

Integrated Quality and Performance Report

Month of Publication April 2025
Data up to February 2025

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Key to KPI Variation and Assurance Icons

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

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

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

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

Further Reading / Other Resources

The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes 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

Know a target or threshold e.g. Pressure Ulcers or Falls.

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: [The five key questions we ask - Care Quality](#)

The actual performance for the most recent month.

The actual performance for the previous month.

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

Business Rules and Actions

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

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

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

Executive Summary – Group Update

Responsive

Urgent Care

Four-hour performance remained challenged at both Trusts in February with NBT reporting at 59.4% and UHBW at 63.8% for all attendance types. Despite this performance, NBT ranked third out of 11 AMTC providers. In addition, there are also challenges in delivering the 12-hour total time in the department and ambulance handover metrics.

There is commonality in the drivers of this position across both Trusts - a combination of increasing demand, high bed occupancy and reduced patients flow out of the hospitals. These circumstances are creating a challenging clinical, operational and performance environment.

The System ambition to reduce the NC2R percentage to 15% remains unachieved. This ambition was central to the Trusts being able to deliver the 78% ED 4-hour performance requirement for March 2025. As yet, there is no evidence this ambition will be realised. Community-led D2A programme remains central to ongoing improvement. In the meantime, internal hospital flow plans continue to be developed and implemented across all sites.

Elective Care

NBT has been successful in delivering its 65-week RTT commitments against the national September-2024 requirements. Due to national challenges with Dental and supply of Cornea Graft material, at the end of February, UHBW reported 26 patients waiting more than 65-weeks for treatment. The Trust continues to develop and implement strategies to address the remaining patients at risk of breaching 65-weeks and both Trusts expect to eliminate 65-week waits during March.

At NBT, having reached the milestone of reducing 52-week waits to below 1,000 in September, there has been another significant reduction during February, taking the position under 400. The Trust has now set its own ambition to reduce 52-week wait breach volumes to less than 1% by the end of this year. This ambition is beyond national target requirements and is on track to deliver. Similarly, at UHBW, the number of patients waiting 52-weeks continues to fall each month, reducing from 5,800 to 824 in the last 18 months and an anticipated year-end position of c640 (c1.15%) against the operational planning trajectory of 862.

Diagnostics

For the seventh consecutive month, NBT's diagnostic performance has achieved the national constitutional standard – going beyond the target of no more than 5% breaching six-week waits. The actual breach rate in February was less than 1%. The Trust also remains compliant with the maximum 13-week wait with no patients waiting beyond 13-weeks. UHBW has also experienced an improvement in diagnostic performance during February, reporting 13.3%, recovering from an unforeseen deterioration in January (19.7%). UHBW has a continued focus on diagnostic recovery plans throughout March and is anticipating further improvement during the month, striving to move closer to the year-end target of 95%.

Cancer Wait Time Standards

Both Trusts continue to be compliant with the FDS-28-Day standard. UHBW also continues to deliver the 31-Day and 62-Day standards, having done so for the last nine months and expect to continue during the final two-months of the year. At NBT, the 62-Day Combined position has also reported improvements since September 2024 but deteriorated in January 2025. The work previously undertaken has been around improving systems and processes, and maximising performance in the high-volume tumor sites. To achieve the overall 62-Day breach standard this year, NBT will now focus on improvements in some of the most challenging pathways/backlogs - including the high volume and high-complexity Urology pathway (in particular, robotic prostatectomy). As reported previously, due to the backlog activity, the 62-Day position was expected to show a deterioration in January and February before recovering into March. As the backlog clearance work concludes, plans for sustaining the position will be enacted which will require slightly lower levels of additional activity. On this basis, the NBT is expecting to meet its commitments to secure its PTL, FDS and the 62-Day target by March 2025, as per the national requirement.

Executive Summary – Group Update

Quality, Safety and Effectiveness

Patient Experience

Patient Safety & Clinical Effectiveness

NBT has not seen any MRSA HCAI cases for the past four consecutive months, leaving the year-to-date (YTD) position remaining at four cases. UHBW had no additional cases of MRSA in February and YTD has seen seven cases recorded. The MRSA decolonisation of patient's pathway has been updated and is now in place at UHBW and the way skin cleansing is delivered, prior to the insertion of peripheral IV lines, has changed and this is rolling out across the Trust to help reduce the MRSA risk.

At NBT C. Difficile cases have exceeded the nationally set trajectory. C. Difficile ward rounds are to commence to reduce incidence of cases, and the central IPC team continue to provide focused education, especially targeted in areas of repeat infection. UHBW continues to do very well, below trajectory in February and quality improvement work to reduce the C. Difficile infection risk remains in progress.

VTE risk assessment compliance at both Trusts remains fairly static. The new digital prescribing system (CMM) is due to launch in 2025/26 across both organisations, which is anticipated to significantly increase compliance with the risk assessment completion.

During February 2025 NBT had a rate of 5.6 medication incidents per 1000 bed days which is below the 6-month average of 5.8 for this measure. The level of medication incidents causing moderate or severe harm or death was 0% this month with no incidents falling into this category. The work of the 'Medicines Safety Forum' continues – this is a multidisciplinary group whose aim is to focus on gaining a better understanding of medicines safety challenges and subsequently supporting staff to address these. UHBW had a rate of 8.61 medication incidents per 1,000 bed days in February, which is below the 6-month average of 8.77 for this measure. Medication incidents are reviewed by the UHBW medication safety team and individual incidents are managed by the department where the incident occurred. Incidents are identified for enhanced learning response according to the Patient Safety Investigation Response Plan (PSIRP), noting that, for medication incidents the criteria for enhanced learning is an omitted/delayed dose of a high-risk medication.

Both Trust's SHMI indicator continues to show special cause improving variation, which provides a positive assurance, and our insight will be further enhanced through the Mortality Improvement Programme which operates across the Hospital Group. This programme is enhancing our links with Medical Examiner Scrutiny, deepening our insights into our mortality and morbidity surveillance data and support specialty-led quality improvement initiatives.

Patient & Carer Experience

At NBT, delivery of the Year 2 workplan for the Patient & Carer Experience Strategy remains positive, with the majority of planned commitments successfully completed, or compliant with targeted improvements. Progress was reviewed at the March 2025 Patient & Carer Experience Committee and the forward plan approved for 2025/26, which is the final year of NBT's current strategy.

The complaint response rate compliance at NBT marginally decreased from 80% in January to 78%, below the target rate of 90%. Out of 45 complaints due, 35 were closed within the agreed timescale, 6 were closed outside the agreed timescale, and 4 remained open at the time of reporting. The Complaints and PALS Manager meets weekly with divisional Patient Experience teams to discuss cases due and those overdue. This provides an opportunity to discuss complexities and agree resolution. All complaints & PALS concerns continue to be acknowledged within the agreed timeframes. Timeliness of responses to formal and informal complaints at UHBW is showing improvement towards the 90% target in January 2025 compared to December 2024 at 54.4% and 86.5% respectively – UHBW is currently reporting this metric in arrears from NBT. Alignment work between NBT and UHBW continues, supporting both the Single Managed Service Programme and Group development.

The overall Friends and Family Test score for UHBW's maternity service was 96.5% in February 2025 which is above the latest published (January 2025) national average FFT score for Maternity (91%). Whilst the Maternity FFT has no target, it is displaying special cause variation with seven consecutive months below the mean.

Executive Summary – Group Update

Our People Finance

Our People

Turnover at NBT is 11.6% in February, remaining below the NBT target of 11.9% for 2024/25. For UHBW, turnover reduced to 10.8% against a target of 12% and compared to 11.1% in the previous month. Vacancy rate has increased in both Trusts in February with particular impact of recruitment controls at NBT continuing.

NBT agency spend is 1.0% of total pay spend in February significantly below the target of 3.2% and is anticipated to reduce further as we continue to focus on temporary staffing use and spend through the Resourcing and Temporary Staffing Oversight group in 2025/26. UHBW agency usage is also low at 0.6% (84.1 FTE) against a target of 1.0% maximum and remains a priority focus area as reflected in the UHBW Patient First Corporate Projects, with increased focus on reducing medical usage.

For NBT, sickness remains at 4.6% which is above the target of 4.4%. This target will remain in place for 2025/26. However, UHBW sickness absence has reduced to 4.4% against the 4.9% target and compared to 4.7% the previous month.

Essential training compliance is >90% at both Trusts.

Finance

In Month 11 (February) both Trusts have delivered a surplus against their plans. NBT delivered a £2.3m surplus, which is £1.5m better than plan. UHBW delivered a £1.9m surplus against the plan of break-even. Year-to-date (YTD), the NBT position is a £1.0m adverse variance against a planned £0.8m deficit driven primarily by the impact of in year CIP delivery across pay and non-pay, and various non-pay pressures within Divisions. The cumulative UHBW YTD position at the end of the month is a net deficit of £2.5m (£4.4m net deficit last month) against a breakeven plan. The cumulative UHBW YTD net deficit is 0.2% of total operating income. Significant operating expenditure variances in the UHBW YTD position include: the shortfall on savings delivery; premium pay pressures and over-establishment mainly relating to nursing and medical staff; higher than planned pass-through costs (matched by additional patient care income) and the impact of unfunded non-pay inflation.

The NBT cash position at Month 11 is £56.9m, a reduction of £5.7m from Month 12 2023/24. This is driven by the underlying deficit and capital spend. The Trust has delivered £21.1m of completed cost improvement programme (CIP) schemes at Month 11, an increase of £3.5m from Month 10. There are a further £0.9m of schemes in implementation and planning that need to be developed, and none in the pipeline.

UHBW YTD pay expenditure is c3% higher than plan. Medical staffing costs in the Women's & Children's Division and nursing costs continue to cause significant overspends across Surgery, Specialised and Women's & Children's Division with continuing over-establishment and high nursing pay costs in total across substantive, bank and agency staff.

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	Feb-25	59.4%	71.4%	59.8%	F	L	Escalation Summary
		UHBW	Feb-25	63.8%	71.8%	66.0%	F	C	Escalation Summary
Responsive	ED % Spending Over 12 Hours in Department	NBT	Feb-25	12.2%	2.0%	11.9%	F-	H	Escalation Summary
		UHBW	Feb-25	7.4%	2.0%	8.5%	F	H	Escalation Summary
Responsive	ED 12 Hour Trolley Waits (from DTA)	NBT	Feb-25	536	0	545	F	H	Escalation Summary
		UHBW	Feb-25	664	0	909	F-	H	Escalation Summary
Responsive	No Criteria to Reside	NBT	Feb-25	20.7%	15.0%	21.5%	F-	L	Escalation Summary
		UHBW	Feb-25	22.0%	13.0%	21.4%	F-	H	Escalation Summary
Responsive	Ambulance Handover Delays (under 15 minutes)	NBT	Feb-25	19.9%	65.0%	21.0%	F-	C	Escalation Summary
		UHBW	Feb-25	27.0%	65.0%	21.5%	F-	C	Escalation Summary
Responsive	Ambulance Handover Delays (under 30 minutes)	NBT	Feb-25	45.9%	95.0%	46.9%	F-	L	Escalation Summary
		UHBW	Feb-25	56.6%	95.0%	47.5%	F-	C	Escalation Summary
Responsive	Ambulance Handover Delays (over 60 minutes)	NBT	Feb-25	723	0	710	F-	H	Escalation Summary
		UHBW	Feb-25	816	0	1226	F-	C	Escalation Summary

Assurance						Variation				
					No icon					
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	Total RTT Pathways 52 weeks	NBT	Feb-25	345	528	434	P	N/A	Note Performance
		UHBW	Feb-25	824	993	938	P	N/A	Note Performance
Responsive	Total RTT Pathways 65 weeks	NBT	Feb-25	4	0	4	P	N/A	Note Performance
		UHBW	Feb-25	26	0	62	F	N/A	Escalation Summary
Responsive	Diagnostics % Over 6 Weeks	NBT	Feb-25	0.6%	0.98%	0.88%	P	L	Note Performance
		UHBW	Feb-25	13.3%	5.4%	19.7%	F-	L	Escalation Summary
Responsive	Cancer 28 Day Faster Diagnosis	NBT	Jan-25	77.8%	77.1%	82.1%	P	H	Note Performance
		UHBW	Jan-25	77.0%	77.0%	77.9%	P	H	Note Performance
Responsive	Cancer 31 Day Diagnosis to Treatment	NBT	Jan-25	88.1%	94.1%	92.2%	?	C	Escalation Summary
		UHBW	Jan-25	96.4%	96.0%	97.7%	P	H	Note Performance
Responsive	Cancer 62 Day Referral to Treatment	NBT	Jan-25	66.6%	70.3%	74.5%	?	C	Escalation Summary
		UHBW	Jan-25	74.2%	70.0%	76.4%	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	

Responsiveness

UEC – Emergency Department Metrics

ED Percentage Spending Under 4 Hours in Department	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>71.4%</div><div>Latest Month's Position</div><div>59.4%</div><div>Performance / Assurance</div><div>Special Cause Concerning Variation Low, where down is deterioration and last six data points are less than target</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 Under 4 Hours in Department</div><table><caption>ED Percentage Spending Under 4 Hours in Department (North Bristol)</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Feb-23</td><td>79%</td></tr><tr><td>Mar-23</td><td>78%</td></tr><tr><td>Apr-23</td><td>71%</td></tr><tr><td>May-23</td><td>75%</td></tr><tr><td>Jun-23</td><td>72%</td></tr><tr><td>Jul-23</td><td>72%</td></tr><tr><td>Aug-23</td><td>72%</td></tr><tr><td>Sep-23</td><td>64%</td></tr><tr><td>Oct-23</td><td>64%</td></tr><tr><td>Nov-23</td><td>62%</td></tr><tr><td>Dec-23</td><td>67%</td></tr><tr><td>Jan-24</td><td>64%</td></tr><tr><td>Feb-24</td><td>64%</td></tr><tr><td>Mar-24</td><td>64%</td></tr><tr><td>Apr-24</td><td>63%</td></tr><tr><td>May-24</td><td>62%</td></tr><tr><td>Jun-24</td><td>63%</td></tr><tr><td>Jul-24</td><td>70%</td></tr><tr><td>Aug-24</td><td>61%</td></tr><tr><td>Sep-24</td><td>58%</td></tr><tr><td>Oct-24</td><td>58%</td></tr><tr><td>Nov-24</td><td>55%</td></tr><tr><td>Dec-24</td><td>58%</td></tr><tr><td>Jan-25</td><td>60%</td></tr><tr><td>Feb-25</td><td>59%</td></tr></tbody></table></div>	Month	Percentage	Feb-23	79%	Mar-23	78%	Apr-23	71%	May-23	75%	Jun-23	72%	Jul-23	72%	Aug-23	72%	Sep-23	64%	Oct-23	64%	Nov-23	62%	Dec-23	67%	Jan-24	64%	Feb-24	64%	Mar-24	64%	Apr-24	63%	May-24	62%	Jun-24	63%	Jul-24	70%	Aug-24	61%	Sep-24	58%	Oct-24	58%	Nov-24	55%	Dec-24	58%	Jan-25	60%	Feb-25	59%	<div><div>ED Percentage Spending Under 4 Hours in Department</div><table><caption>ED Percentage Spending Under 4 Hours in Department (University Hospitals Bristol and Weston)</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Feb-23</td><td>62%</td></tr><tr><td>Mar-23</td><td>68%</td></tr><tr><td>Apr-23</td><td>71%</td></tr><tr><td>May-23</td><td>68%</td></tr><tr><td>Jun-23</td><td>75%</td></tr><tr><td>Jul-23</td><td>75%</td></tr><tr><td>Aug-23</td><td>71%</td></tr><tr><td>Sep-23</td><td>68%</td></tr><tr><td>Oct-23</td><td>65%</td></tr><tr><td>Nov-23</td><td>63%</td></tr><tr><td>Dec-23</td><td>64%</td></tr><tr><td>Jan-24</td><td>63%</td></tr><tr><td>Feb-24</td><td>63%</td></tr><tr><td>Mar-24</td><td>69%</td></tr><tr><td>Apr-24</td><td>68%</td></tr><tr><td>May-24</td><td>67%</td></tr><tr><td>Jun-24</td><td>69%</td></tr><tr><td>Jul-24</td><td>69%</td></tr><tr><td>Aug-24</td><td>73%</td></tr><tr><td>Sep-24</td><td>68%</td></tr><tr><td>Oct-24</td><td>66%</td></tr><tr><td>Nov-24</td><td>64%</td></tr><tr><td>Dec-24</td><td>62%</td></tr><tr><td>Jan-25</td><td>65%</td></tr><tr><td>Feb-25</td><td>63%</td></tr></tbody></table></div>	Month	Percentage	Feb-23	62%	Mar-23	68%	Apr-23	71%	May-23	68%	Jun-23	75%	Jul-23	75%	Aug-23	71%	Sep-23	68%	Oct-23	65%	Nov-23	63%	Dec-23	64%	Jan-24	63%	Feb-24	63%	Mar-24	69%	Apr-24	68%	May-24	67%	Jun-24	69%	Jul-24	69%	Aug-24	73%	Sep-24	68%	Oct-24	66%	Nov-24	64%	Dec-24	62%	Jan-25	65%	Feb-25	63%	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>71.8%</div><div>Latest Month's Position</div><div>63.8%</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>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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Summary	<div><div>What does the data tell us?</div><div>The percentage of patients spending under 4 hours in ED for the month of February was similar to the previous month's position at 59.4% Year-on-year ED attendances have been increasing; for 2024/25 to-date, attendances have been 1.24% higher than the same period last year.</div><div>Actions being taken to improve</div><div>Ongoing introduction of the UEC plan for NBT; this includes key changes such as implementing a revised SDEC service, mapping patient flow processes to identify opportunities for improvement and implementing good practice ward level patient review and discharge processes (including actions recommended from the ECIST review).</div><div>Impact on forecast</div><div>As yet, no significant progress in reducing No Criteria to Reside (NC2R) problems against System ambition.</div><div>Since the month of December, significant rise in Flu and respiratory infection presentations.</div><div>In addition to respiratory presentations, the Trust experienced outbreaks of Norovirus with an inevitable impact on patient flow.</div></div>	<div><div>What is the data telling us?</div><div>A slight deterioration on the previous month's performance in February against the ED 4-hour standard at 63.8% (66% January), noting that performance is aggregated across the four ED sites, and attendances continue to grow in year; attendances 3.7% higher than Apr-Feb 2023/24.</div><div>Patients requiring beds in a side room due to infections, plus significant challenges with No Criteria To Reside (NC2R) in January and February have impeded flow with a commensurate impact on ED 4-hour performance for BRI (48%) and Weston (62%) sites in particular.</div><div>Actions being taken to improve</div><div>Ongoing mobilisation of ED improvement plans across both BRI and Weston. This includes 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 departments 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)</div><div>Impact on forecast</div><div>Despite the challenges outlined, it is anticipated that focused efforts through March will improve the Trust position, aiming to achieve c76% (c69% for Type1/Type 2 only) by month end. YTD = 74%</div></div>																																																																																																										

Responsiveness

UEC – Emergency Department Metrics

ED Percentage Spending Over 12 Hours in Department	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>2.0%</div><div>Latest Month's Position</div><div>12.2%</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><table><tr><th>Month</th><th>Percentage</th></tr><tr><td>Feb-23</td><td>1.2%</td></tr><tr><td>Mar-23</td><td>3.8%</td></tr><tr><td>May-23</td><td>2.5%</td></tr><tr><td>Jun-23</td><td>1.8%</td></tr><tr><td>Jul-23</td><td>1.8%</td></tr><tr><td>Aug-23</td><td>2.0%</td></tr><tr><td>Sep-23</td><td>3.8%</td></tr><tr><td>Sep-23</td><td>3.8%</td></tr><tr><td>Oct-23</td><td>8.2%</td></tr><tr><td>Nov-23</td><td>7.0%</td></tr><tr><td>Dec-23</td><td>7.5%</td></tr><tr><td>Jan-24</td><td>8.8%</td></tr><tr><td>Feb-24</td><td>6.2%</td></tr><tr><td>Mar-24</td><td>7.5%</td></tr><tr><td>Apr-24</td><td>8.2%</td></tr><tr><td>May-24</td><td>6.8%</td></tr><tr><td>Jun-24</td><td>7.0%</td></tr><tr><td>Jul-24</td><td>4.5%</td></tr><tr><td>Aug-24</td><td>4.8%</td></tr><tr><td>Sep-24</td><td>10.2%</td></tr><tr><td>Oct-24</td><td>9.2%</td></tr><tr><td>Nov-24</td><td>11.8%</td></tr><tr><td>Dec-24</td><td>8.2%</td></tr><tr><td>Jan-25</td><td>12.0%</td></tr><tr><td>Feb-25</td><td>12.2%</td></tr></table></div>	Month	Percentage	Feb-23	1.2%	Mar-23	3.8%	May-23	2.5%	Jun-23	1.8%	Jul-23	1.8%	Aug-23	2.0%	Sep-23	3.8%	Sep-23	3.8%	Oct-23	8.2%	Nov-23	7.0%	Dec-23	7.5%	Jan-24	8.8%	Feb-24	6.2%	Mar-24	7.5%	Apr-24	8.2%	May-24	6.8%	Jun-24	7.0%	Jul-24	4.5%	Aug-24	4.8%	Sep-24	10.2%	Oct-24	9.2%	Nov-24	11.8%	Dec-24	8.2%	Jan-25	12.0%	Feb-25	12.2%	ED Percentage Spending Over 12 Hours in Department	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>2.0%</div><div>Latest Month's Position</div><div>7.4%</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>
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<div><div>What does the data tell us?</div><div>The percentage of patients spending over 12 hours in ED for the month of February was slightly higher than the previous month at 12.23%.</div><div>Actions being taken to improve</div><div>See previous slide.</div><div>Impact on forecast</div><div>See previous slide.</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 February (7.4%) was an improvement on the previous month at 8.5%</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 efforts through March are anticipated to result in an improved position to c5% during the month.</div></div>																																																							

Responsiveness

UEC – Emergency Department Metrics

ED 12 Hour Trolley Waits	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>0</div><div>Latest Month's Position</div><div>536</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>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</div><table><tr><th>Month</th><th>Waits</th></tr><tr><td>Feb-23</td><td>0</td></tr><tr><td>Mar-23</td><td>150</td></tr><tr><td>Apr-23</td><td>50</td></tr><tr><td>May-23</td><td>20</td></tr><tr><td>Jun-23</td><td>10</td></tr><tr><td>Jul-23</td><td>10</td></tr><tr><td>Aug-23</td><td>20</td></tr><tr><td>Sep-23</td><td>20</td></tr><tr><td>Oct-23</td><td>220</td></tr><tr><td>Nov-23</td><td>220</td></tr><tr><td>Dec-23</td><td>280</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>250</td></tr><tr><td>Apr-24</td><td>320</td></tr><tr><td>May-24</td><td>220</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>536</td></tr></table></div>	Month	Waits	Feb-23	0	Mar-23	150	Apr-23	50	May-23	20	Jun-23	10	Jul-23	10	Aug-23	20	Sep-23	20	Oct-23	220	Nov-23	220	Dec-23	280	Jan-24	320	Feb-24	180	Mar-24	250	Apr-24	320	May-24	220	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	536	<div><div>ED 12 Hour Trolley Waits (from DTA)</div><table><tr><th>Month</th><th>Waits</th></tr><tr><td>Feb-23</td><td>420</td></tr><tr><td>Mar-23</td><td>550</td></tr><tr><td>Apr-23</td><td>320</td></tr><tr><td>May-23</td><td>420</td></tr><tr><td>Jun-23</td><td>220</td></tr><tr><td>Jul-23</td><td>20</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>350</td></tr><tr><td>Dec-23</td><td>380</td></tr><tr><td>Jan-24</td><td>320</td></tr><tr><td>Feb-24</td><td>250</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>220</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>250</td></tr><tr><td>Oct-24</td><td>450</td></tr><tr><td>Nov-24</td><td>550</td></tr><tr><td>Dec-24</td><td>700</td></tr><tr><td>Jan-25</td><td>900</td></tr><tr><td>Feb-25</td><td>664</td></tr></table></div>	Month	Waits	Feb-23	420	Mar-23	550	Apr-23	320	May-23	420	Jun-23	220	Jul-23	20	Aug-23	120	Sep-23	200	Oct-23	280	Nov-23	350	Dec-23	380	Jan-24	320	Feb-24	250	Mar-24	250	Apr-24	350	May-24	320	Jun-24	220	Jul-24	150	Aug-24	80	Sep-24	250	Oct-24	450	Nov-24	550	Dec-24	700	Jan-25	900	Feb-25	664	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>0</div><div>Latest Month's Position</div><div>664</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 910 - That patients in BRI ED do not receive timely and effective care (20)</div></div>
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Summary	<div><div>What does the data tell us?</div><div>The number of 12 Hour trolley decreased slightly on the previous month but remains high.</div><div>Actions being taken to improve</div><div>See previous slide.</div><div>Impact on forecast</div><div>See previous slide.</div></div>	<div><div>What does the data tell us?</div><div>The number of 12 Hour trolley waits has decreased on the previous month but remains high.</div><div>Actions being taken to improve</div><div>Note actions from previous two slides.</div><div>Impact on forecast</div><div>Along with improvements noted against the 4-hour and 12-hour standard, it is anticipated that 12-hour trolley waits will reduce in March 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>Latest Month</div> <div>Feb-25</div> <div>Target</div> <div>15.0%</div> <div>Latest Month's Position</div> <div>20.7%</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>Percentage of Inpatients with No Criteria to Reside</div> <table border="1"><caption>Percentage of Inpatients with No Criteria to Reside</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Feb-23</td><td>26.5%</td></tr><tr><td>Mar-23</td><td>28.0%</td></tr><tr><td>Apr-23</td><td>22.0%</td></tr><tr><td>May-23</td><td>23.0%</td></tr><tr><td>Jun-23</td><td>22.0%</td></tr><tr><td>Jul-23</td><td>24.0%</td></tr><tr><td>Aug-23</td><td>23.0%</td></tr><tr><td>Sep-23</td><td>23.0%</td></tr><tr><td>Oct-23</td><td>25.0%</td></tr><tr><td>Nov-23</td><td>27.0%</td></tr><tr><td>Dec-23</td><td>26.0%</td></tr><tr><td>Jan-24</td><td>25.0%</td></tr><tr><td>Feb-24</td><td>24.0%</td></tr><tr><td>Mar-24</td><td>22.0%</td></tr><tr><td>Apr-24</td><td>25.0%</td></tr><tr><td>May-24</td><td>24.0%</td></tr><tr><td>Jun-24</td><td>24.0%</td></tr><tr><td>Jul-24</td><td>23.0%</td></tr><tr><td>Aug-24</td><td>21.0%</td></tr><tr><td>Sep-24</td><td>22.0%</td></tr><tr><td>Oct-24</td><td>22.0%</td></tr><tr><td>Nov-24</td><td>21.0%</td></tr><tr><td>Dec-24</td><td>20.0%</td></tr><tr><td>Jan-25</td><td>21.0%</td></tr><tr><td>Feb-25</td><td>20.7%</td></tr></tbody></table>	Month	Percentage	Feb-23	26.5%	Mar-23	28.0%	Apr-23	22.0%	May-23	23.0%	Jun-23	22.0%	Jul-23	24.0%	Aug-23	23.0%	Sep-23	23.0%	Oct-23	25.0%	Nov-23	27.0%	Dec-23	26.0%	Jan-24	25.0%	Feb-24	24.0%	Mar-24	22.0%	Apr-24	25.0%	May-24	24.0%	Jun-24	24.0%	Jul-24	23.0%	Aug-24	21.0%	Sep-24	22.0%	Oct-24	22.0%	Nov-24	21.0%	Dec-24	20.0%	Jan-25	21.0%	Feb-25	20.7%	No Criteria To Reside - Beds Occupied	<div>No Criteria To Reside Occupancy</div> <table border="1"><caption>No Criteria To Reside Occupancy</caption><thead><tr><th>Month</th><th>Occupancy</th></tr></thead><tbody><tr><td>Feb-23</td><td>21.0%</td></tr><tr><td>Mar-23</td><td>21.0%</td></tr><tr><td>Apr-23</td><td>19.0%</td></tr><tr><td>May-23</td><td>17.0%</td></tr><tr><td>Jun-23</td><td>16.5%</td></tr><tr><td>Jul-23</td><td>17.0%</td></tr><tr><td>Aug-23</td><td>15.5%</td></tr><tr><td>Sep-23</td><td>17.0%</td></tr><tr><td>Oct-23</td><td>18.0%</td></tr><tr><td>Nov-23</td><td>17.5%</td></tr><tr><td>Dec-23</td><td>19.0%</td></tr><tr><td>Jan-24</td><td>18.5%</td></tr><tr><td>Feb-24</td><td>18.0%</td></tr><tr><td>Mar-24</td><td>17.5%</td></tr><tr><td>Apr-24</td><td>18.0%</td></tr><tr><td>May-24</td><td>17.5%</td></tr><tr><td>Jun-24</td><td>17.5%</td></tr><tr><td>Jul-24</td><td>19.5%</td></tr><tr><td>Aug-24</td><td>20.0%</td></tr><tr><td>Sep-24</td><td>19.0%</td></tr><tr><td>Oct-24</td><td>22.0%</td></tr><tr><td>Nov-24</td><td>21.0%</td></tr><tr><td>Dec-24</td><td>20.5%</td></tr><tr><td>Jan-25</td><td>21.5%</td></tr><tr><td>Feb-25</td><td>22.0%</td></tr></tbody></table>	Month	Occupancy	Feb-23	21.0%	Mar-23	21.0%	Apr-23	19.0%	May-23	17.0%	Jun-23	16.5%	Jul-23	17.0%	Aug-23	15.5%	Sep-23	17.0%	Oct-23	18.0%	Nov-23	17.5%	Dec-23	19.0%	Jan-24	18.5%	Feb-24	18.0%	Mar-24	17.5%	Apr-24	18.0%	May-24	17.5%	Jun-24	17.5%	Jul-24	19.5%	Aug-24	20.0%	Sep-24	19.0%	Oct-24	22.0%	Nov-24	21.0%	Dec-24	20.5%	Jan-25	21.5%	Feb-25	22.0%	<div>Latest Month</div> <div>Feb-25</div> <div>Target</div> <div>13.0%</div> <div>Latest Month's Position</div> <div>22.0%</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>
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Summary	<div>What does the data tell us?</div> <p>Although there has been a slight downward trend in NC2R, there has not been progress in reducing this to the 15% System ambition target.</p> <div>Actions being taken to improve</div> <p>Executive and CEO-level escalation regarding NC2R impact - commitment secured from system partners for focussed work with revised reduction ambition. Additional capacity requirements developed by COOs across the System with CEO funding agreement reached. Awaiting capacity provision.</p> <p>Development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub.</p> <p>New demand and capacity work being undertaken by system partners to refresh D2A model to support NC2R reduction ambition .</p> <p>COO escalating Stroke NC2R. Further escalation arranged with System partners.</p> <div>Impact on forecast</div> <p>As yet, no significant progress in reducing NC2R problems against System ambition.</p>	<div>Summary</div> <div>What does the data tell us?</div> <p>The No Criteria to Reside (NC2R) position worsened slightly in February (22%) compared to the previous month (21.4%), continuing to impact flow through hospital sites. NB Weston 30.6%; BRI 19.4%</p> <div>Actions being taken to Improve:</div> <p>Executive and CEO-level escalation regarding NC2R impact - commitment secured from system partners for focussed work with revised reduction ambition. Additional capacity requirements developed by COOs and additional beds secured. A review of ongoing provision into 2025/26 (cessation or continuation) is underway given the NCTR position has remained largely unchanged & further improvement required before community bed contraction can be tolerated.</p> <p>Focus continues on ‘internal delays’, across all partner organisations, seeking to improve the visibility and synergy between acute and community capacity and focus improvement efforts in the right place. In addition, working with NHS@Home to further maximise their capacity to support reduction in discharge cancellations, and promote ‘step up’ as well as ‘step down’ as a means of balancing flow.</p> <div>Impact on forecast:</div> <p>Whilst the System ambition of reducing NC2R 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).</p>																																																																																																											

Responsiveness

UEC – Ambulance Handover Delays

Ambulance Handovers Under 15 Minutes	<div>Latest Month</div> <div>Feb-25</div> <div>Target</div> <div>65.0%</div> <div>Latest Month's Position</div> <div>19.9%</div> <div>Performance / Assurance</div> <div>Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration</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>Ambulance Handovers Under 15 Minutes</div> <table><caption>Ambulance Handovers Under 15 Minutes - North Bristol</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Feb-23</td><td>26%</td></tr><tr><td>Mar-23</td><td>23%</td></tr><tr><td>May-23</td><td>29%</td></tr><tr><td>Jun-23</td><td>29%</td></tr><tr><td>Jul-23</td><td>29%</td></tr><tr><td>Aug-23</td><td>27%</td></tr><tr><td>Sep-23</td><td>26%</td></tr><tr><td>Sep-23</td><td>26%</td></tr><tr><td>Oct-23</td><td>26%</td></tr><tr><td>Nov-23</td><td>30%</td></tr><tr><td>Dec-23</td><td>29%</td></tr><tr><td>Jan-24</td><td>35%</td></tr><tr><td>Feb-24</td><td>39%</td></tr><tr><td>Mar-24</td><td>37%</td></tr><tr><td>Apr-24</td><td>39%</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>51%</td></tr><tr><td>Aug-24</td><td>41%</td></tr><tr><td>Sep-24</td><td>24%</td></tr><tr><td>Oct-24</td><td>26%</td></tr><tr><td>Nov-24</td><td>16%</td></tr><tr><td>Dec-24</td><td>30%</td></tr><tr><td>Jan-25</td><td>21%</td></tr><tr><td>Feb-25</td><td>19.9%</td></tr></tbody></table>	Month	Percentage	Feb-23	26%	Mar-23	23%	May-23	29%	Jun-23	29%	Jul-23	29%	Aug-23	27%	Sep-23	26%	Sep-23	26%	Oct-23	26%	Nov-23	30%	Dec-23	29%	Jan-24	35%	Feb-24	39%	Mar-24	37%	Apr-24	39%	May-24	40%	Jun-24	42%	Jul-24	51%	Aug-24	41%	Sep-24	24%	Oct-24	26%	Nov-24	16%	Dec-24	30%	Jan-25	21%	Feb-25	19.9%	
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Summary	<div>What does the data tell us?</div> <div>Significant year-on-year improvement in lost ambulance handover time – but previous months have proved more challenging.</div> <div>Actions being taken to improve</div> <div>Internal UEC programme actions on handover processes, together with the ‘continuous flow’ model led by the Chief Nursing Officer has delivered further improvement.</div> <div>Impact on forecast</div> <div>As yet, no significant progress in reducing NC2R problems against System ambition. Since the month of December, significant rise in Flu and other respiratory infection presentations, and more recently, Norovirus.</div>																																																						
Ambulance Handovers Under 15 Minutes	<div>Latest Month</div> <div>Feb-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>Ambulance Handovers Under 15 Minutes</div> <table><caption>Ambulance Handovers Under 15 Minutes - UHBW</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Feb-23</td><td>20%</td></tr><tr><td>Mar-23</td><td>22%</td></tr><tr><td>Apr-23</td><td>28%</td></tr><tr><td>May-23</td><td>25%</td></tr><tr><td>Jun-23</td><td>38%</td></tr><tr><td>Jul-23</td><td>51%</td></tr><tr><td>Aug-23</td><td>31%</td></tr><tr><td>Sep-23</td><td>30%</td></tr><tr><td>Oct-23</td><td>20%</td></tr><tr><td>Nov-23</td><td>22%</td></tr><tr><td>Dec-23</td><td>26%</td></tr><tr><td>Jan-24</td><td>27%</td></tr><tr><td>Feb-24</td><td>27%</td></tr><tr><td>Mar-24</td><td>34%</td></tr><tr><td>Apr-24</td><td>32%</td></tr><tr><td>May-24</td><td>30%</td></tr><tr><td>Jun-24</td><td>34%</td></tr><tr><td>Jul-24</td><td>37%</td></tr><tr><td>Aug-24</td><td>42%</td></tr><tr><td>Sep-24</td><td>32%</td></tr><tr><td>Oct-24</td><td>31%</td></tr><tr><td>Nov-24</td><td>32%</td></tr><tr><td>Dec-24</td><td>27%</td></tr><tr><td>Jan-25</td><td>21%</td></tr><tr><td>Feb-25</td><td>27.0%</td></tr></tbody></table>	Month	Percentage	Feb-23	20%	Mar-23	22%	Apr-23	28%	May-23	25%	Jun-23	38%	Jul-23	51%	Aug-23	31%	Sep-23	30%	Oct-23	20%	Nov-23	22%	Dec-23	26%	Jan-24	27%	Feb-24	27%	Mar-24	34%	Apr-24	32%	May-24	30%	Jun-24	34%	Jul-24	37%	Aug-24	42%	Sep-24	32%	Oct-24	31%	Nov-24	32%	Dec-24	27%	Jan-25	21%	Feb-25	27.0%	
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Summary	<div>What is the data telling us?</div> <div>Whilst UHBW has seen an improved position in February (27% vs 21.5% in January) and a notable year-on-year improvement, more recent months have been more challenged, largely impacted by lack of physical capacity and staffing numbers available to complete timely handovers.</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 March.</div>																																																						

Responsiveness

UEC – Ambulance Handover Delays

Ambulance Handovers Under 30 Minutes	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>95.0%</div><div>Latest Month's Position</div><div>45.9%</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 30 Minutes</div><table><tr><th>Month</th><th>Performance (%)</th></tr><tr><td>Feb-23</td><td>71</td></tr><tr><td>Mar-23</td><td>68</td></tr><tr><td>May-23</td><td>72</td></tr><tr><td>Jun-23</td><td>77</td></tr><tr><td>Jul-23</td><td>74</td></tr><tr><td>Aug-23</td><td>71</td></tr><tr><td>Sep-23</td><td>65</td></tr><tr><td>Oct-23</td><td>62</td></tr><tr><td>Nov-23</td><td>67</td></tr><tr><td>Dec-23</td><td>64</td></tr><tr><td>Jan-24</td><td>66</td></tr><tr><td>Feb-24</td><td>72</td></tr><tr><td>Mar-24</td><td>68</td></tr><tr><td>Apr-24</td><td>73</td></tr><tr><td>May-24</td><td>76</td></tr><tr><td>Jun-24</td><td>74</td></tr><tr><td>Jul-24</td><td>82</td></tr><tr><td>Aug-24</td><td>77</td></tr><tr><td>Sep-24</td><td>55</td></tr><tr><td>Oct-24</td><td>59</td></tr><tr><td>Nov-24</td><td>41</td></tr><tr><td>Dec-24</td><td>59</td></tr><tr><td>Jan-25</td><td>47</td></tr><tr><td>Feb-25</td><td>46</td></tr></table></div>	Month	Performance (%)	Feb-23	71	Mar-23	68	May-23	72	Jun-23	77	Jul-23	74	Aug-23	71	Sep-23	65	Oct-23	62	Nov-23	67	Dec-23	64	Jan-24	66	Feb-24	72	Mar-24	68	Apr-24	73	May-24	76	Jun-24	74	Jul-24	82	Aug-24	77	Sep-24	55	Oct-24	59	Nov-24	41	Dec-24	59	Jan-25	47	Feb-25	46	Ambulance Handovers Under 30 Minutes	<div><div>Ambulance Handovers Under 30 Minutes</div><table><tr><th>Month</th><th>Performance (%)</th></tr><tr><td>Feb-23</td><td>48</td></tr><tr><td>Mar-23</td><td>53</td></tr><tr><td>Apr-23</td><td>63</td></tr><tr><td>May-23</td><td>55</td></tr><tr><td>Jun-23</td><td>73</td></tr><tr><td>Jul-23</td><td>83</td></tr><tr><td>Aug-23</td><td>62</td></tr><tr><td>Sep-23</td><td>60</td></tr><tr><td>Oct-23</td><td>56</td></tr><tr><td>Nov-23</td><td>55</td></tr><tr><td>Dec-23</td><td>62</td></tr><tr><td>Jan-24</td><td>62</td></tr><tr><td>Feb-24</td><td>62</td></tr><tr><td>Mar-24</td><td>64</td></tr><tr><td>Apr-24</td><td>68</td></tr><tr><td>May-24</td><td>66</td></tr><tr><td>Jun-24</td><td>71</td></tr><tr><td>Jul-24</td><td>75</td></tr><tr><td>Aug-24</td><td>80</td></tr><tr><td>Sep-24</td><td>68</td></tr><tr><td>Oct-24</td><td>63</td></tr><tr><td>Nov-24</td><td>64</td></tr><tr><td>Dec-24</td><td>55</td></tr><tr><td>Jan-25</td><td>47</td></tr><tr><td>Feb-25</td><td>57</td></tr></table></div>	Month	Performance (%)	Feb-23	48	Mar-23	53	Apr-23	63	May-23	55	Jun-23	73	Jul-23	83	Aug-23	62	Sep-23	60	Oct-23	56	Nov-23	55	Dec-23	62	Jan-24	62	Feb-24	62	Mar-24	64	Apr-24	68	May-24	66	Jun-24	71	Jul-24	75	Aug-24	80	Sep-24	68	Oct-24	63	Nov-24	64	Dec-24	55	Jan-25	47	Feb-25	57	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>95.0%</div><div>Latest Month's Position</div><div>56.6%</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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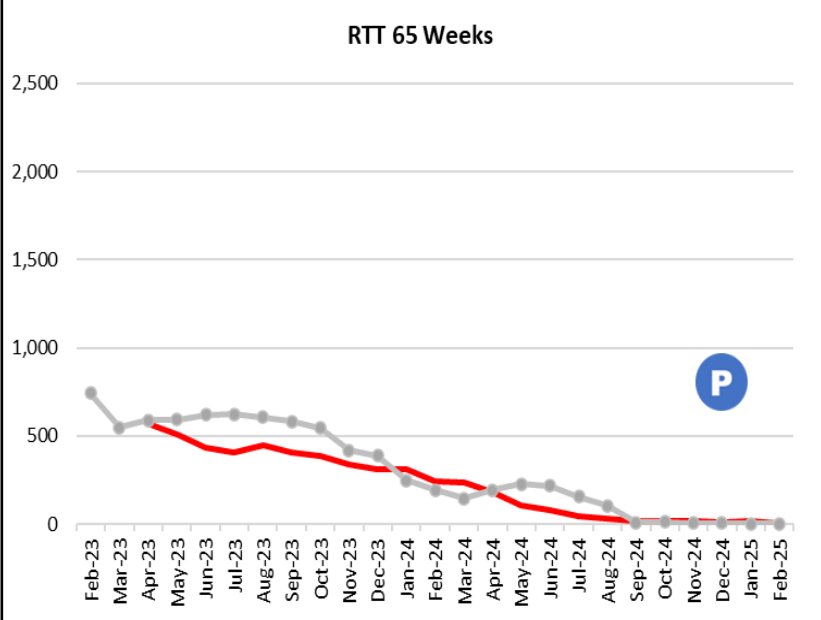
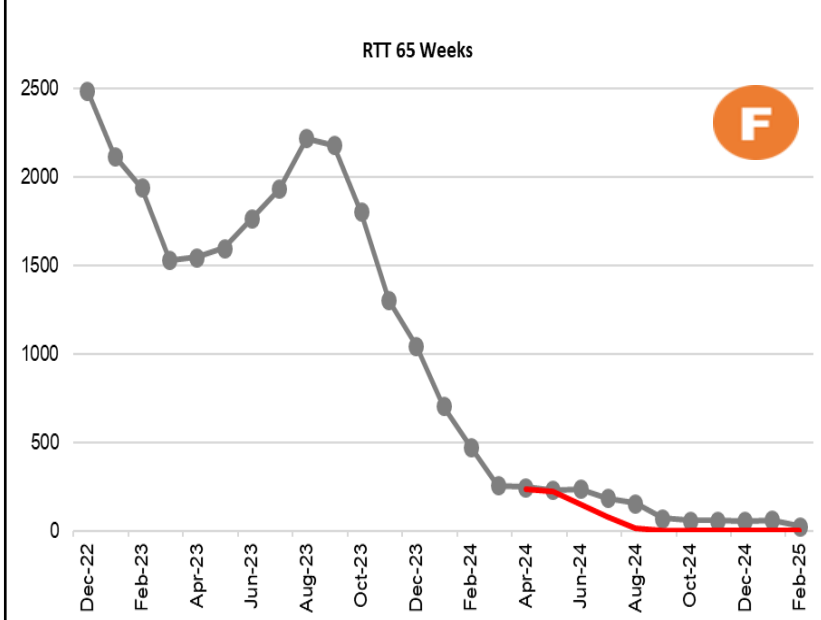
Responsiveness

UEC – Ambulance Handover Delays

Ambulance Handovers Over 1 Hour	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>0</div><div>Latest Month's Position</div><div>723</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><table><tr><th>Month</th><th>Handovers</th></tr><tr><td>Feb-23</td><td>100</td></tr><tr><td>Mar-23</td><td>250</td></tr><tr><td>Apr-23</td><td>200</td></tr><tr><td>May-23</td><td>250</td></tr><tr><td>Jun-23</td><td>200</td></tr><tr><td>Jul-23</td><td>180</td></tr><tr><td>Aug-23</td><td>200</td></tr><tr><td>Sep-23</td><td>300</td></tr><tr><td>Oct-23</td><td>300</td></tr><tr><td>Nov-23</td><td>600</td></tr><tr><td>Dec-23</td><td>450</td></tr><tr><td>Jan-24</td><td>550</td></tr><tr><td>Feb-24</td><td>550</td></tr><tr><td>Mar-24</td><td>300</td></tr><tr><td>Apr-24</td><td>350</td></tr><tr><td>May-24</td><td>250</td></tr><tr><td>Jun-24</td><td>200</td></tr><tr><td>Jul-24</td><td>250</td></tr><tr><td>Aug-24</td><td>180</td></tr><tr><td>Sep-24</td><td>200</td></tr><tr><td>Oct-24</td><td>500</td></tr><tr><td>Nov-24</td><td>550</td></tr><tr><td>Dec-24</td><td>800</td></tr><tr><td>Jan-25</td><td>600</td></tr><tr><td>Feb-25</td><td>700</td></tr></table></div>	Month	Handovers	Feb-23	100	Mar-23	250	Apr-23	200	May-23	250	Jun-23	200	Jul-23	180	Aug-23	200	Sep-23	300	Oct-23	300	Nov-23	600	Dec-23	450	Jan-24	550	Feb-24	550	Mar-24	300	Apr-24	350	May-24	250	Jun-24	200	Jul-24	250	Aug-24	180	Sep-24	200	Oct-24	500	Nov-24	550	Dec-24	800	Jan-25	600	Feb-25	700	Summary
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Ambulance Handovers Over 1 Hour	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>0</div><div>Latest Month's Position</div><div>816</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><table><tr><th>Month</th><th>Handovers</th></tr><tr><td>Feb-23</td><td>750</td></tr><tr><td>Mar-23</td><td>780</td></tr><tr><td>Apr-23</td><td>450</td></tr><tr><td>May-23</td><td>850</td></tr><tr><td>Jun-23</td><td>350</td></tr><tr><td>Jul-23</td><td>150</td></tr><tr><td>Aug-23</td><td>550</td></tr><tr><td>Sep-23</td><td>480</td></tr><tr><td>Oct-23</td><td>650</td></tr><tr><td>Nov-23</td><td>720</td></tr><tr><td>Dec-23</td><td>700</td></tr><tr><td>Jan-24</td><td>720</td></tr><tr><td>Feb-24</td><td>620</td></tr><tr><td>Mar-24</td><td>720</td></tr><tr><td>Apr-24</td><td>550</td></tr><tr><td>May-24</td><td>520</td></tr><tr><td>Jun-24</td><td>380</td></tr><tr><td>Jul-24</td><td>420</td></tr><tr><td>Aug-24</td><td>250</td></tr><tr><td>Sep-24</td><td>520</td></tr><tr><td>Oct-24</td><td>620</td></tr><tr><td>Nov-24</td><td>620</td></tr><tr><td>Dec-24</td><td>1000</td></tr><tr><td>Jan-25</td><td>1200</td></tr><tr><td>Feb-25</td><td>800</td></tr></table></div>	Month	Handovers	Feb-23	750	Mar-23	780	Apr-23	450	May-23	850	Jun-23	350	Jul-23	150	Aug-23	550	Sep-23	480	Oct-23	650	Nov-23	720	Dec-23	700	Jan-24	720	Feb-24	620	Mar-24	720	Apr-24	550	May-24	520	Jun-24	380	Jul-24	420	Aug-24	250	Sep-24	520	Oct-24	620	Nov-24	620	Dec-24	1000	Jan-25	1200	Feb-25	800	Summary
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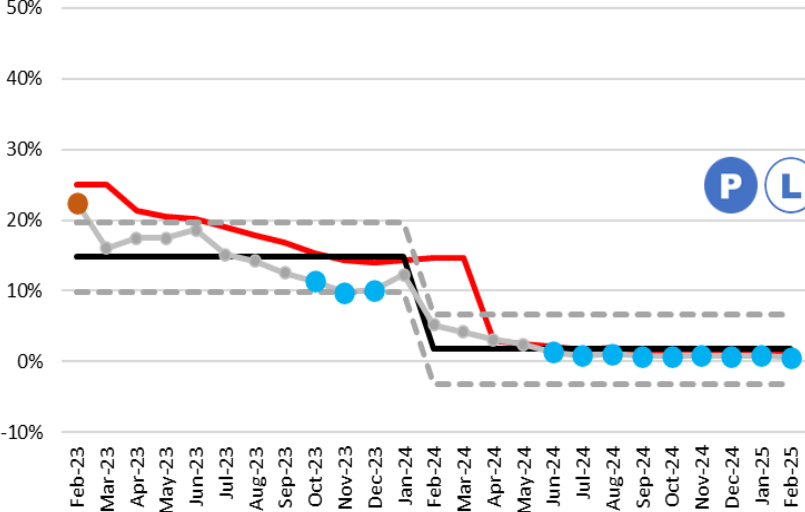
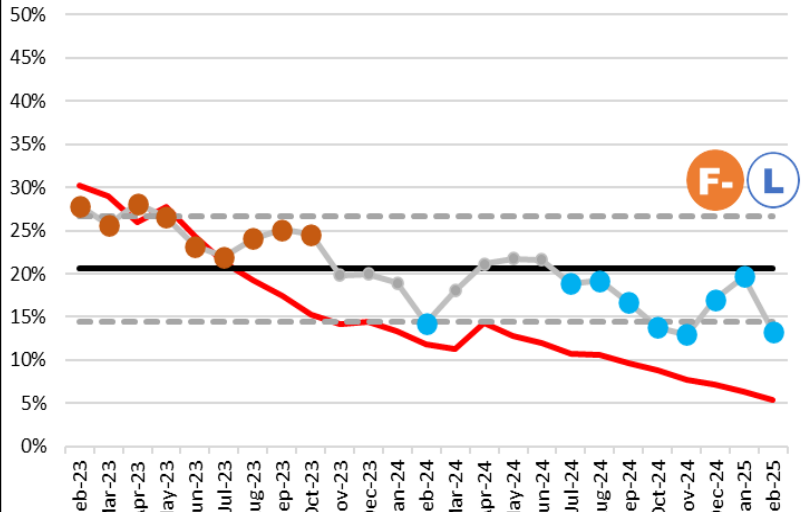
Responsiveness

Planned Care – Referral To Treatment

Total RTT Pathways 65+ Weeks	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>6</div><div>Latest Month's Position</div><div>4</div><div>Trust Level Risk</div><div>No Trust Level Risk</div></div> <div><div>RTT 65 Weeks</div></div>	Total RTT Pathways 65+ Weeks	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>0</div><div>Latest Month's Position</div><div>26</div><div>Corporate Risk</div><div>Risk 801 - Elements of the NHS Oversight Framework are not met (12)</div></div> <div><div>RTT 65 Weeks</div></div>
	<div>No narrative required as per business rules.</div>		<div><div>What is the data telling us?</div><div>At the end of February 26 patients were waiting more that 65 weeks (12 in Dental services and 14 Cornea Graft); a significant improvement on January position (62 patients). NB Formal NHSE dispensation for Corneal Graft given national supply issues out-with trust control. The Dental challenges illustrative of the national picture, hence NHSE agreement to a best-case year end 24/25 elimination plan.</div><div>Actions being taken to improve</div><div>The Trust is successfully delivering against the year end Dental elimination plan. Actions include a combination of service redesign, internal training and augmentation to better align resources to the scale of the demand challenge, underpinned ultimately with support from In sourcing and the Independent Sector for certain procedures. The national shortage of cornea graft material continues, and when material is made available, there is sufficient capacity to treat patients.</div><div>Impact on Forecast</div><div>The Trust is forecasting full elimination of 65-week waits by end of March, in addition to exceeding it's 52-week target.</div></div>

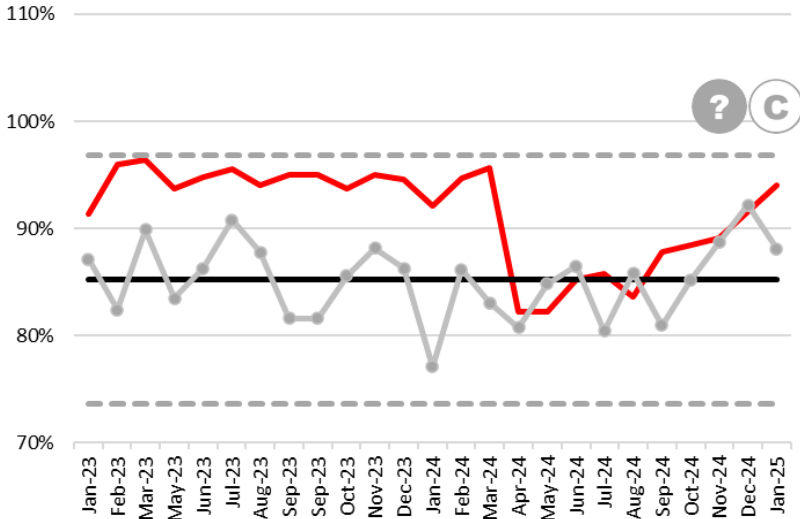
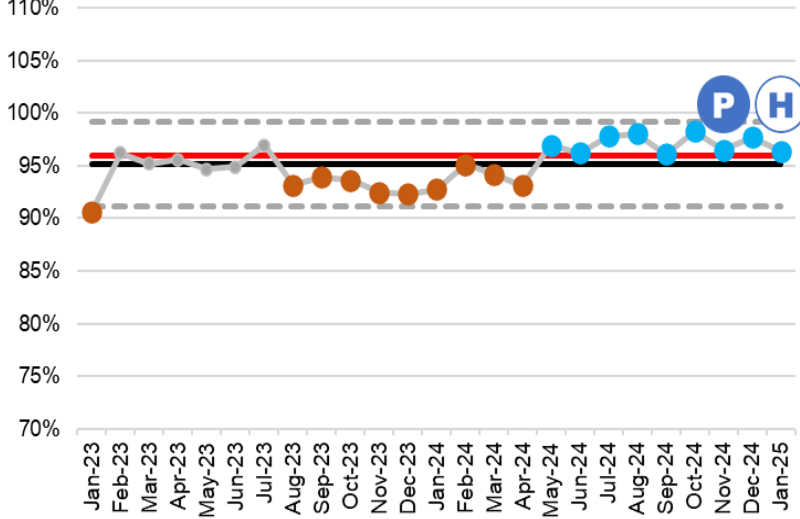
Responsiveness

Planned Care – Diagnostics

Diagnostics Percentage Over 6 Weeks	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>1.0%</div><div>Latest Month's Position</div><div>0.6%</div><div>Performance / Assurance</div><div>Special Cause Improving Variation Low, where down is improvement and last six data points are less than target</div><div>Trust Level Risk</div><div>No Trust Level Risk</div></div>	<div><div>Diagnostics Percentage Over 6 Weeks</div></div>	Diagnostics Percentage Under 6 Weeks (15 Key Tests)	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>5.4%</div><div>Latest Month's Position</div><div>13.3%</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>Risk 801 - Elements of the NHS Oversight Framework are not met (12)</div></div>
	No narrative required as per business rules.			<div><div>Diagnostics Percentage Under 6 Weeks (15 Key Tests)</div></div>
Summary			Summary	<div><div>What is the Data Telling Us?</div><div>Despite a challenging winter period, February saw a strong recovery in six-week wait diagnostic performance (13.3% in February vs 19.7% in January), with improvement most noted for MRI, Endoscopy and Echocardiography.</div><div>Actions being taken to improve</div><div>Adult MRI: Enhanced bank rates remain in use. The outsourced mobile diagnostic unit has been approved to operate beyond 2024/25 into Q1 of 2025/26 to sustain performance gains. CT Cardiac: Outsourcing, initiated in November 2024, will continue throughout 2024/25. Community Diagnostic Centre's (CDCs): Digital integration with imaging modalities is now complete, allowing direct CDC patient booking. Work is ongoing to maximize utilisation and refine referral management processes.</div><div>Impact on Forecast</div><div>The above actions aim to sustain diagnostic performance improvements into March 2025. Modalities are developing 2025/26 plans to improve productivity, secure funding, and address ongoing capacity shortfalls, ensuring resilience against rising diagnostic demand.</div></div>

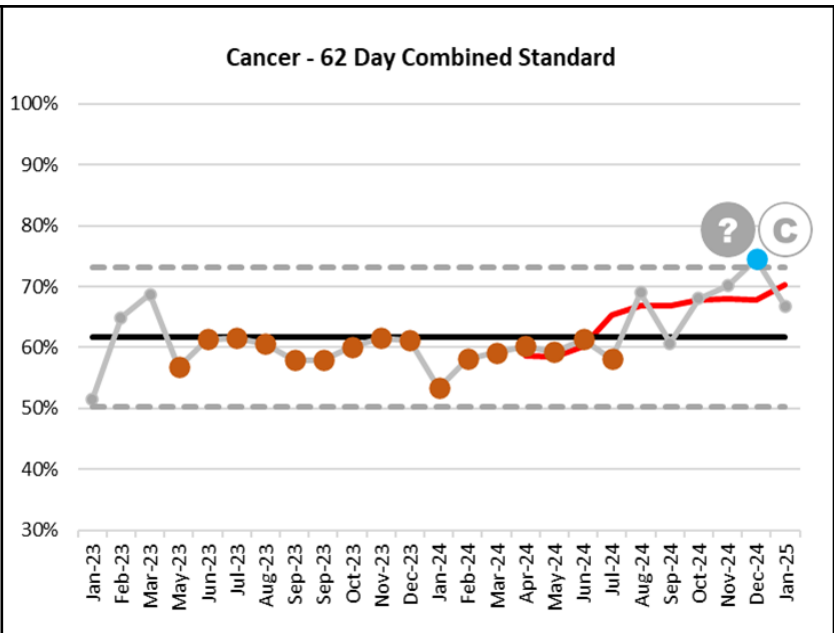
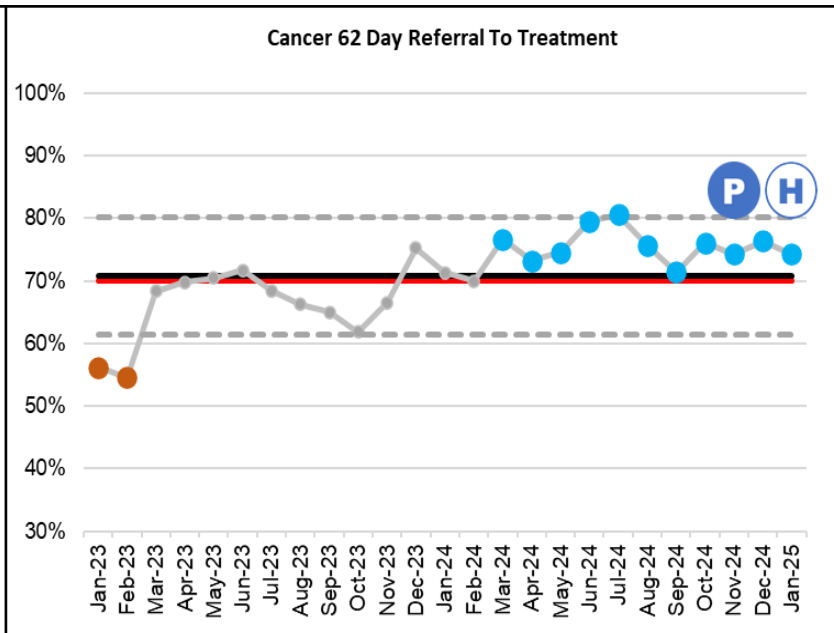
Responsiveness

Planned Care – Cancer Metrics

Cancer – 31 Day Diagnosis to Treatment	<div> <div> <div>Latest Month</div> <div>Jan-25</div> <div>Target</div> <div>94.1%</div> <div>Latest Month's Position</div> <div>88.1%</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> </div>	
<div> <div>What does the data tell us?</div> <div>There was deterioration against the 31-Day standard. Whilst the Trust delivered more treatments overall, there were more reported breaches within both first treatment and subsequent surgery.</div> <div>Actions being taken to improve</div> <div>Additionality in Urology Robotic Assisted Laparoscopic Prostatectomy is required to clear local and tertiary workload (first treatment and subsequent treatments).</div> <div>Additionality in clinic has reduced the wait from decision to treat to surgery in Breast. This work will continue into Q4.</div> <div>Impact on forecast</div> <div>February will be a recovery month for NBT and this will negatively impact the 31-Day position.</div> </div>	<div> <div>Cancer - 31 Day Diagnosis To Treatment</div>  </div>	<div> <div>Latest Month</div> <div>Jan-25</div> <div>Target</div> <div>96.0%</div> <div>Latest Month's Position</div> <div>96.4%</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>Corporate Risk 5532 - Non-compliance with the 31 day cancer standard (12)</div> </div>
Summary	<div> <div>No narrative required as per business rules.</div> </div>	Summary

Responsiveness

Planned Care – Cancer Metrics

Cancer – 62 Day Combined Standard	<div><div>Latest Month</div><div>Jan-25</div><div>Target</div><div>70.3%</div><div>Latest Month's Position</div><div>66.6%</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>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 Combined Standard</div></div>	Cancer – 62 Day Referral to Treatment	<div><div>Cancer 62 Day Referral To Treatment</div></div>	<div><div>Latest Month</div><div>Jan-25</div><div>Target</div><div>70.0%</div><div>Latest Month's Position</div><div>74.2%</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>No Corporate Risk</div></div>
	<div><div>What does the data tell us?</div><div>There was deterioration against the 62-Day standard. This was a known risk moving into January. Whilst the Trust delivered more treatments, there were more reported breaches. This was driven by capacity challenges, delays in diagnostics and patient choice.</div><div>Actions being taken to improve</div><div>Additionality in Urology Robotic Assisted Laparoscopic Prostatectomy is required to clear local and tertiary workload. Backlog clearance will continue throughout February and March. The Breast surgical backlog clearance has delivered improvements in 62-Day throughout Q3. This work will continue into Q4.</div><div>Impact on forecast</div><div>The Trust's 62-Day PTL backlog increased over the Christmas period to >240 and as the backlog is cleared there will be an impact on performance. February will be a recovery month for NBT. As of the 10th March the PTL backlog was significantly reduced at 147.</div></div>	<div><div>No narrative required as per business rules.</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	Feb-25	0.3	No Target	0.2	N/A	C	Note Performance
		UHBW	Feb-25	0.2	0.4	0.1	P*	C	Note Performance
Safe	MRSA Hospital Onset Cases	NBT	Feb-25	0	0	0	F	C	Escalation Summary
		UHBW	Feb-25	0	0	0	F	C	Escalation Summary
Safe	CDiff Healthcare Associated Cases	NBT	Feb-25	8	5	7	F	C	Escalation Summary
		UHBW	Feb-25	5	9	5	?	C	Escalation Summary
Safe	Falls Per 1,000 Beddays	NBT	Feb-25	7.2	No Target	5.5	N/A	C	Note Performance
		UHBW	Feb-25	4.4	4.8	5.5	?	C	Escalation Summary
Safe	Total Number of Patient Falls Resulting in Harm	NBT	Feb-25	6	No Target	3	N/A	C	Note Performance
		UHBW	Feb-25	4	2	4	F	C	Escalation Summary
Safe	Medication Incidents per 1,000 Bed Days	NBT	Feb-25	5.8	No Target	5.6	N/A	C	Note Performance
		UHBW	Feb-25	8.6	No Target	8.7	N/A	C	Note Performance
Safe	Medication Incidents Causing Moderate or Above Harm	NBT	Feb-25	0	0	2	F	C	Escalation Summary
		UHBW	Feb-25	2	0	6	F-	C	Escalation Summary

Assurance

Variation

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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

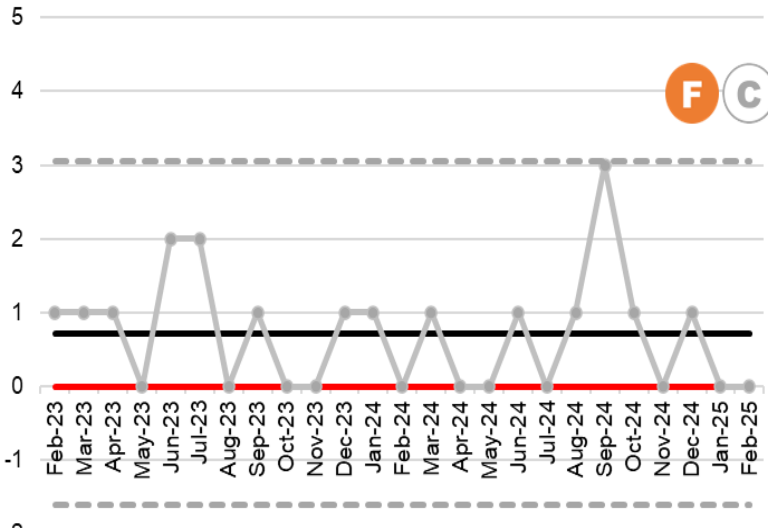
Scorecard

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	Jan-25	91.6%	95.0%	92.5%	F-	L	Escalation Summary
		UHBW	Feb-25	74.3%	95.0%	76.1%	F-	L	Escalation Summary
Effective	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	NBT	Sep-24	95.5	100.0	95.6	P*	L	Note Performance
		UHBW	Oct-24	89.5	100.0	89.8	P*	L	Note Performance
Effective	Fracture Neck of Femur Patients Treated Within 36 Hours	NBT	Jan-25	68.6%	No Target	83.1%	N/A	C	Note Performance
		UHBW	Feb-25	56.9%	90.0%	46.2%	F-	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	NBT	Jan-25	87.1%	No Target	94.9%	N/A	C	Note Performance
		UHBW	Feb-25	90.8%	90.0%	96.2%	?	H	Note Performance
Effective	Fracture Neck of Femur Patients Achieving Best Practice Tariff	NBT	Jan-25	58.6%	No Target	71.2%	N/A	C	Note Performance
		UHBW	Feb-25	46.2%	No Target	46.2%	N/A	C	Note Performance
Safe	Staffing Fill Rate	NBT	Feb-25	97.0%	80% - 120%	98.5%	P	C	Note Performance
		UHBW	Feb-25	107.3%	100.0%	108.4%	P	H	Note Performance

Assurance						Variation				
					No icon					
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><div>Latest Month</div><div>Feb-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>Trust Level Risk</div><div>No Trust Level Risk</div></div>	<div><div>MRSA Hospital Onset Cases</div></div>	MRSA Hospital Onset Cases	<div><div>MRSA Hospital Onset Cases</div></div>	<div><div>Latest Month</div><div>Feb-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</div></div>
	<div><div>Summary</div><div>What does the data tell us?</div><div>In February 2025, the Trust had zero MRSA HCAI cases for the last four consecutive months.</div><div>Actions being taken to improve</div><div>Targeted education around risk assessments, MRSA screening, onward management and decolonisation. Whilst continuing our education around device management linked to MSSA reduction.</div><div>Impact on forecast</div><div>Year to date of four cases is over our prediction / trajectory of 0 and equal to our previous yearly position.</div></div>	<div><div>Summary</div><div>What does the data tell us?</div><div>There have been no additional MRSA cases for February year to date figures are still at seven cases.</div><div>What does the data tell us</div><div>The MRSA decolonisation of patient's pathway has been updated and is now in place. The way skin cleansing is delivered, prior to the insertion of peripheral IV lines, has changed and this is rolling out across the Trust to help reduce MRSA risk.</div></div>			

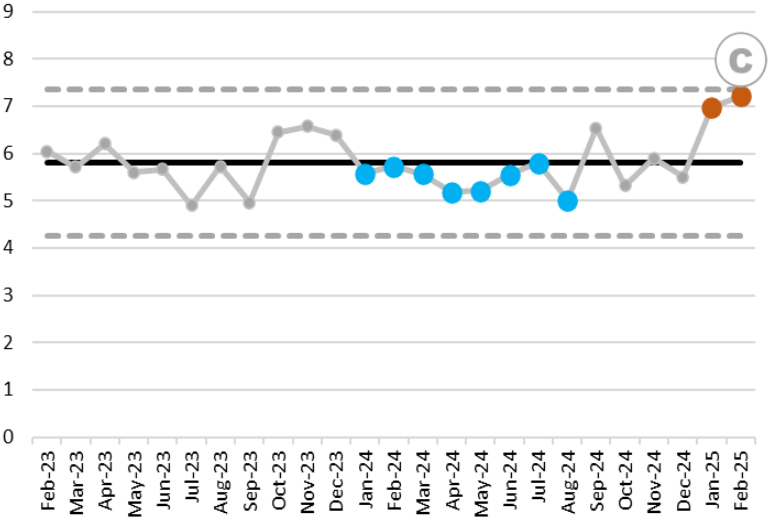
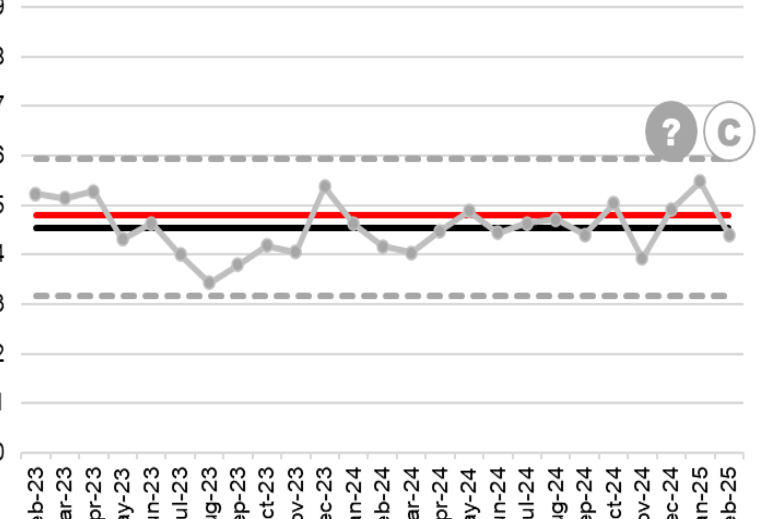
Quality, Safety & Effectiveness

Infection Control

C.difficile Healthcare Associated Cases	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>5</div><div>Latest Month's Position</div><div>8</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> <div><div>C.difficile Healthcare Associated Cases</div><table border="1"><caption>C.difficile Healthcare Associated Cases Data</caption><thead><tr><th>Month</th><th>Cases</th></tr></thead><tbody><tr><td>Feb-23</td><td>2</td></tr><tr><td>Mar-23</td><td>6</td></tr><tr><td>Apr-23</td><td>1</td></tr><tr><td>May-23</td><td>4</td></tr><tr><td>Jun-23</td><td>11</td></tr><tr><td>Jul-23</td><td>6</td></tr><tr><td>Aug-23</td><td>2</td></tr><tr><td>Sep-23</td><td>5</td></tr><tr><td>Oct-23</td><td>4</td></tr><tr><td>Nov-23</td><td>3</td></tr><tr><td>Dec-23</td><td>2</td></tr><tr><td>Jan-24</td><td>2</td></tr><tr><td>Feb-24</td><td>9</td></tr><tr><td>Mar-24</td><td>8</td></tr><tr><td>Apr-24</td><td>6</td></tr><tr><td>May-24</td><td>2</td></tr><tr><td>Jun-24</td><td>4</td></tr><tr><td>Jul-24</td><td>8</td></tr><tr><td>Aug-24</td><td>2</td></tr><tr><td>Sep-24</td><td>6</td></tr><tr><td>Oct-24</td><td>7</td></tr><tr><td>Nov-24</td><td>7</td></tr><tr><td>Dec-24</td><td>9</td></tr><tr><td>Jan-25</td><td>8</td></tr><tr><td>Feb-25</td><td>8</td></tr></tbody></table></div>	Month	Cases	Feb-23	2	Mar-23	6	Apr-23	1	May-23	4	Jun-23	11	Jul-23	6	Aug-23	2	Sep-23	5	Oct-23	4	Nov-23	3	Dec-23	2	Jan-24	2	Feb-24	9	Mar-24	8	Apr-24	6	May-24	2	Jun-24	4	Jul-24	8	Aug-24	2	Sep-24	6	Oct-24	7	Nov-24	7	Dec-24	9	Jan-25	8	Feb-25	8	<div><div>CDiff Healthcare Associated Cases</div><table border="1"><caption>CDiff Healthcare Associated Cases Data</caption><thead><tr><th>Month</th><th>Cases</th></tr></thead><tbody><tr><td>Feb-23</td><td>8</td></tr><tr><td>Mar-23</td><td>6</td></tr><tr><td>Apr-23</td><td>12</td></tr><tr><td>May-23</td><td>8</td></tr><tr><td>Jun-23</td><td>13</td></tr><tr><td>Jul-23</td><td>8</td></tr><tr><td>Aug-23</td><td>10</td></tr><tr><td>Sep-23</td><td>9</td></tr><tr><td>Oct-23</td><td>9</td></tr><tr><td>Nov-23</td><td>6</td></tr><tr><td>Dec-23</td><td>4</td></tr><tr><td>Jan-24</td><td>7</td></tr><tr><td>Feb-24</td><td>13</td></tr><tr><td>Mar-24</td><td>12</td></tr><tr><td>Apr-24</td><td>14</td></tr><tr><td>May-24</td><td>10</td></tr><tr><td>Jun-24</td><td>14</td></tr><tr><td>Jul-24</td><td>13</td></tr><tr><td>Aug-24</td><td>19</td></tr><tr><td>Sep-24</td><td>13</td></tr><tr><td>Oct-24</td><td>8</td></tr><tr><td>Nov-24</td><td>5</td></tr><tr><td>Dec-24</td><td>11</td></tr><tr><td>Jan-25</td><td>5</td></tr><tr><td>Feb-25</td><td>5</td></tr></tbody></table></div>	Month	Cases	Feb-23	8	Mar-23	6	Apr-23	12	May-23	8	Jun-23	13	Jul-23	8	Aug-23	10	Sep-23	9	Oct-23	9	Nov-23	6	Dec-23	4	Jan-24	7	Feb-24	13	Mar-24	12	Apr-24	14	May-24	10	Jun-24	14	Jul-24	13	Aug-24	19	Sep-24	13	Oct-24	8	Nov-24	5	Dec-24	11	Jan-25	5	Feb-25	5	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>9.08</div><div>Latest Month's Position</div><div>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 3216 - Risk that the Trust will breach the NHSE Limits for cases of clostridiodes difficile (12)</div></div>
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Summary	<div><div>What does the data tell us?</div><div>C. difficile – Cases have exceeded set trajectory, C.difficile ward round to commence to reduce incidence of cases. IPC to continue to provide focused education, especially targeted in areas of repeat infection.</div><div>Actions being taken to improve</div><div>C. difficile targeted plans include adopting weekly C. difficile ward rounds to review microbiologically treated cases, educate, advise and intervene including escalation to microbiology for escalated symptoms and antibiotic management.</div><div>Other projects</div><div>Wider education for unexplainable diarrhoea / vomiting and associated testing continues as the backdrop of our Norovirus / C. difficile case / outbreak management. Twice daily cleaning for C. difficile and enhanced cleaning for both organisms continue with collaboration from facilities.</div><div>Alcohol free gel – Implementation of Spectrum X alcohol free gel for point of care use being rolled out Trustwide to assist with C. difficile and Norovirus transmission.</div></div>	Summary	<div><div>What does the data tell us?</div><div>February had five more cases of Clostridium Difficile. The breakdown was four Hospital Onset Hospital Associated (HOHA) cases and one Community Onset Hospital Associated (COHA) case. This take the year-to-date total to 117 cases with a breakdown of 82 HOHA and 35 COHA cases.</div><div>Actions being taken to improve:</div><div>The quality improvement actions focused on C.Difficile reduction previously reported to the Board continue.</div></div>																																																																																																								

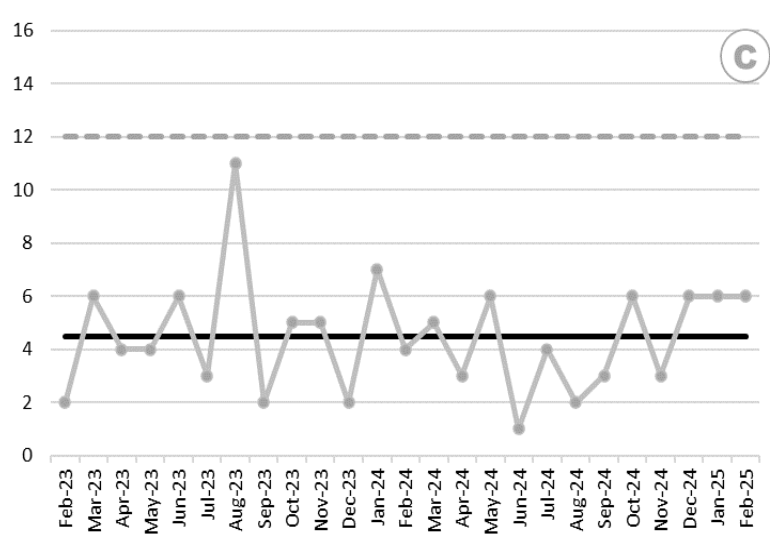
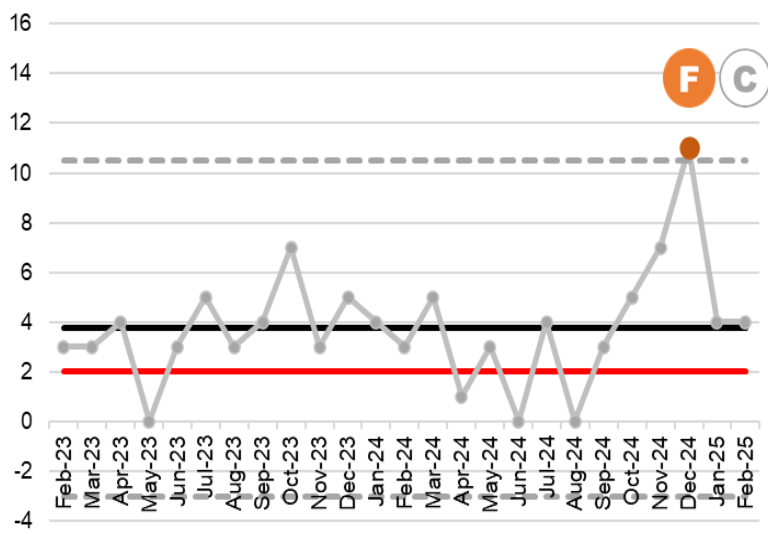
Quality, Safety & Effectiveness

Falls

Inpatient Falls Per 1000 Bed days	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>No Target</div><div>Latest Month's Position</div><div>7</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> <div><div>Falls per 1000 bed days</div></div>	Inpatient Falls Per 1,000 Bed days	<div><div>Falls Per 1,000 Beddays</div></div>	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>4.8</div><div>Latest Month's Position</div><div>4.4</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></div>
	<div>No narrative required as per business rules.</div>		<div><div>What does the data tell us:</div><div>During February 2025: there were 142 falls (100 at Bristol sites and 42 at Weston) giving a rate of 4.4 per 1,000 bed days, below the trust target of 4.8 per 1000 bed days. The number of falls in February 2025 (142) is fewer than January 2025 (195) . There were four falls with moderate or severe physical and/or psychological harm in February 2025, the same as the previous month. 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><div>Actions being taken to improve:</div><div>In February 2025, the divisions of Specialised Services and Diagnostics and Therapies shared their analyses of falls incidents at the Dementia Delirium and Falls (DDF) Steering Group and identified themes relating to falls; staffing issues for patients requiring enhanced care observations, nighttime toileting, incorrect footwear and brakes not being applied to equipment. Teams are focussing on completion of dynamic risk assessments, ensuring availability of appropriate aids and equipment, patient education around call bells, SWARM huddle compliance and reviewing the outlier cover SOP.</div></div><div>Falls Summary Continues on Next Slide</div></div>	
Summary		Summary		

Quality, Safety & Effectiveness

Falls

Falls Resulting in Harm	<div><div>Latest Month</div><div>Feb-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>	<div><div>Falls Resulting in Harm</div></div>	Total Number of Inpatient Patient Falls Resulting in Harm	<div><div>Total Number of Patient Falls Resulting in Harm</div></div>	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>2</div><div>Latest Month's Position</div><div>4</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 1598 - Patients suffer harm or injury from preventable falls (12)</div></div>
	No narrative required as per business rules.	<div><div>Summary</div><div>No narrative required as per business rules.</div></div>		<div><div>Summary</div><div><p>Falls Summary Continued</p><p><u>Audit:</u> 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.</p><p><u>Quality Improvement:</u> Improving completion and use of the Multi Factorial Risk Assessment (MFRA) document. Following an update of the MFRA document and education to staff a re-audit is currently being carried out until 31st March 2025. The Multi Factorial Risk Assessment document has been reviewed and updated to embed Personalisation, Prediction, Prevention and Participation in falls prevention and management across the Trust.</p><p><u>Training</u> -The DDF Steering Group provides an education component, bitesize education sessions are delivered to the group on relevant topics. In February the education session focused on nature-based activities and the benefit these provides to patients. The DDF team continue to deliver education sessions and simulation-based training for staff across the Trust.</p><p>Impact on forecast</p><p>We continue to monitor total falls, falls per 1000 bed days and falls with harm and continue to work on reducing the risk of patient falls balancing this with risks related to reduced mobility, deconditioning and psychological impact of prolonged hospital stays.</p></div></div>	

Quality, Safety & Effectiveness

Medication Incidents

Medication Incidents Causing Moderate or Above Harm	<div><div>Latest Month</div><div>Feb-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>Trust Level Risk</div><div>Risk 1800 – Allergy status may not be identified resulting in medication being incorrectly prescribed or administered. (20)</div></div>	<div><div>Medication Incidents Causing Moderate or Above Harm</div></div>	Medication Incidents Causing Moderate or Above Harm	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>0</div><div>Latest Month's Position</div><div>2</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>No Corporate Risk</div></div>
	<div><div>What does the data tell us?</div><div>During February 2025 NBT had a rate of 5.6 medication incidents per 1000 bed days which is below the 6 – month average of 5.8 for this measure. The level of medication incidents causing moderate or severe harm or death was 0% this month with no incidents falling into this category.</div><div>Actions being taken to improve</div><div>The work of the ‘Medicines Safety Forum’ continues – this is a multidisciplinary group whose aim is to focus on gaining a better understanding of medicines safety challenges and subsequently supporting staff to address these. This group meets monthly, with a high level of engagement from all Divisions and staff groups. Groups initial workstreams are as follows:</div><div><div><div>-</div><div>Formation of a ‘Drug Administration’ sub-group to discuss the processes around this task and consider improvement initiatives.</div></div><div><div>-</div><div>Reviewing the competence assessment process for nursing staff ensuring it is practical, fit for purpose and consistently applied.</div></div><div><div>-</div><div>Review of the role of other staff groups e.g registered nursing associates and non-registered staff regarding medicines.</div></div></div><div>A resource proposal detailing the Pharmacy staffing required to support medicines safety improvement work going forward will be discussed at the DTC in due course.</div></div>	<div><div>What does the data tell us?</div><div>The number of medication incidents reported as being associated with moderate or severe harm or death. This month's data is based on the reporter's initial assessment of harm.</div><div>The harm levels since April 2024 are based on the new harm descriptors for physical and psychological harm in the Learning From Patient Safety Events system (LFPSE). The dataset pre-LFPSE roll out is based on previous harm descriptors in place in the Trust.</div><div>The data indicates a good reporting culture with a low number of harm incidents compared to number of incidents</div><div>Actions being taken to improve</div><div>Gaps in harm recording have been identified at UHBW. Work is underway to redesign the Datix form to improve reporting to prevent this field being uncompleted. We are also working to improve data validation post PSIRF. This will support improved LFPSE harm reporting and understanding harm levels. 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.</div></div>		

Quality, Safety & Effectiveness

VTE Risk Assessment

VTE Risk Assessment Completion	<div>Latest Month</div> <div>Jan-25</div> <div>Target</div> <div>95.0%</div> <div>Latest Month's Position</div> <div>91.7%</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>No Trust Level Risk</div>	<div>VTE Risk Assessment Completion</div> <table border="1"><caption>VTE Risk Assessment Completion Data</caption><thead><tr><th>Month</th><th>Completion (%)</th></tr></thead><tbody><tr><td>Jan-23</td><td>95.0</td></tr><tr><td>Feb-23</td><td>94.8</td></tr><tr><td>Mar-23</td><td>94.5</td></tr><tr><td>Apr-23</td><td>94.5</td></tr><tr><td>May-23</td><td>94.5</td></tr><tr><td>Jun-23</td><td>94.5</td></tr><tr><td>Jul-23</td><td>94.5</td></tr><tr><td>Aug-23</td><td>94.5</td></tr><tr><td>Sep-23</td><td>94.0</td></tr><tr><td>Oct-23</td><td>94.0</td></tr><tr><td>Nov-23</td><td>93.5</td></tr><tr><td>Dec-23</td><td>93.5</td></tr><tr><td>Jan-24</td><td>93.0</td></tr><tr><td>Feb-24</td><td>92.0</td></tr><tr><td>Mar-24</td><td>91.5</td></tr><tr><td>Apr-24</td><td>91.5</td></tr><tr><td>May-24</td><td>91.5</td></tr><tr><td>Jun-24</td><td>90.5</td></tr><tr><td>Jul-24</td><td>90.5</td></tr><tr><td>Aug-24</td><td>90.5</td></tr><tr><td>Sep-24</td><td>92.5</td></tr><tr><td>Oct-24</td><td>93.0</td></tr><tr><td>Nov-24</td><td>92.5</td></tr><tr><td>Dec-24</td><td>92.5</td></tr><tr><td>Jan-25</td><td>92.5</td></tr></tbody></table>	Month	Completion (%)	Jan-23	95.0	Feb-23	94.8	Mar-23	94.5	Apr-23	94.5	May-23	94.5	Jun-23	94.5	Jul-23	94.5	Aug-23	94.5	Sep-23	94.0	Oct-23	94.0	Nov-23	93.5	Dec-23	93.5	Jan-24	93.0	Feb-24	92.0	Mar-24	91.5	Apr-24	91.5	May-24	91.5	Jun-24	90.5	Jul-24	90.5	Aug-24	90.5	Sep-24	92.5	Oct-24	93.0	Nov-24	92.5	Dec-24	92.5	Jan-25	92.5	Adult Inpatients Who Received A VTE Risk Assessment	<div>Adult Inpatients who Received a VTE Risk Assessment</div> <table border="1"><caption>Adult Inpatients who Received a VTE Risk Assessment Data</caption><thead><tr><th>Month</th><th>Completion (%)</th></tr></thead><tbody><tr><td>Feb-23</td><td>84.5</td></tr><tr><td>Mar-23</td><td>83.5</td></tr><tr><td>Apr-23</td><td>82.0</td></tr><tr><td>May-23</td><td>83.0</td></tr><tr><td>Jun-23</td><td>82.5</td></tr><tr><td>Jul-23</td><td>84.0</td></tr><tr><td>Aug-23</td><td>85.0</td></tr><tr><td>Sep-23</td><td>82.5</td></tr><tr><td>Oct-23</td><td>82.5</td></tr><tr><td>Nov-23</td><td>85.0</td></tr><tr><td>Dec-23</td><td>83.0</td></tr><tr><td>Jan-24</td><td>79.0</td></tr><tr><td>Feb-24</td><td>77.5</td></tr><tr><td>Mar-24</td><td>73.5</td></tr><tr><td>Apr-24</td><td>77.0</td></tr><tr><td>May-24</td><td>75.5</td></tr><tr><td>Jun-24</td><td>75.5</td></tr><tr><td>Jul-24</td><td>76.5</td></tr><tr><td>Aug-24</td><td>76.0</td></tr><tr><td>Sep-24</td><td>76.0</td></tr><tr><td>Oct-24</td><td>76.0</td></tr><tr><td>Nov-24</td><td>75.5</td></tr><tr><td>Dec-24</td><td>74.5</td></tr><tr><td>Jan-25</td><td>76.0</td></tr><tr><td>Feb-25</td><td>74.0</td></tr></tbody></table>	Month	Completion (%)	Feb-23	84.5	Mar-23	83.5	Apr-23	82.0	May-23	83.0	Jun-23	82.5	Jul-23	84.0	Aug-23	85.0	Sep-23	82.5	Oct-23	82.5	Nov-23	85.0	Dec-23	83.0	Jan-24	79.0	Feb-24	77.5	Mar-24	73.5	Apr-24	77.0	May-24	75.5	Jun-24	75.5	Jul-24	76.5	Aug-24	76.0	Sep-24	76.0	Oct-24	76.0	Nov-24	75.5	Dec-24	74.5	Jan-25	76.0	Feb-25	74.0	<div>Latest Month</div> <div>Feb-25</div> <div>Target</div> <div>95%</div> <div>Latest Month's Position</div> <div>74.3%</div> <div>Performance / Assurance</div> <div>Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit.</div> <div>Corporate Risk</div> <div>No Corporate Risk</div>
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Summary	<div>What does the data tell us?</div> <div>VTE risk assessment completion is static for the past three months.</div> <div>What is being done to improve?</div> <div>In June 2022 there was a noticeable dip in VTE RA compliance, and action was taken to improve the situation. An audit of patient notes revealed that VTE forms were not consistently completed. All clinicians were reminded of the importance of completing VTE RA for all patients, with regular audit and feedback to the teams – this resulted in an overall improvement in VTE RA compliance.</div> <div>In February 2023, a pilot of a VTE digital assessment took place; this was successful and thus rolled out across the Trust in July 2023. Reasons for the drop in compliance are linked to the hybrid clerking process, with ‘main clerking’ on paper and VTE RA digital, and we are working towards improving compliance with regular audit, teaching and reminders</div> <div>Impact on forecast</div> <div>In September 2025, completion of the VTE RA will become a ‘forcing’ measure, when the digital prescribing module is initiated, and it is projected that this will improve compliance.</div> <div>In the meantime, the VTE team are constantly reviewing the requirement for a VTE RA for individual patients, identifying cohorts of patients who do NOT require a VTE RA, and ensuring that the data collection is accurate.</div>	Summary <div>What does the data tell us?</div> <div>VTE risk assessment compliance remains fairly static at around 75%. (note that the target has been amended from 90 to 95% to bring us in line with national targets.</div> <div>Actions being taken to improve</div> <div>CareFlow Medicines Management is due to launch in May 2025, initially in Weston and then across UHBW. This includes a mandated VTE risk assessment completion for all areas which are not acute admissions, or where VTE assessment is completed on a different system- for example Phillips in ITU and Badgernet in maternity. We anticipate that this should significantly increase compliance with the risk assessment.</div> <div>Monthly audits are undertaken to look at prescribing of VTE prophylaxis. These evidence that our current prescribing where a risk assessment is available is compliant with this risk assessment 95-100% of the time and where there is no evidence of a risk assessment 90% of patient still have VTE prophylaxis prescribed. Again, auditing of this will become easier once CMM is online.</div> <div>Healthcare Associated VTE events are reviewed monthly, data suggests our numbers are within the expected range and no significant themes have been identified on review of the last 12 months data. All confirmed HAVTE are reported on the Datix system to ensure they are captured. In the next 12 months the VTE team will work to look in detail at this alongside the relevant GIRFT report to ensure learning.</div>																																																																																																											

Quality, Safety & Effectiveness

Neck of Femur

Fracture Neck of Femur Patients Treated Within 36 Hours	<div>Latest Month</div> <div>Jan-25</div> <div>Target</div> <div>No Target</div> <div>Latest Month's Position</div> <div>68.6%</div> <div>Performance / Assurance</div> <div>Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration</div> <div>Trust Level Risk</div> <div>No Trust Level Risk</div>	<div>Fracture Neck of Femur Patients Treated within 36 hours</div> <table><caption>Fracture Neck of Femur Patients Treated within 36 hours</caption><tr><th>Month</th><th>Percentage</th></tr><tr><td>Jan-23</td><td>45%</td></tr><tr><td>Feb-23</td><td>60%</td></tr><tr><td>Mar-23</td><td>65%</td></tr><tr><td>Apr-23</td><td>68%</td></tr><tr><td>May-23</td><td>45%</td></tr><tr><td>Jun-23</td><td>60%</td></tr><tr><td>Jul-23</td><td>58%</td></tr><tr><td>Aug-23</td><td>55%</td></tr><tr><td>Sep-23</td><td>55%</td></tr><tr><td>Oct-23</td><td>82%</td></tr><tr><td>Nov-23</td><td>72%</td></tr><tr><td>Dec-23</td><td>68%</td></tr><tr><td>Jan-24</td><td>65%</td></tr><tr><td>Feb-24</td><td>72%</td></tr><tr><td>Mar-24</td><td>75%</td></tr><tr><td>Apr-24</td><td>65%</td></tr><tr><td>May-24</td><td>48%</td></tr><tr><td>Jun-24</td><td>65%</td></tr><tr><td>Jul-24</td><td>52%</td></tr><tr><td>Aug-24</td><td>75%</td></tr><tr><td>Sep-24</td><td>58%</td></tr><tr><td>Oct-24</td><td>28%</td></tr><tr><td>Nov-24</td><td>65%</td></tr><tr><td>Dec-24</td><td>85%</td></tr><tr><td>Jan-25</td><td>68%</td></tr></table>	Month	Percentage	Jan-23	45%	Feb-23	60%	Mar-23	65%	Apr-23	68%	May-23	45%	Jun-23	60%	Jul-23	58%	Aug-23	55%	Sep-23	55%	Oct-23	82%	Nov-23	72%	Dec-23	68%	Jan-24	65%	Feb-24	72%	Mar-24	75%	Apr-24	65%	May-24	48%	Jun-24	65%	Jul-24	52%	Aug-24	75%	Sep-24	58%	Oct-24	28%	Nov-24	65%	Dec-24	85%	Jan-25	68%	<div>Fracture Neck of Femur Patients Treated Within 36 Hours</div> <table><caption>Fracture Neck of Femur Patients Treated Within 36 Hours</caption><tr><th>Month</th><th>Percentage</th></tr><tr><td>Feb-23</td><td>60%</td></tr><tr><td>Mar-23</td><td>55%</td></tr><tr><td>Apr-23</td><td>52%</td></tr><tr><td>May-23</td><td>45%</td></tr><tr><td>Jun-23</td><td>48%</td></tr><tr><td>Jul-23</td><td>62%</td></tr><tr><td>Aug-23</td><td>68%</td></tr><tr><td>Sep-23</td><td>45%</td></tr><tr><td>Oct-23</td><td>48%</td></tr><tr><td>Nov-23</td><td>32%</td></tr><tr><td>Dec-23</td><td>62%</td></tr><tr><td>Jan-24</td><td>55%</td></tr><tr><td>Feb-24</td><td>58%</td></tr><tr><td>Mar-24</td><td>75%</td></tr><tr><td>Apr-24</td><td>62%</td></tr><tr><td>May-24</td><td>60%</td></tr><tr><td>Jun-24</td><td>45%</td></tr><tr><td>Jul-24</td><td>58%</td></tr><tr><td>Aug-24</td><td>65%</td></tr><tr><td>Sep-24</td><td>58%</td></tr><tr><td>Oct-24</td><td>48%</td></tr><tr><td>Nov-24</td><td>55%</td></tr><tr><td>Dec-24</td><td>52%</td></tr><tr><td>Jan-25</td><td>45%</td></tr><tr><td>Feb-25</td><td>58%</td></tr></table>	Month	Percentage	Feb-23	60%	Mar-23	55%	Apr-23	52%	May-23	45%	Jun-23	48%	Jul-23	62%	Aug-23	68%	Sep-23	45%	Oct-23	48%	Nov-23	32%	Dec-23	62%	Jan-24	55%	Feb-24	58%	Mar-24	75%	Apr-24	62%	May-24	60%	Jun-24	45%	Jul-24	58%	Aug-24	65%	Sep-24	58%	Oct-24	48%	Nov-24	55%	Dec-24	52%	Jan-25	45%	Feb-25	58%	<div>Latest Month</div> <div>Feb-25</div> <div>Target</div> <div>90.0%</div> <div>Latest Month's Position</div> <div>56.9%</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>No Corporate Risk</div>
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Summary	No narrative required as per business rules.	Summary	<div>What does the data tell us?</div> <div>In the BRI, 21 patients were eligible for Best Practice Tariff (BPT) of which 10 received care that met all elements (48%). The breakdown of data for patients who were treated at Weston is awaited.</div> <div>Actions being taken to improve</div> <div>The Orthopaedic Trauma service continue to experience difficulties in achieving the national average percentage of patients with a femoral fragility fractures getting to theatre within 36hrs from admission/diagnosis. At present, to mitigate for this, we are proactively identifying patients who would be appropriate for transfer to the Weston General Hospital site to utilise their theatre capacity. This will largely be patients from their catchment area, but also patients from our catchment area who would otherwise be subjected to unacceptable delays. We have improved our processes for transferring patients and are now working much more efficiently across sites.</div> <div>In future , the significant reduction in ambulatory trauma being operated on at the BRI (moved to Southmead) will allow us to utilise an am trauma list each day for, largely, inpatient trauma. The majority of inpatient trauma care is for femoral fragility fractures. Being able to operate on am lists will also reduce our breach time. Additionally, we will maintain full day weekend trauma lists which will allow us to 'mop up' any outstanding inpatient trauma from the week.</div>																																																																																																									

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	Feb-25	92.0%	No Target	91.9%	N/A	C	Note Performance
		UHBW	Feb-25	94.2%	No Target	96.3%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Outpatient	NBT	Feb-25	95.1%	No Target	95.1%	N/A	C	Note Performance
		UHBW	Feb-25	94.2%	No Target	94.4%	N/A	C	Note Performance
Caring	Friends and Family Test Score - ED	NBT	Feb-25	70.3%	No Target	69.6%	N/A	C	Note Performance
		UHBW	Feb-25	87.3%	85.0%	86.5%	?	C	Escalation Summary
Caring	Friends and Family Test Score - Maternity	NBT	Feb-25	94.4%	No Target	90.7%	N/A	C	Note Performance
		UHBW	Feb-25	96.5%	No Target	96.6%	N/A	L	Escalation Summary
Caring	Patient Complaints - Formal	NBT	Feb-25	62	No Target	56	N/A	C	Note Performance
		UHBW	Jan-25	39	No Target	27	N/A	L	Note Performance
Caring	Formal Complaints Responded To Within Trust Timeframe	NBT	Feb-25	77.8%	90.0%	80.0%	F	C	Escalation Summary
		UHBW	Jan-25	58.3%	90.0%	53.6%	F	C	Escalation Summary

Assurance						Variation		
					No icon			
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

Friends and Family Test

Friends and Family Test Score - ED	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>No Target</div><div>Latest Month's Position</div><div>70.3%</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration</div><div>Trust Level Risk</div><div>No Trust Level Risk</div></div> <div><div>Friends and Family Test Score - ED</div><table><caption>Friends and Family Test Score - ED Data</caption><tr><th>Month</th><th>Score (%)</th></tr><tr><td>Feb-23</td><td>87.0</td></tr><tr><td>Mar-23</td><td>87.0</td></tr><tr><td>Apr-23</td><td>86.0</td></tr><tr><td>May-23</td><td>80.0</td></tr><tr><td>Jun-23</td><td>82.0</td></tr><tr><td>Jul-23</td><td>82.0</td></tr><tr><td>Aug-23</td><td>83.0</td></tr><tr><td>Sep-23</td><td>75.0</td></tr><tr><td>Oct-23</td><td>73.0</td></tr><tr><td>Nov-23</td><td>80.0</td></tr><tr><td>Dec-23</td><td>81.0</td></tr><tr><td>Jan-24</td><td>81.0</td></tr><tr><td>Feb-24</td><td>81.0</td></tr><tr><td>Mar-24</td><td>74.0</td></tr><tr><td>Apr-24</td><td>78.0</td></tr><tr><td>May-24</td><td>75.0</td></tr><tr><td>Jun-24</td><td>79.0</td></tr><tr><td>Jul-24</td><td>81.0</td></tr><tr><td>Aug-24</td><td>79.0</td></tr><tr><td>Sep-24</td><td>72.0</td></tr><tr><td>Oct-24</td><td>72.0</td></tr><tr><td>Nov-24</td><td>70.0</td></tr><tr><td>Dec-24</td><td>76.0</td></tr><tr><td>Jan-25</td><td>78.0</td></tr><tr><td>Feb-25</td><td>70.3</td></tr></table></div>	Month	Score (%)	Feb-23	87.0	Mar-23	87.0	Apr-23	86.0	May-23	80.0	Jun-23	82.0	Jul-23	82.0	Aug-23	83.0	Sep-23	75.0	Oct-23	73.0	Nov-23	80.0	Dec-23	81.0	Jan-24	81.0	Feb-24	81.0	Mar-24	74.0	Apr-24	78.0	May-24	75.0	Jun-24	79.0	Jul-24	81.0	Aug-24	79.0	Sep-24	72.0	Oct-24	72.0	Nov-24	70.0	Dec-24	76.0	Jan-25	78.0	Feb-25	70.3	Friends and Family Test Score - ED	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>85%</div><div>Latest Month's Position</div><div>87.3%</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>Corporate Risk</div><div>No Corporate Risk</div></div> <div><div>Friends and Family Test Score - ED</div><table><caption>Friends and Family Test Score - ED Data</caption><tr><th>Month</th><th>Score (%)</th></tr><tr><td>Feb-23</td><td>87.0</td></tr><tr><td>Mar-23</td><td>86.0</td></tr><tr><td>Apr-23</td><td>90.0</td></tr><tr><td>May-23</td><td>87.0</td></tr><tr><td>Jun-23</td><td>87.0</td></tr><tr><td>Jul-23</td><td>89.0</td></tr><tr><td>Aug-23</td><td>89.0</td></tr><tr><td>Sep-23</td><td>88.0</td></tr><tr><td>Oct-23</td><td>86.0</td></tr><tr><td>Nov-23</td><td>82.0</td></tr><tr><td>Dec-23</td><td>85.0</td></tr><tr><td>Jan-24</td><td>87.0</td></tr><tr><td>Feb-24</td><td>84.0</td></tr><tr><td>Mar-24</td><td>83.0</td></tr><tr><td>Apr-24</td><td>87.0</td></tr><tr><td>May-24</td><td>86.0</td></tr><tr><td>Jun-24</td><td>88.0</td></tr><tr><td>Jul-24</td><td>89.0</td></tr><tr><td>Aug-24</td><td>91.0</td></tr><tr><td>Sep-24</td><td>87.0</td></tr><tr><td>Oct-24</td><td>85.0</td></tr><tr><td>Nov-24</td><td>85.0</td></tr><tr><td>Dec-24</td><td>83.0</td></tr><tr><td>Jan-25</td><td>86.0</td></tr><tr><td>Feb-25</td><td>87.3</td></tr></table></div>	Month	Score (%)	Feb-23	87.0	Mar-23	86.0	Apr-23	90.0	May-23	87.0	Jun-23	87.0	Jul-23	89.0	Aug-23	89.0	Sep-23	88.0	Oct-23	86.0	Nov-23	82.0	Dec-23	85.0	Jan-24	87.0	Feb-24	84.0	Mar-24	83.0	Apr-24	87.0	May-24	86.0	Jun-24	88.0	Jul-24	89.0	Aug-24	91.0	Sep-24	87.0	Oct-24	85.0	Nov-24	85.0	Dec-24	83.0	Jan-25	86.0	Feb-25	87.3
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Summary	No narrative required as per business rules.	Summary	<div><div>What does the data tell us?:</div><div>The overall FFT score for UHBW's Emergency Departments was 87.8% in February 2025, above the target of 85% and well above the latest published (January 2025) national average FFT score for Emergency Departments (80%). At a department level, results for February 2025, were as follows:<ul style="list-style-type: none">•Bristol Royal Infirmary ED 81.6%•Bristol Royal Hospital for Children ED 87.8%•Bristol Eye Hospital ED 93.7%•Weston General Hospital ED 88.2%</div><div>Results of the recently published 2024 Urgent and Emergency Care Survey show that UHBW ranks 13th out of 120 Trusts nationally (Top 10%) for overall experience. At a department level, BRI ED ranks 10th place out of 175 ED sites nationally (top 10%) and WGH ED ranks 35th place (top 20%).</div><div><div>Actions being taken to improve:</div><div>Friends and Family Test (FFT) data for UHBW's Emergency Departments is imported into the Patient Feedback Hub on a weekly basis and management teams log in regularly to view FFT scores and comments, taking action as appropriate.</div></div></div>																																																																																																								

Caring

Friends and Family Test

Friends and Family Test Score – Maternity	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>No Target</div><div>Latest Month's Position</div><div>94.4%</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration</div><div>Trust Level Risk</div><div>No Trust Level Risk</div></div>	<div><div>Friends and Family Test Score - Maternity</div><table><tr><th>Month</th><th>Score</th></tr><tr><td>Feb-23</td><td>90.0</td></tr><tr><td>Mar-23</td><td>92.0</td></tr><tr><td>Apr-23</td><td>94.5</td></tr><tr><td>May-23</td><td>93.5</td></tr><tr><td>Jun-23</td><td>91.5</td></tr><tr><td>Jul-23</td><td>89.0</td></tr><tr><td>Aug-23</td><td>91.0</td></tr><tr><td>Sep-23</td><td>89.5</td></tr><tr><td>Oct-23</td><td>89.5</td></tr><tr><td>Nov-23</td><td>89.0</td></tr><tr><td>Dec-23</td><td>91.5</td></tr><tr><td>Jan-24</td><td>92.5</td></tr><tr><td>Feb-24</td><td>91.0</td></tr><tr><td>Mar-24</td><td>93.5</td></tr><tr><td>Apr-24</td><td>90.0</td></tr><tr><td>May-24</td><td>93.0</td></tr><tr><td>Jun-24</td><td>93.0</td></tr><tr><td>Jul-24</td><td>89.5</td></tr><tr><td>Aug-24</td><td>91.5</td></tr><tr><td>Sep-24</td><td>88.5</td></tr><tr><td>Oct-24</td><td>90.5</td></tr><tr><td>Nov-24</td><td>90.5</td></tr><tr><td>Dec-24</td><td>89.5</td></tr><tr><td>Jan-25</td><td>88.5</td></tr><tr><td>Feb-25</td><td>94.4</td></tr></table></div>	Month	Score	Feb-23	90.0	Mar-23	92.0	Apr-23	94.5	May-23	93.5	Jun-23	91.5	Jul-23	89.0	Aug-23	91.0	Sep-23	89.5	Oct-23	89.5	Nov-23	89.0	Dec-23	91.5	Jan-24	92.5	Feb-24	91.0	Mar-24	93.5	Apr-24	90.0	May-24	93.0	Jun-24	93.0	Jul-24	89.5	Aug-24	91.5	Sep-24	88.5	Oct-24	90.5	Nov-24	90.5	Dec-24	89.5	Jan-25	88.5	Feb-25	94.4	Friends and Family Test Score – Maternity	<div><div>Friends and Family Test Score - Maternity</div><table><tr><th>Month</th><th>Score</th></tr><tr><td>Feb-23</td><td>100.0</td></tr><tr><td>Mar-23</td><td>99.0</td></tr><tr><td>Apr-23</td><td>98.5</td></tr><tr><td>May-23</td><td>100.0</td></tr><tr><td>Jun-23</td><td>100.0</td></tr><tr><td>Jul-23</td><td>98.5</td></tr><tr><td>Aug-23</td><td>100.0</td></tr><tr><td>Sep-23</td><td>98.5</td></tr><tr><td>Oct-23</td><td>98.5</td></tr><tr><td>Nov-23</td><td>99.0</td></tr><tr><td>Dec-23</td><td>100.0</td></tr><tr><td>Jan-24</td><td>97.5</td></tr><tr><td>Feb-24</td><td>99.0</td></tr><tr><td>Mar-24</td><td>96.0</td></tr><tr><td>Apr-24</td><td>97.0</td></tr><tr><td>May-24</td><td>97.5</td></tr><tr><td>Jun-24</td><td>98.0</td></tr><tr><td>Jul-24</td><td>98.5</td></tr><tr><td>Aug-24</td><td>96.5</td></tr><tr><td>Sep-24</td><td>96.5</td></tr><tr><td>Oct-24</td><td>98.0</td></tr><tr><td>Nov-24</td><td>98.0</td></tr><tr><td>Dec-24</td><td>97.5</td></tr><tr><td>Jan-25</td><td>97.0</td></tr><tr><td>Feb-25</td><td>96.5</td></tr></table></div>	Month	Score	Feb-23	100.0	Mar-23	99.0	Apr-23	98.5	May-23	100.0	Jun-23	100.0	Jul-23	98.5	Aug-23	100.0	Sep-23	98.5	Oct-23	98.5	Nov-23	99.0	Dec-23	100.0	Jan-24	97.5	Feb-24	99.0	Mar-24	96.0	Apr-24	97.0	May-24	97.5	Jun-24	98.0	Jul-24	98.5	Aug-24	96.5	Sep-24	96.5	Oct-24	98.0	Nov-24	98.0	Dec-24	97.5	Jan-25	97.0	Feb-25	96.5	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>No Target</div><div>Latest Month's Position</div><div>96.5%</div><div>Performance / Assurance</div><div>Special Cause Concerning Variation Low, where down is deterioration.</div><div>Corporate Risk</div><div>No Corporate Risk</div></div>
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Summary	No narrative required as per business rules.	<div><div>What does the data tell us?:</div><p>The overall FFT score for UHBW's maternity service was 96.5% in February 2025 which is above the latest published (January 2025) national average FFT score for Maternity (91%). Whilst the Maternity FFT has no target, it is displaying special cause variation with seven consecutive months below the mean. Broken down by maternity setting, results for February 2025, were as follows:</p><ul style="list-style-type: none">Antenatal Community 100%Labour Ward 95.1%Postnatal Ward 94.9%Postnatal Community 100%<div>Actions being taken to improve:</div><ul style="list-style-type: none">Review of other sources of maternity feedback data for potential insights into the decline in FFT scores.The Women's Experience Group has produced an improvement plan based on the findings of the National Maternity Survey 2024.Maternity services are working with the Maternity and Neonatal Voices Partnership (NVP) to engage with women and get further feedback.<div>Impact on forecast:</div><p>Maternity services will monitor the impact of the implementation of its improvement plan in response to the National Maternity Survey 2024.</p></div>																																																																																																											

Caring Complaints

Formal Complaints Responded To Within Trust Timeframe	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>90.0%</div><div>Latest Month's Position</div><div>77.8%</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>Feb-23</td><td>82%</td></tr><tr><td>Mar-23</td><td>80%</td></tr><tr><td>Apr-23</td><td>73%</td></tr><tr><td>May-23</td><td>80%</td></tr><tr><td>Jun-23</td><td>80%</td></tr><tr><td>Jul-23</td><td>80%</td></tr><tr><td>Aug-23</td><td>64%</td></tr><tr><td>Sep-23</td><td>71%</td></tr><tr><td>Oct-23</td><td>65%</td></tr><tr><td>Nov-23</td><td>60%</td></tr><tr><td>Dec-23</td><td>73%</td></tr><tr><td>Jan-24</td><td>79%</td></tr><tr><td>Feb-24</td><td>71%</td></tr><tr><td>Mar-24</td><td>85%</td></tr><tr><td>Apr-24</td><td>86%</td></tr><tr><td>May-24</td><td>72%</td></tr><tr><td>Jun-24</td><td>84%</td></tr><tr><td>Jul-24</td><td>73%</td></tr><tr><td>Aug-24</td><td>79%</td></tr><tr><td>Sep-24</td><td>80%</td></tr><tr><td>Oct-24</td><td>84%</td></tr><tr><td>Nov-24</td><td>68%</td></tr><tr><td>Dec-24</td><td>64%</td></tr><tr><td>Jan-25</td><td>80%</td></tr><tr><td>Feb-25</td><td>77.8%</td></tr></table></div>	Month	Response Rate %	Feb-23	82%	Mar-23	80%	Apr-23	73%	May-23	80%	Jun-23	80%	Jul-23	80%	Aug-23	64%	Sep-23	71%	Oct-23	65%	Nov-23	60%	Dec-23	73%	Jan-24	79%	Feb-24	71%	Mar-24	85%	Apr-24	86%	May-24	72%	Jun-24	84%	Jul-24	73%	Aug-24	79%	Sep-24	80%	Oct-24	84%	Nov-24	68%	Dec-24	64%	Jan-25	80%	Feb-25	77.8%	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>Jan-23</td><td>73%</td></tr><tr><td>Feb-23</td><td>74%</td></tr><tr><td>Mar-23</td><td>61%</td></tr><tr><td>Apr-23</td><td>58%</td></tr><tr><td>May-23</td><td>73%</td></tr><tr><td>Jun-23</td><td>72%</td></tr><tr><td>Jul-23</td><td>68%</td></tr><tr><td>Aug-23</td><td>87%</td></tr><tr><td>Sep-23</td><td>75%</td></tr><tr><td>Oct-23</td><td>78%</td></tr><tr><td>Nov-23</td><td>66%</td></tr><tr><td>Dec-23</td><td>79%</td></tr><tr><td>Jan-24</td><td>80%</td></tr><tr><td>Feb-24</td><td>50%</td></tr><tr><td>Mar-24</td><td>72%</td></tr><tr><td>Apr-24</td><td>56%</td></tr><tr><td>May-24</td><td>63%</td></tr><tr><td>Jun-24</td><td>58%</td></tr><tr><td>Jul-24</td><td>52%</td></tr><tr><td>Aug-24</td><td>51%</td></tr><tr><td>Sep-24</td><td>73%</td></tr><tr><td>Oct-24</td><td>58%</td></tr><tr><td>Nov-24</td><td>54%</td></tr><tr><td>Dec-24</td><td>53%</td></tr><tr><td>Jan-25</td><td>58.3%</td></tr></table></div>	Month	Response Rate %	Jan-23	73%	Feb-23	74%	Mar-23	61%	Apr-23	58%	May-23	73%	Jun-23	72%	Jul-23	68%	Aug-23	87%	Sep-23	75%	Oct-23	78%	Nov-23	66%	Dec-23	79%	Jan-24	80%	Feb-24	50%	Mar-24	72%	Apr-24	56%	May-24	63%	Jun-24	58%	Jul-24	52%	Aug-24	51%	Sep-24	73%	Oct-24	58%	Nov-24	54%	Dec-24	53%	Jan-25	58.3%	<div><div>Latest Month</div><div>Jan-25</div><div>Target</div><div>90.0%</div><div>Latest Month's Position</div><div>58.3%</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>Corporate Risk</div><div>Risk 2680 - Complainants experience a delay in receiving a call back (12)</div></div>
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Summary	<div><div>What does the data tell us?</div><div>In February 2025:</div><ul style="list-style-type: none">The compliance rate marginally decreased from 80% in January to 78%.Out of 45 complaints due, 35 were closed within the agreed timescale, 6 were closed outside the agreed timescale, and 4 remained open at the time of reporting.<div>A breakdown by clinical division is shown here:</div><table><tr><th>Division</th><th>Response Rate %</th><th>Target %</th></tr><tr><td>ASCR</td><td>71%</td><td>90%</td></tr><tr><td>CCS</td><td>100%</td><td>90%</td></tr><tr><td>Medicine</td><td>63%</td><td>90%</td></tr><tr><td>NMSK</td><td>89%</td><td>90%</td></tr><tr><td>WaCH</td><td>88%</td><td>90%</td></tr></table><div>Actions being taken to improve</div><div>The Complaints and PALS Manager meets weekly with divisional Patient Experience teams to discuss cases due and those overdue. This provides an opportunity to discuss complexities and agree resolution.</div></div>	Division	Response Rate %	Target %	ASCR	71%	90%	CCS	100%	90%	Medicine	63%	90%	NMSK	89%	90%	WaCH	88%	90%	Summary	<div><div>What does the data tell us?</div><div>Responses for 22 Formal Complaints, 89 Informal Complaints and 41 PALS Concerns were sent out to complainants. 86.5% of informal complaints (77 of 89) were responded to by the agreed deadline (target 90%), an improvement on the 79% reported for December. 54.5% of formal complaints (12 of 22) were responded to by the agreed deadline (target 90%), a similar percentage to the 53.6% reported for December. 97.6% of PALS concerns (40 of 41) were responded to by the agree deadline (target 90%), which compares favourably with the 81.3% reported for December.</div><div>Actions being taken to improve:</div><div>The PALS and Complaints teams at UHBW and NBT are working closely together to review and align practices where this is possible and desirable. From 1st April, UHBW will be changing its complaints taxonomy to match that of NBT, meaning that formal complaints will become simply ‘complaints’, whilst the category of informal complaints will disappear; the expectation is that the majority of cases which would currently be investigated as informal complaints will be taken forward as PALS concerns, with a timeframe of 10 working days, as per current informal complaints.</div><div>Impact on Forecast:</div><div>From 1st April there will be an increase in PALS concerns, because cases previously investigated as informal complaints will now become PALS concerns.</div></div>																																																																																								
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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	Feb-25	11.6%	11.9%	11.7%	P	L	Note Performance
		UHBW	Feb-25	10.8%	12.0%	11.1%	P*	C	Note Performance
Our People	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	NBT	Feb-25	5.6%	No Target	5.2%	N/A	L	Note Performance
		UHBW	Feb-25	3.3%	5.0%	3.1%	P*	C	Note Performance
Our People	Percentage Agency Usage	NBT	Feb-25	1.0%	3.2%	1.2%	P	L	Note Performance
		UHBW	Feb-25	0.6%	1.0%	0.7%	P*	L	Note Performance
Our People	Sickness Rate	NBT	Feb-25	4.6%	4.4%	4.6%	F-	L	Escalation Summary
		UHBW	Feb-25	4.4%	4.9%	4.7%	P*	C	Note Performance
Our People	Essential Training Compliance	NBT	Feb-25	92.4%	85.0%	92.5%	P*	H	Note Performance
		UHBW	Feb-25	90.4%	90.0%	90.6%	P	H	Note Performance

Assurance						Variation			
<div>P*</div>	<div>P</div>	<div>?</div>	<div>F</div>	<div>F-</div>	No icon	<div>H</div>	<div>L</div>	<div>C</div>	<div>H</div> <div>L</div>
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	

People

Sickness Absence

Sickness Rate	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>4.4%</div><div>Latest Month's Position</div><div>4.6%</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>Sickness Rate</div><table><tr><th>Month</th><th>Sickness Rate (%)</th></tr><tr><td>Feb-23</td><td>5.4</td></tr><tr><td>Mar-23</td><td>5.2</td></tr><tr><td>Apr-23</td><td>5.2</td></tr><tr><td>May-23</td><td>5.1</td></tr><tr><td>Jun-23</td><td>5.1</td></tr><tr><td>Jul-23</td><td>5.0</td></tr><tr><td>Aug-23</td><td>5.0</td></tr><tr><td>Sep-23</td><td>4.9</td></tr><tr><td>Oct-23</td><td>4.9</td></tr><tr><td>Nov-23</td><td>4.9</td></tr><tr><td>Dec-23</td><td>4.8</td></tr><tr><td>Jan-24</td><td>4.7</td></tr><tr><td>Feb-24</td><td>4.7</td></tr><tr><td>Mar-24</td><td>4.7</td></tr><tr><td>Apr-24</td><td>4.7</td></tr><tr><td>May-24</td><td>4.7</td></tr><tr><td>Jun-24</td><td>4.7</td></tr><tr><td>Jul-24</td><td>4.7</td></tr><tr><td>Aug-24</td><td>4.7</td></tr><tr><td>Sep-24</td><td>4.7</td></tr><tr><td>Oct-24</td><td>4.7</td></tr><tr><td>Nov-24</td><td>4.7</td></tr><tr><td>Dec-24</td><td>4.7</td></tr><tr><td>Jan-25</td><td>4.7</td></tr><tr><td>Feb-25</td><td>4.7</td></tr></table></div>	Month	Sickness Rate (%)	Feb-23	5.4	Mar-23	5.2	Apr-23	5.2	May-23	5.1	Jun-23	5.1	Jul-23	5.0	Aug-23	5.0	Sep-23	4.9	Oct-23	4.9	Nov-23	4.9	Dec-23	4.8	Jan-24	4.7	Feb-24	4.7	Mar-24	4.7	Apr-24	4.7	May-24	4.7	Jun-24	4.7	Jul-24	4.7	Aug-24	4.7	Sep-24	4.7	Oct-24	4.7	Nov-24	4.7	Dec-24	4.7	Jan-25	4.7	Feb-25	4.7	Sickness Rate	<div><div>Latest Month</div><div>Feb-25</div><div>Target</div><div>4.9%</div><div>Latest Month's Position</div><div>4.4%</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation, where target is greater than upper limit where down is improvement.</div><div>Corporate Risk</div><div>No Corporate Risk</div></div>
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Summary	<div><div>What does the data tell us?</div><div>The Trust rolling 12-month sickness absence rate has shown statistically significant improvement but have plateaued at 4.6% against a target for 2024/25 of 4.4%.</div><div>Actions being taken to improve</div><div>Staff Experience Team delivering wellbeing drop ins taking staff experience offer to teams, these can be booked via LINK 312 staff members have attended the sessions. Staff Health and Wellbeing draft plan approved at Executive Management Team - plan being shared with key stakeholders or feedback ahead of launch in April 2025. April Stress Awareness month campaign planned with Lunch & Learn webinars, regular communications and resources.</div></div>	<div><div>No narrative required as per business rules.</div></div>																																																						

Finance

Position Statement

NBT - Statement of comprehensive income at 28 February 2025

This month the Trust has delivered a financial position £1.5m surplus above plan. The financial position for February 2025 shows the Trust has delivered a £1.8m deficit against a £0.8m planned deficit which results in a £1.0m adverse variance year to date.

Contract income is £22.9m better than plan. This is driven by additional pass-through income of £11.0m, and settlement of prior year contracts has delivered a £4.6m benefit.

Other income is £46.4m better than plan. The is due to new funding adjustments and pass through items, £39.8m favourable. The remaining £6.6m favourable variance is driven by prior period invoicing and additional activity, £3.3m favourable, and medical education funding, £2.3m favourable.

Pay expenditure is £20.5m adverse to plan. New funding adjustments, offset in income, have caused a £18.3m adverse variance. Undelivered CIP is £7.8m adverse and there are overspends on medical and nursing pay, £1.7m adverse. This is offset by AfC vacancies, £9.4m favourable.

Non-pay expenditure is £49.9m adverse to plan. Of which £32.5m relates to pass through items. This remaining adverse position is driven primarily by increased medical and surgical consumable spend to deliver activity, £6.4m adverse, and in tariff drugs, £2.4m adverse, which is supporting increased elective and non-elective activity. £6.9m is driven by items such as IT, Bristol Ambulance costs and UKHSA Activity.

	Month 11			Year to date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Contract Income	75.6	82.6	7.0	795.3	818.2	22.9
Income	1.1	9.3	8.2	49.0	95.5	46.4
Pay	(47.6)	(52.4)	(4.9)	(530.1)	(550.6)	(20.5)
Non-pay	(28.3)	(37.2)	(8.9)	(315.0)	(364.9)	(49.9)
Surplus/(Deficit)	0.8	2.3	1.5	(0.8)	(1.8)	(1.0)

UHBW - February 2025

2024/25 YTD Income & Expenditure Position

Net I&E deficit of £2,483k against a breakeven plan, an improvement of £1,926k from last month.

Total operating income is £39,673k ahead of plan due to higher than planned income from activities (£31,643k) and other operating income (£8,030k). The higher than planned position is primarily due to additional income received from ICB Commissioners and NHS England South-West Specialised Commissioning.

Total operating expenditure is £47,342k adverse to plan due to higher than planned non-pay costs of £25,109k and higher than planned pay expenditure of £22,004k. Higher than planned operating expenditure is due to higher than planned staff in post, the impact of non-pay inflation, higher than planned pass-through costs and the YTD shortfall in savings delivery.

Key Financial Issues

Recurrent savings delivery below plan – YTD CIP delivery is £29,310k, behind plan by £8,382k or 22%.

Recurrent savings YTD are £17,391k, an improvement of £1,894k in the month.

Delivery of elective activity below plan – elective activity must be delivered in line with plan. The cumulative YTD value of elective activity is £2,765k behind plan, an improvement of £348k in February.

Failure to deliver the financial plan – failure to deliver the planned savings and failure to earn the planned level of ERF would constitute a breach of the statutory duty to break-even and will result in regulatory intervention. A forecast outturn assessment has been completed and as a system, and with further mitigations, the break-even plan remains achievable.

Strategic Risks

The scale of the Trust’s recurrent deficit and CDEL constraint presents a significant risk to the Trust’s strategic ambitions. Further work is required to develop the mitigating strategies, whilst acknowledging the Systems strategic capital prioritisation process will have a major influence and bearing on how we take forward strategic capital, including, for example, the Joint Clinical Strategy. This risk is assessed as high.

Finance

Position Statement

NBT - Statement of Financial Position at 28 February 2025

Capital spend is £36.4m year-to-date (excluding leases). This is driven by spend on the Elective Centre, and is below the forecasted spend for Month 11.

Cash is £56.9m at 28 February 2025, a £5.7m decrease compared with Month 12. The decrease is driven by the I&E deficit and capital. Cash is expected to remain relatively stable in M12, resulting in a cash position of approximately £52.3m.

Non-Current Liabilities have decreased by £1.7m in Month 11 as a result of the national implementation of IFRS 16 on the PFI. This has changed the accounting treatment for the contingent rent element of the unitary charge which must now be shown as a liability. This change also accounts for the £69m increase in the Income and Expenditure Reserve for the year.

	23/24 Month 12	24/25 Month 10	24/25 Month 11	In-Month Change	YTD Change
	£m	£m	£m	£m	£m
Non-Current Assets	538.4	546.0	552.4	6.4	14.0
Current Assets					
Inventories	11.7	11.7	11.8	0.2	0.1
Receivables	49.4	62.0	53.7	(8.2)	4.3
Cash and Cash Equivalents	62.7	32.0	56.9	25.0	(5.7)
Total Current Assets	123.8	105.6	122.5	16.9	(1.3)
Current Liabilities (< 1 Year)					
Trade and Other Payables	(99.9)	(78.0)	(93.6)	(15.7)	(6.3)
Deferred Income	(14.4)	(19.0)	(17.7)	1.3	3.3
Financial Current Liabilities	(23.6)	(23.6)	(23.6)	0.0	(0.0)
Total Current Liabilities	(138.0)	(120.6)	(134.9)	(14.3)	(3.1)
Non-Current Liabilities (> 1 Year)					
Trade Payables and Deferred Income	(6.2)	(6.5)	(6.5)	(0.0)	0.4
Financial Non-Current Liabilities	(571.8)	(581.7)	(580.0)	1.7	8.2
Total Non-Current Liabilities	(578.0)	(588.2)	(586.5)	1.6	8.6
Total Net Assets	(53.7)	(57.2)	(46.5)	10.6	7.2
Capital and Reserves					
Public Dividend Capital	485.2	507.3	516.9	9.5	31.7
Income and Expenditure Reserve	(541.8)	(610.8)	(610.8)	0.0	(69.0)
Income and Expenditure Account - Current Year	(69.0)	(25.6)	(24.5)	1.1	44.5
Revaluation Reserve	71.9	71.9	71.9	0.0	0.0
Total Capital and Reserves	(53.7)	(57.2)	(46.5)	10.6	7.2

UHBW - Year to Date Financial Position

In February, the Trust delivered a £1,926k surplus against the plan of break-even. The cumulative YTD position at the end of the month is a net deficit of £2,483k (£4,409k net deficit last month) against a breakeven plan. The Trust is £2,483k adverse to plan. The cumulative YTD net deficit is 0.2% of total operating income.

Significant operating expenditure variances in the year-to-date position include: the shortfall on savings delivery; premium pay pressures and over-establishment mainly relating to nursing and medical staff; higher than planned pass-through costs (matched by additional patient care income) and the impact of unfunded non-pay inflation.

YTD pay expenditure is c3% higher than plan. Medical staffing costs in the Women's & Children's Division and nursing costs continue to cause significant overspends across Surgery, Specialised and Women's & Children's Division with continuing over-establishment and high nursing pay costs in total across substantive, bank and agency staff.

Agency and bank expenditure decreased in February. Agency expenditure in month is £714k, compared with £897k in January. Bank expenditure in month is £4,702k, compared with £5,158k in January and £4,069k in December.

Total operating income is higher than plan by £39,673k. The shortfall in ERF of £2,765k is offset by higher than planned pass-through payments, additional commissioner funding and additional other operating income.

	Month 11			YTD		
	Plan	Actual	Variance Favourable/ (Adverse)	Plan	Actual	Variance Favourable/ (Adverse)
	£000's	£000's	£000's	£000's	£000's	£000's
Income from Patient Care Activities	90,902	97,154	6,252	1,025,102	1,056,745	31,643
Other Operating Income	10,137	12,095	1,958	111,508	119,538	8,030
Total Operating Income	101,039	109,249	8,210	1,136,610	1,176,283	39,673
Employee Expenses	(62,113)	(64,525)	(2,412)	(686,159)	(708,163)	(22,004)
Other Operating Expenses	(34,120)	(39,961)	(5,841)	(398,450)	(423,559)	(25,109)
Depreciation (owned & leased)	(3,717)	(3,941)	(224)	(39,993)	(40,221)	(228)
Total Operating Expenditure	(99,950)	(108,427)	(8,477)	(1,124,602)	(1,171,944)	(47,342)
PDC	(1,210)	(1,131)	79	(13,310)	(12,442)	868
Interest Payable	(247)	(204)	43	(2,717)	(2,440)	277
Interest Receivable	292	445	153	3,212	5,162	1,950
Net Surplus/(Deficit) inc technicals	(76)	(67)	9	(807)	(5,380)	(4,573)
Remove Capital Donations, Grants, and Donated Asset Depreciation	76	1,993	1,917	807	2,897	2,090
Net Surplus/(Deficit) exc technicals	0	1,926	1,926	0	(2,483)	(2,483)

Assurance and Variation Icons – Detailed Description

	ASSURANCE ICON						No icon
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.
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	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.
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KEY
Note Performance
Constitutional Standards and Key Metrics = Escalation Summary