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2001, parts 2 and 4 of Schedule 8 of the Regulations as adopted by NHS England for the purposes of the Annual Report Manual and elements of the NHS Foundation Trust Code of Governance.

5.1 Annual Statement on Remuneration

The Trust is pleased to present the Remuneration Report for 2024/25. The Chair of the Board of Directors is also the Chair of the two committees charged with responsibility for nomination and remuneration:

- a Board Nomination and Remuneration Committee with formal delegated responsibility for the nomination and remuneration of Executive Directors and
- a Governor Nomination and Remuneration Committee - this second committee acts in an advisory and supporting capacity for the full Council of Governors and does not have formally delegated powers.

The exception to this arrangement is when the Chair's performance or remuneration is being discussed. In these circumstances, the Vice-Chair of the Trust will chair the Governor Nomination and Remuneration Committee.



Dr Niruban Ratnarajah

Trust Chair

26 June 2025

Remuneration Report

5.2 Remuneration and Nomination Committee

The Remuneration and Nomination Committee was established by the Board of Directors to consider matters relating to the remuneration, allowances and terms and conditions of office of the Executive Directors. It is made up of all the Non-Executive Directors and is chaired by the Trust Chair.

The Chief Executive attends the Committee in relation to discussions around Board composition, succession planning and the remuneration of Executive Directors. The Chief Executive is not present during discussions relating to her own performance, remuneration or terms and conditions of office.

The Remuneration Committee met once during the reporting period to consider the remuneration of Very Senior Managers (VSM) salary uplift and the Director of Corporate Governance remuneration.

The Chief Executive and the Director of Corporate Governance attend meetings other than when matters being discussed would have meant a conflict of interest. Minutes of all meetings were recorded by the Director of Corporate Governance with the exception of the item where there was a direct conflict, these were recorded by Corporate Governance Manager.

Attendance is shown in the table below.

Nomination and Remuneration Committee Attendance		
Name	Role	Meetings
Niruban Ratnarajah	Chair	1/1
Seth Crofts	Non-Executive Director	1/1
Tosca Fairchild	Non-Executive Director	1/1
Rebecca Ganz	Non-Executive Director	1/1
Jackie Njoroge	Non-Executive Director	0/0
Martin North	Non-Executive Director	1/1
Alan Stuttard	Non-Executive Director	1/1
Sean Harriss	Non-Executive Director	1/1
Fiona Taylor	Non-Executive Director	1/1
*Fiona Noden	Chief Executive (advisory)	1/1
*Sharon Katema	Director of Corporate Governance (advisory)	1/1

Table 12

5.3 Executive Remuneration

In all debates and discussions pertaining to salaries for senior managers the Remuneration and Nomination Committee have ensured that the policies applied reflect those applicable to our staff on Agenda for Change (AfC) contracts.

The Committee has a duty to ensure the Trust can recruit and retain and motivate the senior managers with the appropriate skills and values to lead the organisation. At the

Remuneration Report

same time the Committee recognises that this must be within the confines of public acceptability and affordability.

Benchmarking has been used to agree and establish salary scales for Executive Directors. These scales are described within the remuneration policy section of this report.

The Chief Executive and Chief Finance Officer are paid more than £170,000 per annum. The Committee reflected on benchmark salary information for comparative jobs within the NHS and concluded the remuneration agreed was appropriate and reasonable for the current post holder.

5.4 Governor Nomination and Remuneration Committee

The Governor Nomination and Remuneration Committee was convened during 2024/25 to consider the Chair's appraisal and NED Succession Plan. The Committee has no delegated authority and acts in an advisory and supporting capacity for the full Council of Governors.

The Committee reviewed and recommended to the Council of Governors the

- Appointment of Seth Crofts as a Non-Executive Director from September 2024 for a three year term
- A one year extension for Martin North (Deputy Chair) and one year extension for Alan Stuttard (Audit and Risk Committee Chair) in June 2024 to ensure there was continued organisation stability and a transition due to change of auditors.

5.5 Performance Evaluation

The Chair reviewed the performance of the Chief Executive and each of the Non-Executives through the Trust appraisal process.

The Chief Executive reviewed the performance of the Executive Directors, and the Senior Independent Director reviewed the performance of the Chair.

Within iFM Bolton, the Chief Finance Officer reviews the performance of the Managing Director who in turn reviews the performance of the iFM Bolton senior team.

5.6 Service Contract obligations

Senior managers' contracts are permanent and continuation of which is subject to rigorous reviews of performance. There are no obligations on the Foundation Trust which could give rise to, or impact on, remuneration payments or payments for loss of office.

5.7 Policy on payment for loss of office

Senior managers' service contracts include a six-month notice period. In the event of a contract being terminated the payment for loss of office will be determined by the Nomination and Remuneration Committee. Payment will be based on contractual

Remuneration Report

obligations. Payment for loss of office will not be made in cases where the dismissal was for one of the five "fair" reasons for dismissal.

5.8 Statement of consideration of employment conditions elsewhere in the Trust

No formal consultation with employees took place in preparing the senior manager remuneration policy. However, consideration is given to the pay and conditions of employees on Agenda for Change and relevant national guidance. In determining non-incremental pay uplift for executive directors consideration is given to any national pay award decision and to appropriate national guidance.

5.9 NED remuneration policy

Non-Executive Directors are appointed for a three-year term of office. In line with the Constitution all NEDs must be considered independent at the time of appointment.

A Non-Executive Director's term of office may be terminated by the Council of Governors if the NED no longer meets the criteria for appointment as a NED.

The NED salary follows the NHS England Remuneration Structure for chairs and non-executive directors, which seeks to provide transparency, consistency, and alignment across provider organisations.

5.10 Senior managers pay progression

At appointment, a director is placed at the appropriate point on the salary scale as determined by the Remuneration Committee having considered previous experience.

The Nomination and Remuneration Committee is firm in the view that progression through the salary ranges should not be automatic or linked to the length of service but should be a true reflection of performance in the role as assessed through an effective appraisal system.

For Directors other than the Chief Executive, the Chief Executive provides the Nomination and Remuneration Committee with a report on each Director summarising the achievement of specific objectives within the wider frame of the performance for the whole organisation. The award of a salary increase may also be constrained by affordability.

The senior pay policy makes provision for sums paid to be withheld or recovered if required.

Remuneration Report

5.11 Senior Manager's Remuneration policy table

Element of pay	Link to strategy	Operation	Maximum Opportunity	Changes
Base salary	To set a level of reward for performing the core role	The aim is to offer benchmarked salary which the committee consider appropriate for experience and performance.	For each role there is an agreed salary scale. When reviewing salaries, the Committee take account of personal and organisational performance and any national award offered to the wider employee population	No
Taxable benefits	The current remuneration policy of the Trust does not make provision for taxable benefits or performance related bonuses.			
Annual performance related bonuses				
Long term performance bonuses				
Pension related benefits	To provide pensions in line with NHS policy	Directors are automatically enrolled in the NHS final salary pension scheme on the same basis as all other colleagues within the NHS	Pension arrangements for the Chief Executive and all Executive Directors are in accordance with the NHS Pension Scheme. The accounting policies for pensions and other relevant benefits are set out in Note 1.9 to the accounts.	No

Table 13

Several senior managers are paid more than £150,000 per annum. The Committee reflected on benchmark salary information for comparative jobs within the NHS and concluded the remuneration agreed was appropriate and reasonable for the current post holder.

For the purpose of the accounts and remuneration report the Chief Executive has agreed the definition of a “senior manager” to be Directors only. The table below sets out component parts of our remuneration package for senior managers which comprises the senior managers’ remuneration policy:

Remuneration Report

5.12 Expenses paid to governors and directors

	Directors		Governors	
	23/24	24/25	23/24	24/25
Total number of Directors/Governors in office	8	15	30	31
Number of Directors/Governors receiving expenses	8	9	0	0
Aggregate sum of expenses	£3,564.46	£3,473.77	0	0

Table 14

The majority of the expenses claimed by Directors were for travel costs.

5.13 Remuneration

The tables below, **Table 15 and Table 16**, provide information which is subject to audit review about the salaries, allowances and pension and pension entitlements of employees and appointees.



Fiona Noden
Chief Executive
26 June 2025

Remuneration Report

Salary and pension entitlements of senior managers

Name	Post	Contract End Date	2023/24							2024/25						
			Salary and fees (bands of £5k)	A	B	C	All Pension Related Benefits (£2.5K)	D	Total (bands of £5k)	Salary and fees (bands of £5k)	A	B	C	All Pension Related Benefits (£2.5K)	D	Total (bands of £5k)
Annette Walker	Chief Finance Officer		165 - 170	100			0 - 2.5		165 - 170	175 – 180	500			n/a		175 – 180
Fiona Noden	Chief Executive		215 - 220				65 - 67.5		280 - 285	235 – 240				120 - 122.5		355 – 360
Francis Andrews ¹	Medical Director		230 - 235				0 - 2.5		230 - 235	240 – 245				70 – 72.5		315 – 320
James Mawrey ²	Workforce Director		140 - 145	1,600			0 - 2.5		145 - 150	150 – 155	1,600			32.5 – 35		185 – 190
Rae Wheatcroft ²	Chief Operating Officer		130 - 135	1,700			0 - 2.5		130 - 135	135 – 140	1,700			20 – 22.5		160 – 165
Sharon White	Chief of Strategy and Partnerships		140 - 145				0 - 2.5		140 - 145	145 – 150				77.5 – 80		225 – 230
Sharon Katema ²	Director of Corporate Governance		110 - 115	1,500			25 - 27.5		135 - 140	105 – 110	3,800			27.5 – 30		140 – 145
Tyrone Roberts ²	Chief Nursing Officer		135 - 140	2,000			0 - 2.5		135 - 140	140 -145	2,100			20 – 22.5		165 – 170
Alan Stuttard	Non-Executive Director		15 - 20				-		15 - 20	15 – 20						15 – 20
Bilkis Ismail ³	Non-Executive Director		5 – 10				-		5 - 10							
Fiona Taylor ⁴	Non-Executive Director		0 – 5				-		0 - 5	10 – 15						10 – 15

¹ Francis Andrews' salary includes amounts paid in respect of clinical work. Approximately 30% of his time is allocated to this.

² Directors' taxable benefits relate to salary sacrifice arrangements, including leased cars and car parking. These arrangements are generally available to all staff.

³ Bilkis Ismail left the Trust on 31 August 2023. Equivalent annual salary for 2023/24 is £10 - £15k.

⁴ Fiona Taylor joined the Trust on 13 November 2023. Equivalent annual salary for 2023/24 is £10 - £15k.

Remuneration Report

Name	Post	Contract End Date	2023/24							2024/25						
			Salary and fees (bands of £5k)	A	B	C	All Pension Related Benefits (£2.5K)	D	Total (bands of £5k)	Salary and fees (bands of £5k)	A	B	C	All Pension Related Benefits (£2.5K)	D	Total (bands of £5k)
Jackie Njoroge ⁵	Non-Executive Director		20 - 25				-		20 - 25	5 – 10						5 – 10
Malcolm Brown ⁶	Non-Executive Director		5 - 10	200			-		5 - 10							
Martin North	Non-Executive Director		10 - 15				-		10 - 15	10 – 15						10 – 15
Niruban Ratnarajah ⁷	Trust Chair		45 - 50	300			-		50 - 55	55 – 60	500					60 – 65
Rebecca Ganz	Non-Executive Director		10 - 15	200			-		10 - 15	10 – 15	200					10 – 15
Robert Crofts ⁸	Non-Executive Director		0 - 5				-		0 – 5	10 - 15						10 – 15
Sean Harris ⁹	Non-Executive Director		5 - 10				-		5 – 10	10 – 15						10 – 15
Tosca Fairchild ¹⁰	Non-Executive Director		0 - 5				-		0 – 5	10 – 15						10 - 15

² Directors' taxable benefits relate to salary sacrifice arrangements, including leased cars and car parking. These arrangements are generally available to all staff.

Table 15

A	Taxable benefits	C	Long term performance bonuses
B	Annual performance related bonuses	D	Total (£'000s)

⁵ Jackie Njoroge left the Trust on 31 August 2024. Equivalent annual salary for 2023/24 is £10 - £15k.

⁶ Malcolm Brown left the Trust on 30 November 2023. Equivalent annual salary for 2023/24 is £10 – 15k.

⁷ Niruban Ratnarajah joined the Trust on 01 June 2023. Equivalent annual salary for 2023/24 is £55 - £60k.

⁸ Robert Crofts joined the Trust on 13 November 2023. Equivalent salary for 2023/24 is £10 – 15k.

⁹ Sean Harris joined the Trust on 01 November 2023. Equivalent salary for 2023/24 is £10 - £15k.

¹⁰ Tosca Fairchild joined the Trust on 01 December 2023. Equivalent annual salary for 2023/24 is £10 - £15k.

Remuneration Report

Total Pension Entitlement

Name and title	Date commenced Snr Manager post	Date ceased Snr Manager post	No of days	Real increase in pension sum at pension age	Real increase in lump sum at pension age at 31 March 2025	Total accrued pension at pension age at 31 March 2025	Lump sum at age 60 related to accrued pension at 31 Mar 25	Cash Equivalent Transfer Value at 1 April 2024	Real Increase in Cash Equivalent Transfer Value funded by Employer	Cash Equivalent Transfer Value at 31 March 2025	Employers Contribution to Stakeholder Pension
				(bands of £2500) £000	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000	
Fiona Noden	01/04/2020		365	5 - 7.5	7.5 – 10	110 – 115	295 – 300	2,474	154	2,823	
Annette Walker	17/07/2017		365	n/a	n/a ¹	n/a	n/a	n/a	n/a	n/a	
James Mawrey	05/02/2018		365	2.5 - 5	nil ²	45 – 50	120 - 125	898	31	1,008	
Sharon White	03/09/2018		365	2.5 - 5	5 – 7.5	65 – 70	180 – 185	1,403	91	1,607	
Francis Andrews	13/80/2018		365	2.5 - 5	2.5 – 5	80 – 55	220 - 225	1,844	93	2,083	
Rae Wheatcroft	01/01/2022		365	0 - 2.5	nil ²	60 – 65	160 - 165	1,288	30	1,422	
Tyrone Roberts	18/04/2022		365	0 - 2.5	nil ²	45– 50	115 - 120	867	19	962	
Sharon Katema	01/12/2022		365	0 - 2.5	0 - 2.5	5 – 10	0 - 5	92	15	127	

¹ Annette Walker chose not to be covered by the pension arrangements during the year.

² James Mawrey, Rae Wheatcroft and Tyrone Roberts were affected by the Public Service Pensions Remedy and their membership between 1st April 2015 and 31st March 2025 was moved back into the 1995/2008 Scheme on 1st October 2023. Negative values are not disclosed in this table but are substituted with nil.

Remuneration Report

Pension arrangements for the Chief Executive and all Executive Directors are in accordance with the NHS Pension Scheme. The accounting policies for pensions and other relevant benefits are set out in note 1.8 to the accounts.

Cash Equivalent Transfer Value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2025. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2024/25 CETV figures.

Table 16

6 STAFF REPORT

Our goal for Bolton is to be a great place to work, where our people can thrive and reach their full potential. The Trust 24-29 Strategy identifies our priorities for the next five years and the core ambitions to deliver the strategy. The People Committee is the Board Committee charged with overseeing implementation of the Great Place to Work ambition with updates being provided to the Board of Directors. Furthermore, the People Committee ratifies the Trust's Workforce Plans and received nurse and midwifery staffing reports bi-annually. These workforce plans are critical in helping to ensure the alignment of the Trust clinical workforce with the delivery of care, based on both demand/flow and demographics/acuity.

There are two standing agenda items relating to workforce on the Board of Directors which are presented bi-monthly. These are the Staff Story and our performance against key workforce metrics (including staffing levels). During the reporting period, the Board of Directors received an update on the core ambition Great Place to Work which focuses on the following three priorities for action:

- Improving staff experience,
- Unlocking our potential,
- Reflecting our population.

We recognise that a continued focus on enhancing the wellbeing of our workforce is required to support our staff to stay well. Pleasingly the sickness absence rates for the Trust remain the lowest for Acute Trusts in Greater Manchester and one of the lowest in the North West.

Our vacancy rate is reported to the Board Committees and there is a strong focus on retention as we continue to compete in the changing labour market; we are currently reporting low vacancy rates in most clinical staffing groups. These strong clinical vacancy levels, and our internal banks of temporary workers, have significantly reduced reliance on agency workers for agenda for change staffing roles; we are using international recruitment to fill some hard-to-recruit medical roles which drive the majority of the remaining agency spend across the Trust.

Appraisal compliance is within 1% of achieving the Trust's target of 85%, with work underway to also help improve the quality of appraisal and check-in conversations, through the rollout of a comprehensive support package for all managers and staff, including refresh of documentation, supporting guidance, training and blended learning. The value of appraisal and check-in conversations is advocated as part of the Trust's Our Leader's programme, as an essential leader responsibility, increasing the value of this as a staff engagement tool.

Compulsory training is at the highest level it has ever been for the Trust, within 1% of achieving the Trust's target of 95%, demonstrating significant progress from post-pandemic levels. Trust mandated training has exceeded the Trust's target of 85% by 6%.

In addition, we are actively engaging with NHS England's national plans and recommendations to achieve consistency across every NHS Trust, reducing time for staff moving across Trusts, as well as improving the quality and safety impact of CaTM learning.

Staff Report

6.1 Improving Staff Experience and Inclusion

Bolton NHS Foundation Trust is committed to become a great place to work where all staff feel valued and can reach their full potential.

Our **Vision Openness Integrity Compassion Excellence** (VOICE) Behaviour Framework underpins the way we work together and with our patients to ensure that we provide safe, high quality and compassionate care to every person every time. During the 24/25 period, the VOICE Behaviour Framework has been reviewed and refreshed as part of the Our Voice Change programme and the launch of Our Way will take place in 2025.

As a Trust we have worked hard to focus on improving staff experience and wellbeing and creating an inclusive culture. We have focused our efforts on a series of key work programmes and interventions aimed at improving staff engagement and morale and the Trust commitment to embedding the NHS People Promise. The Staff Experience Steering Group and EDI Steering Group are responsible for monitoring progress and report to the People Committee via their Chairs Reports.

6.2 Staff health and wellbeing

As part of the People Plan and winter planning, the Trust conducted a comprehensive review of its wellbeing offer to ensure it remains relevant and effective. Key highlights include:

- **National wellbeing campaigns** via staff updates, Vivup notifications, Wellbeing Champions, Mental Health First Aiders, and TRIM practitioners.
- **Events:** Hosted the first Trust-wide wellbeing event in July 2024 (900+ attendees) and a community event in November.
- **Digital Tools:** Rolled out the ShinyMind app for 24/7 personalised support, alongside Unmind, Headspace, and e-learning via ESR.
- **Champion Network:** Expanded across all divisions, with monthly meetings, visibility on the intranet, and a recognition event with certificates and wellbeing gifts.
- **Health Campaigns:** Joined the “Bee Seen Get Screened” initiative to support staff in accessing health screenings.
- **Support Services:** Continued partnership with Vivup for EAP services, including financial wellbeing and salary sacrifice schemes.
- **TRIM & MHFA:** Maintained the TRIM programme with plans to expand to 12 practitioners. Mental Health First Aid provision includes 69 trained staff, with a relaunch planned.
- **Schwartz Rounds** have continued with support from two trained facilitators.
- **Menopause Support:** Recognised as a menopause-friendly employer, with a policy, peer support sessions, and one-to-one advice launched in October 2024.
- **Gym Improvements:** Refreshed facilities based on feedback, including new equipment and safety enhancements.
- **Data-Driven Insights:** Used GMICP and NHS England data to inform and enhance wellbeing strategies.

Staff Report

6.3 Our Voice Change Programme

The "Our Voice Change Programme" is a programme that empowers colleagues to be part of and make meaningful changes in the organisation, especially in areas that matter to them and the people they serve. The programme has five main themes, each of which has an Executive Director Lead, a Change Team, and regular meetings to plan improvements and make changes, based on staff feedback:

During 2024- 2025, the five main themes were:

- **Digital Systems and Equipment:** Priorities include access to equipment, improving accessibility, and user education. During 2024, two digital days were hosted to gather IT issues and feedback, and efforts are being made to make systems more accessible, especially for colleagues with disabilities or neurodiversity.
- **Flexible Working:** Initiatives include training and development, debunking myths about flexible working, and reviewing existing policies to support agile working.
- **Car Parking:** Efforts are underway to address patient parking issues, promote alternative transport options, and utilise parking spaces more effectively.
- **Living Our Values:** Focus areas include relaunching the VOICE Behaviour Framework, reviewing appraisal toolkits, and values-based leadership.
- **Our Leaders Programme:** is a Trust-wide leadership development initiative designed for all current and aspiring managers and leaders. It aims to build leadership capability, confidence, and consistency to support the Trust's ambition of making Bolton a great place to work.

6.4 Equality, Diversity and Inclusion (EDI)

The Equality Act 2010 Public Sector Equality Duty requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations in all their activities. The Trust's aspiration remains to be an inclusive organisation that values difference and actively seeks to champion diversity across all areas of our work. We are committed to attracting and retaining a diverse workforce that represents the communities we serve and to delivering high-quality, individualised services that respond to patient needs. Accessibility and inclusion continue to underpin everything we do.

Our governance arrangements for EDI have been significantly strengthened this year, with the introduction of a new structure including an EDI Assurance Group that provides oversight of both colleague and patient-facing EDI compliance. This enhances accountability, visibility, and the alignment of action across the organisation. The Trust has begun to embed the principles of the NHS EDI Improvement Plan into its local governance, training, and accountability processes, further aligning with national expectations on inclusive practice.

EDI training remains a core offer, last year delivered through multiple channels including in-house sessions, contributions from our vibrant staff networks and external experts. The EDI team has been instrumental in the design and delivery of the 'We Belong' strand of the Our Leaders programme which includes topics such as inclusive

Staff Report

leadership, anti-racism, unconscious bias and active bystander interventions. An EDI Blended Learning Bundle has also been developed to offer a self-serve Trust-wide repository of learning on a range of inclusion topics

The Trust implemented the Equality Delivery System 2022 (EDS2022) framework successfully and this year we are pleased to report improved scores across all three domains but especially across Inclusive Leadership and Governance. These assessments, alongside a strengthened Equality Impact Assessment (EIA) process and newly developed supportive resources, ensure EDI considerations are embedded into decision-making at every level.

To support better data and insight, we have prioritised improving the capture and use of equality monitoring information. Staff have been encouraged to declare their diversity information and we have designed systems to begin collecting disability, ethnicity, religion and sexual orientation data from patients in a systematic way. This will enable us to identify inequalities and better tailor care and workforce support.

The Trust also continues to mark a wide range of national inclusion and wellbeing events using our Inclusion Calendar. This has included Pride, Black History Month, Disability History Month, International Women's Day, Equality, Diversity and Human Rights Week and key religious and cultural celebrations. Notably, during Ramadan 2025, free hot meals were made available at Royal Bolton Hospital for staff and visitors breaking fast at sunset, a gesture made possible by the generosity of local Muslim communities.

6.5 Staff Networks

Over the past year, we have seen rising levels of anti-migrant, islamophobic and transphobic rhetoric in public discourse, as well as world events that have created tensions and distress across communities. Now more than ever, our Trust remains steadfast in our commitment to inclusion, wellbeing and equity for our marginalised staff and service users. We recognise our duty to lead with compassion, vigilance and action.

Our staff networks continue to play a vital role in fostering an inclusive and supportive environment. They offer a safe space where colleagues and allies can openly share experiences and provide mutual support. Each network is championed by an Executive Director and supported by the EDI team, and together they have grown in both strength and impact across the organisation.



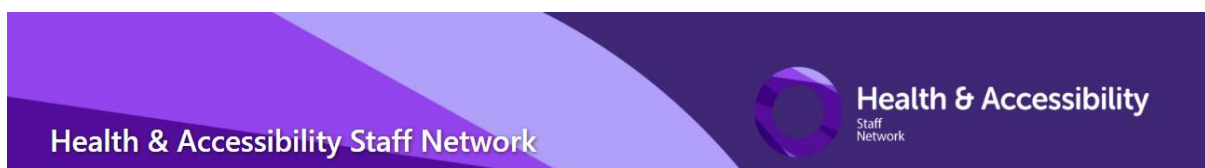
The LGBTQ+ Network and BAME Network have both relaunched under new leadership. The Health and Accessibility (previously Disability and Long Term Health Conditions) Network and Neurodiversity Support Group continues to thrive. These

Staff Report

spaces offer community, influence, and practical collaboration. The Networks, alongside the EDI team, play a key role in shaping events, policy and education across the Trust.



Our progress in embedding anti-racism continues to grow. Many of our senior leaders have now participated in 'We Belong' anti-racism training as part of the Our Leaders programme and anti-racist objectives are now embedded in Board Member Appraisals. We have introduced anti-racist Key Performance Indicators (KPIs) into recruitment, inclusive leadership development and work to address health inequalities.



The past year has seen notable achievements in accessibility. Our first Digital Accessibility Day was held allowing staff to explore existing digital features and raise further accessibility needs. The Digital Team now features at each corporate induction ensuring staff are aware of available tools and how to request further adjustments. Our Reasonable Adjustment Passport has seen increased uptake and a dedicated working group has been working to streamline the process for requesting support and equipment. Updates to the Trust website have included new accessibility tools, ensuring digital inclusion for patients and staff with access needs.

Progress has also been made in supporting neurodivergent colleagues. A Manager's Guide to Neurodiversity was developed and has won an external award. As well as this face-to-face training has been delivered to raise awareness and equip teams with practical tools for supporting neurodivergent colleagues.

6.6 Future Priorities for Staff Experience and Inclusion

In the coming year, the Trust will focus on embedding the Equality, Diversity and Inclusion (EDI) Plan 2025–2026 across all parts of the organisation. Central to this will be strengthening how we use data to drive equity — improving the collection and use of diversity data for both patients and staff, with a particular focus on disability, ethnicity, religion, and sexual orientation.

For our workforce, our priorities include inclusive recruitment, improved reasonable adjustments, and culture change that tackles discrimination and promotes belonging. We are also committed to improving the diversity data of our staff by encouraging a higher declaration rate on the Electronic Staff Record. This way, we can better monitor our priority of increasing representation of the disabled colleagues and those from the

Staff Report

global majority in senior roles, removing barriers to progression and ensuring that all colleagues feel supported and seen.

Equality Impact Assessments (EIAs) will be further embedded across the organisation — our ambition is for EIAs to be embraced not just as a compliance tool, but as a driver of positive change in policy, service design and strategic decision-making. EDI will be a golden thread through our workforce strategy with accountability reinforced through a strengthened governance structure. We will continue to deliver education and resources through our Blended Learning Bundle, Our Leaders programme and staff networks and ensure that our inclusive ambitions are understood and owned by all. EDI belongs to us all – and in 2025–2026, we will keep working together to deliver meaningful change for both colleagues and communities.

6.7 Staff Turnover

In 2024/2025 the average monthly leaver head count was 58 which was a decrease from 71 during the 2023-24 reporting period. The average monthly leaver headcount was offset by an average monthly starter head count of 81 due to our concerted efforts with recruitment into clinical roles.

The staffing groups with the highest turnover were Additional Clinical Services (mostly Health Care Assistants) at 14.5%; however, the Trust benchmarks well to other NHS providers when compared to both those, and our other, staffing groups. We are particularly proud of our very low turnover rates in the Nursing and Midwifery staffing group. Overall, turnover for the year 2024/25 was 11.16%, slightly lower than for the same period last year which was 11.65%.

Further information on our staff turnover is available to download as an interactive spreadsheet from [this LINK](#) or paste the below into your browser.

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/january-2024>

6.8 Staff Engagement

We have continued to actively seek feedback and ideas from our staff on how it feels to work for the Trust and where we need to make improvements. There has never been a more important time to seek staff feedback through our quarterly pulse surveys, the NHS national staff survey and a range of other local and trust wide listening mechanisms.

6.9 Staff Engagement Approach

Our approach to enhancing staff engagement levels across the Trust is very much informed and shaped by staff feedback, which is captured via staff surveys, listening sessions or through other conversations. This year we have launched the Our Voice Programme. The aim of the programme is to bring together all our listening mechanisms to find out what matters most to our staff and empower change. Key

Staff Report

themes have been identified and change teams have been set up to drive forward improvements.

We want everyone to feel psychologically safe to raise concerns and we are continuing to further embed our Freedom to Speak up Approach along with a range of opportunities for staff to have their say. It is critical that we listen to, understand and respond to staff feedback, good or bad, we want to hear, and it helps to create a better future for everyone.

We continue to deliver an effective on-boarding process with the Chief Executive presenting on the Trust induction sessions and then meeting with new employees six weeks after joining us to share their experiences. This approach continues to be positively received by new colleagues. The feedback we gain through the six-week check-ins enable us to resolve any issues at the earliest opportunity and amplify good practice.

6.10 Annual FABB Awards 2024



The Annual FABB Awards are a celebration of the outstanding contributions made by individuals and teams across our organisation. Nominees from the monthly FABB Awards are often shortlisted for this prestigious event where colleagues are recognised for their dedication and impact throughout the year. These monthly winners form a strong foundation for the annual shortlist, ensuring that the very best of our workforce are celebrated on a larger stage.

In 2024, the ceremony was held on Friday 27 September at the Bolton Stadium Hotel, bringing colleagues together to recognise excellence, dedication, and the embodiment of our Trust values.

This event allowed us to highlight and celebrate the incredible dedication of our colleagues, who consistently go above and beyond in their roles. With 782 nominations submitted by our team members, our judging panels faced a tough task. These panels included representatives from each Division.

Staff Report

In total here were 18 winners on the night and they were...

Award	2024 Winner
Digital Award	MIYA Project Team
Dream Team	Admissions Avoidance Team
Equality, Diversity & Inclusion Award	Catherine Binns, Deputy Head Chaplain
Extra Mile Award	Mark Aylin, Histopathology Section Manager
FABB Employee Award	Andrew McTavish, Consultant
FABB Leadership Award	Amanda Wall, Principal Service Lead
Greener Future Award	Community IV Therapy Team
Improving Care Award	Nurse Led IV Access Team
Innovation Award	Comorbidity EPR Project Team
People's Choice Award	Cecilia Hopkins, Senior Midwife
Quality & Safety Award	B3 Ward
Divisional Diamond of the Year - AACD	Lisa Firth, Ward Manager B1
Divisional Diamond of the Year - ASSD	Wendy Irons, Clinical Nurse Specialist
Divisional Diamond of the Year - Corporate	Our Voice Staff Choir
Divisional Diamond of the Year - DSSD	Pre-op Assessment Team
Divisional Diamond of the Year - FCD	Vicky Davies, Infant Feeding Lead
Divisional Diamond of the Year - ICSD	Elaine Hodgson, Avoidance Team Matron
Divisional Diamond of the Year – iFM	Paul Vernon, Medical Engineer

Table 17

Staff Report

6.11 NHS National Staff Survey

The Trust takes part in the annual NHS Staff survey, which is available for all substantive staff to provide their views, thoughts and experiences about working for the organisation. The national survey allows the Trust to recognise and compare its achievements against other similar organisations, celebrate our successes and focus on areas of improvement.

Our response rate for the 2024 staff survey was 48% which was a 6% increase from the previous year.

Alignment with the People Promise

The survey results are mapped to seven elements from the NHS People Promise and against two of the themes reported in previous years (Staff Engagement and Morale). The report also includes sub-scores, which feed into the People Promise elements and themes.

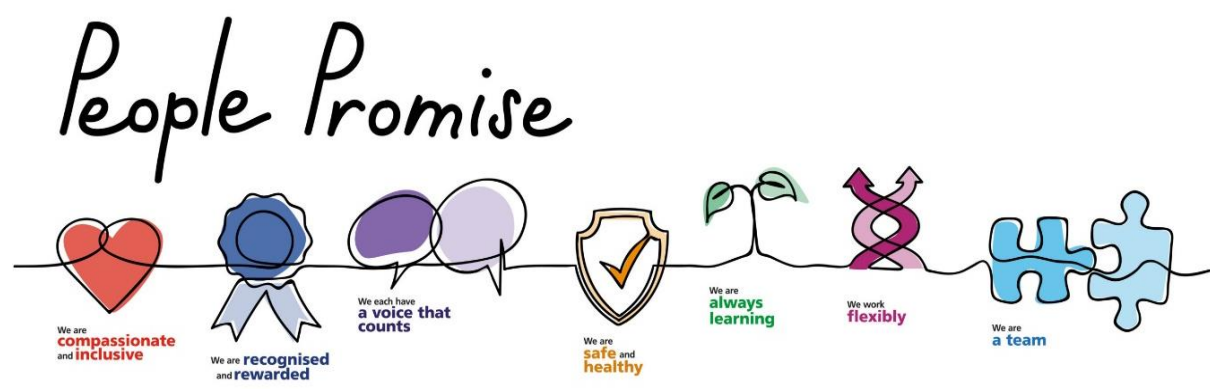


Figure 3 below shows that we have scored above the national average in all nine People Promise elements and themes.

The themes of 'Morale' and 'Staff engagement' are key performance indicators and both themes are above our national comparators. Staff engagement is in line with the 2023 score but Morale has significantly improved compared to 2023 and is significantly above the national average. At question level, 45 scores are in the top 20% range of our comparators, 59 are in the intermediate 60% and 4 scores in the bottom 20% range.

For the element 'We are a Team' the Trust has the highest score amongst our comparators across the North West and the 8th highest score nationally.

Staff Report

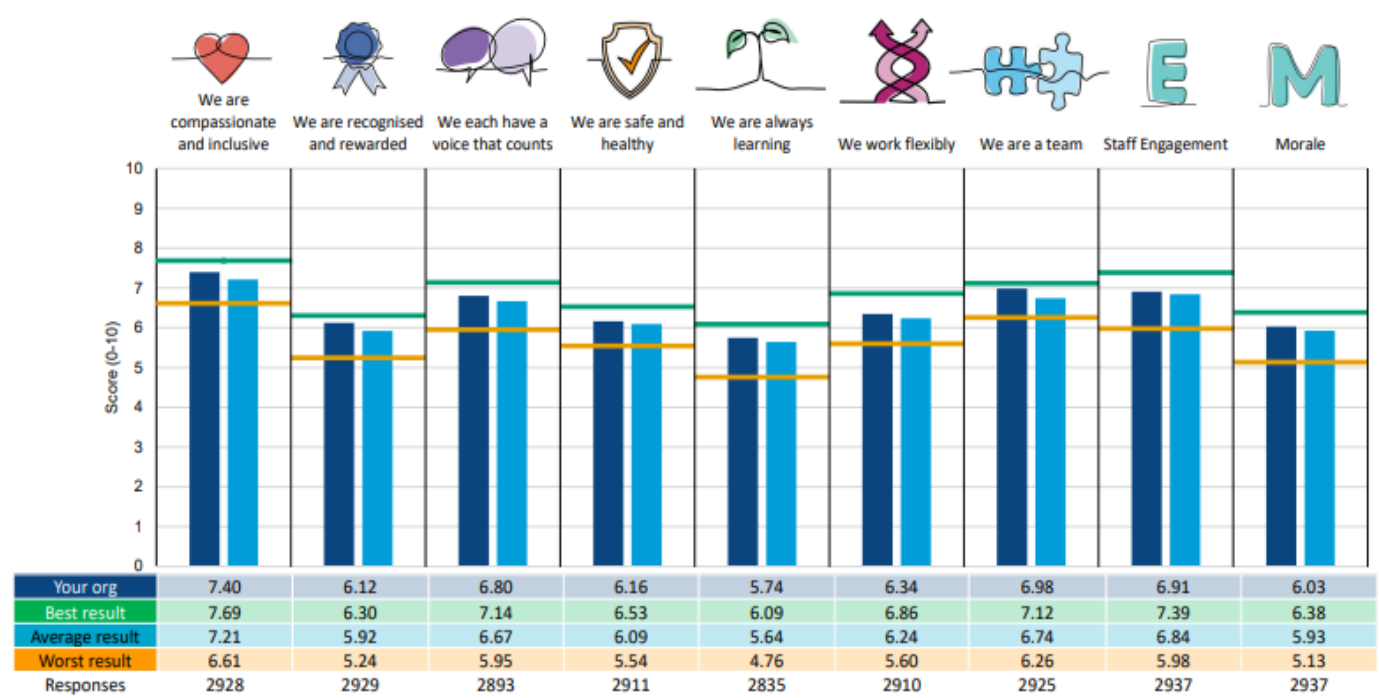


Figure 3

2024 NHS national staff survey elements and theme scores nationally

The Trust's scores across the NHS Staff Survey Co-ordination Centre benchmarking group are provided in more detail within **Table 18** below

People Promise Element	2024	2024 Benchmarking Group Avg Score	Difference
We are compassionate and inclusive	7.40	7.21	+0.19
We are recognised and rewarded	6.12	5.92	+0.20
We each have a voice that counts	6.80	6.67	+0.13
We are safe and healthy	6.16	6.09	+0.07
We are always learning	5.74	5.64	+0.10
We work flexibly	6.34	6.24	+0.10
We are a team	6.98	6.74	+0.24
Theme	2024	2024 Benchmarking Group Avg Score	Difference
Staff Engagement	6.91	6.84	+0.07
Morale	6.03	5.93	+0.10

Table 18

Staff Report

2024 NHS national staff survey elements and theme scores across GM

Within Greater Manchester, the Trust performed strongly against our comparator group. Our score for Staff Engagement was the highest and overall the Trust ranked first amongst GM comparators. **Table 19** below shows the Trust's performance against other NHS Trusts across GM.

Trust	We are compassionate & inclusive	We are recognised & rewarded	We each have a voice that counts	We are safe & healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Bolton FT	7.40	6.12	6.80	6.16	5.74	6.34	6.98	6.91	6.03
Tameside FT	7.18	6.00	6.60	6.09	5.49	6.24	6.76	6.78	5.88
Stockport FT	7.34	6.06	6.75	6.09	5.71	6.37	6.90	6.87	5.95
Northern Care Alliance	7.17	5.83	6.63	6.02	5.47	6.44	6.70	6.66	5.78
Wrightington, Wigan & Leigh FT	7.17	5.89	6.65	6.18	5.27	6.23	6.64	6.77	6.05
Manchester FT	7.22	5.92	6.69	6.15	5.59	6.04	6.75	6.79	5.85
Overall Benchmark Group Score	7.21	5.92	6.67	6.09	5.64	6.24	6.74	6.84	5.93

Table 19

Key Survey Findings – what our staff survey results are telling us

In summary the top three areas of success and focus from the Trust's 2024 NHS national staff survey results are shown in **Table 20** below.

Top three areas of success and top three areas of focus

Top 3 Success:		Top 3 Focus:
1.	Morale & 'We are a Team'	Recommend as a place for care
2.	Significant improvement for 'We Work Flexibly'	Having adequate materials, supplies and equipment
3.	Significant improvement for 'We are Safe and Healthy'	Experiencing discrimination on the grounds of religion

Table 20

Staff Report

Summary

IQVIA, our survey providers' detailed analysis of the 2024 survey results concluded:

'These are excellent results, and give an indication of a well-managed Trust which is continuing to improve the experiences of staff. In what remains an incredibly challenging time for the NHS, the results show a Trust which is responding well to current challenges, while maintaining a happy and engaged workforce. This will impact positively on patient care.'

We also recognise there are opportunities for improvement in some areas and are committed to continue to build on improving staff experience, learning and acting upon staff feedback to ensure that the Trust remains a great place to receive care and to work. Actions to improve at Trust wide level will predominantly be addressed through our People Promise Plan and the Our Voice change programme. Plans at local and divisional level are also being developed. Actions will be recorded and reported through the Staff Experience Steering Group which reports to the People Committee.

6.12 Breakdown of Directors and senior employees by gender

A breakdown by gender of Directors, other senior employers and employees employed by the Trust is set out below:

Category	Female	Male
Directors (voting members of the Board)	52%	48%
Other senior employees	47%	53%
Employees	86%	14%
Total	85%	15%

Table 21

6.13 Staff groups by gender 2024/2025

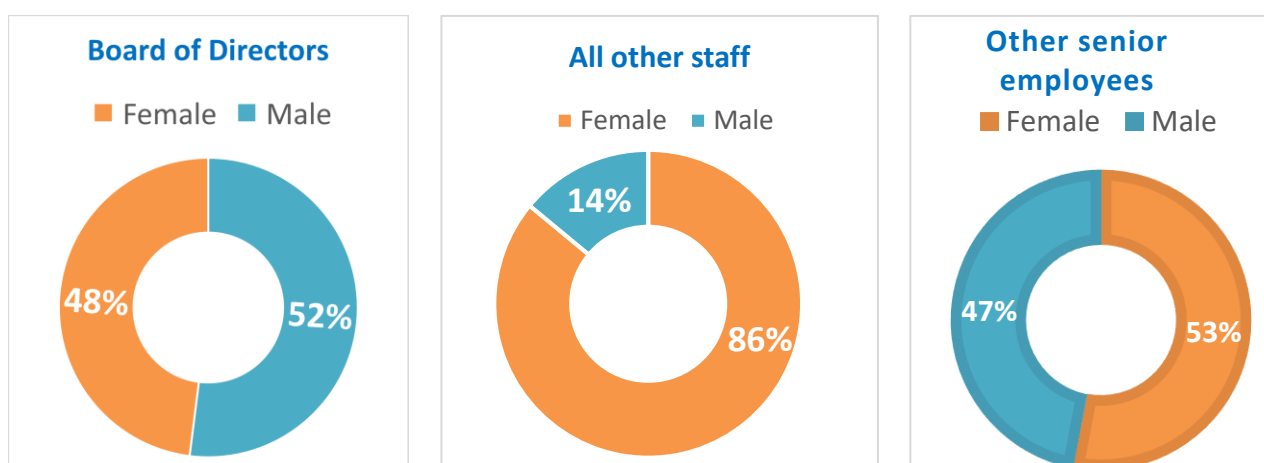


Figure 4

Staff Report

Our Gender Pay gap report can be found on our website or by reference to the Cabinet Office website (<https://gender-pay-gap.service.gov.uk/>)

6.14 Sickness absence data

The Trust recognises that sickness absence can have a detrimental impact on the organisation from both a quality and financial perspective. We work hard to ensure our staff are healthy and enjoy work and to see a year-on-year improvement in attendance. We have a comprehensive attendance management policy and encourage staff to seek professional medical support through our extensive occupational health and well-being services if needed.

Sickness benchmarking information can be obtained here:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates>

Figure 5 below provides an overview of all absences during the financial year.

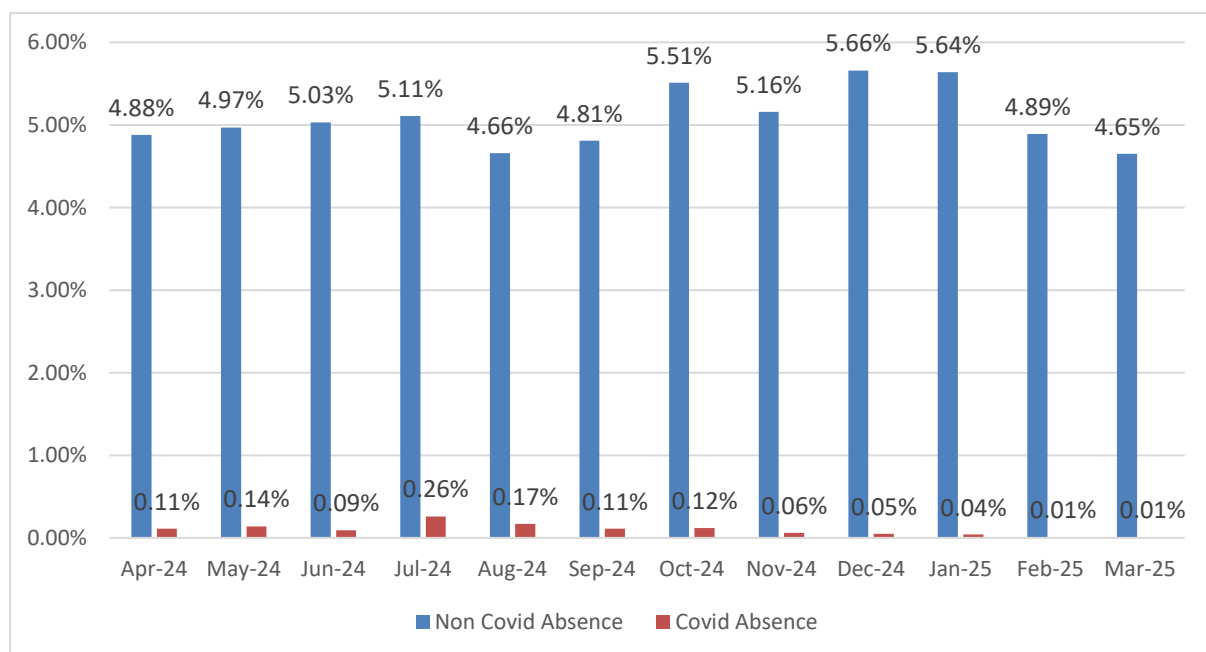


Figure 5

Staff Report

6.15 Staff costs

	2024/25			2023/24		
	Permanent	Other	Total	Permanent	Other	Total
	£000	£000	£000	£000	£'000	£'000
Salaries and wages	279,736	104	279,840	255,712	9,854	265,566
Social security costs	28,067		28,067	27,568		27,568
Apprenticeship levy	1,310		1,310	1,295		1,295
Employer's contributions to NHS pension scheme	50,615		50,615	41,272		41,272
Termination benefits	0		0	0		0
Temporary staff	0	31,729	31,729	0	21,839	21,839
Total gross staff costs	359,728	31,833	391,561	325,847	31,693	357,540
Recoveries in respect of seconded staff	(2,875)		(2,875)	(1,307)		(1,307)
Total staff costs	356,853	31,833	388,686	324,540	31,693	356,233
Of which						
Costs capitalised as part of assets	2,670		2,670	1,442		1,442

Table 22

6.16 Staff numbers – by professional group (average headcount)

	2024/2025			2023/2024		
	Total	Permanent	Other	Total	Permanent	Other
Medical and dental	500	341	159	456	323	133
Ambulance staff	0	0	0	0	0	0
Administration and estates	1839	1774	65	1776	1715	61
Healthcare assistants and other support staff	1338	1301	37	1332	1297	35
Nursing, midwifery and health visiting staff	2273	2245	28	2208	2186	22
Nursing, midwifery and health visiting learners	0	0	0	0	0	0
Scientific, therapeutic and technical staff	737	722	15	694	673	21
Healthcare science staff	125	120	5	127	122	5
Social care staff	0	0	0	0	0	0
Other	0	0	0	0	0	0
Total average numbers	6821	6503	309	6593	6316	2770
Of which:						
Number of employees (WTE) engaged on capital projects		33				

Table 23

7 Staff policies and actions

Policies applied during the financial year for giving full and fair consideration to applications for employment made by disabled persons having regard to their particular aptitudes and abilities:

We actively encourage applications from disabled individuals in accordance with the Equality Act 2010. As an organisation we are committed to employ, keep and develop the abilities of disabled staff and this is reflected in our Recruitment and Selection policy. During the recruitment process we are committed to making adjustments where necessary. Candidates who have declared a disability need only to meet the essential criteria to be guaranteed an interview. The Resourcing Team ensure that any direct or indirect reference to discrimination is removed from all application forms and that equality and diversity information is removed from the shortlisting process.

Policies applied during the financial year for continuing the employment of and for arranging appropriate training for employees who have become disabled persons during the period

We are committed to supporting staff to remain in work and have a Supporting Staff with Disabilities policy which is used for both newly recruited employees with a disability who make their needs known at the recruitment stage and those staff who are currently employed by the Trust who become disabled whilst in employment. The policy ensures that NHS guidance, advice and necessary training is provided to managers.

Policies applied during the financial year for the training, career development and promotion of disabled employees

All policies are subject to an Equality Impact Assessment at the point of development to ensure all equality strands are assessed and evidenced prior to policy implementation. In relation to disabled employees, the HR team give expert advice on the need for reasonable adjustments to be made to ensure that there is equal access to training and development and promotion opportunities.

Actions taken in the financial year to provide employees systematically with information on matters of concern to them as employees

The Trust deploys a range of strategies to provide staff with timely information about matters that may be of concern to them. This ranges from weekly bulletin, a monthly staff newsletter, monthly Executive led Team Brief Broadcast, alongside team meetings that cover a variety of practice-based topics.

We have implemented a range of innovative programmes as part of the Board's commitment to 'listen and act', including the Chief Executive's 'Tea with Fi', divisional road shows and engagement meetings with staff. These meetings have proved extremely popular with staff as a means of both raising issues and keeping up to date with relevant information. To complement this Executive and Non-Executive Directors

Staff policies and actions

undertake regular visits to different wards and departments across hospital and community teams to gain feedback from staff working at the front line.

Actions taken in the financial year to consult employees or their representatives on a regular basis so that the views of employees can be taken into account in making decisions which are likely to affect their interests

During periods of transition communication with staff is seen as a priority to ensure that all staff are fully informed at each step of the development as well as being part of the on-going consultation process. The Trust will continue to engage, consult and work positively with staff side to foster true partnership working and ensure that the Trust and its employees are able to move forward and meet the challenges ahead.

The Trust meets formally with staff side representatives on a regular basis through a range of formal and informal meetings including formally agreed consultation processes. The formal vehicles where management and staff side meet to deal with employee relations issues include:

- The Joint Negotiation and Consultative Committee (JNCC), which meets monthly.
- The Divisions have monthly collaborative meetings which deal with pressing local issues that can be dealt with quickly to enable good working relationships.
- The Local Negotiating Committee (LNC), which meets quarterly with local and regional medical representatives to discuss the strategic overview for the medical workforce, policies, workloads, clinical excellence awards, rotas, recruitment and junior doctors.

7.1 Information on health and safety performance

Health and Safety is governed through the Trust's Health and Safety Group (not a Board Committee but an operational group) which reports to the Quality Assurance Committee. This Group involves key stakeholders from both the Trust and iFM management and includes staff representation in order to meet the requirements of various Health and Safety Acts and Regulations.

The Group meets bi-monthly to identify actions and plan progress against Trust requirements. Regular reports on performance for both health and safety are discussed and escalated through the Chair's Report to the Quality Assurance Committee.

7.2 Occupational Health and Wellbeing (OH&W)

The Trust offers a comprehensive range of interventions to support the health and wellbeing requirements of its staff. Our OH&W service has been delivered in-house since 2021 and since that time has successfully maintained the external SEQOHS (Safe Effective Quality Occupational Health Services) accreditation awarded by The Faculty of Occupational Medicine and has successfully recruited to a number of posts. As well as continuing to provide Occupational Health services such as pre-placement health checks, health referrals, flu vaccination programmes and proactive health interventions such as fast track physiotherapy referrals and mental wellbeing sessions, the service is now offering staff smoking cessation sessions as well as a range of holistic therapies to staff, with a strong focus on health and wellbeing for our staff.

Staff policies and actions

7.3 Information on policies and procedures with respect to countering fraud and corruption.

We have a Counter Fraud and Corruption Policy in place. A Counter Fraud Annual Work Plan is agreed with the Director of Finance and approved by the Audit and Risk Committee. The local counter fraud specialist is a regular attendee at Audit and Risk Committee meetings to report on any investigatory work into reported and suspected incidents of fraud and to provide an update on the on-going programme of proactive work to prevent potential fraud.

7.4 Facility Time

Facility time is time off from an individual's job, granted by the employer, to enable a representative to carry out their trade union role. In some cases this can mean that the representative is fully seconded from their regular job enabling them to work full time on trade union tasks.

Facility time covers duties carried out for the trade union or as a union learning representative, for example, accompanying an employee to a disciplinary or grievance hearing. It also covers training received and duties carried out under the Health and Safety at Work Act 1974. In accordance with The Trade Union (Facility Time Publication Requirements) Regulations 2017 which took effect on 01 April 2017 the tables below, which have been approved by our Chair of StaffSide, provide information on facility time within the Trust.

7.5 Percentage of pay bill spent on facility time

We support funded seconded release for staff representatives and therefore trade union activities are included in the facility time above and not differentiated.

Number of employees who were relevant union officials during 2024/25

Number of employees who were relevant union officials during the relevant period		28	Full-time equivalent employee number	24.76
Percentage of time spent on facility time		Percentage of pay bill spent on facility time		
Percentage of time	Number of employees			
0%	0%	total cost of facility time	£131,796.45	
1-50%	2	total pay bill	£328,658,999	
51%-99%	26	percentage of the total pay bill spent on facility time	0.04%	
100%	0			

Table 24

Staff policies and actions

7.6 Actions taken in the financial year to encourage the involvement of employees in the NHS foundation trust's performance

We actively encourage the involvement of our employees at all levels in all aspects of performance. Activities during 2024/25 include:

- Involvement of our staff in fundraising and health promotional activities
- Use of our staff friends and family survey data in local sessions with teams to strengthen engagement and improve the staff experience.
- Board Walkabout visits with feedback at every Board meeting
- Monthly Team Brief including an in person meeting at the Medical School
- Clinical Engagement sessions with the Board of Directors
- Executive buddy programme assigning each director to a ward or department.

7.7 Expenditure on consultancy

Expenditure on Consultancy related spend increase from £0 to £1,192k in 2024/25.

7.8 Off payroll engagements

Statement on off payroll arrangements

Our policy for off payroll arrangements is in line with the guidance provided by NHSE and based on HM Treasury guidance that:

- Board members and senior officials with significant financial responsibility should be on the organisation's payroll, unless there are exceptional circumstances – in which case the Accounting Officer should approve the arrangements – and such exceptions should exist for no longer than six months.
- engagements of more than six months in duration, for more than a daily rate of £220, should include contractual provisions that allow the department to seek assurance regarding the income tax and NICS obligations of the engagee – and to terminate the contract if that assurance is not provided.

We have established processes in place by which the need for employees can be assessed and the appropriate individuals recruited. While our preference is to employ our own staff, the need may arise from time to time to cover areas of work which are specialist and outside our current areas of expertise and/or; particular circumstances dictate that someone outside the Trust should be engaged (e.g. certain investigations).

In such cases a determination is made as to which method of resourcing is most appropriate. Our preferred order of consideration would generally be

- Employment
- Agency
- Self-Employed Contractor (off-payroll)

The tables below provide detail of off-payroll engagements of more than £245 per day lasting for longer than six months

Staff policies and actions

Existing off-payroll engagements as of 31 March 2025

Existing off-payroll engagements as of 31 March 2025	
No. of existing engagements as of 31 March 2025	0
No. that have existed for less than one year at time of reporting.	0
No. that have existed for between one and two years at time of reporting.	0
No. that have existed for between two and three years at time of reporting.	0
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting.	0

Table 24

7.9 New off-payroll engagements and those that reached six months in duration between 01 April 2024 and 31 March 2025, for more than £245 per day and that last for longer than six months.

No. of new engagements, or those that reached six months in duration, between 01 April 2024 and 31 March 2025	0
Of which...	0
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	0
Number engaged directly (via PSC contracted to trust and are on the Trust's payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

Table 25

7.10 Off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 01 April 2024 and 31 March 2025

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
No. of individuals that have been deemed "board members and/or senior officials with significant financial responsibility" during the financial year. This figure includes both off-payroll and on-payroll engagements.	17

Table 26

Staff policies and actions

7.11 Fair Pay multiple

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in the organisation in the financial year 2024/25 was £240-245k (2023/24 £230-235k). This is a change between years of 4.3% (2023/24 14.8%).

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

For employees of the Trust as a whole, the range of remuneration in 2024/25 was from £13-243k (2023/24 £12-233k). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 5.6% (2023/24 1.0%). No employees received remuneration in excess of the highest-paid director in 2024/25 (2023/24: No employees).

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

2024/25	25 th percentile	Median	75 th percentile
Salary component of pay	£25,674	£36,132	£44,962
Total pay and benefits excluding pension benefits	£25,675	£36,483	£45,025
Pay and benefits excluding pension: pay ratio for highest paid director	9.45:1	6.65:1	5.39:1
2023/24	25 th percentile	Median	75 th percentile
Salary component of pay	£24,336	£34,581	£42,618
Total pay and benefits excluding pension benefits	£24,336	£34,581	£42,618
Pay and benefits excluding pension: pay ratio for highest paid director	9.62:1	6.77:1	5.50:1

Table 27

7.12 Payments for loss of office and to past senior managers

No payments have been made for loss of office or to past senior managers during the reporting year 2024/25.

Staff policies and actions

7.13 Exit Packages

Exit package cost band	Number of compulsory redundancies		Number of other departures agreed		Cost of other departures agreed		Total number of exit packages		Total cost of exit packages £000	
	24/25	23/24	24/25	23/24	24/25	23/24	24/25	23/24	24/25	23/24
<£10,000	1		43	27	138	90	44	27	143	90
£10,001 - £25,000		1	6	1	84	24	6	2	84	37
£25,001 - 50,000			6		198		6		198	0
£50,001 - £100,000				2		127		2		127
£100,001 - £150,000										
£150,001 - £200,000										
>£200,000										
Total	1	1	55	30	420	241	56	31	425	254

All payments made are in line with Agenda for change and contractual terms and conditions.

Table 28

7.14 Exit packages: non-compulsory departure payments

Exit packages: other (non-compulsory) departure payments	No. of Payments agreed		Total value of agreements £000	
	24/25	23/24	24/25	23/24
Voluntary redundancies including early retirement contractual costs				
Mutually agreed resignations (MARS) contractual costs	20	2	280	127
Early retirements in the efficiency of the service contractual costs				
Contractual payments in lieu of notice	35	28	140	114
Exit payments following employment tribunals or court orders				
Non-contractual payments requiring HMT approval (special severance payments)*		0		0
Total**	55	30	420	241
**of which: non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary				

All payments made are in line with Agenda for change and contractual terms and conditions.

Table 29

Statement of Compliance with Code

8 STATEMENT OF COMPLIANCE WITH THE NHS FOUNDATION TRUST CODE OF GOVERNANCE

NHS England issued an updated The NHS Foundation Trust Code of Governance (The FT Code) in August 2022 which is based on the principles of the UK Corporate Governance Code and combines the best practices of the NHS and private sector. The Code sets out an overarching framework for the corporate governance of trusts that supplements the statutory and regulatory obligations they have (these are referenced throughout this document).

The FT Code sets out a common overarching framework for the corporate governance of NHS providers reflecting developments in the development of Integrated Care Systems. It is implemented through key governance documents, policies and procedures of the Trust, including but not limited to:

- The Constitution
- Standing Orders
- Standing Financial Instructions
- Schedule of Matters Reserved for the Board
- Code of Conduct (for Directors, for Governors and for Senior Managers)
- Staff Handbook, Governor Handbook.

The FT Code operates on a “comply or explain” principle and acknowledges that there may be situations where deviating from requirements is appropriate and any instances of non-compliance with the FT Code should be justified.

The Director of Corporate Governance reviews the Trust’s compliance with the FT Code for the Audit and Risk Committee thus providing assurance that there is good corporate governance, contributing to better organisational and system performance, ultimately fulfilling the duties in the best interests of patients, staff and the public.

A compliance checklist with each of the FT Code provisions has been prepared and confirms that the Trust complies with the Code’s provisions with the exception of:

Provision C.4.7 Evaluation of FT boards should be externally facilitated at least every three years.

Bolton NHS FT confirms compliance with the provisions of the Code and with an explanation of the reasons for departure from C.4.7 on the basis that:

An independent board governance review was completed by Deloitte LLP during 2017. The CQC undertook a Well Led Inspection in October 2023. Following this, a Peer Review was conducted in 2024. The external review was deferred and is scheduled during 2025.

The Board of Directors considered this report at its meeting in May 2025 and agreed that the Trust complied with all the main and supporting principles of the Code of Governance. The Audit and Risk Committee received this report in June 2025 as assurance of compliance.

Statement of Compliance with Code

8.1 Summary Schedule of Matters Reserved for the Board

The Schedule of Matters Reserved for the Board details the decisions and responsibilities reserved to the Council of Governors, the Board of Directors and those delegated to the agreed committees of the Board of Directors.

The Board of Directors is a Unitary Board. This means that the Non-Executive Directors and Executive Directors act as one group within the Board of Directors and share the same responsibility and liability. All Directors, Executive and Non-Executive, have responsibility to challenge constructively during board discussions and help develop proposals on priorities, risk mitigation, values, standards and strategy. The overall responsibility for running an NHS Foundation Trust lies with the Board of Directors.

Directors are responsible and accountable for the performance of the Foundation Trust. Governors do not take on this responsibility or accountability. This is reflected in the fact that Directors are paid while Governors are volunteers. The NHS Foundation Trust Code of Governance also sets out a number of disclosure requirements and these are provided below.

In the event of any unresolved dispute between the Council of Governors and the Board of Directors, the Chair or the Director of Corporate Governance may arrange for independent professional advice to be obtained for the Foundation Trust. The Chair may also initiate an independent review to investigate and make recommendations in respect of how the dispute may be resolved.

8.2 The Council of Governors

The Council of Governors is composed of elected representatives from patients, staff, and the public, alongside appointed governors from partner organisations. Together, they bring diverse perspectives to ensure that the Trust's services are responsive to the needs and priorities of the communities it serves.

The Council of Governors is the collective body through which the Directors explain and justify their actions. The Council should not seek to become involved in the running of the Trust.

The Council of Governors meets formally in public every two months. As set out in Our Constitution, our Council of Governors consists of 34 governors of which there are

- Six public Governors from Bolton West constituency
- Six public Governors from Bolton North East constituency
- Six public Governors from Bolton South East
- Two public Governors from Rest of England constituency
- Nine appointed partner Governors
- Six staff Governors

Statement of Compliance with Code

The role of the Governor is to:

- hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors
- to represent the interests of NHS Foundation Trust members and of the public
- Set the terms and conditions of Non-Executive Directors
- Approve the appointment of future Chief Executives
- Appoint or remove the Trust's external auditor
- Consider the Annual Accounts, Annual Report and Auditor's Report
- Be consulted by the Board of Directors on the forward plans for the Trust.
- Approve changes to the Constitution of the Trust
- Take decisions on significant transactions
- Take decisions on non NHS income.

The Governors have not had cause to exercise their power to require one or more of the Directors to attend a Governors' meeting. The Executive and Non-Executive Directors attend the majority of Governor Meetings to provide information about the performance of the Trust and to develop the relationship between the two bodies. Governors regularly canvass the opinions of the Trust's members and the wider public regarding their views on the forward plans of the Trust. Whilst this has proved challenging in the last few years due to the pandemic plans for the next year will include a calendar of public engagement events to enable governors to seek views of members and wider public.

The table below provides an overall view of our Council of Governors during 2024/25.

Name	Area	Date Elected	End of tenure	Meeting attendance
Public Governors				
Oboh Achioyamen	Bolton North East	October 2023	September 2026	2/6
Imteyaz Ali	Bolton North East	October 2022	September 2025	4/6
David Fawell	Bolton North East	October 2024	September 2027	2/3
Geoffrey Minshull	Bolton North East	October 2024	September 2027	3/3
Jack Ramsay	Bolton North East	October 2023	September 2026	2/6
Dalton Thompson	Bolton North East	October 2023	September 2026	4/6
Ali Abdalla Mansur	Bolton South East	October 2024	September 2027	0/3
Champak Mistry	Bolton South East	October 2022	September 2025	3/3
Kayonda Hubert Ngamaba	Bolton South East	October 2022	September 2025	4/6
Deborah Parker	Bolton South East	October 2022	September 2025	5/6
Gary Burke	Bolton South East	October 2022	September 2025	3/6

Statement of Compliance with Code

David Barnes	Bolton West	October 2024	September 2027	5/6
Malcolm Bristow	Bolton West	October 2023	September 2026	3/6
Grace Hopps ★	Bolton West	October 2023	September 2026	5/6
Pauline Lee	Bolton West	October 2024	September 2027	5/6
David Thomas	Bolton West	October 2023	September 2026	2/6
Sumirna Cusick	Out of Area	October 2022	September 2025	4/6
Daryl Cassidy	Out of Area	October 2024	September 2027	0/3
Edward Gorman	Bolton North East	October 2023	September 2026	0/3
Dorothy Kenworthy	Bolton North East	October 2022	September 2025	0/3
Alan Yates	Bolton South East	October 2021	September 2024	0/3
Elaine Catterall	Bolton West	October 2023	September 2026	1/3
Staff Governors				
Cara Burns	AHP & Scientist	October 2023	September 2026	4/6
Jean Cummings	Nurses & Midwives	October 2023	September 2026	4/6
Catherine Binns	All other Staff	October 2022	September 2025	5/6
Lindiwe Mashangombe ★	All other Staff	October 2022	September 2025	3/6

Table 30

Key			
1 st term of office	2 nd term of office	3 rd (final) term of office	Term ended
★ Chair of a sub-committee and one of the two lead governors.			
** indicates not available to attend			

8.3 Appointed Governors

Name	Representing	Date Appointed	Meeting Attendance
Ann Schenk	Bolton Healthwatch	December 2020	2/6
Michelle Powell	Bolton University	October 2024	0/1
Melanie Rushton	Salford University	October 2023	3/6
Shafaqat Shaikh	Bolton Metropolitan Borough Council	February 2024	0/6
Martyn Cox	Bolton Metropolitan Borough Council	February 2024	1/6
Dawn Yates-Obe	Bolton Local Council for Voluntary Services	October 2023	5/6
Dave Bagley	Bolton Local Council for Voluntary Services	October 2023	3/6
Adele Nightingale	University of Bolton	October 2023	1/3

Table 31

Statement of Compliance with Code

8.4 Elections to the Council of Governors

The Trust is grateful for the time and commitment of all the governors who put their names forward each year for elections and to all members who take part in each election. Governors provide a link between the hospital and the community it serves.

Our Elections were held according to the constitution in September 2024. Results were as reported in **Table 31** below.

Seat	Turnout	Governors Elected
Bolton North East	10.1%	Geoffrey Minshull David Fawell
Bolton South East	Uncontested	Ali Abdalla Ahmed Omar
Bolton West	11.7%	David Barnes Pauline Lee
Rest of England	Uncontested	Daryl Cassidy
Nurses and Midwives	No nominations received	
Doctors/Dentists	No nominations received	

Table 32

8.5 Lead Governor

The Lead Governor role is undertaken in accordance with NHS England guidance as the point of contact between the regulator and the Council of Governors with no additional responsibilities. The Council of Governors have previously agreed that the two chairs of the sub-committees would act as joint Lead Governor.

8.6 Council of Governors' Register of Interests

A register is kept of Directors' and Governors' interests is published on our website and is available on request.

The Board of Directors and the Council of Governors enjoy a strong working relationship. The Trust Chair acts as a link between the two bodies and chairs both meetings. Each is kept advised of the other's progress through a number of systems, including informal updates via the Chair, ad-hoc briefings, exchange of meeting minutes and attendance of the Board of Directors at the Council of Governors and by Directors at Council of Governors sub-committees.

Statement of Compliance with Code

8.7 Developing understanding

The Board of Directors has taken steps to ensure that members of the Board, and in particular the Non-Executive Directors, develop an understanding of the views of Governors and members about their NHS Foundation Trust.

The Trust Chair is the Chair of both the Board of Directors and the Council of Governors and with the assistance of the Director of Corporate Governance is the link between the two bodies.

The full Council of Governors meets a minimum of six times a year and these meetings are attended by Executive Directors, the Senior Independent Director and the Non-Executive Directors. Prior to each Council of Governor meeting time has been set aside to enable members of the Board to meet with Governors. The Governors' meetings provide the opportunity for the Governors to express their views and raise any issues so that the Executive Directors can respond.

There is ongoing commitment since 2014 that Governors attend and observe Part two meetings section of the Board of Directors. In previous years, Governors have provided feedback as this allowed them to gain a greater degree of the understanding of the work of the Board.

The Governors have two formal sub-committees dealing with External Auditor appointment, and Nomination and Remuneration. These are attended by the Chair of Audit and Risk Committee and Chief Finance Officer (Auditor appointment) and by the Senior Independent Director (Nomination and Remuneration).

The Governors also have two sub-groups each chaired by a Governor nominated by the group. These groups are attended by the Director of Corporate Governance and other members of Trust staff as required.

Regular training sessions are provided for Governors to ensure they gain a full understanding of the role.

The Trust recognises the importance of being accessible to members and as such ensured that all Council of Governors meetings are published on the website to enable public engagement.

8.8 Balance, Completeness and Appropriateness

There is a clear separation of the roles of the Chair and the Chief Executive which has been set out in writing and agreed by the Board. The Chair has responsibility for the running of the Board, setting the agenda and for ensuring that all directors are fully informed of matters relevant to their roles.

The Chief Executive has responsibility for implementing the strategies agreed by the Board and for managing the day to day business of the Trust.

The Board of Directors have continued to assess the independence of all Non-Executive Directors further to the requirements of the Code of Governance and considers that each Non-Executive Director is independent in character and judgment.

The Board considers that the Non-Executive Directors bring a wide range of business, commercial, financial and other knowledge required for the successful direction of the organisation.

Statement of Compliance with Code

All Directors are subject to an annual review of their performance and contribution to the management and leadership of the Trust.

The external advisors used during 2024/25 have no other connections to the Trust.

8.9 Board of Directors

The Board of Directors comprises the Chair, Chief Executive, Deputy Chair, six other independent Non-Executive Directors and six Executive Directors.

The formal public Board meetings are held on a bi-monthly basis. Papers for the meeting including the minutes of the previous meeting are uploaded on the Trust website before each meeting.

The Directors have collective responsibility for setting strategic direction and providing leadership and governance.

The Scheme of Delegation, which is included in the Trust's Standing Orders, sets out the decisions which are the responsibility of the Board of Directors and those which have been delegated to a Committee of the Board.

The Executive Directors of the Trust meet weekly to consider the operational management and the day to day business of the Trust. These meetings are supported by the control system described within our Annual Governance Statement on page 92 of this report..

Audit and Risk Committee

9 AUDIT AND RISK COMMITTEE

The purpose of the Audit and Risk Committee is to provide independent assurance to the Board that there are effective systems of governance, risk management and internal control for all matters relating to corporate and financial governance and risk management within the FT and iFM Bolton

In addition to the review of financial statements other key activities during the period 01 April 2024 and 31 March 2025 were:

- Consideration of the Going Concern report prior to approval by the Board of Directors.
- Consider significant judgements and estimates in the accounts.
- Reviewing the Draft Annual Accounts prior to approval by the Board of Directors.
- Receiving reports from the internal and external auditors and providing oversight to ensure agreed recommendations are addressed.
- Reviewing the Board Assurance Framework to seek assurance that the risks to the Trust's strategic objectives are managed with mitigations in place.
- Receiving regular reports from the local counter fraud specialist to provide assurance of the on-going development of an anti-fraud culture and specific actions taken in relation to concerns raised both internally and through national fraud awareness initiatives.
- Reviewing the Trust's Declaration of compliance with the Code of Governance.
- Reviewing proposed changes to the Standing Orders, Scheme of Delegation and approving changes to the Trust's Standing Financial Instructions.
- Receiving and providing oversight of regular reports on losses, waivers and variations.

The Audit and Risk Committee is constituted as a Group Audit and Risk Committee to provide oversight with regard to both the FT and its wholly owned subsidiary iFM Bolton Ltd. The Committee met virtually on five occasions during the period 01 April 2024 and 31 March 2025.

Audit Committee Attendance		
Members		
Alan Stuttard (Chair)	Non-Executive Director	4/5
Martin North	Non-Executive Director	3/4
Tosca Fairchild	Non-Executive Director	2/5
Fiona Taylor	Non-Executive Director	5/5
Sean Harriss	Non-Executive Director	0/1
Attendees		
Annette Walker	Chief Finance Officer	5/5
Sharon Katema	Director of Corporate Governance	5/5

Table 33

Audit and Risk Committee

9.1 Chair of the Audit and Risk Committee

The Chair of the Audit and Risk Committee is Alan Stuttard, Non-Executive Director.

9.2 External Auditor

The External Auditor service is provided by Forvis Mazars. The Audit and Risk Committee received and approved the External Audit Plan for 2024/25. The Plan identified significant inherent audit risks related to:

- Management override of controls
- Fraud in revenue recognition
- Fraud in expenditure recognition
- Valuation of land and buildings revalued in year

The Committee received the 2024/25 External Audit Report at its meeting held on 25 June 2025. The report confirmed that:

- No significant audit issues had arisen in respect of the significant inherent audit risks and key audit judgements listed above.
- The report further confirmed that no audit adjustments or disclosure deficiencies had been identified.
- An Unqualified audit opinion was given on the Trust's accounts for 2024/25.

As part of their Audit work the External Auditors also undertook the Value for Money risk assessment for the year ended 31 March 2025 as required by the Code of Audit practice the auditors reported that "we have completed our work in respect of the Trust's arrangements for the year ended 31 March 2025 and have identified one significant weakness in arrangements and have made associated recommendations".

Following the Committee meetings in June 2025, the Committee made recommendations to the Board of Directors to approve the Audited Accounts, Annual Report and Annual Governance Statement for 2024/25.

In addition to reviewing the Accounts for the Trust the External Auditors also undertake the External Audit for IFM Ltd and conduct the Independent Review of the Charitable Fund Accounts, Forvis Mazars provided regular progress reports and technical updates to the Audit and Risk Committee.

9.3 Internal Audit

The Internal Auditors for the Trust are Mersey Internal Audit Agency (MIAA) who were in attendance at all Audit and Risk Committee meetings and presented findings of internal audit reviews and the associated management responses and monitored the implementation of recommendations through regular progress reports. The

Audit and Risk Committee

conclusions, as well as the findings and recommendations, of all Internal Audit reports finalised during the year were presented to the Audit and Risk Committee.

The Committee challenged Internal Audit on assurances provided and where appropriate requested additional information, clarification and follow-up work if considered necessary. Progress towards the implementation of agreed recommendations was also reported (including full details of all outstanding recommendations) to the Executive Management Team. The Audit and Risk Committee reviewed and was satisfied by the progress reports.

The Committee also referred some reports to the other Board Committees for consideration where concerns had been raised or to support the work of the other Committees in the provision of assurance to the Board of Directors.

The Head of Internal Audit Opinion for 2024/25 stated that Moderate Assurance, can be given that there is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some of the organisation's objectives at risk.

9.4 Internal Audit Annual Workplan

The following Internal Audit Reports were received by the Audit and Risk Committee during the reporting period:

Audit Title (Final Reports)	Report classification	Critical	High	Medium	Low	Total
		Number of findings				
Assurance Framework	N/A	N/A	N/A	N/A	N/A	5
Risk Management Core Controls	Substantial	N/A	N/A	1	N/A	1
Finance Systems Deep Dive – Fixed Assets	Substantial	N/A	N/A	3	1	4
Divisional Quality Governance	Substantial	N/A	N/A	3	2	5
Bank and Agency Staff Controls	Substantial	N/A	N/A	4	N/A	4
Job Evaluation Process	Moderate	N/A	1	6	N/A	7
Digital Asset Controls	Limited	N/A	2	2	1	5
Critical Application Review (LIMS)	Limited	N/A	3	1	N/A	4

Audit and Risk Committee

Data Security and Protection Toolkit 23/24 Phase II	Substantial/ Moderate	N/A	N/A	2	16	18
Escalation of a Deteriorating Patient (2023/24) Review)	Moderate	N/A	1	2	1	4
Patient Safety Incident Response Framework (PSIRF)	Substantial	N/A	N/A	3	3	6
Key Financial Transactional Processing Controls	Moderate	N/A	1	1	4	6
Quality Spot Checks (Draft)	Limited	N/A	3	N/A	N/A	3
Theatre Productivity (Draft)	Substantial	N/A	N/A	3	0	3
Health and Wellbeing	Substantial	N/A	N/A	2	1	3

Table 34

Membership

10 MEMBERSHIP

10.1 Membership strategy

We are committed to building a membership that is representative of and reflects the local communities we serve in terms of disability, age, gender, socio-economics, sexuality, ethnic background and faith. Through our members we can really get to know what the public wants and, more importantly, act on that as our services evolve.

10.2 Public members

Membership of the Trust is open to anyone who resides in England although we would expect the majority of our members to reside in Bolton and the surrounding areas of Salford, Wigan, Bury and South Lancashire. There is a lower age limit of 14 but no upper age limit. There are no limits on the number of people who can register as members. Public members are placed in constituencies based on the three Bolton Parliamentary constituencies with a fourth area of the constituency for “out of area” members.

10.3 Staff members

We have an opt-out arrangement in respect of staff membership. Under this arrangement staff will automatically be registered as a member of the Trust unless they have completed an opt-out.

Staff membership is open to everyone who is employed by the Trust full or part time. Staff working for the Trust’s subsidiary company iFM Bolton are also eligible for staff membership. Staff membership ceases at the point that the member leaves the service of the Trust but individuals can then choose to become a public member.

10.4 Benefits of membership

Although there are no financial benefits to FT membership, there are also no costs. There is, however, much satisfaction in being in a position which can help local people and local services. There are no benefits to members in terms of access to services. We will use our members as a valuable resource calling on those who have expressed a willingness to participate in surveys and focus groups to gain a snapshot view of the user’s perspective.

10.5 Membership recruitment

We aim to continue recruiting new members and are using a variety of methods to ensure we reach as many people as possible. People wishing to join can do so by registering online at www.boltonft.nhs.uk or by calling 01204 390654.

Contact procedures for members that wish to communicate with Governors and/or Directors.

Members who wish to communicate with Governors or Directors may do so by email to governor@boltonft.nhs.uk or by post c/o the Director of Corporate Governance

Membership

Trust HQ
Royal Bolton Hospital
Minerva Road, Farnworth
Bolton
BL4 0JR

10.6 Membership Statistics

Public Constituency	
At year start (01 April 2024)	4,904
At year end (31 March 2025)	4,932
Staff Constituency	
At year start (01 April 2024)	6,269
At year end (31 March 2025)	6,463

Table 35

10.7 Analysis of current public membership

Public Constituency	Number of members	Eligible membership
Age		
0 - 16	10	67,839
17- 22	178	18,137
22+	4518	217,182
Not known	226	
Ethnicity		
White	2865	212,913
Mixed	50	6,666
Asian or Asian British	578	59,577
Black or Black British	126	11,254
Other	75	0
Not known	1238	
Gender		
Male	1616	150,030
Female	3171	153,128
Not known	145	
Socio-economic groupings:		
AB	1135	20,255
C1	1363	35,621
C2	1091	25,760
DE	1328	40,562

Table 36

11 NHS ENGLAND OVERSIGHT FRAMEWORK

NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs.

NHS organisations are allocated to one of four 'segments'.

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

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

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

11.1 Segmentation

Bolton NHS Foundation has been assessed as **Segment 2**

The segmentation information is the Trust's position as at June 2025. Current segmentation information for NHS Trusts and Foundation Trusts is published on NHS England website [NHS England » NHS oversight framework segmentation](#)

Statement of the Chief Executive's Responsibilities as the Accounting Officer of Bolton NHS Foundation Trust

Statement of the Chief Executive's Responsibilities as the Accounting Officer of Bolton NHS Foundation Trust

Statement of Accounting Officer's Responsibilities

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

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

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

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

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

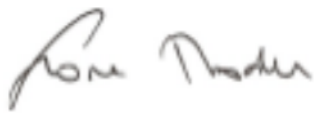
Statement of the Chief Executive's Responsibilities as the Accounting Officer of Bolton NHS Foundation Trust

taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

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

Signed

A handwritten signature in dark ink, appearing to read 'Fiona Noden', written in a cursive style.

Fiona Noden
Chief Executive,
26 June 2025

ANNUAL GOVERNANCE STATEMENT 2024/25

1. SCOPE OF RESPONSIBILITY

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS 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 Bolton NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Bolton NHS Foundation Trust for the year ended 31 March 2025 and up to the date of approval of the Annual Report and Accounts.

2. CAPACITY TO HANDLE RISK

2.1. Leadership

As Accounting Officer, I hold responsibility for ensuring the quality and safety of the services delivered by the Trust. This includes full accountability for leading and overseeing the Trust's risk management framework exercised on behalf of the Board.

To support this function, the Trust has implemented a clearly defined and structured system of internal accountability. Each Executive Director is assigned specific areas of responsibility, ensuring that risk ownership is embedded at the most senior levels of the organisation. These delegated responsibilities facilitate a coordinated, transparent, and systematic approach to the identification, evaluation, and mitigation of risks across all operational and clinical domains. This governance model not only strengthens individual accountability but also provides collective assurance to the Board that risks are being managed effectively and in accordance with the Trust's Strategic Ambitions, statutory duties, and regulatory requirements.

Our Executive Leadership Team is supported by a well-established Divisional Management structure comprising five distinct Clinical Divisions. Each Division is led by a triumvirate leadership team consisting of:

Annual Governance Statement

- A Divisional Director of Operations responsible for the strategic and operational delivery of services;
- A Divisional Medical Director, responsible for clinical leadership, quality, and safety; and
- A Divisional Nurse Director, who leads on nursing and patient care standards.

In recognition of the specialised nature of maternity services, the Family Care Division, which holds responsibility for this area, includes a Director of Midwifery within its leadership team.

The Board of Directors maintains strategic oversight of the Trust's governance and assurance arrangements. To ensure the processes and internal controls work effectively, the Board routinely monitors key enablers of organisational performance, including:

- Leadership and management capability;
- Financial sustainability and resource stewardship;
- Workforce competence and capacity; and
- Organisational knowledge and learning.

This oversight ensures that the Trust's internal controls, risk management systems, and assurance processes remain robust, effective, and responsive to both current and emerging challenges. The governance framework thereby supports the delivery of safe, high-quality care and the achievement of the Trust's Strategic Ambitions.

Leadership and management of the risk management process is provided through:

- The Board of Directors, which is responsible for overseeing all aspects of risk management and setting its risk appetite.
- The Audit and Risk Committee has overall responsibility for the systems of internal control and is responsible for receiving and reviewing assurance on the processes associated with managing risk within the organisation.
- The Risk Management Group, which is chaired by the Chief Nursing Officer and reports to the Audit and Risk Committee provides the mechanisms for managing and monitoring clinical, operational, financial and information governance risks throughout the Trust.
- This Committee structure extends to our wholly owned subsidiary iFM Bolton which has reporting lines into our key committees.
- The Risk Management Policy sets out details of the risk management structure and key risk manager roles. The role of the Board and standing committees is detailed together with the individual responsibilities of the Chief Executive, Executive Directors and all staff in managing risk.

2.2. Performance monitoring

The Integrated Performance Report provides comprehensive information to the Board of Directors and its committees on organisational performance across Quality and Safety, Operational, Workforce, and Financial performance. Operational focus on organisational performance is conducted through the Executive led Integrated

Annual Governance Statement

Performance Meetings, holding each Division to account for their performance. The structure and content of the Board performance report uses Statistical Process Control (SPC) charts to plot data over time and highlight variation.

The committees review and monitor the Integrated Performance Report and where concerns are identified, the committees may seek clarification or further assurance that the issues are being managed and may escalate any concerns to the Board, ensuring that the Board is apprised of and can challenge the planned actions.

In addition, the Quality Assurance Committee receives the Quality Ward dashboard, which provides an overview of quality standards on wards and in clinical areas to identify key themes, trends and opportunities for quality improvement.

2.3. Training

The Executive Team and the Board of Directors monitor management capability, (leadership, knowledgeable and skilled staff, and adequate financial and physical resources), to ensure the processes and internal controls work effectively.

To ensure the successful implementation of Risk Management, all staff are provided with appropriate training opportunities in carrying out risk assessments and the reporting of incidents. The on-going programme of training within the Trust includes: Health and Safety, risk clinics and risk register training, fire safety training, manual handling, safeguarding training, major incident training and conflict resolution training.

Medicine management training is delivered at doctors' induction programmes and during educational and developmental sessions. Support and advice on medicine management is also provided at ward and departmental level by the Chief Pharmacist and link pharmacists.

Risks and safety in respect of clinical equipment and devices are discussed and disseminated by the Medical Devices and Equipment Management Committee. All Divisions are represented on this committee which also has a training sub group and each ward has a link nurse.

General awareness raising on risk management issues is achieved through staff briefings, team brief, safety bulletins, induction and the intranet.

2.4. Staff Responsibility

The Trust supports staff to identify and plan for potential risks to the delivery of the Trust's objectives. Members of staff have responsibility for handling the management of clinical and non-clinical risks according to their roles and duties within the Trust. All risks are owned by an appropriate manager and reviewed regularly to ensure mitigation plans are effective in reducing the level of risk exposure.

Mandatory training on key risk areas is undertaken by all staff at induction into the Trust and on a regular refresh basis. Risk management training is part of the Trust's Induction programme and mandatory training for all staff throughout the Trust which includes health and safety, fire, security, incident reporting, claims and complaints.

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We work hard to foster an open and accountable reporting culture and staff are encouraged to identify and report incidents. Sharing learning through risk related issues, incidents, complaints and claims is an essential component of maintaining the risk management culture within the Trust. Learning is shared through Divisions and Trust wide forums such as the Clinical Quality and Governance Group. Learning is acquired from a variety of sources which include:

- Analysis of incidents, complaints, claims and acting on the findings of investigations.
- External inspections.
- Internal and external audit reports.
- Clinical audits.
- Outcome of investigations and inspections relating to other organisations.

2.5. Board Responsibility

The Trust's governance framework is underpinned by a series of Board committees, each with defined terms of reference and delegated authority to provide assurance on key aspects of organisational performance, risk and compliance.

In accordance with its *Standing Orders* and as required by the Health and Social Care Act 2006 (amended 2012), the Trust has an Audit and Risk Committee. The Audit and Risk Committee is tasked with reviewing the establishment, adequacy and effective operation of the organisation's overall system of governance and internal control which encompasses risk management (both clinical and non-clinical) that supports the achievement of the organisation's objectives.

To assist both the Board and the Audit and Risk Committee specific risk management is overseen and scrutinised by the following committees, namely:

Quality Assurance Committee (QAC) - responsible for providing assurance to the Board on the management of clinical risk and the Trust's performance against the Care Quality Commission (CQC) domains. It plays a central role in monitoring the quality and safety of care, patient experience and clinical effectiveness.

Finance and Investment Committee (F&I) - provides assurance on the management of financial and workforce-related risks. It oversees financial planning, resource allocation and performance against financial targets, as well as matters relating to workforce capacity, productivity and accountability.

People Committee - provides assurance on matters relating to workforce governance including safe staffing, recruitment and retention, staff wellbeing and organisational development. It supports the delivery of a capable, engaged, and sustainable workforce.

Strategy and Operations Committee (SOC) - Formerly responsible for providing assurance on operational performance, strategic planning, and oversight of enabling programmes such as digital transformation and service redesign. The SOC has since been disestablished, with its functions redistributed: performance oversight now falls under the remit of the **Quality Assurance Committee**, while digital and transformation assurance responsibilities have been transferred to the **Finance and Investment Committee**.

3. RISK MONITORING ESCALATION AND ASSURANCE PROCESS

3.1. The Risk Management Process

Risk management is fundamental to our ability to effectively deliver safe, high quality services, with systems and processes in place throughout the organisation to identify, assess and mitigate risk, as well as provide the necessary training and development opportunities for staff with specific responsibilities for co-ordinating and advising on risk management.

Risk management is integrated into our philosophy, practices and business plans. Risk management is the business of everyone in the organisation. Risk management by the Board is underpinned by three interlocking systems of internal control:

- a) The Board Assurance Framework
- b) The Risk Management Process
- c) Trust Risk Register

3.2. The Risk and Control Framework

a) Board Assurance Framework (BAF)

The Executive Team holds collective responsibility for the development, implementation and maintenance of the Trust's system of internal control. This system is designed to support the achievement of the Trust's objectives while safeguarding public funds and ensuring compliance with statutory and regulatory requirements. A key component of this system is the Board Assurance Framework (BAF), which provides structured evidence of the effectiveness of internal controls in managing the principal risks to the organisation's strategic objectives.

As Accounting Officer the BAF enables me to confidently sign this Annual Governance Statement which outlines the Trust's internal control environment and sources of assurance.

The BAF was revised and refresh to ensure it alignment with our new Corporate Strategy 2024-29 and forms part of the Trust's broader assurance and escalation framework. This integrated framework ensures that performance across all areas of activity is systematically monitored and managed, enabling the delivery of strategic goals, achievement of key targets and positive outcomes for service users.

The BAF serves as a mechanism through which the Board of Directors gains assurance that the Trust's systems, policies and procedures are operating effectively and are appropriately focused on the management of strategic risks. It clearly identifies the Trust's principal objectives and the associated principal risks, alongside the control systems in place to mitigate those risks. Each risk is assigned a Lead Executive Director, who is responsible for addressing any identified gaps in control or assurance and for developing and implementing action plans to close those gaps.

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Furthermore, the BAF includes a defined risk appetite for each strategic risk, as well as contextual information such as links to related risks on the corporate risk register and a record of risk score movements over time. This ensures a dynamic and transparent approach to risk oversight.

The Board of Directors also ensures that effective communication and consultation mechanisms are in place across all levels of the organisation and with external stakeholders. Engagement occurs through a variety of forums, including but not limited to:

- Council of Governors meetings,
- Bolton Locality Board meetings, and
- Healthwatch engagement sessions.

These forums provide valuable opportunities for risk-related issues to be raised, discussed and addressed in a collaborative manner.

The Trust plays an active leadership role within the Bolton Locality. The Chief Executive serves as the Place-Based Health and Care Lead, ensuring strong representation and strategic alignment with system partners. These include the voluntary sector, Bolton Council, and the Greater Manchester Integrated Care Partnership (GM ICP) – Bolton Locality. All Executive Directors are members of the Locality Executive and participate in meetings chaired by the Chief Executive, further strengthening system-wide collaboration and integrated governance.

b) Risk Management Process

The Trust's Risk Management Policy clearly defines the leadership, accountability, and responsibility arrangements that underpin the organisation's approach to risk. These responsibilities are operationalised through a suite of integrated governance mechanisms including the BAF, Risk Registers and the Business Planning and Performance Management processes. Together, these elements ensure the coherent, consistent and effective delivery of risk management across all levels of the organisation.

In line with this policy each Clinical Division and Corporate Directorate is required to maintain and actively monitor its own Risk Register. This promotes local ownership of risk and ensures that emerging threats to service delivery, quality and compliance are identified and addressed in a timely manner.

To ensure appropriate escalation and oversight, all risks assessed with a risk score of 12 or above are subject to review by the Risk Management Group. This Group provides a structured forum for the evaluation of high and significant risks, ensuring that appropriate mitigation strategies are in place and that any gaps in control or assurance are identified and addressed. The Group also plays a key role in aligning Divisional risks with the Trust's strategic risk profile, thereby supporting the integrity of the BAF and the wider assurance framework.

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This structured approach ensures that risk management is embedded into the Trust's operational and strategic decision-making processes, supporting the delivery of safe, effective and sustainable services.

c) The Trust Risk Register

The Trust's approach to risk identification and evaluation is underpinned by a structured and comprehensive risk assessment process which forms a core component of the wider risk management framework. The principal sources of risk identification include the investigation of incidents, complaints and claims, all of which are systematically analysed to inform organisational learning and risk mitigation.

The risk assessment methodology defines a consistent scoring mechanism based on the evaluation of both likelihood and consequence, each rated on a scale of 1 to 5. The highest possible risk score is 25 (5x5), representing risks of the greatest severity and probability. Each assessment must be accompanied by a proportionate and clearly articulated risk management plan outlining the controls in place and any further actions required.

The Corporate Risk Register, which includes all risks scoring 12 and above or those scoring Catastrophic for Impact (5) are presented at each meeting of the Risk Management Group.

All business cases submitted for approval must be supported by a formal risk assessment. The resulting risk score plays a significant role in determining prioritisation within the Trust's Capital Programme, ensuring that investment decisions are informed by a robust understanding of associated risks.

Furthermore, all efficiency and cost improvement programmes are subject to a Quality Impact Assessment (QIA). These assessments are reviewed and signed off by both the Chief Nurse and the Medical Director where risk scores exceed defined thresholds. This safeguard ensures that financial savings are not achieved at the expense of patient safety or the quality of care.

This Annual Governance Statement is a composite report on how risks are managed and how assurances were received in relation to the integrated governance and internal control.

3.3. The Principal Risks

The three main risks to achieving our Ambitions relate to our Estate and the impact of Reinforced Autoclaved Aerated Concrete (RAAC), the challenges to financial and operational performance.

a) Estates Risk

Since identifying RAAC on the hospital site in November 2023, the Trust has been taking action to make sure that its staff, patients and visitors remain safe within its buildings, specifically in our Maternity and Pathology Departments. Support has been provided by national experts in the NHS to safely manage the RAAC and make plans for how to manage RAAC longer term. As part of this support, a business case will be submitted for the eradication of RAAC roof panels several options being considered to ensure suitable decant facilities for any affected services.

b) Financial Risks

Alongside other NHS providers within Greater Manchester, the Trust continues to operate in a period of financial recovery and improvement with a view to address the significant deficit across the region. As part of this, the Trust attends the Provider Oversight Meetings (POM) to report on progress and future plans.

The Trust has continued to monitor its Cost Improvement Programme through the Financial Improvement Group. The Group oversees the work that will enable continued improvements on the financial position and focus on proactively identifying areas for efficiency, without compromising patient quality or safety.

The Trust has developed a Sustainability and Delivery Plan which sets out a pathway to financial recovery whilst improving care.

c) Operations Performance including Urgent Care

At the end of May 2025, we were notified that the Trust had been recognised as the third most improved NHS Trust in England for its Emergency Department 12-hour performance, and was also ranked among the top ten for improvement in the four-hour standard between March 2024 and March 2025.

These achievements reflect the dedication of the urgent care teams and follow targeted improvement efforts, including the establishment of a new Discharge Unit, service reconfiguration, and the introduction of rapid assessment processes. The improvements were guided by recommendations from the Emergency Care Improvement Support Team (ECIST), focusing on enhancing A&E services, patient flow through Royal Bolton Hospital, and discharge processes

The waiting list continues to reduce in line with our Operating Plan. The Trust's elective recovery is progressing steadily, with the overall waiting list continuing to decline in line with the operating plan. Both 65-week and 52-week wait times remain stable and are improving, with no delays attributed to capacity constraints.

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While progress on the 18-week Referral to Treatment (RTT) target has been gradual, the Trust is aiming to reach 60.3% by March 2026, reflecting a planned 5 percentage point improvement. A new metric tracking the percentage of patients receiving their first appointment within 18 weeks showed April 2025 performance at 61.18%, slightly below the planned 61.94%, with a target of 67.08% by March 2026.

3.4. Risk Appetite Statement

In the public sector, the development of risk appetite requires a nuanced approach that differs from private sector models. This is primarily due to the nature of public funding which is often short-term and externally determined.

Bolton NHS FT acknowledges that setting a clear and well-articulated risk appetite is a critical governance tool. It enables the Board to communicate its collective view on the nature and extent of risk it is willing to accept in pursuit of the Trust's Strategic Ambitions. This clarity supports informed decision-making, prioritisation, and resource allocation across the organisation.

Risk appetite provides a structured framework that helps the Trust:

- Align risk-taking with strategic priorities and values;
- Balance innovation and transformation with safety and compliance;
- Support transparent and consistent decision-making at all levels;
- Strengthen accountability and assurance through the Board Assurance Framework (BAF).

Following the launch of the Trust's new Strategy for 2024 to 2025, the Board undertook a comprehensive review of the BAF. As part of this process, it reassessed and redefined its risk appetite in relation to each of the revised Strategic Ambitions. This ensures that the Trust's risk posture remains aligned with its evolving priorities and external environment.

By embedding risk appetite into the BAF, the Board ensures that risk oversight is not only reactive but also proactive, enabling the Trust to pursue its vision with confidence, while maintaining robust controls and assurance mechanisms.

4. WORKFORCE STRATEGY

The Board of Directors approved the reviewed People Promise Plan which is in line with NHS England People Promise themes. The Plan sets out our commitment to continue to improve colleague experience with clear key measures of success, linked to delivery of the following elements of the Trust Strategy 2024 to 2029:

- Improving staff experience
- Unlocking our potential
- Reflecting our population

Our mission is Improving Care, Transforming Lives. A core pillar of the Trust Strategy is to be a great place to work, and by looking after our people, they will provide the best care to our patients, families and the people of Bolton.

The People Committee provides oversight of organisational culture including colleague engagement, workforce development, workforce performance and planning as well as the governance and monitoring of progress on the implementation of our Strategy. The People Committee ratifies our workforce plans on an annual basis which are agreed by both the Chief Nurse and the Medical Director. The Board received regular performance reports against key workforce metrics (including staffing levels).

A six-monthly report is provided to the Board regarding nursing and midwifery staffing and there is a formal escalation process for operational staffing challenges.

The Trust ensures that short, medium and long-term workforce strategies and staffing systems are in place, which assure the Board that staffing processes are safe, sustainable and effective are described below and also shows how the Trust complies with the 'Developing Workforce Safeguards'

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.

Equality, Diversity & Inclusion (EDI) has and will remain a key priority for the Trust. Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

5. STATUTORY AND REGULATORY COMPLIANCE

5.1. Compliance with the NHS Foundation Trust Condition 4 (FT governance)

To assure itself of the validity of the Annual Governance Statement, as required under NHS Foundation Trust Condition 4 (8)(b), the Board of Directors received a comprehensive annual assurance statement accompanied by supporting evidence. The governance structures and processes outlined within this statement provide further assurance regarding the robustness and effectiveness of the Trust's governance arrangements.

The findings of the Care Quality Commission (CQC) Well-Led Review confirmed that previously identified risks to compliance with Condition 4 of the NHS Provider Licence have been effectively mitigated through the governance mechanisms described in this statement. At its meeting held on 29 May 2025, the Board of Directors reviewed and endorsed the assurance provided, confirming that the Statement of Compliance was appropriate and reflective of the Trust's current governance position.

5.2. Quality, Patient Safety and Clinical Outcomes

The Trust maintains a strong commitment to quality governance, guided by the principles set out in the NHS Quality Governance Framework. This is achieved through a combination of well-defined structures and processes operating at and below Board level, which collectively ensure robust oversight of Trust-wide quality performance. These arrangements support the organisation in:

- Ensuring that required standards of care and service delivery are consistently achieved;
- Investigating and addressing areas of sub-optimal performance;
- Driving continuous improvement across all services;
- Identifying, sharing, and embedding best practice; and
- Proactively identifying and managing risks to the quality of care.

A key component of this governance structure is the Clinical Governance Group, chaired by the Chief Nursing Officer. This Group brings together divisional leadership teams and provides a formal forum for the review and oversight of all aspects of quality, safety and effectiveness. It plays a central role in ensuring that quality governance is embedded across the organisation and that divisional accountability is aligned with corporate assurance.

Throughout the reporting period, the provision of safe, high, quality care has remained a central focus for the Trust. Particular emphasis has been placed on the following areas:

- The Trust's three Quality Account Priorities have been embedded within the Quality Assurance Workplan, with progress updates presented to the Quality Assurance Committee on a quarterly basis. The three Quality Account priorities are:
 - Deteriorating Patient Collaborative

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- C. difficile Collaborative
 - Quality Improvement (QI) Skills Capability Building
- A monthly summary of Care Hours per Patient Day (CHPPD) is published on the Trust's public website, ensuring transparency and accountability. Oversight of CHPPD data is maintained through the Clinical Governance and Quality Committee and a comprehensive Bi-Annual Staffing Report is submitted to the Board of Directors for review.

These measures reflect the Trust's ongoing commitment to delivering high-quality, safe and effective care, underpinned by a culture of continuous learning and improvement.

5.3. Care Quality Commission Regulatory Requirements

Bolton NHS Foundation Trust remains fully compliant with the registration requirements of the Care Quality Commission (CQC). No enforcement action has been taken against the Trust by the CQC during the 2024/25 reporting period providing external validation of compliance.

Assurance regarding compliance with CQC registration standards and the Fundamental Standards of Care, which include safety, effectiveness, caring, responsiveness and leadership, is obtained through a combination of internal and external mechanisms, including:

- Divisional quality reports submitted to the Quality Assurance Committee are structured around the CQC domains and standards, ensuring alignment with national regulatory expectations.
- The Trust's internal accreditation programme, Bolton System of Care Accreditation (BOSCA), is well embedded across wards and departments and provides an evidence-based framework for continuous quality improvement and supports the delivery of safe and effective care.
- The Trust has significantly enhanced its organisational capability and capacity in Quality Improvement (QI). The dedicated QI team leads collaborative improvement initiatives, delivers bespoke training, and provides formal Quality Improvement Practitioner development programmes for staff at all levels.

5.4. CQC Inspection and Improvement Plan

During the 2024/25 reporting period, no inspections were undertaken by the Care Quality Commission (CQC) at Bolton NHS Foundation Trust.

However, in 2023 the CQC conducted a series of inspections across several key service areas, including Urgent Care, Medical Services, Maternity Services, Children and Young People's Services and a comprehensive Well-Led inspection.

In total, the inspections generated 28 recommendations and led to the implementation of 82 specific actions across the inspected services.

In response, the Trust developed a comprehensive Trust-Wide CQC Improvement Plan, which addresses all recommendations arising from these inspections. Oversight

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of the plan is provided by the Quality Assurance Committee which monitors progress against defined actions and ensures that improvements are embedded across the organisation.

As of the end of the reporting period only one recommendation remains open relating to the monitoring of performance and staff experience in relation to digital systems. Work is actively underway to implement appropriate mechanisms for recording and monitoring this area with progress being tracked through established governance structures.

5.5. NHS England Guidance on Register of Interests

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

Our policy, Managing Conflict of Interests, has clearly set out these obligations which are monitored by the Audit and Risk Committee on behalf of the Board.

The Register of Interests is publicly available and is published on the dedicated [declarations platform](#).

Access to the register can also be obtained on request from the Director of Corporate Governance.

5.6. Pension Scheme

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.

6. SOCIAL RESPONSIBILITY

6.1. Information about Social, Community and Human Rights Issues including Equality, Diversity and Inclusion

As a public sector organisation, the Trust is statutorily required to ensure that Equality, Diversity and Human Rights are embedded into its functions and activities in line with the Equality Act 2010 and Human Rights Act 1998.

The Trust has due regard to achieving the General Duties set out in the Equality Act 2010 to:

- Eliminate unlawful discrimination, harassment, victimisation, and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between people who share protected characteristics and those who do not.
- Foster good relations between people who share protected characteristics and those who do not.

To achieve the Specific Duties the Trust publishes on its public website a range of equality diversity and inclusion information:

- Annual Equality Diversity and Inclusion Report
- The Workforce Race Equality Standard Report (WRES)
- Workforce Disability Equality Standard Report (WDES)
- Equality Objectives
- Equality Delivery System 2 Report (EDS2)
- Gender Pay Gap Report

Control measures are in place to ensure that the organisation complies with all relevant equality, diversity and human rights legislation. These include:

- Trust Board Sign Off
- People Committee
- Updates to the GM Integrated Care Partnership
- Updates to NHS England

6.2. Overview of activity to eliminate unlawful discrimination.

The Trust is committed to the promotion of Equality, Diversity, and Inclusion for both patient and staff experience and has processes in place to ensure that any unlawful discrimination is prevented or eliminated. All staff are required to complete the mandatory Equality Training module and communications have been provided with regards to unconscious bias for all existing staff and new recruits.

The Trust does not tolerate any action of unlawful discrimination and such acts or behaviour would be subject to disciplinary proceedings and referral to Anti-Fraud to progress criminal proceedings.

6.3. The Modern Slavery and Human Trafficking Act 2015

Bolton NHS Foundation Trust is fully committed to upholding and strengthening systems, processes, and policies that prevent any form of complicity in human rights violations, including modern slavery and human trafficking. We recognise that such exploitation can manifest in various forms, including forced labour, domestic servitude, sexual exploitation and workplace abuse.

To ensure compliance with the Modern Slavery Act 2015, the Trust has established robust governance, legal, and procedural safeguards. These include comprehensive pre-employment checks, adherence to the Fit and Proper Persons Framework and rigorous due diligence processes embedded within our recruitment and employment practices.

Our internal policies are designed to ensure that all individuals employed by or working with the Trust are treated with dignity and respect and that appropriate mechanisms are in place to identify and address any risks of exploitation within our operations or supply chains.

This commitment is formally endorsed by the Board of Directors, who reviewed and approved the full Modern Slavery and Human Trafficking Statement at their meeting held on 29 May 2025.

6.4. Data Quality and Governance

The Quality Assurance Committee (QAC) acts on behalf of the Board of Directors to provide scrutiny and seek assurance that, despite operational pressures, the Board maintains clear oversight of the quality and effectiveness of care delivered by the Trust. Quality improvement initiatives are selected and prioritised based on robust analysis of quality, safety and patient experience data, ensuring that improvement efforts are directed toward areas of greatest need.

Progress against agreed quality objectives is monitored through established performance management arrangements. Quarterly updates on each priority are submitted to the QAC, enabling ongoing oversight and accountability. Ensuring the accuracy and integrity of data remains a key organisational priority.

Within the Business Intelligence Department a dedicated team of data validators is responsible for maintaining the quality and accuracy of the Trust's Elective Waiting Lists. This team works in close collaboration with clinical specialties to conduct a structured programme of routine and ad hoc validation activities. These include weekly data quality checks, audits and targeted reviews. In addition, the team partners with the Digital Education Team to ensure that Patient Administration System (PAS) training incorporates data quality principles and contextual understanding.

Comprehensive waiting list analytics are made available through the Trust's Business Intelligence Portal with detailed drill-down capabilities accessible to specialties for review during regular Patient Tracking List (PTL) meetings.

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Information on data quality performance is also disseminated through data quality dashboards which are reviewed at both Divisional and Trust-wide Counting and Recording Meetings. To further embed a culture of data quality, the Data Quality Team has introduced educational sessions at Junior Doctor Induction and continues to play a leading role in the Trust's annual "Know Your Patient" Week, dedicated campaign to raise awareness of the importance of high-quality clinical and administrative data.

6.5 Information Governance

Information Governance (IG) at Bolton NHS Foundation Trust is underpinned by a comprehensive framework of policies, procedures and systems designed to ensure compliance with statutory and regulatory requirements for the handling, access and protection of personal information. This includes all patient and staff data which is managed in a confidential, secure and lawful manner.

The Trust recognises the increasing threat posed by cyber-attacks to the digital infrastructure that supports essential services. In response, a range of technical and procedural safeguards have been implemented to mitigate risks associated with cyber threats, including ransomware and computer viruses. These measures support compliance with the UK Data Protection Act 2018, NHS Data Security Standards, and the Network and Information Systems (NIS) Regulations.

To support secure agile working the Trust continues to issue encrypted laptops alongside desktop computers. All critical and sensitive data is stored centrally preventing local storage on individual devices. Additionally, the use of portable storage devices such as USB drives is tightly controlled with enforced encryption protocols in place.

Performance against the Data Security and Protection Toolkit (DSPT), the national framework for assessing data protection and cyber security compliance, is monitored through the Information Governance Group, which reports to the Digital Performance and Transformation Board. The DSPT is based on the NHS Data Security Standards and ensures that the Trust remains compliant with legal obligations while maintaining resilience against evolving cyber threats.

In recognition of the importance of independent oversight, the remit of the Audit and Risk Committee has been formally extended to include receipt of the Information Governance Annual Report presented by the Senior Information Risk Owner (SIRO). This provides the Board with additional assurance on the effectiveness of the Trust's information governance arrangements and cyber security posture. Information security incidents are reported through the Trust's incident reporting system and reviewed by the Information Governance Group. Where ongoing risks are identified, they are recorded on the relevant risk register with mitigation actions tracked and monitored.

Between April 2024 and March 2025, six incidents required full investigation. All were reported via the DSPT to NHS Digital, with five also reported to the Information Commissioner's Office (ICO). Investigations were conducted in accordance with the Trust's Standard Operating Procedure (SOP) for Personal Data Breaches, with a focus on identifying learning and implementing improvements. Where applicable findings have informed updates to the Trust's Information Governance training modules to prevent recurrence and strengthen organisational awareness.

7. Climate Change and Carbon Emission

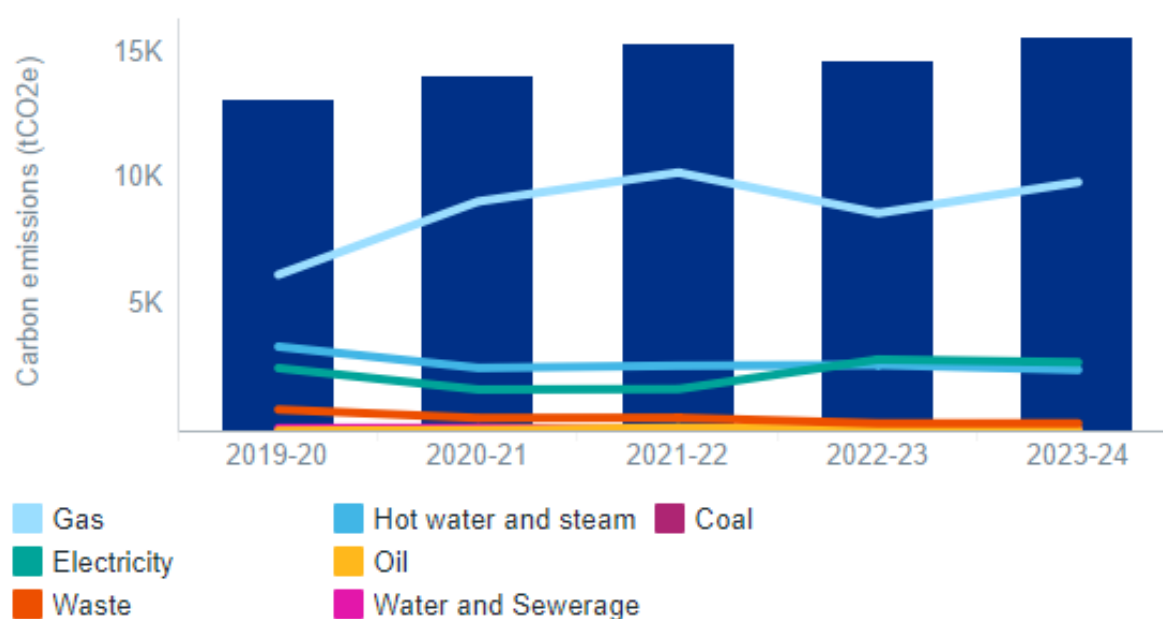
7.1. 'Delivering a Net Zero Health Service' report under the Greener NHS programme.

Bolton NHS FT recognises the importance of its stewardship role on Climate Change and environmental issues. This includes the management of environmental impacts resulting from operational activities and the essential importance of reducing these impacts. The Trust aspires to make substantial improvements to the sustainability of its operations and recognises the impact it has on the environment and its responsibility to integrate sustainability within our core business.

The Trust has undertaken risk assessments and has a sustainable development management plan in place, which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its sustainability obligations under the Health and Care Act 2022, the resulting changes in the NHS Provider Licence, Climate Change Act 2008, Environment Act 2021 and the Adaptation Reporting requirements are complied with.

In previous years, Bolton NHS FT have reported carbon emissions in the annual report using the data from the UK Emissions Trading Scheme submission.

NHS England now provide the Trust carbon emissions based on ERIC returns, and although not a complete picture, it is more comprehensive than the UK Emissions Trading Scheme data. In the previous Green Plan, Bolton NHS FT had a target emissions reduction of 2,147 tCO₂e by 2024. This was based on a now superseded methodology, and our new Green Plan will detail the alignment of our carbon emission reporting with the NHS carbon footprint plus, which includes transport (staff, patient and visitors), procurement, and medical gases among others that have not previously been measured by Bolton NHS FT.



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Our Green Plan

Our Green Plan 2022-25 set out 71 actions across 10 different area of focus that move the Trust towards the NHS England carbon targets and wider sustainability objectives. Out of those 71 actions, 23% (16 actions) were completed 2022-2025 and 70% (50 actions) had progress made against them. All the actions that were progressing or outstanding were either superseded by new actions or consolidated into the new areas of focus provided by NHS England.

Our Green Plan 2025-30 provides a trust-wide strategy that shows the Trust's plan of action for achieving the net zero targets, aligned with our vision and objectives. This plan aims to deliver more sustainable healthcare, improving the quality of care while increasing our resilience, sustainability and wellbeing in readiness for future pressures and challenges.

8. REVIEW OF ECONOMY, EFFICIENCY AND EFFECTIVENESS OF THE USE OF RESOURCES

Bolton NHSFT is committed to the effective, efficient and economical use of its resources to ensure the delivery of safe, high-quality care. The Trust has established robust systems, processes and governance arrangements to support strategic and operational decision-making, ensuring that resources are aligned with organisational priorities and used to maximum effect.

Key arrangements include:

- Ensuring the financial strategy remains affordable and sustainable;
- Rigorous scrutiny of cost improvement and savings plans to ensure deliverability and alignment with quality and safety standards;
- Alignment of individual and departmental objectives with overarching corporate goals to promote consistency and accountability;
- Use of Model Hospital metrics to benchmark performance and demonstrate value for money. The Trust's effective use of resources was recognised with a 'Good' rating following the NHS Improvement Use of Resources review in November 2018.

Performance against objectives is monitored through a range of governance mechanisms, including:

- Board approval of the annual financial plan and budgets;
- Regular review of key performance indicators at monthly Board and Executive Team meetings;
- Bi-monthly reporting to the Council of Governors;
- Integrated Performance Monitoring meetings which hold Divisions to account for delivery against quality, operational and financial targets;

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- Monthly oversight by the Finance and Investment Committee, which reviews financial performance, risks and mitigation plans.
- Procurement of goods and services is managed by a team of professional procurement specialists working both independently and in collaboration with neighbouring organisations, through a regional procurement hub, to ensure value for money and compliance with procurement regulations.

Emerging in-year cost pressures are subject to rigorous review with appropriate mitigation strategies implemented to maintain financial control and minimise impact on service delivery.

Assurance and Internal Audit

The Trust's internal audit function provides independent assurance on the adequacy and effectiveness of internal controls. The Head of Internal Audit meets regularly with the Chief Finance Officer to review progress against the internal audit plan and ensure that it remains responsive to the Trust's evolving risk landscape and assurance needs.

9. KEY FINANCIAL GOVERNANCE POLICIES AND PROCESSES

The effective and efficient use of resources is managed by the following key policies:

9.1. Standing Orders

The *Standing Orders* are annexed to the Trust Constitution and are contained within the Trust's legal and regulatory framework. The Standing Orders form an annex to the Trust Constitution and are a fundamental component of the Trust's legal and regulatory framework. They define the formal rules and procedures governing the conduct of business by the Board of Directors, its committees and associated working groups.

The Standing Orders set out the regulatory processes for convening meetings, decision-making, delegation of authority and the conduct of members, thereby ensuring that the Trust operates in a transparent, accountable and lawful manner. They apply to all formal bodies of the Trust, including key committees such as the Audit and Risk Committee, whose role whose role is set out below, thus ensuring the efficient use of resources.

By clearly articulating the procedural requirements and responsibilities of those involved in governance, the Standing Orders support the efficient and effective use of resources, promote consistency in decision-making and ensure that the Trust's operations are aligned with its statutory obligations and strategic objectives.

The Board of Directors reviewed and approved the changes to the Standing Orders in November 2024.

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9.2. Standing Financial Instructions (SFIs)

The Standing Financial Instructions (SFIs) set out the financial responsibilities, principles and policies adopted by the Trust to confirm sound financial governance. They are designed to ensure that all financial transactions are conducted in accordance with legal requirements and Government policy and that the Trust achieves probity, accuracy, economy, efficiency and effectiveness in the use of public funds.

The SFIs clearly define the roles and responsibilities of individuals and committees in relation to key financial decisions. This includes:

- Clear segregation of duties;
- Transparent and compliant procurement processes;
- Robust and equitable recruitment and payroll systems; and
- A structured and accountable approach to budget planning, allocation, and monitoring.

These arrangements ensure that financial decisions are made by those with the appropriate authority and expertise and that financial performance is managed within approved budgets or escalated for corrective action where necessary.

The SFIs are to be read in conjunction with the Trust's Standing Orders, Scheme of Reservation and Delegation (SoRD) and the detailed operational procedures established by individual directorates.

The Board of Directors receives and reviews the SFIs on an annual basis. The current version was formally approved at the Board meeting held in November 2024.

9.3. Scheme of Reservation and Delegation

The Scheme of Reservation and Delegation (SoRD) sets out the matters reserved to the Board of Directors and those delegated to its committees and designated individuals. It clearly defines the roles, responsibilities and decision-making authority across the organisation, ensuring that decisions are taken at the appropriate level by those with the requisite expertise, accountability and oversight.

The SoRD supports the efficient and effective use of resources by aligning decision-making processes with the Trust's strategic priorities. It promotes consistency, transparency and rigour in governance and ensures that the Trust adheres to best practice in corporate decision-making.

The Board of Directors formally reviewed and approved the current version of the SoRD at its meeting held in November 2024.

9.4. Counter Fraud, Bribery and Corruption Policy & Response Plan.

The Bribery Act 2010, which came into force on 1 July 2011, establishes that it is a criminal offence for commercial and public sector organisations to fail to prevent bribery committed on their behalf. Failure to implement appropriate preventative

Annual Governance Statement

measures may result in significant penalties, including fines and imprisonment for individuals directly involved or those who failed to act to prevent such offences.

In response, the Trust has implemented robust governance, legal, and procedural arrangements to mitigate the risk of bribery and corruption. These measures are designed to uphold the integrity and transparency of the Trust's operations and decision-making processes.

The Board of Directors places reliance on the Audit and Risk Committee to ensure that, as far as practicable, sound governance arrangements are in place to support the efficient and effective use of resources. The Committee also provides assurance that the Trust's internal control systems are robust, compliant and evidence-based.

The Audit and Risk Committee agrees an annual work programme for both the Internal Audit function and the Counter Fraud Service. It monitors progress against this programme and reviews the implementation of recommendations arising from internal audits, assurance reviews and counter fraud investigations.

Independent assurance is provided through:

- The delivery of the internal audit programme;
- Annual Head of Internal Audit Opinion;
- Regular reporting to and from the NHS Counter Fraud Authority (NHSCFA);
- Progress reports and the annual report from the Counter Fraud Manager;
- Oversight of the Counter Fraud Workplan.

These activities are reviewed by the Audit and Risk Committee in accordance with the requirements set out in the Government Functional Standard GovS 013: Counter Fraud, which defines expectations for managing the risk of fraud, bribery and corruption across public sector bodies.

10. MAINTAINING AND REVIEWING THE SYSTEM OF INTERNAL CONTROL

10.1. The Board

The Chief Executive and Board of Directors have overall responsibility for the system of internal control.

10.2. Audit and Risk Committee

This Committee acts independently from the Executive to provide assurance to the Board, based on a challenge of evidence and assurance obtained, that the interests of the Trust are properly protected in relation to financial reporting and internal control. It keeps under review the effectiveness of the system of internal control; that is the systems established to identify, assess, manage and monitor risks both financial and otherwise and to ensure the Trust complies with all aspects of the law, relevant regulation and good practice.

This Committee reports to the Board any matters in respect of which the Committee considers that action or improvement is needed and makes recommendations as to the steps to be taken.

10.3. Quality Assurance Committee

This Committee provides the Board with an independent and objective review in relation to:

- All aspects of quality, specifically: clinical effectiveness, patient experience and patient safety; monitoring compliance against the essential standards of quality and safety set out in the registration requirements of the Care Quality Commission.
- Governance processes for driving and monitoring the delivery of high quality, clinically safe, patient-centred care.
- Performance against internal and external quality and clinical improvement targets, and directing management on actions to be taken on sub-standard performance.
- The overarching Quality Strategy.
- Assurance on safeguarding quality and to provide appropriate scrutiny to clinical effectiveness, patient safety and patient experience.
- Assurance (positive and negative) derived from clinical audits is reported through the Clinical Governance committee to the Quality Assurance Committee.

10.4. Finance and Investment Committee

This Committee provides the Board with an objective review of, and assurances, in relation to:

- Finance, contracting and commissioning issues presenting reports and

Annual Governance Statement

recommendations in relation to ensuring we maintain cash liquidity and are an effective going concern.

- Financial governance processes.
- Business cases referred to it by the Capital & Revenue Investment Group requiring major capital investment.
- Reviewing and challenging budgets.
- Compliance with legislative, mandatory and regulatory requirements in terms of the Committee's scope.
- Receive assurance on the delivery of the Estates Masterplan within the defined parameters of time, cost, quality and specification.
- Through the Executive Team, the Committee oversees the delivery of the Estates Masterplan ensuring that cost implications of the programme are fully set out within robust financial plans and that it remains within the Trust's overall affordability.

10.5. People Committee

The People Committee provides the Board with line of sight on workforce related issues.

Key duties of the Committee include:

- Developing and overseeing implementation of the Trust's People Strategy and providing assurance to the Board of Directors that this is being delivered in line with the annual planning process.
- Approving, monitoring and reviewing policies, procedures and guidance documents relating to the management of the Trust's workforce.
- Monitoring and reviewing workforce key performance indicators to ensure achievement of our strategic aims and escalate any issues to the Board of Directors.
- Oversight of staff engagement levels as evidenced by the results of the national and any other staff surveys.
- Seeking assurance to ensure that we fulfil all legislative and regulatory requirements pertaining to workforce and organisational development issues, including but not limited to equality, diversity and inclusion.

10.6. Strategy and Operations Committee

The Strategy and Operations Committee was disestablished in December 2024. All functions for the Committee were subsumed into the Quality Assurance Committee (Operational Performance) and the Finance and Investment Committee (Digital).

The Committee provided the Board with assurance on the operational performance and strategic planning functions of the Trust and sought:

- To oversee and provide assurance on the monthly operational Integrated Board Report

Annual Governance Statement

- To oversee performance against the Trust's strategic ambitions and objectives and ensure that the strategic programme is aligned and responsive to operational priorities, as articulated in the Trust's annual business plan
- To approve and monitor transformation and digital plans, ensuring their ongoing alignment to operational priorities
- To provide assurance to the Board on the progress and delivery of transformational and digital projects and programmes
- To maintain an understanding of wider local and national strategic drivers, ambitions, targets and policies to ensure that Bolton NHS FT is responding to wider NHS challenges and priorities
- To receive the Chair's reports from the Performance & Transformation and Digital Performance & Transformation Boards and provide assurance to the Board of Directors on their work programmes
- To ensure that the Strategic Operational work programme follows the Trust's benefits realisation programme, with project and programmes adding clear and demonstrable value to the Trust
- To encourage and enable risk managed innovation and experimentation as part of achieving our transformation objectives

10.7. Risk Management Group

This Committee provides the Board, through the Audit and Risk Committee, with an objective review of, in relation to:

- Risk governance, the risk management frameworks and the promotion of behaviours and cultures that drive approaches to risk management.
- The systems of internal control in relation to governance and risk management, in that these are fit for purpose, adequately resourced and underpin the Trusts performance and reputation.
- The overall risk governance process in that it gives clear, explicit and dedicated focus to current and forward-looking aspects of risk exposure.

10.8. Trust Management Committee

The Trust Management Committee (TMC) is the senior leadership meeting of the Trust and as such is the forum for major operational decision making for the delivery of our plans, strategies and objectives. The TMC brings together our senior leaders and acts as the key forum for discussing contemporaneous intelligence concerning the health and care system and other strategic matters.

10.9. Health and Safety (H&S) Group

The Trust and iFM Bolton (iFM) currently share responsibility for and work collaboratively to ensure that that staff, visitors, patients and contractors are kept safe whilst on Trust premises. The Trust and iFM share a monthly Group Health & Safety Committee which has dual reporting responsibilities to the Trust (Risk Management Committee) and iFM (Risk Management Committee).

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The Trust and iFM are committed to driving H&S quality improvement through the Group Health & Safety Committee by reviewing H&S audit intelligence and ensuring that notable H&S risks are resolved or duly escalated to the Risk Management Committee. The Trust and iFM are fully committed to continuously understanding the fine detail of collaborative relationship in respect of H&S and increasing the appreciation of the H&S challenges the organisation faces mindful of relevant legislation and regulation.'

10.10. Significant Internal Control Issues

There were no significant internal control issues identified during 2024/25.

10.11. Head of Internal Audit Opinion

The Head of Internal Audit meets regularly with the Director of Finance to review progress against the plan and to ensure the plan remains tailored to our needs. Internal Audit reviews the system of internal control during the financial year and report accordingly to the Audit and Risk Committee.

The Head of Internal Audit opinion of Bolton NHS FT, based on their work for the period 1 April 2024 to 31 March 2025 stated that Moderate Assurance, can be given that there is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some of the organisation's objectives at risk.

11. REVIEW OF EFFECTIVENESS

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within Bolton NHS Foundation 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 informed by comments made by the external auditors in their management letter and other reports.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Risk Committee, the Quality Assurance Committee and the Risk Management Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

12. CONCLUSION

Throughout the last year our Board and key assurance committees have continued to meet to provide oversight and assurance, escalating and delegating items as required within their scope and terms of reference.

The Board and the Audit and Risk Committee are assured that Bolton NHS Foundation Trust has sound systems of internal control with no significant control issues having been identified.

Signed



Fiona Noden

Chief Executive

Date: 26 June 2025

Independent auditor's report to the Council of Governors of Bolton NHS Foundation Trust

Report on the audit of the financial statements

Opinion on the financial statements

We have audited the financial statements of Bolton NHS Foundation Trust ('the Trust') and its subsidiary ('the Group') for the year ended 31 March 2025 which comprise the Consolidated Statement of Comprehensive Income, the Group and Trust Statements of Financial Position, the Group and Trust Statements of Changes in Taxpayers' Equity, the Group and Trust Statements of Cash Flows, and notes to the financial statements, including material accounting policy information.

The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2024/25 as contained in the Department of Health and Social Care Group Accounting Manual 2024/25, and the Accounts Direction issued under the National Health Service Act 2006.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust and Group as at 31 March 2025 and of the Trust's and the Group's income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2024/25; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ('ISAs (UK)') and applicable law. Our responsibilities under those standards are further described in the "Auditor's responsibilities for the audit of the financial statements" section of our report. We are independent of the Trust and Group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, and taking into account the requirements of the Department of Health and Social Care Group Accounting Manual, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's or the Group's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. The Directors are responsible for the other information. Our opinion on the

financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in these regards.

Responsibilities of the Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Accounting Officer is required to comply with the Department of Health and Social Care Group Accounting Manual 2024/25 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another public sector entity. The Accounting Officer is responsible for assessing each year whether or not it is appropriate for the Trust and Group to prepare financial statements on the going concern basis and disclosing, as applicable, matters related to going concern.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

Based on our understanding of the Trust and Group, we considered that non-compliance with laws and regulations might have a material effect on the financial statements, such as employment regulation, health and safety regulation, anti-money laundering regulation, data protection, environmental protection, corruption, and anti-bribery.

To help us identify instances of non-compliance with these laws and regulations, and in identifying and assessing the risks of material misstatement in respect to non-compliance, our procedures included, but were not limited to:

- inquiring with management and the Audit and Risk Committee, as to whether the Trust and the Group is in compliance with laws and regulations, and discussing their policies and procedures regarding compliance with laws and regulations;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust and the Group which were contrary to applicable laws and regulations, including fraud.

We also considered those laws and regulations that have a direct effect on the preparation of the financial statements, such as the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012).

In addition, we evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, revenue recognition (which we pinpointed to the cut-off assertion), expenditure recognition (which we pinpointed to the completeness assertion), and significant one-off or unusual transactions.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management, Internal Audit and the Audit and Risk Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud;
- addressing the risks of fraud through management override of controls by performing journal entry testing;
- addressing the risks of fraud through revenue recognition by testing non-block contract income recognised around the year end to ensure income is recognised in the correct period; and
- addressing the risks of fraud through expenditure recognition by testing relevant classes of expenditure after the year end to ensure expenditure recognised outside of the current financial year is not expenditure which should be recognised in the current financial year.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit and Risk Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, (Revised 2024) and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in November 2024.

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

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2025.

On the basis of our work, having regard to the guidance issued by the Comptroller and Auditor General in November 2024, we have identified the following significant weakness in the Trust's arrangements for the year ended 31 March 2025:

Significant weakness in arrangements	Recommendation
Financial sustainability The Trust's reliance on non-recurrent CIP delivery, reliance on one-off funding to address its underlying deficit, challenging cash position and the gaps in the subsequent year financial plan are evidence of a significant weakness in the Trust's arrangements for financial sustainability criteria, specifically 'how the body plans to bridge its funding gaps and identifies achievable savings'.	The Trust should continue to work collaboratively with its Greater Manchester ICS partners and NHS England to explore and agree sustainable, long-term plans to bridge its funding gaps and identify achievable savings. This should include developing a multi-year financial plan which addresses the Trust's underlying deficit alongside delivering in-year efficiencies, with a focus on the delivery of recurrent CIPs and transformational change.

Responsibilities of the Accounting Officer

The Chief Executive as Accounting Officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the Trust's use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required under Schedule 10(1) of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in November 2024.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2024/25; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the NHS Foundation Trust Annual Reporting Manual 2024/25; or
- we refer a matter to the regulator under Schedule 10(6) of the National Health Service Act 2006; or
- we issue a report in the public interest under Schedule 10(3) of the National Health Service Act 2006.

We have nothing to report in respect of these matters.

Use of the audit report

This report is made solely to the Council of Governors of the Trust as a body in accordance with Schedule 10(4) of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust as a body for our audit work, for this report, or for the opinions we have formed.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have received confirmation from the NAO that the group audit of the Department of Health and Social Care has been completed and that no further work is required to be completed by us.



Daniel Watson, Key Audit Partner
For and on behalf of Forvis Mazars LLP (Local Auditor)

One St. Peter's Square
Manchester
M2 3DE

26 June 2025

Bolton NHS Foundation Trust

Annual accounts for the year ended 31 March 2025

Foreword to the accounts

Bolton NHS Foundation Trust

These accounts, for the year ended 31 March 2025, have been prepared by Bolton NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed

A handwritten signature in black ink, appearing to read 'F Noden', written in a cursive style.

Name

F Noden

Job title

Chief Executive

Date

26th June 2025

Consolidated Statement of Comprehensive Income

		Group	
		2024/25	2023/24
	Note	£000	£000
Operating income from patient care activities	3	498,706	450,871
Other operating income	4	31,999	33,355
Operating expenses	9, 11	(535,966)	(502,251)
Operating surplus/(deficit) from continuing operations		(5,261)	(18,025)
Finance income	17	1,567	1,787
Finance expenses	18	(1,735)	(1,106)
Public dividend capital (PDC) dividends payable		(3,488)	(3,506)
Net finance costs		(3,656)	(2,825)
Other gains / (losses)	19	1	(87)
Corporation tax expense	20	(31)	(3,896)
Surplus / (deficit) for the year		(8,947)	(24,833)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	10	(1,606)	(1,824)
Revaluations	26	404	3,399
Total comprehensive income / (expense) for the period		(10,149)	(23,258)

Statements of Financial Position

	Note	Group		Trust	
		31 March	31 March	31 March	31 March
		2025	2024	2025	2024
		£000	£000	£000	£000
Non-current assets					
Intangible assets	21	15,633	13,962	15,535	13,779
Property, plant and equipment	22	157,928	163,328	157,349	162,766
Right of use assets	23	17,509	22,969	16,326	21,846
Investment in subsidiary	27	-	-	14,441	14,351
Loans to subsidiary	28	-	-	21,292	22,272
Receivables	30	1,993	807	806	807
Total non-current assets		193,063	201,066	225,749	235,821
Current assets					
Inventories	29	5,263	3,996	4,719	3,483
Receivables	30	22,398	17,510	22,873	14,652
Loans to subsidiary	28	-	-	980	948
Non-current assets held for sale	30.1	-	1,467	-	1,467
Cash and cash equivalents	31	10,646	15,930	7,965	11,921
Total current assets		38,307	38,903	36,537	32,471
Current liabilities					
Trade and other payables	32	(48,017)	(42,864)	(50,814)	(42,184)
Borrowings	34	(9,987)	(9,996)	(11,183)	(7,165)
Provisions	36	(221)	(6,316)	(221)	(5,874)
Other liabilities	33	(77)	(1,495)	(77)	(1,495)
Total current liabilities		(58,302)	(60,671)	(62,295)	(56,718)
Total assets less current liabilities		173,068	179,298	199,991	211,574
Non-current liabilities					
Borrowings	34	(37,745)	(44,002)	(64,668)	(76,278)
Provisions	36	(1,183)	(1,182)	(1,183)	(1,182)
Other liabilities	33	-	(553)	-	(553)
Total non-current liabilities		(38,928)	(45,737)	(65,851)	(78,013)
Total assets employed		134,140	133,561	134,140	133,561
Financed by					
Public dividend capital	41	188,068	177,340	188,068	177,340
Revaluation reserve	42	34,275	35,496	34,275	35,496
Income and expenditure reserve		(88,203)	(79,275)	(88,203)	(79,275)
Total taxpayers' equity		134,140	133,561	134,140	133,561

The notes on pages 7 to 51 form part of these accounts.

Signed



Name
Position
Date

F Noden
Chief Executive
26th June 2025

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

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2024 - brought forward	177,340	35,496	(79,275)	133,561
Surplus/(deficit) for the year	-	-	(8,947)	(8,947)
Impairments	-	(1,606)	-	(1,606)
Revaluations	-	404	-	404
Transfer to retained earnings on disposal of assets	-	(19)	19	-
Public dividend capital received	12,166	-	-	12,166
Public dividend capital repaid	(1,438)	-	-	(1,438)
Taxpayers' and others' equity at 31 March 2025	188,068	34,275	(88,203)	134,140

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

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2023 - brought forward	167,386	33,929	(54,450)	146,865
Surplus/(deficit) for the year	-	-	(24,833)	(24,833)
Impairments	-	(1,824)	-	(1,824)
Revaluations	-	3,399	-	3,399
Transfer to retained earnings on disposal of assets	-	(8)	8	-
Public dividend capital received	9,954	-	-	9,954
Taxpayers' and others' equity at 31 March 2024	177,340	35,496	(79,275)	133,561

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

Trust	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2024 - brought forward	177,340	35,496	(79,275)	133,561
Surplus/(deficit) for the year	-	-	(9,037)	(9,037)
Share of comprehensive income from subsidiary	-	-	90	90
Impairments	-	(1,606)	-	(1,606)
Revaluation	-	404	-	404
Transfer to retained earnings on disposal of assets	-	(19)	19	-
Public dividend capital received	12,166	-	-	12,166
Public dividend capital repaid	(1,438)	-	-	(1,438)
Taxpayers' and others' equity at 31 March 2025	188,068	34,275	(88,203)	134,140

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

Trust	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	167,386	33,929	(54,450)	146,865
Surplus/(deficit) for the year	-	-	(24,913)	(24,913)
Share of comprehensive income from subsidiary	-	-	80	80
Impairments	-	(1,824)	-	(1,824)
Revaluation	-	3,399	-	3,399
Transfer to retained earnings on disposal of assets	-	(8)	8	-
Public dividend capital received	9,954	-	-	9,954
Taxpayers' and others' equity at 31 March 2024	177,340	35,496	(79,275)	133,561

Information on reserves

Public dividend capital

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

Revaluation reserve

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

Income and expenditure reserve

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

Statements of Cash Flows

	Note	Group		Trust	
		2024/25	2023/24	2024/25	2023/24
		£000	£000	£000	£000
Cash flows from operating activities					
Operating surplus / (deficit)		(5,261)	(18,025)	(5,002)	(17,789)
Non-cash income and expense:					
Depreciation and amortisation	9	16,538	14,850	16,236	14,595
Net impairments	10	8,159	11,389	8,159	11,389
Income recognised in respect of capital donations	4.1	(7)	(193)	(7)	(193)
(Increase) / decrease in receivables and other assets		(5,608)	16,163	(4,425)	13,300
(Increase) / decrease in inventories		(1,267)	372	(1,236)	457
Increase / (decrease) in payables and other liabilities		310	(19,921)	(92)	(28,171)
Increase / (decrease) in provisions		(6,126)	655	(5,684)	651
Tax (paid) / received		(31)	(177)	-	-
Other movements in operating cash flows		-	(3,728)	8	8
Net cash flows from / (used in) operating activities		6,707	1,385	7,958	(5,753)
Cash flows from investing activities					
Interest received		1,567	1,787	2,168	2,488
Purchase of intangible assets		(2,578)	(5,137)	(2,578)	(248)
Sales of PPE and investment property		1,439	-	1,439	-
Purchase of PPE and investment property		(8,023)	(35,196)	(7,384)	(27,479)
Net cash flows from / (used in) investing activities		(7,595)	(38,546)	(6,355)	(25,239)
Cash flows from financing activities					
Public dividend capital received	41	10,728	9,954	10,728	9,954
Movement on loans from DHSC	34.1	(4,147)	(4,147)	(4,147)	(4,147)
Other capital receipts		-	-	948	916
Capital element of finance lease rental payments		(5,289)	(5,778)	(6,416)	(6,870)
Interest on loans		(729)	(808)	(729)	(808)
Other interest		-	-	-	(1)
Interest paid on finance lease liabilities		(1,005)	(276)	(1,988)	(1,338)
PDC dividend (paid) / refunded		(3,954)	(4,032)	(3,954)	(4,032)
Net cash flows from / (used in) financing activities		(4,396)	(5,087)	(5,558)	(6,326)
Increase / (decrease) in cash and cash equivalents		(5,284)	(42,248)	(3,956)	(37,318)
Cash and cash equivalents at 1 April - brought forward		15,930	58,178	11,921	49,239
Cash and cash equivalents at 31 March	31	10,646	15,930	7,965	11,921

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2024/25 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Consolidation

Subsidiaries

Integrated Facilities Management Bolton Ltd (iFM) is a wholly owned subsidiary of the Trust. Subsidiary entities are those over which the Trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines.

iFM's year end is the 31 March 2025. The accounting periods for iFM and the Trust are aligned for the 2024/25 accounting period.

Where subsidiaries' accounting policies are not aligned with those of the Trust (including where they report under UK GAAP) then amounts are adjusted during consolidation where the differences are material. Inter-entity balances, transactions and gains/losses are eliminated in full on consolidation.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive (API) contracts form the main payment mechanism under the NHSPS. API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

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

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

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

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. Trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners.

Revenue from research contracts

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

NHS injury cost recovery scheme

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

Note 1.5 Other forms of income

Other Income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's apprenticeship service account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

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

Pension costs

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

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

Note 1.7 Expenditure on other goods and services

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

Note 1.8 Property, plant and equipment**Recognition**

Property, plant and equipment is capitalised where:

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

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

Subsequent expenditure

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

Measurement

Valuation

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

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

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

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

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

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

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

Depreciation

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

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

Revaluation gains and losses

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

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

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

Impairments

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

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

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

De-recognition

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

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

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

Donated and grant funded assets

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

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

Useful lives of property, plant and equipment

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

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	37	70
Dwellings	61	63
Plant & machinery	5	16
Transport equipment	15	15
Information technology	8	9
Furniture & fittings	12	12

Note 1.9 Intangible assets

Recognition

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

Internally generated intangible assets

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

Expenditure on research is not capitalised. Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

Software

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

Measurement

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

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

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

Amortisation

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

Useful lives of intangible assets

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

	Min life Years	Max life Years
Intangible assets - purchased		
Software licences	2	6

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the weighted average cost method.

Between 2020/21 and 2023/24 the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department. Distribution of inventories by the Department ceased in March 2024.

Note 1.11 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

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

Note 1.12 Financial assets and financial liabilities

Recognition

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

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

Classification and measurement

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

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

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

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

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

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets measured at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

Financial assets and financial liabilities at fair value through profit and loss

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

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

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

Derecognition

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

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

Note 1.13 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

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

The Group/Trust as a lessee

Initial recognition and measurement

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

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

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

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

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

Subsequent measurement

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

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

The Group/Trust as a lessor

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

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

Finance leases

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

Operating leases

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

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2025

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates.

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.40% in real terms (prior year: 2.45%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 37 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 38, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.16 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>

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

Note 1.17 Value added tax

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

Note 1.18 Corporation tax

iFM is subject to corporation tax on its profits. The tax expense represents the sum of the tax currently payable and deferred tax.

Current tax

The tax currently payable is based on taxable profit for the period. Taxable profit differs from net profit as reported in the profit and loss account because it excludes items of income or expense that are taxable or deductible in other years and it further excludes items that are never taxable or deductible. The company's liability for current tax is calculated using tax rates that have been enacted or substantively enacted by the balance sheet date.

Deferred tax

Deferred tax is the tax expected to be payable or recoverable on differences between the carrying amounts of assets and liabilities in the financial statements and the corresponding tax bases used in the computation of taxable profit, and is accounted for using the balance sheet liability method. Deferred tax liabilities are generally recognised for all taxable temporary differences and deferred tax assets are recognised to the extent that it is probable that taxable profits will be available against which deductible temporary differences can be utilised. Such assets and liabilities are not recognised if the temporary differences arise from the initial recognition of goodwill or from the initial recognition (other than in a business combination) of other assets and liabilities in a transaction that affects neither the taxable profit nor the accounting profit.

Deferred tax liabilities are recognised for taxable temporary differences arising on investments in subsidiaries and associates, and interests in joint ventures, except where the company is able to control the reversal of the temporary and it is probable that the temporary difference will not reverse in the foreseeable future. Deferred tax assets arising from deductible temporary differences associated with such investments and interests are only recognised to the extent that it is probable that there will be sufficient taxable profits against which to utilise the benefits of the temporary differences and they are expected to reverse in the foreseeable future.

The carrying amount of deferred tax assets is reviewed at each balance sheet date and reduced to the extent that it is no longer probable that sufficient taxable profits will be available to allow all or part of the asset to be recovered.

Deferred tax is calculated at the tax rates that are expected to apply in the period when the liability is settled or the asset is realised based on tax laws and rates that have been enacted or substantively enacted at the balance sheet date. Deferred tax is charged or credited in the Profit and loss account, except when it relates to items charged or credited in other comprehensive income, in which case the deferred tax is also dealt with in other comprehensive income.

The measurement of deferred tax liabilities and assets reflects the tax consequences that would follow from the manner in which the company expects, at the end of the reporting period, to recover or settle the carrying amount of its assets and liabilities.

Deferred tax assets and liabilities are offset when there is a legally enforceable right to set off current tax assets against current tax liabilities and when they relate to income taxes levied by the same taxation authority and the company intends to settle its current tax assets and liabilities on a net basis.

Current Tax and deferred tax for the period

Current and deferred tax are recognised in the Statement of Comprehensive Income. Where current tax or deferred tax arises from the initial accounting for a business combination, the tax effect is included in the accounting for the business combination.

Note 1.19 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.20 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.21 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

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

Note 1.22 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2024/25.

Note 1.24 Standards, amendments and interpretations in issue but not yet effective or adopted

The DHSC GAM does not require the following IFRS Standards to be applied in 2024/25

IFRS 17 Insurance Contracts – The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 has been adopted by the FReM from 1 April 2025. Adoption of the Standard for NHS bodies will therefore be in 2025/26. The Standard revises the accounting for insurance contracts for the issuers of insurance. Application of this standard from 2025/26 is not expected to have a material impact on the financial statements.

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

Note 1.25 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Asset valuation and impairments

The valuation of the Trust's land and buildings is subject to significant estimation uncertainty, since it derives from estimates provided by the Trust's external valuers who base their estimates on local market data as well as other calculations to reflect the age and condition of the Trust's estate. In 2014/15, the basis upon which the Modern Equivalent Asset Valuation was assessed by the external valuer was changed from the existing site to an alternate, theoretical site. The impact of the latest valuation is shown in note 26.

The valuation exercise was carried out in March 2025 with a valuation date of 31 March 2025, applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards and RICS UK National Supplement ('Red Book'). The Trust considers that in line with the GAM this is an appropriate basis. More detail of the desktop valuation and the carrying amounts of the Trust's Land and Buildings is included in note 26. An increase of 1% in the land and building net book value of £114m would result in a revised net book value of £115m and an increase of 5% would result in a revised net book value of £119m.

Note 2 Operating Segments

All activity for the Trust is healthcare related. As the operating segments have similar characteristics there is no requirement to report segmentally.

Whilst the Trust has a divisional structure in place the services that are provided are essentially all the same (patient care) and the majority of risks faced by each division are fundamentally the same.

Note 3 Operating income from patient care activities (Group)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)	2024/25	2023/24
	£000	£000
Acute services		
Aligned payment & incentive (API) income - Variable (based on activity)	81,866	74,660
Block contract / system envelope income	307,946	280,839
High cost drugs income from commissioners (excluding pass-through costs)	22,967	20,945
Other NHS clinical income	4,681	3,174
Community services		
Block contract / system envelope income*	44,751	43,448
Income from other sources (e.g. local authorities)	12,220	13,275
All services		
Private patient income	14	21
Agenda for change pay offer central funding	933	209
Additional pension contribution central funding*	19,802	12,469
Other clinical income	3,526	1,831
Total income from activities	498,706	450,871

*The employer contribution rate for NHS pensions increased from 20.6% to 23.7% (excluding administration charge) from 1 April 2024. Since 2019/20, NHS providers have 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 these accounts.

Note 3.2 Income from patient care activities (by source)

	2024/25	2023/24
	£000	£000
NHS England	38,453	48,735
Integrated care boards	442,993	386,682
Other NHS providers	1,500	328
Local authorities	12,220	13,274
Non-NHS: private patients	14	21
Non-NHS: overseas patients (chargeable to patient)	716	404
Injury cost recovery scheme	852	801
Non NHS: other	1,958	626
Total income from activities	498,706	450,871

Note 4.1 Other operating income (Group)**2024/25**

	Contract income £000	Non-contract income £000	Total £000
Research and development	1,593	-	1,593
Education and training	16,649	903	17,552
Non-patient care services to other bodies	1,419	-	1,419
Income in respect of employee benefits accounted on a gross basis	1,424	-	1,424
Receipt of capital grants and donations	-	7	7
Revenue from operating leases	-	285	285
Other income	9,719	-	9,719
Total other operating income	30,804	1,195	31,999

2023/24

	Contract income £000	Non-contract income £000	Total £000
Research and development	827	-	827
Education and training	15,403	723	16,126
Non-patient care services to other bodies	1,362	-	1,362
Income in respect of employee benefits accounted on a gross basis	5,604	-	5,604
Receipt of capital grants and donations	-	193	193
Charitable and other contributions to expenditure	-	154	154
Rental revenue from operating leases	-	281	281
Other income	8,808	-	8,808
Total other operating income	32,004	1,351	33,355

Note 4.2 Other within other operating income (Group)**2024/25****2023/24**

	£000	£000
Car parking	1,988	1,644
Catering	127	45
Pharmacy sales	136	82
Staff accommodation rentals	1,205	1,215
Non Clinical services recharged to other bodies	3,238	1,224
Staff contributions to employee benefit schemes	79	24
Clinical tests	1,531	1,858
Clinical excellence awards	241	364
Other income generation schemes	61	62
Other income not already covered	1,113	2,290
Total	9,719	8,808

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2024/25	2023/24
	£000	£000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end.	2,048	4,089

Note 5.2 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2024/25	2023/24
	£000	£000
Income from services designated as commissioner requested services	481,446	435,417
Income from services not designated as commissioner requested services	17,260	15,454
Total	498,706	450,871

Note 6 Overseas visitors (relating to patients charged directly by the provider)

	2024/25	2023/24
	£000	£000
Income recognised this year	716	404
Cash payments received in-year	177	85
Amounts written off in-year	155	7

Note 7 Income generation

The Trust undertakes income generation activities with an aim of achieving profit. The total income generation for the year ended 31 March 2025 was £61k. (£62k for the year ended 31 March 2024) This is included within other income.

Note 8 Trust income statement and statement of comprehensive income

The Trust's surplus/(deficit) for the period was £(9,037k) (2023/24: £(21,017k)). The trust's total comprehensive income/(expense) for the period was £(10,149k) (2023/24: £(23,258k)).

2024/25	Trust Total	Subsidiary	Group	Group Total
	£000	Company	Adjustments	£000
		£000	£000	
Income from Patient Care Activities	498,650	56	-	498,706
Other Operating Income	30,528	47,718	(46,246)	31,999
Total Income	529,178	47,773	(46,246)	530,705
Employee Costs	(371,115)	(17,834)	63	(388,886)
Non Pay Costs	(163,064)	(30,199)	46,183	(147,080)
Total Expenditure	(534,179)	(48,033)	46,246	(535,966)
Operating Surplus / (Deficit)	(5,001)	(260)	-	(5,261)
Non operating income	2,169	1,217	(1,819)	1,567
Non operating costs	(6,205)	(867)	1,819	(5,253)
Surplus / (Deficit)	(9,037)	90	-	(8,947)

2023/24	Trust Total	Subsidiary	Group	Group Total
	£000	Company	Adjustments	£000
		£000	£000	
Income from Patient Care Activities	450,871	-	-	450,871
Other Operating Income	32,825	53,104	(52,575)	33,355
Total Income	483,696	53,104	(52,575)	484,226
Employee Costs	(338,379)	(16,390)	(22)	(354,791)
Non Pay Costs	(163,067)	(36,989)	52,597	(147,460)
Total Expenditure	(501,447)	(53,379)	52,575	(502,251)
Operating Surplus / (Deficit)	(17,751)	(274)	-	(18,025)
Non operating income	2,488	1,192	(1,893)	1,787
Non operating costs	(5,754)	(4,734)	1,893	(8,595)
Surplus / (Deficit)	(21,017)	(3,816)	-	(24,833)

Note 9.1 Operating expenses (Group)

	2024/25	2023/24
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	3,563	3,517
Purchase of healthcare from non-NHS and non-DHSC bodies	5,580	2,950
Staff and executive directors costs	386,011	354,584
Remuneration of non-executive directors	172	197
Supplies and services - clinical (excluding drugs costs)	33,177	30,992
Supplies and services - general	4,627	4,209
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	26,669	27,271
Inventories written down	65	69
Consultancy costs	1,192	687
Establishment	3,752	3,576
Premises	21,208	24,254
Transport (including patient travel)	1,516	1,564
Depreciation on property, plant and equipment	14,519	12,847
Amortisation on intangible assets	2,019	2,003
Net impairments	8,159	11,389
Movement in credit loss allowance: contract receivables / contract assets	368	(68)
Change in provisions discount rate(s)	(2)	(25)
Audit fees payable to the external auditor:		
audit services- statutory audit*	228	191
other auditor remuneration (external auditor only)	-	-
Internal audit costs	82	87
Clinical negligence	20,375	17,333
Legal fees	65	562
Insurance	349	461
Education and training	1,969	2,200
Redundancy	5	207
Losses, ex gratia & special payments	298	52
Other	-	1,142
Total	535,966	502,251

*this includes 24/25 fees to Forvis Mazars of £151k (inclusive of VAT) related to the Trust audit and £35k (exclusive of VAT) related to the IFM audit, and additional costs relating to 23/24 (KPMG)

Note 9.2 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £Nil (2023/24: £1m).

Note 10 Impairment of assets (Group)

	2024/25	2023/24
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage resulting from normal operations	117	-
Unforeseen obsolescence	774	-
Changes in market price	7,268	11,389
Total net impairments charged to operating surplus / deficit	8,159	11,389
Impairments charged to the revaluation reserve	1,606	1,824
Total net impairments	9,765	13,213

Note 11 Employee benefits (Group)

	2024/25	2023/24
	Total	Total
	£000	£000
Salaries and wages	279,840	265,566
Social security costs	28,067	27,568
Apprenticeship levy	1,310	1,295
Employer's contributions to NHS pensions*	50,615	41,272
Temporary staff (including agency)	31,740	21,839
Total gross staff costs	391,572	357,540
Recoveries in respect of seconded staff	(2,886)	(1,307)
Total staff costs	388,686	356,233
Of which		
Costs capitalised as part of assets	2,670	1,442

	2024/25	2023/24
	£000	£000
Analysed as		
Employee expense - Executive directors	1,631	1,550
Employee expense - Staff costs	387,055	344,415
Total gross staff costs is comprised of:	388,686	345,965

* see note 3.1 for increase in employers contributions to NHS pension costs

Note 12 Directors' remuneration (Group)

	2024/25	2023/24
	£'000	£'000
Directors' remuneration	1,851	1,759
Employer contribution to a pension scheme in respect of directors	166	156

	2024/25	2023/24
	Number	Number
The total number of directors to whom benefits are accruing under defined benefit schemes	7	8

Further details on directors' remuneration can be found in the remuneration report.

Note 13 Key management remuneration (Group)

Key management is defined as the executive and non executive directors of the Trust. Further details of their remuneration can be found in the 2024/25 remuneration report published as part of the Trust's annual report.

Note 14 Retirements due to ill-health (Group)

During 2024/25 there were 4 early retirements from the trust agreed on the grounds of ill-health (6 in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is £62k (£442k in 2023/24). These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 15.1 Pension costs

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

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

An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

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

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

Note 15.2 Pension costs - other schemes

The employees of iFM have access to the National Employment Savings Trust (NEST) defined contribution pension scheme.

Note 16 Operating leases (Group)

Note 16.1 Bolton NHS Foundation Trust as a lessor

This note discloses income generated in operating lease agreements where Bolton NHS Foundation Trust is the lessor.

	2024/25 £000	2023/24 £000
Operating lease revenue		
Contingent rent	285	281
Total	285	281
	31 March 2025 £000	31 March 2024 £000
Future minimum lease receipts due:		
- not later than one year;	345	347
- later than one year and not later than five years;	620	627
- later than five years.	613	648
Total	1,578	1,622

Note 17 Finance income (Group)

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

	2024/25 £000	2023/24 £000
Interest on bank accounts	1,567	1,787
Total finance income	1,567	1,787

Note 18 Finance expenditure (Group)

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

	2024/25 £000	2023/24 £000
Interest expense:		
Loans from the Department of Health and Social Care	698	781
Finance leases	1,005	276
Total interest expense	1,703	1,057
Unwinding of discount on provisions	32	40
Other finance costs	-	9
Total finance costs	1,735	1,106

Note 18.1 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015 (Group)

	2024/25	2023/24
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	1,168	991

Note 19 Other gains / (losses) (Group)

	2024/25	2023/24
	£000	£000
Gains on disposal of assets	1	1
Losses on disposal of assets	-	(88)
Total other gains / (losses)	1	(87)

Note 20 Taxation on profit (Group)

Tax charged in the profit and loss account

	2024/25	2023/24
	£000	£000
Current taxation		
Current tax on profits for the year	113	97
Adjustment in respect of prior years	(118)	(4)
Total current taxation	(5)	93
Deferred taxation		
Current year	35	28
Adjustment in respect of prior years	1	3,775
Total deferred tax	36	3,803
Income tax expense reported in the SOCI	31	3,896

The charge for the year can be reconciled to the profit per the income statement as follows

Profit for the year	123	88
Tax on profit at standard UK tax rate of 25% (2023: 19%)	31	22
Adjustments in respect of prior years	(116)	3,772
Leases	116	301
Amounts not recognised	-	(199)
Tax credit for the year	31	3,896
Income tax expense reported in the income statement	31	3,896

Note 21 Intangible assets - 2024/25

Group	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	12,355	8,522	20,877
Additions	-	1,575	1,575
Impairments charged to operating expenses	-	(774)	(774)
Reclassifications	1,182	1,707	2,889
Disposals/derecognition	(22)	-	(22)
Valuation / gross cost at 31 March 2025	13,515	11,030	24,545
Amortisation at 1 April 2024 - brought forward	6,915	-	6,915
Provided during the year	2,019	-	2,019
Disposals/derecognition	(22)	-	(22)
Amortisation at 31 March 2025	8,912	-	8,912
Net book value at 31 March 2025	4,603	11,030	15,633
Net book value at 1 April 2024	5,440	8,522	13,962

Note 21.1 Intangible assets - 2023/24

Group	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	11,937	6,683	18,620
Additions	-	2,065	2,065
Reclassifications	418	(226)	192
Valuation / gross cost at 31 March 2024	12,355	8,522	20,877
Amortisation at 1 April 2023 - brought forward	4,722	-	4,722
Provided during the year	2,003	-	2,003
Disposals/derecognition	190	-	190
Amortisation at 31 March 2024	6,915	-	6,915
Net book value at 31 March 2024	5,440	8,522	13,962
Net book value at 1 April 2023	7,215	6,683	13,898

Note 21.2 Intangible assets - 2024/25

Trust	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	12,098	8,522	20,620
Additions	(4)	1,579	1,575
Impairments charged to operating expenses	-	(774)	(774)
Reclassifications	1,187	1,702	2,889
Disposals/derecognition	(22)	-	(22)
Valuation / gross cost at 31 March 2025	13,259	11,029	24,288
Amortisation at 1 April 2024 - brought forward	6,841	-	6,841
Provided during the year	1,934	-	1,934
Disposals/derecognition	(22)	-	(22)
Amortisation at 31 March 2025	8,753	-	8,753
Net book value at 31 March 2025	4,506	11,029	15,535
Net book value at 1 April 2024	5,257	8,522	13,779

Note 21.3 Intangible assets - 2023/24

Trust	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	11,930	6,345	18,275
Additions	-	2,074	2,074
Reclassifications	168	103	271
Valuation / gross cost at 31 March 2024	12,098	8,522	20,620
Amortisation at 1 April 2023 - brought forward	4,720	-	4,720
Provided during the year	1,934	-	1,934
	187	-	187
Amortisation at 31 March 2024	6,841	-	6,841
Net book value at 31 March 2024	5,257	8,522	13,779
Net book value at 1 April 2023	7,210	6,345	13,555

Note 22 Property, plant and equipment - 2024/25

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2024 - brought forward	3,303	113,088	536	10,373	32,307	26	27,279	960	187,872
Additions	-	2,294	-	8,973	537	-	72	29	11,905
Impairments	-	(5,658)	-	-	-	-	(117)	-	(5,775)
Reversals of impairments	-	11	-	-	-	-	-	-	11
Revaluations	-	(3,021)	(8)	-	-	-	(40)	-	(3,069)
Reclassifications	-	3,057	-	(7,836)	5	-	1,885	-	(2,889)
Transfers to / from assets held for sale	-	-	-	28	-	-	-	-	28
Disposals / derecognition	-	-	-	-	(421)	-	(303)	-	(724)
Valuation/gross cost at 31 March 2025	3,303	109,771	528	11,538	32,428	26	28,776	989	187,359
Accumulated depreciation at 1 April 2024 - brought forward	-	-	-	-	13,511	25	10,985	23	24,544
Provided during the year	-	3,401	15	-	2,532	1	3,057	78	9,084
Revaluations	-	(3,418)	(15)	-	-	-	(40)	-	(3,473)
Reclassifications	-	17	-	-	(17)	-	-	-	-
Disposals / derecognition	-	-	-	-	(421)	-	(303)	-	(724)
Accumulated depreciation at 31 March 2025	-	-	-	-	15,605	26	13,699	101	29,431
Net book value at 31 March 2025	3,303	109,771	528	11,538	16,823	-	15,077	888	157,928
Net book value at 1 April 2024	3,303	113,088	536	10,373	18,796	1	16,294	937	163,328

Note 22.1 Property, plant and equipment - 2023/24

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	3,311	87,436	506	45,201	23,734	70	21,802	115	182,175
Additions	-	17,748	-	2,962	502	-	2	297	21,511
Impairments	(8)	(13,220)	-	-	-	-	-	-	(13,228)
Reversals of impairments	-	15	-	-	-	-	-	-	15
Revaluations	-	487	(4)	-	-	-	-	-	483
Reclassifications	-	20,622	34	(36,323)	9,110	(44)	5,475	548	(578)
Transfers to / from assets held for sale	-	-	-	(1,467)	-	-	-	-	(1,467)
Disposals / derecognition	-	-	-	-	(1,039)	-	-	-	(1,039)
Valuation/gross cost at 31 March 2024	3,303	113,088	536	10,373	32,307	26	27,279	960	187,872
Accumulated depreciation at 1 April 2023 - brought forward	-	155	23	-	12,141	69	9,369	115	21,872
Provided during the year	-	2,747	14	-	1,904	1	2,449	-	7,115
Revaluations	-	(2,902)	(14)	-	-	-	-	-	(2,916)
	-	-	(23)	-	417	(45)	(833)	(92)	(576)
Disposals / derecognition	-	-	-	-	(951)	-	-	-	(951)
Accumulated depreciation at 31 March 2024	-	-	-	-	13,511	25	10,985	23	24,544
Net book value at 31 March 2024	3,303	113,088	536	10,373	18,796	1	16,294	937	163,328
Net book value at 1 April 2023	3,311	87,281	483	45,201	11,593	1	12,433	-	160,303

Note 22.2 Property, plant and equipment financing - 2024/25

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2025									
Owned - purchased	3,303	108,273	528	11,538	16,367	-	15,065	888	155,962
Owned - donated	-	1,498	-	-	456	-	12	-	1,966
NBV total at 31 March 2025	3,303	109,771	528	11,538	16,823	-	15,077	888	157,928

Note 22.3 Property, plant and equipment financing - 2023/24

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2024									
Owned - purchased	3,303	111,513	536	10,373	18,231	1	16,274	937	161,168
Owned - donated	-	1,575	-	-	565	-	20	-	2,160
NBV total at 31 March 2024	3,303	113,088	536	10,373	18,796	1	16,294	937	163,328

Note 22.4 Property, plant and equipment - 2024/25

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2024 - brought forward	3,303	113,088	536	10,374	31,843	26	27,058	960	187,188
Additions	-	2,294	-	8,956	497	-	33	29	11,809
Impairments	-	(5,658)	-	-	-	-	(117)	-	(5,775)
Reversals of impairments	-	11	-	-	-	-	-	-	11
Revaluations	-	(3,021)	(8)	-	-	-	(40)	-	(3,069)
Reclassifications	-	3,057	-	(7,808)	5	-	1,885	-	(2,861)
Disposals / derecognition	-	-	-	-	(421)	-	(303)	-	(724)
Valuation/gross cost at 31 March 2025	3,303	109,771	528	11,522	31,924	26	28,516	989	186,579
Accumulated depreciation at 1 April 2024 - brought forward	-	(1)	-	-	13,400	26	10,974	23	24,422
Provided during the year	-	3,403	15	-	2,479	1	3,029	78	9,005
Revaluations	-	(3,418)	(15)	-	-	-	(40)	-	(3,473)
Reclassifications	-	16	-	-	(16)	-	-	-	-
Disposals / derecognition	-	-	-	-	(421)	-	(303)	-	(724)
Accumulated depreciation at 31 March 2025	-	-	-	-	15,442	27	13,660	101	29,230
Net book value at 31 March 2025	3,303	109,771	528	11,522	16,482	(1)	14,856	888	157,349
Net book value at 1 April 2024	3,303	113,089	536	10,374	18,443	-	16,084	937	162,766

Note 22.5 Property, plant and equipment - 2023/24

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	3,311	87,436	506	44,753	23,606	70	21,772	115	181,569
Additions	-	17,748	-	2,962	499	-	5	297	21,511
Impairments	(8)	(13,204)	-	-	-	-	-	-	(13,212)
Revaluations	-	486	(4)	-	-	-	-	-	482
Reclassifications	-	20,622	34	(35,874)	8,777	(44)	5,281	548	(656)
Transfers to / from assets held for sale	-	-	-	(1,467)	-	-	-	-	(1,467)
Disposals / derecognition	-	-	-	-	(1,039)	-	-	-	(1,039)
Valuation/gross cost at 31 March 2024	3,303	113,088	536	10,374	31,843	26	27,058	960	187,188
Accumulated depreciation at 1 April 2023 - brought forward	-	155	23	-	12,082	67	9,362	115	21,804
Provided during the year	-	2,746	14	-	1,851	1	2,445	-	7,057
Revaluations	-	(2,902)	(14)	-	-	-	-	-	(2,916)
Reclassifications	-	-	(23)	-	418	(42)	(833)	(92)	(572)
Disposals / derecognition	-	-	-	-	(951)	-	-	-	(951)
Accumulated depreciation at 31 March 2024	-	(1)	-	-	13,400	26	10,974	23	24,422
Net book value at 31 March 2024	3,303	113,089	536	10,374	18,443	-	16,084	937	162,766
Net book value at 1 April 2023	3,311	87,281	483	44,753	11,524	3	12,410	-	159,765

Note 22.6 Property, plant and equipment financing - 2024/25

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2025									
Owned - purchased	3,303	108,273	528	11,522	16,026	(1)	14,844	888	155,383
Owned - donated	-	1,498	-	-	456	-	12	-	1,966
NBV total at 31 March 2025	3,303	109,771	528	11,522	16,482	(1)	14,856	888	157,349

Note 22.7 Property, plant and equipment financing - 31 March 2024

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2024									
Owned - purchased	3,303	111,514	536	10,374	17,878	-	16,064	937	160,606
Owned - donated	-	1,575	-	-	565	-	20	-	2,160
NBV total at 31 March 2024	3,303	113,089	536	10,374	18,443	-	16,084	937	162,766

Note 22.8 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2025

Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	1,708	-	-	-	-	-	-	1,708
Not subject to an operating lease	3,303	108,063	528	11,522	16,482	(1)	14,856	888	155,641
Total net book value at 31 March 2025	3,303	109,771	528	11,522	16,482	(1)	14,856	888	157,349

Note 22.9 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2024

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	1,673	-	-	-	-	-	-	1,673
Not subject to an operating lease	3,303	111,416	536	10,374	18,443	-	16,084	937	161,093
NBV total at 31 March 2024	3,303	113,089	536	10,374	18,443	-	16,084	937	162,766

Note 23 Right of use assets - 2024/25

Group	Property (land and buildings) £000	Plant & machinery £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation/gross cost at 1 April 2024 - brought forward	29,143	9,677	38,820	28,028
Additions	197	256	453	-
Remeasurements of the lease liability	684	2,086	2,770	684
Impairments	-	(3,227)	(3,227)	-
Revaluations	-	(3,648)	(3,648)	-
Disposals / derecognition	(272)	(2,882)	(3,154)	(272)
Valuation/gross cost at 31 March 2025	29,752	2,262	32,014	-
Accumulated Depreciation at 1 April 2024 - brought forward	9,770	6,081	15,851	9,747
Provided during the year	4,928	507	5,435	4,822
Revaluations	-	(3,648)	(3,648)	-
Disposals / derecognition	(251)	(2,882)	(3,133)	(251)
Accumulated depreciation at 31 March 2025	14,447	58	14,505	14,318
Net book value at 31 March 2025	15,305	2,204	17,509	14,122
Net book value at 1 April 2024	19,373	3,596	22,969	18,281
Net book value of right of use assets leased from other NHS providers				-
Net book value of right of use assets leased from other DHSC group bodies				14,122

Note 23.1 Right of use assets - 2023/24

Group	Property (land and buildings) £000	Plant & machinery £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2023 - brought forward	23,717	9,086	32,803	23,717
Additions	1,115	591	1,706	-
Remeasurements of the lease liability	4,426	-	4,426	4,426
Disposals / derecognition	(115)	-	(115)	(115)
Valuation/gross cost at 31 March 2024	29,143	9,677	38,820	28,028
Accumulated depreciation at 1 April 2023 - brought forward	4,778	5,370	10,148	4,778
Provided during the year	5,021	711	5,732	4,998
Disposals / derecognition	(29)	-	(29)	(29)
Accumulated depreciation at 31 March 2024	9,770	6,081	15,851	9,747
Net book value at 31 March 2024	19,373	3,596	22,969	18,281
Net book value at 1 April 2023	18,939	3,716	22,655	18,939
Net book value of right of use assets leased from other NHS providers				-
Net book value of right of use assets leased from other DHSC group bodies				18,281

Note 24 Right of use assets - 2024/25

Trust	Property (land and buildings) £000	Plant & machinery £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation/gross cost at 1 April 2024 - brought forward	28,026	9,441	37,467	28,028
Additions	-	256	256	-
Remeasurements of the lease liability	684	2,086	2,770	684
Impairments	-	(3,227)	(3,227)	-
Revaluations	-	(3,648)	(3,648)	-
Disposals / derecognition	(272)	(2,644)	(2,916)	(272)
Valuation/gross cost at 31 March 2025	28,438	2,264	30,702	28,440
Accumulated depreciation at 1 April 2024 - brought forward	9,747	5,874	15,621	9,747
Provided during the year	4,823	475	5,298	4,822
Revaluations	-	(3,648)	(3,648)	-
Disposals / derecognition	(251)	(2,644)	(2,895)	(251)
Accumulated depreciation at 31 March 2024	14,319	57	14,376	14,318
Net book value at 31 March 2025	14,119	2,207	16,326	14,122
Net book value at 1 April 2024	18,279	3,567	21,846	18,281
Net book value of right of use assets leased from other NHS providers				-
Net book value of right of use assets leased from other DHSC group bodies				14,122

Note 24.1 Right of use assets - 2023/24

Trust	Property (land and buildings) £000	Plant & machinery £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2023 - brought forward	23,717	8,850	32,567	23,717
Additions	-	591	591	-
Remeasurements of the lease liability	4,425	-	4,425	4,426
Disposals / derecognition	(116)	-	(116)	(115)
Valuation/gross cost at 31 March 2024	28,026	9,441	37,467	28,028
Accumulated depreciation at 1 April 2023 - brought forward	4,778	5,266	10,044	4,778
Provided during the year	4,997	608	5,605	4,996
Disposals / derecognition	(28)	-	(28)	(29)
Accumulated depreciation at 31 March 2024	9,747	5,874	15,621	9,745
Net book value at 31 March 2024	18,279	3,567	21,846	18,283
Net book value at 1 April 2023	18,939	3,584	22,523	18,939
Net book value of right of use assets leased from other NHS providers				-
Net book value of right of use assets leased from other DHSC group bodies				18,281

Note 25 Donations and Grant Funded property, plant and equipment

Assets totalling £8k have been donated by Bolton NHS Charitable Fund.

This was for the following:

Ward kitchen refurbishment - £8k

Note 26 Revaluations of property, plant and equipment

The date of the latest revaluation of land and buildings was 31 March 2025. The valuation was carried out by Cushman and Wakefield, a RICS registered individual. The valuation was completed using a "modern equivalent assets - alternate site" basis on the grounds that this was a more appropriate method of calculation. The decision to use this basis for the first time was approved by the Audit Committee on behalf of the Board in February 2015.

From 1 April 2016, the valuation of the Trust's building assets has been completed net of VAT. This assumes that any reconstruction of property assets with equivalent service potential to the existing estate would be procured through a special purpose vehicle, namely iFM Bolton Limited, in a way that would allow VAT to be recovered in full.

The overall effect of the revaluation was a decrease in the value of land and buildings of £5,241k. This is shown in the accounts as detailed below

	£000	
Impairment charged to SOCI	(4,039)	
Impairment charged to revaluation reserve	(1,606)	note 42
Revaluation charged to revaluation reserve	404	note 42
Total decrease in value of land and buildings	<u>(5,241)</u>	

Note 26.1 Revaluations of right of use assets

The fair value, as at 31st March 2025, of the right of use assets recognised as components of the Trust's Managed Equipment Service contract, was determined internally by management.

The valuation was based on the following key assumptions and methods:

Market Price: The valuation considered recent Market prices for similar leased assets in The same location and condition, on similar terms.

Professional Judgement: The management team applied their professional judgement in determining that the transaction price of the contract extension signed in year was a suitable proxy for market price.

This valuation method was chosen to ensure that the carrying amount of the assets reflect their fair value as accurately as possible.

Note 27 Investments in subsidiary

	Group		Trust	
	2024/25 £000	2023/24 £000	2024/25 £000	2023/24 £000
Carrying value at 1 April - brought forward	-	-	14,351	18,167
Deferred Tax Adjustment	-	-	-	(3,896)
Share of subsidiary profit	-	-	90	80
Carrying value at 31 March	<u>-</u>	<u>-</u>	<u>14,441</u>	<u>14,351</u>

The shares in the subsidiary company iFM comprises a 100% holding in the share capital consisting of 12,435,255 ordinary £1 shares.

Note 28 Loans to subsidiary

	Group		Trust	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
Loans to subsidiary undertakings < 1 year	-	-	980	948
Loans to subsidiary undertakings > 1 year	-	-	21,292	22,272
	-	-	22,272	23,220

Note 29 Inventories

	Group		Trust	
	31 March	31 March	31 March	31 March
	2025	2024	2025	2024
	£000	£000	£000	£000
Drugs	2,164	1,200	2,164	1,200
Consumables	2,639	2,371	2,247	2,283
Other	460	425	308	-
Total inventories	5,263	3,996	4,719	3,483

Inventories recognised in expenses for the year were £19,450k (2023/24: £20,047k). Write-down of inventories recognised as expenses for the year were £65k (2023/24: £69k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2024/25 the Trust received £0k of items purchased by DHSC (2023/24: £0k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 30 Receivables

	Group		Trust	
	31 March	31 March	31 March	31 March
	2025	2024	2025	2024
	£000	£000	£000	£000
Current				
Contract receivables	13,864	7,891	13,846	6,939
Allowance for impaired contract receivables / assets	(1,309)	(941)	(1,166)	(892)
Prepayments (non-PFI)	5,201	5,030	4,762	4,961
PDC dividend receivable	847	381	847	381
VAT receivable	1,367	3,409	2,235	1,651
Other receivables	2,428	1,740	2,349	1,612
Total current receivables	22,398	17,510	22,873	14,652
Non-current				
Other receivables	1,993	807	806	807
Total non-current receivables	1,993	807	806	807
Of which receivable from NHS and DHSC group bodies:				
Current	9,402	5,297		
Non-current	806	807		

Note 30.1 Non-current assets held for sale and assets in disposal groups

	Group		Trust	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	1,467	-	1,467	-
Assets classified as available for sale in the year	-	1,467	-	1,467
Assets sold in year	(1,439)	-	(1,439)	-
Reversal of impairment of assets held for sale	(28)	-	(28)	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	-	1,467	-	1,467

Note 30.2 Allowances for credit losses - 2024/25

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2024 - brought forward	941	-	892	-
Changes in existing allowances	368	-	273	-
Allowances as at 31 Mar 2025	1,309	-	1,165	-

Receivables impaired during the period relate to the:
movement in the provision for bad debt on the injury cost recovery scheme.
movement in the provision for bad debt on receivables.

Note 30.3 Allowances for credit losses - 2023/24

	Group		Trust	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 Apr 2023 - brought forward	1,009	-	868	-
Changes in existing allowances	(68)	-	24	-
Allowances as at 31 Mar 2024	941	-	892	-

Note 31 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
At 1 April	15,930	58,178	11,921	49,239
Net change in year	(5,284)	(42,248)	(3,956)	(37,318)
At 31 March	10,646	15,930	7,965	11,921
Broken down into:				
Cash at commercial banks and in hand	8	8	7	7
Cash with the Government Banking Service	10,638	15,922	7,958	11,914
Total cash and cash equivalents as in SoFP	10,646	15,930	7,965	11,921
Total cash and cash equivalents as in SoCF	10,646	15,930	7,965	11,921

Note 31.1 Third party assets held by the trust

Bolton NHS Foundation Trust held no cash and cash equivalents which related to monies held on behalf of patients or other parties.

Note 32 Trade and other payables

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Current				
Trade payables	11,157	9,979	23,478	16,304
Capital payables	7,563	4,691	824	1,586
Accruals	15,759	15,511	14,038	12,641
VAT payables	-	-	-	-
Other taxes payable	7,007	6,997	6,560	6,494
PDC dividend payable	-	-	-	-
Pension contributions payable	4,358	3,923	4,306	3,868
Other payables	2,173	1,763	1,608	1,291
Total current trade and other payables	48,017	42,864	50,814	42,184

Of which payables from NHS and DHSC group bodies:

Current	7,234	4,601
Non-current	-	-

Note 33 Other liabilities

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Current				
Deferred income: contract liabilities	77	1,495	77	1,495
Total other current liabilities	77	1,495	77	1,495
Non-current				
Deferred income: contract liabilities	-	553	-	553
Total other non-current liabilities	-	553	-	553

Note 34 Borrowings

	Group		Trust	
	31 March 2025	31 March 2024	31 March 2025	31 March 2024
	£000	£000	£000	£000
Current				
Loans from DHSC	4,410	4,441	4,410	4,441
Obligations under leases	5,577	5,555	6,773	2,724
Total current borrowings	9,987	9,996	11,183	7,165
Non-current				
Loans from DHSC	25,374	29,521	25,374	29,522
Obligations under leases	12,371	14,481	39,294	46,756
Total non-current borrowings	37,745	44,002	64,668	76,278

The Trust has three loans with the DHSC which total £29,784k. These are summarised below:

	Amount Outstanding at 31 March 2025 £'000	Term of the original loan	Fixed Interest rate	Date to be fully repaid
"Making it Better" developments within Womens and Childrens Services	5,691	19 years	3.75%	Oct-29
Estate Strategy	18,367	24 years	2.22%	Nov-40
EPR	5,726	9 years	0.83%	Nov-27

Note 34.1 Reconciliation of liabilities arising from financing activities (Group)

Group - 2024/25	Loans from DHSC £000	Finance leases £000	Total £000
Carrying value at 1 April 2024	33,963	20,035	53,998
Cash movements:			
Financing cash flows - payments and receipts of principal	(4,147)	(5,289)	(9,436)
Financing cash flows - payments of interest	(729)	(1,005)	(1,734)
Non-cash movements:			
Additions	-	453	453
Lease liability remeasurements	-	2,770	2,770
Application of effective interest rate	698	1,005	1,703
Early terminations	-	(22)	(22)
Carrying value at 31 March 2025	29,785	17,947	47,732

Group - 2023/24	Loans from DHSC	Finance leases	Total
	£000	£000	£000
Carrying value at 1 April 2023	38,136	19,769	57,905
Cash movements:			
Financing cash flows - payments and receipts of principal	(4,147)	(5,778)	(9,925)
Financing cash flows - payments of interest	(808)	(276)	(1,084)
Non-cash movements:			
Additions	-	1,706	1,706
Lease liability remeasurements	-	4,426	4,426
Application of effective interest rate	781	276	1,057
Early terminations	-	(87)	(87)
Carrying value at 31 March 2024	33,963	20,035	53,998

Note 34.2 Reconciliation of liabilities arising from financing activities (Trust)

Trust - 2024/25	Loans from DHSC	Finance leases	Total
	£000	£000	£000
Carrying value at 1 April 2024	33,962	49,480	83,442
Cash movements:			
Financing cash flows - payments and receipts of principal	(4,147)	(6,416)	(10,563)
Financing cash flows - payments of interest	(729)	(1,988)	(2,717)
Non-cash movements:			
Additions	-	256	256
Remeasurement		2,770	
Disposal		(21)	
Application of effective interest rate	698	1,987	2,685
Carrying value at 31 March 2025	29,784	46,068	73,103

Trust - 2023/24	Loans from DHSC	Finance leases	Total
	£000	£000	£000
Carrying value at 1 April 2023	38,136	51,415	89,551
Cash movements:			
Financing cash flows - payments and receipts of principal	(4,147)	(6,865)	(11,012)
Financing cash flows - payments of interest	(808)	(1,331)	(2,139)
Non-cash movements:			
Additions	-	591	591
Remeasurement		4,426	4,426
Disposal		(87)	(87)
Application of effective interest rate	781	1,331	2,112
Carrying value at 31 March 2024	33,962	49,480	83,442

Note 35 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 35.

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Carrying value at 1 April	20,036	19,769	49,480	51,415
Lease additions	453	1,706	256	591
Lease liability remeasurements	2,770	4,426	2,770	4,426
Interest charge arising in year	1,005	276	1,987	1,331
Early terminations	(22)	(87)	(21)	(87)
Lease payments (cash outflows)	(6,294)	(6,054)	(8,404)	(8,196)
Other changes	-	-	-	-
Carrying value at 31 March	17,948	20,036	46,068	49,480

Note 35.1 Maturity analysis of future lease payments at 31 March 2025

	Group		Trust	
	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2025 £000	31 March 2025 £000	31 March 2025 £000	31 March 2025 £000
Undiscounted future lease payments payable in:				
- not later than one year;	6,259	5,192	8,399	7,474
- later than one year and not later than five years;	12,264	10,384	18,625	17,229
- later than five years.	1,053	-	29,663	29,663
Total gross future lease payments	19,576	15,576	56,687	54,366
Finance charges allocated to future periods	(1,628)	(1,018)	(10,619)	(10,480)
Net lease liabilities at 31 March 2024	17,948	14,558	46,068	43,886
Of which:				
Leased from other NHS providers	-	-	-	-
Leased from other DHSC group bodies	-	14,558	-	-

Note 35.2 Maturity analysis of future lease payments at 31 March 2024

	Group		Trust	
	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2024 £000	31 March 2024 £000	31 March 2024 £000	31 March 2024 £000
Undiscounted future lease payments payable in:				
- not later than one year;	5,692	5,153	7,816	5,153
- later than one year and not later than five years;	15,585	15,010	24,209	15,010
- later than five years.	882	-	29,663	-
Total gross future lease payments	22,159	20,163	61,688	20,163
Finance charges allocated to future periods	(2,123)	(1,707)	(12,208)	(1,707)
Net lease liabilities at 31 March 2023	20,036	18,456	49,480	18,456
Of which:				
Leased from other NHS providers	-	-	-	-
Leased from other DHSC group bodies	-	18,456	-	-

Note 36 Provisions for liabilities and charges analysis (Group)

Group	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2024	-	286	114	7,098	7,498
Change in the discount rate	-	(2)	-	-	(2)
Arising during the year	-	-	70	840	910
Utilised during the year	-	(26)	-	16	(10)
Reversed unused	-	-	(61)	(6,963)	(7,024)
Unwinding of discount	-	32	-	-	32
At 31 March 2025	-	290	123	991	1,404
Expected timing of cash flows:					
- not later than one year;	-	26	10	185	221
- later than one year and not later than five years;	-	93	-	136	229
- later than five years.	-	171	113	670	954
Total	-	290	123	991	1,404

Other provisions include a provision for estimated tax cost which the Trust deems likely to become payable in the future.

Other includes Employer's and Occupiers' Liability cases these relate to cases that have more than a 50% chance of being settled. Claims that have a remote chance of being settled are classed as contingent liabilities and disclosed in note 37.

In January 2009 the Trust signed an agreement with the NHS Resolution that in the event of the Trust (i) choosing to leave the CNST voluntarily and (ii) in the event of insolvency, the Trust would be required to compensate the NHS Resolution for all outstanding clinical negligence claims i.e. lump sum liability. This is not included in the provisions note above.

Note 36.1 Provisions for liabilities and charges analysis (Trust)

Trust	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2024	-	286	114	7,098	7,498
Change in the discount rate	-	(2)	-	-	(2)
Arising during the year	-	-	70	840	910
Utilised during the year	-	(26)	-	16	(10)
Reversed unused	-	-	(61)	(6,963)	(7,024)
Unwinding of discount	-	32	-	-	32
At 31 March 2025	-	290	123	991	1,404
Expected timing of cash flows:					
- not later than one year;	-	26	10	185	221
- later than one year and not later than five years;	-	93	-	136	229
- later than five years.	-	171	113	670	954
Total	-	290	123	991	1,404

Note 37 Clinical negligence liabilities

At 31 March 2025, £292,292k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Bolton NHS Foundation Trust (31 March 2024: £262,588k).

Note 38 Contingent liabilities

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Value of contingent liabilities				
NHS Resolution legal claims	(62)	(59)	(62)	(59)
Value of contingent liabilities	(62)	(59)	(62)	(59)

Note 39 Contractual capital commitments

Contracted capital commitments at 31 March not otherwise included in these financial statements:

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Property, plant and equipment	3,209	1,760	395	2
Intangible assets	37	493	37	212
Total	3,246	2,253	432	214

Note 40 Financial instruments

Note 40.1 Financial risk management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with ICBs and the way those ICBs are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's Standing Financial Instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from Government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund (NLF) rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

The majority of the Trust's income comes from contracts with other public sector bodies; the Trust therefore has low exposure to credit risk. The maximum exposures as at 31 March 2025 are in receivables from customers, as disclosed in the receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with ICBs, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 40.2 Carrying values of financial assets

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Trade and other receivables excluding non financial assets	12,563	6,976	12,686	6,071
Other investments / financial assets	-	-	22,273	23,220
Cash and cash equivalents	10,646	15,930	7,965	11,921
Total at 31 March 2025	23,209	22,906	42,924	41,212

Note 40.3 Carrying values of financial liabilities

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Carrying values of financial liabilities as at 31 March 2025				
Borrowings excluding finance leases	29,784	33,962	29,784	33,963
Obligations under finance leases	17,948	20,036	46,068	49,480
Trade and other payables excluding non financial liabilities	34,541	30,596	38,355	30,550
Provisions under contract	290	286	290	286
Total at 31 March 2025	82,563	84,880	114,497	114,279

Note 40.4 Fair values of financial assets and liabilities

The book value (carrying value) of the financial assets and financial liabilities is a reasonable approximation of fair value.

Note 40.5 Maturity of financial liabilities

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
In one year or less	45,237	40,752	51,191	42,986
In more than one year but not more than five years	25,164	30,540	31,525	33,579
In more than five years	13,792	15,710	42,402	44,921
Total	84,193	87,002	125,118	121,486

Maturity of financial liabilities includes finance charges allocated to future periods

Note 41 Movements in PDC

PDC is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. Additional PDC may also be issued to the Trusts by the DHSC. A charge, reflecting the cost of capital utilised by the Trust, is payable to the DHSC as the PDC dividend.

	Group	
	31 March 2025 £000	31 March 2024 £000
PDC as at 1 April	177,340	167,386
PDC received *	10,728	9,954
PDC as at 31 March	188,068	177,340

* In 2024/25 the Trust received £12,166k PDC for the following schemes:

	£000
Maternity RAAC Elimination	8,530
Emergency Department & Urgent Elective Care Reconfiguration	1,740
Hysteroscopy Equipment	59
Transnasal Endoscopy Equipment	219
Inventory Management and Scan for Safety	45
Building Management Systems Upgrade	895
Estates Critical Infrastructure Risk Reduction	678
Total	12,166

Note 42 Movements in revaluation reserve

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

	Group		Trust	
	31 March 2025	31 March 2024	31 March 2025	31 March 2024
	£000	£000	£000	£000
Revaluation reserve at 1 April	35,496	33,929	35,496	33,929
Impairments	(1,606)	(1,824)	(1,606)	(1,824)
Revaluations	404	3,399	404	3,399
Transfer to retained earnings on disposal of assets	(19)	(8)	(19)	(8)
Revaluation reserve at 31 March	34,275	35,496	34,275	35,496

Note 43 Losses and special payments

	2024/25		2023/24	
Group and Trust	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Private patients & Overseas patients	29	155	13	9
Bad debts and claims abandoned	226	416	164	82
Stores losses and damage to property	12	65	14	64
Total losses	267	636	191	155
Special payments				
Ex-gratia payments	21	29	12	10
Total special payments	21	29	12	10
Total losses and special payments	288	665	203	165

There were no cases exceeding £300k.

These amounts have been prepared on an accruals basis but exclude provisions for future losses.

Note 44 Related parties

Details of related party transactions with statutory bodies or individuals are as follows:

	2024/2025			
	Receipts from Related Party	Payments to Related Party	Amounts due from Related Party	Amounts owed to Related Party
	£000	£000	£000	£000
Bolton University	924	61	232	6
Bolton Community and Voluntary Services	-	67	-	-
Bolton Octagon	-	1	-	-
Stonehill Medical Centre	10	-	1	-
St Georges CE Primary & Nursery School	1	-	-	-

	2023/2024			
	Receipts £ '000	Payments £ '000	Amounts £ '000	Amounts £ '000
Holt Doctors	-	24	-	-
Bolton Community and Voluntary Services	-	45	-	-
Bolton Octagon	-	1	-	-
Stonehill Medical Centre	11	-	7	-
St Georges CE Primary & Nursery School	1	-	1	-
University of Salford	13	29	1	4

During the year none of the Trust Board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Bolton NHS Foundation Trust.

The DHSC is regarded as the parent department. During the period, the Trust has had a significant number of material transactions with the DHSC, and with other entities for which the DHSC is regarded as the parent. These entities are listed below:

	2024/2025			
	Receipts from Related Party	Payments to Related Party	Amounts due from Related Party	Amounts owed to Related Party
	£000	£000	£000	£000
DHSC	-	-	-	23
Health Education England (HEE)				
UK Health Security Agency	-	-	-	34
NHS Greater Manchester ICB	439,976	60	4,744	160
NHS England	35,065	82	603	1,709
Other ICBs & NHS England	3,513	-	16	31
Bridgewater Community Healthcare NHS Foundation Trust	19	-	-	5
Greater Manchester Mental Health NHS Foundation Trust	1,662	108	330	45
Lancashire Teaching Hospitals NHS Foundation Trust	201	72	70	11
Manchester University NHS Foundation Trust	1,505	2,783	519	1,900
Northern Care Alliance NHS Foundation Trust	401	656	71	475
Tameside and Glossop Integrated Care NHS Foundation Trust	43	-	5	-
Wrightington, Wigan and Leigh NHS Foundation Trust	93	289	27	436
The Christie NHS Foundation Trust	1,799	286	240	182
East Lancashire Hospitals NHS Trust	128	223	71	128
Mersey and West Lancashire Teaching Hospitals NHS Trust	95	2	15	652
Other NHS Providers	353	636	167	486

	2023/2024			
	Receipts	Payments	Amounts	Amounts
	£ '000	£ '000	£ '000	£ '000
DHSC	19	31	12	13
NHS Greater Manchester ICB	384,743	-	1,128	317
NHS England	52,115	69	847	221
Other ICBs & NHS England	3,316	-	88	16
Bridgewater Community Healthcare NHS Foundation Trust	57	-	-	8
Greater Manchester Mental Health NHS Foundation Trust	1,176	89	403	5
Lancashire Teaching Hospitals NHS Foundation Trust	108	23	105	3
Manchester University NHS Foundation Trust	885	2,759	420	1,617
Northern Care Alliance NHS Foundation Trust	348	1,065	52	633
Tameside and Glossop Integrated Care NHS Foundation Trust	40	-	-	-
Wrightington, Wigan and Leigh NHS Foundation Trust	93	465	7	530
The Christie NHS Foundation Trust	687	339	375	187
East Lancashire Hospitals NHS Trust	146	279	29	48
Mersey and West Lancashire Teaching Hospitals NHS Trust	91	53	31	110
Other NHS Providers	343	619	258	155

Note 44 Related parties continued

In addition, the Trust has had a number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with the NHS Pension Scheme and the National Insurance Fund in respect of employee contributions. These entries are listed below:

	Receipts from Related Party	Payments to Related Party	Amounts due from Related Party	Amounts owed to Related Party
	£000	£000	£000	£000
NHS Pensions Agency	-	50,615	-	4,358
NHS Resolution	-	20,372	1,404	-
NHS Property Services	-	2,875	-	423
Community Health Partnerships	-	4,336	-	539

The Trust has received revenue and capital benefit from purchases made by Bolton NHS Charitable Fund. The transactions are summarised below. The separate Trustees' Report and Accounts for Bolton NHS Charitable Fund are available on request.

	£000
Purchases made from Charitable Funds relating to capital assets transferred to the Trust	8

Note 45 Events after the reporting date

There are no events after the reporting date to report.