

# June 2025

# Published Papers

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Including:

University Hospitals Bristol and Weston NHS Foundation Trust Quality and Performance Report

# Integrated Quality and Performance Report

Month of Publication May 2025  
Data up to April 2025

# Key to KPI Variation and Assurance Icons

Assurance						Variation			
					No icon				
Consistently <b>P</b> assing Target	Meeting or <b>P</b> assing Target for at least Six Months	Inconsistent Passing and Falling Short of Target	<b>F</b> alling Short of Target for at least Six Months	Consistently <b>F</b> alling Short of Target	No Assurance Icon as No Specified Target	Special Cause of Improving Variation due to <b>H</b> igher or <b>L</b> ower Values	<b>C</b> ommon Cause Variation - No Significant	Special Cause of Concerning Variation due to <b>H</b> igher or <b>L</b> ower 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 Appendix for full detail.

## Further Reading / Other Resources

The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes a 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%			Escalation Summary
The CQC Domain the indicator is covered by. See CQC Website for more information: <a href="#">The five key questions we ask - Care Quality</a>			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			
					No icon				
Consistently <b>P</b> assing Target	Meeting or <b>P</b> assing Target for at least Six Months	Inconsistent Passing and Falling Short of Target	<b>F</b> alling Short of Target for at least Six Months	Consistently <b>F</b> alling Short of Target	No Assurance Icon as No Specified Target	Special Cause of Improving Variation due to <b>H</b> igher or <b>L</b> ower Values	<b>C</b> ommon Cause Variation - No Significant	Special Cause of Concerning Variation due to <b>H</b> igher or <b>L</b> ower 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 *Appendix* for full detail.

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

## Responsive

### Urgent Care

ED 4-hour performance dropped slightly during April, with UHBW reporting 75.3% for all attendance types (75.4% in March). A continuation of high demand, high bed occupancy levels, high NCTR and rising numbers of patients presenting with infectious disease creating a challenging clinical, operational and performance environment. The total number of IPC restricted beds rose further to an average of 55 per day.

NHSE SW have introduced a further refinement to the UEC metrics outlined in the 2025/26 Operating Plan, which include:

- No ambulance handover delays >45 min handover
- Deliver 78% performance against the four-hour standard of care for adults
- Deliver 95% performance against the four-hour standard of care for paediatrics
- Less than 10% of patients waiting >12 hours in the emergency department
- No mental health delays >24 hours within the emergency department
- To reduce the number of discharge delays

### Elective Care

Following elimination of 65 week waits by the end of 2024/25, the continued national shortage of cornea graft material resulted in eight patients waiting beyond 65 weeks at the end of April. Sustainable recovery is anticipated into 2025/26, noting the ongoing challenge with supply of cornea graft material potentially impacting the UHBW position in year.

The 2025/26 Operational Planning Guidance, has introduced additional RTT metrics, namely:

- Improve the percentage of patients waiting no longer than 18 weeks for treatment (a 5% improvement from November 2024 baseline by March 2026)
- Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list (by March 2026)
- Improve the percentage of patients waiting no longer than 18 weeks for a first appointment (a 5% improvement from November 2024 baseline by March 2026)

Whilst performance against each of these metrics is slightly behind the trajectory the Trust set for April, it is anticipated that divisional plans will support recovery, and the performance ambitions will be achieved during 2025/26.

### Diagnostics

The Trust has experienced an anticipated drop in diagnostic performance during April reporting 17.8% against the plan of 18.5% (March = 15.2%). Diagnostic recovery plans are in place to continue to meet the recovery trajectory, with improvement in performance expected during Q1.

### Cancer Wait Time Standards

During March, UHBW remains compliant with the FDS-28-Day standard and continues to deliver the 31-Day and 62-Day standards with the expectation that this will continue into 2025/26.

# Executive Summary – Group Update

## Quality, Safety, Effectiveness, and Our People

## Patient Experience and Finance

### Patient Safety & Clinical Effectiveness

UHBW had 11 cases of *Clostridium Difficile* in April 2025, nine Hospital Onset Healthcare Associated (HOHA) and two Community Onset Healthcare Associated (COHA). The NHSE limit for UHBW for 2025/26 is set at 109 cases with a monthly trajectory of 9.08 cases per month. The UK Health Security Agency (UKHSA) have triggered a national incident to increase scrutiny of the national increase in *C. difficile*. An active surveillance system of *C. difficile* strains circulating in England commenced in April 2025. This will align with surveillance strategies in most of the other UK nations and beyond and will allow greater vigilance in the tracking and monitoring of *C. difficile* nationally and internationally. UHBW is one of the sentinel sites participating in the surveillance.

VTE risk assessment compliance at UHBW remains static and below the 95% target. Implementation of Careflow Medicines Management (CMM) commenced on 20th May with in-patient prescribing on two pilot wards in Weston General Hospital. CMM includes the VTE risk assessment becoming mandatory prior to prescribing in all wards except admissions areas, which will extend to other wards and sites over the next few months.

During April 2025, UHBW had 271 medication related incidents. Three medication incidents were reported as causing moderate, or severe harm or death this month. The dataset pre-April 2025 is based on previous harm descriptors in place in the Trust. The data indicates a good reporting culture with a low number of harm incidents compared to number of incidents. No specific themes have been identified arising 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 (digital prescribing and administration system) that commences in May 2025 is envisaged to reduce risks associated with processes for prescribing and medicines administration.

### Patient & Carer Experience

Provisional data for March 2025 (reported one month in arrears): a total of 173 complaints were received by UHBW in March 2025, 32 of which were recorded as formal, 105 as informal and 36 as PALS concerns. Data since January 2024 has been reviewed and re-calculated in response to the reported pattern of falling numbers of formal complaints, also taking into account closer alignment with NBT in terms of how we calculate our data. The pattern of the adjusted data is within expected variation.

### Our People

Turnover at UHBW reduced to 10.3% in April compared to 10.4% in the previous month, remaining below target, and the Trust's vacancy rate has further reduced to 1.6%. The Trust's sickness absence rate remains 4.1%, the same as the previous month. Essential training compliance is over 90%.

### Finance

In Month 1 (April) UHBW delivered a £1.9m adverse position against a £3.5m deficit plan. The deterioration in the UHBW position was driven by a shortfall in savings delivery in month. UHBW pay was £0.9m adverse to plan driven by savings delivery shortfall and staff in post exceeding plan. Cash within UHBW is £73.9m which is a £1.7m increase from Month 12.

# Responsiveness

## Scorecard

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	Apr-25	60.6%	63.6%	61.3%	F-	L	Escalation Summary
		UHBW	Apr-25	67.8%	71.8%	68.0%	?	C	Escalation Summary
Responsive	ED % Spending Over 12 Hours in Department	NBT	Apr-25	9.6%	2.0%	10.1%	F-	H	Escalation Summary
		UHBW	Apr-25	5.6%	2.0%	5.2%	F	H	Escalation Summary
Responsive	ED 12 Hour Trolley Waits (from DTA)	NBT	Apr-25	299	0	407	F	H	Escalation Summary
		UHBW	Apr-25	486	0	534	F-	H	Escalation Summary
Responsive	No Criteria to Reside	NBT	Apr-25	21.1%	15.0%	21.6%	F-	L	Escalation Summary
		UHBW	Apr-25	22.7%	13.0%	22.3%	F-	H	Escalation Summary
Responsive	Average Ambulance Handover Time	NBT	Apr-25	54	33	48	F-	H	Escalation Summary
		UHBW	Apr-25	41	45	34	F-	C	Escalation Summary
Responsive	Ambulance Handover Delays (under 15 minutes)	NBT	Apr-25	24.2%	65.0%	23.9%	F-	L	Escalation Summary
		UHBW	Apr-25	27.0%	65.0%	33.2%	F-	C	Escalation Summary
Responsive	Ambulance Handover Delays (over 60 minutes)	NBT	Apr-25	668	0	653	F-	H	Escalation Summary
		UHBW	Apr-25	797	0	510	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

## Scorecard

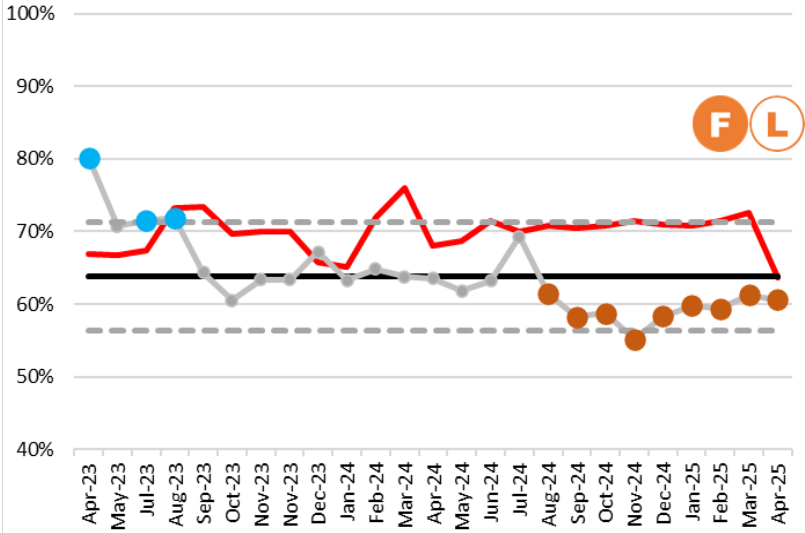
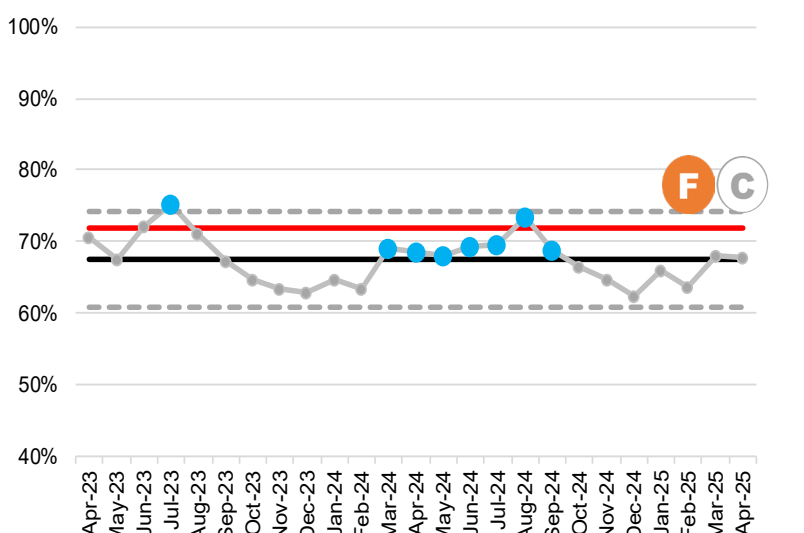
CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	RTT Percentage Over 52 Weeks	NBT	Apr-25	0.5%	1.0%	0.0%	P	N/A	Note Performance
		UHBW	Apr-25	1.4%	1.2%	1.1%	F	L	Escalation Summary
Responsive	Total RTT Pathways 65 weeks	NBT	Apr-25	0	0	0	P	N/A	Note Performance
		UHBW	Apr-25	8	0	0	P	N/A	Note Performance
Responsive	RTT Ongoing Pathways Under 18 Weeks	NBT	Apr-25	63.1%	64.4%	65.0%	F	H	Escalation Summary
		UHBW	Apr-25	63.7%	64.2%	64.0%	F-	H	Escalation Summary
Responsive	RTT First Attendance Under 18 Weeks	NBT	Apr-25	69.4%	71.2%	68.5%	F	H	Escalation Summary
		UHBW	Apr-25	66.0%	66.5%	67.4%	F	H	Escalation Summary
Responsive	Diagnostics % Over 6 Weeks	NBT	Apr-25	0.80%	1.00%	0.57%	P	L	Note Performance
		UHBW	Apr-25	17.8%	18.5%	15.2%	?	L	Note Performance
Responsive	Cancer 28 Day Faster Diagnosis	NBT	Mar-25	83.3%	77.0%	83.3%	P	H	Note Performance
		UHBW	Mar-25	78.3%	77.0%	78.2%	P	H	Note Performance
Responsive	Cancer 31 Day Diagnosis to Treatment	NBT	Mar-25	91.3%	97.1%	92.0%	?	C	Escalation Summary
		UHBW	Mar-25	97.0%	96.0%	98.1%	P	H	Note Performance
Responsive	Cancer 62 Day Referral to Treatment	NBT	Mar-25	64.8%	70.0%	59.1%	?	C	Escalation Summary
		UHBW	Mar-25	73.6%	70.0%	74.6%	P	C	Note Performance
Responsive	Last Minute Cancelled Operations	NBT	Apr-25	0.6%	0.8%	0.6%	P	C	Note Performance
		UHBW	Apr-25	1.5%	1.5%	1.6%	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	



# Responsiveness

## UEC – Emergency Department Metrics

ED Percentage Spending Under 4 Hours in Department	<b>Latest Month</b>	Apr-25
	<b>Target</b>	63.6%
	<b>Latest Month's Position</b>	60.6%
	<b>Performance / Assurance</b>	Special Cause Concerning Variation Low, where down is deterioration and last six data points are less than target
	<b>Trust Level Risk</b>	1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).
ED Percentage Spending Under 4 Hours in Department		
ED Percentage Spending Under 4 Hours in Department	<b>Latest Month</b>	Apr-25
	<b>Target</b>	71.8%
	<b>Latest Month's Position</b>	67.8%
	<b>Performance / Assurance</b>	Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration.
	<b>Corporate Risk</b>	Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)
ED Percentage Spending Under 4 Hours in Department		

### What does the data tell us?

A slight dip in performance across the trust against the ED 4-hour standard at 67.8% compared to 68% in March. Whilst overall attendances decreased in April, length of stay increased and number of NCTR beds occupied remained static compared to March.

### 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.

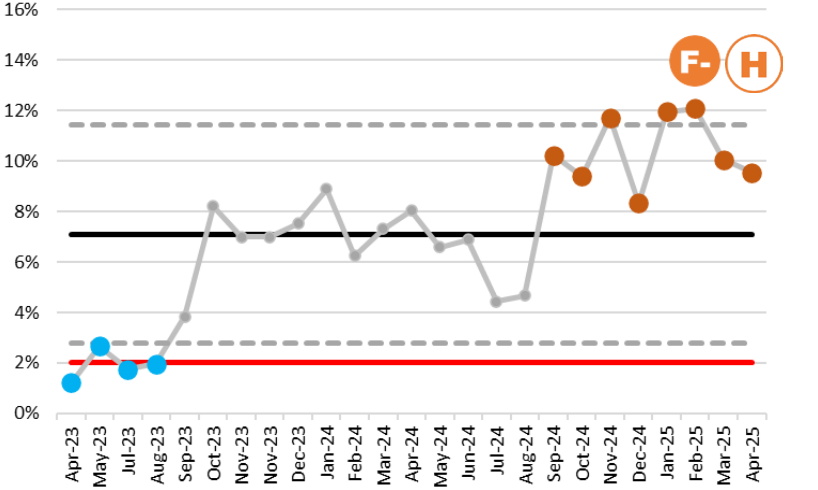
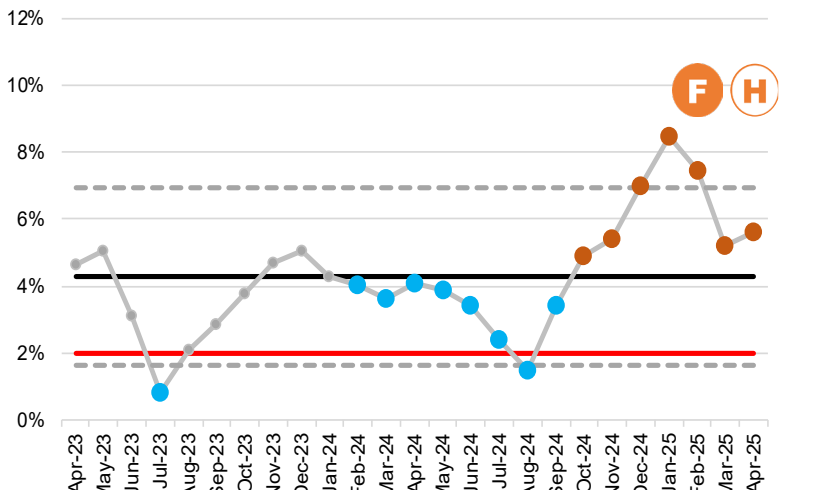
Whole hospital review of ED 'quality standards' continues, with a specific focus on 'specialty reviews' and outward flow from ED. The department is also working closely with SWAST, community and primary care partners to maximise admissions avoidance schemes e.g. Frailty – Assessment & Coordination of 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 improve the Trust position; c69% in May 25/26.

Responsiveness

UEC – Emergency Department Metrics

<div>ED Percentage Spending Over 12 Hours in Department</div>	<div> <div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>2.0%</div> <div>Latest Month's Position</div> <div>9.6%</div> <div>Performance / Assurance</div> <div>Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit</div> <div>Trust Level Risk</div> <div>1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).</div> </div>	<div> <div>ED Percentage Spending over 12 Hours in Department</div>  </div>	<div> <div>ED Percentage Spending Over 12 Hours in Department</div>  </div>	<div> <div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>2.0%</div> <div>Latest Month's Position</div> <div>5.6%</div> <div>Performance / Assurance</div> <div>Special Cause Concerning Variation High, where up is deterioration and last six data points are greater than or equal to target.</div> <div>Corporate Risk</div> <div>Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)</div> </div>
		<div> <div>What does the data tell us?</div> <div>The percentage of patients spending over 12 hours in ED for the month of April (5.6%) increased slightly compared to the previous month at 5.2% but is a significant improvement on 24/25 average at 7.8% overall.</div> <div>Actions being taken to improve</div> <div>Note previous slide.</div> <div>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.</div> <div>Impact on forecast</div> <div>The focused improvement efforts described above are anticipated to result in an improved position to c4.2% during May 25/26.</div> </div>		

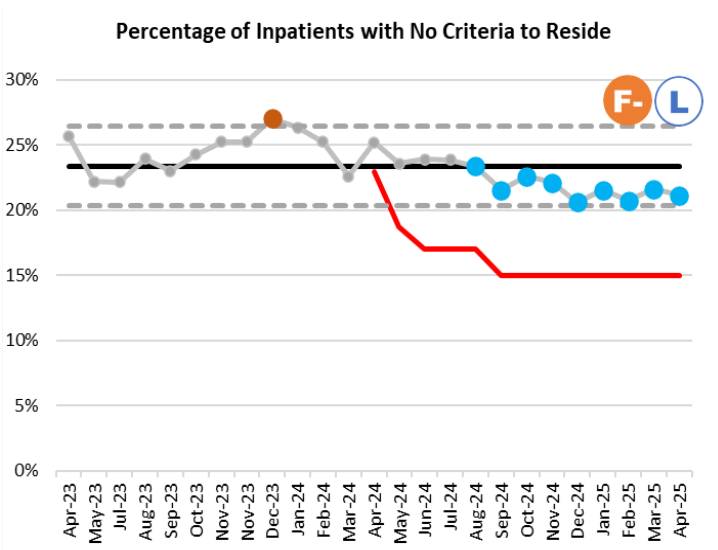
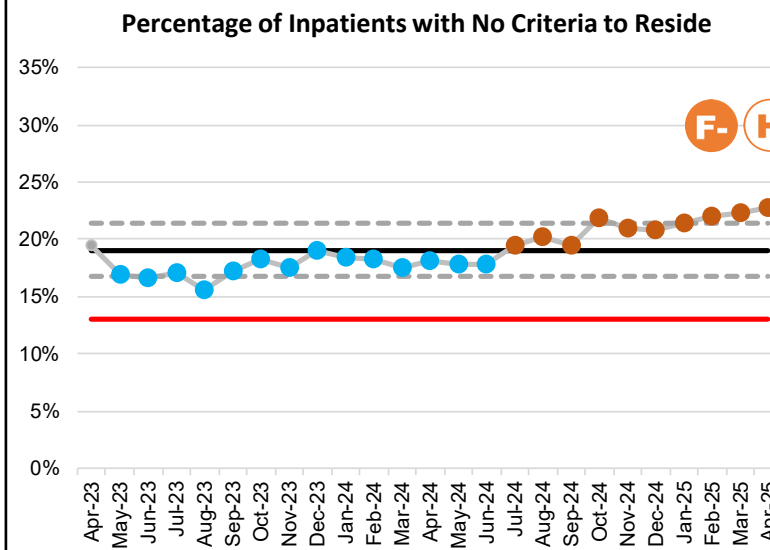
Responsiveness

UEC – Emergency Department Metrics

ED 12 Hour Trolley Waits	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>0</div><div>Latest Month's Position</div><div>299</div><div>Performance / Assurance</div><div>Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit</div><div>Trust Level Risk</div><div>1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).</div></div>	<div><div>ED 12 Hour Trolley Waits (From DTA)</div><table><tr><th>Month</th><th>Waits</th></tr><tr><td>Apr-23</td><td>0</td></tr><tr><td>May-23</td><td>50</td></tr><tr><td>Jun-23</td><td>0</td></tr><tr><td>Jul-23</td><td>0</td></tr><tr><td>Aug-23</td><td>0</td></tr><tr><td>Sep-23</td><td>0</td></tr><tr><td>Oct-23</td><td>220</td></tr><tr><td>Nov-23</td><td>210</td></tr><tr><td>Dec-23</td><td>210</td></tr><tr><td>Jan-24</td><td>320</td></tr><tr><td>Feb-24</td><td>180</td></tr><tr><td>Mar-24</td><td>280</td></tr><tr><td>Apr-24</td><td>320</td></tr><tr><td>May-24</td><td>210</td></tr><tr><td>Jun-24</td><td>250</td></tr><tr><td>Jul-24</td><td>120</td></tr><tr><td>Aug-24</td><td>80</td></tr><tr><td>Sep-24</td><td>400</td></tr><tr><td>Oct-24</td><td>420</td></tr><tr><td>Nov-24</td><td>520</td></tr><tr><td>Dec-24</td><td>350</td></tr><tr><td>Jan-25</td><td>550</td></tr><tr><td>Feb-25</td><td>520</td></tr><tr><td>Mar-25</td><td>400</td></tr><tr><td>Apr-25</td><td>300</td></tr></table></div>	Month	Waits	Apr-23	0	May-23	50	Jun-23	0	Jul-23	0	Aug-23	0	Sep-23	0	Oct-23	220	Nov-23	210	Dec-23	210	Jan-24	320	Feb-24	180	Mar-24	280	Apr-24	320	May-24	210	Jun-24	250	Jul-24	120	Aug-24	80	Sep-24	400	Oct-24	420	Nov-24	520	Dec-24	350	Jan-25	550	Feb-25	520	Mar-25	400	Apr-25	300	<div><div>ED 12 Hour Trolley Waits (from DTA)</div><table><tr><th>Month</th><th>Waits</th></tr><tr><td>Apr-23</td><td>320</td></tr><tr><td>May-23</td><td>450</td></tr><tr><td>Jun-23</td><td>220</td></tr><tr><td>Jul-23</td><td>50</td></tr><tr><td>Aug-23</td><td>120</td></tr><tr><td>Sep-23</td><td>200</td></tr><tr><td>Oct-23</td><td>280</td></tr><tr><td>Nov-23</td><td>380</td></tr><tr><td>Dec-23</td><td>380</td></tr><tr><td>Jan-24</td><td>330</td></tr><tr><td>Feb-24</td><td>260</td></tr><tr><td>Mar-24</td><td>250</td></tr><tr><td>Apr-24</td><td>350</td></tr><tr><td>May-24</td><td>320</td></tr><tr><td>Jun-24</td><td>230</td></tr><tr><td>Jul-24</td><td>150</td></tr><tr><td>Aug-24</td><td>80</td></tr><tr><td>Sep-24</td><td>270</td></tr><tr><td>Oct-24</td><td>450</td></tr><tr><td>Nov-24</td><td>530</td></tr><tr><td>Dec-24</td><td>920</td></tr><tr><td>Jan-25</td><td>670</td></tr><tr><td>Feb-25</td><td>530</td></tr><tr><td>Mar-25</td><td>480</td></tr><tr><td>Apr-25</td><td>486</td></tr></table></div>	Month	Waits	Apr-23	320	May-23	450	Jun-23	220	Jul-23	50	Aug-23	120	Sep-23	200	Oct-23	280	Nov-23	380	Dec-23	380	Jan-24	330	Feb-24	260	Mar-24	250	Apr-24	350	May-24	320	Jun-24	230	Jul-24	150	Aug-24	80	Sep-24	270	Oct-24	450	Nov-24	530	Dec-24	920	Jan-25	670	Feb-25	530	Mar-25	480	Apr-25	486	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>0</div><div>Latest Month's Position</div><div>486</div><div>Performance / Assurance</div><div>Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit.</div><div>Corporate Risk</div><div>Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)</div></div>
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	<div><div>What does the data tell us?</div><div>The number of 12 Hour trolley waits has decreased again throughout April to 486 compared to 534 in March and has been steadily decreasing since Jan '25.</div><div>Actions being taken to improve</div><div>Note actions from previous two slides.</div><div>Impact on forecast</div><div>Along with improvement work noted against the 4-hour and 12-hour standard, it is anticipated that 12-hour trolley waits will continue to reduce in May as a result of the enhanced focus and re-launch of the ED Quality Standards in relation to “Speciality Reviews” in particular.</div></div>																																																																																																											

Responsiveness

UEC – No Criteria To Reside

Percentage of Inpatients with No Criteria to Reside	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>15.0%</div><div>Latest Month's Position</div><div>21.1%</div><div>Performance / Assurance</div><div>Special Cause Improving Variation Low, where down is improvement but target is less than lower limit</div><div>Trust Level Risk</div><div>No Trust Level Risk</div></div>	<div><div>Percentage of Inpatients with No Criteria to Reside</div></div>	No Criteria To Reside - Beds Occupied	<div><div>Percentage of Inpatients with No Criteria to Reside</div></div>	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>13.0%</div><div>Latest Month's Position</div><div>22.7%</div><div>Performance / Assurance</div><div>Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit.</div><div>Corporate Risk</div><div>Corporate Risk 423 - Risk that demand for inpatient admission exceeds available bed capacity (20). Corporate Risk 2614 Risk that patient care and experience is affected due to being cared for in extra capacity locations (15)</div></div>
		<div><div>What does the data tell us?</div><div>The No Criteria to Reside (NCTR) position worsened in April (22.7%) compared to the previous month (22.3%), continuing to impact flow through hospital sites. NB Weston 29.7% (March: 29.4%); BRI 21.1% (March 20.3%)</div><div>Actions being taken to Improve:</div><div>Development of System wide improvement plans to deliver the 15% NCTR position. With particular focus on reduction of Length of Stay within pathway 2 and 3 bedded capacity, benchmarked against national data. P1: Early supported Discharges, enabling patients to leave hospital ahead of their package of care start date, supporting 105 patents to leave hospital early saving 382 bed days in April. In addition, the refreshed Community First Delivery Plan is underway, alongside a detailed redesign of the 15% NCTR ambition.</div><div>Impact on forecast:</div><div>Whilst the System ambition of reducing NCTR to 15% (11% at BRI; 19% at Weston ) remains unmet, LoS reduction across all patient pathways at UHBW is noted during 2024/25, against the 2022/23 baseline period (25% reduction in Non-elective LoS at Weston and 11% reduction at BRI).</div></div>			

Responsiveness

UEC – Ambulance Handover Delays

Ambulance Handovers Under 15 Minutes	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>65.0%</div><div>Latest Month's Position</div><div>24.2%</div><div>Performance / Assurance</div><div>Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit</div><div>Trust Level Risk</div><div>1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).</div></div>	<div><div>Ambulance Handovers Under 15 Minutes</div><table><tr><th>Month</th><th>Performance (%)</th></tr><tr><td>Apr-23</td><td>35</td></tr><tr><td>May-23</td><td>30</td></tr><tr><td>Jun-23</td><td>30</td></tr><tr><td>Jul-23</td><td>29</td></tr><tr><td>Aug-23</td><td>28</td></tr><tr><td>Sep-23</td><td>27</td></tr><tr><td>Oct-23</td><td>26</td></tr><tr><td>Nov-23</td><td>31</td></tr><tr><td>Dec-23</td><td>31</td></tr><tr><td>Jan-24</td><td>29</td></tr><tr><td>Feb-24</td><td>35</td></tr><tr><td>Mar-24</td><td>39</td></tr><tr><td>Apr-24</td><td>37</td></tr><tr><td>May-24</td><td>40</td></tr><tr><td>Jun-24</td><td>42</td></tr><tr><td>Jul-24</td><td>52</td></tr><tr><td>Aug-24</td><td>42</td></tr><tr><td>Sep-24</td><td>24</td></tr><tr><td>Oct-24</td><td>27</td></tr><tr><td>Nov-24</td><td>16</td></tr><tr><td>Dec-24</td><td>31</td></tr><tr><td>Jan-25</td><td>21</td></tr><tr><td>Feb-25</td><td>20</td></tr><tr><td>Mar-25</td><td>24</td></tr><tr><td>Apr-25</td><td>24</td></tr></table></div>	Month	Performance (%)	Apr-23	35	May-23	30	Jun-23	30	Jul-23	29	Aug-23	28	Sep-23	27	Oct-23	26	Nov-23	31	Dec-23	31	Jan-24	29	Feb-24	35	Mar-24	39	Apr-24	37	May-24	40	Jun-24	42	Jul-24	52	Aug-24	42	Sep-24	24	Oct-24	27	Nov-24	16	Dec-24	31	Jan-25	21	Feb-25	20	Mar-25	24	Apr-25	24	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>65.0%</div><div>Latest Month's Position</div><div>27.0%</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation, where target is greater than upper limit and down is deterioration.</div><div>Corporate Risk</div><div>Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)</div></div>
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<div><div>What does the data tell us?</div><div>UHBW has seen a slightly worsened position in April (27% vs 33% in March), reflecting challenges with flow throughout the hospitals as seen in the 4-hr and 12-hr performance for April. Also largely impacted by lack of physical capacity and staffing numbers available to complete timely handovers. Bed closures for infection control reasons were much higher in April at 55 (daily average) compared to 25 in March (daily average across 2024/2025 was 36.)</div><div>Actions being taken to improve</div><div>The current improvement plan and Standard Operating Procedure for ambulance handover is under review in partnership with SWAST and clinical teams, with the aim of embedding and strengthening those schemes that are adding value – e.g. new cohort plan and rapid handover arrangements - and using a data driven approach to re-evaluating periods when most challenged. NB Largely OOH.</div><div>Impact on forecast</div><div>Whilst the progress in reducing NC2R remains challenged, it is anticipated that mitigations in place will contribute to an improved position in the forthcoming months.</div></div>																																																							

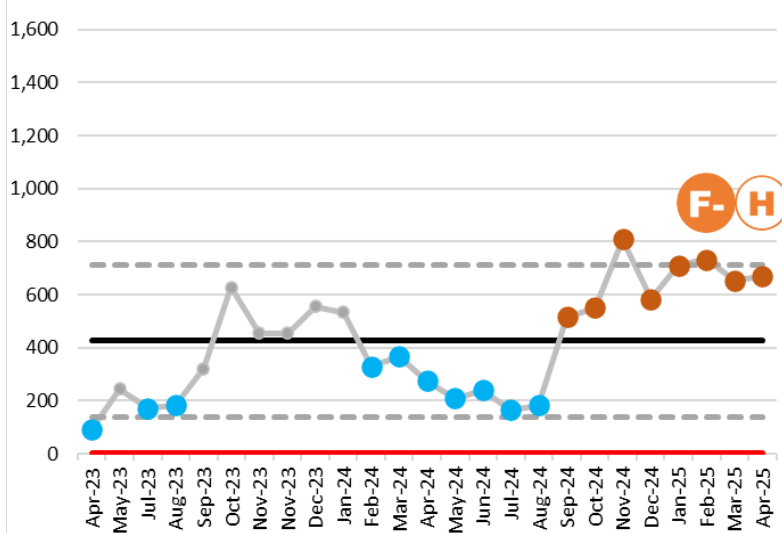
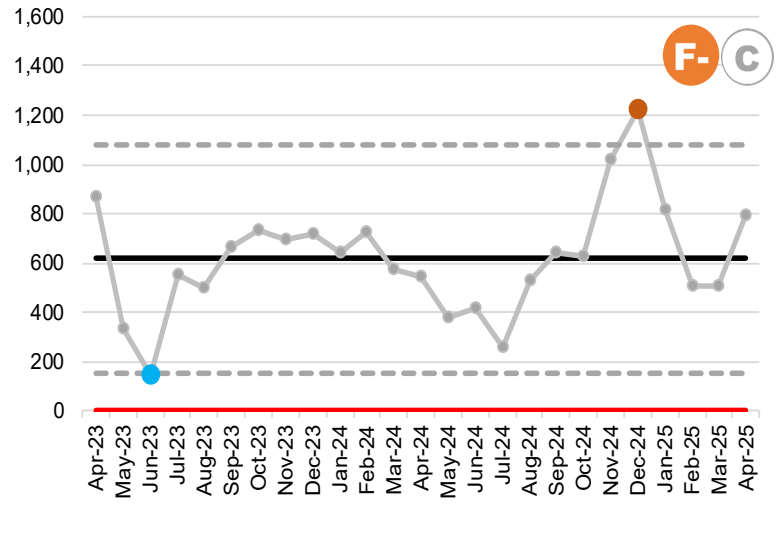
Responsiveness

UEC – Ambulance Handover Delays

Average Ambulance Handover Minutes	Latest Month	Apr-25																																																				
	Target	32.8																																																				
	Latest Month's Position	54.2																																																				
	Performance / Assurance	Special Cause Concerning Variation High, where up is deterioration and last six data points are greater than or equal to target																																																				
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See Previous Slide for Ambulance Handover Summary																																																						

Responsiveness

UEC – Ambulance Handover Delays

Ambulance Handovers Over 1 Hour	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>0</div><div>Latest Month's Position</div><div>668</div><div>Performance / Assurance</div><div>Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit</div><div>Trust Level Risk</div><div>1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).</div></div>	<div><div>Ambulance Handovers Over 1 Hour</div></div>	Ambulance Handovers Over 1 Hour	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>0</div><div>Latest Month's Position</div><div>797</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration.</div><div>Corporate Risk</div><div>Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)</div></div>
		<div><div>Ambulance Handovers Over 1 Hour</div></div>		

See Previous Slide for Ambulance Handover Summary



# Responsiveness

## Planned Care – Referral To Treatment

RTT Percentage Over 52 Weeks	<div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>1.0%</div> <div>Latest Month's Position</div> <div>0.5%</div> <div>Performance / Assurance</div> <div>Special Cause Improving Variation Low, where down is improvement but target is less than lower limit</div> <div>Corporate Risk</div> <div>No Trust Level Risk</div>	<div>Referral To Treatment Percentage Over 52 Weeks</div> <table border="1"><caption>RTT Percentage Over 52 Weeks Data (Left Chart)</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Apr-23</td><td>5.5%</td></tr><tr><td>May-23</td><td>6.0%</td></tr><tr><td>Jun-23</td><td>5.5%</td></tr><tr><td>Jul-23</td><td>5.2%</td></tr><tr><td>Aug-23</td><td>5.0%</td></tr><tr><td>Sep-23</td><td>4.8%</td></tr><tr><td>Oct-23</td><td>4.5%</td></tr><tr><td>Nov-23</td><td>4.0%</td></tr><tr><td>Dec-23</td><td>3.5%</td></tr><tr><td>Jan-24</td><td>3.0%</td></tr><tr><td>Feb-24</td><td>3.0%</td></tr><tr><td>Mar-24</td><td>3.2%</td></tr><tr><td>Apr-24</td><td>3.4%</td></tr><tr><td>May-24</td><td>3.5%</td></tr><tr><td>Jun-24</td><td>3.5%</td></tr><tr><td>Jul-24</td><td>2.8%</td></tr><tr><td>Aug-24</td><td>2.5%</td></tr><tr><td>Sep-24</td><td>2.2%</td></tr><tr><td>Oct-24</td><td>1.8%</td></tr><tr><td>Nov-24</td><td>1.5%</td></tr><tr><td>Dec-24</td><td>1.2%</td></tr><tr><td>Jan-25</td><td>1.0%</td></tr><tr><td>Feb-25</td><td>0.8%</td></tr><tr><td>Mar-25</td><td>0.5%</td></tr><tr><td>Apr-25</td><td>0.5%</td></tr></tbody></table>	Month	Percentage	Apr-23	5.5%	May-23	6.0%	Jun-23	5.5%	Jul-23	5.2%	Aug-23	5.0%	Sep-23	4.8%	Oct-23	4.5%	Nov-23	4.0%	Dec-23	3.5%	Jan-24	3.0%	Feb-24	3.0%	Mar-24	3.2%	Apr-24	3.4%	May-24	3.5%	Jun-24	3.5%	Jul-24	2.8%	Aug-24	2.5%	Sep-24	2.2%	Oct-24	1.8%	Nov-24	1.5%	Dec-24	1.2%	Jan-25	1.0%	Feb-25	0.8%	Mar-25	0.5%	Apr-25	0.5%	<div>Referral To Treatment Percentage Over 52 Weeks</div> <table border="1"><caption>RTT Percentage Over 52 Weeks Data (Right Chart)</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Apr-23</td><td>8.2%</td></tr><tr><td>May-23</td><td>8.1%</td></tr><tr><td>Jun-23</td><td>8.7%</td></tr><tr><td>Jul-23</td><td>9.1%</td></tr><tr><td>Aug-23</td><td>9.5%</td></tr><tr><td>Sep-23</td><td>8.9%</td></tr><tr><td>Oct-23</td><td>7.8%</td></tr><tr><td>Nov-23</td><td>6.7%</td></tr><tr><td>Dec-23</td><td>5.2%</td></tr><tr><td>Jan-24</td><td>4.3%</td></tr><tr><td>Feb-24</td><td>3.9%</td></tr><tr><td>Mar-24</td><td>4.1%</td></tr><tr><td>Apr-24</td><td>3.8%</td></tr><tr><td>May-24</td><td>3.9%</td></tr><tr><td>Jun-24</td><td>3.9%</td></tr><tr><td>Jul-24</td><td>3.5%</td></tr><tr><td>Aug-24</td><td>3.0%</td></tr><tr><td>Sep-24</td><td>2.5%</td></tr><tr><td>Oct-24</td><td>2.4%</td></tr><tr><td>Nov-24</td><td>2.2%</td></tr><tr><td>Dec-24</td><td>1.9%</td></tr><tr><td>Jan-25</td><td>1.8%</td></tr><tr><td>Feb-25</td><td>1.5%</td></tr><tr><td>Mar-25</td><td>1.2%</td></tr><tr><td>Apr-25</td><td>1.4%</td></tr></tbody></table>	Month	Percentage	Apr-23	8.2%	May-23	8.1%	Jun-23	8.7%	Jul-23	9.1%	Aug-23	9.5%	Sep-23	8.9%	Oct-23	7.8%	Nov-23	6.7%	Dec-23	5.2%	Jan-24	4.3%	Feb-24	3.9%	Mar-24	4.1%	Apr-24	3.8%	May-24	3.9%	Jun-24	3.9%	Jul-24	3.5%	Aug-24	3.0%	Sep-24	2.5%	Oct-24	2.4%	Nov-24	2.2%	Dec-24	1.9%	Jan-25	1.8%	Feb-25	1.5%	Mar-25	1.2%	Apr-25	1.4%	<div>Referral To Treatment Percentage Over 52 Weeks</div> <div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>1.2%</div> <div>Latest Month's Position</div> <div>1.4%</div> <div>Performance / Assurance</div> <div>Special Cause Improving Variation where Down is Improvement, but target is less than lower limit</div>
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Mar-25	1.2%																																																																																																											
Apr-25	1.4%																																																																																																											
	<div>What does the data tell us?</div> <p>At the end of April, 760 patients were waiting 52 weeks or more for treatment (603 in March), with long waits predominantly noted in dental and paediatric specialties. Against the total waiting list size of 54,443 this equates to 1.4% against the 1.2% trajectory set for April 2025 as part of the Trust operational planning submission (national target of &lt;1% by March 2026)</p> <div>Actions being taken to improve</div> <p>Actions include a combination of internal training and augmentation to better align resources to the scale of the demand challenge, underpinned ultimately with support from productivity improvements, use of insourcing and waiting list initiatives.</p> <p>Recovery plans being enacted in specialties with more challenged waiting times.</p> <div>Impact on forecast</div> <p>Anticipate a continued reduction in the total waiting list size and reduce the number of patients waiting beyond 52-weeks, anticipating recovery in line with trajectory during Q1.</p>																																																																																																											



# Responsiveness

## Planned Care – Referral To Treatment

RTT Ongoing Pathways Over 65 Weeks

**Latest Month**

Apr-25

**Target**

0

**Latest Month's Position**

0

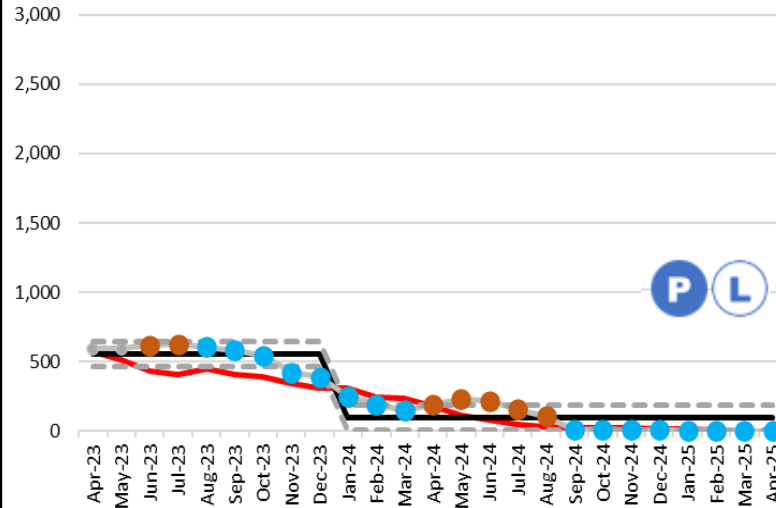
**Performance / Assurance**

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

**Trust Level Risk**

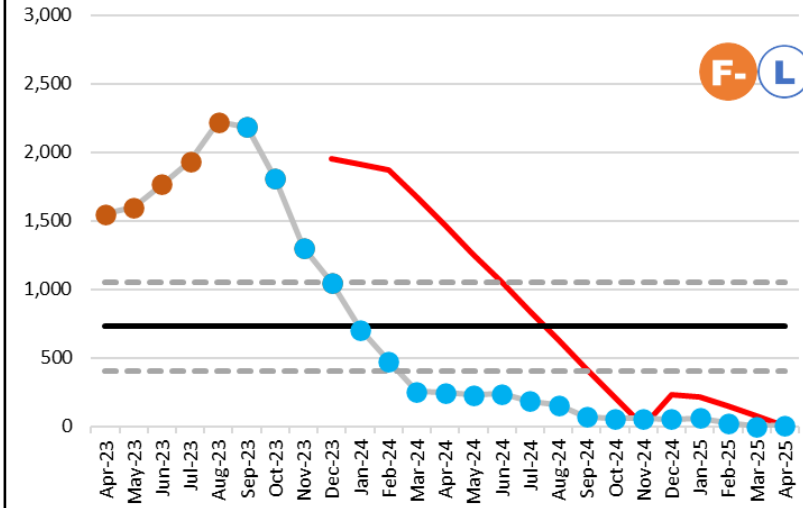
No Trust Level Risk

Referral To Treatment Ongoing Pathways Over 65 Weeks



RTT Ongoing Pathways Over 65 Weeks

Referral To Treatment Ongoing Pathways Over 65 Weeks



**Total RTT Pathways 65+ Weeks**

**Latest Month**

Apr-25

**Target**

0

**Latest Month's Position**

8

**Corporate Risk**

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

### What does the data tell us?

At the end of April, there were eight 65-week wait breaches, all of which relate to patients who require cornea graft material and, whilst there is sufficient internal capacity to date these patients, the national shortage of graft material prevented treatment in month.

### Actions being taken to improve

The Trust continues to request any available graft material from NHS Blood and Transport (NHSBT) and are able to accept short notice graft material that other providers cannot make use of.

Continue to have available capacity to treat Cornea graft patients when graft material is provided.

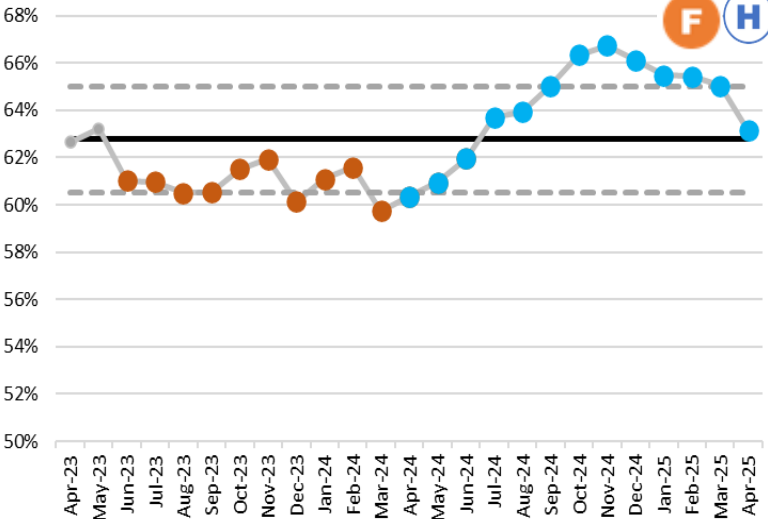
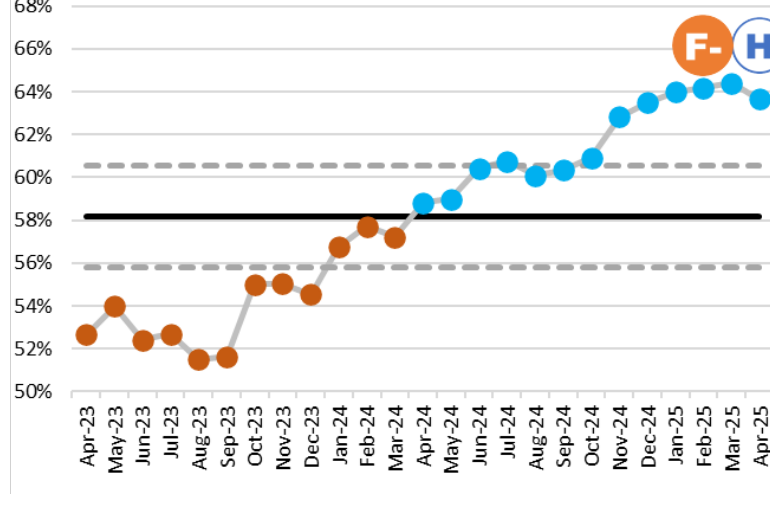
Continue to hold a list of patients who may accept short notice treatment dates

### Impact on forecast

Anticipated recovery during Q1; reliant on the adequate national supply of cornea graft material.

# Responsiveness

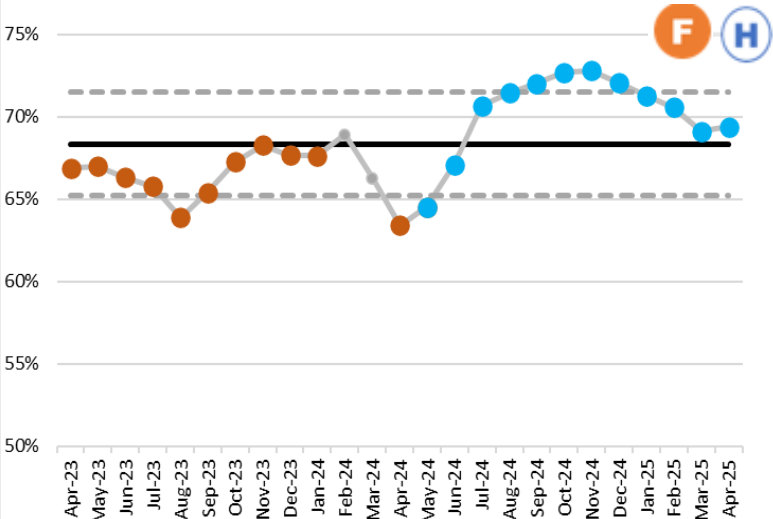
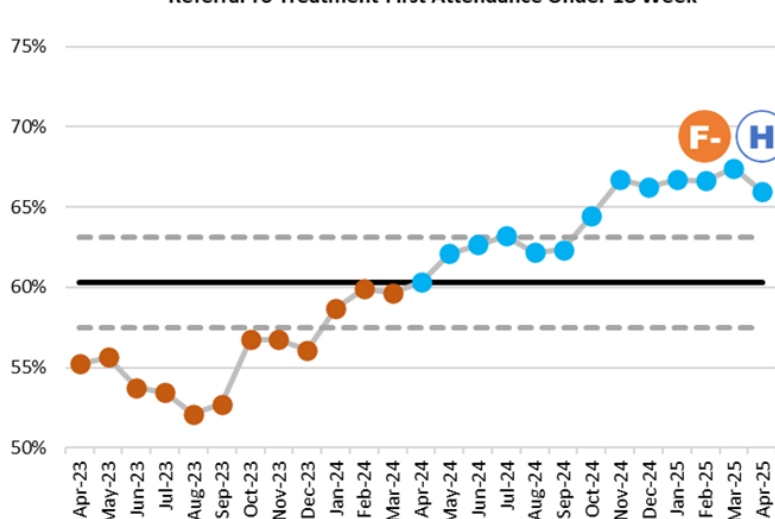
## Planned Care – Referral To Treatment

RTT Ongoing Pathways Under 18 Weeks	<div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>64.0%</div> <div>Latest Month's Position</div> <div>63.1%</div> <div>Performance / Assurance</div> <div>Special Cause Improving Variation High, where up is improvement</div> <div>Trust Level Risk</div> <div>No Trust Level Risk</div>	<div>Referral To Treatment Ongoing Pathways Under 18 Weeks</div> 	<div>Referral To Treatment Ongoing Pathways Under 18 Weeks</div> 	<div>Referral To Treatment Ongoing Pathways Under 18 Weeks</div> <div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>64.2%</div> <div>Latest Month's Position</div> <div>63.7%</div> <div>Performance / Assurance</div> <div>Special Cause Improving Variation High, where up is improvement but target is greater than upper limit.</div> <div>Corporate Risk</div> <div>Risk 801 - Elements of the NHS Oversight Framework are not met (12)</div>

	<div>What does the data tell us?</div> <p>At the end of April, the number of patients waiting less than 18-weeks is 34,653 (63.7%), 0.5% below the Trust trajectory of 64.2% set for April 2025 as part of the Trust operational planning submission (target of 67.8% by March 2026).</p> <div>Actions being taken to improve</div> <p>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.</p> <p>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.</p> <p>Additional patient contacts are also being made via DrDoctor to identify whether patients no longer require to be seen (self-limiting conditions)</p> <div>Impact on forecast</div> <p>Anticipated to recover in line with trajectory during Q1</p>
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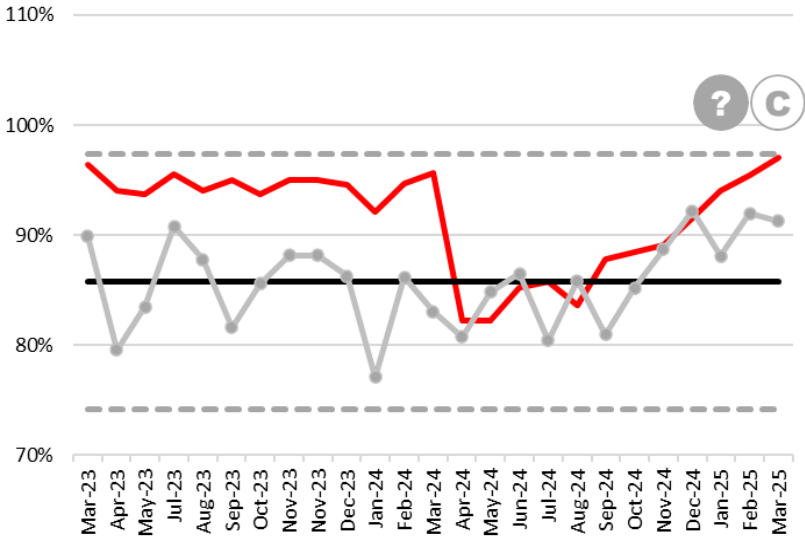
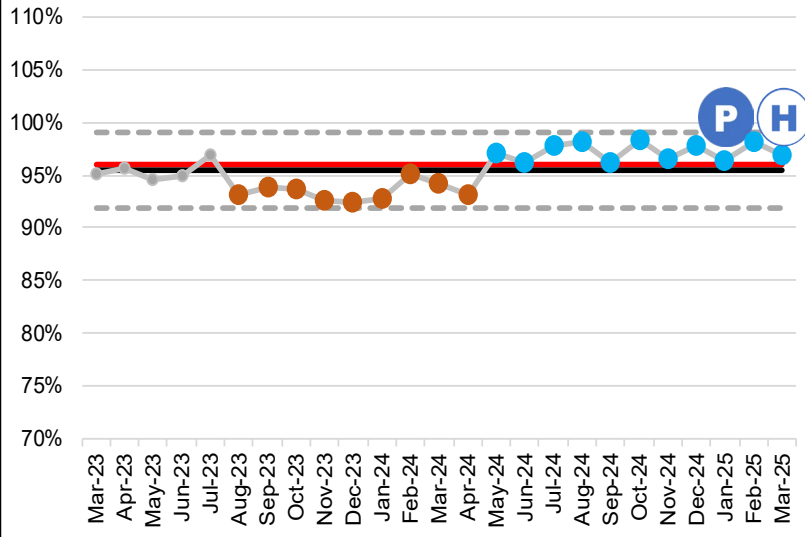
# Responsiveness

## Planned Care – Referral to Treatment

RTT First Attendance Under 18 Weeks	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>71.2%</div><div>Latest Month's Position</div><div>69.4%</div><div>Performance / Assurance</div><div>Special Cause Improving Variation High, where up is improvement</div><div>Corporate Risk</div><div>No Trust Level Risk</div></div>	<div><div>Referral To Treatment First Attendance Under 18 Weeks</div></div>	<div><div>RTT First Attendance Under 18 Weeks</div></div>	<div><div>Referral To Treatment First Attendance Under 18 Week</div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>66.5%</div><div>Latest Month's Position</div><div>66.0%</div><div>Performance / Assurance</div><div>Special Cause Improving Variation High, where up is improvement but target is greater than upper limit.</div><div>Corporate Risk</div><div>Risk 801 - Elements of the NHS Oversight Framework are not met (12)</div></div>
		<div><div>What does the data tell us?</div><p>At the end of April, the percentage of patients waiting less than 18 weeks for their first appointment is 66% against the target of 66.5% set for April 2025 as part of the Trust operational planning submission (target of 71.7% by March 2026)</p><div><div>Actions being taken to improve</div><p>Actions align with previous slide, noting the focus on divisions booking patients earlier to ensure the first attendance is undertaken as soon as possible.</p><p>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.</p></div><div><div>Impact on forecast</div><p>Expected to improve the position during Q1, in line with operational planning trajectory.</p></div></div>		

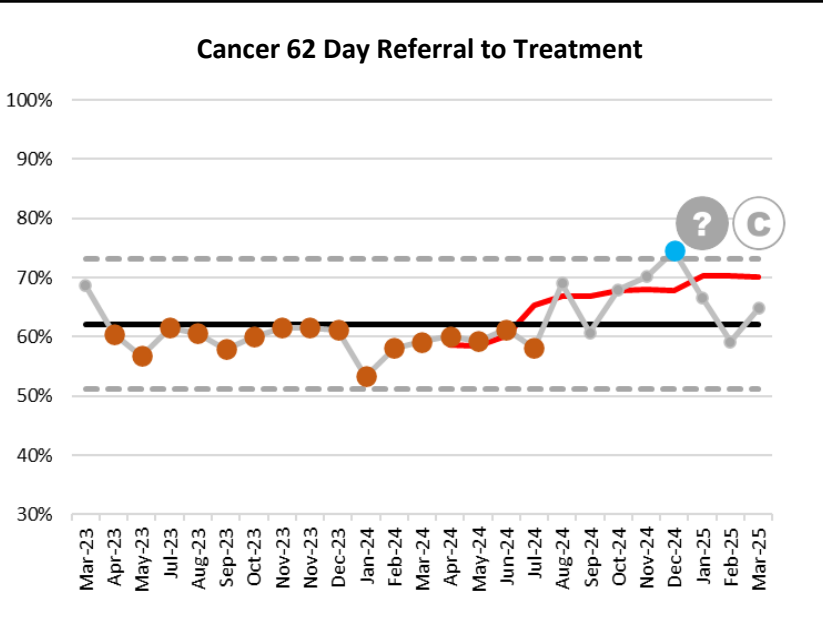
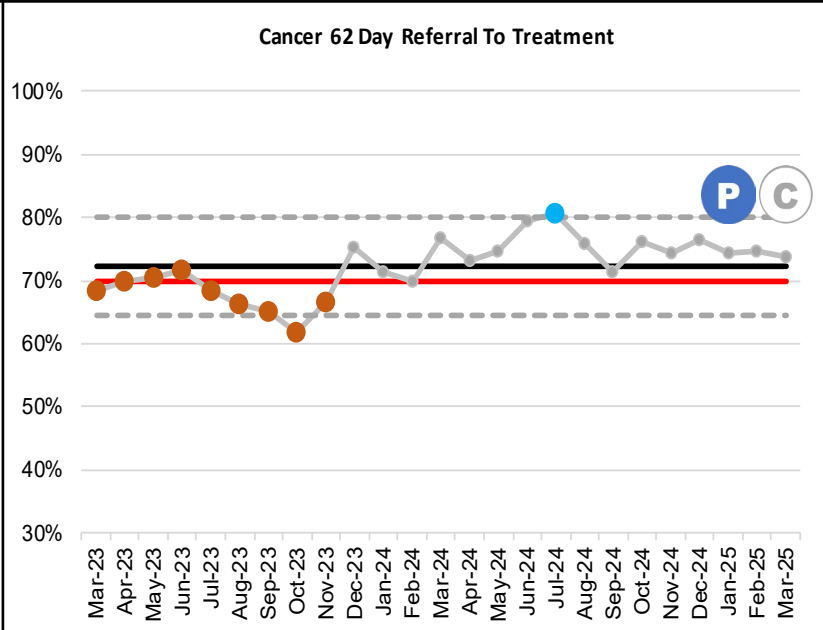
Responsiveness

Planned Care – Cancer Metrics

Cancer – 31 Day Diagnosis to Treatment	<div><div>Latest Month</div><div>Mar-25</div><div>Target</div><div>97.1%</div><div>Latest Month's Position</div><div>91.3%</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation</div><div>Trust Level Risk</div><div>988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).</div></div>	<div><div>Cancer - 31 Day Diagnosis To Treatment</div></div>	Cancer – 31 Day Diagnosis to Treatment	<div><div>Cancer - 31 Day Diagnosis To Treatment</div></div>	<div><div>Latest Month</div><div>Mar-25</div><div>Target</div><div>96.0%</div><div>Latest Month's Position</div><div>97.0%</div><div>Performance / Assurance</div><div>Special Cause Improving Variation High, where up is improvement and last six data points are greater than or equal to target.</div><div>Corporate Risk</div><div>Risk 5532 - Non-compliance with the 31 day cancer standard (12)</div></div>
				No narrative required as per business rules.	

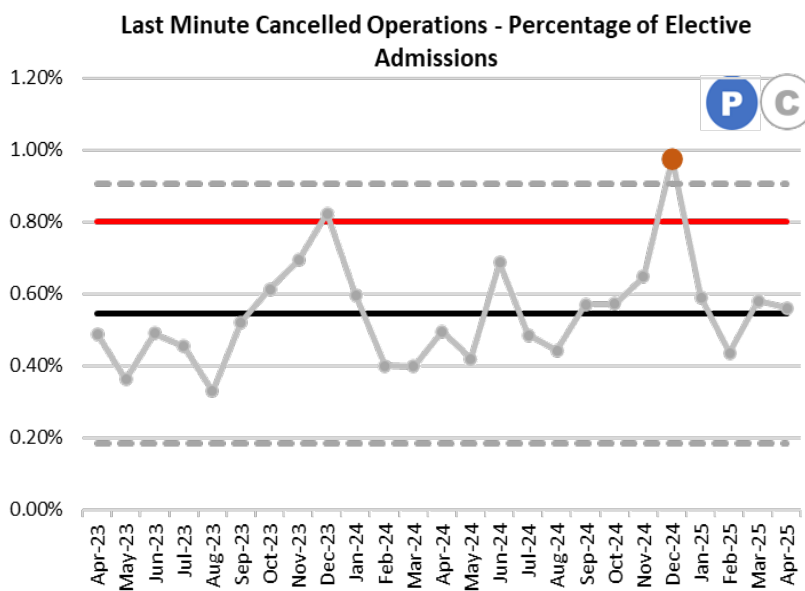
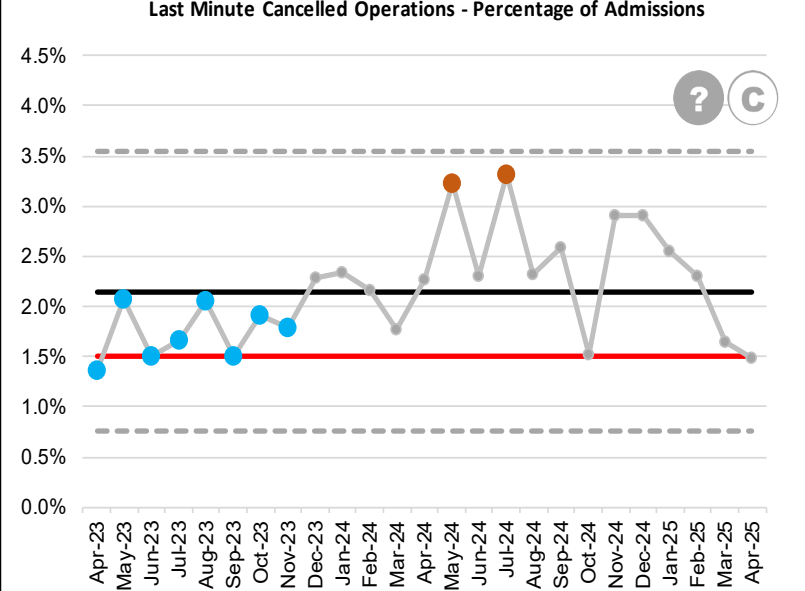
Responsiveness

Planned Care – Cancer Metrics

Cancer – 62 Day Combined Standard	<div><div>Latest Month</div><div>Mar-25</div><div>Target</div><div>70.0%</div><div>Latest Month's Position</div><div>64.8%</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation</div><div>Trust Level Risk</div><div>988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).</div></div>	<div><div>Cancer 62 Day Referral to Treatment</div></div>	Cancer – 62 Day Referral to Treatment	<div><div>Cancer 62 Day Referral To Treatment</div></div>	<div><div>Latest Month</div><div>Mar-25</div><div>Target</div><div>70.0%</div><div>Latest Month's Position</div><div>73.6%</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is improvement.</div><div>Corporate Risk</div><div>No Corporate Risk</div></div>
				No narrative required as per business rules.	

Responsiveness

Last Minute Cancellations

Last Minute Cancelled Operations	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>0.8%</div><div>Latest Month's Position</div><div>0.6%</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation</div><div>Trust Level Risk</div><div>No Trust Level Risk</div></div>	<div><div>Last Minute Cancelled Operations - Percentage of Elective Admissions</div><div><div><div><div></div><div>P</div><div>C</div></div></div></div></div>	Last Minute Cancelled Operations	<div><div>Last Minute Cancelled Operations - Percentage of Admissions</div><div><div><div><div></div><div>?</div><div>C</div></div></div></div></div>	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>1.5%</div><div>Latest Month's Position</div><div>1.5%</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.</div><div>Corporate Risk</div><div>Risk 1035 - Risk that BNSSG and tertiary catchment populations do not have access to sufficient critical care beds (12)</div></div>
		<div><div>What does the data tell us?</div><div>Improvements in data quality and a concerted focus within divisions has contributed towards an improved performance across the last five months achieving target in April.</div><div>During April 2025, there were 121 cancelled operations out of 8,164 total admissions (1.48%) against a target of 1.5%; 51 related to non-surgical specialties (primarily due to no ward beds) and 70 to surgical admissions, which were primarily due to available operating time and rescheduling of cases to prioritise clinically urgent patients.</div><div>Actions being taken to improve</div><div>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.</div><div>Impact on forecast</div><div>Continued improvement expected during Q1 2025/26 through focussed management as referenced above</div></div>			

# Quality, Safety & Effectiveness

## Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Safe	Pressure Injuries Per 1,000 Beddays	NBT	Apr-25	0.4	No Target	0.4	N/A	C	Note Performance
		UHBW	Apr-25	0.1	0.4	0.1	P*	C	Note Performance
Safe	MRSA Hospital Onset Cases	NBT	Apr-25	1	0	0	F	C	Escalation Summary
		UHBW	Apr-25	0	0	0	F	C	Escalation Summary
Safe	CDiff Healthcare Associated Cases	NBT	Apr-25	4	5.00	7	?	C	Escalation Summary
		UHBW	Apr-25	11	9.08	12	?	C	Escalation Summary
Safe	Falls Per 1,000 Beddays	NBT	Apr-25	5.6	No Target	6.2	N/A	C	Note Performance
		UHBW	Apr-25	3.3	4.8	4.7	?	C	Escalation Summary
Safe	Total Number of Patient Falls Resulting in Harm	NBT	Apr-25	7	No Target	5	N/A	C	Note Performance
		UHBW	Apr-25	5	2	3	F	C	Escalation Summary
Safe	Medication Incidents per 1,000 Bed Days	NBT	Mar-25	4.3	No Target	4.8	N/A	C	Note Performance
		UHBW	Apr-25	7.9	No Target	7.4	n/a	C	Note Performance
Safe	Medication Incidents Causing Moderate or Above Harm	NBT	Apr-25	4	0	2	F	C	Escalation Summary
		UHBW	Apr-25	2	0	1	F	C	Escalation Summary

Assurance						Variation		
P*	P	?	F	F-	No icon	H	L	C
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, Safety & Effectiveness

## Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Safe	Adult Inpatients who Received a VTE Risk Assessment	NBT	Mar-25	91.8%	95.0%	90.9%	F-	L	Escalation Summary
		UHBW	Apr-25	75.1%	95.0%	75.1%	F-	L	Escalation Summary
Effective	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	NBT	Dec-24	95.55	100.0	97.3	P	L	Note Performance
		UHBW	Dec-24	88.4	100.0	88.4	P*	L	Note Performance
Effective	Fracture Neck of Femur Patients Treated Within 36 Hours	NBT	Mar-25	71.0%	No Target	48.8%	N/A	C	Note Performance
		UHBW	Apr-25	39.2%	90.0%	58.3%	F-	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	NBT	Mar-25	91.9%	No Target	92.7%	N/A	C	Note Performance
		UHBW	Apr-25	86.3%	90.0%	93.8%	?	H	Note Performance
Effective	Fracture Neck of Femur Patients Achieving Best Practice Tariff	NBT	Mar-25	66.1%	No Target	43.9%	N/A	C	Note Performance
		UHBW	Apr-25	33.3%	No Target	52.1%	N/A	C	Note Performance
Safe	Staffing Fill Rate	NBT	Apr-25	100.3%	No Target	98.1%	N/A	C	Note Performance
		UHBW	Apr-25	105.5%	100.0%	105.2%	P	H	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	



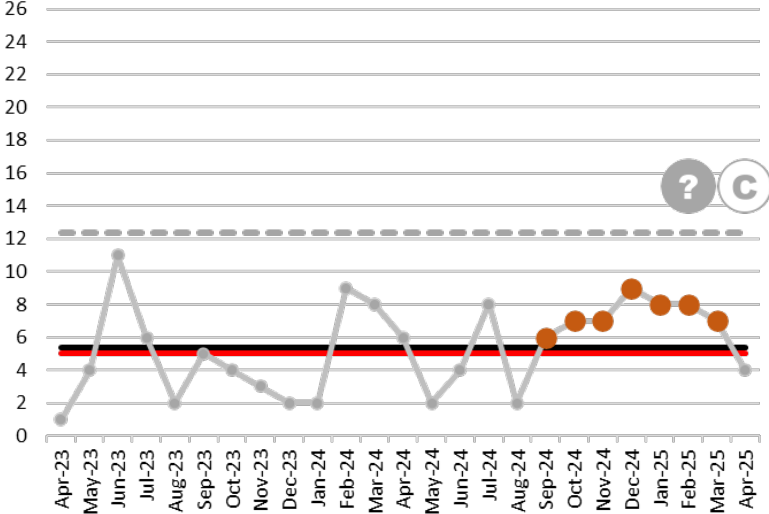
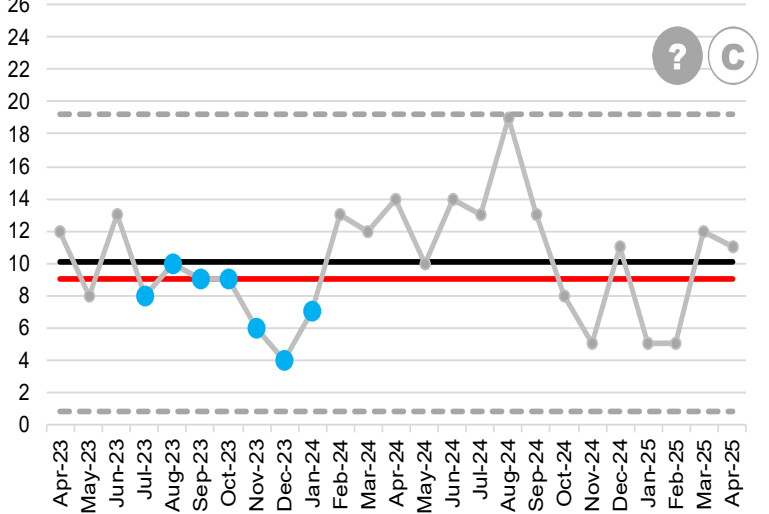
# Quality, Safety & Effectiveness

## Infection Control

MRSA Hospital Onset Cases	<div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>0</div> <div>Latest Month's Position</div> <div>1</div> <div>Performance / Assurance</div> <div>Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration</div> <div>Trust Level Risk</div> <div>No Trust Level Risk</div>	<div>MRSA Hospital Onset Cases</div> <table><tr><th>Month</th><th>Cases</th></tr><tr><td>Apr-23</td><td>0</td></tr><tr><td>May-23</td><td>0</td></tr><tr><td>Jun-23</td><td>1</td></tr><tr><td>Jul-23</td><td>1</td></tr><tr><td>Aug-23</td><td>0</td></tr><tr><td>Sep-23</td><td>0</td></tr><tr><td>Oct-23</td><td>1</td></tr><tr><td>Nov-23</td><td>1</td></tr><tr><td>Dec-23</td><td>0</td></tr><tr><td>Jan-24</td><td>0</td></tr><tr><td>Feb-24</td><td>0</td></tr><tr><td>Mar-24</td><td>0</td></tr><tr><td>Apr-24</td><td>1</td></tr><tr><td>May-24</td><td>0</td></tr><tr><td>Jun-24</td><td>0</td></tr><tr><td>Jul-24</td><td>1</td></tr><tr><td>Aug-24</td><td>0</td></tr><tr><td>Sep-24</td><td>1</td></tr><tr><td>Oct-24</td><td>1</td></tr><tr><td>Nov-24</td><td>0</td></tr><tr><td>Dec-24</td><td>0</td></tr><tr><td>Jan-25</td><td>0</td></tr><tr><td>Feb-25</td><td>0</td></tr><tr><td>Mar-25</td><td>0</td></tr><tr><td>Apr-25</td><td>1</td></tr></table>	Month	Cases	Apr-23	0	May-23	0	Jun-23	1	Jul-23	1	Aug-23	0	Sep-23	0	Oct-23	1	Nov-23	1	Dec-23	0	Jan-24	0	Feb-24	0	Mar-24	0	Apr-24	1	May-24	0	Jun-24	0	Jul-24	1	Aug-24	0	Sep-24	1	Oct-24	1	Nov-24	0	Dec-24	0	Jan-25	0	Feb-25	0	Mar-25	0	Apr-25	1	<div>MRSA Hospital Onset Cases</div> <table><tr><th>Month</th><th>Cases</th></tr><tr><td>Apr-23</td><td>1</td></tr><tr><td>May-23</td><td>0</td></tr><tr><td>Jun-23</td><td>2</td></tr><tr><td>Jul-23</td><td>2</td></tr><tr><td>Aug-23</td><td>0</td></tr><tr><td>Sep-23</td><td>1</td></tr><tr><td>Oct-23</td><td>0</td></tr><tr><td>Nov-23</td><td>0</td></tr><tr><td>Dec-23</td><td>1</td></tr><tr><td>Jan-24</td><td>1</td></tr><tr><td>Feb-24</td><td>0</td></tr><tr><td>Mar-24</td><td>1</td></tr><tr><td>Apr-24</td><td>0</td></tr><tr><td>May-24</td><td>0</td></tr><tr><td>Jun-24</td><td>1</td></tr><tr><td>Jul-24</td><td>0</td></tr><tr><td>Aug-24</td><td>1</td></tr><tr><td>Sep-24</td><td>3</td></tr><tr><td>Oct-24</td><td>1</td></tr><tr><td>Nov-24</td><td>0</td></tr><tr><td>Dec-24</td><td>1</td></tr><tr><td>Jan-25</td><td>0</td></tr><tr><td>Feb-25</td><td>0</td></tr><tr><td>Mar-25</td><td>0</td></tr><tr><td>Apr-25</td><td>0</td></tr></table>	Month	Cases	Apr-23	1	May-23	0	Jun-23	2	Jul-23	2	Aug-23	0	Sep-23	1	Oct-23	0	Nov-23	0	Dec-23	1	Jan-24	1	Feb-24	0	Mar-24	1	Apr-24	0	May-24	0	Jun-24	1	Jul-24	0	Aug-24	1	Sep-24	3	Oct-24	1	Nov-24	0	Dec-24	1	Jan-25	0	Feb-25	0	Mar-25	0	Apr-25	0	<div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>0</div> <div>Latest Month's Position</div> <div>0</div> <div>Performance / Assurance</div> <div>Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.</div> <div>Corporate Risk</div> <div>Risk 6013 - Risk that the Trust exceeds its NHSE/I limit for Methicillin Resistant Staphylococcus aureus bacteraemia's (12)</div>
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Apr-23	0																																																																																																											
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	<div>What does the data tell us?</div> <div>There were no MRSA bacteraemia cases in April 2025.</div> <div>Actions being taken to improve</div> <div>MRSA quality improvement work continues and going forward into 2025/26 further focused work around line care is planned. Of the UHBW cases during thematic analysis revealed the people who inject drugs, represent a high proportion of the cases, collaborative improvement work is being coordinated community partners.</div> <div>Impact on forecast</div> <div>The collaborative work from 2024/2025 to prevent further MRSA bacteraemia's continues. Impact of work to improve line insertion, care and timely removal will reduce risk of in-hospital MRSA and the impact of improvement work with community partners to support people who inject drugs should also reduce risk of MRSA bacteraemia's in this more susceptible group of people.</div>																																																																																																											

# Quality, Safety & Effectiveness

## Infection Prevention and Control

C.Difficile Healthcare Associated Cases	<b>Latest Month</b>	Apr-25
	<b>Target</b>	5
	<b>Latest Month's Position</b>	4
	<b>Performance / Assurance</b>	Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
	<b>Trust Level Risk</b>	No Trust Level Risk
<p>C.difficile Healthcare Associated Cases</p> 		
C.Difficile Healthcare Associated Cases	<b>Latest Month</b>	Apr-25
	<b>Target</b>	9.08
	<b>Latest Month's Position</b>	11
	<b>Performance / Assurance</b>	Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
	<b>Corporate Risk</b>	No Corporate Risk
<p>C.difficile Healthcare Associated Cases</p> 		

### What does the data tell us?

UHBW had 11 cases of *C.difficile* in April 2025, nine Hospital Onset Healthcare Associated (HOHA) and two Community Onset Healthcare Associated (COHA). Whilst this is slight total reduction from the previous month where there were five HOHA and seven COHA cases, there is shift toward an increase in HOHA cases for the month of April. The NHSE limit for UHBW for 2025/26 is set at 109 cases. The monthly target is set to 9.08 cases per month, therefore UHBW has breached the monthly target by 2 cases. The regional and national *C.difficile* positions continues to show an increasing trend.

### Actions being taken to improve

The UK Health Security Agency (UKHSA) have triggered a national incident to increase scrutiny of the national increase in *C. difficile*. An active surveillance system of *C. difficile* strains circulating in England commenced in April 2025. This will align with surveillance strategies in most of the other UK nations and beyond and will allow greater vigilance in the tracking and monitoring of *C. difficile* nationally and internationally. UHBW is one of the Sentinel sites participating in the surveillance.

### Impact on forecast

The limited number of cubicles for isolating patients, particularly in Weston General Hospital and the Children's Hospital, will continue to require dynamic risk-based decision making on patient isolation. The quality improvement work being undertaken within UHBW will reduce risk of patients developing *C. difficile*.

# Quality, Safety & Effectiveness

## Falls

Inpatient Falls Per 1000 Bed days	<div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>No Target</div> <div>Latest Month's Position</div> <div>6</div> <div>Performance / Assurance</div> <div>Common Cause (natural/expected) variation, where target is greater than upper limit where down is improvement</div> <div>Trust Level Risk</div> <div>No Trust Level Risk</div>	<div>Falls per 1000 bed days</div> <table border="1"><caption>Falls per 1000 bed days</caption><thead><tr><th>Month</th><th>Falls per 1000 bed days</th></tr></thead><tbody><tr><td>Apr-23</td><td>6.2</td></tr><tr><td>May-23</td><td>5.6</td></tr><tr><td>Jun-23</td><td>5.7</td></tr><tr><td>Jul-23</td><td>4.9</td></tr><tr><td>Aug-23</td><td>5.8</td></tr><tr><td>Sep-23</td><td>5.0</td></tr><tr><td>Oct-23</td><td>6.5</td></tr><tr><td>Nov-23</td><td>6.6</td></tr><tr><td>Dec-23</td><td>6.4</td></tr><tr><td>Jan-24</td><td>5.6</td></tr><tr><td>Feb-24</td><td>5.8</td></tr><tr><td>Mar-24</td><td>5.6</td></tr><tr><td>Apr-24</td><td>5.2</td></tr><tr><td>May-24</td><td>5.3</td></tr><tr><td>Jun-24</td><td>5.6</td></tr><tr><td>Jul-24</td><td>5.8</td></tr><tr><td>Aug-24</td><td>5.0</td></tr><tr><td>Sep-24</td><td>6.5</td></tr><tr><td>Oct-24</td><td>5.3</td></tr><tr><td>Nov-24</td><td>5.9</td></tr><tr><td>Dec-24</td><td>5.5</td></tr><tr><td>Jan-25</td><td>7.0</td></tr><tr><td>Feb-25</td><td>7.2</td></tr><tr><td>Mar-25</td><td>6.2</td></tr><tr><td>Apr-25</td><td>5.6</td></tr></tbody></table>	Month	Falls per 1000 bed days	Apr-23	6.2	May-23	5.6	Jun-23	5.7	Jul-23	4.9	Aug-23	5.8	Sep-23	5.0	Oct-23	6.5	Nov-23	6.6	Dec-23	6.4	Jan-24	5.6	Feb-24	5.8	Mar-24	5.6	Apr-24	5.2	May-24	5.3	Jun-24	5.6	Jul-24	5.8	Aug-24	5.0	Sep-24	6.5	Oct-24	5.3	Nov-24	5.9	Dec-24	5.5	Jan-25	7.0	Feb-25	7.2	Mar-25	6.2	Apr-25	5.6	<div>Inpatient Falls Per 1,000 Bed days</div> <table border="1"><caption>Inpatient Falls Per 1,000 Bed days</caption><thead><tr><th>Month</th><th>Inpatient Falls Per 1,000 Bed days</th></tr></thead><tbody><tr><td>Apr-23</td><td>5.3</td></tr><tr><td>May-23</td><td>4.4</td></tr><tr><td>Jun-23</td><td>4.7</td></tr><tr><td>Jul-23</td><td>4.1</td></tr><tr><td>Aug-23</td><td>3.4</td></tr><tr><td>Sep-23</td><td>3.8</td></tr><tr><td>Oct-23</td><td>4.2</td></tr><tr><td>Nov-23</td><td>4.1</td></tr><tr><td>Dec-23</td><td>5.4</td></tr><tr><td>Jan-24</td><td>4.7</td></tr><tr><td>Feb-24</td><td>4.2</td></tr><tr><td>Mar-24</td><td>4.1</td></tr><tr><td>Apr-24</td><td>4.6</td></tr><tr><td>May-24</td><td>4.9</td></tr><tr><td>Jun-24</td><td>4.5</td></tr><tr><td>Jul-24</td><td>4.7</td></tr><tr><td>Aug-24</td><td>4.8</td></tr><tr><td>Sep-24</td><td>4.5</td></tr><tr><td>Oct-24</td><td>5.1</td></tr><tr><td>Nov-24</td><td>3.9</td></tr><tr><td>Dec-24</td><td>5.0</td></tr><tr><td>Jan-25</td><td>5.5</td></tr><tr><td>Feb-25</td><td>4.5</td></tr><tr><td>Mar-25</td><td>4.8</td></tr><tr><td>Apr-25</td><td>3.4</td></tr></tbody></table>	Month	Inpatient Falls Per 1,000 Bed days	Apr-23	5.3	May-23	4.4	Jun-23	4.7	Jul-23	4.1	Aug-23	3.4	Sep-23	3.8	Oct-23	4.2	Nov-23	4.1	Dec-23	5.4	Jan-24	4.7	Feb-24	4.2	Mar-24	4.1	Apr-24	4.6	May-24	4.9	Jun-24	4.5	Jul-24	4.7	Aug-24	4.8	Sep-24	4.5	Oct-24	5.1	Nov-24	3.9	Dec-24	5.0	Jan-25	5.5	Feb-25	4.5	Mar-25	4.8	Apr-25	3.4	<div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>4.8</div> <div>Latest Month's Position</div> <div>3.4</div> <div>Performance / Assurance</div> <div>Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.</div> <div>Corporate Risk</div> <div>Risk 1598 - Patients suffer harm or injury from preventable falls (12)</div>
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	<div>What does the data tell us?</div> <div><b>Performance:</b> During April 2025: there have been 114 falls, which per 1000 bed days equates to 3.366, this is lower than the trust target of 4.8 per 1000 bed days. There were 82 falls at the Bristol site and 32 falls at the Weston site. There have been three falls with moderate or severe physical and/or psychological harm.</div> <div><b>What does the data tell us:</b> The number of falls in April 2025 (114) is less than March 2025 (165). There are three falls with harm in April 2025, this is lower than the previous month (5). 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, is provided below.</div> <div><ul style="list-style-type: none"><li><b>Actions being taken to improve</b> In April 2025, the divisions of Specialised Services and Surgery shared their learning from their analyses of falls incidents at the Dementia Delirium and Falls steering group. They shared patient stories and identified themes relating to falls; patients who are confused are having multiple falls, increase in falls overnight when patients are mobilising to the bathroom, a high number of patients requiring enhanced care observations and difficulties filling these shifts.</li></ul></div>																																																																																																											

# Quality, Safety & Effectiveness

## Falls

Falls Resulting in Harm

**Latest Month**

Apr-25

**Target**

No Target

**Latest Month's Position**

7

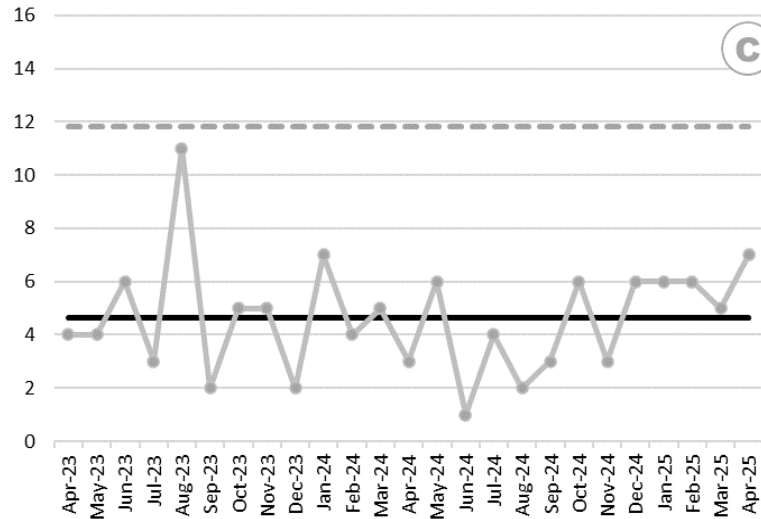
**Performance / Assurance**

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

**Trust Level Risk**

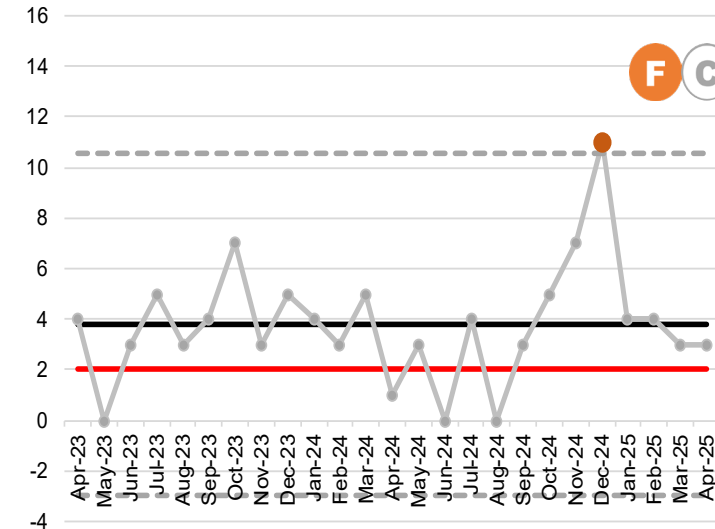
No Trust Level Risk

Falls Resulting in Harm



Total Number of Inpatient Patient Falls Resulting in Harm

Total Number of Patient Falls Resulting in Harm



**Latest Month**

Apr-25

**Target**

2

**Latest Month's Position**

3

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

### Actions being taken to improve (continued from previous slide)

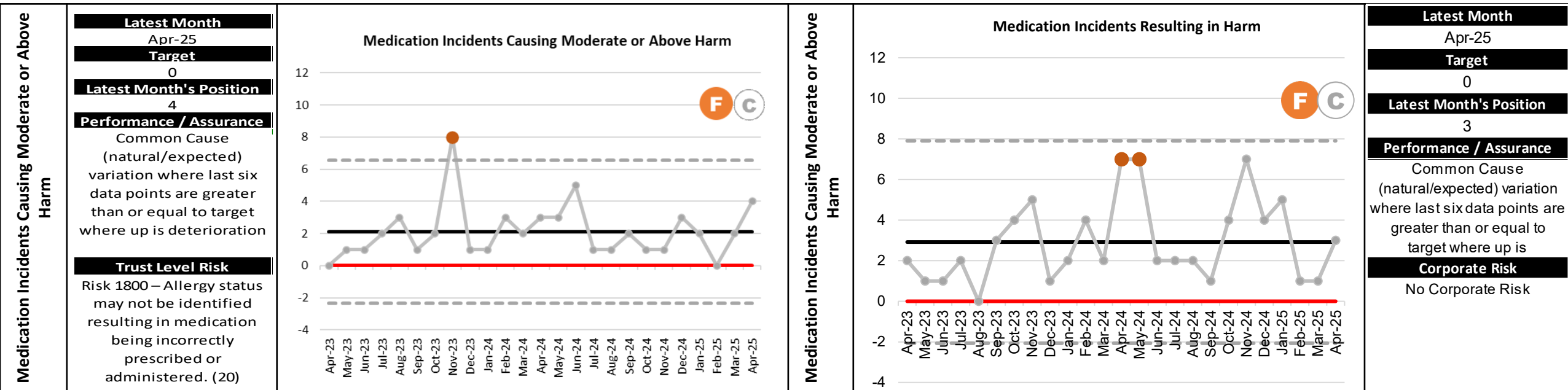
Learning identified- ensure personalised risk assessments and plans of care in place, effective handovers, identifying if patients are suitable for outlying areas if at risk of falls, increasing falls champions and education regarding importance of use of call bells.

- Audit: We are participating in the National Audit of Inpatient Falls, the audit is expanding to include hip fractures, head injury, spinal injury or any fracture from an inpatient fall. This may provide new national and local insights for improvement.
- Dementia Delirium and Falls steering group reviewed quality improvement priorities for 2025/26.
- NICE have published NG249 to formally update and replace CG161, Falls; assessment and prevention in older people and people 50 and over at higher risk. This has been shared at the Dementia Delirium and Falls (DDF) Steering Group. A compliance self-assessment report will be completed.
- 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, Safety & Effectiveness

## Medication Incidents



### What does the data tell us?

During April 2025, UHBW had 271 medication related incidents. Three medication incidents were reported as causing moderate, or severe harm or higher harm this month. The dataset pre-April 2025 is based on previous harm descriptors in place in the Trust. The data indicates a good reporting culture with a low number of harm incidents compared to number of incidents.

### Actions being taken to improve

Medication incidents are reviewed by the UHBW medication safety team. Incidents are identified for enhanced learning response according to the Patient Safety Incident Response Plan. No specific themes have been identified arising 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 (digital prescribing and administration system) that commences in May 2025 is envisaged to reduce risks associated with processes for prescribing and medicines administration. 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. This takes advantage of the new joint Hospital Group Medication Safety Officer role.

# Quality, Safety & Effectiveness

## VTE Risk Assessment

VTE Risk Assessment Completion

**Latest Month**

Mar-25

**Target**

95.0%

**Latest Month's Position**

91.9%

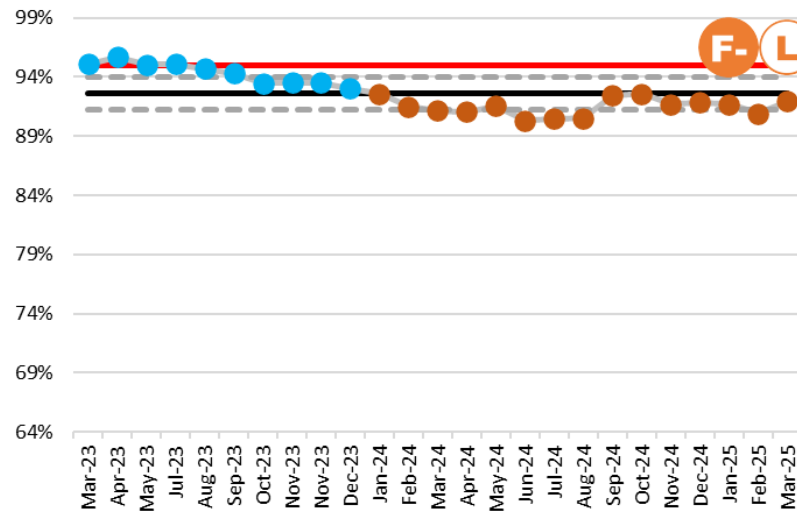
**Performance / Assurance**

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

**Trust Level Risk**

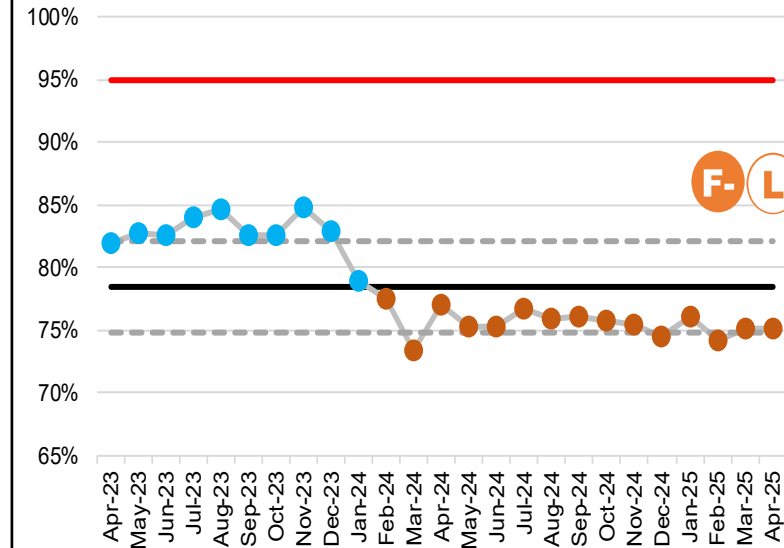
No Trust Level Risk

VTE Risk Assessment Completion



Adult Inpatients Who Received  
A VTE Risk Assessment

Adult Inpatients who Received a VTE Risk Assessment



**Latest Month**

Apr-25

**Target**

95%

**Latest Month's Position**

75.1%

**Performance / Assurance**

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

**Corporate Risk**

No Corporate Risk

### What does the data tell us?

VTE risk assessment remains static, however HAVTE events and prescribing within acceptable with VTE prophylaxis prescribing at 94% by manual audit against a target of 95%

### Actions being taken to improve

CMM goes live on 20th May and a full assessment of the impact of this will follow

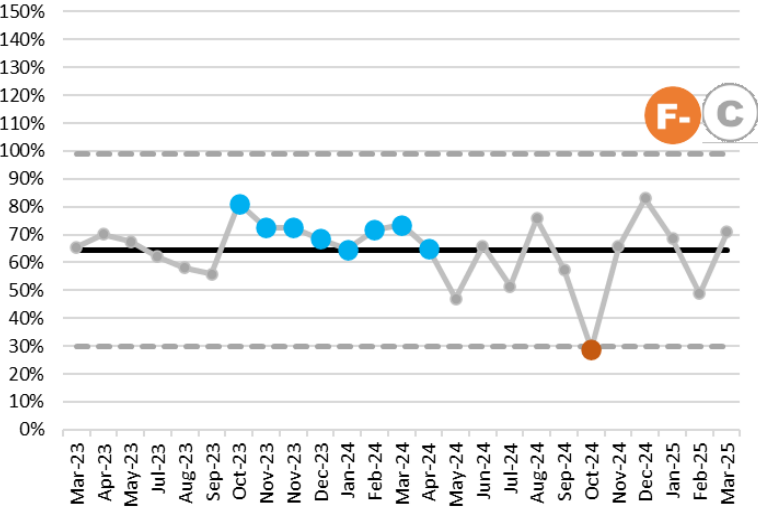
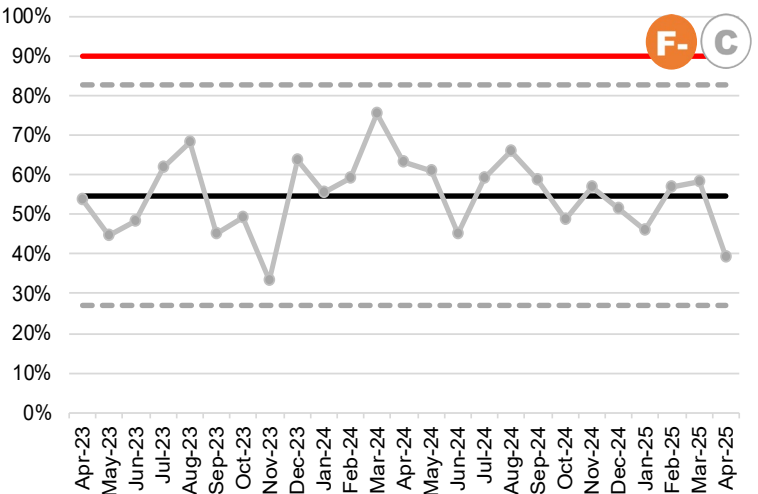
### Impact on forecast

We anticipate some difficulty in reporting during the period of transition to CMM across wards over the next 3 months. However manual auditing will continue. We anticipate a significant uplift in VTE RA performance once CMM is live across the Trust.



# Quality, Safety & Effectiveness

## Neck of Femur

Fracture Neck of Femur Patients Treated Within 36 Hours	Latest Month	Mar-25
	Target	No Target
	Latest Month's Position	71.0%
	Performance /	Common Cause
	(natural/expected) variation, where target is greater than upper limit down is deterioration	
	Trust Level Risk	No Trust Level Risk
	<div> <div>Fracture Neck of Femur Patients Treated within 36 hours</div>  </div>	
	<div> <div>Fracture Neck of Femur Patients Treated Within 36 Hours</div>  </div>	
	Latest Month	Apr-25
	Target	90.0%
	Latest Month's Position	39.2%
	Performance / Assurance	Common Cause
	(natural/expected) variation, where target is greater than upper limit and down is deterioration.	
	Corporate Risk	No Corporate Risk

What does the data tell us?

April 2025 data for Bristol and Weston sites combined shows 51% (20/51) patients received surgery within 36 hours and 86% (44/51) of patients received an ortho-geriatrician review within 72 hours, Physiotherapy assessment on the day of surgery 100% (51/51) resulting in an overall Best Practice Tarriff of 33% (17/51) for patients treated at UHBW . The graph shows that the time the theatre target is outside of the upper control limit meaning that it is unlikely that the 90% target can be sustainably achieved within the existing processes.

Actions being taken to improve

We have improved our processes for transferring patients and are now working much more efficiently across sites. The elective care centre at Southmead is due to be handed over in June 2025 which is intended to support a significant reduction in ambulatory trauma being operated on at the BRI. This will allow us to utilise a morning trauma list each day for femoral fragility fractures and other in-patient trauma.

Impact on forecast

It is expected that once the elective care centre at Southmead is up and running, time to theatre for patients with fracture neck of femur will improve, impacting overall Best Practice Tarriff achievement. Over time it is expected that the new processes will mean that the improved data for time to theatre triggers a shift in the upper control limits to above the 90% BPT target providing no new theatre capacity risks emerge..

# Caring Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Caring	Friends and Family Test Score - Inpatient	NBT	Apr-25	91.2%	No Target	92.0%	N/A	C	Note Performance
		UHBW	Apr-25	97.5%	No Target	96.4%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Outpatient	NBT	Apr-25	94.4%	No Target	95.6%	N/A	C	Note Performance
		UHBW	Apr-25	94.2%	No Target	93.6%	N/A	C	Note Performance
Caring	Friends and Family Test Score - ED	NBT	Apr-25	69.1%	No Target	68.3%	N/A	C	Note Performance
		UHBW	Apr-25	85.3%	No Target	83.5%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Maternity	NBT	Apr-25	94.2%	No Target	93.7%	N/A	C	Note Performance
		UHBW	Apr-25	98.9%	No Target	98.3%	N/A	C	Note Performance
Caring	Patient Complaints - Formal	NBT	Apr-25	57	No Target	52	N/A	C	Note Performance
		UHBW	Mar-25	32	No Target	43	N/A	L	Note Performance
Caring	Formal Complaints Responded To Within Trust Timeframe	NBT	Apr-25	76.5%	90.0%	80.0%	F	C	Escalation Summary
		UHBW	Mar-25	46.9%	90.0%	51.4%	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	



Caring

Complaints

Formal Complaints Responded To Within Trust Timeframe	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>90.0%</div><div>Latest Month's Position</div><div>76.5%</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration</div><div>Trust Level Risk</div><div>No Trust Level Risk</div></div>	<div><div>Formal Complaints Responded to Within Trust Timeframe</div><table><tr><th>Month</th><th>Response Rate (%)</th></tr><tr><td>Apr-23</td><td>73.0</td></tr><tr><td>May-23</td><td>79.0</td></tr><tr><td>Jun-23</td><td>80.0</td></tr><tr><td>Jul-23</td><td>80.0</td></tr><tr><td>Aug-23</td><td>64.0</td></tr><tr><td>Sep-23</td><td>71.0</td></tr><tr><td>Oct-23</td><td>65.0</td></tr><tr><td>Nov-23</td><td>60.0</td></tr><tr><td>Dec-23</td><td>73.0</td></tr><tr><td>Jan-24</td><td>79.0</td></tr><tr><td>Feb-24</td><td>71.0</td></tr><tr><td>Mar-24</td><td>85.0</td></tr><tr><td>Apr-24</td><td>86.0</td></tr><tr><td>May-24</td><td>72.0</td></tr><tr><td>Jun-24</td><td>84.0</td></tr><tr><td>Jul-24</td><td>74.0</td></tr><tr><td>Aug-24</td><td>79.0</td></tr><tr><td>Sep-24</td><td>80.0</td></tr><tr><td>Oct-24</td><td>84.0</td></tr><tr><td>Nov-24</td><td>68.0</td></tr><tr><td>Dec-24</td><td>65.0</td></tr><tr><td>Jan-25</td><td>80.0</td></tr><tr><td>Feb-25</td><td>77.0</td></tr><tr><td>Mar-25</td><td>80.0</td></tr><tr><td>Apr-25</td><td>76.5</td></tr></table></div>	Month	Response Rate (%)	Apr-23	73.0	May-23	79.0	Jun-23	80.0	Jul-23	80.0	Aug-23	64.0	Sep-23	71.0	Oct-23	65.0	Nov-23	60.0	Dec-23	73.0	Jan-24	79.0	Feb-24	71.0	Mar-24	85.0	Apr-24	86.0	May-24	72.0	Jun-24	84.0	Jul-24	74.0	Aug-24	79.0	Sep-24	80.0	Oct-24	84.0	Nov-24	68.0	Dec-24	65.0	Jan-25	80.0	Feb-25	77.0	Mar-25	80.0	Apr-25	76.5	Formal Complaints Responded To Within Trust Timeframe	<div><div>Formal Complaints Responded To Within Trust Timeframe</div><table><tr><th>Month</th><th>Response Rate (%)</th></tr><tr><td>Mar-23</td><td>62.0</td></tr><tr><td>Apr-23</td><td>58.0</td></tr><tr><td>May-23</td><td>73.0</td></tr><tr><td>Jun-23</td><td>72.0</td></tr><tr><td>Jul-23</td><td>68.0</td></tr><tr><td>Aug-23</td><td>87.0</td></tr><tr><td>Sep-23</td><td>75.0</td></tr><tr><td>Oct-23</td><td>79.0</td></tr><tr><td>Nov-23</td><td>66.0</td></tr><tr><td>Dec-23</td><td>79.0</td></tr><tr><td>Jan-24</td><td>80.0</td></tr><tr><td>Feb-24</td><td>50.0</td></tr><tr><td>Mar-24</td><td>72.0</td></tr><tr><td>Apr-24</td><td>57.0</td></tr><tr><td>May-24</td><td>63.0</td></tr><tr><td>Jun-24</td><td>58.0</td></tr><tr><td>Jul-24</td><td>53.0</td></tr><tr><td>Aug-24</td><td>51.0</td></tr><tr><td>Sep-24</td><td>73.0</td></tr><tr><td>Oct-24</td><td>59.0</td></tr><tr><td>Nov-24</td><td>54.0</td></tr><tr><td>Dec-24</td><td>53.0</td></tr><tr><td>Jan-25</td><td>58.0</td></tr><tr><td>Feb-25</td><td>51.0</td></tr><tr><td>Mar-25</td><td>46.9</td></tr></table></div>	Month	Response Rate (%)	Mar-23	62.0	Apr-23	58.0	May-23	73.0	Jun-23	72.0	Jul-23	68.0	Aug-23	87.0	Sep-23	75.0	Oct-23	79.0	Nov-23	66.0	Dec-23	79.0	Jan-24	80.0	Feb-24	50.0	Mar-24	72.0	Apr-24	57.0	May-24	63.0	Jun-24	58.0	Jul-24	53.0	Aug-24	51.0	Sep-24	73.0	Oct-24	59.0	Nov-24	54.0	Dec-24	53.0	Jan-25	58.0	Feb-25	51.0	Mar-25	46.9	<div><div>Latest Month</div><div>Mar-25</div><div>Target</div><div>90.0%</div><div>Latest Month's Position</div><div>46.9%</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration.</div><div>Corporate Risk</div><div>Risk 2680 - Complainants experience a delay in receiving a call back (12)</div></div>
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	<div><div>What does the data tell us?</div><div>46.9% of formal complaints sent out in March were responded to within the agreed deadline. However, 84.8% of informal complaints were responded to within the agreed deadline, accounting for the majority of complaints responded to in March.</div><div>Actions being taken to improve</div><div>Discussions with Divisions have highlighted the challenge of achieving the target for formal complaints and identified a range of factors which are impacting on long-term performance. These include: the increasing complexity of complaints (note: we are consciously handling cases informally where possible – by definition, this means that the remaining formal cases are likely to be complex); potentially unrealistic timescales being set at the outset (the standard 35 working days may be insufficient. Initial benchmarking data shows that many trusts are now setting differing deadlines on receipt of the complaint (up to 60 working days in some cases) depending on the complexity of the complaint; lack of clinical time to respond due to operational pressures; gaps in complaints support capacity in Divisions (e.g. due to sickness); in some instances, the need for legal advice; and time taken for final Executive checking and signing (e.g. when amendments are requested from divisions).</div><div>Impact on forecast</div><div>Divisions remain committed to achieving timely resolution of complaints, working within available capacity.</div></div>																																																																																																												

Our People

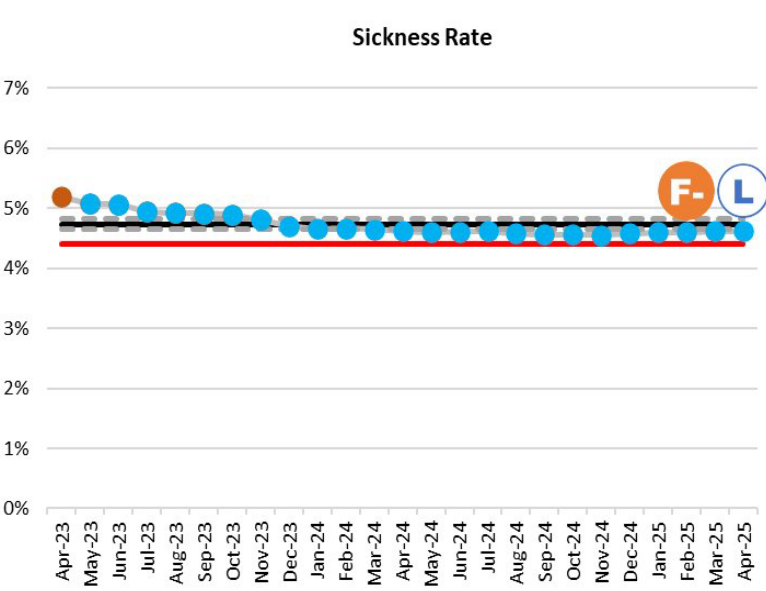
Scorecard

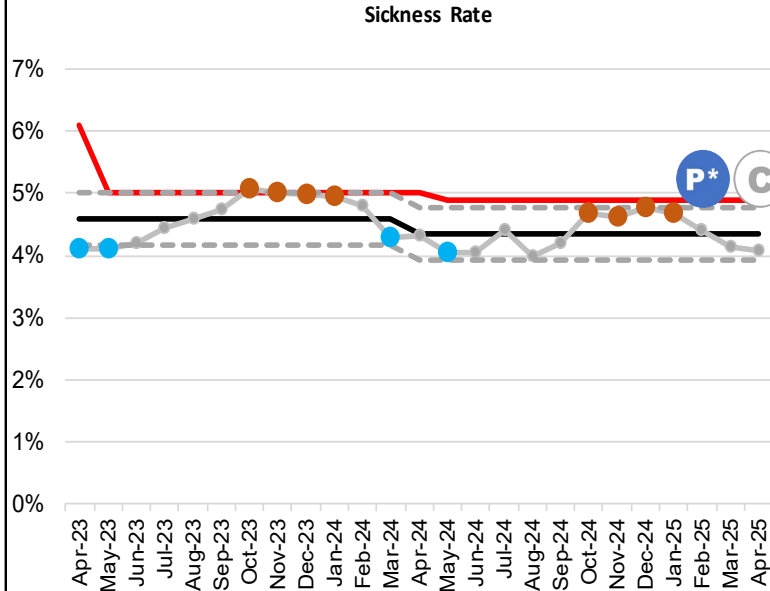
CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Our People	Workforce Turnover Rate	NBT	Apr-25	11.2%	11.3%	11.3%	F-	L	Note Performance
		UHBW	Apr 25	10.3%	12.0%	10.5%	P*	L	Note Performance
Our People	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	NBT	Apr-25	5.8%	5.1%	5.3%	N/A	C	Note Performance
		UHBW	Apr 25	1.6%	5.0%	3.0%	P*	C	Note Performance
Our People	Sickness Rate	NBT	Apr-25	4.6%	4.4%	4.6%	F-	L	Escalation Summary
		UHBW	Apr 25	4.1%	4.9%	4.1%	P*	C	Note Performance
Our People	Essential Training Compliance	NBT	Apr-25	86.7%	85.0%	91.6%	P	L	Note Performance
		UHBW	Apr-25	90.6%	90.0%	90.7%	P	H	Note Performance

Assurance						Variation				
					No icon					
Consistently <b>Passing</b> Target	Meeting or <b>Passing</b> Target	Passing and <b>Falling Short</b> of Target	<b>Falling Short</b> of Target	Consistently <b>Falling Short</b> of Target	No Specified Target	Improving Variation	<b>Common Cause</b> (natural) Variation		<b>Concerning</b> Variation	

Our People

Sickness Absence

Sickness Rate	Latest Month	Apr-25	Target	4.4%	Latest Month's Position	4.6%	Performance / Assurance	Special Cause Improving	Variation Low, where down is improvement but target is less than lower limit	Trust Level Risk	No Trust Level Risk
											

Sickness Rate	Latest Month	Apr-25	Target	4.9%	Latest Month's Position	4.1%	Performance / Assurance	Common Cause (natural/expected) variation, where target is greater than upper limit where down is improvement.	Corporate Risk	No Corporate Risk	
											

No narrative required as per business rules.

Income & Expenditure

Actual Vs Plan (YTD)

	<div>Latest Month</div> <div>Apr-25</div> <div>Year to Date Plan</div> <div>£(1.2m) deficit</div> <div>Year to Date Actual</div> <div>£(1.2m) deficit</div>	<div>YTD Plan vs Actuals</div> <table><tr><th>Month</th><th>Plan (£m)</th><th>YTD actuals (£m)</th></tr><tr><td>Apr</td><td>(1.0)</td><td>(1.0)</td></tr><tr><td>May</td><td>(3.0)</td><td></td></tr><tr><td>Jun</td><td>(4.0)</td><td></td></tr><tr><td>Jul</td><td>(3.5)</td><td></td></tr><tr><td>Aug</td><td>(3.0)</td><td></td></tr><tr><td>Sep</td><td>(2.5)</td><td></td></tr><tr><td>Oct</td><td>(2.5)</td><td></td></tr><tr><td>Nov</td><td>(2.5)</td><td></td></tr><tr><td>Dec</td><td>(2.5)</td><td></td></tr><tr><td>Jan</td><td>(1.5)</td><td></td></tr><tr><td>Feb</td><td>(0.5)</td><td></td></tr><tr><td>Mar</td><td>(1.0)</td><td></td></tr></table>	Month	Plan (£m)	YTD actuals (£m)	Apr	(1.0)	(1.0)	May	(3.0)		Jun	(4.0)		Jul	(3.5)		Aug	(3.0)		Sep	(2.5)		Oct	(2.5)		Nov	(2.5)		Dec	(2.5)		Jan	(1.5)		Feb	(0.5)		Mar	(1.0)		
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Summary	<div>Summary</div> <ul style="list-style-type: none"><li>The position at the end of April is a net deficit of £5.4m against a deficit plan of £3.5m. The Trust is therefore adverse to plan by £1.9m.</li><li>The significant variance against plan is primarily due to the shortfall in savings delivery of £1.7m across operating income and operating expenditure headings.</li><li>Pay expenditure is c1% higher than plan, due to a £0.6m shortfall in pay savings delivery and the balance due to staff in post across all workforce types (substantive, bank and agency) exceeding funded establishment.</li><li>Agency and bank expenditure decreased in April. Agency expenditure in month is £0.5m compared with £0.9m in March. Bank expenditure in April is £4.2m compared with £5.3m in March.</li><li>Total operating income is lower than plan by £1.7m. Material adverse variances are c£0.8m relating to income for NHS commissioned services which is expected to recover later in the year. Other operating income is £0.8m lower than plan with £0.3m due to lower than expected Research &amp; Development income and £0.4m due to lower than expected income from external bodies for services provided by the Trust.</li></ul> <div>Risks</div> <ul style="list-style-type: none"><li>Recurrent savings delivery continues below plan without a step change in delivery and recovery back to plan.</li></ul>																																									

CIP

Actual Vs Plan (YTD)

Latest Month

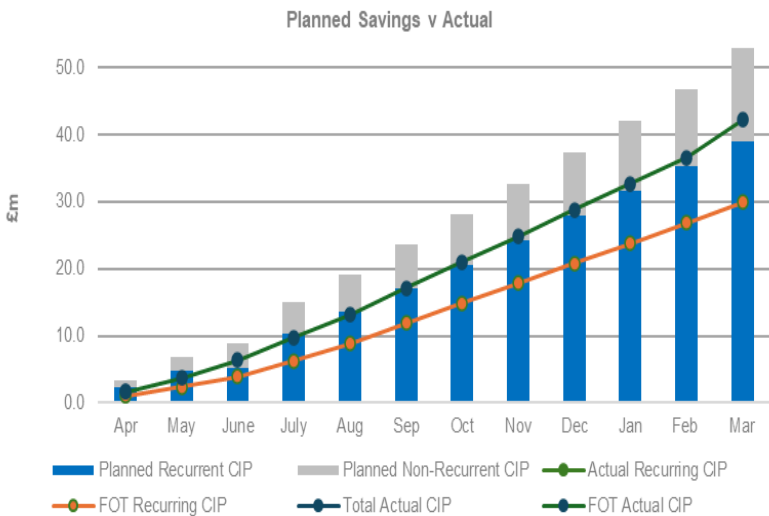
Apr-25

Year to Date Plan

£2.1m

Year to Date Actual

£2.2m



Latest Month

Apr-25

Year to Date Plan

£3.4m

Year to Date Actual

£1.7m

Summary

- The Trust's 2025/26 savings plan is £53.0m.
- The Divisional plans represent 70% of the Trust plans.
- As at 30<sup>th</sup> April 2025, the Trust is reporting total savings delivery of £1.7m against a plan of £3.4m, resulting in a YTD delivery shortfall of £1.7m.
- The Trust is forecasting savings of £42.2m for the year against the annual savings plans of £53.0m, a forecast savings delivery shortfall of £10.8m.
- The full year effect forecast outturn at month 1 is £32.8m, a forecast shortfall of £20.2m.

Workforce

Pay Costs Vs Plan Run Rate

Latest Month

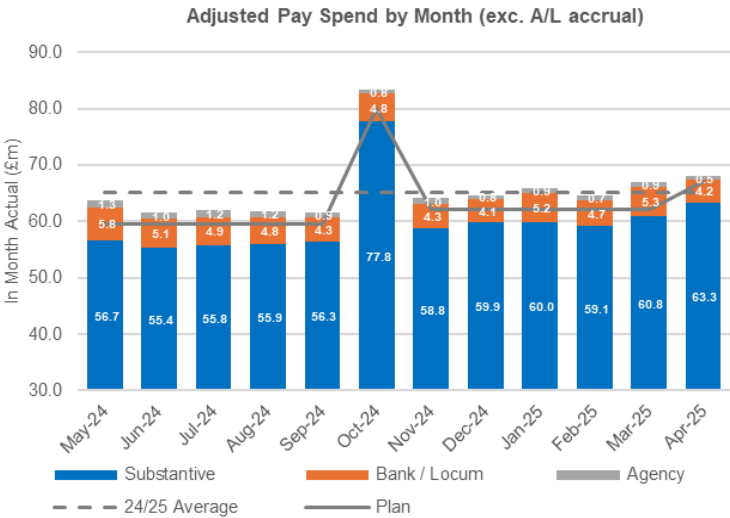
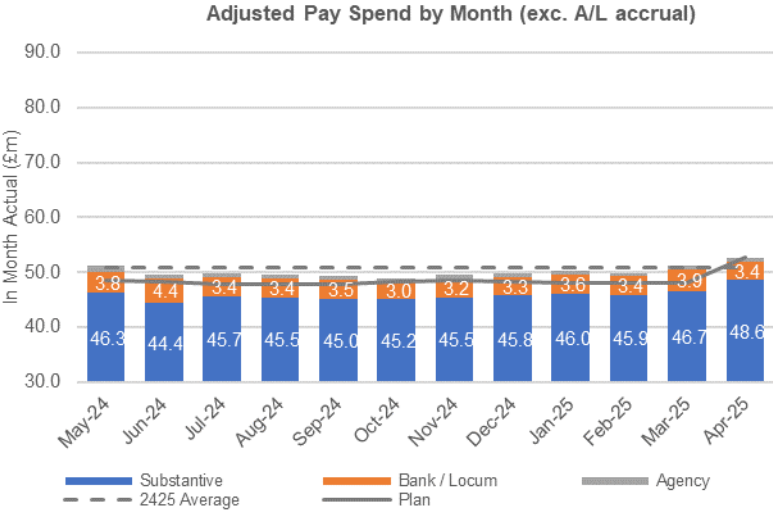
Apr-25

In- Month Plan

£52.7m

In-Month Actual

£52.6m



Latest Month

Apr-25

In-Month Plan

£67.1m

In-Month Actual

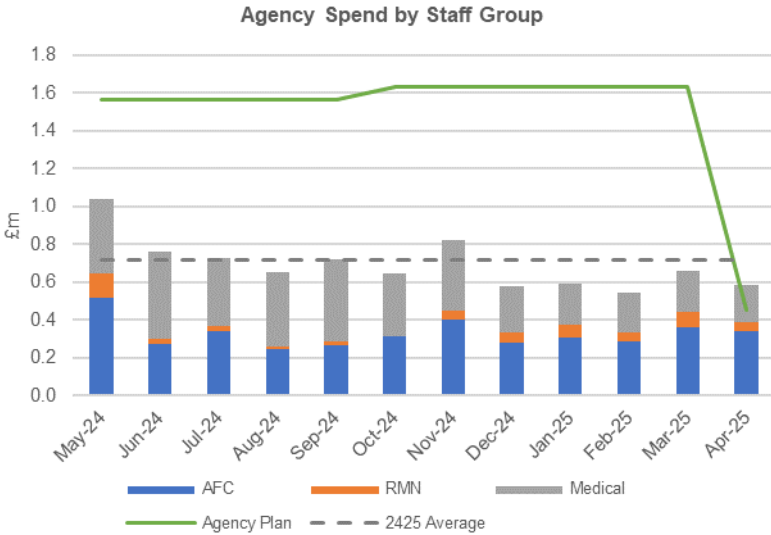
£68.0m

Summary

- Total pay expenditure in April is £68.0m, £1.8m lower than last month but £0.9m higher than the plan. Of the £0.9m, £0.6m is due to a shortfall in the delivery of pay savings.
- The balance of pay costs higher than plan is due to the cost of nursing exceeding planned values with levels of substantive staff and temporary staff combined beyond the Trust’s workforce plan and funded establishment.
- Workforce controls and the reduction of growth in staff in post since 2019/20 continues to be subject to scrutiny by NHSE in 2025/26. For example, the submission of the provider corporate cost reduction return is due to NHSE on 30<sup>th</sup> May 2025.

Temporary Staffing

Agency Costs Vs Plan Run Rate

	<div><div>Latest Month</div><div>Apr-25</div><div>In-Month Plan</div><div>£0.4m</div><div>In-Month Actual</div><div>£0.6m</div></div>	<div><div>Agency Spend by Staff Group</div><table><caption>Agency Spend by Staff Group (Estimated £m)</caption><tr><th>Month</th><th>AFC</th><th>RMN</th><th>Medical</th><th>Agency Plan</th><th>24/25 Average</th></tr><tr><td>May-24</td><td>0.50</td><td>0.10</td><td>0.40</td><td>1.55</td><td>0.70</td></tr><tr><td>Jun-24</td><td>0.25</td><td>0.05</td><td>0.45</td><td>1.55</td><td>0.70</td></tr><tr><td>Jul-24</td><td>0.30</td><td>0.05</td><td>0.35</td><td>1.55</td><td>0.70</td></tr><tr><td>Aug-24</td><td>0.25</td><td>0.05</td><td>0.35</td><td>1.55</td><td>0.70</td></tr><tr><td>Sep-24</td><td>0.25</td><td>0.05</td><td>0.40</td><td>1.55</td><td>0.70</td></tr><tr><td>Oct-24</td><td>0.30</td><td>0.05</td><td>0.30</td><td>1.60</td><td>0.70</td></tr><tr><td>Nov-24</td><td>0.40</td><td>0.05</td><td>0.35</td><td>1.60</td><td>0.70</td></tr><tr><td>Dec-24</td><td>0.25</td><td>0.05</td><td>0.30</td><td>1.60</td><td>0.70</td></tr><tr><td>Jan-25</td><td>0.30</td><td>0.05</td><td>0.25</td><td>1.60</td><td>0.70</td></tr><tr><td>Feb-25</td><td>0.25</td><td>0.05</td><td>0.25</td><td>1.60</td><td>0.70</td></tr><tr><td>Mar-25</td><td>0.35</td><td>0.05</td><td>0.25</td><td>1.60</td><td>0.70</td></tr><tr><td>Apr-25</td><td>0.30</td><td>0.05</td><td>0.25</td><td>0.50</td><td>0.70</td></tr></table></div>	Month	AFC	RMN	Medical	Agency Plan	24/25 Average	May-24	0.50	0.10	0.40	1.55	0.70	Jun-24	0.25	0.05	0.45	1.55	0.70	Jul-24	0.30	0.05	0.35	1.55	0.70	Aug-24	0.25	0.05	0.35	1.55	0.70	Sep-24	0.25	0.05	0.40	1.55	0.70	Oct-24	0.30	0.05	0.30	1.60	0.70	Nov-24	0.40	0.05	0.35	1.60	0.70	Dec-24	0.25	0.05	0.30	1.60	0.70	Jan-25	0.30	0.05	0.25	1.60	0.70	Feb-25	0.25	0.05	0.25	1.60	0.70	Mar-25	0.35	0.05	0.25	1.60	0.70	Apr-25	0.30	0.05	0.25	0.50	0.70	<div><div>Latest Month</div><div>Apr-25</div><div>In-Month Plan</div><div>£0.8m</div><div>In-Month Actual</div><div>£0.5m</div></div>
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Oct-24	0.30	0.05	0.30	1.60	0.70																																																																												
Nov-24	0.40	0.05	0.35	1.60	0.70																																																																												
Dec-24	0.25	0.05	0.30	1.60	0.70																																																																												
Jan-25	0.30	0.05	0.25	1.60	0.70																																																																												
Feb-25	0.25	0.05	0.25	1.60	0.70																																																																												
Mar-25	0.35	0.05	0.25	1.60	0.70																																																																												
Apr-25	0.30	0.05	0.25	0.50	0.70																																																																												
Summary		<div><div>Summary</div><div>Monthly Trend</div><ul style="list-style-type: none"><li>Agency expenditure in April is £0.5m, £0.3m lower than plan and lower than March’s agency expenditure of £0.9m.</li><li>Agency expenditure is 0.8% of total pay costs.</li><li>Agency usage continues to be largely driven by absence and additional escalation bed capacity across nursing and medical staffing. Use of registered mental health nurses is also a key driver.</li><li>Nurse agency shifts reduced by 551 or 55% in April compared with March. The average cost per shift decreased by 35% compared with the previous month.</li><li>Nurse agency spend is £0.3m lower than March due to a decrease in both the number of shifts filled and the average cost per shift.</li><li>Medical agency expenditure is higher by £0.1m from the previous month. The number of shifts covered has decreased from 355 in March to 276 in April.</li></ul><div>In Month vs Prior Year</div><ul style="list-style-type: none"><li>Trustwide agency spend in April is below 2024/25 spend. This is due to increased controls being implemented across divisions from November last year, and their continued impact.</li></ul></div>																																																																															

Summary

Monthly Trend

- Agency expenditure in April is £0.5m, £0.3m lower than plan and lower than March’s agency expenditure of £0.9m.
- Agency expenditure is 0.8% of total pay costs.
- Agency usage continues to be largely driven by absence and additional escalation bed capacity across nursing and medical staffing. Use of registered mental health nurses is also a key driver.
- Nurse agency shifts reduced by 551 or 55% in April compared with March. The average cost per shift decreased by 35% compared with the previous month.
- Nurse agency spend is £0.3m lower than March due to a decrease in both the number of shifts filled and the average cost per shift.
- Medical agency expenditure is higher by £0.1m from the previous month. The number of shifts covered has decreased from 355 in March to 276 in April.

In Month vs Prior Year

- Trustwide agency spend in April is below 2024/25 spend. This is due to increased controls being implemented across divisions from November last year, and their continued impact.

Temporary Staffing

Bank Costs Vs Plan Run Rate

Latest Month

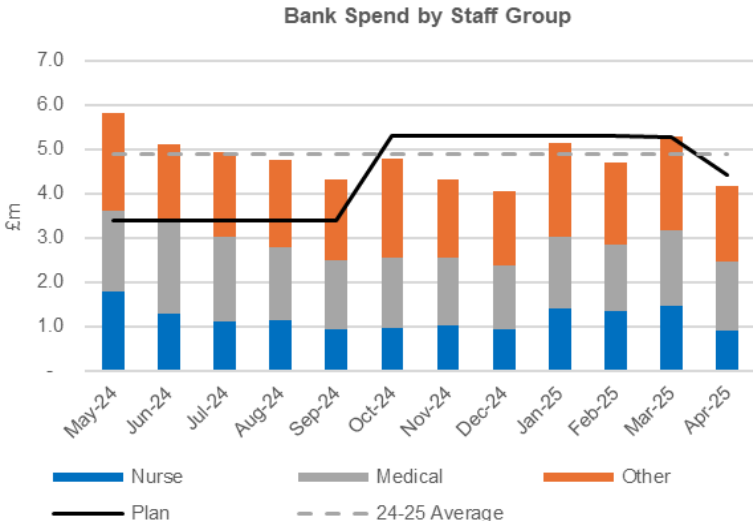
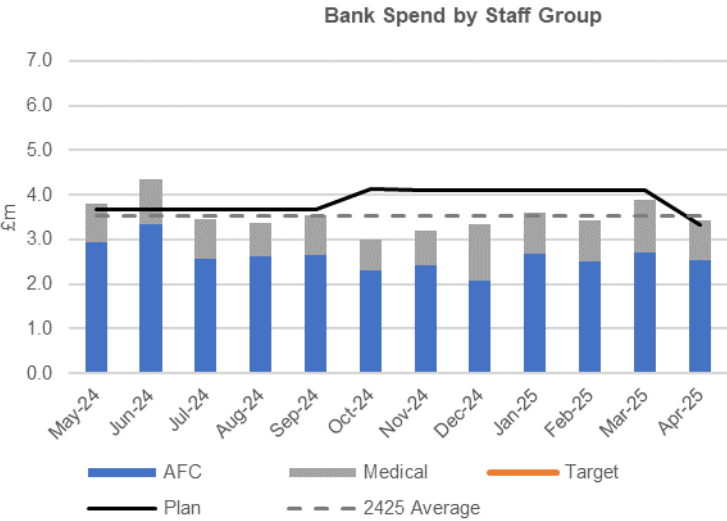
Apr-25

In-Month Plan

£3.3m

In-Month Actual

£3.0m



Latest Month

Apr-25

In-Month Plan

£4.4m

In-Month Actual

£4.2m

Summary

Monthly Trend

- Bank costs in April are £4.2m, a decrease of £1.1m from £5.3m in March. This includes £1.6m relating to medical bank and £0.9m relating to registered nurse bank.
- Nurse bank expenditure reduced by £0.6m compared with March, with shifts reducing by 1,775 or 21% . The average cost per shift also decreased by 21% compared with the previous month.
- Medical bank decreased in April by £0.1m to £1.6m and remains in line with average for the last 6 months.
- There was a reduction in other bank usage in April, with cost reducing from £2.1m in March to £1.7m in April. The most significant reduction was across the Estates and Facilities Division.

In Month vs Prior year

- Bank expenditure in April is £1.5m lower than the same period last year, due to increased controls introduced during 204/25.

Summary

Summary



Capital

Actual Vs Plan

Latest Month

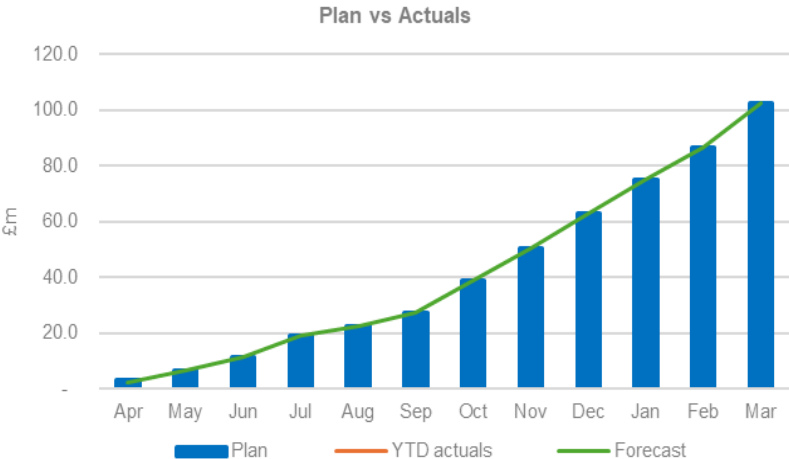
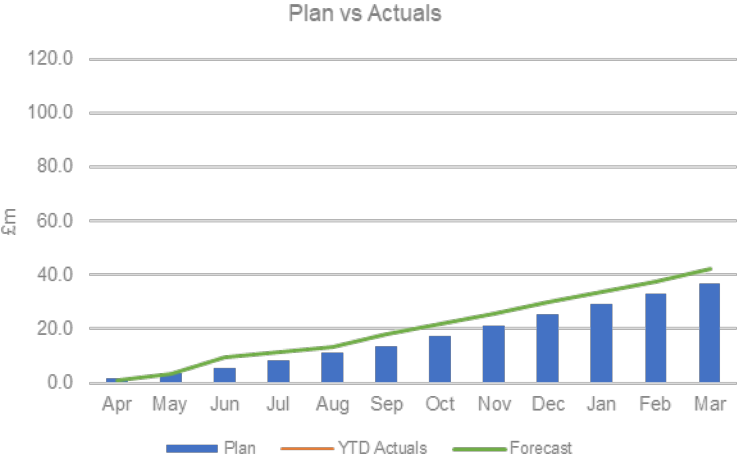
Apr-25

In-Month Plan

£1.6m

In-Month Actual

£0.8m



Latest Month

Apr-25

In-Month Plan

£3.2m

In-Month Actual

£2.1m

Summary

Summary

- Following NHSE confirmation of capital funding allocations of £55.2m, the Trust submitted a revised 2025/26 capital plan to NHSE on 30<sup>th</sup> April 2025 totalling £102.7m. The sources of funding include:
  - CDEL allocations from ICS capital envelope £40.6m;
  - PDC expected from NHSE including centrally allocated schemes £55.2m; and
  - £1.5m for donated asset purchases.
- April’s capital expenditure is £2.1m including donated assets £0.1m.
- Management of the delivery of the capital plan will be through the Trust’s Capital Group, Strategic Estates Development Program Board and Capital Program Oversight Group. Oversight of the delivery will be via the Trust’s Capital Program Steering Group (CPSG).

Risks

- CPSG received the revised 2025/26 capital plan at its meeting on 15<sup>th</sup> May 2025. This requires further work to understand deliverability.
- A 2025/26 capital program delivery plan will be produced to consider options for managing the Trust’s CDEL. This will be presented to July’s Finance Digital and Estates Committee.

Summary

Cash

Actual Vs Plan

Latest Month

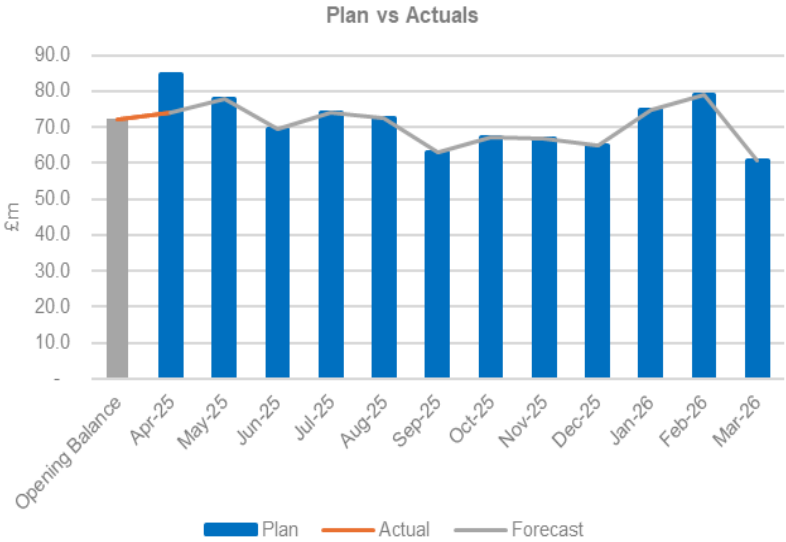
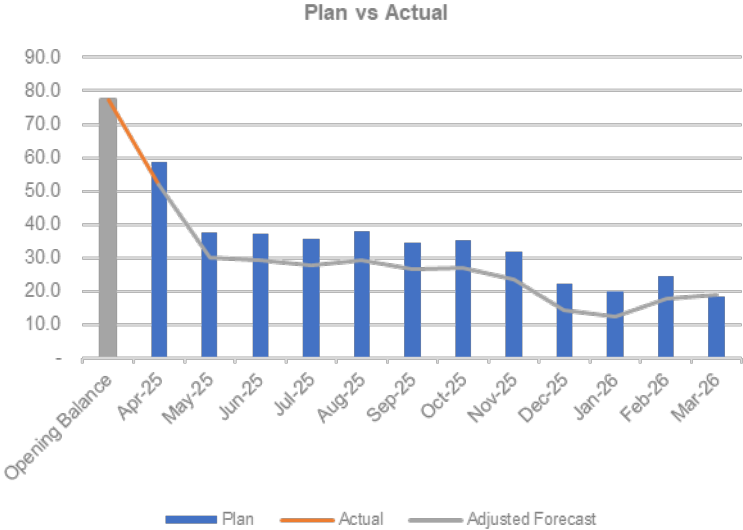
Apr-25

Target

£58.5m

Actual

£52.0m



Latest Month

Apr-25

Target

£84.8m











Actual

£73.9m

Summary

- The Trust’s cash balance as at 30<sup>th</sup> April 2025 is £73.9m, which is a £1.7m increase from month 12 2024/25 but £10.8m below plan. The reduction against plan is due to a combination of reduced cash payments from Commissioners in April and higher than expected cash payments linked to March’s capital expenditure accruals.
- The closing cash balance of £73.9m included a net cash inflow from operations of £5.7m and cash outflow of £3.1m due to investing activities (capital) and £0.9m due to financing activities (lease principal).
- The cash position forecast remains within the range of £61m-£78m throughout the financial year. The predicted reduction in cash is due to financing obligations of £14.0m relating to the repayment of loan principal and the capital element of leases. The capital programme is funded in cash terms via NHSE public divided capital and internal depreciation.

## Assurance and Variation Icons – Detailed Description

	ASSURANCE ICON						<i>No icon</i>
VARIATION ICON		Consistently Passing target (target outside control limits)	Passing target	Passing and Falling short of target subject to random variation	Falling short of target	Consistently Falling short of target (target outside control limits)	No Target
	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.
	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.
	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.
	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.
	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