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Integrated Quality and Performance Report

Month of Publication December 2025
Data up to October 2025

North Bristol NHS Trust

Contents

University Hospitals Bristol and Weston NHS Foundation Trust

Key to KPI Variation and Assurance Icons

Assurance						Variation				
P*	P	?	F	F-	No icon	H	L	C	H	L
Consistently Passing Target	Meeting or Passing Target for at least Six Months	Inconsistent Passing and Falling Short of Target	Falling Short of Target for at least Six Months	Consistently Falling Short of Target	No Assurance Icon as No Specified Target	Special Cause of Improving Variation due to Higher or Lower Values		Common Cause Variation - No Significant	Special Cause of Concerning Variation due to Higher or Lower Values	

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. Low (L) special cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is upwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is downwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

Escalation Rules: SPC charts for metrics are only included in the IQPR where the combination of icons for that metric has triggered a Business Rule – see page at the end for detailed description.

Further Reading / Other Resources

The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes are number of videos explaining the approach and a series of case studies – these can be accessed via the following link:
NHS England » Making data count

Scorecards Explained

Type of Metric; either Breakthrough Objective, Corporate Project or Constitutional Standard/Key Metric.

Name of Metric/KPI.

The most recent data period - this will be the last complete month for the majority, but some metrics are reported one or more

The target, where applicable, for the most recent month. This may be the national target or internal target / planned trajectory.

This icon indicates the assurance for this metric (see above key for summary or see Appendix for full detail).

Response taken based on the Metric Type and the Assurance and Variation Icon for the latest month (see Appendix for full detail). Action is either Note Performance, Escalation Summary, Counter Measure Summary or Highlight

Metric Type	CQC Domain	Experience of Care Metric	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Constitutional Standards and Key Metrics	Caring	Monthly Inpatient Survey - Standard of Care	Sep 24	93.2%	94.1%	90.1%	F	C	Escalation Summary

The CQC Domain the indicator is covered by. See CQC Website for more information: The five key questions we ask - Care Quality

The actual performance for the most recent month.

The actual performance for the previous month.

This icon indicates the variance for this metric (see above key or see Appendix for full detail).

Business Rules and Actions

Assurance						Variation				
P*	P	?	F	F-	No icon	H	L	C	H	L
Consistently Passing Target	Meeting or Passing Target for at least Six Months	Inconsistent Passing and Falling Short of Target	Falling Short of Target for at least Six Months	Consistently Falling Short of Target	No Assurance Icon as No Specified Target	Special Cause of Improving Variation due to Higher or Lower Values		Common Cause Variation - No Significant	Special Cause of Concerning Variation due to Higher or Lower Values	

SPC charts for metrics are only included in the IQPR where the combination of icons for that metric has triggered a Business Rule – see page at end for detailed description.

Metrics that fall into the **blue categories** above will be labelled as **Note Performance**. The SPC charts and accompanying narrative will not be included in this iteration.

Metrics that fall into the **orange categories** above will be labelled as **Escalation Summary** and an SPC chart and accompanying narrative provided

Executive Summary – Group Update

Responsiveness

Urgent Care

UHBW ED 4-hour performance dropped to 73.6% in October (76.7% in September) against a March 2026 target of 78% for all attendance types, including type-3 footprint uplift. A combination of demand, high bed occupancy, continued high levels of NCTR and reduction in bed capacity due to the recent critical incident and ward closure, create a challenging clinical, operational and performance environment, thus, impacting on 12-hour total time in the Emergency Department and ambulance handover metrics. For NBT, ED 4-hour performance declined to 61.5% for October 2025 (68.7% with footprint uplift). NBT is actively working with the GIRFT team to align their findings with their UEC programme and a summary of this was presented at NBT's Quality Outcomes Committee.

The System ambition to reduce the NC2R percentage to 15% remains unachieved. Delivery of the NC2R reduction is a core component of the Trusts ability to deliver the 78% ED 4-hour performance requirement for March 2025, as of yet, there is no evidence this ambition will be realised. However, the refreshed ICS discharge programme is underway and alongside a detailed redesign of the 15% NCTR Ambition Plan being developed in partnership with all system partners. In the meantime, internal hospital flow plans continue to be developed and implemented across all sites.

Elective Care

UHBW continue to anticipate elimination of 65 week waits during 2025/26, noting that there were seven paediatric dental patients waiting beyond 65 weeks at the end of October 2025 due to unforeseen sickness absence within the service and one trauma and orthopaedic patient waiting in excess of 65 weeks, picked up through the trust validation process . All eight patients have been rebooked to be treated in November 2025, with no further breaches currently forecast. More generally, the potential exception to 65 week wait elimination relates to the previously reported national shortage of graft material, noting that NHSE formal dispensation for cornea graft still applies. Both Trusts have set the ambition that less than 1% of the total waiting list will be >52 weeks by the end of March 2026, with NBT already achieving this ambition.

Diagnostics

For October, NBT's diagnostic performance was just outside of the national constitutional standard, reporting at 1.1%. UHBW position in October has improved again to 12.7% but fell short of the October target of 6.9%. Performance continues to improve across many diagnostic modalities and recovery plans are in place for the small number of modalities which require additional support to achieve the recovery trajectory, with improvement in performance expected in year.

Cancer Wait Time Standards

During September, UHBW remains compliant with the 31-Day and 62-Day standards but fell short of the 78% trajectory set for the Faster Diagnosis Standard (FDS), reporting 75.1%. The expectation is that the FDS position will recover during Q3, and the March 2026 target of 80% achieved.

At NBT, FDS and the 62-Day Combined position were off plan for the month of September. 31 Day reported to plan. The work previously undertaken has been around improving systems and processes, and maximising performance in the high-volume tumor sites. The current position is due to challenges in the Urology and Breast pathway; there are improvement plans in place to reduce the time to diagnosis and provide sufficient capacity to deliver treatments.

Both trusts are part of the SWAG programme of improvement called 'Days Matter' which will focus on Urology pathways at NBT and Colorectal at UHBW.

Executive Summary – Group Update

Quality

Patient Safety

In UHBW there was one MRSA case in October, none for NBT. 2025/26 year to date is five cases for UHBW, one fewer than the same period in 2024/25. Improvement work is focussed on intravenous line care, details in the report. NBT has seen two cases for the year to date.

In UHBW there were eight cases of Clostridium Difficile in October, five Hospital Onset Hospital Acquired (HOHA) and three Community Onset Hospital Acquired (COCHA). The Trust has had 84 cases 2025/26 year to date, fewer than 91 in the same period in 2024/15. Improvement work is focussed on timely stool chart completion and stool sampling to identify potential cases early and reduce the possibility of cross infection in the clinical environment. For NBT there were ten cases in October (seven HOHA and three COCHA), marginally above year-to-date trajectory. Areas where we have seen increased cases have been having a planned RED clean with liaison with both Facilities and Ops to achieve. Efficacy cleaning audits have also highlighted several rectifications to the environment particularly toilet backs that continue to be replaced

In UHBW there were 137 falls (3.889 per 100 beddays) below the Trust target of 4.8 per 1000 bed days. There were 97 falls at the Bristol site and 40 falls at the Weston site. There was one fall associated with moderate physical and/or psychological harm and one fall associated with a fatal outcome which is subject to a rapid incident review. Quality improvement projects for the next 12 months, include work to ensure consistent use of Abbey Pain Scale, improving nutrition and hydration for persons with dementia and work on a falls management plan for non-inpatient areas. NBT has seen an upward trend for pressure injuries and this is being reviewed urgently with divisional leads, safeguarding and patient safety to identify themes and agree improvement actions

Since the implementation of Careflow Medicines Management (CMM) for digital prescribing at UHBW in June 2025, Venous-thrombo embolus risk assessment (VTE RA) completion rates have improved by approximately 10% and continue to rise. However, an increase in VTE prescribing incidents has highlighted a gap between completing VTE RAs and prescribing VTE prophylaxis (VTEP). Process changes are described on the relevant slide. For NBT CMM was implemented full in October 2025, with an immediate positive impact on VTE risk assessment recording. Focused work on the timeliness of RAS completion will be undertaken (within 14 hours of admission per NICE guidance).

During October 2025, UHBW recorded 354 medication incidents. No medication incidents were reported as causing moderate or above harm. Incidents related to the prescribing and administration of medicines via subcutaneous syringe drivers on CMM have led to a Multi-Professional Safety Review recommending CMM changes be completed and a Trust wide safety alert to raise awareness of the new risks identified. NBT recorded 144 medication incidents, the overall trend continuing to illustrate a positive variation from the historic mean position. An increase in moderate or above harm incidents to six is being investigated and will take account for the CMM implementation and whether this is a relevant factor.

Patient & Carer Experience

For UHBW , we have seen an increase in operational pressures with a reduced bed base since September and so we may see a correlation between this and increase in complaints received over the coming months. Specific work has commenced in response to an ongoing trend identified within clinical care concern. The data is showing ongoing recovery to improve performance. The PALS and complaints team have held a varying backlog, this has now been resolved and maintained for two months through focussed support and alignment of processes with NBT. Within NBT the monthly complaints figures continue to trend above the historical mean, with 75 received in October and a static position for PALS concerns. Of these the highest volume (11) related to emergency Medicine, the rest were evenly spread across other specialities. Timely response improved from 60% to 73% in October, reflecting the positive impact of ASCR Division's recovery plan.

Executive Summary – Group Update

Our People

Please note the following variance in metric definitions:
Turnover – NBT report turnover for Permanent and Fixed Term staff (excluding resident Drs) whereas UHBW calculate turnover based on Permanent leavers only
Staff in Post – NBT source this data from ESR and UHBW source this data from the ledger. Vacancy is calculated by deducting staff in post from the funded establishment.
Work is in progress to move towards aligned metrics and where appropriate targets in common.

Turnover

- **NBT** turnover is 9.8% in October, below the NBT target of 11.3% for 2025/26
- **UHBW**, turnover is 9.5% in October and below target.

Vacancy Rate

- **NBT** is 8.1%, small reduction in vacancies driven by support worker recruitment and recruiting to new Ward 7b establishment
- **UHBW** is 4.3%, an increase from 3.5% in September and above target, triggering an escalation summary.

Sickness

- **NBT** rate is 4.7%, above the target of 4.4%. Early opportunities are being identified through Operational Planning and collaborative data analysis with UHBW. NBT is carrying out detailed work on long term absence as the predominant driver of the position.
- **UHBW** rate is 4.5% in month, a slight increase to last month but does not trigger an escalation summary against the cumulative annual target .

Essential Training

Reporting was refined to focus on the 11 mandated subjects and Level 1 Oliver McGowan (OMMT) eLearning. Level 2 OMMT compliance was separated to better track progress, which continues to improve with expanded ICB training. Future reports will monitor progress toward the ICB's target of 66% for Level 2 compliance by year-end. The group remains on track to meet this threshold.

- **NBT:** Compliance for the top 11 subjects rose to 89.3%, exceeding the former 85% NBT target, with strong growth in Level 1 OMMT eLearning. Future compliance is aligned to the UHBW target rate of 90%. Level 2 OMMT compliance is improving steadily (currently 23.5%), despite challenges from staff absences and OPEL 4 pressures. On-site ICB sessions are increasing training capacity.
- **UHBW**: Overall compliance sits at 90.1%, slightly above target, with Level 1 OMMT at 84.6%. Level 2 compliance stands at 38.6%—26.0% for non-clinical webinar sessions and 45.2% for clinical face-to-face sessions. Expanded ICB training is supporting increased uptake.

Executive Summary

Finance

In Month 7 (October), NBT delivered a £0.6m deficit position which is £0.7m adverse to plan. Year to date NBT has delivered a £3.5m deficit position against a £2.8m deficit plan.

UHBW delivered a £1.2m surplus in month 7, against a surplus plan of £1.8m. UHBW's year to date deficit is £8.3m, £0.7m adverse to plan.

Pay expenditure within NBT is £1.1m adverse to plan in month. This is driven by overspends in nursing and healthcare assistants due to escalation and enhanced care, under-delivery against in-year savings which is offset by vacancies in consultant and other staff groups.

Pay expenditure in UHBW is £2.0m adverse to plan in month. This is driven by staffing exceeding budgeted establishments, particularly across nursing budgets due to escalation and enhanced care plus additional medical costs. The position is marginally offset by higher than planned pay savings.

The NBT cash balance as at the 31 October 2025 is £29.0m, £6.2m lower than planned, a £48.4m reduction from 31 March 2025.

The UHBW cash balance as at the 31 October 2025 is £50.0m, £17.2m lower than planned, a £22.3m reduction from 31 March 2025.

NHS North Bristol NHS Trust

Responsiveness

Scorecard

NHS University Hospitals Bristol and Weston NHS Foundation Trust

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	ED % Spending Under 4 Hours in Department	NBT	Oct-25	61.5%	70.2%	64.6%	F-	C	Escalation Summary
		UHBW	Oct-25	66.6%	72.3%	69.7%	?	C	Escalation Summary
Responsive	ED % Spending Over 12 Hours in Department	NBT	Oct-25	9.9%	2.0%	7.5%	F-	C	Escalation Summary
		UHBW	Oct-25	6.9%	2.0%	4.0%	F-	C	Escalation Summary
Responsive	Bristol Children's Hospital ED - Percentage Within 4 Hours								
		UHBW	Oct-25	84.7%	No Target	83.5%	N/A	H	Note Performance*
Responsive	ED 12 Hour Trolley Waits (from DTA)	NBT	Oct-25	401	0	197	F-	C	Escalation Summary
		UHBW	Oct-25	562	0	213	F-	C	Escalation Summary
Responsive	Ambulance Handover Delays (under 15 minutes)	NBT	Oct-25	27.4%	65.0%	39.6%	F-	C	Escalation Summary
		UHBW	Oct-25	36.2%	65.0%	42.5%	F-	C	Escalation Summary
Responsive	Average Ambulance Handover Time	NBT	Oct-25	29	38	29	?	C	Escalation Summary
		UHBW	Oct-25	23.6	45.0	23.3	P	L	Note Performance
Responsive	% Ambulance Handovers over 45 minutes	NBT	Oct-25	18.6%	0.0%	16.7%	F-	L	Escalation Summary
		UHBW	Oct-25	10.0%	0.0%	10.3%	F-	L	Escalation Summary
Responsive	No Criteria to Reside	NBT	Oct-25	23.7%	15.0%	23.3%	F-	L	Escalation Summary
		UHBW	Oct-25	22.1%	13.0%	21.4%	F-	H	Escalation Summary
Responsive	RTT Percentage Over 52 Weeks	NBT	Oct-25	0.3%	1.0%	0.3%	P	L	Note Performance
		UHBW	Oct-25	1.4%	1.1%	1.5%	F-	L	Escalation Summary
Responsive	RTT Ongoing Pathways Under 18 Weeks	NBT	Oct-25	66.7%	70.1%	65.3%	F-	H	Escalation Summary
		UHBW	Oct-25	66.2%	66.2%	65.8%	F-	H	Escalation Summary

* with commentary

Assurance						Variation		
P*	P	?	F	F-	No icon	H L	C	H L
Consistently Passing Target	Meeting or Passing Target	Passing and Falling Short of Target	Falling Short of Target	Consistently Falling Short of Target	No Specified Target	Improving Variation	Common Cause (natural) Variation	Concerning Variation

NHS North Bristol NHS Trust

Responsiveness

Scorecard

NHS University Hospitals Bristol and Weston NHS Foundation Trust

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	RTT First Attendance Under 18 Weeks	NBT	Oct-25	70.1%	71.0%	70.9%	?	C	Escalation Summary
		UHBW	Oct-25	68.7%	69.3%	67.3%	F-	H	Escalation Summary
Responsive	Diagnostics % Over 6 Weeks	NBT	Oct-25	1.1%	1.0%	1.3%	?	L	Note Performance
		UHBW	Oct-25	12.7%	6.9%	14.1%	F-	C	Escalation Summary
Responsive	Cancer 28 Day Faster Diagnosis	NBT	Sep-25	76.8%	79.9%	75.6%	?	H	Note Performance
		UHBW	Sep-25	75.1%	78.0%	76.9%	?	C	Escalation Summary
Responsive	Cancer 31 Day Decision-To-Treat to Start of Treatment	NBT	Sep-25	87.9%	88.0%	86.0%	?	H	Note Performance
		UHBW	Sep-25	96.6%	96.0%	97.7%	P	H	Note Performance
Responsive	Cancer 62 Day Referral to Treatment	NBT	Sep-25	61.6%	72.4%	66.2%	F	C	Escalation Summary
		UHBW	Sep-25	75.2%	73.2%	78.1%	P	C	Note Performance
Responsive	Last Minute Cancelled Operations	NBT	Oct-25	0.7%	0.8%	0.3%	P	C	Note Performance
		UHBW	Oct-25	3.0%	1.5%	2.0%	F	C	Escalation Summary
Responsive	% to Stroke Unit within 4 Hours	NBT	Sep-25	47.5%	90.0%	45.1%	F-	C	Escalation Summary
Responsive	Stroke Thrombolysis within 1 hour	NBT	Sep-25	53.3%	60.0%	60.0%	?	C	Escalation Summary
Responsive	90% Time in Stroke Unit Performance validated	NBT	Sep-25	60.0%	90.0%	59.0%	F-	C	Escalation Summary
Responsive	% Seen within 14 Hours by a Stroke Consultant - Validated	NBT	Sep-25	82.9%	90.0%	86.4%	F	C	Escalation Summary

Assurance						Variation		
P*	P	?	F	F-	No icon	H L	C	H L
Consistently Passing Target	Meeting or Passing Target	Passing and Falling Short of Target	Falling Short of Target	Consistently Falling Short of Target	No Specified Target	Improving Variation	Common Cause (natural) Variation	Concerning Variation

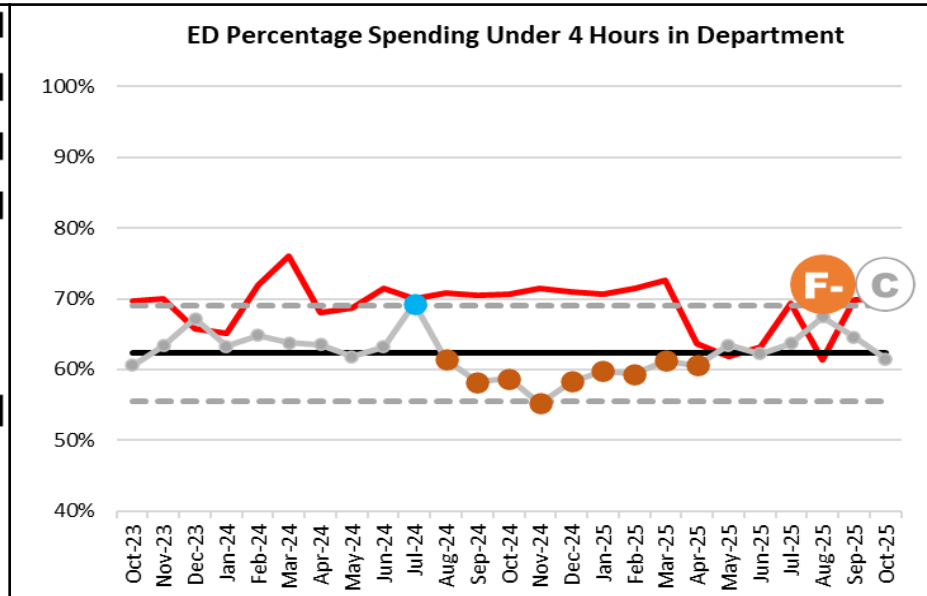
Responsiveness

UEC – Emergency Department Metrics

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Oct-25
Target
70.2%
Latest Month's Position
61.5%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).

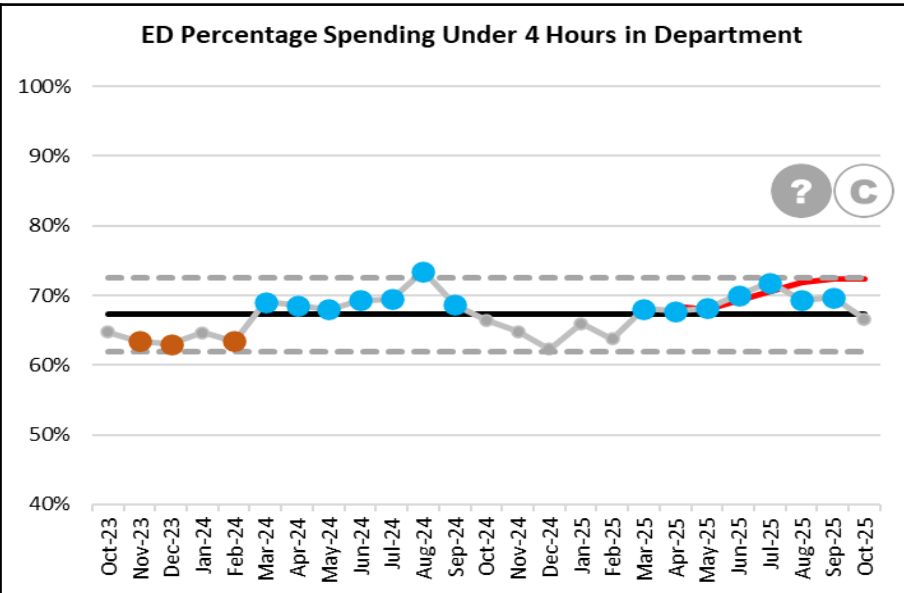


What does the data tell us?
The percentage of patients spending under 4 hours in ED for the month of October declined to 61.5%.

Actions being taken to improve
The following actions are in train for November:

1) ED productivity plan – led by ED consultant with GIRFT support – focus on clinical productivity for each staff group working in the department.
2) GIRFT Test of Change Week 19 – 25 November – 8 PDSA cycles running for the week across the hospital, all aimed at contributing towards improved four-hour performance. Areas of focus include SWAST call before convey pilot, ED staffing, alternative locations for specialty expected patients to be assessed, DTA flow out of ED at 8am, Medicine weekend discharge approach, care ready / bed turnaround times on inpatient wards, increasing occupancy in Frailty@Home virtual ward, escalation approach for challenged continuous flow moves.
3) GIRFT facilitated an alternatives to ED workshop and have just issued a report to NBT and the ICB with the results. Next steps are to analyse and prioritise where next steps would create best opportunities.

Impact on forecast
November performance to date is tracking towards an improved position of c65% against the four-hour standard.



Latest Month
Oct-25
Target
72.3%
Latest Month's Position
66.6%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.

Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?
The ED 4-hour standard across the trust shows slight deterioration at 66.6% during October compared to 69.7% in September. This occurred most notably at WGH with a drop to 65% in October compared to 73% in September

Actions being taken to improve
Ongoing mobilisation of ED improvement plans across both BRI and Weston, including workforce reconfiguration to augment and better align senior decision makers to peak times IN & OOH, in addition to optimising SDEC utilisation and front door redirection models.
Whole hospital review of ED 'quality standards' continues, with a specific focus on 'specialty reviews' and outward flow from ED with impact anticipated in forthcoming months. The department is also working closely with SWAST, community and primary care partners to maximise admissions avoidance schemes e.g. Frailty – Assessment & Coordination of Urgent & Emergency Care (F-ACE). NB UHBW currently leading the parallel development with Paediatrics (P-ACE).

Impact on forecast
Forecasting improvement plans will continue to iterate and maintain the Trust position; c70% in mid-November

The End of Year Target for this measure is 72.3% (78% inclusive of Sirona type-3 uplift)

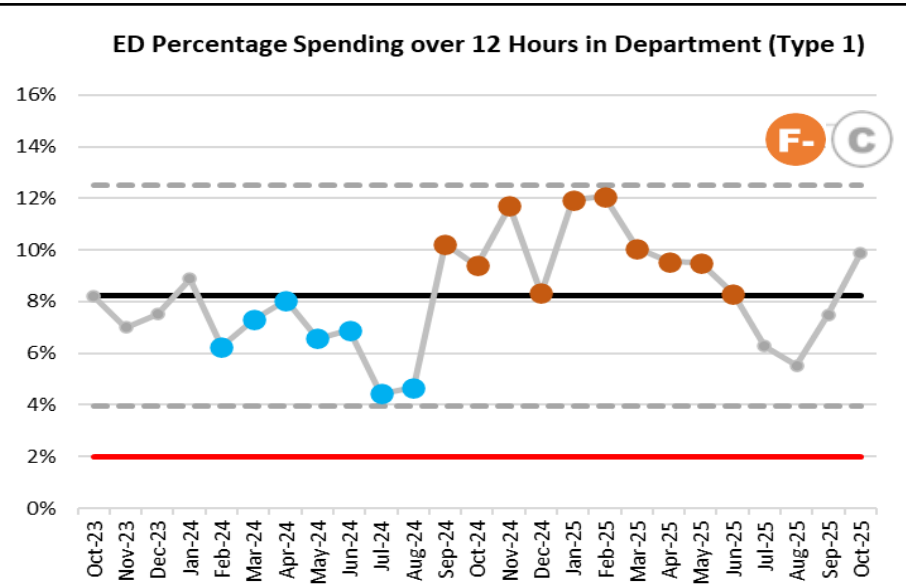
Responsiveness

UEC – Emergency Department Metrics

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Oct-25
Target
2.0%
Latest Month's Position
9.9%
Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).

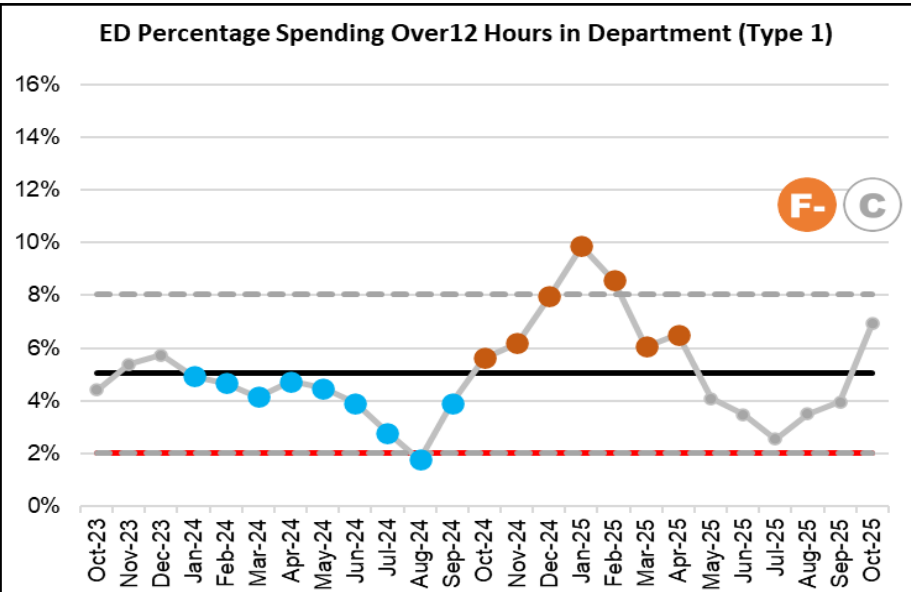


What does the data tell us?
The percentage of patients spending over 12 hours in ED increased to 9.9% in October.

Actions being taken to improve
We continue to focus on this important quality metric during November, with the following key projects underway:

1) With GIRFT the Test of Change Week running 19-25 November is expected to benefit 12 as well as 4-hour performance. Areas of relevance include DTA flow out of ED at 8am, Medicine weekend discharge approach, care ready / bed turnaround times on inpatient wards, increasing occupancy in Frailty@Home virtual ward, escalation approach for challenged continuous flow moves.
2) Again, with GIRFT support, NBT is developing an approach to prevent anyone spending more than 24 hours in the emergency department. There were 144 patients with LOS > 24 hours during October. The intention is to eliminate 24 hour waits and then work backwards to the <12-hour target.
3) NBT's GIRFT Lead chaired a Criteria to Admit Audit in the emergency departments. The independent findings were that the cohort of patients sampled was sick, with very limited (and complex) opportunity in three patients to have avoided admission to the bedbase. A further review of GP admissions to the medical and frailty takes will be planned with GIRFT to see if this yields different opportunities.

Impact on forecast: November performance to date is tracking towards and improved position of c 8.4% 12 hours.



Latest Month
Oct-25
Target
2.0%
Latest Month's Position
6.9%
Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration.
Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?
The percentage of patients spending over 12 hours in ED for the month of October (6.9%) worsened slightly compared to September (4%) though still well below the national threshold of 10%. Much of the challenges in month can be attributed to an increase in demand for side rooms due to infection, prevention and control reasons across BRI and WGH. Also an increase in NCTR patients in October impacting on flow out of ED for admitted patients.

Actions being taken to improve
Note previous slide.
Additionally, ED 12-hour performance data is being reviewed by all divisions/specialties across BRI/Weston sites in support of a trust-wide approach to reducing 12-hour waits through improved responsiveness to requests for Specialty Reviews, in addition to improved support into ED in Out of hours periods.

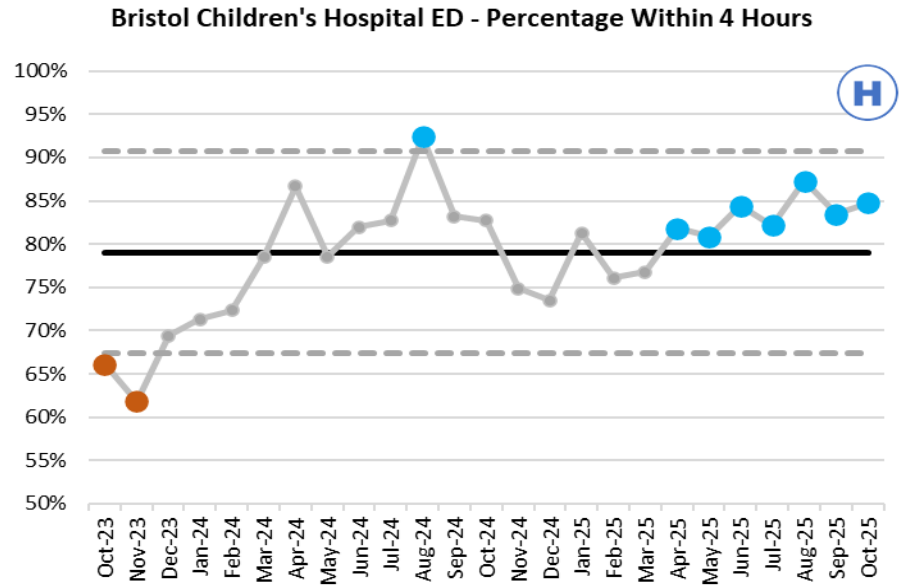
Impact on forecast
The focused improvement efforts described above are anticipated to improve the position through November (c3% mid-November).

North Bristol NHS Trust

Responsive

UEC – Emergency Department Metrics

University Hospitals Bristol and Weston NHS Foundation Trust



Latest Month

Oct-25

Target

No Target

Latest Month's Position

84.7%

Performance / Assurance

Special Cause Improving Variation High, where up is improvement.

Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?

4 hour performance improved in October 2025 was 84.74% which is slightly up from 83.47% in September 2025. This figure is up from October 2024, which was 82.75%. There were 633 4 hour breaches in October 2025 which is down from the 753 4 hour breaches in October 2024.

Actions being taken to improve

- 4-hour breach working group has been established to review breaches and identify learning
- Review of admitted vs discharged breaches to understand where support is required from the wider hospital and specific speciality pathways
- ENP to support streaming to support timely assessment and discharge
- Escalation policy in the process of redevelopment
- Implementation of P-ACE to prevent admissions
- Training staff to validate the position

Impact on forecast

As we continue working to improve our performance, we anticipate further challenges during the winter months, noting an increase in patient attendance and challenges securing inpatient beds.

Responsiveness

UEC – Emergency Department Metrics

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

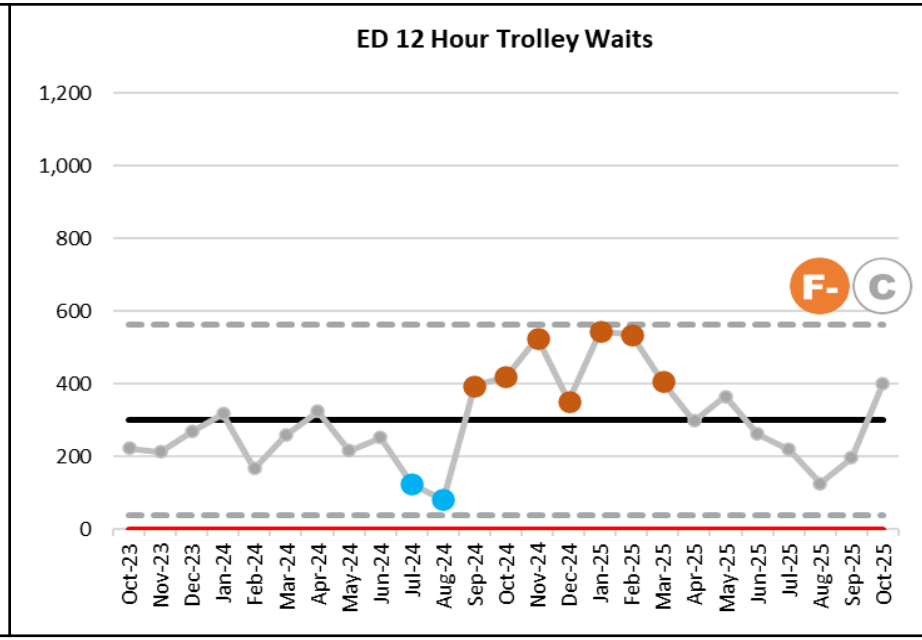
Latest Month
Oct-25

Target
0

Latest Month's Position
401

Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration

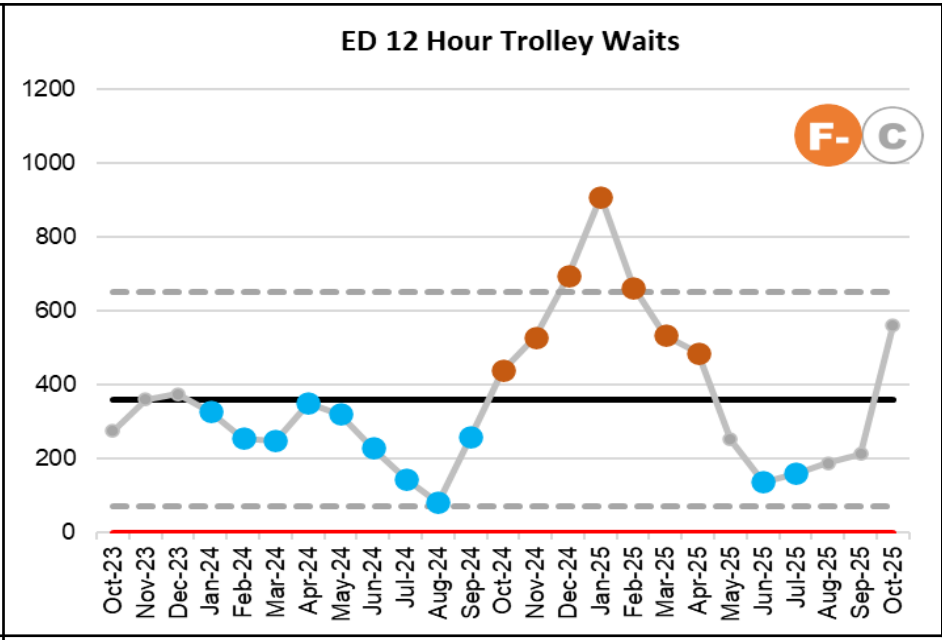
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



What does the data tell us?
The number of 12 hour trolley waits increased compared to the previous month to 401.

Actions being taken to improve
See previous slides – all actions are relevant to 12-hour DTA reduction.

Impact on forecast
See previous slide.



What does the data tell us?
The number of 12 Hour trolley waits increased throughout October to 562 compared to 213 in September

Actions being taken to improve
Note actions from previous two slides

Impact on forecast
Along with improvement work noted against the 4-hour and 12-hour standard, it is anticipated that the number of 12-hour trolley waits will be reduced during November as a result of the enhanced focus and re-launch of the ED Quality Standards in relation to “Speciality Reviews” in particular.

Latest Month
Oct-25

Target
0

Latest Month's Position
562

Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration.

Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)
Risk 2614 - Risk that patient care and experience is affected due to being cared for in extra capacity locations

Responsiveness

UEC – Ambulance Handover Delays

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

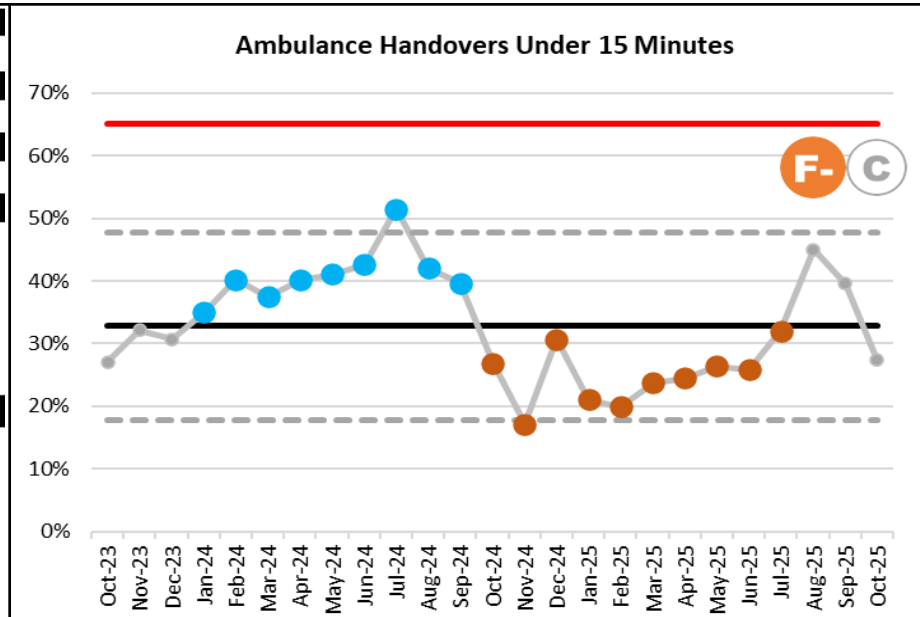
Latest Month
Oct-25

Target
65.0%

Latest Month's Position
27.4%

Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration

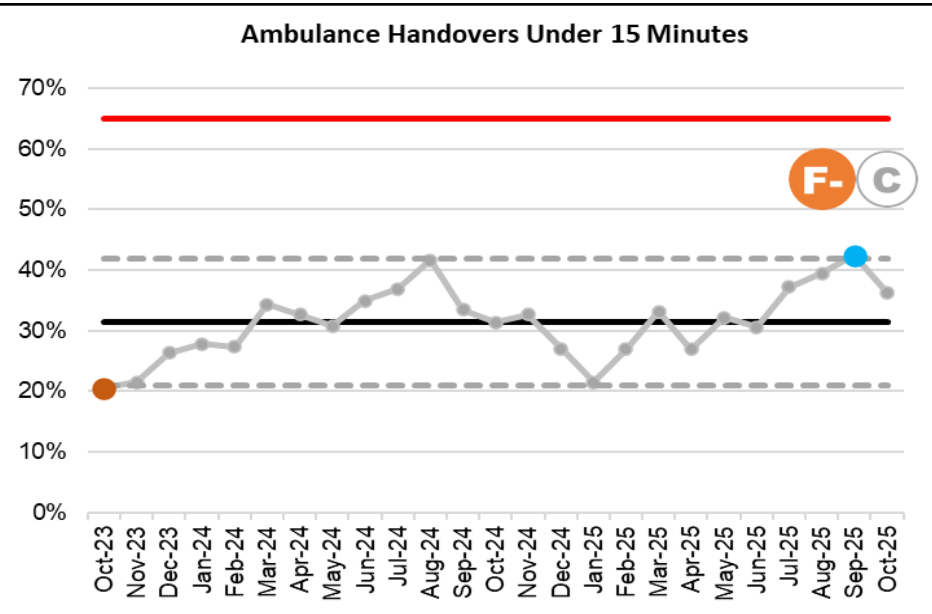
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



What does the data tell us?
The proportion of handovers completed within 15 minutes has declined to 27.4%, this is against a backdrop of 8.5% growth in conveyances compared to October 2024 and the highest number of conveyances this year. Despite the challenged position, total lost hours remains less than half what it was in April 2025. October was also the best month this year for eliminating long handovers, with none over 3 hours 15 minutes.

Actions being taken to improve
Key areas of focus for November link to the Test of Change Week. These include a front door audit with SWAST on 21 November to review the proportion of conveyances which seem suitable for alternative pathways, and a test of change for 19-25 November whereby SWAST crews are being asked to ring through to the Community Emergency Medicine Service for any non pre alter patients prior to bringing them to Southmead ED. The aim is to see how many can be safely managed through a non-ED pathway.

Impact on forecast
Learning from the call before convey test of change will be key in BNSSG to unlocking congestion in ambulance bays and promoting alternative pathways with SWAST.



Latest Month
Oct-25

Target
65.0%

Latest Month's Position
36.2%

Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit and down is deterioration.

Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?
Ambulance handovers within 15 mins have worsened across UHBW throughout October at 36.2% compared to September at 42.5%. Notable decrease observed at WGH from 45.1% (Sep) to 35.9% (Oct). This is against a backdrop of a 13.7% growth in conveyances at WGH compared to October 2024.

Actions being taken to improve
Implementation of the updated SWAST Timely Handover Policy in response to the new NHSE KPI: zero tolerance to handovers over 45 mins - has resulted in a collective response within UHBW to embed additional actions and strengthen existing processes in support of timely ambulance handovers.

Impact on forecast
It is anticipated that the ongoing improvement work will continue to contribute to an improved position in the forthcoming months with improvement noted in early November.

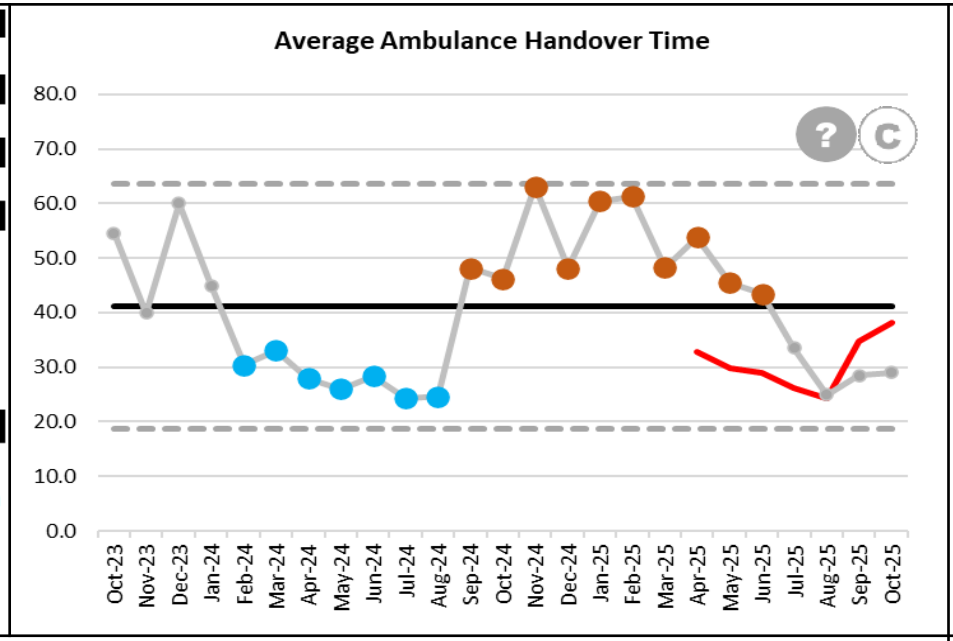
Responsiveness

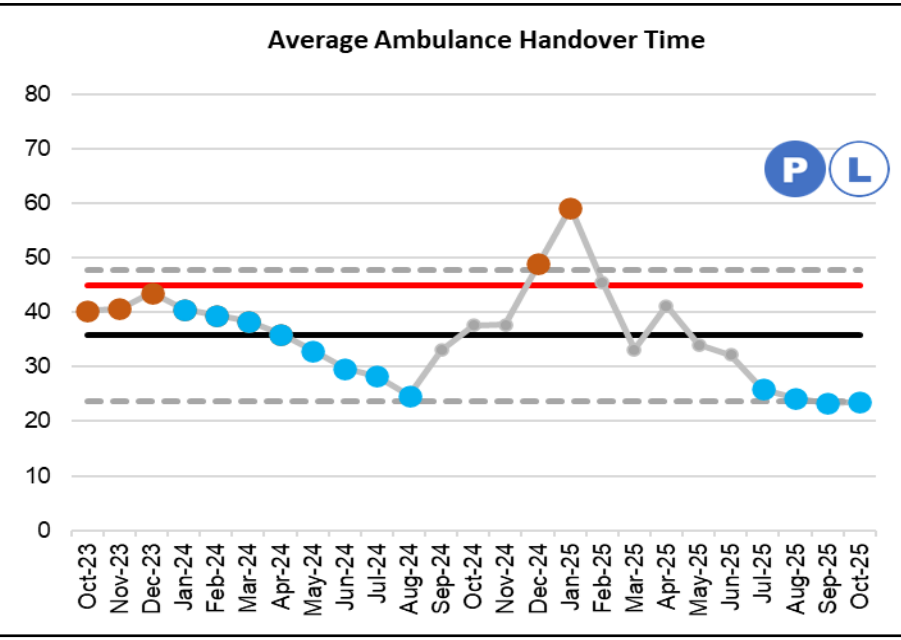
UEC – Ambulance Handover Delays

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Oct-25
Target
38.2
Latest Month's Position
29.1
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).





Latest Month
Oct-25
Target
45
Latest Month's Position
23.6
Performance / Assurance
Special Cause Improving Variation Low, where down is improvement and last six data points are less than target.
Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?

For October 2025, the average handover time for ambulance conveyances further improved to 29.1 minutes.

Actions being taken to improve

For November, the key focus is on the Test of Change Week which is anticipated to impact on average handover times. Actions pertinent to 15 minutes handovers and handovers over 45 minutes are also all relevant to reducing overall average handover times.

Impact on forecast

The actions taken together are expected to improve overall handover times, and therefore average handover.

No narrative required as per business rules.

North Bristol NHS Trust

Responsiveness

UEC – Ambulance Handover Delays

University Hospitals Bristol and Weston NHS Foundation Trust

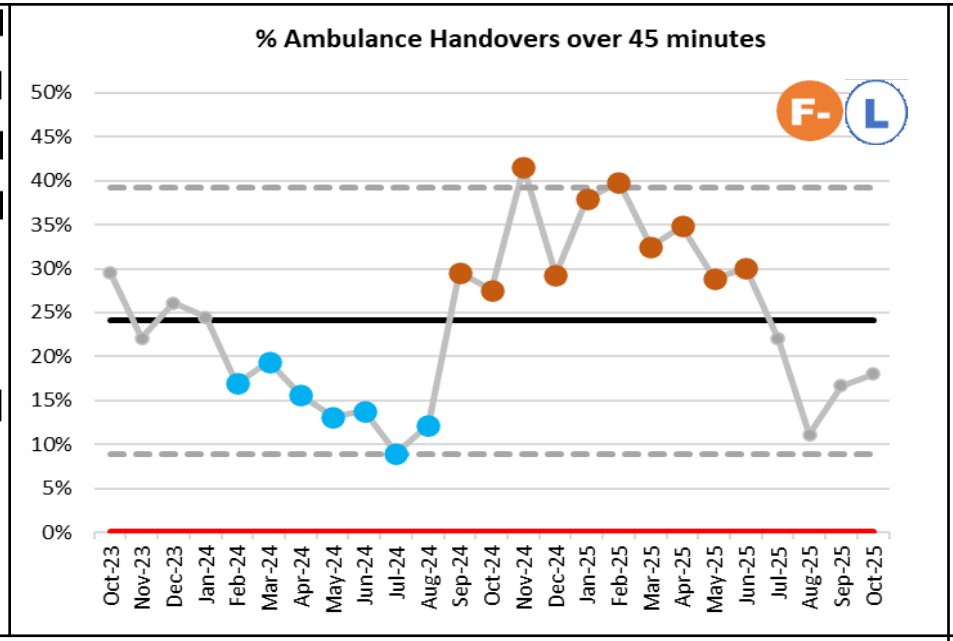
Latest Month
Oct-25

Target
0.0%

Latest Month's Position
18.0%

Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration

Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).

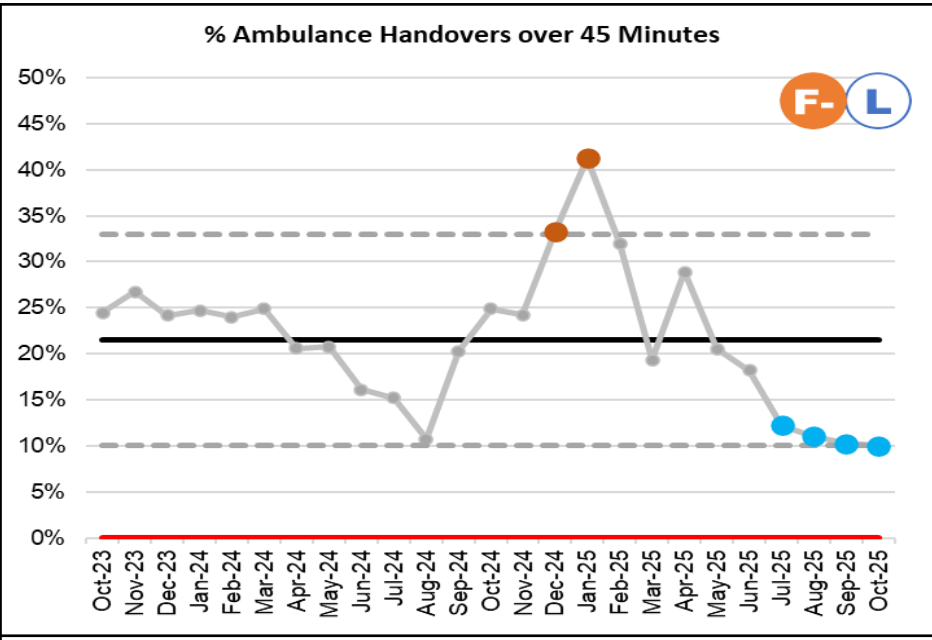


What does the data tell us?
The proportion of handovers over 45 minutes increased in October 2025 to 18% but remains within control limits and below the mean, and an improved position compared to October 2024.

Actions being taken to improve
The Trust Medical Director led a Patient Safety and Experience Review during November into the impacts of SWAST's timely handover plan, and handovers exceeding 45 minutes. There is an action plan which will be held at UEC Board and focuses across a range of areas aimed at reducing the impacts of long handovers of patients and staff.

Actions planned for the Test of Change Week 19-25 November are also all relevant to improving offload delays.

Impact on forecast
The above ongoing work is expected to stabilise the position and promote an improving position again during December.



Latest Month
Oct-25

Target
0%

Latest Month's Position
10.0%

Performance / Assurance
Special Cause Improving Variation Low, where down is improvement but target is less than lower limit.

Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?
Ambulance handover times within 45 minutes have remained stable throughout October compared to September (10.3%)

Actions being taken to improve
A programme of work has been established focussing specifically on maintaining the zero tolerance to >45-minute ambulance handovers across UHBW. Actions have been identified across the BRI and WGH ED sites in particular - that focus on improving timelier flow of patients out of ED and ensuring more patients are directed to alternative services such as Same Day Emergency Care where appropriate. This in turn will enable continued improvements in ambulance handover times.

Impact on forecast
The improvement work outlined above is expected to contribute to the ongoing achievement of the <45- minute average ambulance handover time. November forecast c4%

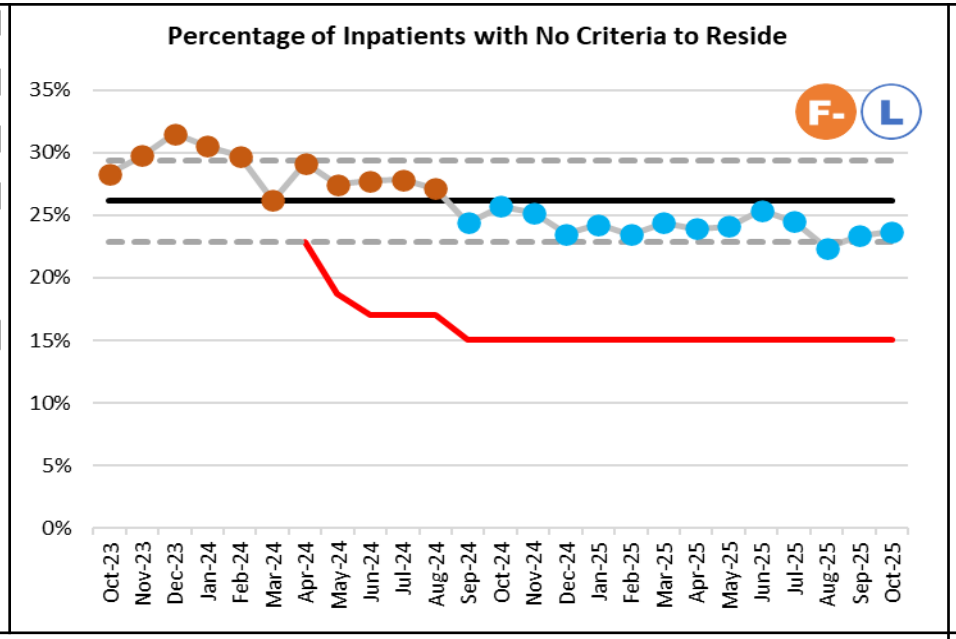
Responsiveness

UEC – No Criteria To Reside

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Oct-25
Target
15.0%
Latest Month's Position
23.7%
Performance / Assurance
Special Cause Improving Variation Low, where down is improvement but target is less than lower limit
Trust Level Risk
Risk 2182 - patients who are 'discharge ready' who remain in hospital beds with 'No Criteria to Reside (NC2R)' will be at greater risk of deconditioning, hospital acquired infections, falls and delirium which could lead to varying levels of harm/patient outcomes (12).

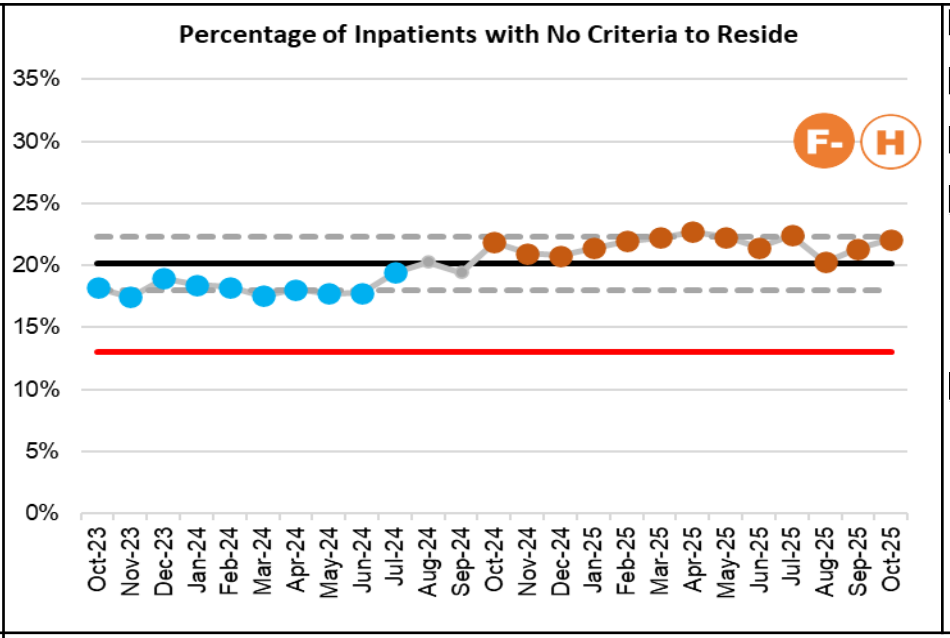


What does the data tell us?
No Criteria to Reside (NCTR) increased to 23.3% and remains significantly above the BNSSG system target of 15%. There are particular issues for patients accessing Pathway 3 in North Somerset and SSARU in all localities.

Actions being taken to improve
There are some key areas of focus currently for NCTR reduction:

1) SSARU delays – BNSSG UEC Operational Delivery Group endorsed NBT's proposals to support SSARU delays, actions now in train include increasing SSARU provision at SBCH (offsetting this with additional Pathway 2 beds which have been purchased) and scoping the provision of additional Integrated Community Stroke Service provision by Sirona.
2) System work on the Home Based Intermediate Care offer continues, with demand and capacity modelling part of the next phase of the work to ensure right provision in the right place at the right time.
3) A proposal for a system change team to lead the work to right size the community intermediate care inpatient capacity across BNSSG. This will be a strategic piece of work starting this financial year and running across part of next year.

Impact on forecast
We expect to see a reduction in NCTR as a result of the work outlined above, with the 15% system ambition remaining in place.



Latest Month
Oct-25
Target
13.0%
Latest Month's Position
22.1%
Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit.
Corporate Risk
Corporate Risk 423 - Risk that demand for inpatient admission exceeds available bed capacity (20).
Corporate Risk 8252 - Patients with no criteria to reside continue to remain in hospital beds (16)

What does the data tell us?
No Criteria to Reside (NCTR) position deteriorated in October, 22.1% (September: 21.4%) ; BRI: 20.1% (September 19.5%); Weston 30.3% (September 29.2%). High proportion of complex patients requiring specialist care with lack of beds capable/available to support.

Actions being taken to improve
Development of system-wide improvement plans to deliver 15% NCTR position continues. System focused on:

- Admission avoidance through various initiatives e.g. CEMs 5 days a week + telephone shifts
- Transformation work launched with national support by iMpower aimed to re-design of the Home First Offer. Involving the development of a Home-Based Intermediate Care model,(HBIC): Test and Learn to start Nov/Dec roll out BAU Jan 26
- Development of an IP intermediate Care model:
  - Capacity and Demand Modelling and Action Plan to reduce community LoS to be developed
- HFT improvement projects: - CHCFTT - **reduction of average 2.8 days**
  - MCA/BID - **reduction of average 1.3 days**

Early Supported Discharges enables patients to leave hospital before their package of care start date with family support: 113 patients left hospital early saving 412 bed days in October.

Impact on forecast
System ambition of reducing NCTR to 15% remains (BRI 11%; WGH 19%).

NHS North Bristol NHS Trust

Responsiveness

Planned Care – Referral to Treatment (RTT)

NHS University Hospitals Bristol and Weston NHS Foundation Trust

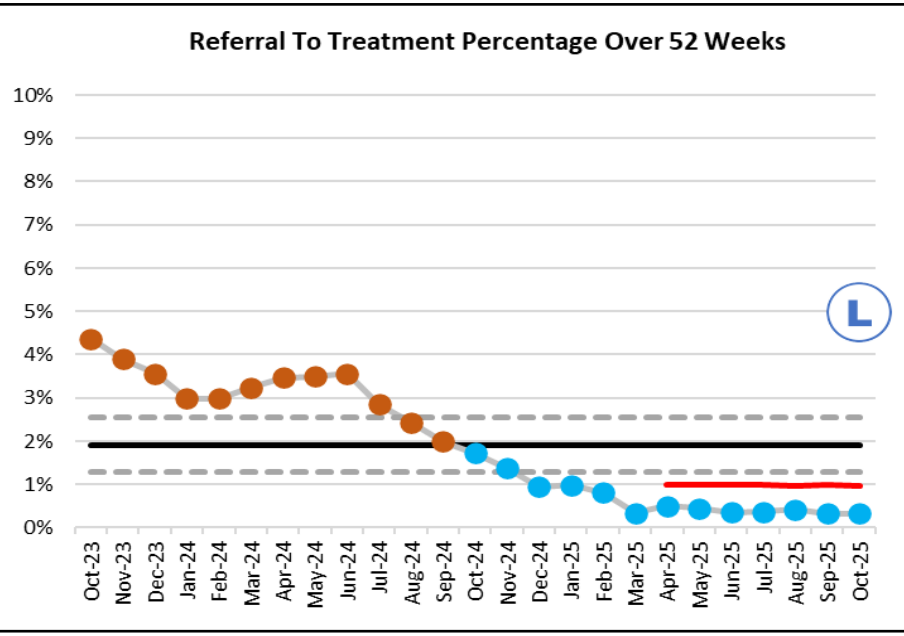
Latest Month
Oct-25

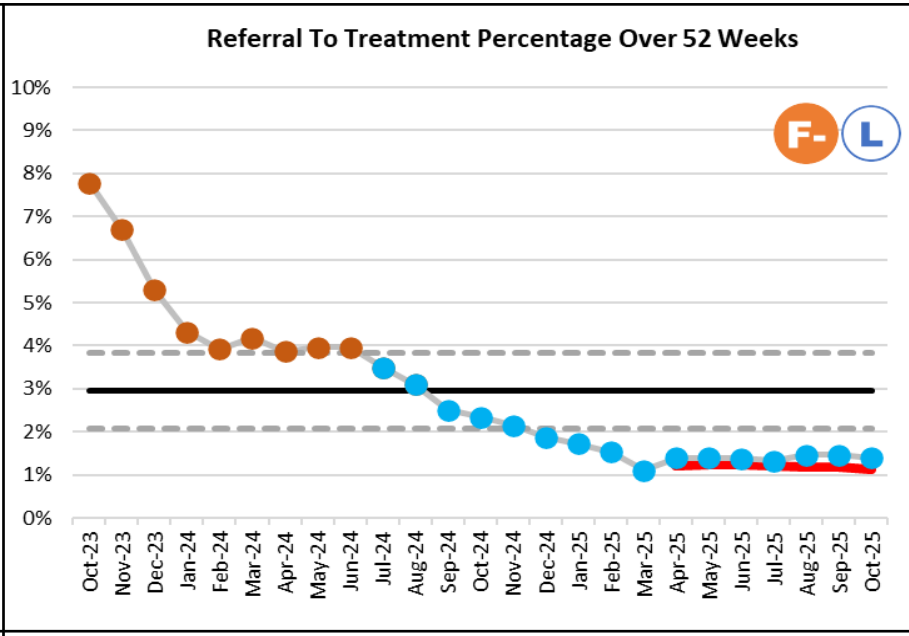
Target
1.0%

Latest Month's Position
0.3%

Performance / Assurance
Special Cause Improving Variation Low, where down is improvement but target is less than lower limit

Corporate Risk
No Trust Level Risk





Latest Month
Oct-25

Target
1.1%

Latest Month's Position
1.4%

Performance / Assurance
Special Cause Improving Variation where Down is Improvement, but target is less than lower limit

Corporate Risk
Risk 801 - Elements of the NHS Oversight Framework are not met (12)

No narrative required as per business rules

What does the data tell us?
At the end of October there were 7 Paediatric Dentistry patient waiting beyond 65ww which resulted from an unforeseen and short notice paediatric consultant long-term sickness absence which is further exacerbated by staffing in the anaesthesia team in the children's hospital and 1x Adult T&O patient who was identified through validation. There were 730 patients waiting 52 weeks or more (785 in September),against the total waiting list size of 52,496 which equates to 1.4% against the 1.1% trajectory set for October 2025 as part of the trust operational planning submission (national target <1% by March 2026).
The overall waiting list size reduced by 1,161 to 52,496 during October and, although this is a reduction, the waiting list size is higher than our trajectory for October of 50,743.

Actions being taken to improve
Actions include a combination of augmentation to better align resources to the scale of the demand challenge, underpinned ultimately with support from productivity improvements, additional WLIs and super Saturdays and use of insourcing and waiting list initiatives with on-boarding of consultants and specialist doctors to fill some of the recruitment gaps.
Recovery plans being enacted in specialties with more challenged waiting times.

Impact on forecast
A revised trajectory was issued for Q2 with recovery anticipated at end of Q3.

The End of Year Target for this measure is 0.9%

Responsiveness

Planned Care – Referral to Treatment (RTT)

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

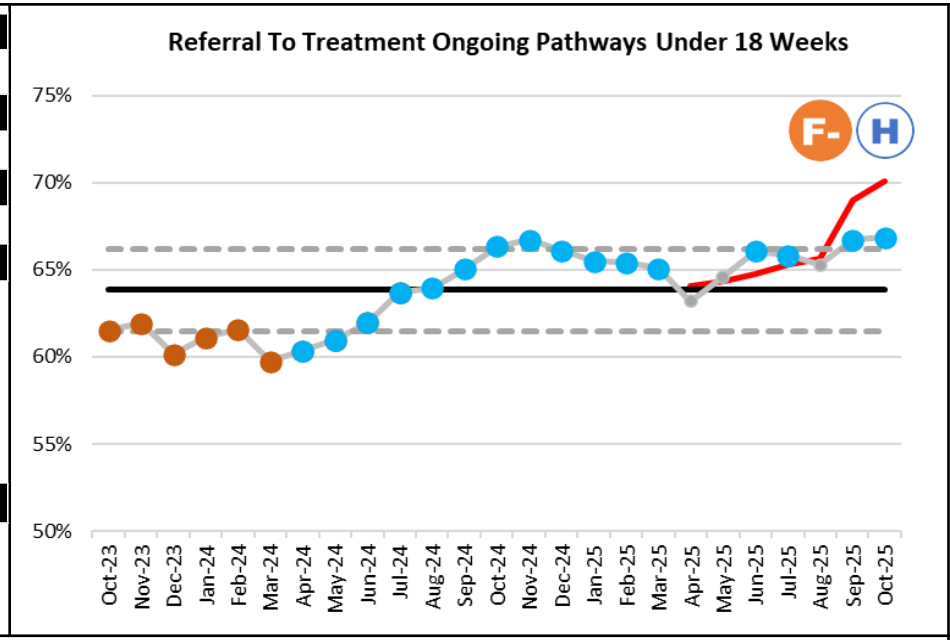
Latest Month
Oct-25

Target
70.1%

Latest Month's Position
66.9%

Performance / Assurance
Special Cause Improving Variation High, where up is improvement but target is greater than upper limit

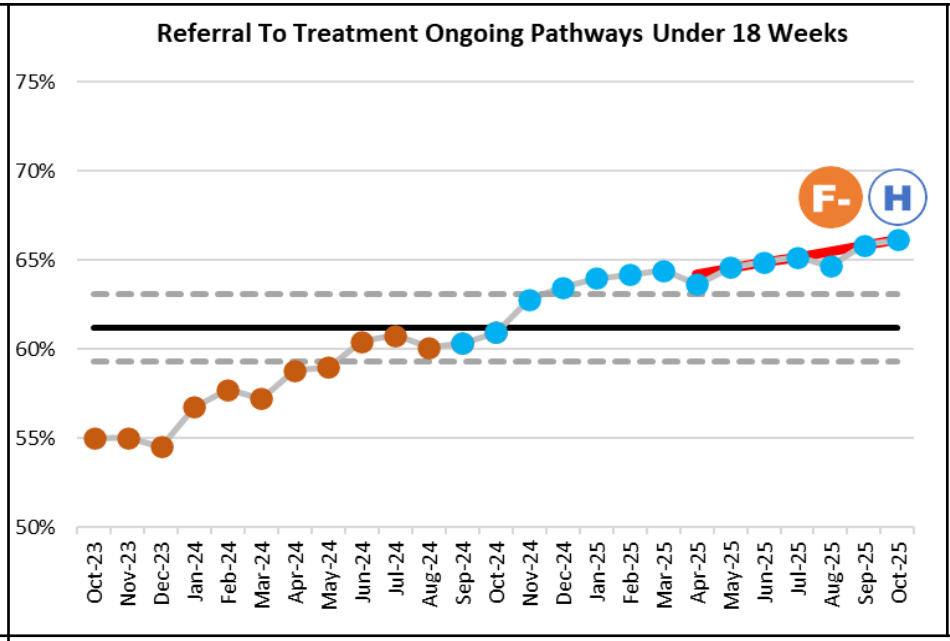
Trust Level Risk
No Trust Level Risk



What does the data tell us?
At the end of October, the percentage of patients waiting less than 18 weeks was 66.9%, performing under the Trust trajectory of 70.1% set as part of the Trust operational planning submission (target of 72% by March 2026). This deterioration was partly due to the phased activity plan related to the BSC not meeting trajectory and the relocation of gynaecology theatres affecting productivity.

Actions being taken to improve
The 2025/26 delivery plans developed with clinical divisions, incorporate additional resource for some of the services (e.g. neurology and pain specialties) requiring greater support to recover their position. The Princess Royal Bristol Surgical Centre (PRBSC) has now opened which will see additional activity delivered in orthopaedics and other surgical specialties.
The Trust are taking part in the NHS England validation sprint, where an additional validation exercise will focus on patients across a broad range of specialties.
Additional patient contacts are being made via DrDoctor to identify whether patients no longer require to be seen (self-limiting conditions).

Impact on forecast
Anticipated to deliver end of year target.



Latest Month
Oct-25

Target
66.2%

Latest Month's Position
66.2%

Performance / Assurance
Special Cause Improving Variation High, where up is improvement but target is greater than upper limit.

Corporate Risk
Risk 801 - Elements of the NHS Oversight Framework are not met (12)

What does the data tell us?
At the end of October, the number of patients waiting less than 18-weeks is 34,729 (66.2%) achieving the target for the end of October of 66.2%

Actions being taken to improve
The 2025/26 delivery plans developed with clinical divisions, incorporate additional resource for some of the services (e.g. dental and paediatric specialties) requiring greater support to recover their position.
The Trust are taking part in the NHS England validation sprint, where an additional validation exercise will focus on patients across a broad range of specialties.
Additional patient contacts are also being made via DrDoctor to identify whether patients no longer require to be seen (self-limiting conditions)

Impact on forecast
We continue to closely monitor the patients under 18-weeks and focused booking of first OPA earlier in the pathway to achieve the ambition of the end of year target

The End of Year Target for this measure is 67.8%

Responsiveness

Planned Care – Referral to Treatment (RTT)

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

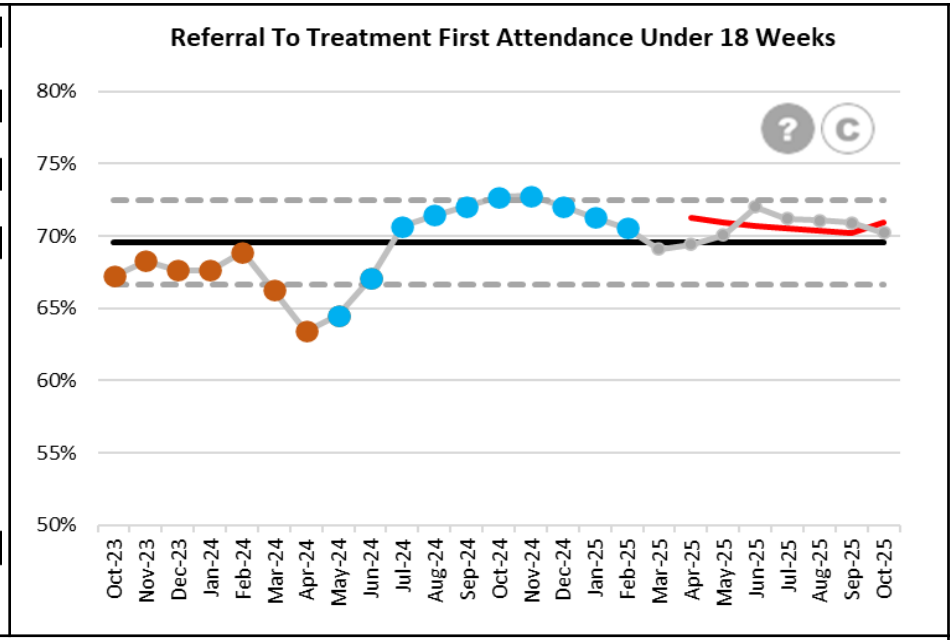
Latest Month
Oct-25

Target
71.0%

Latest Month's Position
70.2%

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation

Corporate Risk
No Trust Level Risk

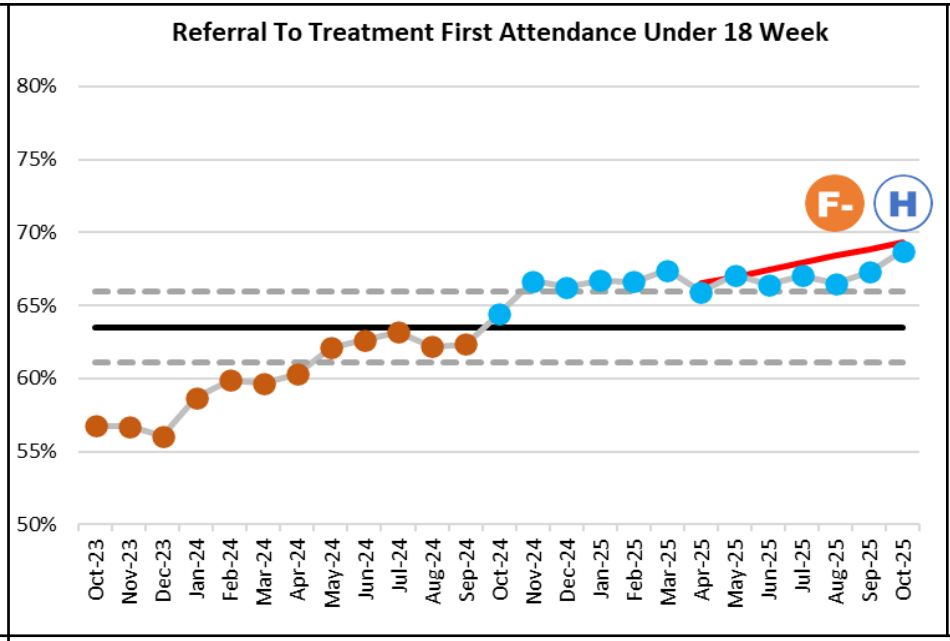


What does the data tell us?
At the end of October, the percentage of patients waiting less than 18 weeks for their first appointment was 70.2%, performing lower than the trajectory of 71.0% set as part of the Trust operational planning submission (target of 78% by March 2026)

Actions being taken to improve
Actions align with previous slide, noting the focus on divisions booking patients earlier to ensure the first attendance is undertaken as soon as possible.

This also includes 'booking in order' where clinically appropriate, utilisation of available clinic slots to see a greater number of new patients, running additional clinics via waiting list initiatives, increased use of insourcing arrangements and the use of digital solutions to reduce the number of patients who do not attend their appointments.

Impact on forecast
Ongoing work to undertake actions and recover to the trajectory for year-end target.



Latest Month
Oct-25

Target
69.3%

Latest Month's Position
68.7%

Performance / Assurance
Special Cause Improving Variation High, where up is improvement but target is greater than upper limit.

Corporate Risk
Risk 801 - Elements of the NHS Oversight Framework are not met (12)

What does the data tell us?
At the end of October, the percentage of patients waiting less than 18 weeks for their first appointment improved to 68.7% (67.3% September) against the target of 69.3% set for October 2025 as part of the Trust operational planning submission (target of 71.7% by March 2026)

Actions being taken to improve
Actions align with previous slide, noting the focus on divisions booking patients earlier to ensure the first attendance is undertaken as soon as possible.
Actions to improve include the use of 'booking in order' reporting tools, utilisation of available clinic slots to see a greater number of new patients, running additional clinics via waiting list initiatives and increased use of insourcing arrangements. Oversight meetings are in play with the most challenged specialities to ensure that all plans for additional activity is exploited.

Impact on forecast
Continue to monitor the position with the ambition of delivery of the end of year operational planning trajectory

The End of Year Target for this measure is 71.7%

Responsiveness

Planned Care – Diagnostics

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

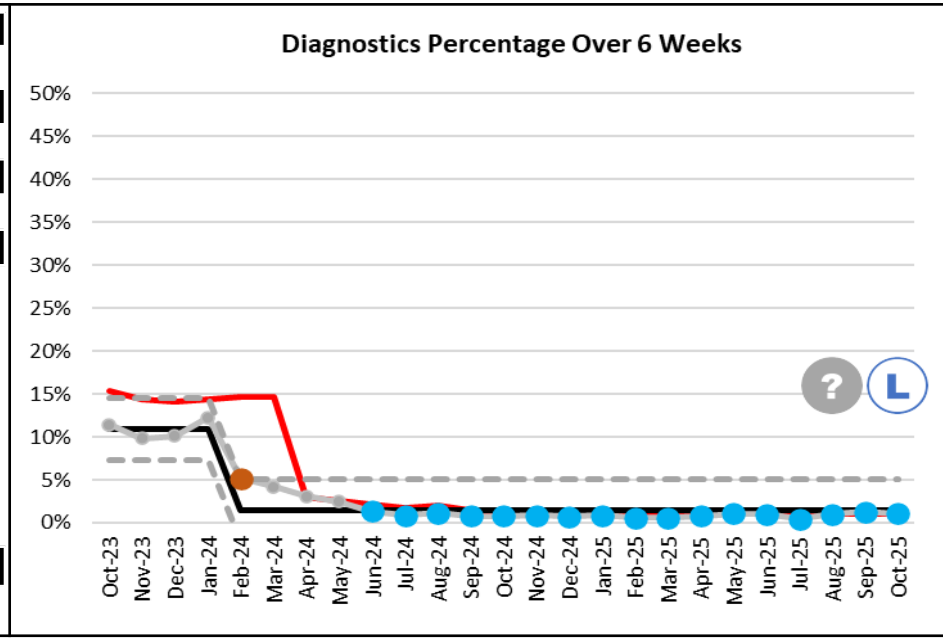
Latest Month
Oct-25

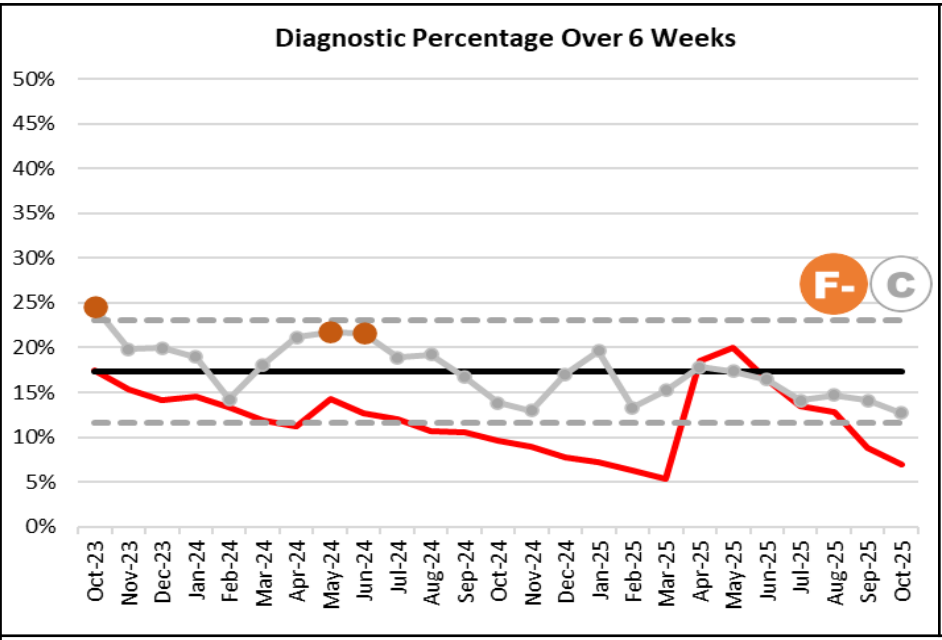
Target
1.0%

Latest Month's Position
1.1%

Performance / Assurance
Special Cause Improving Variation Low (where down is improvement) and last six data points are both hitting and missing target, subject to random variation

Trust Level Risk
No Trust Level Risk





Latest Month
Oct-25

Target
6.9%

Latest Month's Position
12.7%

Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration.

Corporate Risk
Risk 801 - Elements of the NHS Oversight Framework are not met (12)

No narrative required as per business rules.

What does the data tell us?
Diagnostic performance in October improved to 12.7% but fell short of the 6.9% target. Several modalities achieved 100% under 6 weeks and most modalities/ sub-modalities improved but key, high volume areas continue to experience difficulties impacting their recover.

Actions being taken to improve

- Non-obstetric ultrasound performance continued to improve during October (improved from 20.9% September to 18.4% October). The Division is maximising additional capacity available in-house and via outsourcing. Further opportunities for possible outsourcing at additional cost is being considered currently.
- MRI cardiac improved by >14% in October with the support of additional weekend lists and outsourcing. Many patients remaining on the waiting list are too complex for outsourcing; therefore, recovery is reliant on additional weekend lists for the remainder of this year.
- Whilst CDC capacity continues to be utilised across all of these modalities to aid recovery, work continues to maximise utilisation of CDC.

The End of Year Target for this measure is 5.0%

Responsiveness

Planned Care – Cancer Metrics

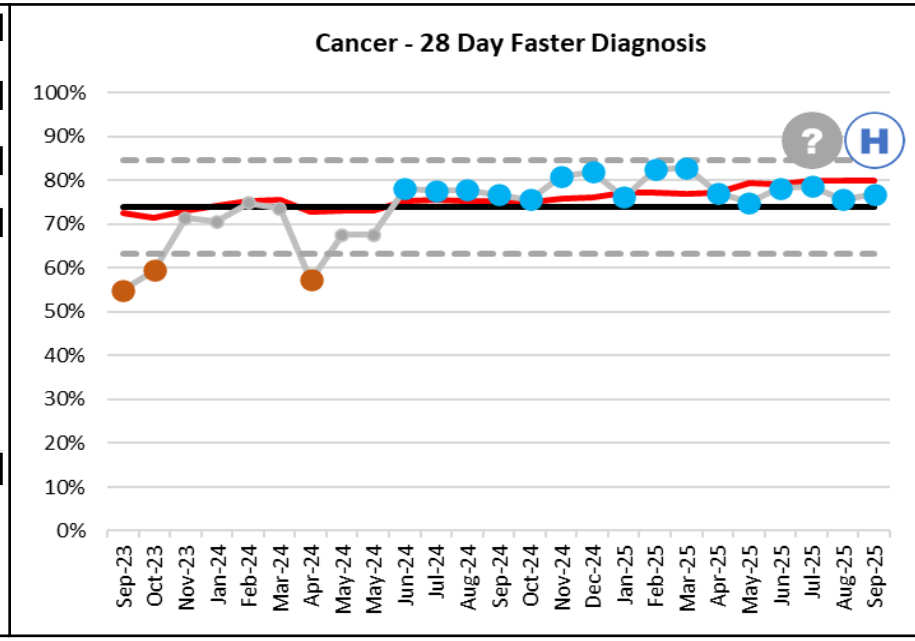
Latest Month
Sep-25

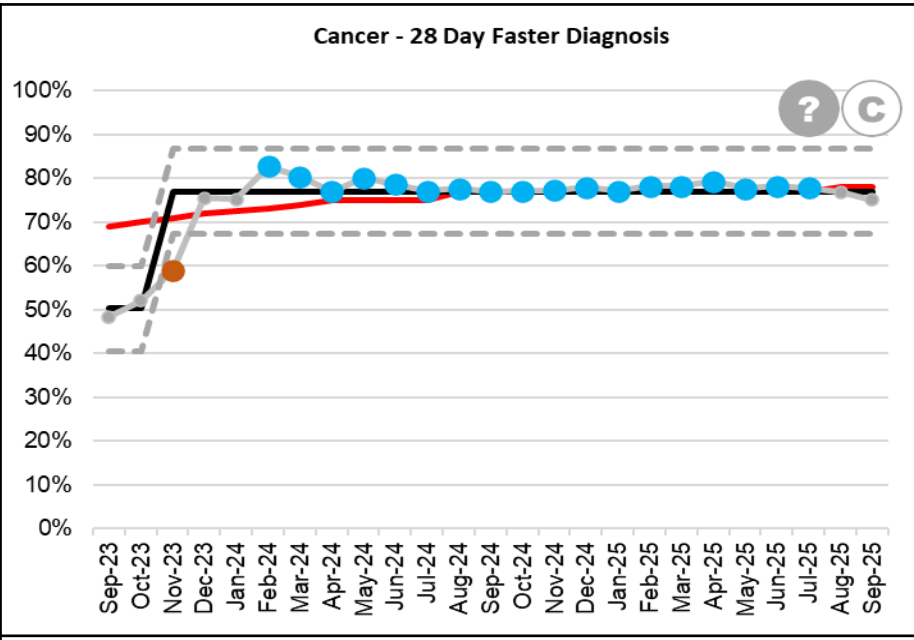
Target
79.9%

Latest Month's Position
76.8%

Performance / Assurance
Special Cause Improving Variation High (where up is improvement) and last six data points are hitting and missing target, subject to random variation

Trust Level Risk
988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).





Latest Month
Sep-25

Target
78.0%

Latest Month's Position
75.1%

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.

Corporate Risk
Risk 6782 - Non-compliance with the 28 day Faster Diagnosis cancer standard (16)

No narrative required as per business rules.

What does the data tell us?
As anticipated, September's performance deteriorated and did not meet the delivery trajectory. This was due to a number of short-term operational issues, in particular short staffing in head and neck and gynaecology due to sickness and vacancies.

Actions being taken to improve
All vacant ENT posts have now been filled, which is expected to support the service in returning to a 7-day turnaround time for appointments by January. This improvement should be sufficient to deliver 80% performance at Trust level at year end as required. It is also noted that September is traditionally a lower performing month due to the impact of patients wishing to delay appointments from August due to summer holidays. No adjustment to the 28-day waiting time is permitted in that situation. Patient choice accounted for 21% breaches this month, compared to a usual average of circa 10%.

Impact on forecast
The early forecast for October suggests a significantly improved position, noting that the impact on the standard of the bed situation at UHBW following closure of two wards is not yet known. Outpatient activity is a far bigger driver than admitted care for this standard, however use of day case or outpatient areas as escalation capacity for inpatients could impact.

Responsiveness

Planned Care – Cancer Metrics

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

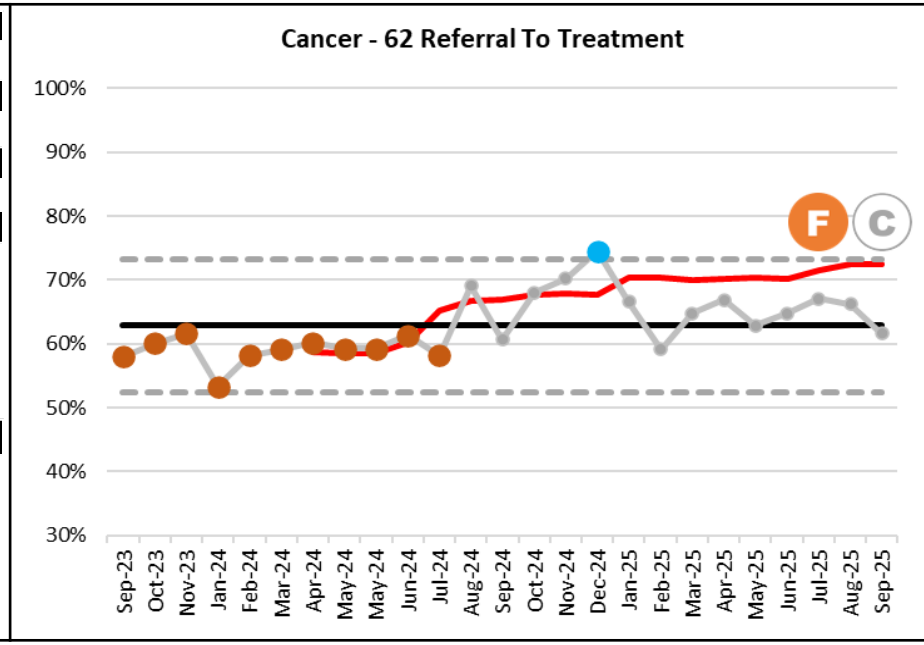
Latest Month
Sep-25

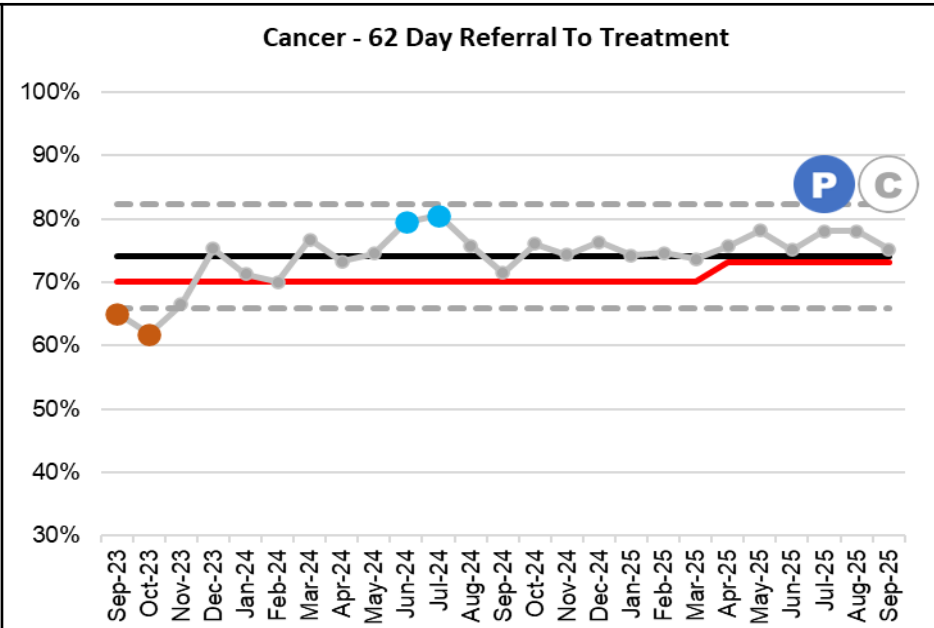
Target
72.4%

Latest Month's Position
61.6%

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration

Trust Level Risk
988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).





Latest Month
Sep-25

Target
73.2%

Latest Month's Position
75.2%

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is improvement.

Corporate Risk
Risk 5531 - Non-compliance with the 62 day cancer standard (12)

What does the data tell us?
62-Day performance did not meet the trajectory for September. The overall treatment volume was below plan and there were more reported breaches. This was driven by Breast and Urology.

Actions being taken to improve
Detailed recovery plan requested by NHS England through the Tier 2 support, the recovery plan details a return to plan by year-end.
Key areas of focus are Urology which is demonstrating improvement and is on track against the specialty improvement plan. Other area of focus is Breast services which are challenged in both screening and symptomatic pathways, this is primarily driven by workforce challenges relating to hard-to-recruit radiologists. There is increased director-level scrutiny through recovery sustainability meetings in both specialities. There is an increasing trend of referrals from outside BNSSG, specifically in urology ,impacting on performance.

Impact on forecast
Return to plan by year-end.

No narrative required as per business rules.

North Bristol NHS Trust

Responsiveness

Last Minute Cancelled Operations

University Hospitals Bristol and Weston NHS Foundation Trust

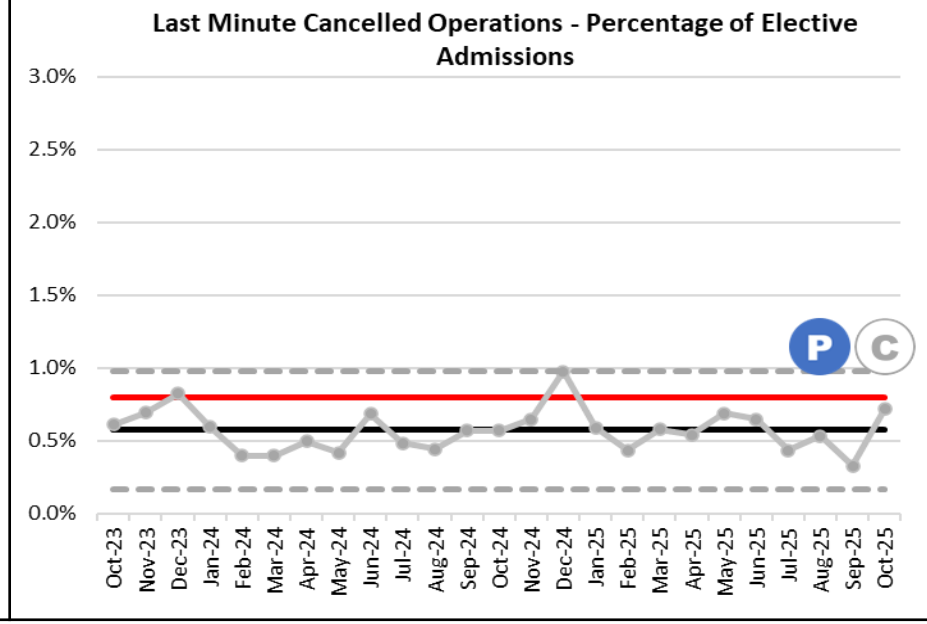
Latest Month
Oct-25

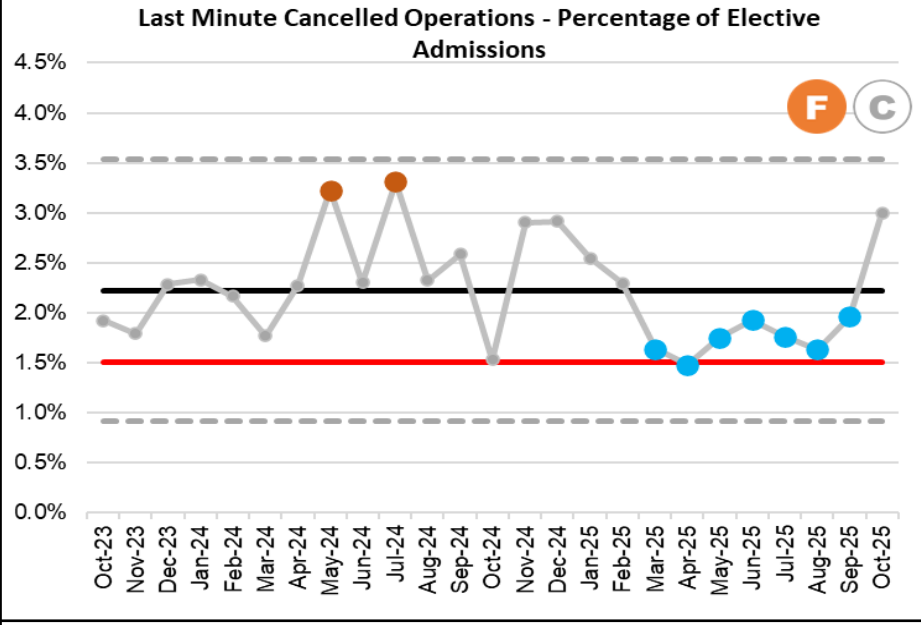
Target
0.8%

Latest Month's Position
0.7%

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is improvement

Trust Level Risk
No Trust Level Risk





Latest Month
Oct-25

Target
1.5%

Latest Month's Position
3.0%

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.

Corporate Risk
Corporate Risk 1035 - Risk that BNSSG and tertiary catchment populations do not have access to sufficient critical care beds (16)

No narrative required as per business rules.

What does the data tell us?
Despite improvements in data quality and a concerted focus within divisions a deteriorated performance is noted during October (2.0% September). During October 2025, there were 262 cancelled operations out of 8,734 total admissions (3.0%) against a target of 1.5%; 99 related to non-surgical specialties (primarily due to no ward beds) and 167 to surgical admissions, which were primarily due to available operating time, rescheduling of cases to prioritise clinically urgent patients and availability of anaesthetic cover.

Actions being taken to improve
Actions for reducing last minute cancellations are being delivered by the Trust's Theatre Productivity Programme. As part of this Programme, the Theatre Improvement Delivery Group and Planned Care Group are continuing to work on the data quality associated with this metric. A dashboard is available, with data concerning the timeliness of validation at specialty level. The dashboard is in use across divisions and monitored via Planned Care Group. A significant factor relating to surgical LMC's is short notice booking and this is part of a workstream trustwide to increase the time prior to pre op and TCI.

Impact on forecast
Improvement expected during Q3 2025/26 through focussed management as referenced above.

Responsiveness
Stroke Performance - NBT

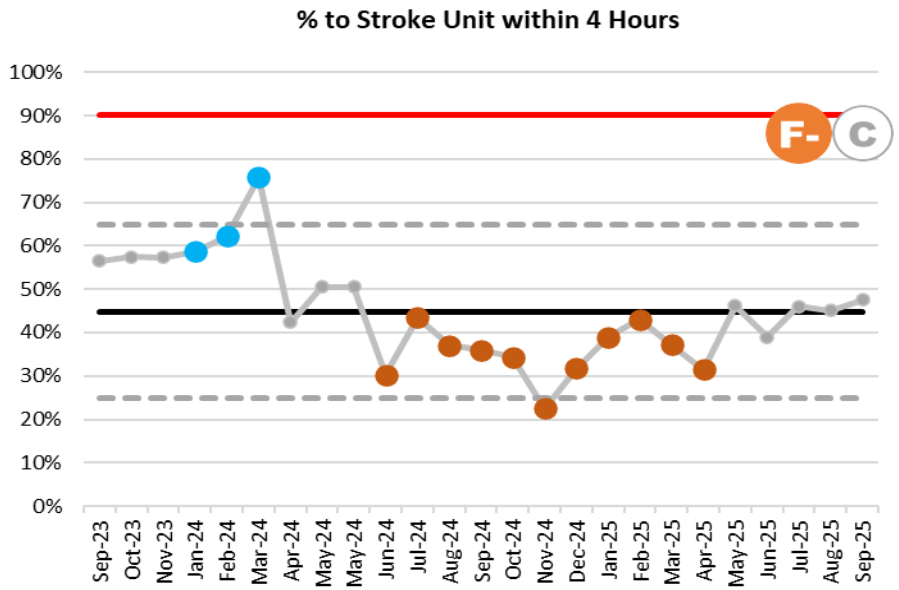
Latest Month
Sep-25

Target
90.0%

Latest Month's Position
47.5%

Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration

Trust Level Risk
No Trust Level Risk



What does the data tell us?
There has been a small improvement in the proportion of stroke patients admitted to the stroke unit within four hours of arrival.

Actions being taken to improve
The implementation of the revised flow processes to support timely transfers from the Emergency Department to the stroke unit. Ongoing targeted improvement work within the Stroke Assessment Area and the wards to enhance patient flow and reduce delays.

The Hot Bed SOP is finalised and still going through governance process. This is to support the creation of beds on a consistent basis, ensuring availability for new patients.

Impact on Forecast
The improvement plan continues to be rolled out. However, performance remains challenged by high bed occupancy (including NCTR patients) and sustained pressure within the Emergency Department.

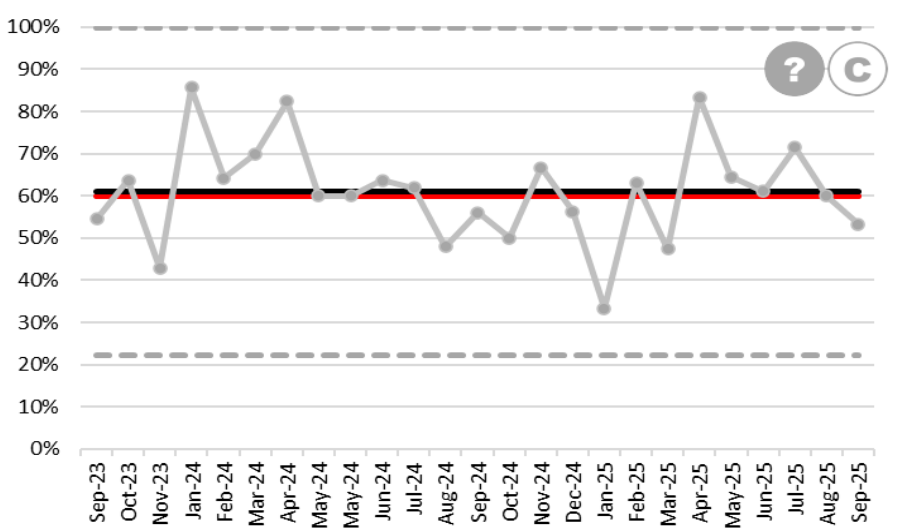
Latest Month
Sep-25

Target
60.0%

Latest Month's Position
53.3%

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random

Trust Level Risk
No Trust Level Risk



What does the data tell us?
Performance in September has dipped just below the 60% target. However, this data is based on a small patient cohort which can influence variability. Several of the recorded breaches are attributable to valid clinical reasons. There is also a growing trend toward considering extended thrombolysis on a case-by-case basis, which often requires additional investigations to support safe and informed decision-making. While these cases remain infrequent, this tailored approach may result in longer door-to-needle times, with the overarching goal of improving patient outcomes.

Actions being taken to improve
NBT was one of 12 trusts nationally taking part in the Thrombolysis in Acute Stroke Collaborate (TASC) prestigious programme, aimed at increasing thrombolysis rates and improving door-to-needle times. NBT was the highest performer of all 12 centres that recently completed the last cohort – singled out for their improvement. The number of patients now thrombolysed is at our highest number and reflects the hard work and dedication of the team to improve thrombolysis rate.

Impact on Forecast
The projected 12-month outcome includes a potential doubling of thrombolysis treatment rates, alongside a significant improvement in average door-to-needle times.

Responsiveness

Stroke Performance - NBT

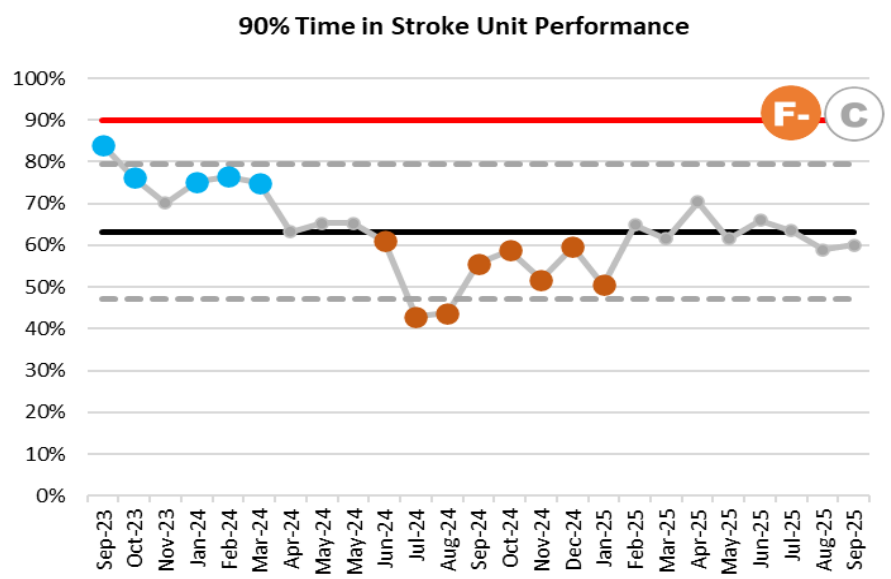
Latest Month
Sep-25

Target
90.0%

Latest Month's Position
60.0%

Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration

Trust Level Risk
No Trust Level Risk



What does the data tell us?
Performance has declined very slightly from improvements made in Feb-Jun, primarily due to high stroke bed occupancy. It however remains higher than our period of previous similar occupancy. Some NCTR patients are being accommodated outside the Stroke Unit, which is negatively affecting this metric. Stroke Unit within 4 hours also impacts this metric. Overall stroke occupancy correlates with 90% in stroke unit. The challenge is with community provision and this has been escalated through the ODG and HCIG through a review of service against the original business case.

Actions being taken to improve
Actions already described in Stroke unit within 4 hours metric – including the Hot bed SOP which is finalised and going through governance process. System level work commenced to assist in reducing occupancy levels, this involves engagement from ICB with view to enhancing community provision and releasing acute capacity.

Impact on Forecast
Current occupancy levels remain high with a spike in Sept admissions. We expect this to come through in Oct figures with a drop before then recovering.

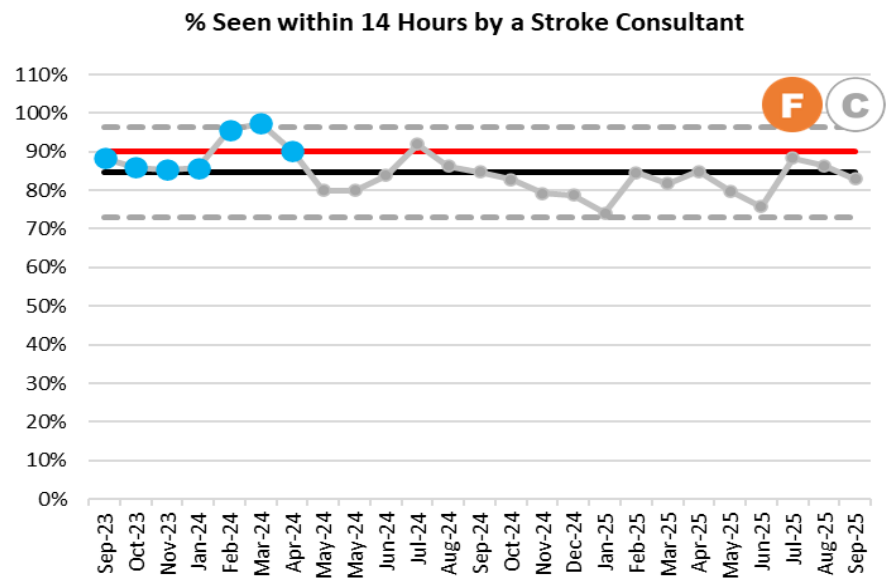
Latest Month
Sep-25

Target
90.0%

Latest Month's Position
82.9%

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration

Trust Level Risk
No Trust Level Risk



What does the data tell us?
There has been a sustained (albeit small drop) for performance in Sept for the percentage of patients reviewed by a stroke consultant within 14 hours of admission.

Actions being taken to improve
Recent performance improvements have been supported by a more sustainable and consistent consultant rota. From August, the timing of the HASU board round was adjusted to start slightly later, enabling earlier PTWR and improving consultant review times for patients admitted overnight. Additionally, progress has been made on enhancing documentation processes: updates to the paper admission proforma and the Careflow narrative form are underway to improve the accuracy and completeness of data capture for this metric.

Impact on Forecast
With current workforce stability and enhanced data capture processes, strong performance in timely consultant reviews is expected to continue.

NHS North Bristol NHS Trust

Quality
Scorecard

NHS University Hospitals Bristol and Weston NHS Foundation Trust

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Safe	Pressure Injuries Per 1,000 Beddays	NBT	Oct-25	0.8	No Target	0.8	N/A	H	Escalation Summary
		UHBW	Oct-25	0.1	0.4	0.1	P*	C	Note Performance
Safe	MRSA Hospital Onset Cases	NBT	Oct-25	0	0	0	F	C	Escalation Summary
		UHBW	Oct-25	1	0	1	F	C	Escalation Summary
Safe	CDiff Healthcare Associated Cases	NBT	Oct-25	7	5	8	F	C	Escalation Summary
		UHBW	Oct-25	8	9.08	14	?	C	Escalation Summary
Safe	Falls Per 1,000 Beddays	NBT	Oct-25	6.0	No Target	5.6	N/A	C	Note Performance
		UHBW	Oct-25	3.9	4.8	4.3	?	C	Escalation Summary
Safe	Total Number of Patient Falls Resulting in Harm	NBT	Oct-25	4	No Target	5	N/A	C	Note Performance
		UHBW	Oct-25	2	2	7	?	C	Escalation Summary
Safe	Medication Incidents per 1,000 Bed Days	NBT	Oct-25	4.5	No Target	4.4	N/A	L	Note Performance
		UHBW	Oct-25	10.0	No Target	11.1	N/A	C	Note Performance
Safe	Medication Incidents Causing Moderate or Above Harm	NBT	Oct-25	6	0	3	F	C	Escalation Summary
		UHBW	Oct-25	0	0	0	F	C	Escalation Summary
Safe	Adult Inpatients who Received a VTE Risk Assessment	NBT	Oct-25	97.4%	95.0%	91.0%	F-	H	Escalation Summary
		UHBW	Oct-25	80.9%	95.0%	82.8%	F-	C	Escalation Summary
Safe	Staffing Fill Rate	NBT	Oct-25	98.9%	No Target	99.8%	N/A	C	Note Performance
		UHBW	Oct-25	104.4%	100.0%	103.7%	P*	C	Note Performance

Assurance						Variation			
P*	P	?	F	F-	No icon	H	L	C	H	L
Consistently Passing Target	Meeting or Passing Target	Passing and Falling Short of Target	Falling Short of Target	Consistently Falling Short of Target	No Specified Target	Improving Variation		Common Cause (natural) Variation	Concerning Variation	

NHS North Bristol NHS Trust

Quality
Scorecard

NHS University Hospitals Bristol and Weston NHS Foundation Trust

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Effective	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	NBT	Jun-25	95.1	100.0	94.0	P	C	Note Performance
		UHBW	Jun-25	85.8	100.0	86.9	P*	L	Note Performance
Effective	Fracture Neck of Femur Patients Treated Within 36 Hours	NBT	Aug-25	42.3%	No Target	63.6%	N/A	C	Note Performance
		UHBW	Oct-25	42.5%	90.0%	55.1%	F-	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	NBT	Aug-25	96.2%	No Target	90.9%	N/A	C	Note Performance
		UHBW	Oct-25	97.3%	90.0%	87.8%	?	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Achieving Best Practice Tariff	NBT	Aug-25	38.5%	No Target	63.6%	N/A	C	Note Performance
		UHBW	Oct-25	42.5%	No Target	49.0%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Inpatient	NBT	Oct-25	90.2%	No Target	90.9%	N/A	L	Escalation Summary
		UHBW	Oct-25	96.6%	No Target	95.5%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Outpatient	NBT	Oct-25	94.2%	No Target	94.5%	N/A	L	Escalation Summary
		UHBW	Oct-25	94.5%	No Target	93.8%	N/A	C	Note Performance
Caring	Friends and Family Test Score - ED	NBT	Oct-25	69.7%	No Target	72.8%	N/A	C	Note Performance
		UHBW	Oct-25	84.4%	No Target	86.7%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Maternity	NBT	Oct-25	91.1%	No Target	92.3%	N/A	C	Note Performance
		UHBW	Oct-25	98.8%	No Target	96.2%	N/A	C	Note Performance
Caring	Patient Complaints - Formal	NBT	Oct-25	0	No Target	5	N/A	H	Escalation Summary
		UHBW	Sep-25	65	No Target	57	N/A	C	Note Performance
Caring	Formal Complaints Responded To Within Trust Timeframe	NBT	Oct-25	72.7%	90.0%	60.5%	F	C	Escalation Summary
		UHBW	Sep-25	62.0%	90.0%	46.6%	F	C	Escalation Summary

Assurance						Variation		
P*	P	?	F	F-	No icon	H L	C	H L
Consistently Passing Target	Meeting or Passing Target	Passing and Falling Short of Target	Falling Short of Target	Consistently Falling Short of Target	No Specified Target	Improving Variation	Common Cause (natural) Variation	Concerning Variation

Quality

Pressure Injuries

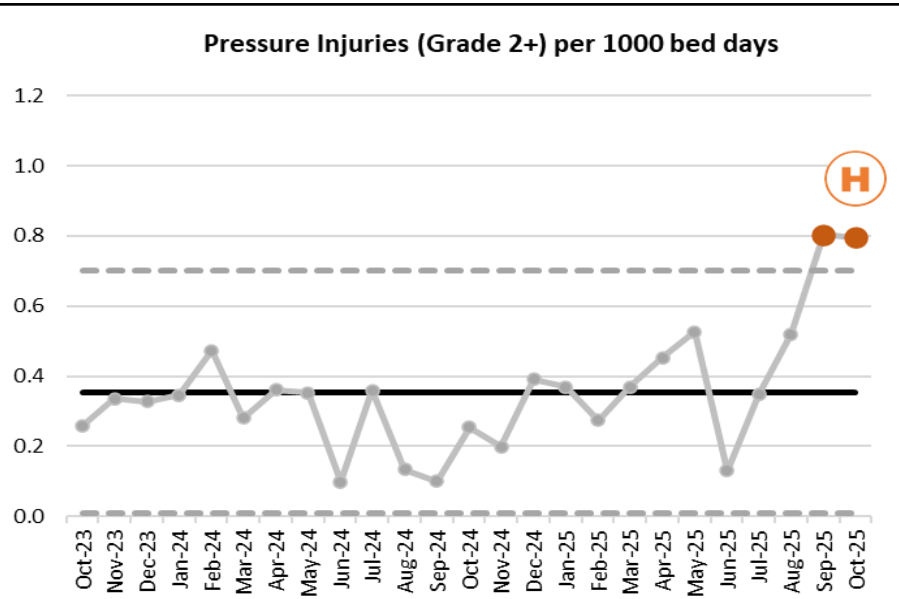
Latest Month
Oct-25

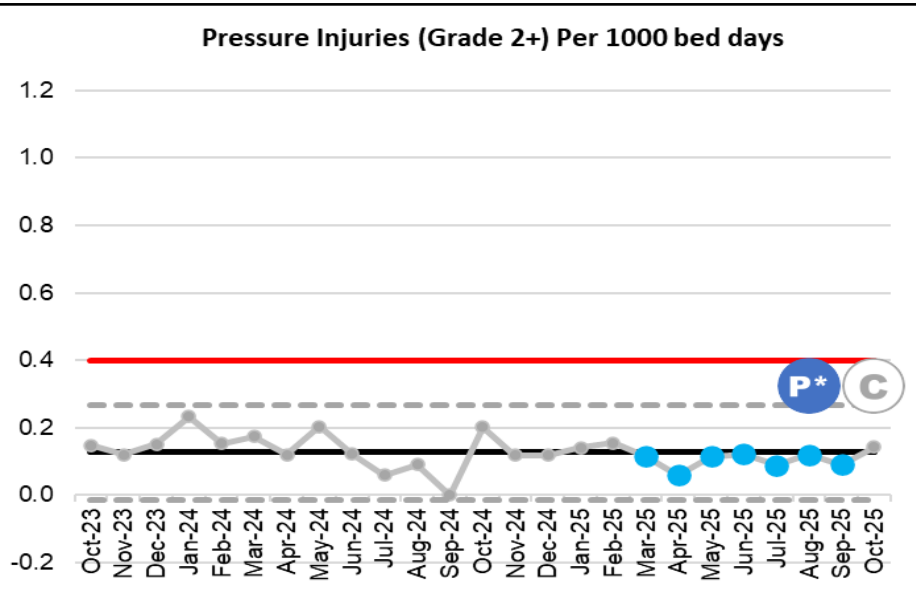
Target
No Target

Latest Month's Position
3

Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration

Trust Level Risk
No Trust Level Risk





Latest Month
Oct-25

Target
0.4

Latest Month's Position
0.14

Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit where down is improvement.

Corporate Risk
No Corporate Risk

What does the data tell us?

•There has been no change in incidence of grade 2 PU with October being the same as September, this performance remains a variation to the norm, which we are investigating.

•Actions taken to improve

•A sub-working group formed by the Tissue Viability Steering Group (TVSG) has met with representation from divisional matrons, safeguarding, and patient safety teams. The groups focus is on identifying strategic themes related to the prevention and management of pressure ulcers (PUs) and targeted interventions to reduce PU incidents, this being divisionally led. HSCW TV training as also been increased to monthly as a result of this group.
•Increased cases have been generally in Medical wards, matching an increased demographic of complex patients.
•Focused intervention work is underway with the Emergency Department (ED), including the procurement of Repose overlay mattresses for trolleys and with ITU within ASCR.
•Divisional representatives will be expected to contribute and present upward reports to the TVSG, outlining identified PU themes and proposed mitigation strategies
•A Bed and Mattress meeting has been reestablished by the Clinical Equipment Manager to review current stock and address operational concerns.

Impact on forecast – The above actions anticipate that there will be a reduction in PU incidents.

No narrative required as per business rules.

NHS North Bristol NHS Trust

Quality

Infection Control

NHS University Hospitals Bristol and Weston NHS Foundation Trust

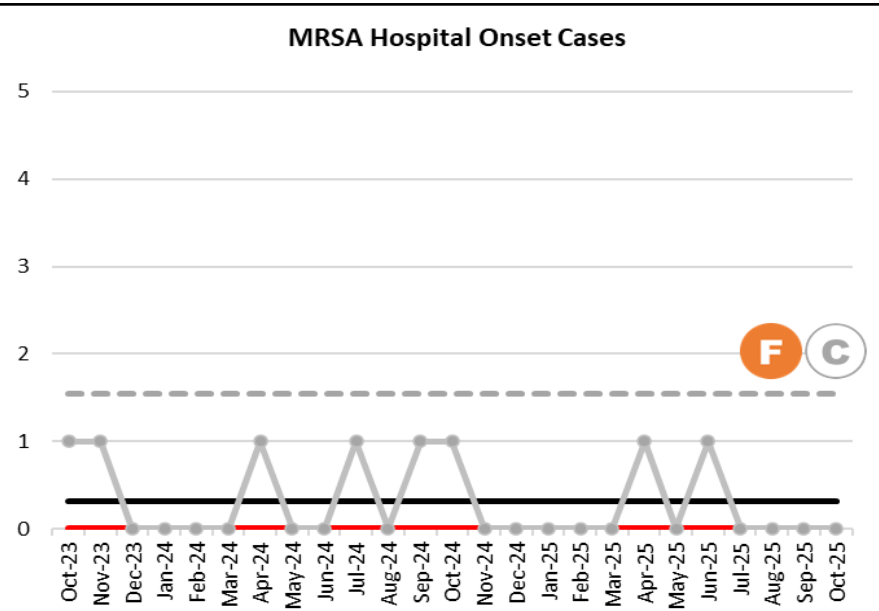
Latest Month
Oct-25

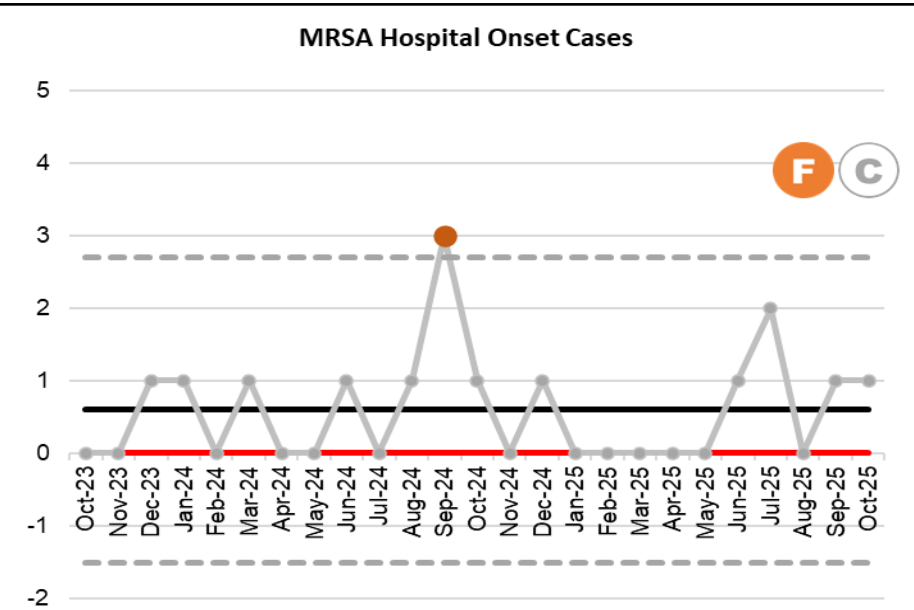
Target
0

Latest Month's Position
0

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration

Trust Level Risk
No Trust Level Risk





Latest Month
Oct-25

Target
0

Latest Month's Position
1

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.

Corporate Risk
Risk 6013 - Risk that the Trust exceeds its NHSE/I limit for Methicillin Resistant Staphylococcus aureus bacteraemia's (12)

What does the data tell us?
With no new cases reported in October this totals two this year to date.

Actions taken to improve
The HCAI improvement and reporting group continues to have oversight and monitor potential risk factors.
Work is continuing on influencing factors surrounding screening and decolonisation as well improvements with vascular management, access and education.

NBT are taking part in some regional improvement work focusing on MSSA and MRSA reduction, learning from all MRSA cases are shared with the ICB

Impact on forecast
The intention is to improve the position with the plans outlined above as well as learn from other trusts and ICBs.

What does the data tell us?
There was one MRSA case in October. 2025/26 year to date is five cases, one fewer than the same period in 2024/25.

Actions being taken to improve
- Previously reported actions continue using audit data to drive improvements in MRSA compliance and targeted patient screening and decolonisation.
- A refresh of the care pathway and decolonisation protocols is underway being led by the Divisional IPC Matrons. This work has been shared with the Practice Education facilitators (PEF's).
- A QI improvement group has been set up to focus on the use and management of Peripheral venous catheters (PVC's). Auditing is underway. Results will be analysed to indicate the focus of further improvement work.
- Additional focus work directed toward the education on PICC line care
- A quality improvement group has been convened to take forward associated improvement work regarding intravenous (IV) line care.

Impact on forecast
The intention is to continue vigilance and risk reduction interventions to reach and sustain zero cases.

NHS North Bristol NHS Trust

Quality

Infection Control

NHS University Hospitals Bristol and Weston NHS Foundation Trust

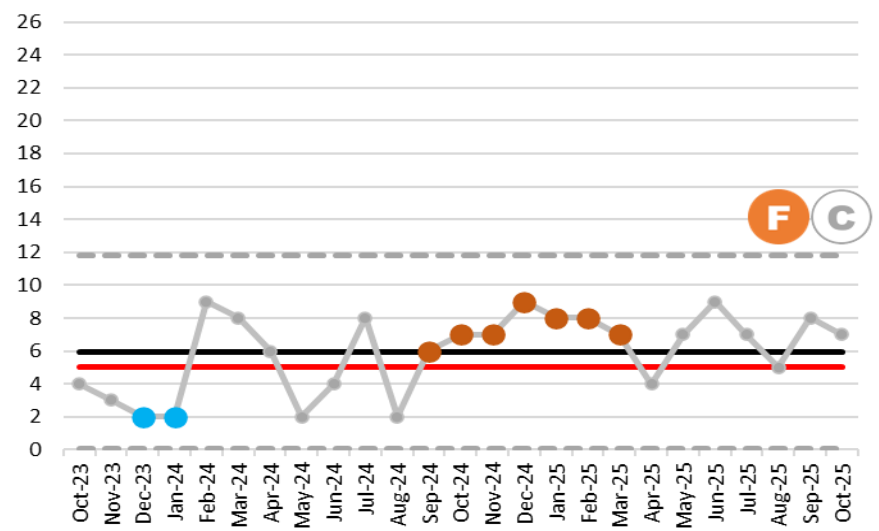
Latest Month
Oct-25

Target
5

Latest Month's Position
7

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration

Trust Level Risk
No Trust Level Risk



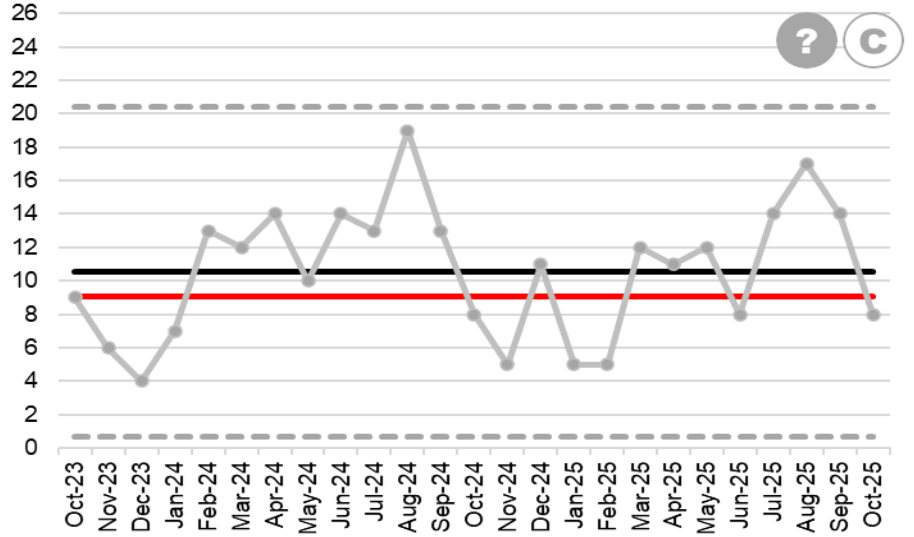
What does the data tell us?
Cases in October - 7 HOHA and 3 COHA - cases need to trend at 6 or lower monthly to match a trajectory position. The current position is trending slightly below the trajectory.
Total position so far this year being 47 cases against a trajectory of 79.

Actions being taken to improve
C.difficile ward rounds have seen improvements in the management of positive cases.

Areas where we have seen increased cases have been having a planned RED clean with liaison with both facilities and OPs to achieve . Efficacy cleaning audits have also highlighted several rectifications to the environment particularly toilet backs that continue to be replaced.

A match in ribotypes indicating cross infection has been identified, the plan is to Red clean the bays on this ward, where the cases have been noted.

Education on sampling has been a strong focus that has been picked up through the divisional work to ensure timely sampling and correct use of sample stickers.



Latest Month
Oct-25

Target
9.08

Latest Month's Position
8

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.

Corporate Risk
Risk 3216 - Breach of the NHSE Limits for HA C-Diff (12)

What does the data tell us?
There were eight cases of Clostridium Difficile in October, five Hospital Onset Hospital Acquired (HOHA) and three Community Onset Hospital Acquired (COCHA). The Trust has had 84 cases 2025/26 year to date (58 HOHA and 26 COHA), fewer than 91 in the same period in 2024/15.

Actions being taken to improve
- Antimicrobial stewardship is a key element that should improve as electronic medicines prescribing continues to be embedded across the organisation, facilitating greater scrutiny and collaboration between pharmacy and clinical teams.
- A focus group aimed at reviewing our current stool chart documentation and processes for sending stool samples was established with the goal to identify barriers, gather feedback, and develop practical solutions to improve accurate completion of the stool charts and the accuracy and timeliness of sample sending. This will aid the prompt identification and treatment of a patient with *C.difficile* and reduce the possibility of cross infection in the clinical environment.

Impact on forecast
It is expected with greater visibility of antimicrobial prescribing and improvement in identification of symptomatic patients' cases will continue to reduce. This may not be realised until after the winter period. The past 2 months has seen a downward trend of positive cases.

North Bristol NHS Trust

Quality

Falls

University Hospitals Bristol and Weston NHS Foundation Trust

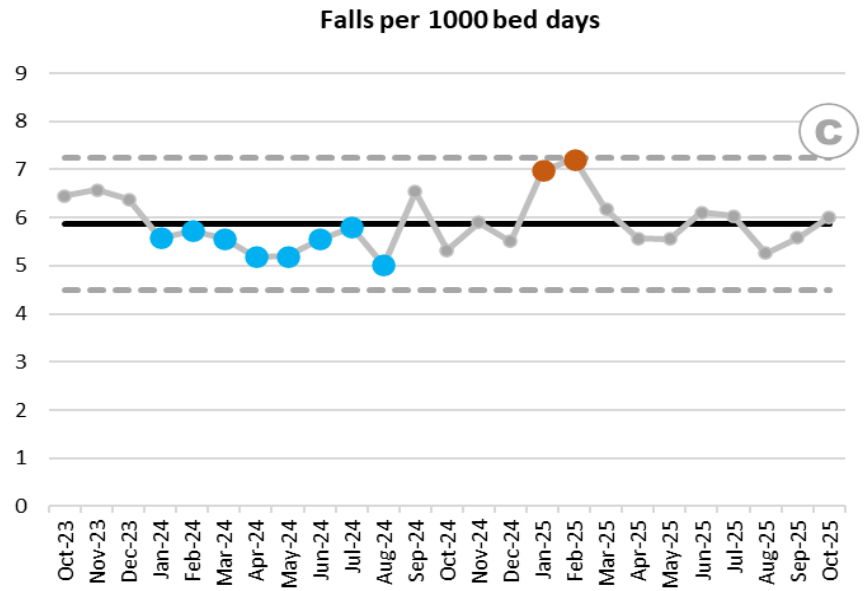
Latest Month
Oct-25

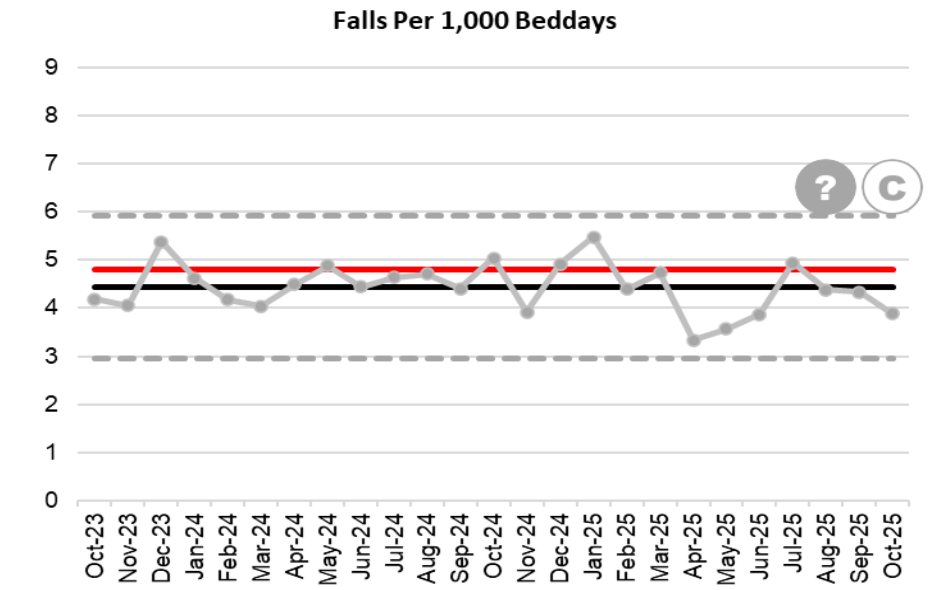
Target
No Target

Latest Month's Position
6

Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit where down is improvement

Trust Level Risk
No Trust Level Risk





Latest Month
Oct-25

Target
4.8

Latest Month's Position
3.9

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.

Corporate Risk
Risk 1598 - Patients suffer harm or injury from preventable falls (12)

No narrative required as per business rules.

What does the data tell us

During October 2025: there have been 137 falls, which per 1000 bed days equates to 3.889, this is lower than the Trust target of 4.8 per 1000 bed days. There were 97 falls at the Bristol site and 40 falls at the Weston site. . There was one fall associated with moderate physical and/or psychological harm and one fall associated with a fatal outcome which is subject to a rapid incident review.

The number of falls in October 2025 (137) is fewer than September 2025 (143). There was one fall with moderate harm and one fall with fatal harm in October 2025, this is fewer than the previous month (7).
Risk of falls continues to remain on the divisions' risk registers as well as the Trust risk register. Actions to reduce falls, all of which have potential to cause harm, are provided below.

Continued on next slide...

NHS North Bristol NHS Trust

Quality

Falls

NHS University Hospitals Bristol and Weston NHS Foundation Trust

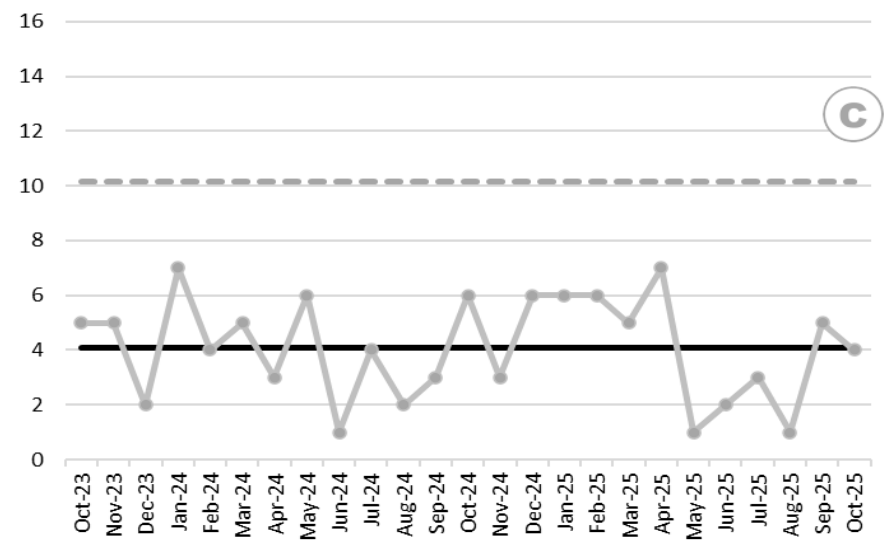
Latest Month
Oct-25

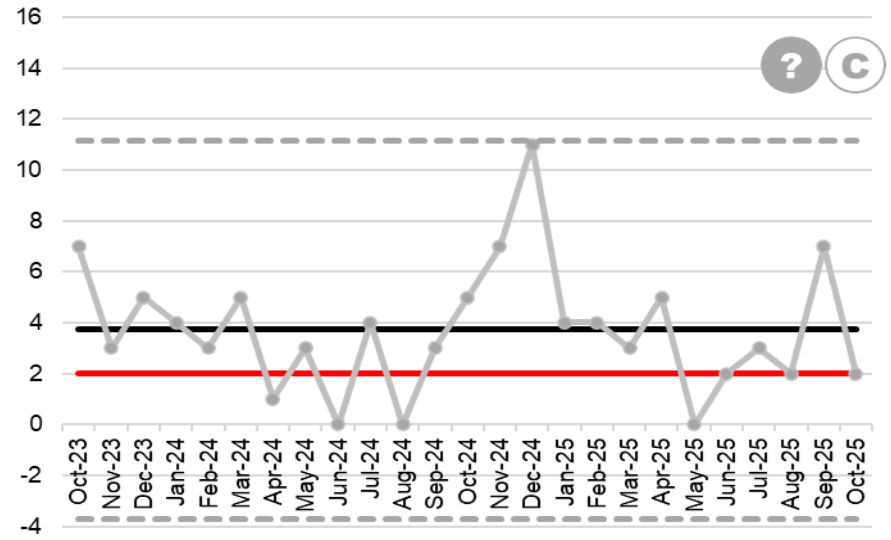
Target
No Target

Latest Month's Position
4

Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit where down is improvement

Trust Level Risk
No Trust Level Risk





Latest Month
Oct-25

Target
2

Latest Month's Position
2

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.

Corporate Risk
Risk 1598 - Patients suffer harm or injury from preventable falls (12)

No narrative required as per business rules.

…Continued from previous slide

Actions being taken to improve

- We have identified quality improvement projects for the next 12 months, including consistent use of Abbey pain scale, improving nutrition and hydration for persons with dementia and working on a falls management plan for non-inpatient areas.
- Audit: We continue to participate in the National Audit of Inpatient Falls and National Audit of Dementia.
- We are reviewing and updating the Trust Falls policy and associated documents over the next couple of months and will reflect the updated NICE (NG249) guidance in the revised version.
- Training -The DDF Steering Group provides an education component, bitesize education sessions are delivered to the group on relevant topics. The DDF team continue to deliver education sessions and simulation-based training.

Impact on forecast

We continue to monitor total falls, falls per 1000 bed days and falls with harm and continue to work on preventing and managing falls.

Quality

Medication Incidents

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

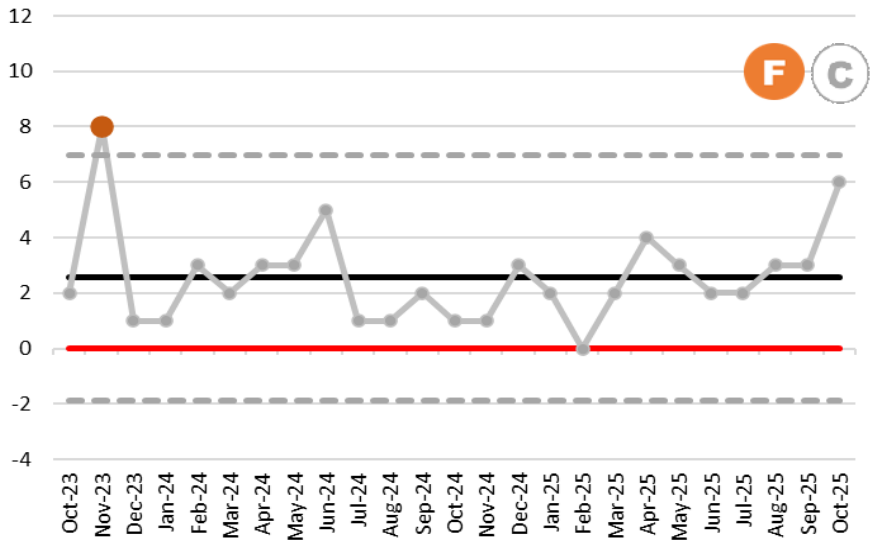
Latest Month
Oct-25

Target
0

Latest Month's Position
6

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration

Trust Level Risk
Risk 1800 – Allergy status may not be identified resulting in medication being incorrectly prescribed or administered. (20)

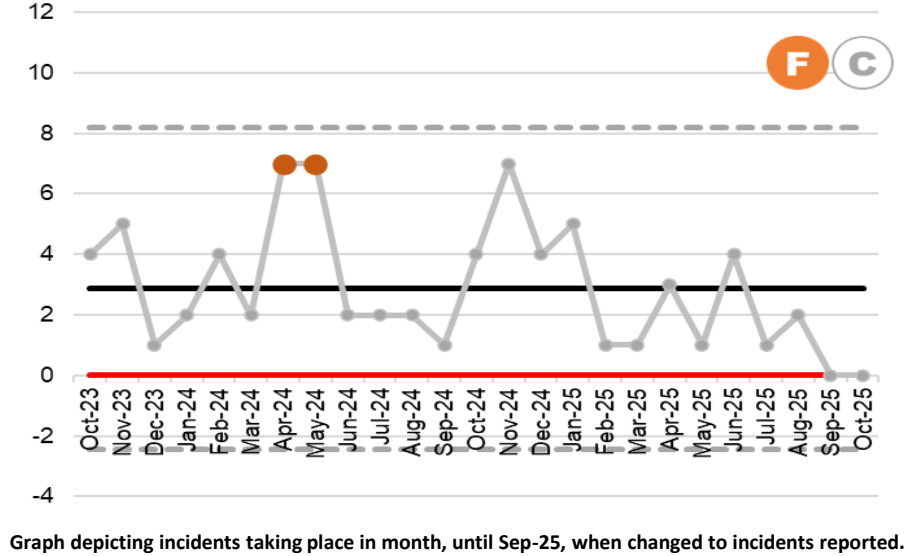


What does the data tell us?
During October 2025, NBT recorded 144 medication incidents of these, six medication incidents were reported as causing moderate harm to a patient.

This figure is higher than previous months and work is underway with both the Patient Safety team and the EPMA project team to consider the impact of the CMM roll out on patient safety this month.

Actions being taken to improve
Over the past few months, the Medicines Governance Team and Patient Safety team have been taking stock of the success of, and challenges faced by the Medicines Safety Forum – a group previously in place to consider and address medicines safety challenges. At present the monthly meetings have been paused to reflect on the learning to date and work is in progress to consider how we approach Medicines Safety as a hospital group and inform our Medicines Safety Strategy going forward.

A resource proposal detailing the Pharmacy staffing required to support medicines safety improvement work going forward is being written for sharing with colleagues.



Graph depicting incidents taking place in month, until Sep-25, when changed to incidents reported.

Latest Month
Oct-25

Target
0

Latest Month's Position
0

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is

Corporate Risk
Risk 7633 - Reliance on paper-based medication prescribing and administration (16)

Risk 8386 - Risk that patients come to harm from a known medication allergy (20)

What does the data tell us?
During October 2025, UHBW recorded 354 medication incidents. No medication incidents were reported as causing moderate or above harm. The dataset pre-April 2024 is based on previous harm descriptors in place in the Trust. The data indicates a good reporting culture with few harm incidents compared to number of incidents.

Actions being taken to improve
No specific themes have been identified from the low number of medication incidents associated with moderate and above harm following review at the multidisciplinary Medicines Governance Group. The implementation of Careflow Medicines Management will help reduce risks some associated with medicines use.

Incidents related to the prescribing and administration of subcutaneous syringe drivers on CMM have led to a multiprofessional safety review recommending CMM changes be completed and a Trust wide safety alert to raise awareness of the new risks identified. Specific learning is shared across the Trust via the Medicines Safety Bulletin and with BNSSG system colleagues via system medicines quality and safety meetings. This report has been developed collaboratively by the UHBW and NBT medicines safety teams.

A resource proposal detailing the Pharmacy staffing required to support medicines safety improvement work across the Hospital Group going forward is being written for sharing with colleagues.

Quality

VTE Risk Assessment

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

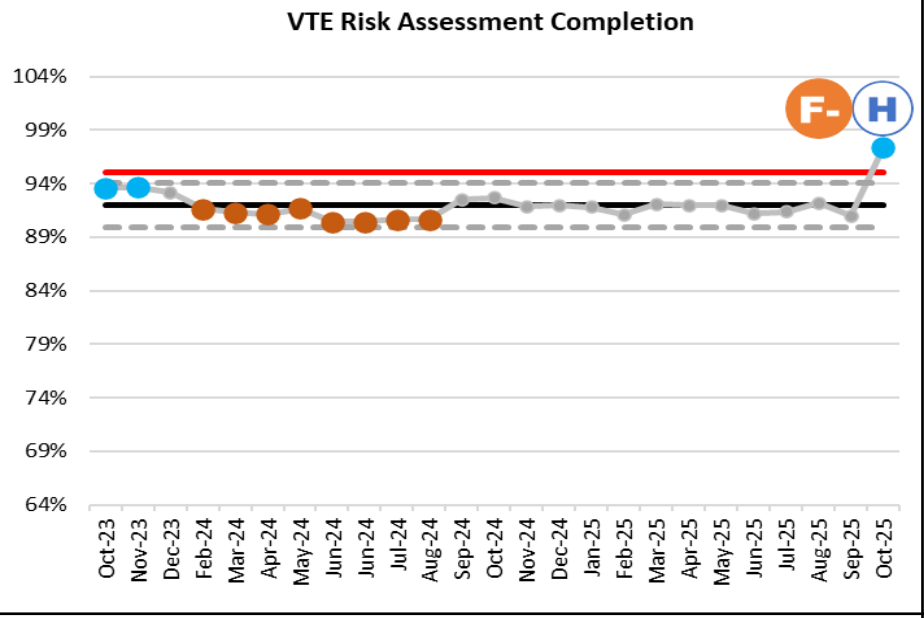
Latest Month
Oct-25

Target
95.0%

Latest Month's Position
97.4%

Performance / Assurance
Special Cause Improving Variation High, where up is improvement but target is greater than upper limit

Trust Level Risk
No Trust Level Risk



What does the data tell us?

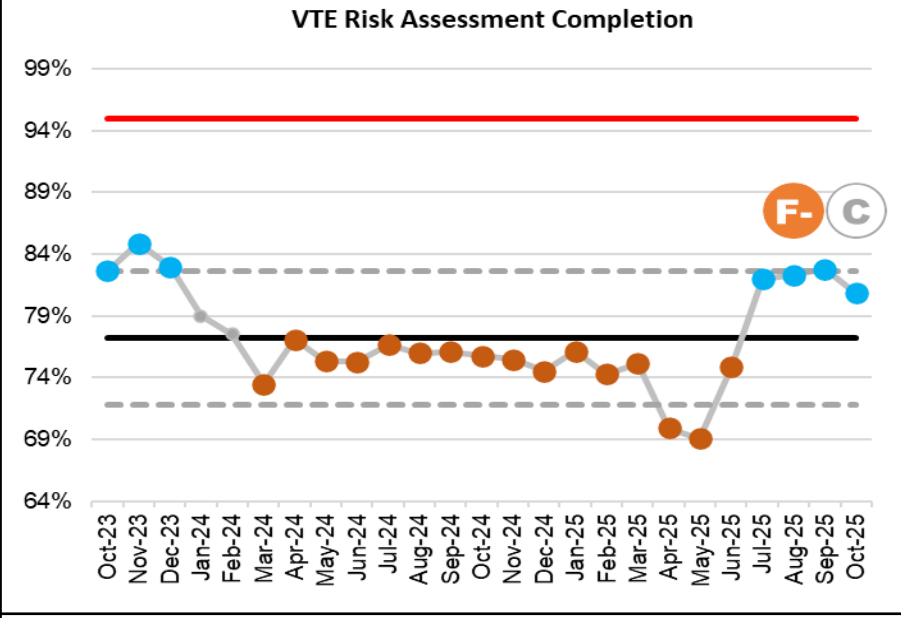
- The introduction of the digital VTE RA chart in July 2023 coincided with a decline in completion rates.
- The standalone VTE RA form did not fit with the workflow, leading to omissions in performing the task
- After the initial decline, the completion rate has remained fairly static, indicating: The issue may not be worsening, but no significant improvement efforts have yet taken hold or been effective, indicating the issue with standalone digital tasks

Actions that are being taken to improve both VTE RA and prescribing of thromboprophylaxis:

- October 2025: . Full implementation of CMM across all hospital sites.
- Ward-Level interventions, included:
  - Direct engagement with staff on wards;
  - Reminders about the importance of thromboprophylaxis
  - Encouragement to question omissions in prescribing.

Impact on forecast:

The implementation of CMM (electronic prescribing) across the trust has already shown a marked improvement in VTE risk assessment compliance, (97% October); however – this is only showing those patients who have a VTE RA done – but not within the first 14 hours (as per NICE) .We are now able to capture this data. We expect the change in data collection will influence the figures in a negative way, while we work with the clinical teams to encourage timely VTE RA completion



Latest Month
Oct-25

Target
95%

Latest Month's Position
80.9%

Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration.

Corporate Risk
Risk 8448 - Risk that VTE prophylaxis is not prescribed when indicated (16)

What does the data tell us?

Since CareFlow Medicines Management (CMM) implementation in June 2025, VTE risk assessment (RA) rates have improved by around 10% and are continuing to improve. However, in CMM there is a decoupling of the VTE RA and actually prescribing VTEP which is a concern that we are working to improve.

Actions being taken to improve

- As of 10th November, VTE RA's have become mandatory on the Acute Medical Admissions Unit (initially not mandatory to allow for emergency prescribing on CMM).
- Following discussion at VTE Steering Group , Physician Associates are now able to complete VTE RAs again from November following permission changes when switching to CMM. This has been added to the VTE Prevention Policy.
- Working with IT to have VTE RA and VTE prescribing visible on ward view boards again following CMM.
- Teaching session for resident doctors (F1 and F2) on VTE in December.
- Encouraging ward rounds to take a device with them to look at the chart whilst reviewing the patient.

Impact on forecast

We anticipate completion rates to increase further as admission through AMU is often the first step of a patient's journey in hospital, and by allowing PAs to complete VTE RAs as well and then prompt prescribers to prescribe VTEP. The ward view boards will allow for targeted interventions.

North Bristol NHS Trust

Quality

Neck of Femur

University Hospitals Bristol and Weston NHS Foundation Trust

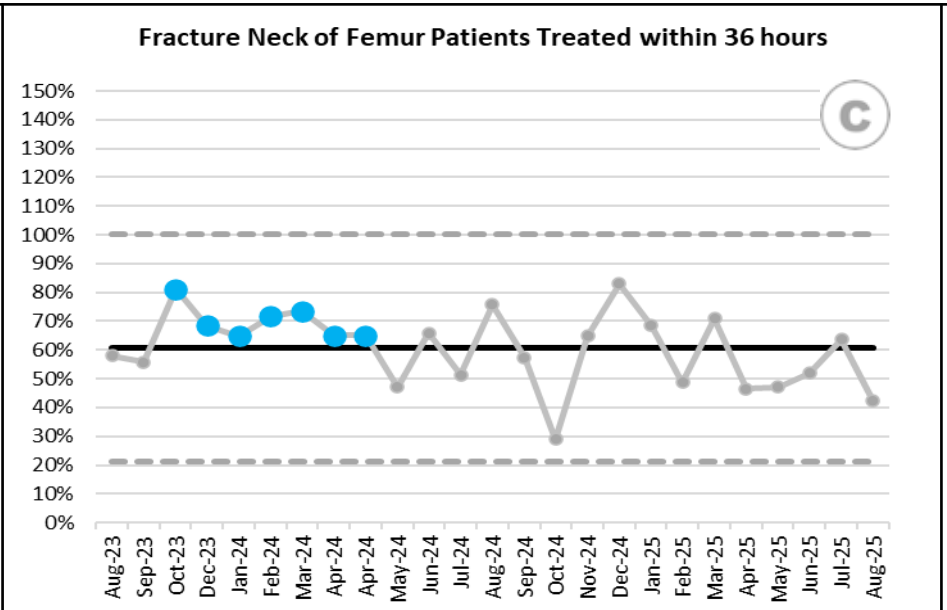
Latest Month
Aug-25

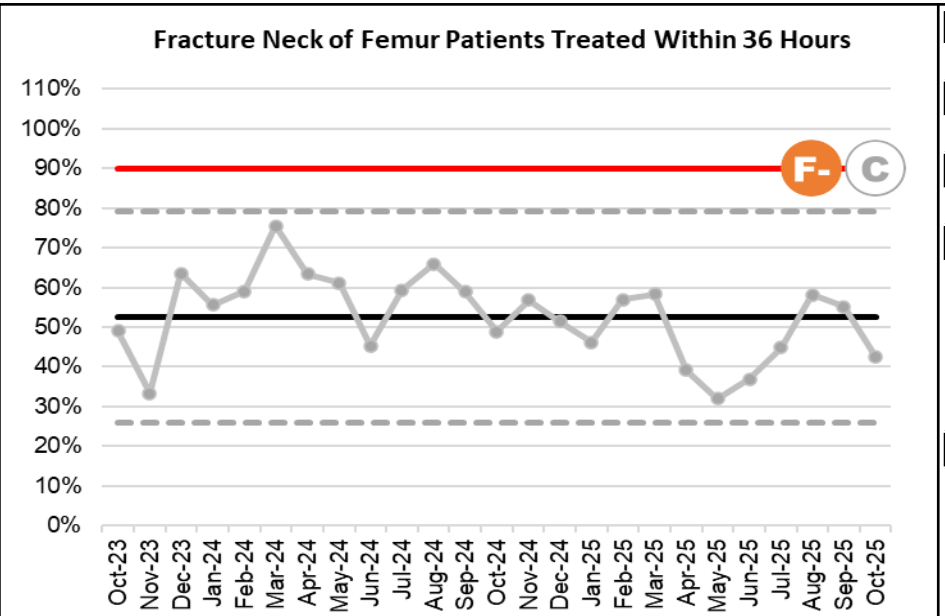
Target
No Target

Latest Month's Position
42.3%

Performance /
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration

Trust Level Risk
No Trust Level Risk





Latest Month
Oct-25

Target
90.0%

Latest Month's Position
42.5%

Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit and down is deterioration.

Corporate Risk
Risk 924 - Delay in hip fracture patients accessing surgery within 36 hours (15)

No narrative required as per business rules.

Please note due to a data process delay the data is 2 months in arrears.

What does the data tell us?

In October, 73 patients were eligible for the best practice tariff (BPT), 31/73 patients (42%) were operated on within 36 hours of admission, 71/73 patients (97%) received ortho-geriatric assessment within 72 hours, resulting in 31/73 patients (42%) met all BPT criteria.

Main reasons for missed targets:

- 42 patients missed the time to surgery target, due to lack of theatre space (36), a specialist surgeon required (2), medical optimisation required (1), reversal of anticoagulants (2) and missed diagnosis (1).

Actions being taken to improve:

- Extra theatre space is created where possible to reduce theatre delays

Impact on forecast:

- When it is possible to create extra theatre capacity risk of delayed surgery for patients with fractured neck of femur can be reduced.

Quality

Neck of Femur

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

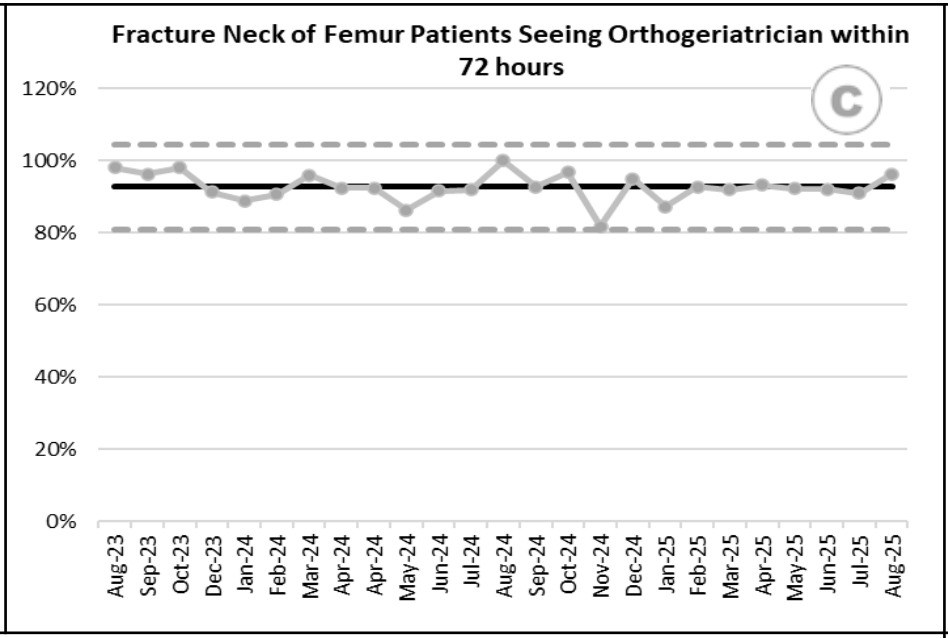
Latest Month
Aug-25

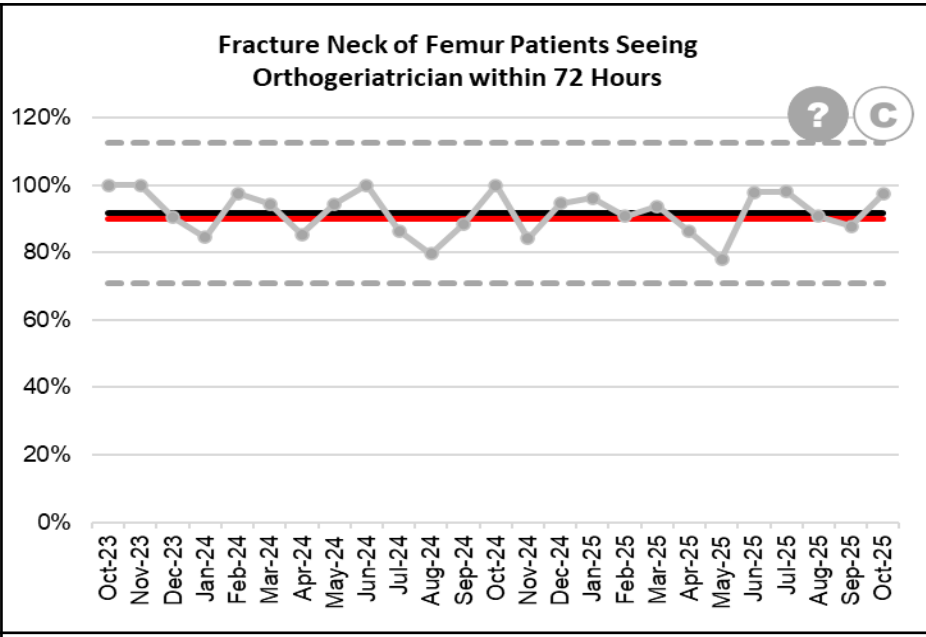
Target
No Target

Latest Month's Position
96.2%

Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration

Corporate Risk
No Trust Level Risk





Latest Month
Oct-25

Target
90%

Latest Month's Position
97.3%

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random

Corporate Risk
No Corporate Risk

No narrative required as per business rules.

Please note due to a data process delay the data is 2 months in arrears.

What does the data tell us?
71/73 patients (97%) received ortho-geriatric assessment within 72 hours.

Action being taken:
No new actions identified.

Impact on forecast
The presence of only one part-time geriatrician at Weston remains a persistent constraint especially during periods of high demand Additional high weekend admissions and OG staffing constraints at the BRI contributed to the second 72-hour OG compliance loss this month. This staffing limitation is likely to continue impacting BPT performance unless additional geriatric support is secured.

Quality

Friends and Family Test (FFT)

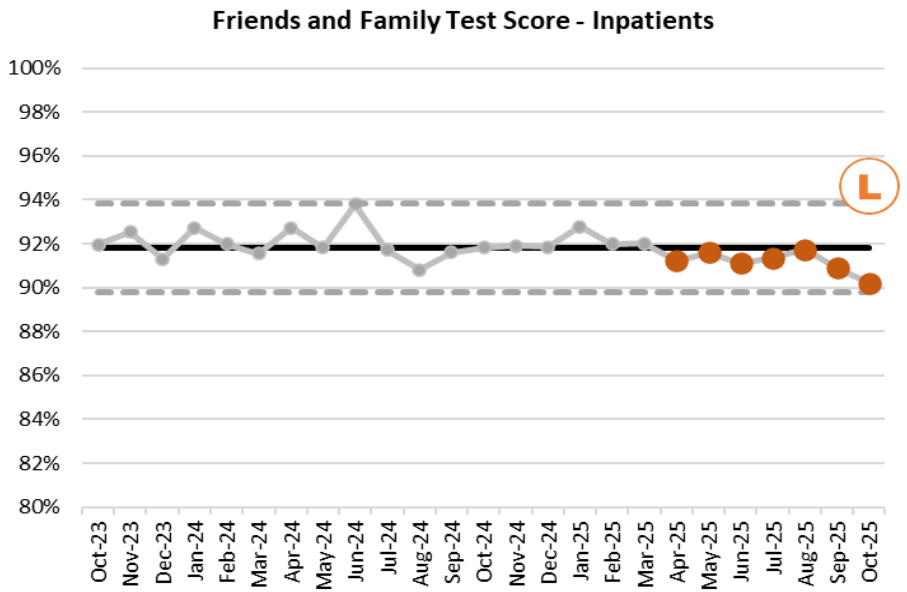
Latest Month
Oct-25

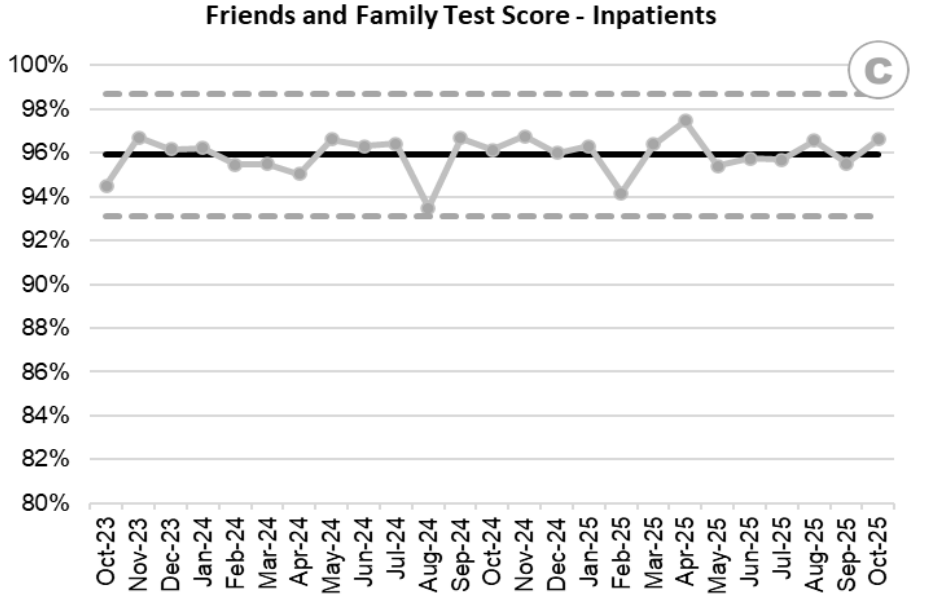
Target
No Target

Latest Month's Position
90.9%

Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration

Trust Level Risk
No Trust Level Risk





Latest Month
Oct-25

Target
No Target

Latest Month's Position
96.6%

Performance / Assurance
Common Cause (natural/expected) variation where up is improvement.

Corporate Risk
No Corporate Risk

What does the data tell us?

- The Inpatient FFT score (total % of patients rating their experience as 'Very good' or 'Good') has continued to decrease from 90.9% in September to 90.2% in October.
- The top negative themes rising from comments are 'Staff', 'Communication' and 'Waiting Time'.
- Several areas have shown a decline in positive scores compared with the previous month. Surgical SDEC is particularly notable, with a 7.5% drop in positive comments and an 18.9% increase in negative comments, based on 116 responses. This marks the third consecutive month in which positive scores have fallen. However, there has been no corresponding increase in the number of complaints or concerns for Surgical SDEC.

Actions taken to improve

- FFT discussed at Divisional Patient Experience Group meeting to advise Divisional Patient Experience teams of areas of concern.

Impact on forecast

- Because several areas show varying levels of decline, each influenced by different response rates, it is difficult to predict the forecast based on the current pressures on the Trust. It is also important to note that several areas are showing an increase in positive scores.

No narrative required as per business rules.

Quality

Friends and Family Test

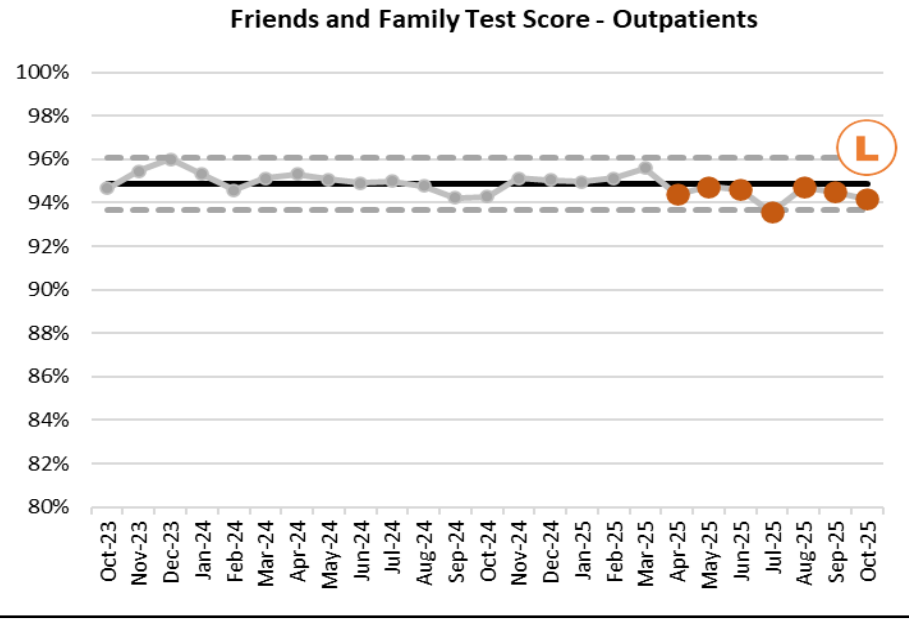
Latest Month
Oct-25

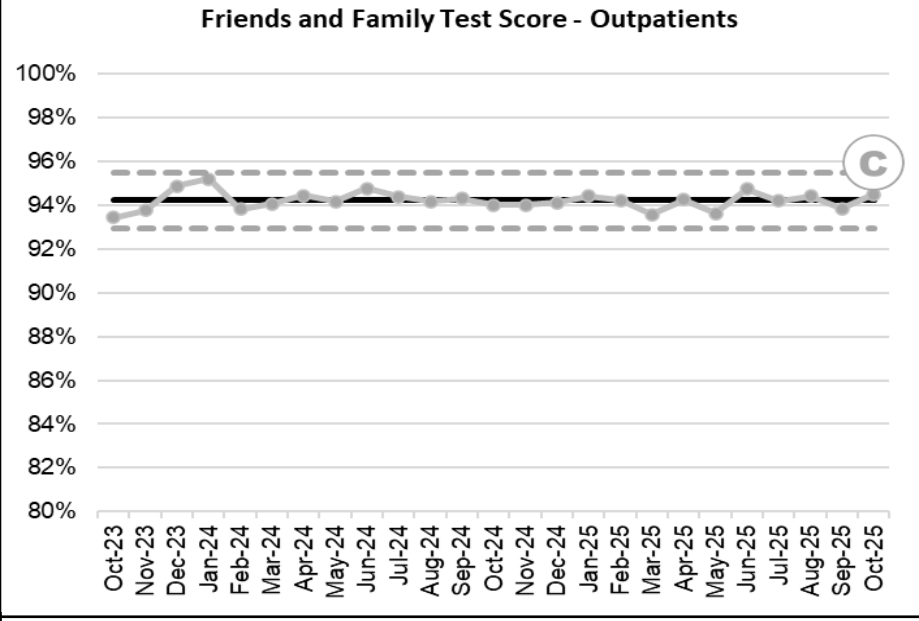
Target
No Target

Latest Month's Position
94.2%

Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit

Trust Level Risk
No Trust Level Risk





Latest Month
Oct-25

Target
No Target

Latest Month's Position
94.5%

Performance / Assurance
Common Cause (natural/expected) variation where up is improvement.

Corporate Risk
No Corporate Risk

What does the data tell us?

- The Outpatient FFT score (total % of patients rating their experience as 'Very good' or 'Good') has continued to decline to 94.2% in October.
- The top negative theme identified in comments is 'Waiting time', followed by 'Communication'.
- Though the positive response ratings have decreased, they do remain very high. The negative response ratings remain consistent and below the Nationally reported average.

Actions taken to improve

- We are continuing to monitor results to identify any areas where improvements can be targeted.
- Improving Patient Experience – Customer Care training to become essential to role / targeted intervention for hotspot areas with negative feedback regarding communication and/or staff behaviour.

Impact on forecast

- It is difficult to predict, given the current pressures the Trust faces and that 'Waiting time' is a major factor in negatively reported experiences.

No narrative required as per business rules.

Quality
Complaints

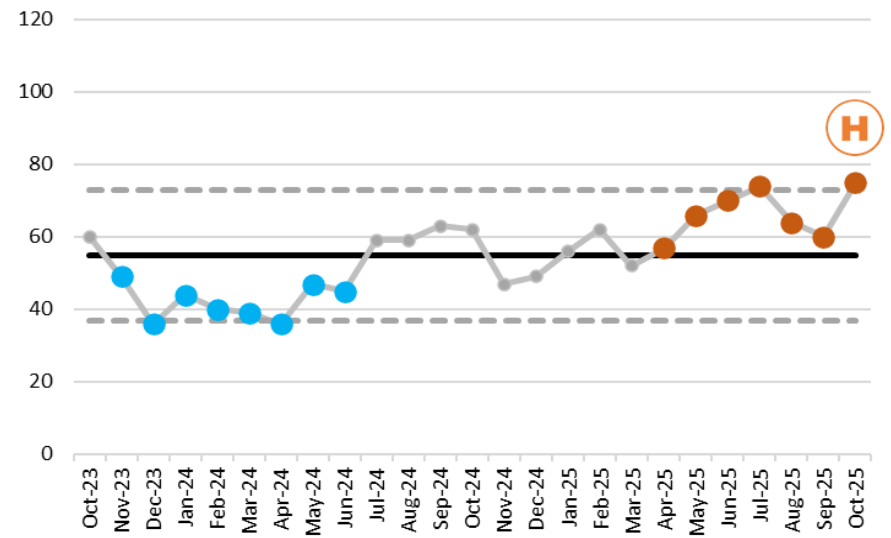
Latest Month
Oct-25

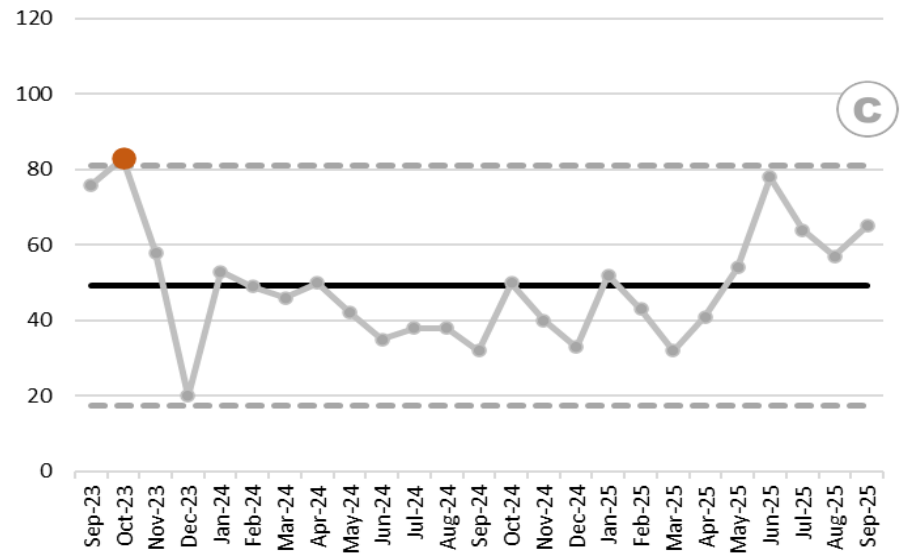
Target
No Target

Latest Month's Position
75

Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration but target is greater than upper

Trust Level Risk
No Trust Level Risk





Latest Month
Sep-25

Target
No Target

Latest Month's Position
65

Performance / Assurance
Common Cause (natural/expected) variation with no target.

Corporate Risk
No Corporate Risk

What does the data tell us?

- In October, the Trust received 75 complaints, which was 15 more than the previous month.
- Since April, the average number of complaints received per month has been 66. However, 70 complaints were received in June and 74 were received in July.
- Emergency Medicine received the most complaints (11), the rest were spread across 28 other specialities with no spike in any area.
- Clinical Care and Treatment was the most selected lead theme of the complaints received.
- We have not seen a decrease in the number of PALS concerns received that correlates with the increase in complaints. The number of PALS concerns received in October remains high (191).

Actions being taken to improve

- We will continue to monitor, keeping a close eye on any spikes in particular services or areas.

Impact on forecast

- It is difficult to predict the number of complaints received each month. This fluctuates largely based on patient's experience of the care and treatment they receive and often reflects the operational pressure faced by the Trust.

No narrative required as per business rules.

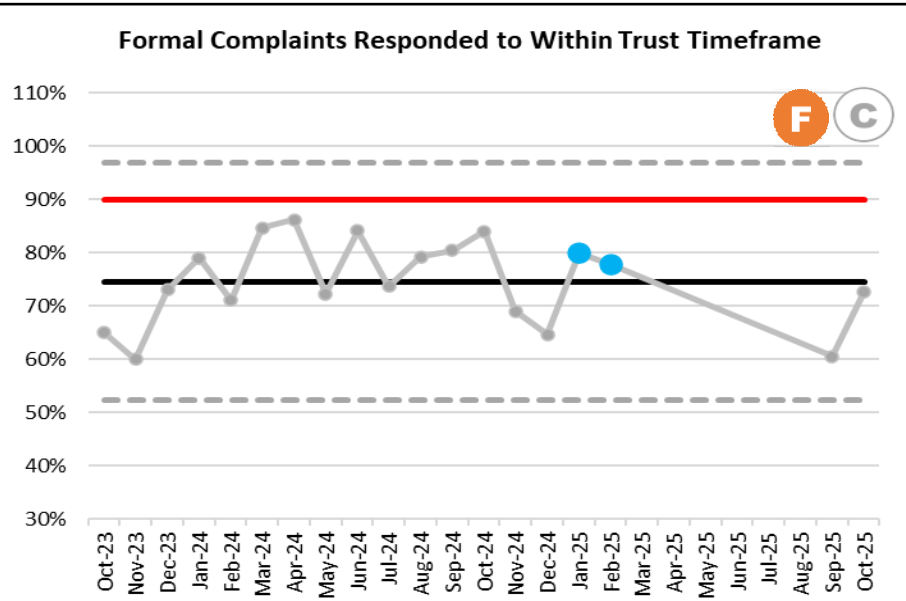
North Bristol NHS Trust

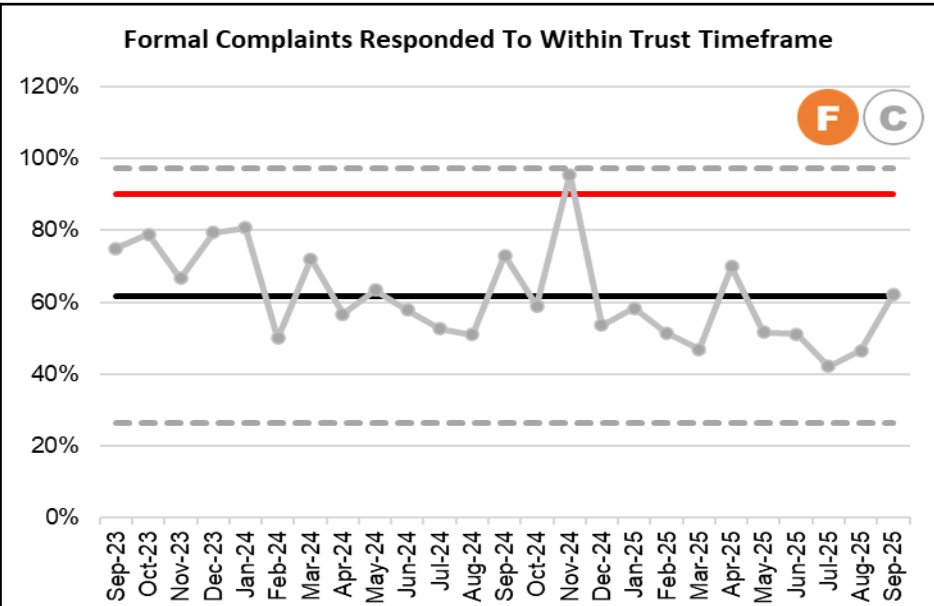
Quality

Complaints

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Oct-25
Target
90.0%
Latest Month's Position
72.7%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random
Trust Level Risk
No Trust Level Risk





Latest Month
Sep-25
Target
90.0%
Latest Month's Position
62.0%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration.
Corporate Risk
No Corporate Risk

What does the data tell us?

- The compliance rate increased from 60% September to 73% in October.
- Of the 55 complaints due for response in October, 40 were closed within the agreed timescale, 8 were outside the agreed timescale, and 7 were still open at the time of reporting.
- The significant increase in October is due to an improvement within the ASCR division (53%) and strong performances from the majority of the other clinical divisions.

Actions being taken to improve

- ASCR continues to embed their recovery plan to sustain consistent compliance in line with the other clinical divisions.
- The Complaints & PALS Manager continues to hold weekly meetings with divisional patient experience teams to review upcoming/overdue cases, addressing complexities and agree appropriate resolutions, including proportionate extensions. A weekly tracker is shared with senior divisional leaders to escalate overdue complaints and support timely resolution.

Impact on forecast

The improvement in ASCR this month has contributed to an increase in the overall Trust compliance score. As the compliance score continues to improve in ASCR, the Trust's overall score is expected to improve further. Compliance scores continue to be monitored across all divisions.

What does the data tell us?

Initial improvement in response rate in August with further recovery in September at 62%. The process pathway active management is showing ongoing recovery to improve performance.
Complaints team reporting an increase in complexity of complaints being made. The PALS and complaints team have held a varying backlog , this has now been resolved and maintained for two months through focussed support and alignment of processes with NBT.

Actions being taken to improve

All divisions have an action plan in place to improve the quality and timeliness of complaint responses.
Prompt sending of complaints to Divisions within 72 hours, enabling more time for the complaint review and response completion.
Central PALS and Complaints team creating teaching pack to support new Divisional Complaint Co-ordinators with the complaints process to streamline approach.
A review of final sign off roles leading to an increase to improve efficiencies.

Impact on forecast

There have been workforce gaps in some of the Divisional Complaint Co-ordinators, which have impacted on process delays; with posts now filled, these are expected to resolve. Expected Improvement month on month from Dec/Jan onwards once backlog processed by Divisions, then maintained once improvement actions are complete.

NHS North Bristol NHS Trust

Our People

Scorecard

NHS University Hospitals Bristol and Weston NHS Foundation Trust

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Well-Led	Workforce Turnover (Rolling 12-month)	NBT	Oct-25	9.8%	11.3%	9.8%	N/A*	N/A*	No Commentary
		UHBW	Oct-25	9.5%	11.1%	9.5%	N/A*	N/A*	No Commentary
Well-Led	Vacancy (Vacancy FTE as Percent of Funded FTE)	NBT	Oct-25	8.1%	5.1%	8.4%	F-	C	Escalation Summary
		UHBW	Oct-25	4.3%	4.0%	3.5%	?	H	Escalation Summary
Well-Led	Sickness (Rolling 12-month)	NBT	Oct-25	4.7%	4.4%	4.7%	N/A*	N/A*	Commentary
		UHBW	Oct-25	4.5%	4.5%	4.4%	N/A*	N/A*	No Commentary
Well-Led	Essential Training Compliance	NBT	Oct-25	89.9%	90.0%	89.3%	?	C	Escalation Summary
		UHBW	Oct-25	90.1%	90.0%	90.3%	?	C	Escalation Summary

*Cannot generate Assurance and Variation icons as SPC not appropriate for rolling data.

Assurance						Variation			
P*	P	?	F	F-	No icon	H	L	C	H	L
Consistently Passing Target	Meeting or Passing Target	Passing and Falling Short of Target	Falling Short of Target	Consistently Falling Short of Target	No Specified Target	Improving Variation		Common Cause (natural) Variation	Concerning Variation	

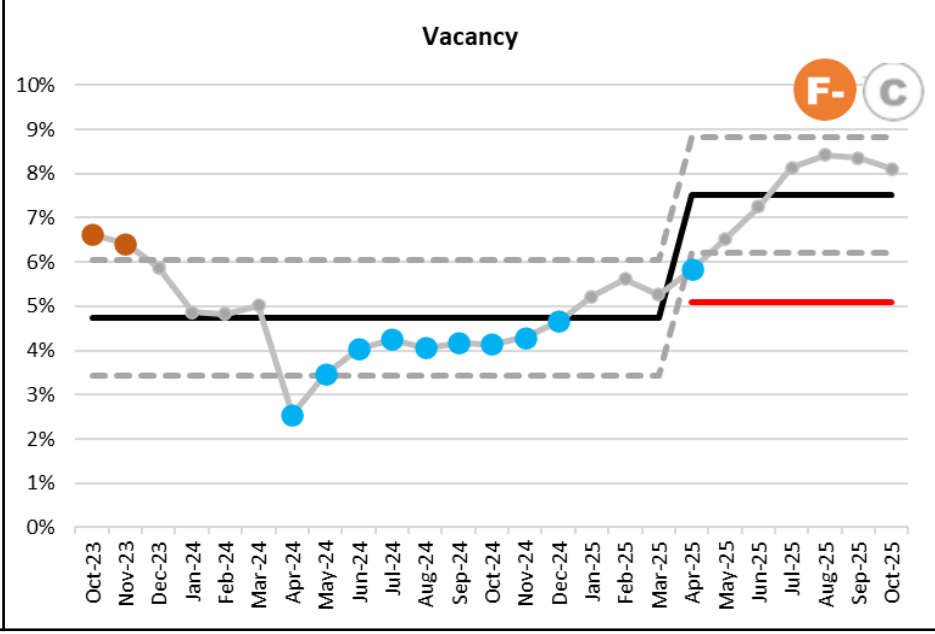
Our People

Vacancies

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

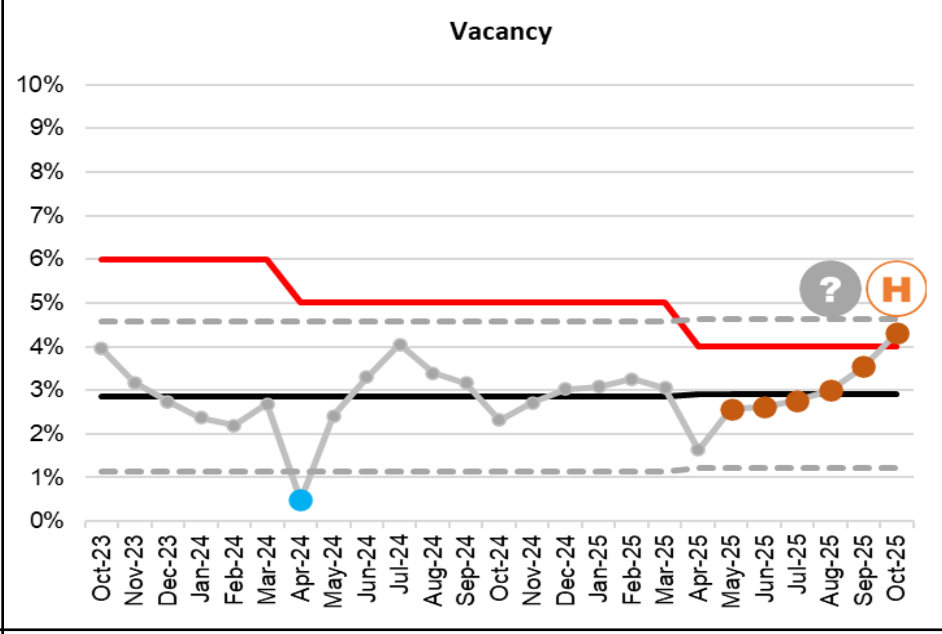
Latest Month
Oct-25
Year End Target
5.1%
Latest Month's Position
8.1%
Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration
Trust Level Risk
Risk 1979 -
There is a risk to our clinical teams and services due to the inability to recruit into vacant specialist medical roles (16)



What does the data tell us?
- Vacancies reduced in October (-6.7 fte).
- Reductions in vacancies in unregistered clinical professions (-16 fte), particularly band 2/3 Healthcare Support Workers (HCSW) and Radiography Assistants. Ward 7b on track – nursing vacancies reducing by 8 fte in October.
- Largest increase in vacancies was in A&C, 8.5 fte. Enhanced workforce controls and focus on headcount reduction continues to impact - 93 fte has been delivered and budget adjusted with a further 68 fte planned.

Actions being taken to improve
- **Medium Term Nursing and Midwifery Plan -** Workforce summit to review current supply assumptions, progress and refresh for medium term – **Dec-25**
- **HCSW Supply** – Trust wide and tailored (hard to recruit) Health Care Support Worker (HCSW) assessment centres for scaled up candidate selection. Weekly escalation where trajectory not meeting demand**– ongoing**
- **Youth-focused outreach:** Launching a targeted campaign to promote the HCSW career pathway to young people, featuring a recruitment video to be shared with local education providers. Group wide campaign live - **Mar-26 outreach starting Apr-26**
- **Enhanced visibility and engagement:** social media campaign to showcase the role of the HCSW and the career pathway available aligned with Commitment to out Community priority – **live Feb-26**

Impact on forecast
- 76 HCSW offers have been made at assessment centres in October and November



Latest Month
Oct-25
Year End Target
4.0%
Latest Month's Position
4.3%
Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration and last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
Risk 8383 - □
Risk that inability to recruit and retain specialist staff continues (16)

What does the data tell us?
- FTE budget increase (71.03 FTE) and staff in post reduction (-29.57 FTE) combined 100 FTE difference to the previous month.
- Largest increased in budget is in N&M Registered (33.14 FTE) and N&M Unregistered (20.91 FTE). This includes planned investments in Womens and Childrens (16.9 FTE). In Surgical Theatres (17.7FTE) – linked to Elective Care. In September there was a correction of funded establishments following the transfer of Hospital at Home to Medicine Division of 15 FTE.
- The largest decrease in staff in post is in the A&C staff group (-61.35 FTE) 29 FTE associated with MARS
- The annual plan required a headcount reduction of 300 wte (with investments phased over the year of 158 wte) The impacts of the vacancy freeze and robust controls are visible in this vacancy position which will not yet be reflected in adjusted funded establishments.

Actions being taken to improve
- Continued monitoring of the vacancy position through Divisional and SDR processes to avoid increased temporary staffing costs,
- Two HCSW assessment centres and a band 2 admin and clerical recruitment day planned **– by early Dec 25**

Impact on forecast
- It is anticipated that c. 30 wte offers will be made via the HCSW and Admin and Clerical assessment centres based on the calibre of applicants. More external recruitment will be required for these roles which offers an opportunity to recruit from the local population.

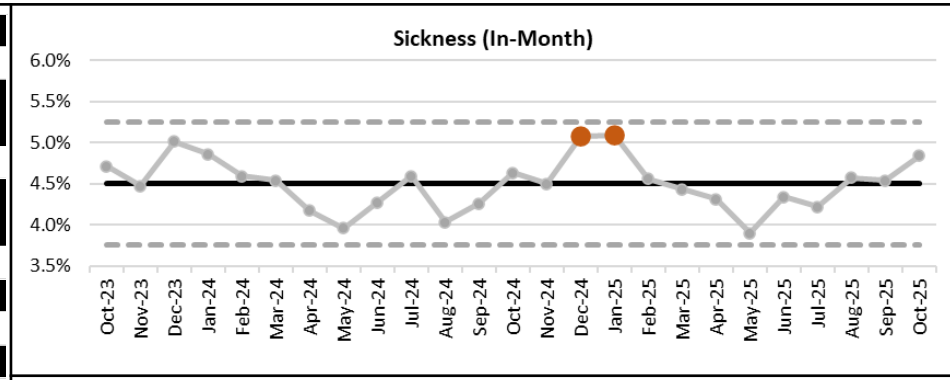
Our People

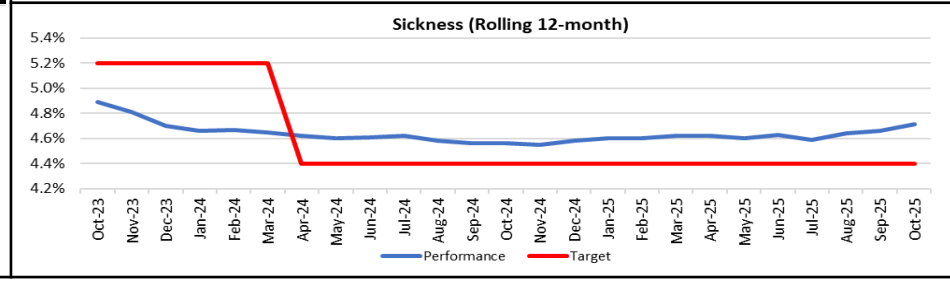
Sickness Absence

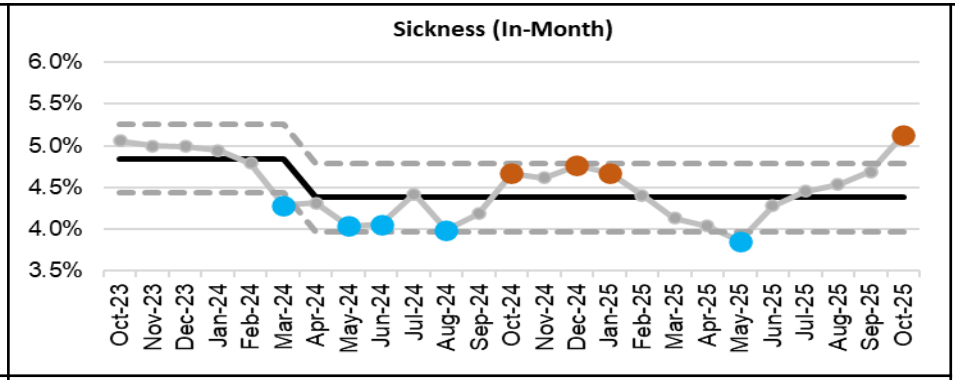
North Bristol NHS Trust

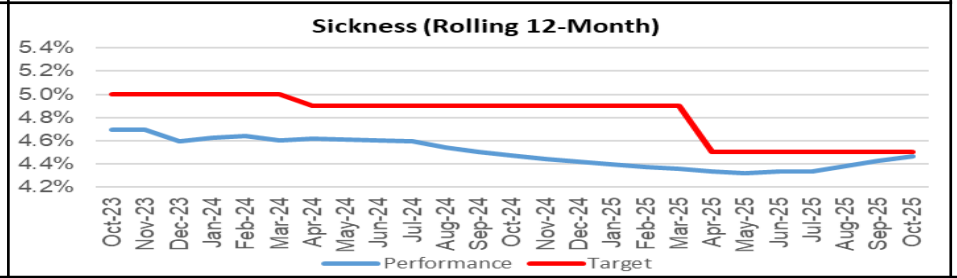
University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Oct-25
Latest Month's Position Rate (In-Month)
4.8%
Latest Month's Position Rate (Rolling 12-Month)
4.7%
Target
4.4%
Trust Level Risk
No Trust Level Risk









Latest Month
Oct-25
Latest Month's Position Rate (In-Month)
5.1%
Latest Month's Position Rate (Rolling 12-Month)
4.5%
Target (Rolling 12-month)
4.5%
Corporate Risk
No Corporate Risk

What does the data tell us?

- Current position driven by long term absence
- Our draft 26/27 Group target is 4.4% - recognised as challenging but a strong focus on wellbeing and absence management to deliver, in line with focus in 10 Year NHS Plan and NHS England Medium Term Planning Framework.

Actions being taken to improve

People Systems and Data Team

- Diagnostic of use of 'Other Known Reasons' absence reason use as absence growth has been predominantly in this area and impacts ability to design wellbeing and absence management interventions - **Action plan Q4 2025/26**

People Advice Team

- Analysis of Trust-wide and Divisional level data on long term absence reasons to understand what is contributing to longevity of long-term sickness across the Trust **- Dec 25.**
- Review return to work process to allow early identification and triangulation of absence causes and effective approaches for management - **Feb 26**

Staff Experience Team

- EAP refamiliarization plan in development to increase awareness and service utilisation across all divisions **by Q2 - 2026**
- HG have been successful in their NHSCT bid for Fatigue Risk Management (FRM) Project – The project will enable FRM practice to be embedded Group wide **– launch early 2026.**
- Staff Health Checks Fit testing and Vaccination support available for Winter Wellness weekend - **22nd & 23rd November**

Impact on Forecast

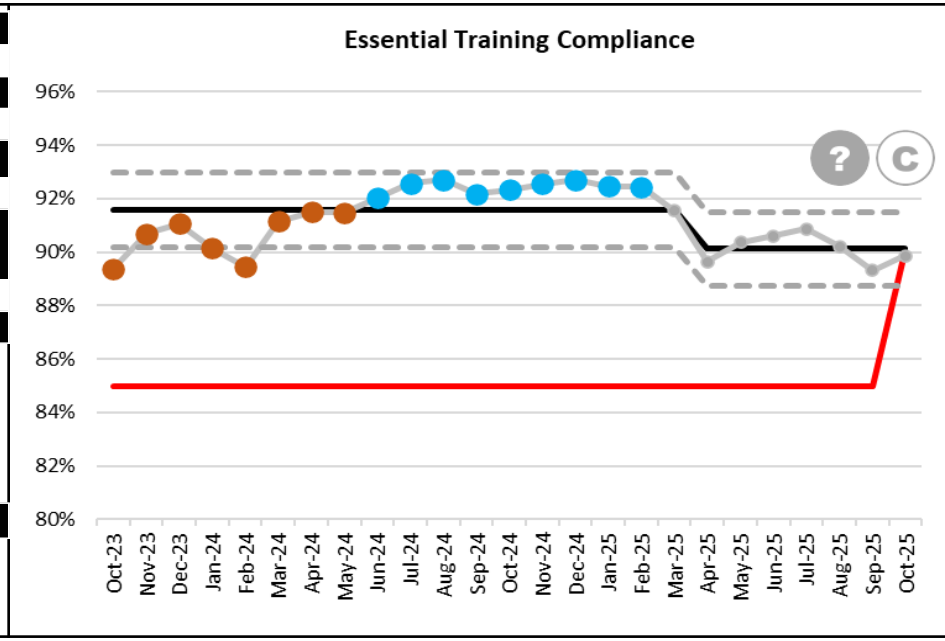
- Impact primarily on long term absence duration to bring down absence rates – analysis in progress to quantify – **Jan-26**

Metric meeting target.

Our People

Mandatory and Statutory Training

Latest Month
Oct-25
Target
90.0%
Latest Month's Position
89.9%
Oliver McGowan Tiers 1 and 2 Virtual / Face to Face
23.5%
Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is improvement
Trust Level Risk
No Trust Level Risk



What does the data tell us?

NBT has aligned with UHBW and set the compliance target for Essential Training (top 11 NHS England recognised core skills topics plus Oliver McGowan eLearning) to 90% (from our old target position of 85%). Overall compliance is sitting just under the 90% target. Training compliance is lower than the target in specific areas, notably for Infection Prevention and Control (80.25%), Information Governance (84.72%).

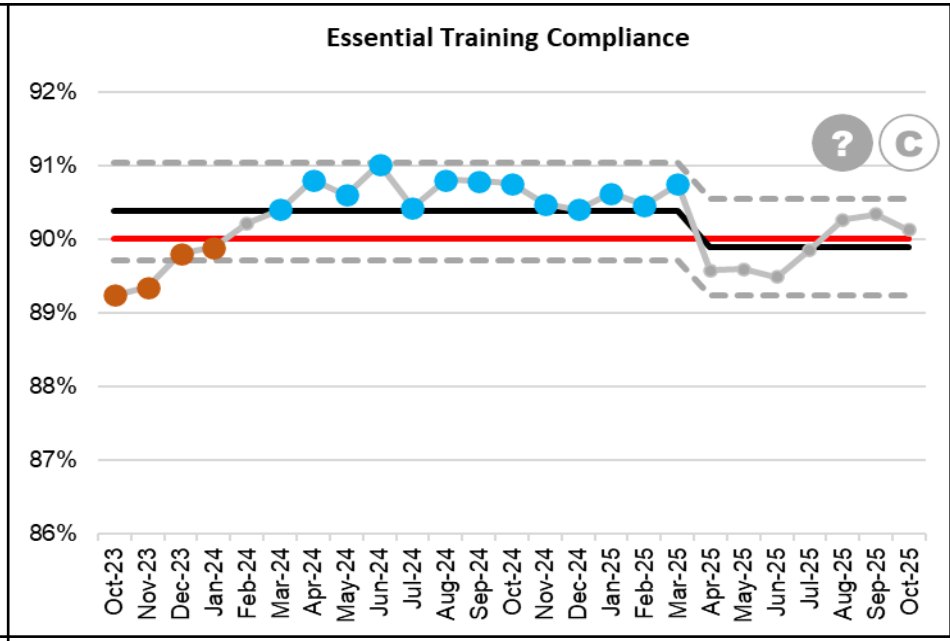
Actions Being Taken to Improve

Level 2 Oliver McGowan training is at a combined rate of 23.5%, clinical face-to-face at 22.54% and the non-clinical webinar at 28.01% against an ICB target rate of 66% by March 2026. Additional face-to-face training sessions are being provided on-site to facilitate compliance and increase training capacity available for clinical staff.

- Action Infection Prevention Control (IPC): Following national review, the frequency and target audience of IPC training will be amended. Level 1 IPC will change to 3-year frequency and Level 2 will only be applicable to patient-facing staff. These changes apply to both NBT and UHBW and IPC teams are currently working with L&D to amend the training portfolio and develop a supporting comms plan to all staff - **by mid-November 2025**
- Action Information Governance: We continue to maintain Data Security & Protection Toolkit (DSPT) compliance above mandatory standards, align with Cyber Essential controls, and regularly promote Data Security & Awareness training through corporate induction, executive updates, and targeted campaigns, such as 'October's Cyber Awareness Month' - **ongoing**

Impact on forecast

Actions noted regarding OMMT training provision will serve to support improved compliance rates.



Latest Month
Oct-25
Target
90.0%
Latest Month's Position
90.1%
Oliver McGowan Tiers 1 and 2
38.6%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
No Corporate Risk

What does the data tell us?

Manual Handling compliance 78.2% and Resus compliance at 78.3% below the target 90%. All other categories are compliant.

Actions being taken to improve

Overall compliance sits at 90.1%, slightly above target, with Level 1 OMMT at 84.6%. Level 2 compliance stands at 38.6%—26.0% for non-clinical webinar sessions and 45.2% for clinical face-to-face sessions. Expanded ICB training is supporting increased uptake.

Manual handling recently moved into Learning and Development; as a response to improving training compliance a new delivery methodology is being drafted for launch in early 2026. Training will include an eLearning provision for a specific clinical target audience. Once embedded, this change in focus will support a move to improvements in compliance levels and, if positively impacting compliance, has scope to roll-out across the group. The planned implementation date for the improvement action is 12th January 2026

Resus compliance reached a five year high of 79% in 2025, which is attributed to greater engagement with training across staff groups. A slight anticipated decrease has been observed recently, attributed to a group with a new requirement for PBLS training. A robust plan to support this group has been implemented, expectation to see improvement by May 2026. Operational pressures are impacting training capacity utilised with current average training attendance at 75% resulting in some sessions being cancelled due to low booking levels.

Impact on forecast

Actions noted regarding OMMT training provision and M&H change will serve to support improved compliance rates.

Income & Expenditure

Actual Vs Plan (YTD)

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month

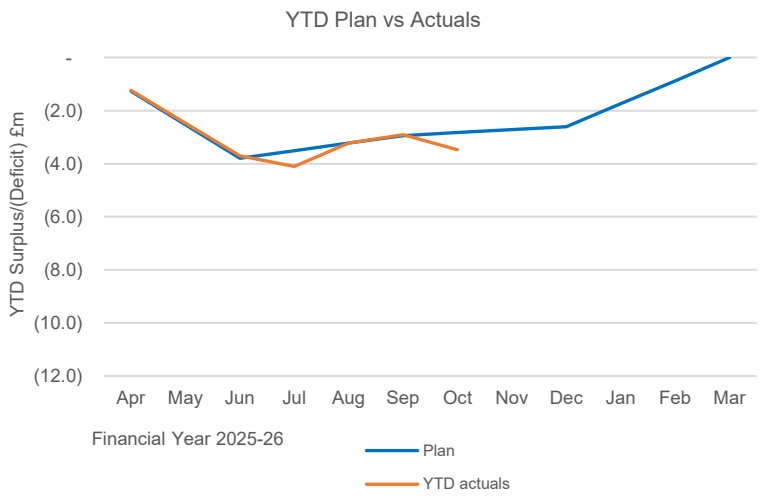
Oct-25

Year to Date Plan

£(2.8m) deficit

Year to Date Actual

£(3.5m) deficit



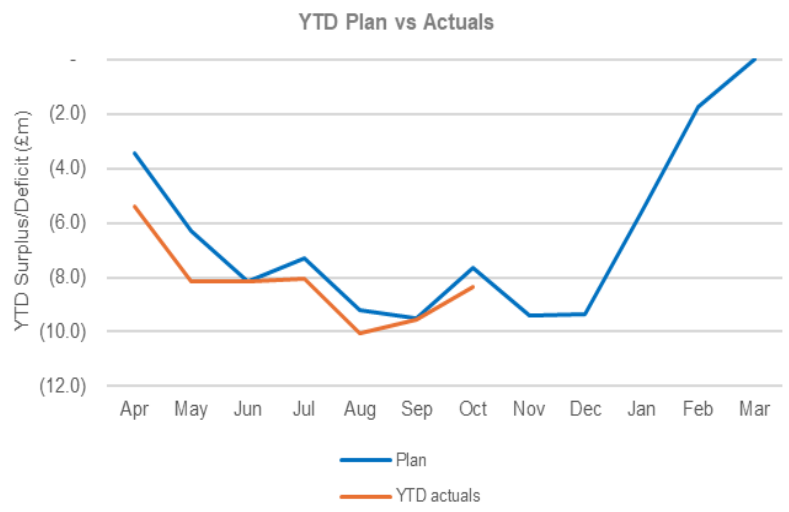
Summary

Summary:

- The financial plan for 2025/26 in Month 7 was a surplus of £0.1m. The Trust has delivered a £0.6m deficit and is £0.7m adverse to plan. Year to date the Trust has delivered a £3.5m deficit position which is £0.7m adverse to plan.
- In month, the Trust recognised £0.7m of costs due to the reversal of an expected VAT benefit in relation to car parking which was recently overturned by the Supreme Court. Due to this, strike costs are now causing a pressure in the year-to-date position.
- The Trust continues to have higher than planned levels of No Criteria To Reside (NCTR) and high acuity driving pressures on escalation and enhanced care costs. This has led to overspends on nursing of £0.7m in month. This is offset by smaller benefits of £0.8m on contract income and other income.
- Elective Recovery Performance in month is driving a favourable position of £1.0m, of which £0.9m relates to over-performance against ERF activity and further £0.1m favourable variance on independent sector as activity has been moved internally. This was offset by £0.7m adverse variance on non-pay consumables to deliver activity.
- In month, the Trust under-delivered against the recurrent Month 7 savings target by £2.4m contributing to a shortfall against in month delivery of £1.9m. This was partially offset in month by non-recurrent savings from consultant and AfC vacancies which contributed a £0.9m favourable variance as well as £0.6m of divisional income driven by private patients and one-off benefits.

Key risks

- The Month 7 financial position is dependent on non-recurrent benefits which cannot be assumed to be available throughout the year, in year savings delivery, elective recovery activity and NCTR will therefore need to be addressed if the Trust is to break even at year end, whilst divisions need to deliver within budgets.



Latest Month

Oct-25

Year to Date Plan

£(7.7m) deficit

Year to Date Actual

£(8.3m) deficit

Summary

Summary:

- The position at the end of October is a net deficit of £8.3m against a planned deficit of £7.7m. The Trust is, therefore, adverse to plan. This is a deterioration of £0.7m from last month.
- Significant variances against plan are higher than planned pay expenditure (£8.1m) and increased non-pay costs (£15.1m). This is offset by higher than planned operating income (£21.7m).
- Total staff in post (substantive, bank and agency) has reduced since March, but staffing levels continue to exceed funded establishment with nursing budgets driving the adverse pay position due to additional use of registered mental health nurses and staffing of bed escalation areas linked to NCTR.
- Overall, agency and bank expenditure was higher in month compared with September, and YTD is marginally higher than planned. Agency expenditure is 15% lower than plan YTD with expenditure in month of £0.7m, compared with £0.5m in September. Bank expenditure is 3% higher than plan YTD due to the cost of industrial action, with expenditure in month of £4.4m.
- The number of NCTR patients has deteriorated further with a peak of 212 patients in October. This equates to almost 23% of the Trust's bed base being occupied by NCTR patients.

Key risks

- The delivery of elective activity necessary to secure the Trust's planned level of income.
- A shortfall in savings delivery will result in failure to achieve the breakeven plan without a continued step change in delivery within Clinical Divisions and Corporate Services.
- Central mitigations of £25m necessary to support the breakeven plan are not fully identified. However, as at the end of October central mitigations of £21m have been identified.

CIP

Actual Vs Plan (YTD)

Latest Month

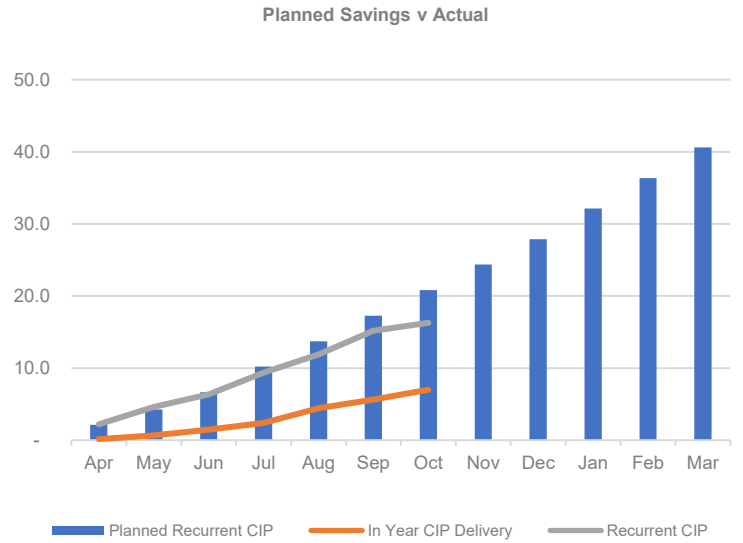
Oct-25

Year to Date Plan

£20.8m

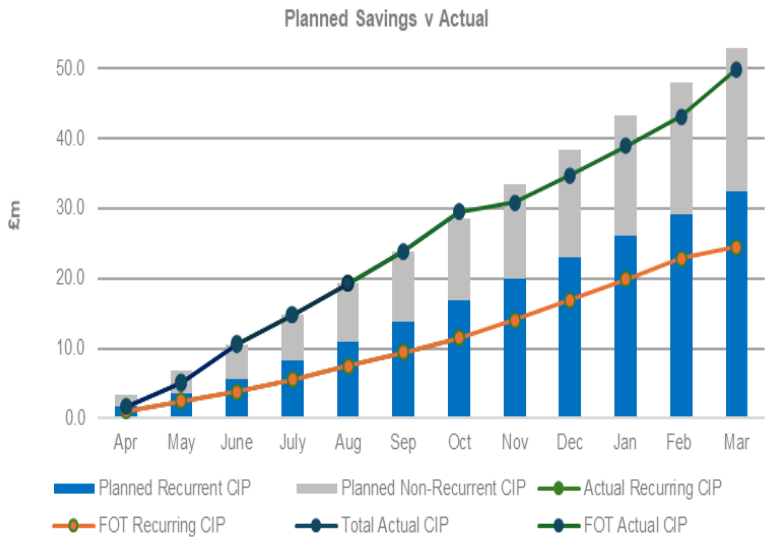
Year to Date Actual

£16.3m



Summary

- The CIP plan for 2025/26 is for savings of £40.6m with £20.8m planned delivery at Month 7.
- At Month 7 the Trust has £16.3m of completed schemes on the tracker, of which £1.8m is non-recurrent. There are a further £12.0m of schemes in implementation and planning, leaving a remaining £12.3m of schemes to be developed.
- The CIP delivery is the full year effect figure that will be delivered recurrently. Due to the start date of CIP schemes this creates a mis-match between the 2025/26 impact and the recurrent full year impact. This can be seen on the orange line on the graph above.



Latest Month

Oct-25

Year to Date Plan

£28.7m

Year to Date Actual

£29.5m

Summary

- The Trust's 2025/26 recurrent savings plan is £53.0m.
- The Divisional plans represent 70% or £37.1m of the Trust plans. 30% or £15.9m sits centrally with the corporate finance team.
- As at 31st October 2025, the Trust is reporting total savings delivery of £29.5m against a plan of £28.7m.
- The Trust is forecasting savings of £49.9m, an improvement of £2.0m from last month. This improvement is due to an increase in non-recurring schemes linked to the Trust's FRP. Recurring savings represent 49% of the current forecast outturn.
- Against the annual savings plans of £53.0m, the current forecast savings delivery shortfall is £3.1m or 6%. The full year effect forecast outturn at month 7 is £32.8m, a forecast recurrent shortfall of £20.2m or 38%.

Workforce

Pay Costs Vs Plan Run Rate

Latest Month

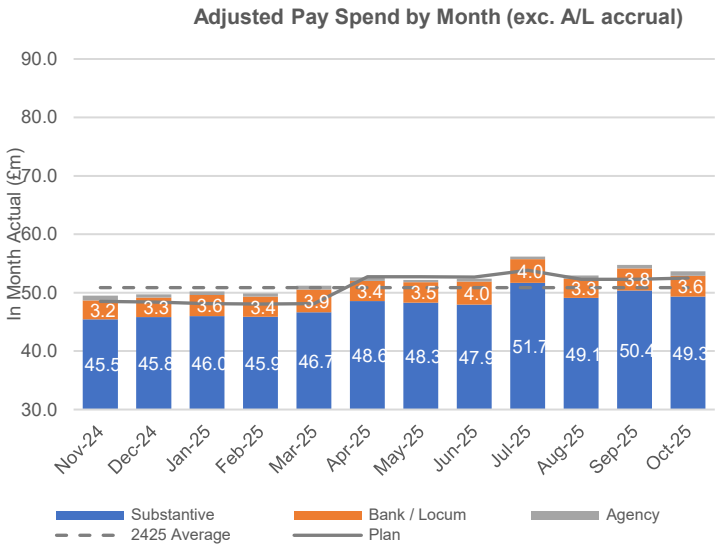
Oct-25

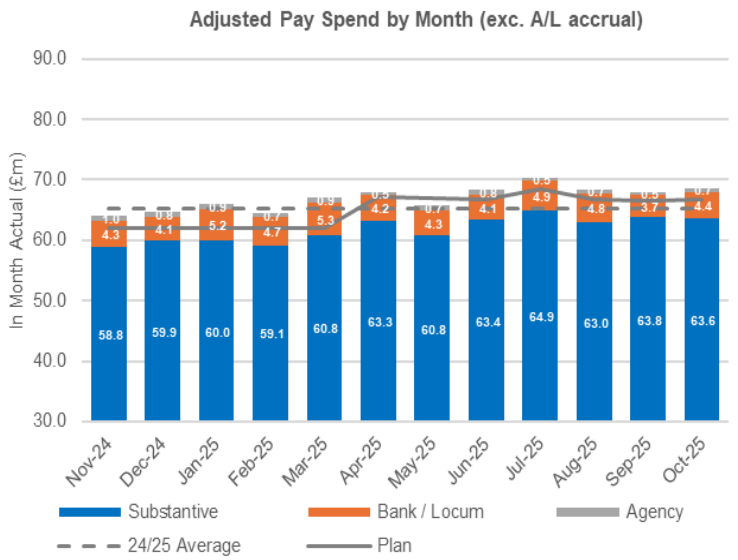
In- Month Plan

£52.5m

In-Month Actual

£53.6m





Latest Month

Oct-25

In-Month Plan

£66.7m

In-Month Actual

£68.7m

Summary

Summary

- Pay spend is £1.1m adverse in month, when adjusted for pass through items, the revised position is £0.4m adverse to plan. The main drivers are:
  - In year CIP - £0.8m adverse, in month impact of recurrent CIP delivery.
  - Escalation and enhanced care - £0.7m adverse in nursing.
  - Vacancies - £0.9m favourable, consultant vacancies in Anaesthetics and Imaging and AfC vacancies in Genetics and Facilities. Facilities and ASCR vacancies relate to Bristol Surgical Centre posts not yet fully recruited.
  - There are other smaller underspends of £0.2m driven by vacancies in other non-ward nursing roles.

Summary

Summary

- Total pay expenditure in October is £68.7m, £2.0m higher than plan due higher than planned bank costs and substantive staff in post exceeding establishment.
- Pay costs remain higher than plan YTD mainly due to the cost of nursing staffing levels exceeding planned values with levels of substantive and temporary staffing combined beyond the Trust's funded establishment by an average of 267WTE since April.
- Nursing staffing levels exceed the funded establishment by 190WTE in October. Contributing factors to the ongoing over-establishment are the use of escalation capacity, high levels of acuity requiring additional mental health input and sickness absence.
- Additional workforce controls have been put in place with effect from 1st August and the expected reduction in staff in post back to establishment remains the focus of the Clinical Divisions.

Temporary Staffing

Agency Costs Vs Plan Run Rate

Latest Month

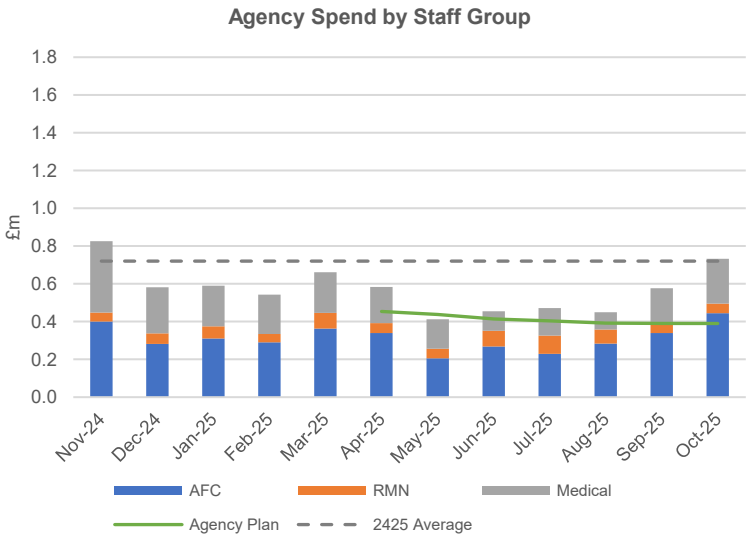
Oct-25

In-Month Plan

£0.4m

In-Month Actual

£0.7m



Summary

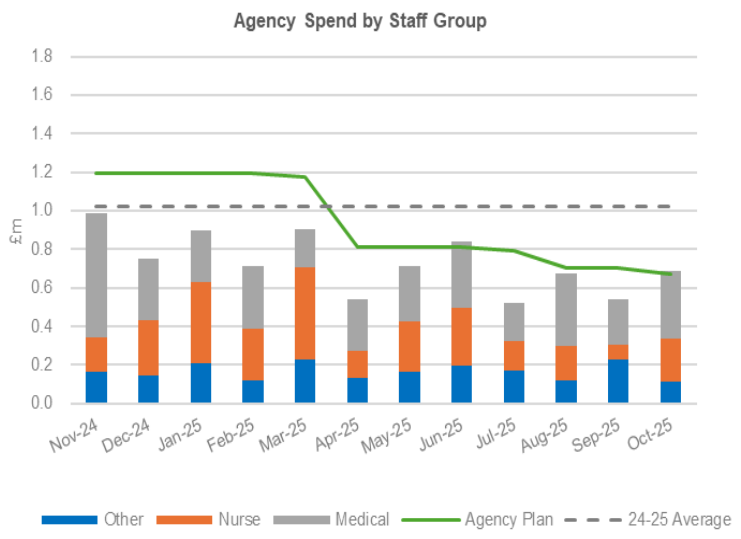
Summary

Monthly Trend

- Agency spend in October has increased compared to September. This is largely driven by consultant agency in Cardiology to cover sickness, and increased Nursing agency in Medicine due to escalation and high sickness
- Overall spend in month is driven by consultant agency usage in Medicine and ASCR covering vacancies, nursing agency usage in Critical Care and ED due to increased acuity, as well as Healthcare Scientists in Cardiology to deliver ECHO activity.

In Month vs Prior Year

- Trustwide agency spend in October is above 2024/25 spend. This is due to the high sickness and escalation bed activity in the hospital.



Latest Month

Oct-25

In-Month Plan

£0.7m

In-Month Actual

£0.7m

Summary

Summary

Monthly Trend

- Agency expenditure in October is £0.7m, on plan but higher than September's agency expenditure of £0.5m. YTD agency expenditure is 15% below plan.
- Agency expenditure is 1.0% of total pay costs.
- Agency usage continues to be largely driven additional escalation bed capacity across nursing and medical staffing due to a deterioration in the NCTR position. The use of registered mental health nurses is also a key driver.
- Nurse agency shifts increased by 100 or 28% in October compared with September.
- Medical agency expenditure is higher by £0.1m from the previous month. The number of shifts covered has decreased from 303 in September to 264 in October.

In Month vs Prior Year

- Trustwide agency spend in October is £0.1m or c17% lower than October 2024. This is due to increased controls and scrutiny implemented across Divisions with the support Trust's Nurse leadership.

Temporary Staffing

Bank Costs Vs Plan Run Rate

Latest Month

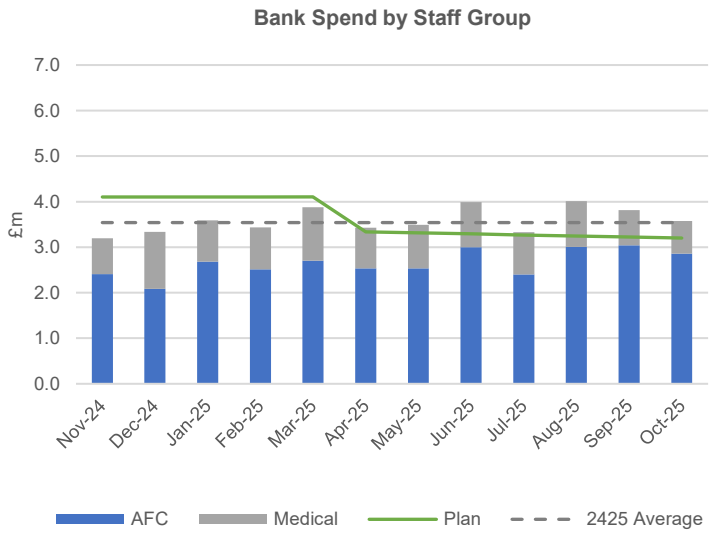
Oct-25

In-Month Plan

£3.2m

In-Month Actual

£3.5m



Summary

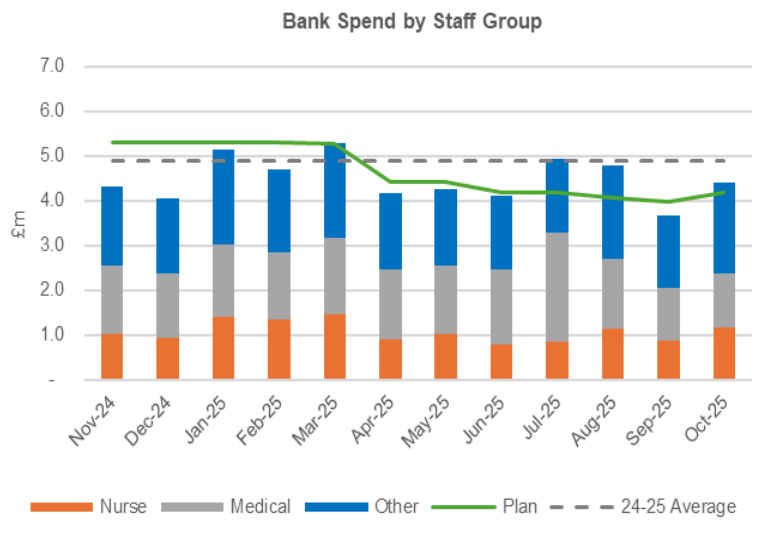
Summary

Monthly Trend

- In October, there has been a reduction in bank spend compared to September. The decrease has mainly been in nursing, where vacancies in ICU have reduced through recruitment.

In Month vs Prior Year

- Bank spend in month is in line with 2024/25 spend, however 2024/25 spend reduced significantly in the second half of the year due to additional controls put in place. This month saw additional pressures in enhanced care and escalation costs within Medicine. Compared to last year, the costs will have increased on run rate due to the National Insurance increases brought in from M1.



Latest Month

Oct-25

In-Month Plan

£4.2m

In-Month Actual

£4.4m

Summary

Summary

Monthly Trend

- Bank costs in October are £4.4m, an increase of £0.7m from £3.7m in September. Costs are £0.9m higher than plan YTD, due mainly to costs associated with Industrial Action. Of the £4.4m spent in October, £1.2m relates to medical bank and £1.2m to registered nurse bank.
- Nurse bank expenditure increased by £0.3m in October from £0.9m in September, whilst shifts decreased by c830 or 12%.
- Medical bank was broadly the same as September at c£1.2m .

In Month vs Prior year

- Bank expenditure in October is £0.4m lower than the same period last year.

Capital

Actual Vs Plan

Latest Month

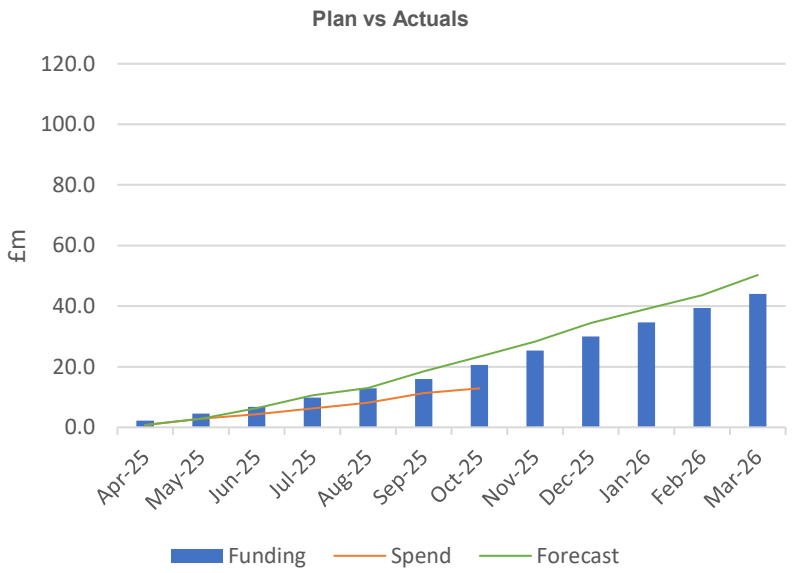
Oct-25

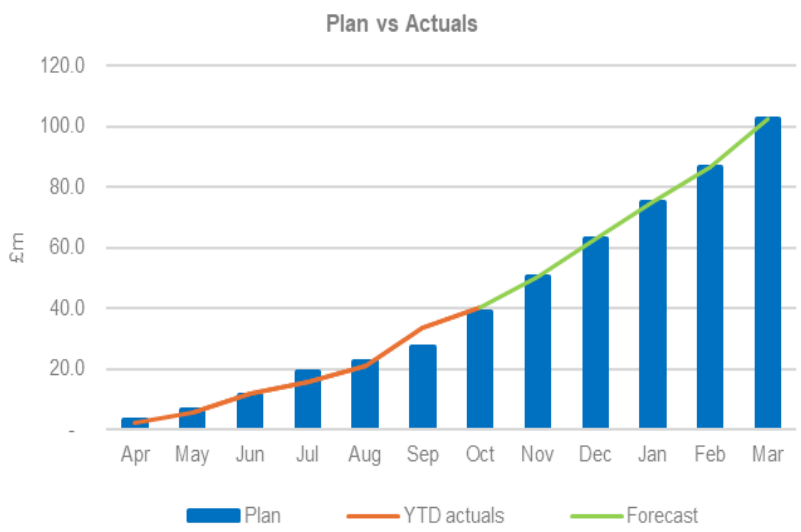
In-Month Plan

£4.8m

In-Month Actual

£1.5m





Latest Month

Oct-25

In-Month Plan

£11.5m

In-Month Actual

£6.6m

Summary

Summary

- The Trust currently has a system capital allocation of £22.7m for 2025/26. A further £11.2m of projects have been taken forwards for national funding.
- Overall spend in Month 7 was £1.5m. This takes the overall year to date spend to £12.9m, of which £7.3m is against the Bristol Surgical Centre.
- The year-to-date variance against the forecast is as result of slippage in several projects however the Trust is still forecasting to spend all allocated capital funding in year.
- Overall spend on the Bristol Surgical Centre to date is £49.4m, of which £38.3m relates to the main construction contract.
- The Trust has received approval for a £7.3m Salix grant to be spent on decarbonisation work. This funding will be received throughout the year to match spend.

Summary

Summary

- Following NHSE confirmation of capital funding allocations of £55.2m, the Trust submitted a revised 2025/26 capital plan to NHSE on 30th April 2025 totalling £102.7m. The sources of funding include:
  - -£40.5m CDEL allocations from the BNSSG ICS capital envelope;
  - -£55.2m PDC matched with CDEL from NHSE including centrally allocated schemes;
  - -£5.5m Right of use assets (leases); and
  - -£1.5m for donated asset purchases.
- YTD expenditure at the end of October is £40.4m, £1.7m ahead of the plan of £38.7m.
- Significant variances to plan include slippage on Major Capital Schemes (£9.4m), offset by ahead of plan delivery, most notably against medical equipment (£4.4m) and right of use assets (IFRS16) (£5.8m).
- Management of the delivery of the capital plan has been revised to drive project delivery via the Trust's Capital Group, newly formed Estates Delivery Board and the Capital Programme Board.

Cash

Actual Vs Plan

Latest Month

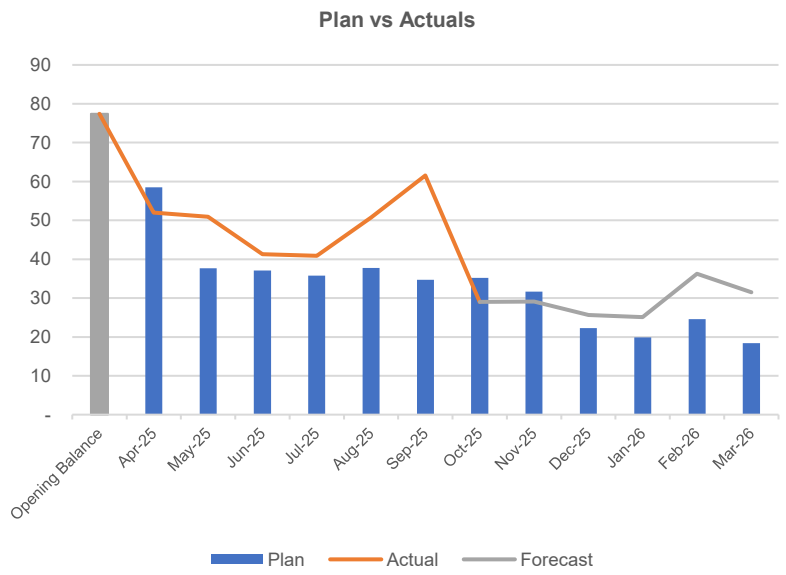
Oct-25

Target

£35.2m

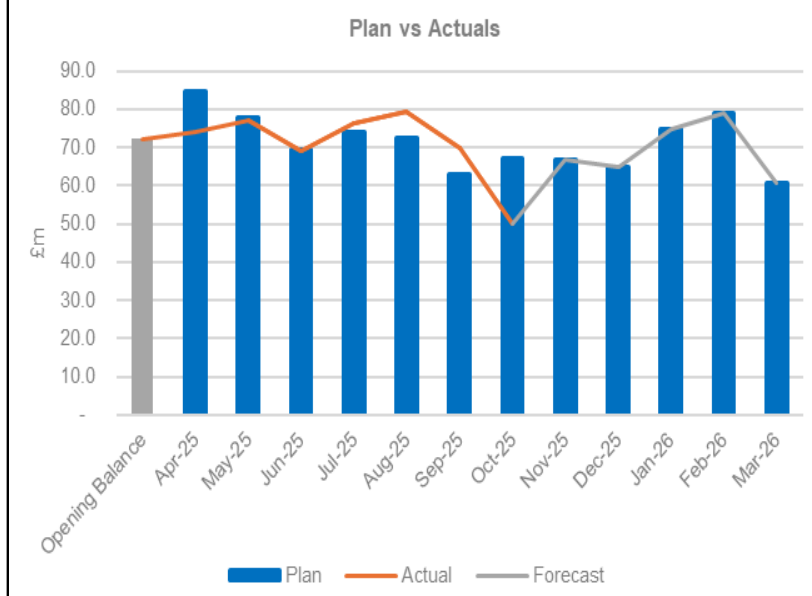
Actual

£28.9m



Summary

- In month cash is £29.5m, which is a £32.6m decrease from September
- The movement in month is driven by the release of £31m of pre-payments received from BNSSG in August & September shown in payables (deferred income
- The cash balance has decreased by £48.4m year to date, driven by the high level of capital cash spend linked to items purchased at the end of 2024/25.
- Year-to-date cash balances are £6.2m behind plan and the year end cash balance is forecast to be £13.1m above plan, primarily driven by lower than forecast capital cash spend.



Latest Month

Oct-25

Target

£67.2m

Actual

£50.0m

Summary

- The closing cash balance of £50.0m, is a decrease of £20.0m from September.
- The £22.3m decrease from 31st March is due to a net cash inflow from operations of £15.6m, offset by cash outflow of £31.3m relating to investing activities (i.e. capital), and cash outflow of £6.6m on financing activities (i.e. loans, leases & PDC).
- The Trust's total cash receipts in October were £97.8m to cover payroll payments of £68.2m, supplier payments of £43.3m and capital spend of £6.2m.
- YTD cash balances are £17.2m below plan. The forecast year end cash balance is being updated to incorporate the Financial Recovery Plan and will be reported next month.

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Assurance and Variation Icons – Detailed Description

VARIATION ICON	ASSURANCE ICON	P* Consistently Passing target (target outside control limits)	P Passing target	? Passing and Falling short of target subject to random variation	F Falling short of target	F- Consistently Falling short of target (target outside control limits)	*No icon* No Target
H	Special Cause Improving Variation High, where up is improvement	Special Cause Improving Variation High, where up is improvement and target is less than lower limit.	Special Cause Improving Variation High, where up is improvement and last six data points are greater than or equal to target.	Special Cause Improving Variation High (where up is improvement) and last six data points are hitting and missing target, subject to random variation.	Special Cause Improving Variation High, where up is improvement but last six data points are less than target.	Special Cause Improving Variation High, where up is improvement but target is greater than upper limit.	Special Cause Improving Variation High, where up is improvement and there is no target.
L	Special Cause Improving Variation Low, where down is improvement	Special Cause Improving Variation Low , where down is improvement and target is greater than upper limit.	Special Cause Improving Variation Low, where down is improvement and last six data points are less than target.	Special Cause Improving Variation Low (where down is improvement) and last six data points are both hitting and missing target, subject to random variation.	Special Cause Improving Variation Low, where down is improvement but last six data points are greater than or equal to target.	Special Cause Improving Variation Low, where down is improvement but target is less than lower limit.	Special Cause Improving Variation Low, where down is improvement and there is no target.
C	Common Cause (natural/expected) variation	Common Cause (natural/expected) variation, where target is less than lower limit where up is improvement, or greater than upper limit where down is improvement.	Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is improvement, or less than target where down is improvement.	Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.	Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration, or less than target where down is deterioration.	Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration or greater than upper limit down is deterioration.	Common Cause (natural/expected) variation with no target.
H	Special Cause Concerning Variation High, where up is deterioration	Special Cause Concerning Variation High, where up is deterioration but target is greater than upper limit.	Special Cause Concerning Variation High, where up is deterioration, but last six data points are less than target.	Special Cause Concerning Variation High, where up is deterioration and last six data points are both hitting and missing target, subject to random variation.	Special Cause Concerning Variation High, where up is deterioration and last six data points are greater than or equal to target.	Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit.	Special Cause Concerning Variation High, where up is deterioration and there is no target.
L	Special Cause Concerning Variation Low, where down is deterioration	Special Cause Concerning Variation Low, where down is deterioration but target is less than lower limit.	Special Cause Concerning Variation Low, where down is deterioration but last six data points are greater than or equal to target.	Special Cause Concerning Variation Low, where down is deterioration and last six data points are both hitting and missing target, subject to random variation.	Special Cause Concerning Variation Low, where down is deterioration and last six data points are less than target.	Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit.	Special Cause Concerning Variation Low, where down is deterioration and there is no target.

KEY
Note Performance
Constitutional Standards and Key Metrics = Escalation Summary