NHS
North Bristol
NHS Trust

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Integrated Quality and Performance Report

Month of Publication February 2026
Data up to December 2025

NHS North Bristol NHS Trust

Contents

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Key to KPI Variation and Assurance Icons

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

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

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

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

Further Reading / Other Resources

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

Scorecards Explained

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

Name of Metric/KPI.

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

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

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

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

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

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

The actual performance for the most recent month.

The actual performance for the previous month.

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

Business Rules and Actions

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

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

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

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

Executive Summary – Group Update

Responsiveness

Urgent Care

UHBW ED 4-hour performance improved marginally to 73.5% in December (73.4% in November) against a March 2026 target of 78% for all attendance types, including type-3 footprint uplift. A combination of demand, high bed occupancy and continued high levels of NCTR, create a challenging clinical, operational and performance environment, thus, impacting on 12-hour total time in the Emergency Department and ambulance handover metrics. For NBT, ED 4-hour performance was 65.4% for December 2025 (71.8% with footprint uplift). NBT is actively working with the GIRFT team to align their findings with their UEC programme and a summary of this was presented at NBT's Quality Outcomes Committee.

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

Elective Care

UHBW anticipate no further 65 week waits during 2025/26,with no patients waiting beyond 65 weeks at the end of December 2025. Both Trusts have set the ambition that less than 1% of the total waiting list will be >52 weeks by the end of March 2026, with NBT already achieving this ambition. However, NBT had one complex Plastic Surgery DIEP patient waiting longer than 65 weeks at the end of December 2025 due to further unexpected absence in the consultant body.

Diagnostics

For December, NBT's diagnostic performance reported at 1.5% which was impacted mainly by challenges in DEXA. NBT remains in the top quartile in the country and are forecasting a return to the constitutional standard at the end of February 2026. UHBW position in December has improved again to 11.4% but fell short of the December target of 6.7%. Performance at UHBW continues to improve across many diagnostic modalities and plans are in place for the small number of modalities which require additional support to achieve the recovery trajectory, with improvement in performance expected in year.

Cancer Wait Time Standards

During November, UHBW remains compliant with the 62-Day standard but fell slightly short of the 31-Day standard and the Faster Diagnosis Standard (FDS), reporting 94.7% (target of 96%) and 77.2% (target of 79%) respectively. The expectation is that UHBW will recover and be compliant with each of the three core cancer standards in Q4. At NBT, 28-Day FDS, 31-Day and the 62-Day Combined position were off plan for the month of November. The work previously undertaken has been around improving systems and processes, and maximising performance in the high-volume tumor sites. The current position is due to challenges in the Urology and Breast pathway; there are improvement plans in place to reduce the time to diagnosis and provide sufficient capacity to deliver treatments. Both trusts are part of the SWAG programme of improvement called 'Days Matter' which will focus on Urology pathways at NBT and Colorectal at UHBW.

Stroke – NBT

The November performance figures are provisional and subject to change once fully validated.

Executive Summary – Group Update

Quality

Patient Safety

At UHBW, there were no additional MRSA bacteraemia cases in December. The year-to-date total is six cases. A case-series review of the six 2025/26 cases is scheduled in January by the IPC/Microbiology team at NBT to extract further learning; outcomes are awaited. Two cases occurred at Bristol Children's Hospital and have been reviewed jointly by IPC and the Divisional Director of Nursing, with additional actions agreed. There have been no additional MRSA cases reported at NBT, the total for 2025/26 remains at two cases.

UHBW Escherichia coli (E. coli) cases for December are seven, year to date figures are currently at 72. The incidence of infection appeared to increase in Q2 2025/6, which can in part be attributed to seasonal fluctuations. At UHBW the threshold limit for 2025/26 is 109 cases per year. The dataset covering the last two years of *E. coli* bacteraemia cases is currently being reviewed to better understand their sources. At NBT The number of cases reported has reduced in November and December.

At UHBW Clostridium difficile cases for December were 12, all of which were Hospital Onset Hospital Acquired (HOHA). The year-to-date total for UHBW is 108 cases (78 HOHA and 30 COHA). In December, UHBW reported an outbreak of C. difficile on a Bristol Royal Infirmary gastro/hepatology ward, with several linked cases identified. A proportion of these cases have been identified as ribotype 027, a virulent strain that has not been seen locally for several years. The Trust will work with system partners to understand potential causes for the re-emergence of ribotype 027 and ensure coordinated management across the system. For NBT, there were 5 HOHA cases of Clostridium difficile identified in December, with 0 COHA. Total position so far this year is 86 cases against a trajectory of 79. Improvement is being undertaken through C. Difficile ward rounds and is resulting in positive change in the management of cases. Increased incidence on 86 is currently under investigation with ribotypes expected.

UHBW in December recorded 153 falls, which per 1000 bed days equates to 4.561, this is lower than the Trust target of 4.8 per 1000 bed days. There were 111 falls at the Bristol site and 42 falls at the Weston site. There were three falls with moderate physical and/or psychological harm. We continue to work on personalisation, prediction, participation and prevention as a framework for reducing falls and falls with harm across the Trust. At NBT, falls per 1000 bed days remain within statistical controls, five falls resulted in patient harm (moderate physical and/or psychological harm).

At UHBW since CMM implementation in June 2025, VTE risk assessment (RA) rates have improved by around 10% to 80% consistently. Work to address the interruption of the link between VTE risk assessment and prescribing VTE prophylaxis is underway; ward view boards will have both VTE RA and VTEP prescribing re-instated following CMM by the end of January to increase visibility, teaching session for F1 and F2 Dr's on VTE in December and targeted improvements work to admission wards is planned. For NBT compliance has improved following CMM implementation above the national target of 95% with several months sustained over 97%.

During December 2025, UHBW recorded 284 medication-related incidents, none of which were reported as causing moderate or above harm. Incidents related to the prescribing and administration of subcutaneous syringe drivers on CMM have led to a multiprofessional safety review recommending CMM changes be completed and a Trust wide safety alert to raise awareness of the new risks identified. At NBT there were recorded 140 medication incidents involving patients. Of these, five were graded as medication causing moderate or above harm to a patient. One of these cases was relating to a retrospective case notes review for an admission in February 2025. The Medicines Governance team are also working closely with the CMM team to identify any emerging themes or trends in terms of incidents which may be related to changes in process following the CMM go live.

Patient & Carer Experience

At UHBW in November, the Trust received 61 complaints which is 16 less than the previous month. The complaint response compliance data has remained consistent for the last 2 months at 70%, of the 67 complaints due for response in November, 47 were closed within the agreed timescale and 20 closed outside of the timescale.

Within NBT the monthly complaints figures shows 58 received in December, this is less than reported for November, a decline is in numbers reported is expected for the reported month. Timely response increased to 77% in December which is an improvement from the reported 71% in November. Compliance is now the highest level since February and reflects the continued improvement within ASCR.

Executive Summary – Group Update

Our People

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

Turnover

- **NBT** turnover is 9.5% in December, below the NBT target of 11.3% for 2025/26
- **UHBW** turnover is 9.4% in December and below target.

Vacancy Rate

- **NBT** is 8.1%, small increase in vacancies driven seasonally low starters in December. Positive impact on position anticipated for quarter four following enhanced Healthcare Support Worker Recruitment and the impact of delayed newly qualified nurses starting.
- **UHBW** is 4.8%, an increase from 4.6% in November and above target, triggering an escalation summary.

Sickness

- **NBT** rate is 4.8%, above the target of 4.4%. NBT is carrying out detailed work on long term absence as the predominant driver of the position.
- **UHBW** rate is 4.5% in month, remaining the same as the November rate. This does not trigger an escalation summary against the cumulative annual target. However it is target that is becomingly increasingly difficult to achieve, following high-levels of flu in quarter 3, and plans are being worked up to tackle absence .

Essential Training

- **NBT** – 88.1% against a target of 90% - key hotspots are Infection Prevention Control, OMMT and Information Governance
- **UHBW** - 89.3% against a target of 90%. key hotspots are Infection Prevention & Control, Moving and Handling, OMMT and Resuscitation and Information Governance

Both Trusts conducting on-going discussions with subject matter expert in progress to identify recovery actions including improvements to delivery models, communication and promotion, ongoing governance and to determine the level of confidence that actions will have required impact to recover our position.

Oliver McGowan - Level 2 Face to Face and Level 1 virtual compliance reporting to include a compliance trajectory against an ICB target of 63.3% by Mar-26. The ICB remains confident the target will be met across system partners. Focus will be on what would be required to achieve target, within the group, in terms of training attendance, available capacity and current future bookings to provide a confidence level for delivery – recognising the impact of recent seasonal pressures upon training.

Executive Summary

Finance

In Month 9 (December), NBT delivered a £2.0m surplus position which is £1.9m favourable to plan. Year to date NBT has delivered a £2.6m deficit position which is on plan.

UHBW delivered a £1.8m surplus in Month 9, against a deficit plan of breakeven. UHBW's year to date deficit is £9.3m, £0.1m favourable to plan.

Pay expenditure within NBT is £2.2m adverse to plan in month. This is driven by overspends in nursing and healthcare assistants due to escalation and enhanced care, under-delivery against in-year savings which is offset by vacancies in consultant and other staff groups.

Pay expenditure in UHBW is £3.3m adverse to plan in month. This is driven mainly by higher than planned substantive and bank expenditure particularly across nursing due to escalation and enhanced care plus additional medical costs associated with industrial action.

The NBT cash balance as at the 31 December 2025 is £26.0m, £3.8m higher than planned, a £51.3m reduction from 31 March 2025.

The UHBW cash balance as at the 31 December 2025 is £45.1m, £19.7m lower than planned, a £27.3m reduction from 31 March 2025.

NHS North Bristol NHS Trust

Responsiveness

Scorecard

NHS University Hospitals Bristol and Weston NHS Foundation Trust

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	ED % Spending Under 4 Hours in Department	NBT	Dec-25	65.4%	70.1%	66.5%	F-	C	Escalation Summary
		UHBW	Dec-25	66.6%	72.3%	66.5%	?	C	Escalation Summary
Responsive	ED % Spending Over 12 Hours in Department	NBT	Dec-25	8.9%	2.0%	8.4%	F-	C	Escalation Summary
		UHBW	Dec-25	6.0%	2.0%	4.0%	F	C	Escalation Summary
Responsive	Bristol Children's Hospital ED - Percentage Within 4 Hours								
		UHBW	Dec-25	73.6%	No Target	69.7%	N/A	C	Note Performance*
Responsive	ED 12 Hour Trolley Waits (from DTA)	NBT	Dec-25	430	0	366	F-	C	Escalation Summary
		UHBW	Dec-25	496	0	243	F-	C	Escalation Summary
Responsive	Ambulance Handover Delays (under 15 minutes)	NBT	Dec-25	31.0%	65.0%	34.3%	F-	C	Escalation Summary
		UHBW	Dec-25	42.0%	65.0%	44.2%	F-	C	Escalation Summary
Responsive	Average Ambulance Handover Time	NBT	Dec-25	28.3	45.0	24.5	P	C	Note Performance
		UHBW	Dec-25	20.3	45.0	19.0	P	L	Note Performance
Responsive	% Ambulance Handovers over 45 minutes	NBT	Dec-25	18.5%	0.0%	13.1%	F-	C	Escalation Summary
		UHBW	Dec-25	5.1%	0.0%	3.2%	F-	L	Escalation Summary
Responsive	No Criteria to Reside	NBT	Dec-25	21.1%	15.0%	22.2%	F-	L	Escalation Summary
		UHBW	Dec-25	21.2%	13.0%	20.1%	F-	C	Escalation Summary
Responsive	RTT Percentage Over 52 Weeks	NBT	Dec-25	0.2%	1.0%	0.3%	P	L	Note Performance
		UHBW	Dec-25	1.3%	1.1%	1.3%	F-	L	Escalation Summary
Responsive	RTT Ongoing Pathways Under 18 Weeks	NBT	Dec-25	66.6%	71.8%	66.4%	F-	H	Escalation Summary
		UHBW	Dec-25	66.9%	66.8%	67.3%	F-	H	Escalation Summary

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

* with commentary

NHS North Bristol NHS Trust

Responsiveness

Scorecard

NHS University Hospitals Bristol and Weston NHS Foundation Trust

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	RTT First Attendance Under 18 Weeks	NBT	Dec-25	70.3%	73.6%	70.8%	F-	H	Escalation Summary
		UHBW	Dec-25	69.1%	70.3%	69.9%	F-	H	Escalation Summary
Responsive	Diagnostics % Over 6 Weeks	NBT	Dec-25	1.5%	1.0%	1.2%	?	C	Escalation Summary
		UHBW	Dec-25	11.4%	6.7%	11.5%	F-	L	Escalation Summary
Responsive	Cancer 28 Day Faster Diagnosis	NBT	Nov-25	78.4%	79.8%	77.9%	F	C	Escalation Summary
		UHBW	Nov-25	77.2%	79.0%	78.1%	?	C	Escalation Summary
Responsive	Cancer 31 Day Decision-To-Treat to Start of Treatment	NBT	Nov-25	85.2%	88.8%	90.5%	?	C	Escalation Summary
		UHBW	Nov-25	94.7%	96.0%	96.6%	?	C	Escalation Summary
Responsive	Cancer 62 Day Referral to Treatment	NBT	Nov-25	66.8%	71.5%	63.5%	F	C	Escalation Summary
		UHBW	Nov-25	77.4%	73.2%	77.2%	P	C	Note Performance
Responsive	Last Minute Cancelled Operations	NBT	Dec-25	0.8%	0.8%	0.8%	?	C	Escalation Summary
		UHBW	Dec-25	2.1%	1.5%	1.8%	F	C	Escalation Summary
Responsive	% to Stroke Unit within 4 Hours	NBT	Nov-25	50.0%	90.0%	60.2%	F-	C	Escalation Summary
Responsive	Stroke Thrombolysis within 1 hour	NBT	Nov-25	50.0%	60.0%	68.4%	?	C	Escalation Summary
Responsive	90% Time in Stroke Unit Performance validated	NBT	Nov-25	37.5%	90.0%	54.9%	F-	L	Escalation Summary
Responsive	% Seen within 14 Hours by a Stroke Consultant - Validated	NBT	Nov-25	45.5%	90.0%	85.5%	F	L	Escalation Summary

Please note - Stroke performance for November is provisional pending validation.

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

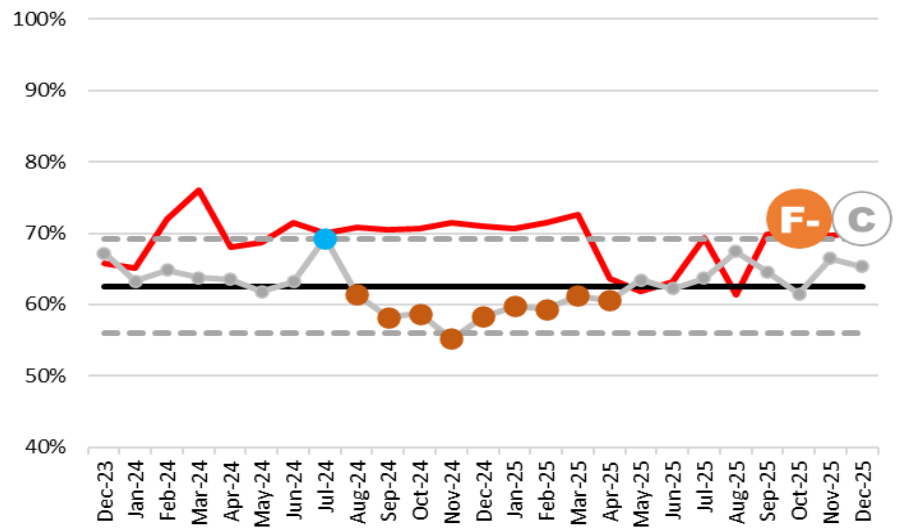
Responsiveness

UEC – Emergency Department Metrics

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Dec-25
Target
70.1%
Latest Month's Position
65.4%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).

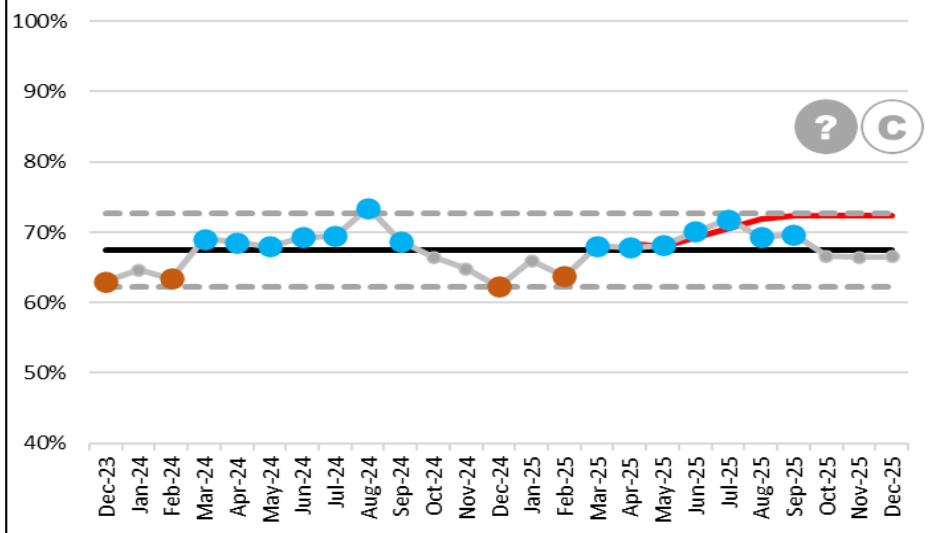


What does the data tell us?
The percentage of patients spending under 4 hours in ED for December decreased to 65.4% (7% higher than December 2024), and above the mean. There were improvements across all streams (minors, non-admitted majors and admitted to inpatients), despite monthly attendances being c500 more than last December.

Actions being taken to improve
Teams are working hard to maintain traction on improvement action despite seasonal pressures and periods of critical incident:

1) Work completed during November test of change week is bedding in, notably regarding alternative locations to ED for specialties bringing in accepted patients.
2) New community pathway agreed with primary care and community therapists to bring suspected cauda equina patients into SDEC using a simplified approach
3) Planning for February test of change week is underway with ideas in the emergency department focussed on demand management, including an enhanced approach to streaming and redirection across the department (NB c15% of all attendances are already redirected to alternatives).
4) GIRFT are facilitating a Clinical Operational Standards (COS) workshop on site on 4 February involving senior clinicians from across the Trust. The aim is to launch the revised COS standards and work on establishing baseline performance.

Impact on forecast
January performance MTD to date is currently tracking against a deteriorated position of c60%.



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

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

What does the data tell us?
The ED 4-hour standard across the trust remains relatively static for December at 66.6% compared to 66.5% during November - improvements noted at BRHC and WGH with slight deteriorations in performance at BEH and BRI. December saw a decrease in attendances to all ED's across the trust except for the BRHC.

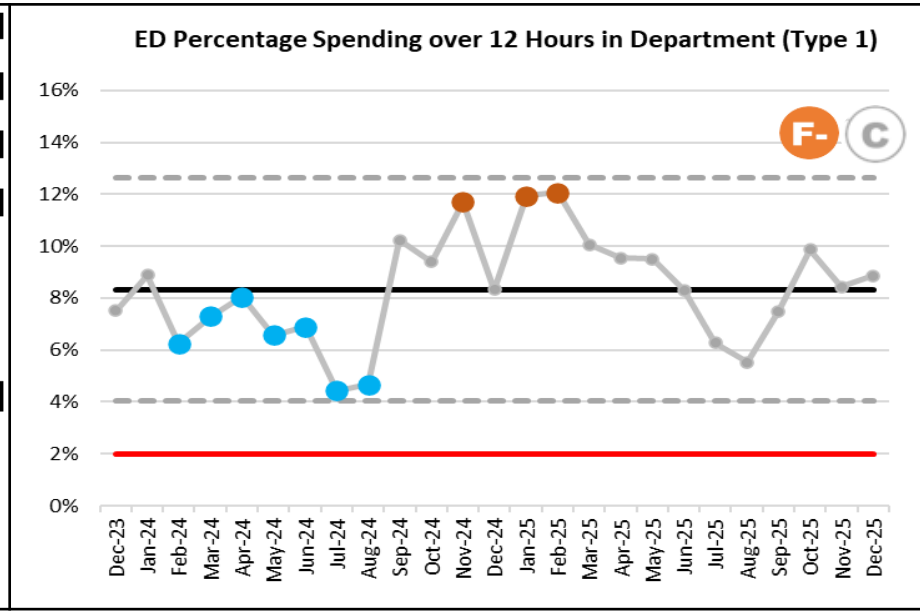
Actions being taken to improve
Ongoing mobilisation of ED improvement plans across both BRI and Weston, including workforce reconfiguration to augment and better align senior decision makers to peak times IN & OOH, in addition to optimising SDEC utilisation and front door redirection models.
Whole hospital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

Impact on forecast
Forecasting improvement plans aim to improve the Trust position; c68% in January
The End of Year Target for this measure is 72.3% (78% inclusive of Sirona type-3 uplift)

Responsiveness

UEC – Emergency Department Metrics

Latest Month
Dec-25
Target
2.0%
Latest Month's Position
8.9%
Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).

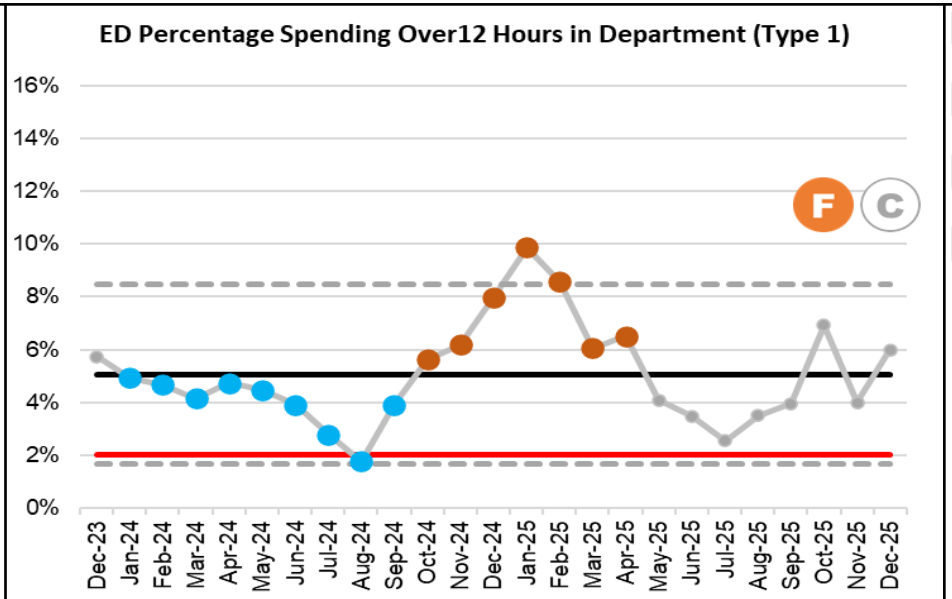


What does the data tell us?
The percentage of patients spending over 12 hours in ED increased to 8.9% in December., with emergency admission being up >10% year on year.

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

1) Improvements made during November test of change week have been sustained, including DTA flow out of ED at 8am and the Medicine weekend discharge approach.
2) For February's test of change week the focus is shifting to complex discharge processes – with the aim of mirroring some of SWAST's approach in terms of "Timely Handover". To this end, various "Timely Handover at the Backdoor" actions have been agreed with local authorities and Sirona and will be tested w/c 23 February.
3) NBT's GIRFT Lead chaired a Criteria to Admit Audit in the emergency department during November. A 'Criteria to Admit' audit is planned to be undertaken with GIRFT and our partners in the coming month

Impact on forecast
January performance is extremely challenged, driven by high medical takes and high bed occupancy, with 12 hour performance for the month currently tracking at c11%. .



Latest Month
Dec-25
Target
2.0%
Latest Month's Position
6.0%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.
Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?
The percentage of patients spending over 12 hours in ED for the month of December (6%) deteriorated compared to November (4%) but still below the national threshold of 10%. A notable increase occurred at the BRI (from 4.1% in November to 9.6% in December). BRI admitted patients waiting over 12 hrs increased from 10.7% in November to 24% in December. Admissions at the BRI increased slightly throughout December compared to November.

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

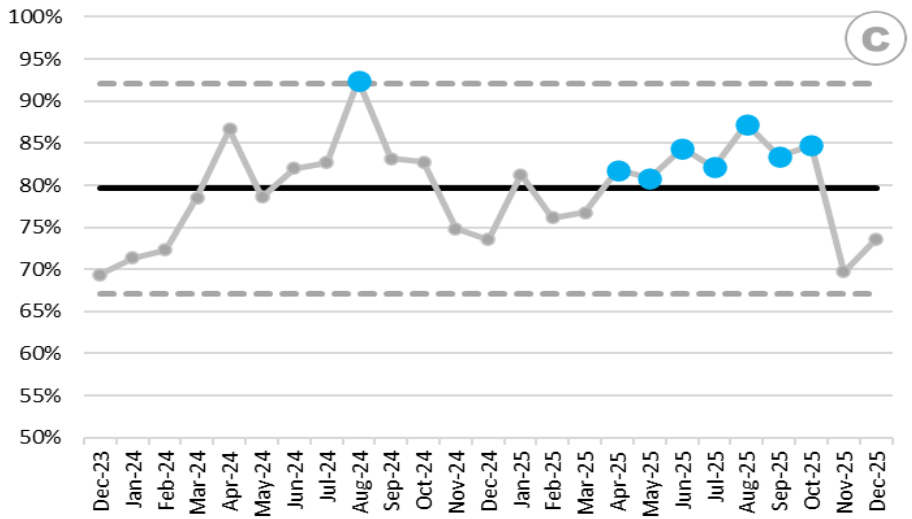
Impact on forecast
December performance has been particularly challenging with the closure of 2 inpatient wards reducing BRI core bed base. Actions have been put in place to mitigate these closures but the position may remain challenging throughout January. Forecast for January is c8%.

North Bristol NHS Trust

Responsive

UEC – Emergency Department Metrics

University Hospitals Bristol and Weston NHS Foundation Trust



Latest Month

Dec-25

Target

No Target

Latest Month's Position

73.6%

Performance / Assurance

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

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

What does the data tell us?

Overall, there has been a reduction in the number of 4hr and 12hr breaches at BRHC despite a slight increase in attendances during December 2025.

- 4 hour performance during December was 73.6% which is an improvement when compared to November 2025 (69.7%) and almost identical when compared year on year to December 2024 (73.5%).
- There were 4,765 attendances in December 2025, which is very slightly more than November 2025 (4,750)
- There were fewer 12 hour breaches in December 2025 – a total of 50, compared with 69 in November 2025 although of the 50 breaches, mainly they were due to hospital flow issues and patients waiting a long time for a bed/cubicle.

Actions being taken to improve

- 4-hour breach action plan being developed and progress tracked via weekly senior meetings
- Streaming nurse to be implemented on a daily basis – anticipated start date in February
- Weekly 4-hour breach review meeting in place
- XCAD handover pathway being developed with inpatient wards and SWAST for speciality expected patients
- Weekly 12 hour breach validation and review meeting to discuss opportunities for improvement in place and ongoing

Responsiveness

UEC – Emergency Department Metrics

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

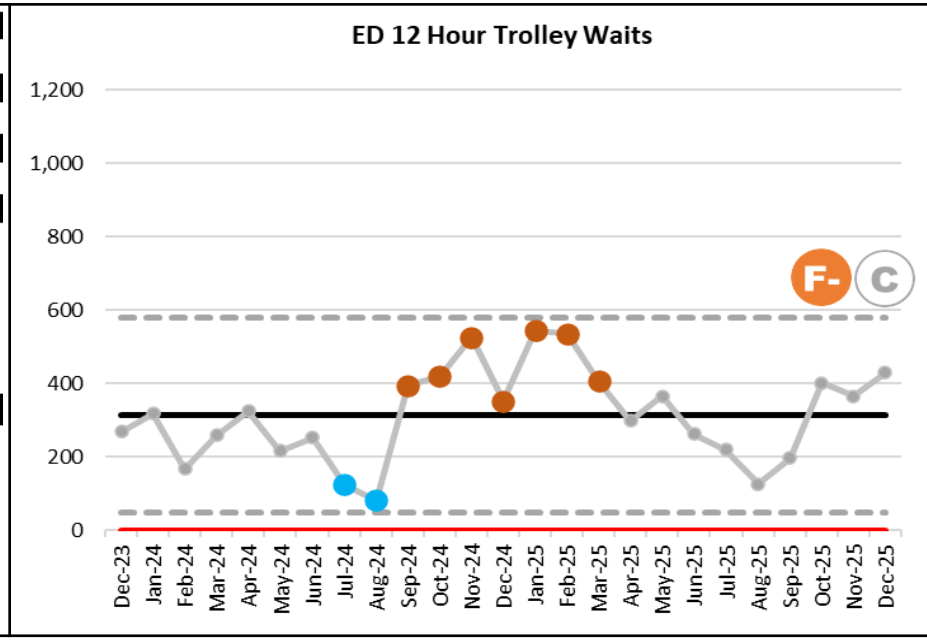
Latest Month
Dec-25

Target
0

Latest Month's Position
430

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

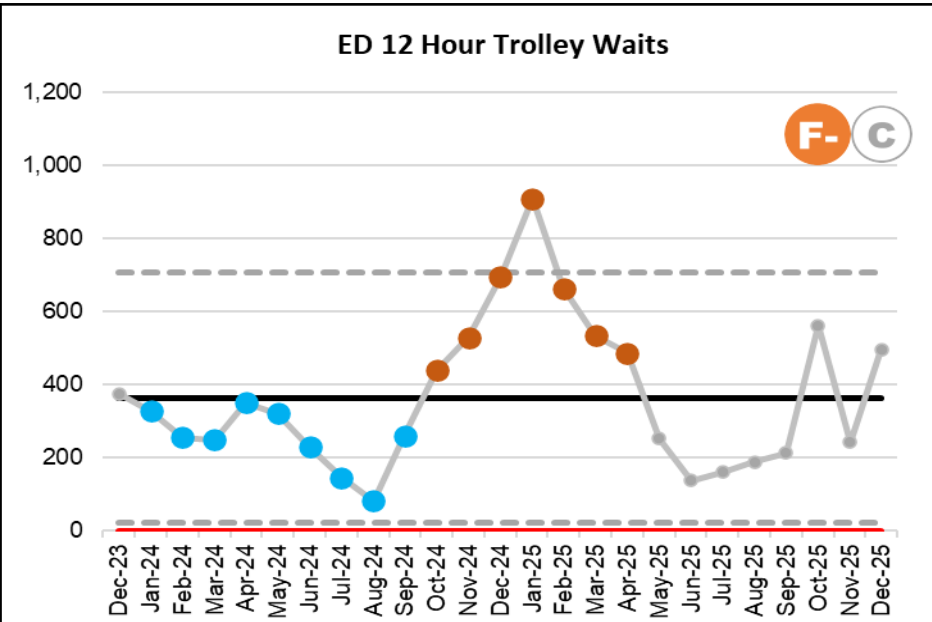
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



What does the data tell us?
The number of 12 hour trolley waits increased compared to the previous month to 430.

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

Impact on forecast
See previous slide.



Latest Month
Dec-25

Target
0

Latest Month's Position
496

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

Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20).
Risk 2614 - Risk that patient care and experience is affected due to being cared for in extra capacity locations (15)

What does the data tell us?
The number of 12 Hour trolley waits increased throughout December (496) compared to November (243)

Actions being taken to improve
Note actions from previous two slides

Impact on forecast
Along with improvement work noted against the 4-hour and 12-hour standard, it is anticipated that the number of 12-hour trolley waits will be maintained during January.

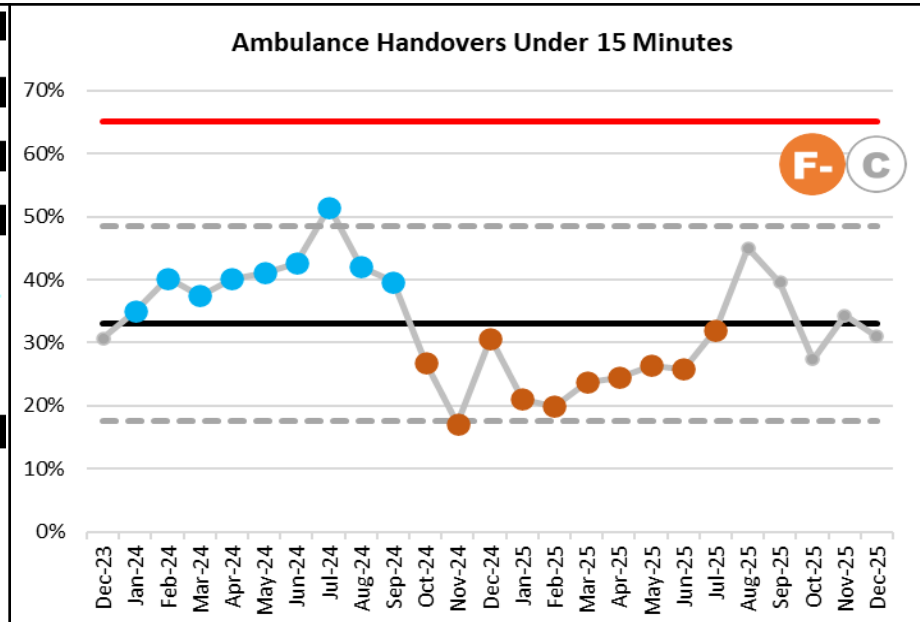
Responsiveness

UEC – Ambulance Handover Delays

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

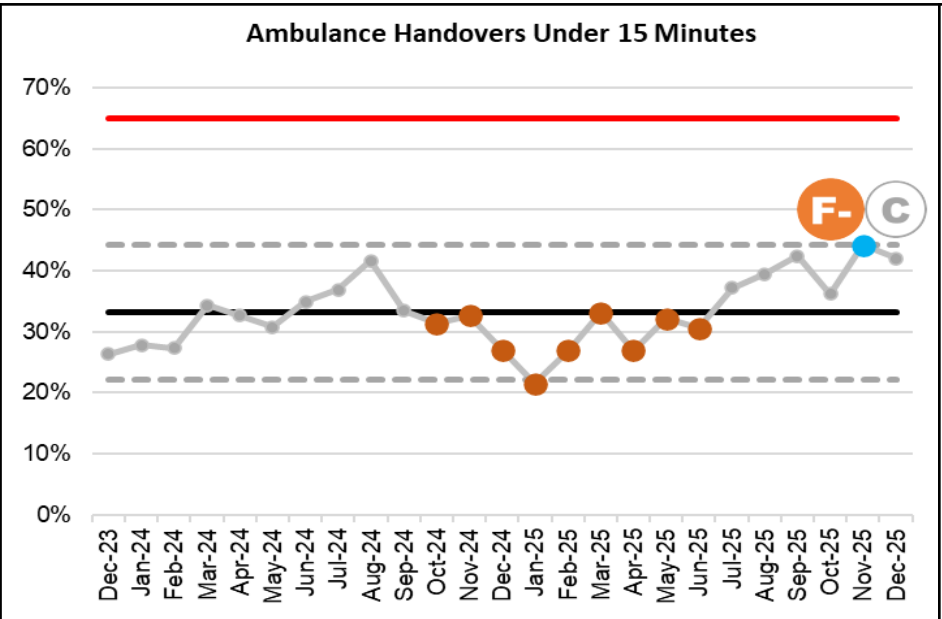
Latest Month
Dec-25
Target
65.0%
Latest Month's Position
31.0%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



What does the data tell us?
The proportion of handovers completed within 15 minutes has decreased to 31%., with conveyances up by >5% month on month.

Actions being taken to improve
The November test of change scheme linked to SWAST crews calling the Community Emergency Medicine Service prior to conveying to NBT ED was successful both in terms of avoiding conveyances and increasing engagement with SWAST on alternatives to ED. Results have been shared with the ICB and there is a system commitment to substantiating the CEMS services across seven days as part of the operational plan for next year. This would also benefit the BRI ED. During February test of change week at NBT the ICB are supporting a trial of weekend staffing in CEMS.

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



Latest Month
Dec-25
Target
65.0%
Latest Month's Position
42.0%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit and down is deterioration.
Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?
Ambulance handovers within 15 mins show a slight deterioration in December at 42% compared to November at 44.2% but still a marked improvement compared to the last year. Notable decrease observed at BRI from 43% in November to 37.1% in December. This is despite a decrease in conveyances across all sites throughout December.

Actions being taken to improve
Implementation of the updated SWAST Timely Handover Policy in response to the new NHSE KPI: zero tolerance to handovers over 45 mins - has resulted in a collective response within UHBW to embed additional actions and strengthen existing processes in support of timely ambulance handovers.
Expansion to the CEMS service planned by the ICB should result in an improvement in ambulance conveyances throughout the year as this is implemented.

Impact on forecast
It is anticipated that the ongoing improvement work will continue to contribute to an improved position in the forthcoming months, though flow out of ED into the BRI bed base will remain challenging due to the closure of two inpatient wards.

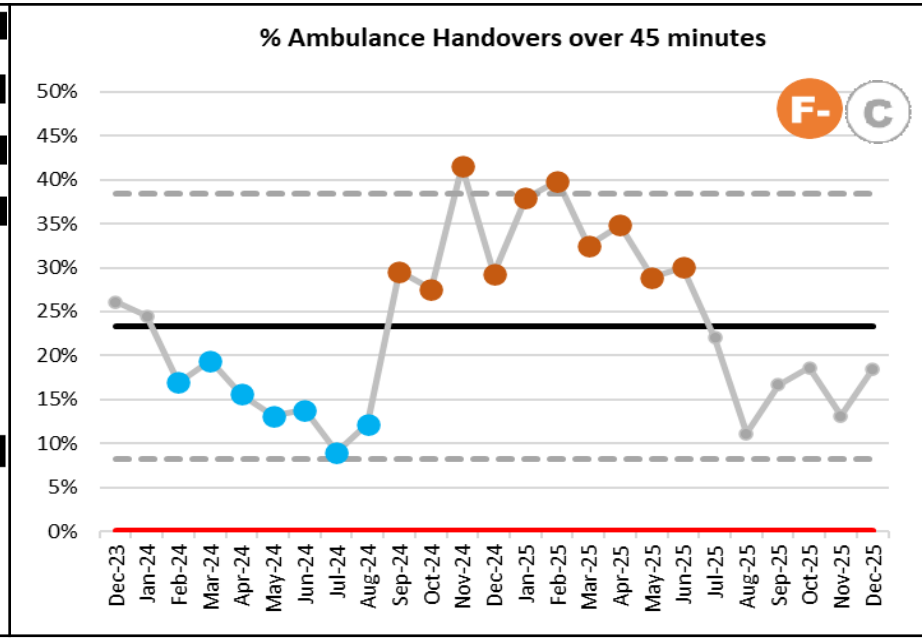
Responsiveness

UEC – Ambulance Handover Delays

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Dec-25
Target
0.0%
Latest Month's Position
18.5%
Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration or greater than upper limit down is deterioration
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).

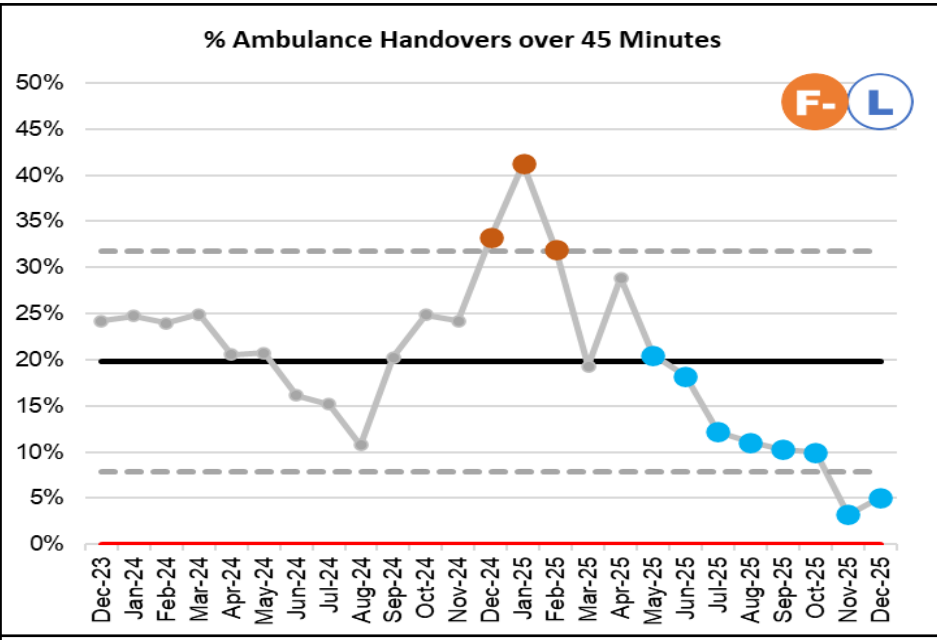


What does the data tell us?
The proportion of handovers over 45 minutes increased in December 2025 to 18.5% , significantly lower than the previous three Decembers' performance. This has been positively impacted by application of the Timely Handover Plan, however, overall this has worsened emergency department crowding.

Actions being taken to improve
The Trust Medical Director led a Patient Safety and Experience Review during November into the impacts of SWAST's Timely Handover Plan, and handovers exceeding 45 minutes. Whilst we continue to work on internal actions to improve 45-minute handover performance, the work has also been referred into the system Rapid Emergency Assessment Framework (REAF) process for review by system senior clinicians later in January.

A further test of change with the Community Emergency Medicine Service is being worked up for w/c 23 February with a view to testing enhanced weekend provision – usually one of NBT's most challenging times.

Impact on forecast
Additional demand management strategies are being deployed by partners to support a call before convey approach. Is successful these options should open up alternative pathways for SWAST clinicians to use.



Latest Month
Dec-25
Target
0%
Latest Month's Position
5.1%
Performance / Assurance
Special Cause Improving Variation Low, where down is improvement but target is less than lower limit.
Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?
Ambulance handover times within 45 minutes have deteriorated slightly in December at 5.1% compared to November at 3.2% despite a decrease in conveyances across all ED's. Notable increase observed at BRI from 3.1% in November to 6.4% in December.

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

Impact on forecast
It is anticipated that the ongoing improvement work will continue to contribute to an improved position in the forthcoming months, though flow out of ED into the BRI bed base will remain challenging due to the closure of 2 inpatient wards.

Responsiveness

UEC – No Criteria To Reside

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

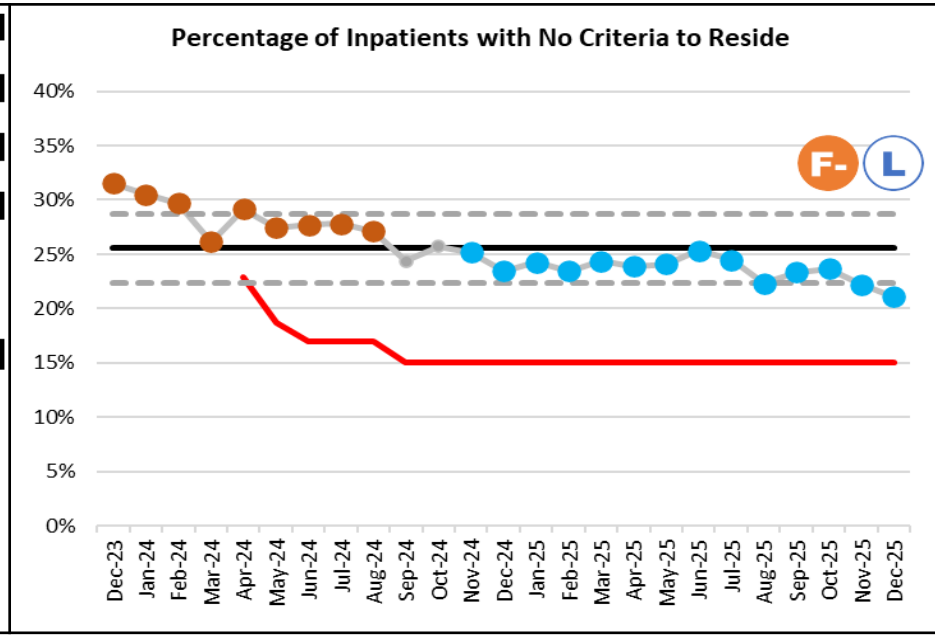
Latest Month
Dec-25

Target
15.0%

Latest Month's Position
21.1%

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

Trust Level Risk
Risk 2182 - patients who are 'discharge ready' who remain in hospital beds with 'No Criteria to Reside (NC2R)' will be at greater risk of deconditioning, hospital acquired infections, falls and delirium which could lead to varying levels of harm/patient outcomes (12).

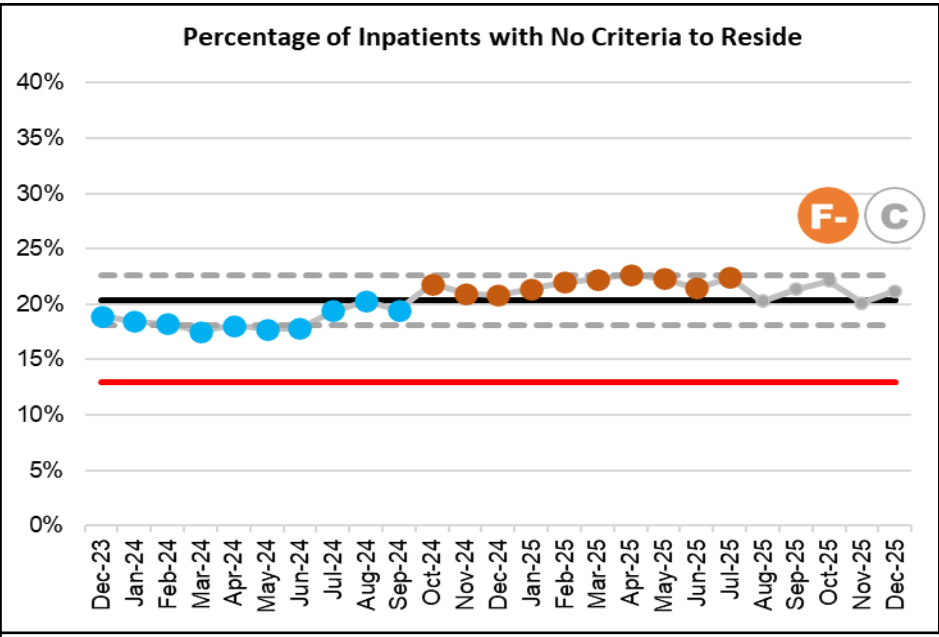


What does the data tell us?
No Criteria to Reside (NCTR) decreased to 21.1% but remains above the BNSSG system target of 15%.

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

1) SSARU delays – BNSSG UEC Operational Delivery Group endorsed NBT's proposals to support SSARU delays, and additional capacity has been provided in SSARU and supported discharge.
2) System work on the Home Based Intermediate Care offer continues, with demand and capacity modelling part of the next phase of the work to ensure right provision in the right place at the right time.
3) A proposal for a system change team to lead the work to right size the community intermediate care inpatient capacity across BNSSG. This will be a strategic piece of work starting this financial year and running across part of next year. Providers have been asked to consider what staffing capacity they can offer to the programme. A meeting with Sirona CEO and BCC Director of Adult Services has been set up to establish next steps for the work.
4) As part of system OPEL 4 additional capacity and patients reviews have been organised across pathways to unlock flow and aim to reduce NCTR.

Impact on forecast
System NCTR target: 15% NBT remains unmet and the position is expected to deteriorate in January.



Latest Month
Dec-25

Target
13.0%

Latest Month's Position
21.2%

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

Corporate Risk
Corporate Risk 423 - Risk that demand for inpatient admission exceeds available bed capacity (20).
Corporate Risk 8252 - Patients with no criteria to reside continue to remain in hospital beds (16)

What does the data tell us?
UHBW No Criteria to Reside (NCTR) position deteriorated in December 21.2% vs November: 20.1% (BRI: 17.6% Dec vs 17.3% Nov; Weston: 31% Dec vs Nov, 27.6%). High proportion of complex patients requiring specialist care without adequate beds/support services available (particularly in North Somerst). UHBW NCTR waiting list increased by 29 patients in December.

Actions being taken to improve
System focus on development of improvement plans to deliver the 15% NCTR reduction continues:
•Transformation work underway to develop Home-Based and IP Intermediate Care models: Demand and capacity modelling underway to ensure appropriate provision.
UHBW system ask:

- Extend SBCH boarding beds beyond 4
- Review of available bridging capacity
- LA's and Sirona to ensure workforce capacity meets demand to achieve system NCTR position

•Home First Team improvement projects:

- Continuing Health Care Fast Track - **a reduction of average 4 days** and MCA and BID- **reduction of 1 day** since Aug 25
- Early Supported Discharges enables patients to leave hospital before their package of care start date with family support: 98 patients left hospital early saving 280 bed days in December.

Impact on forecast: System NCTR target: 15% UHBW remains unmet (BRI 11%; WGH 19%).

North Bristol NHS Trust

Responsiveness

Planned Care – Referral to Treatment (RTT)

University Hospitals Bristol and Weston NHS Foundation Trust

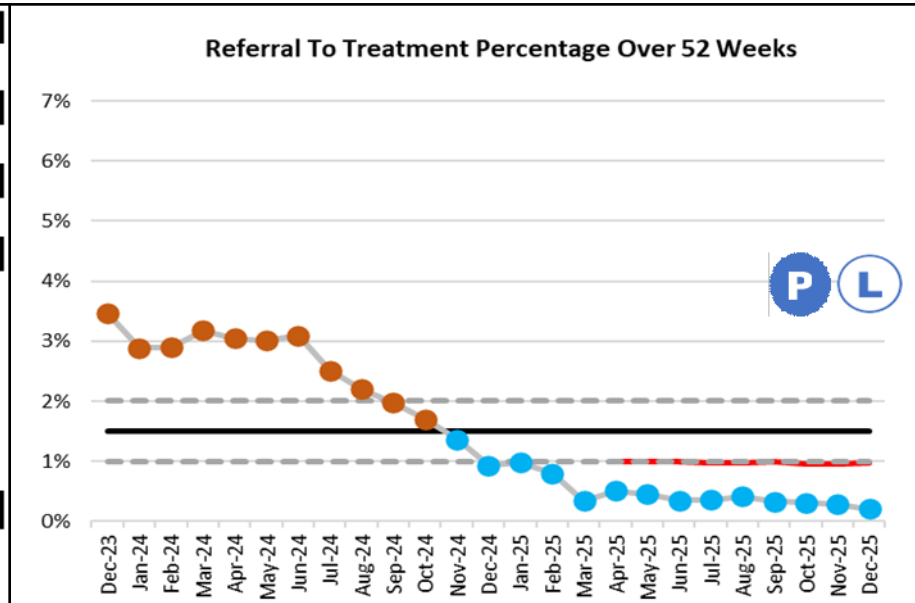
Latest Month
Dec-25

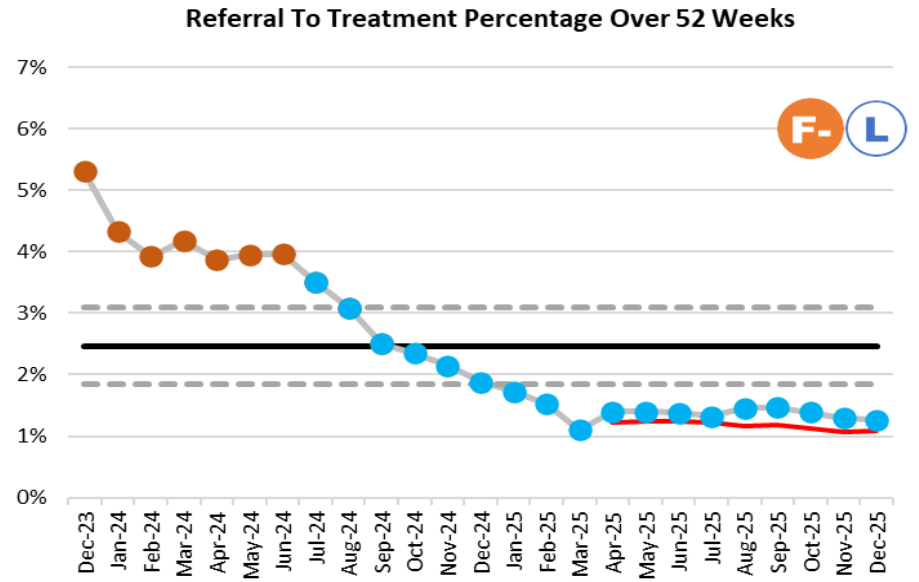
Target
1.0%

Latest Month's Position
0.2%

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

Corporate Risk
No Trust Level Risk





Latest Month
Dec-25

Target
1.1%

Latest Month's Position
1.3%

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

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

No narrative required as per business rules.

What does the data tell us?
At the end of December there were no patients waiting greater than 65 weeks.

636 patients were waiting for 52 weeks or more at the end of December (673 in November), against the total waiting list size of 50,401 which equates to 1.3% against the 1.1% trajectory set for December 2025. The overall waiting list size reduced by 1,703 to 50,401 during December, against the Trust trajectory for December of 49,925

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

The End of Year Target for this measure is 0.9%

Responsiveness

Planned Care – Referral to Treatment (RTT)

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

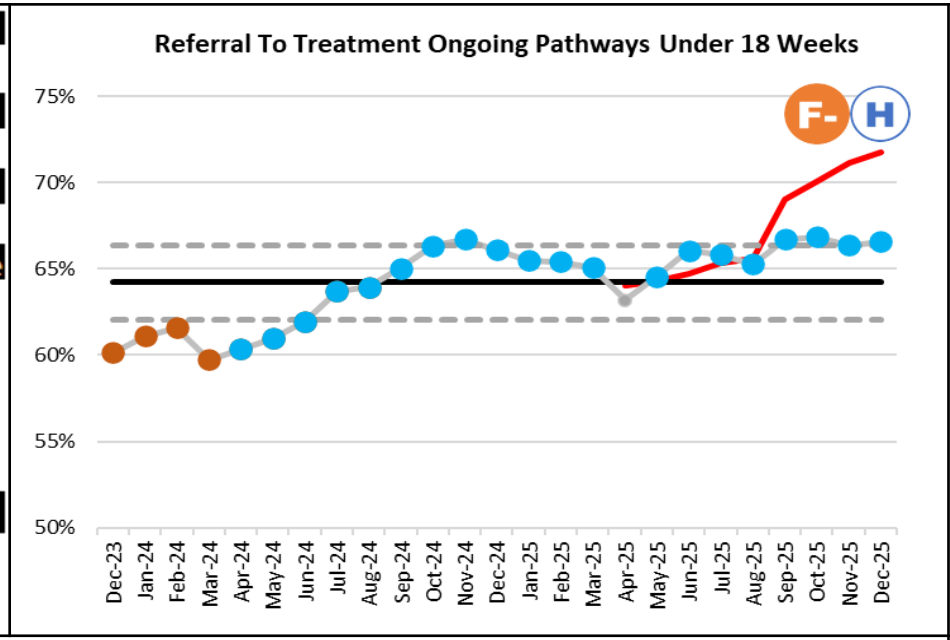
Latest Month
Dec-25

Target
71.8%

Latest Month's Position
66.6%

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

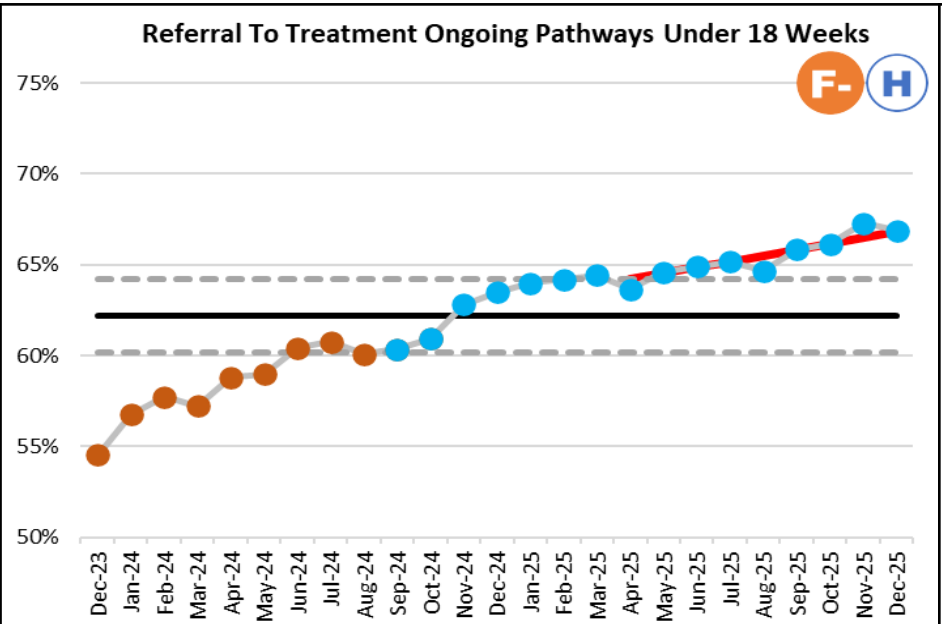
Trust Level Risk
No Trust Level Risk



What does the data tell us?
At the end of December, the percentage of patients waiting less than 18 weeks was 66.6%, performing under the Trust trajectory of 71.8% set as part of the Trust operational planning submission (target of 72% by March 2026). This deterioration was partly due to the phased activity plan related to the BSC not meeting trajectory and resident doctors strike action during the month.

Actions being taken to improve
The 2025/26 delivery plans developed with clinical divisions, incorporate additional resource for some of the services (e.g. neurology and pain specialties) requiring greater support to recover their position.
The Princess Royal Bristol Surgical Centre (PRBSC) opened earlier in the year with a focus on optimising orthopaedic activity in December.
Additional patient contacts are being made via DrDoctor to identify whether patients no longer require to be seen (self-limiting conditions).
Operational re-focus to overall percentage performance established going into Q4 which is being led by the COO.

Impact on forecast
Forecast to deliver 70% against a plan of 72%, further mitigations being explored to meet year-end plan.



Latest Month
Dec-25

Target
66.8%

Latest Month's Position
66.9%

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

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

What does the data tell us?
At the end of December, the number of patient waiting less than 18-weeks is 33,707 (66.9%) , meeting the Operational Planning trajectory target of 66.8%.

Actions being taken to improve
The 2025/26 delivery plans developed with clinical divisions, incorporate additional resource for some of the services (e.g. dental and paediatric specialties) requiring greater support to recover their position.

The Trust continue to take part in the NHS England validation sprint, where an additional validation exercise focusses on patients across a broad range of specialties.

Additional patient contacts are also being made via DrDoctor to identify whether patients no longer require to be seen (self-limiting conditions)

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

The End of Year Target for this measure is 67.8%

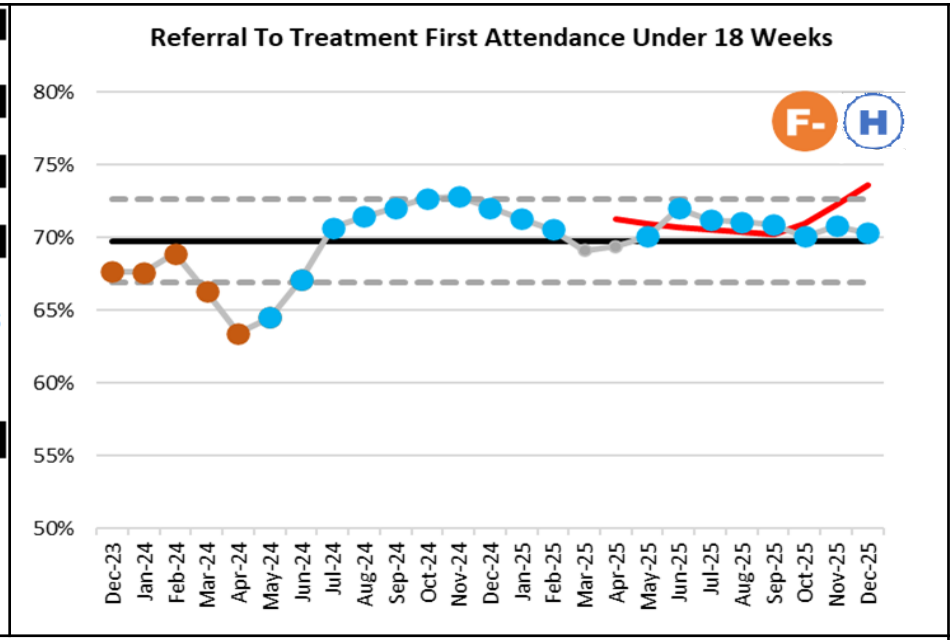
Responsiveness

Planned Care – Referral to Treatment (RTT)

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

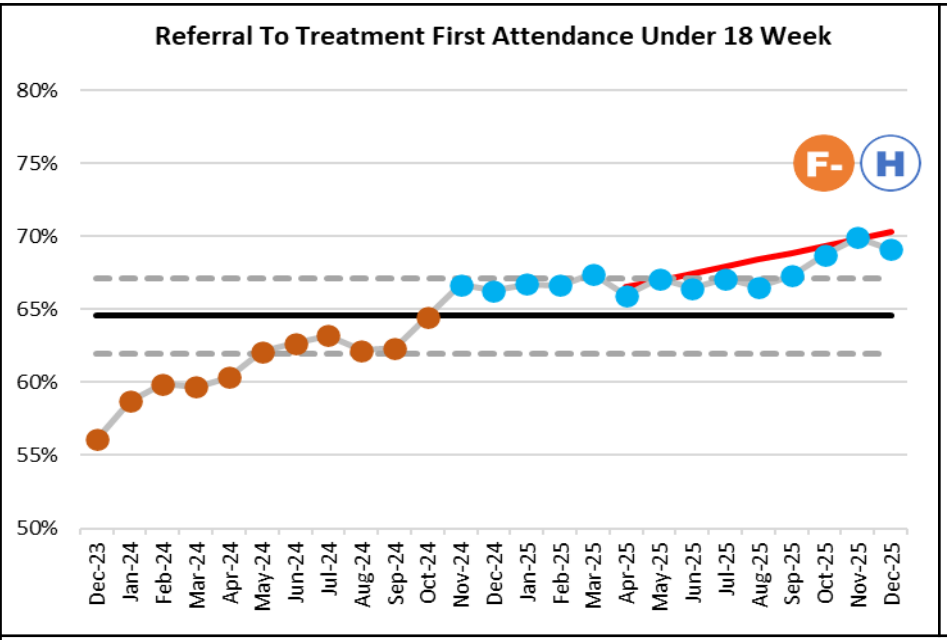
Latest Month
Dec-25
Target
73.6%
Latest Month's Position
70.3%
Performance / Assurance
Special Cause Improving Variation High, where up is improvement but target is greater than upper limit
Corporate Risk
No Trust Level Risk



What does the data tell us?
At the end of December, the percentage of patients waiting less than 18 weeks for their first appointment was 70.3%, performing under the Trust trajectory of 73.6% set as part of the Trust operational planning submission . This deterioration was partly due to the resident doctors strike action during the month.

Actions being taken to improve
The 2025/26 delivery plans developed with clinical divisions, incorporate additional resource for some of the services (e.g. neurology and pain specialties) requiring greater support to recover their position.
Additional patient contacts are being made via DrDoctor to identify whether patients no longer require to be seen (self-limiting conditions).
Operational re-focus to overall percentage performance established going into Q4 which is being led by the COO.

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



Latest Month
Dec-25
Target
70.3%
Latest Month's Position
69.1%
Performance / Assurance
Special Cause Improving Variation High, where up is improvement but target is greater than upper limit.
Corporate Risk
Risk 801 - Elements of the NHS Oversight Framework are not met (12)

What does the data tell us?
At the end of December, the percentage of patients waiting less than 18 weeks for their first appointment is 69.1% against the target of 70.3% set for December 2025 as part of the Trust Operational Planning submission.

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

Actions to improve include the use of 'booking in order' reporting tools, utilisation of available clinic slots to see a greater number of new patients, running additional clinics via waiting list initiatives and increased use of insourcing arrangements. Oversight meetings are in play with the most challenged specialities to ensure that all plans for additional activity is exploited.

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

The End of Year Target for this measure is 71.7%

NHS North Bristol NHS Trust

Responsiveness

Planned Care – Diagnostics

NHS University Hospitals Bristol and Weston NHS Foundation Trust

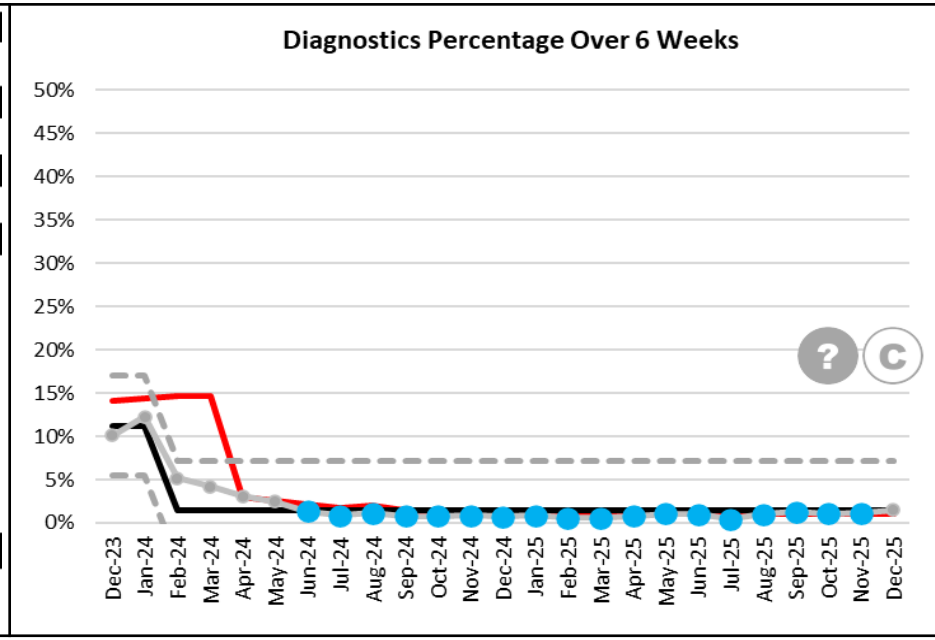
Latest Month
Dec-25

Target
1.0%

Latest Month's Position
1.5%

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

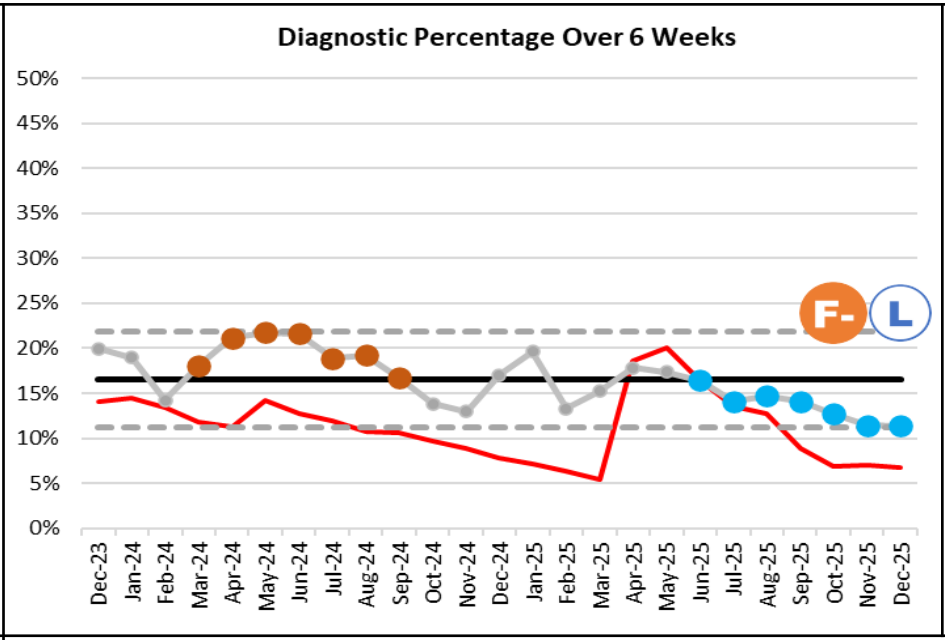
Trust Level Risk
No Trust Level Risk



What does the data tell us?
In December, the proportion of patients waiting over six weeks against the DM01 standard was to 1.5%, (1.2% in November). DEXA has been the main contributor to the deterioration.

Actions being taken to improve
- Additional weekend clinics being run by the 2 DEXA technicians.
- Ensuring that consultants are triaging to referral criteria to manage demand.
- Medinet insourcing to scan 50 patients per weekend from the end of January.

Impact on forecast
Expecting to return to constitutional standard by end of February 2026.



Latest Month
Dec-25

Target
6.7%

Latest Month's Position
11.4%

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

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

What does the data tell us?
In December, the proportion of patients waiting over six-weeks against the DM01 standard was 11.4%. This reflects a marginal improvement from last months diagnostic performance. This improvement was delivered in tandem with a reduction in the total number of patients waiting for diagnostic tests and capacity constraints due to ward closures.

Actions being taken to improve
- 600-800 specialist MSK Non-Obstetric Ultrasound scans outsourced to Medicare each month for remainder of 25/26 financial year.
- Weekend List Initiatives in place for Endoscopy to recover capacity lost in-week due to recovery beds being used as inpatient escalation beds due to inpatient ward closures.
- Ongoing work to improve referral to activity conversion rate at the Community Diagnostic Centre to ensure full utilisation of protected diagnostic capacity

Impact on forecast
Actions above aim to continue to improve diagnostic performance, closer to the end of year target of 5.0%. The rate of improvement is dependent on demand for inpatient urgent diagnostic testing and utilisation of recovery beds which limit routine Outpatient and Day Case Diagnostic capacity.

The End of Year Target for this measure is 5.0%

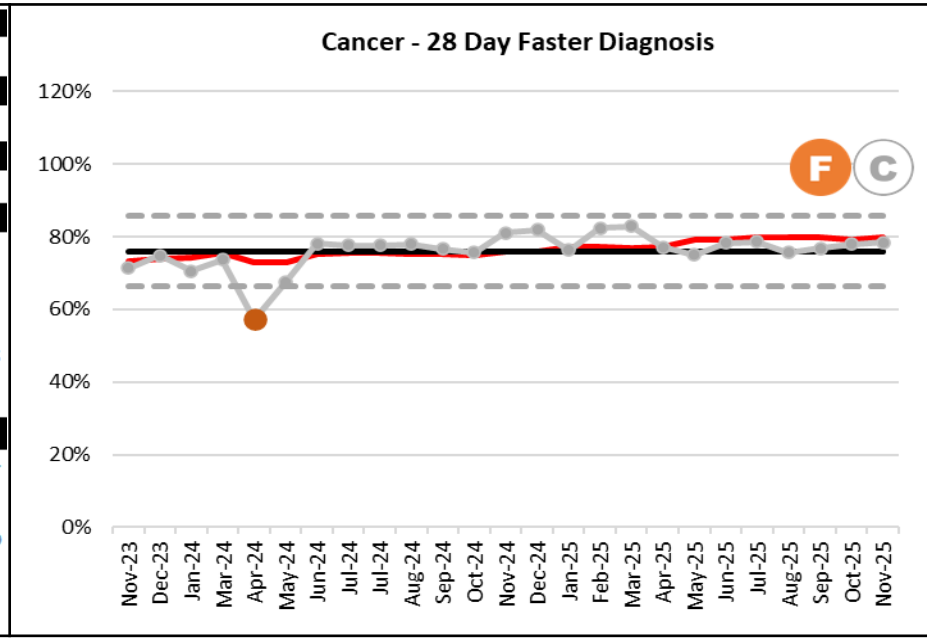
Responsiveness

Planned Care – Cancer Metrics

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month	Target	Latest Month's Position	Performance / Assurance	Trust Level Risk
Nov-25	79.8%	78.4%	Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration	988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).



What does the data tell us?

28-Day performance did not meet the trajectory for November. The overall informed volume was below plan and there were more reported breaches. The position was driven by Breast and Urology.

Actions being taken to improve

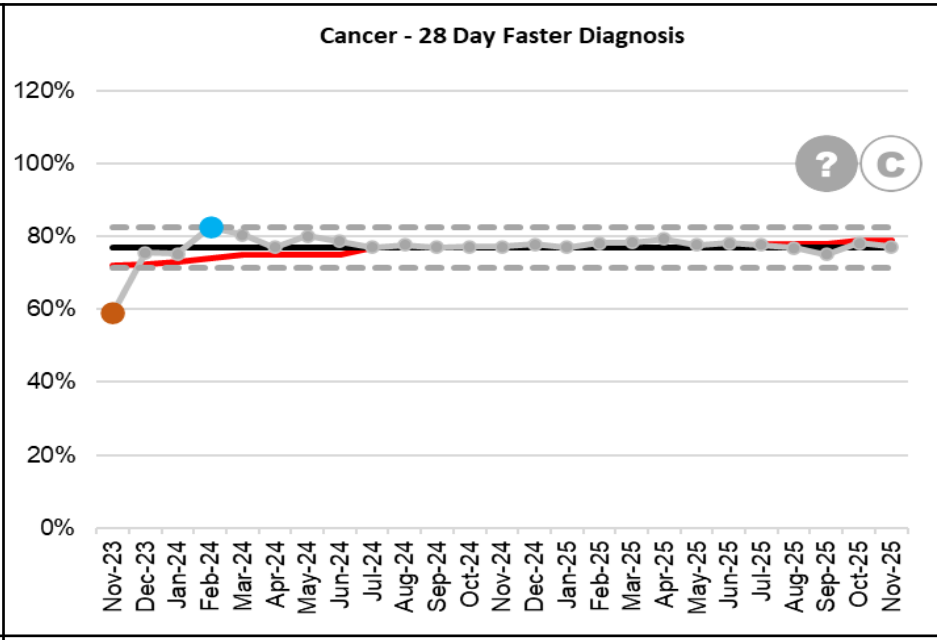
Detailed recovery plan provided to NHS England through the Tier 2 support; the recovery plan details a return to plan by year-end.

Key areas of focus are 1st OPA within Breast and diagnostic capacity and turnaround times in Urology.

SWAG and NHSE funding has been approved.

Impact on forecast

Forecasting a challenged January but returning to plan by year-end.



Latest Month	Target	Latest Month's Position	Performance / Assurance	Corporate Risk
Nov-25	79.0%	77.2%	Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.	Risk 2680 - Complainants experience a delay in receiving a call back (12)

What do the data tell us?

Performance remains consistent, albeit short of the trajectory and national standard. The denominator was unusually low during November, and the Trust performed well in terms of numbers of patients waiting less than 28 days, but these were not offset by the normal total of 'patients told'. This is likely due to the changes in head and neck pathways following recruitment and should stabilise in future months.

Actions being taken to improve

Improvement is expected once the impact of filling vacancies in head and neck translates into these figures, and once the seasonal reduction in demand for skin enables an improvement in compliance in that speciality. A locum has also recently been recruited in skin, and an additional consultant started in gynaecology in December.

Impact on forecast

Compliance expected by financial year end

Responsiveness

Planned Care – Cancer Metrics

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

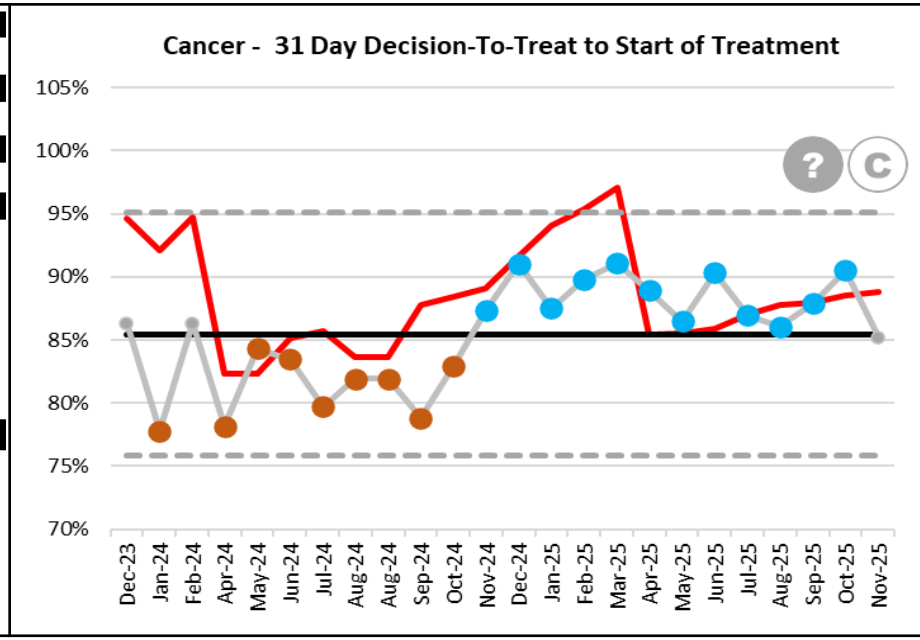
Latest Month
Nov-25

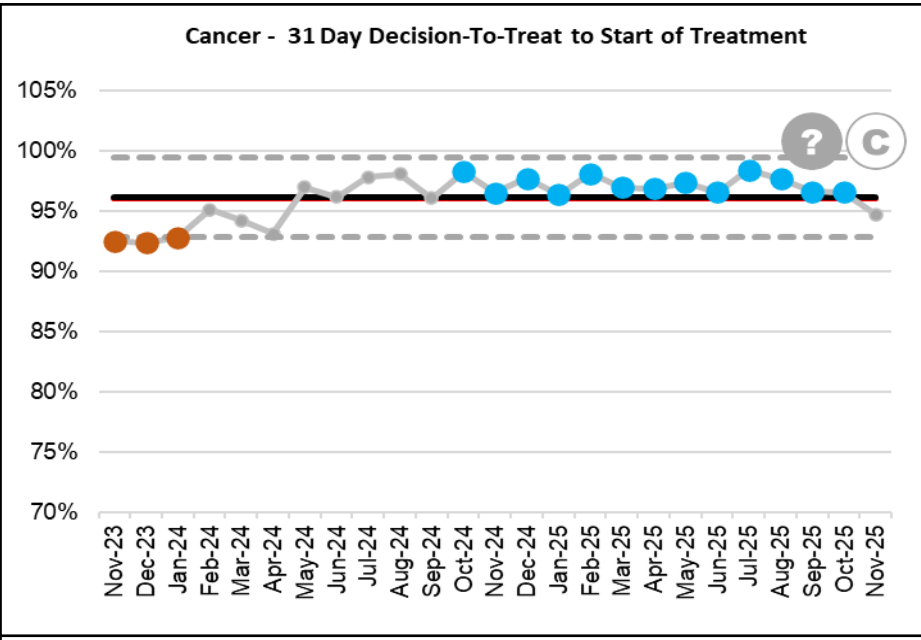
Target
88.8%

Latest Month's Position
85.2%

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

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





Latest Month
Nov-25

Target
96.0%

Latest Month's Position
94.7%

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

Corporate Risk
Risk 5532 - Non-compliance with the 31 day cancer standard (12)

What does the data tell us?

31-Day performance did not meet the trajectory for November. The overall treatment volume was above plan and there were more reported breaches.

Actions being taken to improve

The delivery of recovery plans and backlog clearance across our high-volume treatment sites has contributed to delays from DTT to treatment. Key areas of focus are capacity in Skin and Urology for both first and subsequent treatments.

Impact on forecast

To return to plan by year-end.

What do the data tell us?

The Trust was non-compliant for the first time in many months due to the impact of capacity shortfall in chemotherapy. The service usually performs >99% but dropped to 90% in November following continual demand increase without simple recourse to increase capacity (28% increase in first four months of 25/26 alone).

Actions being taken to improve

Some improvement has been seen in chemotherapy waiting times in early December but there is high risk in December, January and February due to the impact of the festive period and patient choice over that time. Cancer Alliance funding has been used to put on additional activity to partially mitigate this and additional capacity at South Bristol will open in September 2026. The service is working with the Cancer Alliance on other solutions such as different delivery methods. Skin surgery performance is also a risk in the same period, due to vacancies, loss of a locum at short notice, and sickness absence. A new locum has been recruited in early 2026.

Impact on forecast

Expecting compliance at year end but increased level of risk compared to normal

Responsiveness

Planned Care – Cancer Metrics

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

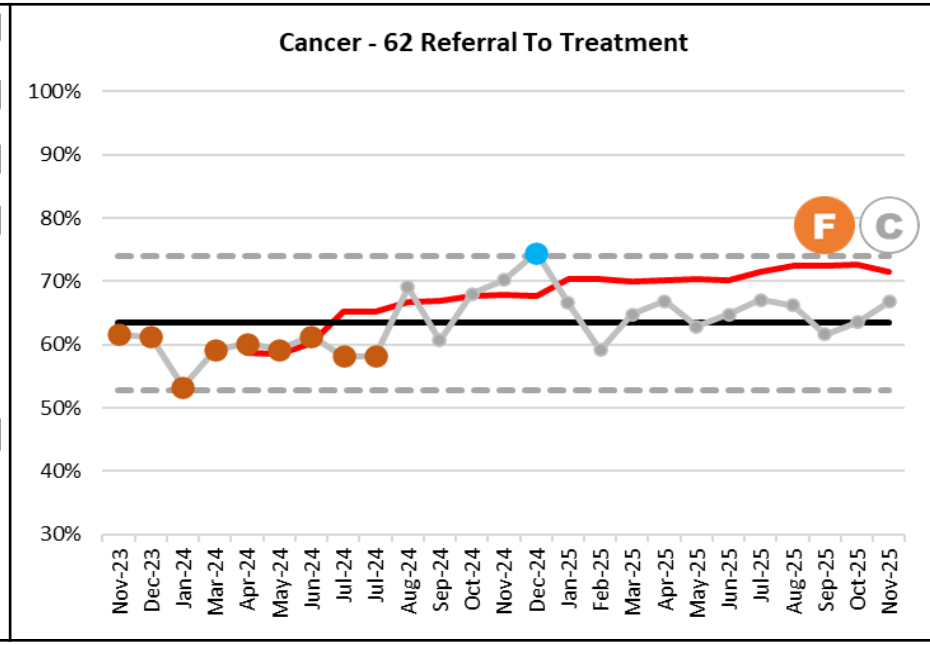
Latest Month
Nov-25

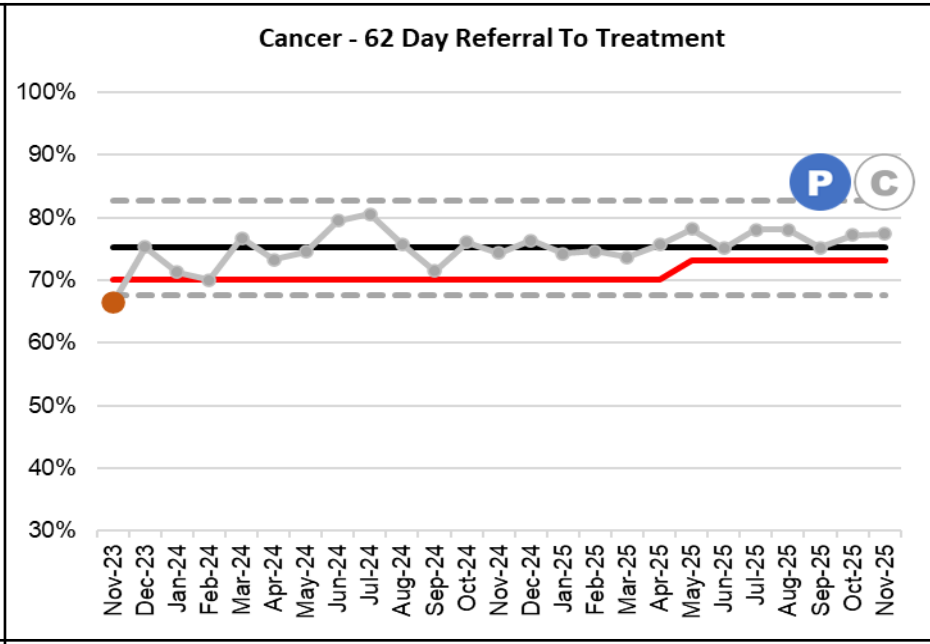
Target
71.5%

Latest Month's Position
66.8%

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

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





Latest Month
Nov-25

Target
73.2%

Latest Month's Position
77.4%

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

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

What does the data tell us?
62-Day performance did not meet the trajectory for November, however, did meet the recovery forecast. The overall treatment volume was in line with plan and there were more reported in target. Breast and Urology makeup 73% of the total breaches.

Actions being taken to improve
Detailed recovery plan provided to NHS England through the Tier 2 support; delivery of the plan is being monitored through COO-level oversight.

Key areas of focus are Urology which is demonstrating improvement and is on track against the specialty improvement plan. Other area of focus is Breast services which are challenged in both screening and symptomatic pathways, this is primarily driven by workforce challenges relating to hard-to-recruit radiologists. There is increased director-level scrutiny through recovery sustainability meetings in both specialities. There is an increasing trend of referrals from outside BNSSG, specifically in Urology, impacting on performance.

Impact on forecast
Recovery actions in place to mitigate further deterioration.

No narrative required as per business rules.

North Bristol NHS Trust

Responsiveness

Last Minute Cancelled Operations

University Hospitals Bristol and Weston NHS Foundation Trust

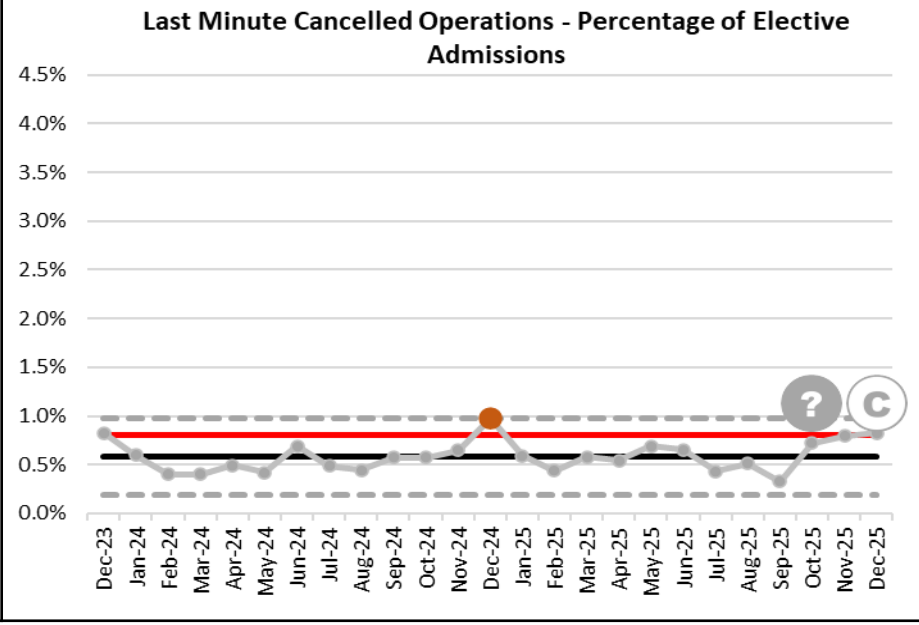
Latest Month
Dec-25

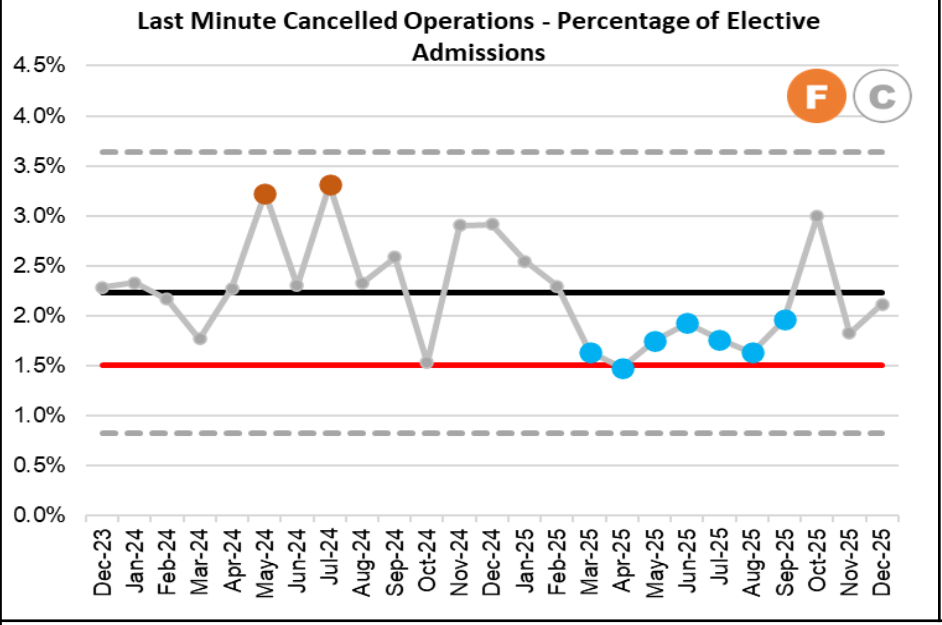
Target
0.8%

Latest Month's Position
0.8%

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

Trust Level Risk
No Trust Level Risk





Latest Month
Dec-25

Target
1.5%

Latest Month's Position
2.1%

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

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

What does the data tell us
Since December 2024, when there was a seasonal impact on performance reporting at 0.98%, the Trust has been consistently delivering the 0.8% national standard.
For December 2025, performance was marginally over target, reporting at 0.83% The Trust has otherwise been consistently delivering the 0.8% national standard since January 2024. A contributing factor was industrial action.

Actions being taken to improve
Ongoing delivery of robust theatre scheduling processes.

Impact on forecast
Ongoing delivery of national standard expected.

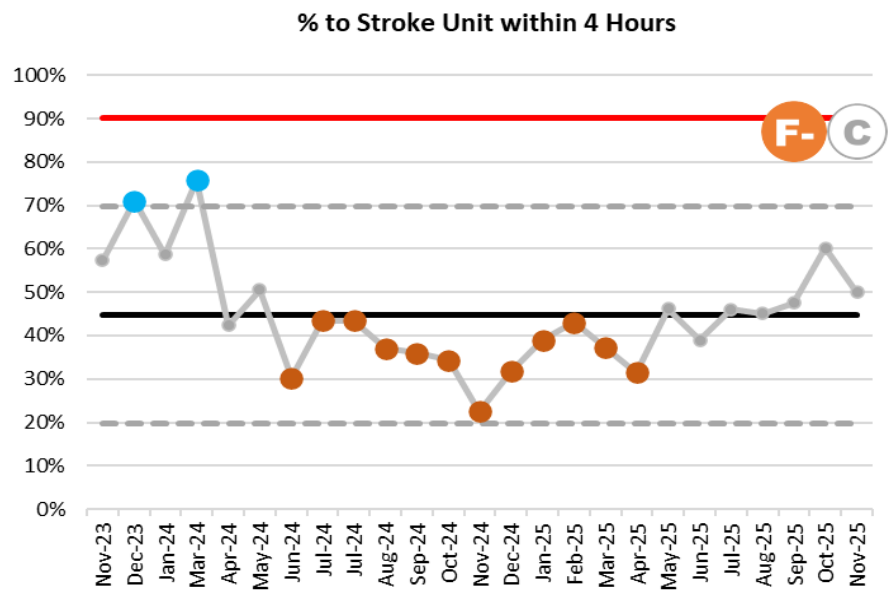
What does the data tell us?
There was an expected increase in cancellations during December due to patients wishing to delay surgery until after the Christmas period and a combination of winter pressures and more urgent patients being prioritised.
The highest percentage of cancellations (as a percentage of total activity) is within specialised services and cardiac surgery with a lack of beds being the main reason.

Actions being taken to improve
A specific workstream is being set up by the Trust's Perioperative Improvement Programme to address both patient cancellations and session cancellations now that we have improved data and reporting. The trust dashboard is in use across divisions and monitored by the Planned Care Group with oversight and escalation via the Improvement Programme.
Short notice booking remains an issue within most specialities and is a recognised risk to the improvement of last minute cancellations, however, improvements within pre assessment is expected to lead to a pool of patients for most specialities who are assessed as fit for surgery and available at short notice to fill gaps on lists

Impact on forecast
Improvement is expected during Q4 2025/26 and into 2026/27 through focussed workstreams and robust management by the Perioperative Improvement Programme

Responsiveness
Stroke Performance - NBT

Latest Month
Nov-25
Target
90.0%
Latest Month's Position
50.0%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
Risk 1704 - There is a risk that patients receive sub-optimal stroke care and face potential worse clinical outcomes as a result of poor Trust performance against delivery of key national benchmarks (15).



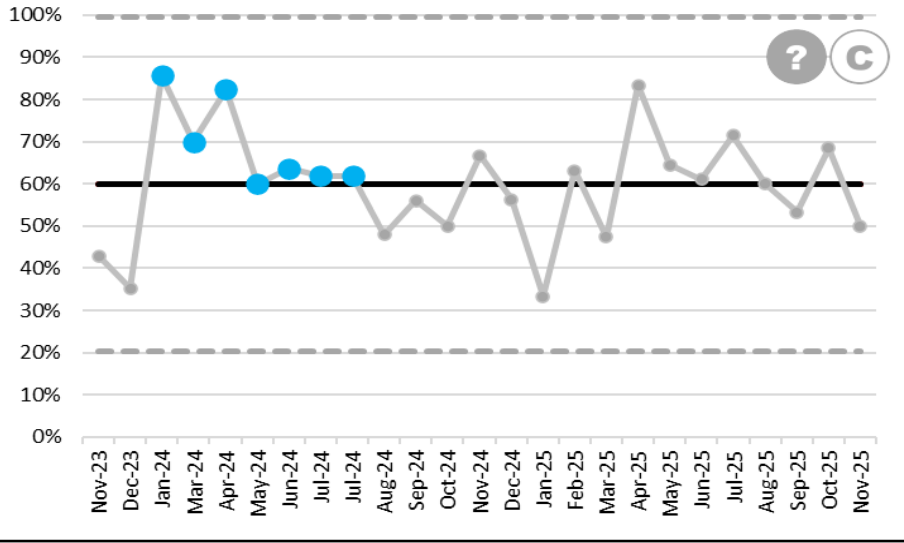
What does the data tell us?
There has been sustained improvement in the proportion of stroke patients admitted to the stroke unit within four hours of arrival. The data for November is incomplete, so we would expect this to change slightly too.

Actions being taken to improve
The implementation of the revised flow processes to support timely transfers from the Emergency Department to the stroke unit continues to support patient flow.

The Hot Bed SOP has gone through Stroke and NMSK clinical governance - including consulting with NBT and BRI site teams. It will now go through the OMB due to operational considerations.

Impact on Forecast
Despite improvement performance remains challenged by high bed occupancy (including NCTR patients requiring SSARU) and sustained pressure within the Emergency Department.

Latest Month
Nov-25
Target
60.0%
Latest Month's Position
50.0%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
Trust Level Risk
Risk 1704 - There is a risk that patients receive sub-optimal stroke care and face potential worse clinical outcomes as a result of poor Trust performance against delivery of key national benchmarks (15).



What does the data tell us?
Despite the dip in November performance this is based upon incomplete data, not fully validated. Additionally, the thrombolysis figures are based on a small patient cohort which can influence variability. As mentioned previously, there is also a continued trend toward considering extended thrombolysis on a case-by-case basis, which often requires additional investigations to support safe and informed decision-making. Overall, our performance continues to be strong.

Actions being taken to improve
A bi-weekly reperfusion meeting has been in operation for several weeks and continues to support ongoing actions and further improvement opportunities. We now have a very robust governance process and review system and are confident in identifying, early, if there is any dip in performance and the reason for that.

Impact on Forecast
We expect continued improved performance, achieving the national and site-specific target, as monitored through SSNAP.

NHS North Bristol NHS Trust

Responsiveness

Stroke Performance - NBT

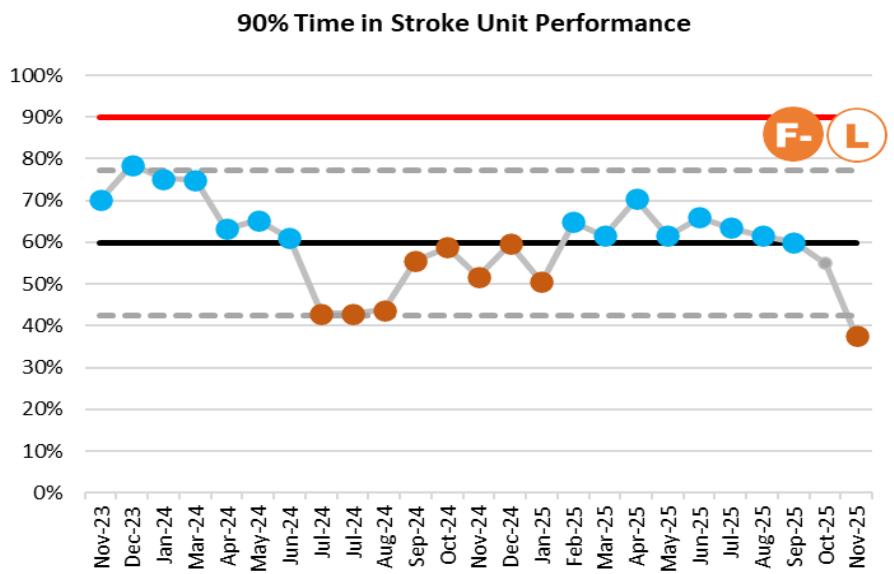
Latest Month
Nov-25

Target
90.0%

Latest Month's Position
37.5%

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

Trust Level Risk
Risk 1704 - There is a risk that patients receive sub-optimal stroke care and face potential worse clinical outcomes as a result of poor Trust performance against delivery of key national benchmarks (15).



What does the data tell us?
As predicted the dip in October performance was largely due to incomplete data, although the ongoing high occupancy numbers have resulted in an increased number of outliers, negatively affecting performance slightly. We expect November performance to improve once data is fully validated.

The challenge is still with community provision, and this has been escalated through the ODG and HCIG through a review of service against the original business case. This is an ongoing process.

Actions being taken to improve
Actions already described in Stroke unit within 4 hours metric – including the Hot bed SOP. System level work ongoing to aid in reducing occupancy levels, this involves engagement from ICB with view to enhancing community provision and releasing acute capacity. Increased numbers of SBCH and BIRU beds as well more ICSS staff have been actioned.

Impact on Forecast
Current occupancy levels remain high and we expect the performance to continue to be challenged, until occupancy levels reduce; there is a direct correlation to the NCTR position.

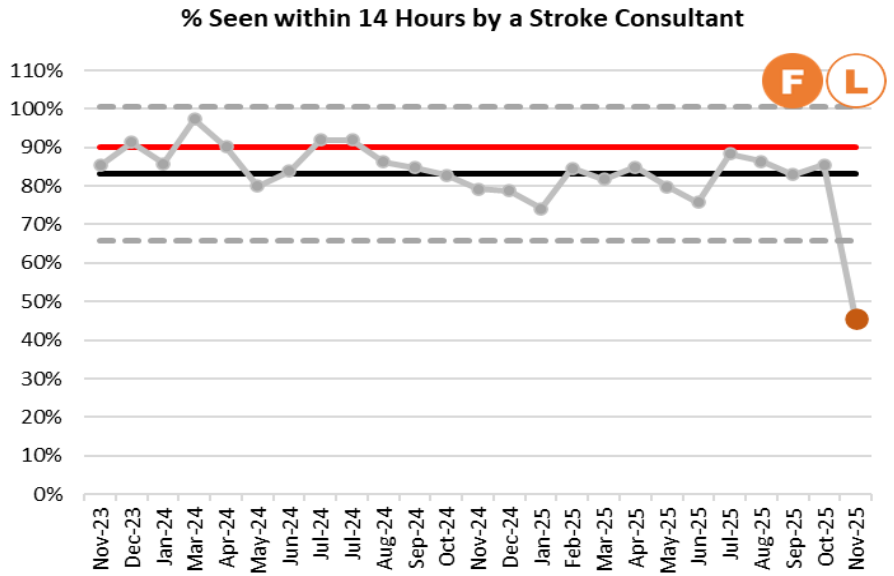
Latest Month
Nov-25

Target
90.0%

Latest Month's Position
45.5%

Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration and last six data points are less than target

Trust Level Risk
Risk 1704 - There is a risk that patients receive sub-optimal stroke care and face potential worse clinical outcomes as a result of poor Trust performance against delivery of key national benchmarks (15).



What does the data tell us?
November data has not been validated, and we expect performance to be in line with recent previous months.

Actions being taken to improve
Recent performance continues to be supported by a more sustainable and consistent consultant rota. The paper admission proforma has been updated and is now in use with a specific consultant review section to allow for clearer data capture. The Careflow narrative form is due for testing imminently. This will further improve the accuracy and completeness of data capture for this metric.

Impact on Forecast
We expect slight continued performance and a slight improvement once the Careflow narrative form is in use.

NHS North Bristol NHS Trust

Quality
Scorecard

NHS University Hospitals Bristol and Weston NHS Foundation Trust

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Safe	Pressure Injuries Per 1,000 Beddays	NBT	Dec-25	5.0	No Target	7.0	N/A	C	Note Performance
		UHBW	Dec-25	0.2	0.4	0.4	P*	C	Note Performance
Safe	MRSA Hospital Onset Cases	NBT	Dec-25	0	0	0	F	C	Escalation Summary
		UHBW	Dec-25	0	0	1	F	C	Escalation Summary
Safe	CDiff Healthcare Associated Cases	NBT	Dec-25	5	5	3	?	C	Escalation Summary
		UHBW	Dec-25	12	9.08	12	?	C	Escalation Summary
Safe	EColi Hospital Onset Cases	NBT	Dec-25	1	4.00	3	?	C	Escalation Summary
		UHBW	Dec-25	7	9.08	9	?	C	Escalation Summary
Safe	Falls Per 1,000 Beddays	NBT	Dec-25	5.4	No Target	5.9	N/A	C	Note Performance
		UHBW	Dec-25	4.5	4.8	4.0	?	C	Escalation Summary
Safe	Total Number of Patient Falls Resulting in Harm	NBT	Dec-25	5	No Target	9	N/A	C	Note Performance
		UHBW	Dec-25	3	2	3	F	C	Escalation Summary
Safe	Medication Incidents per 1,000 Bed Days	NBT	Dec-25	4.3	No Target	3.8	N/A	L	Note Performance
		UHBW	Dec-25	8.4	No Target	9.0	N/A	C	Note Performance
Safe	Medication Incidents Causing Moderate or Above Harm	NBT	Dec-25	5	0	3	F	C	Escalation Summary
		UHBW	Dec-25	0	0	2	F	C	Escalation Summary
Safe	Adult Inpatients who Received a VTE Risk Assessment	NBT	Dec-25	97.5%	95.0%	97.7%	F-	H	Escalation Summary
		UHBW	Dec-25	80.3%	95.0%	80.9%	F-	C	Escalation Summary
Safe	Staffing Fill Rate	NBT	Dec-25	99.3%	No Target	98.9%	N/A	C	Note Performance
		UHBW	Dec-25	102.3%	100.0%	102.6%	P*	C	Note Performance

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

NHS North Bristol NHS Trust

Quality
Scorecard

NHS University Hospitals Bristol and Weston NHS Foundation Trust

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Effective	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	NBT	Aug-25	94.2	100.0	94.8	P*	C	Note Performance
		UHBW	Aug-25	86.8	100.0	86.7	P*	L	Note Performance
Effective	Fracture Neck of Femur Patients Treated Within 36 Hours	NBT	Nov-25	43.8%	No Target	46.0%	N/A	C	Note Performance
		UHBW	Dec-25	46.6%	90.0%	48.1%	F-	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	NBT	Nov-25	97.9%	No Target	96.0%	N/A	C	Note Performance
		UHBW	Dec-25	87.9%	90.0%	77.8%	?	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Achieving Best Practice Tariff	NBT	Nov-25	45.8%	No Target	39.3%	N/A	C	Note Performance
		UHBW	Dec-25	36.2%	No Target	37.0%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Inpatient	NBT	Dec-25	90.2%	No Target	90.9%	N/A	C	Note Performance
		UHBW	Dec-25	95.9%	No Target	96.4%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Outpatient	NBT	Dec-25	94.7%	No Target	94.6%	N/A	L	Escalation Summary
		UHBW	Dec-25	94.7%	No Target	93.6%	N/A	C	Note Performance
Caring	Friends and Family Test Score - ED	NBT	Dec-25	79.6%	No Target	77.8%	N/A	C	Note Performance
		UHBW	Dec-25	80.1%	No Target	85.4%	N/A	L	Escalation Summary
Caring	Friends and Family Test Score - Maternity	NBT	Dec-25	86.8%	No Target	91.5%	N/A	C	Note Performance
		UHBW	Dec-25	97.8%	No Target	98.6%	N/A	C	Note Performance
Caring	Patient Complaints - Formal	NBT	Dec-25	58	No Target	68	N/A	H	Escalation Summary
		UHBW	Nov-25	61	No Target	77	N/A	H	Escalation Summary
Caring	Formal Complaints Responded To Within Trust Timeframe	NBT	Dec-25	77.1%	90.0%	71.2%	F	C	Escalation Summary
		UHBW	Nov-25	70.1%	90.0%	70.0%	F	C	Escalation Summary

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

Quality

Infection Prevention & Control

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

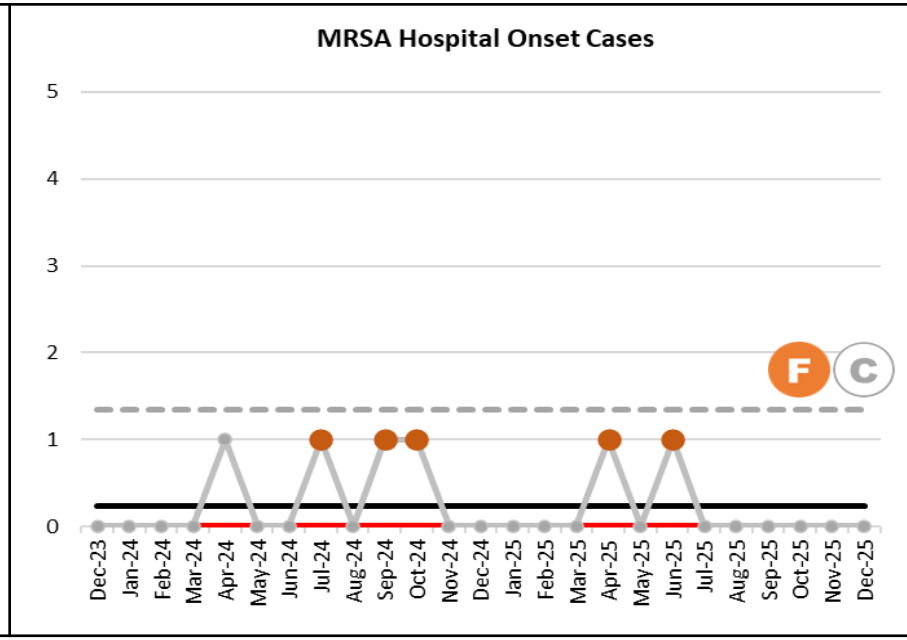
Latest Month
Dec-25

Target
0

Latest Month's Position
0

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

Trust Level Risk
No Trust Level Risk

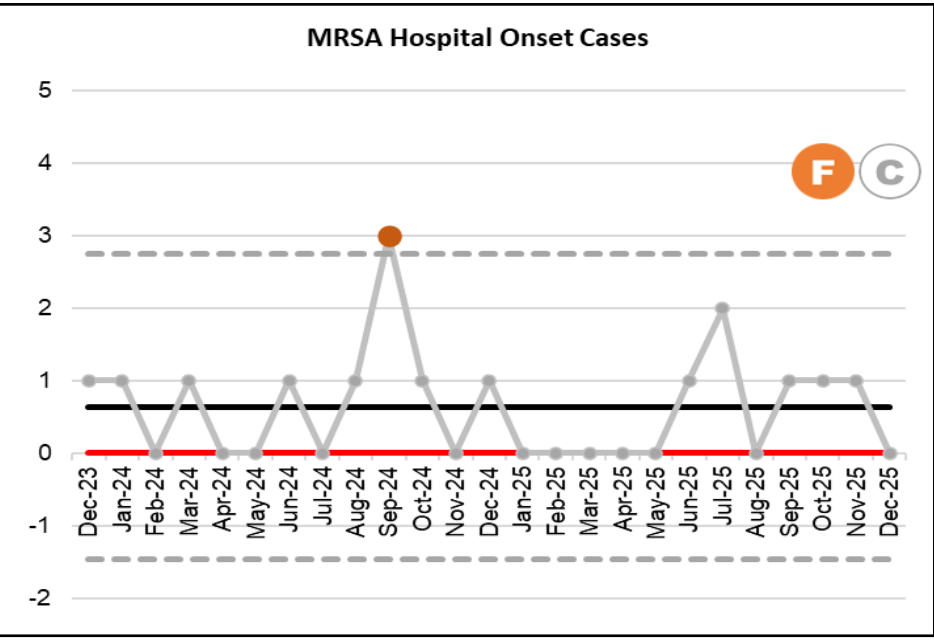


What does the data tell us?
With no new cases reported in December this totals two this year to date.

Actions taken to improve
The HCAI improvement and reporting group continues to have oversight and monitor potential risk factors. Work is continuing on influencing factors surrounding screening and decolonisation, This has resulted in a sustained improvement with no further MRSA cases .

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

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



Latest Month
Dec-25

Target
0

Latest Month's Position
0

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

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

What does the data tell us?
At UHBW, there were no additional MRSA bacteraemia cases in December. The year-to-date total is six cases.

Actions being taken to improve
- A case series review of the six 2025/26 cases is scheduled in January by the IPC/Microbiology team at NBT to extract further learning; outcomes are awaited. Two cases occurred at Bristol Children's Hospital and have been reviewed jointly by IPC and the Divisional Director of Nursing, with additional actions agreed.
- Intravenous line care is a recurring contributory factor; an improvement programme led by the Divisional Director of Nursing is in progress.
- An ICB-led task-and-finish group commences in January to review MRSA incidence across BNSSG, which remains a regional outlier, including for community-onset cases.

Impact on forecast
At this point in December 2024 UHBW had had 7 MRSA cases reported last year. Our position is improved however is still of concern. The corporate risk (datix 6013) articulate the risk of breach of the NHSE limit of zero.

North Bristol NHS Trust

Quality

Infection Prevention & Control

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Dec-25

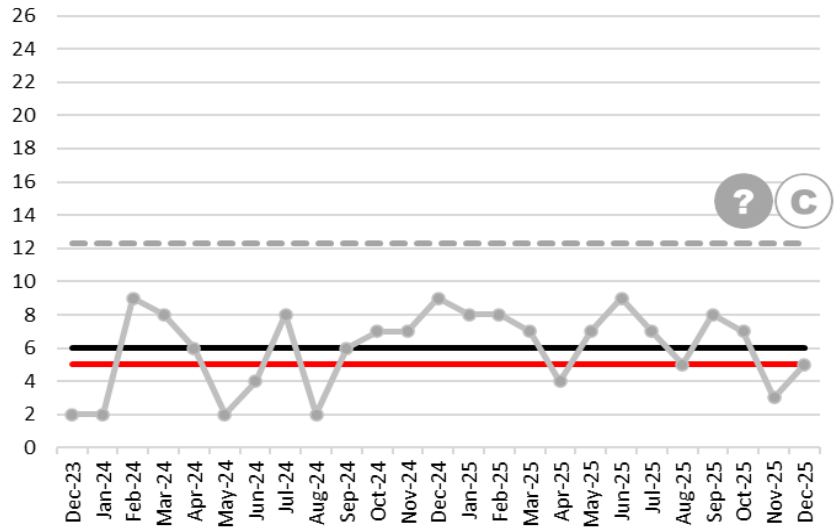
Target
5

Latest Month's Position
5

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

Trust Level Risk
No Trust Level Risk

C.difficile Healthcare Associated Cases



What does the data tell us?
Cases in December - 5 HOHA and 0 COHA - cases need to trend at 6 or lower monthly to match a trajectory position. The current position is trending slightly above the trajectory.
Total position so far this year 86 cases of a trajectory of 79.

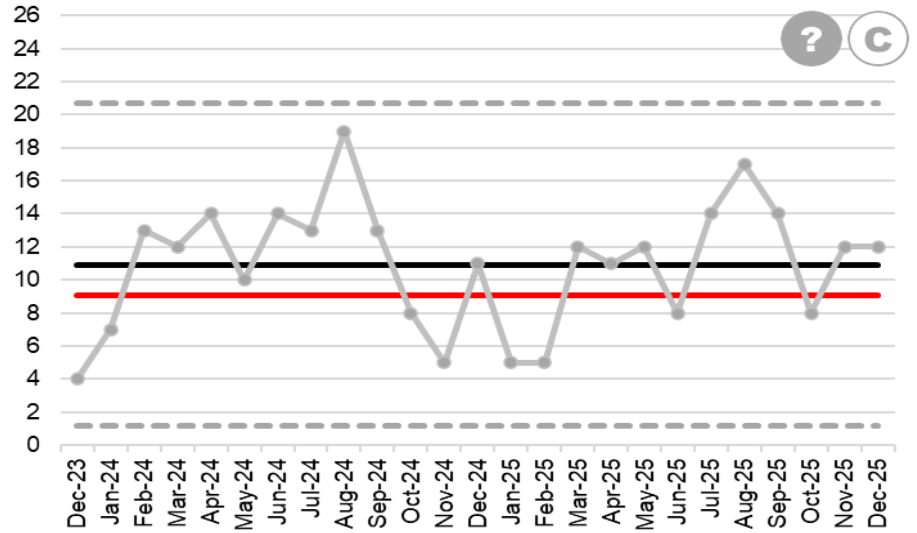
Actions being taken to improve
C.difficile ward rounds have seen improvements in the management of positive cases.

Following work to RED clean multi occupancy bays a plan is in place for a schedule of RED cleaning in these areas aligned with HOIST servicing and sitting in an operational bay closure maintenance plan

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

Work also taking place through AMS pharmacist looking at appropriate prescribing of antibiotics as these are the kept themes
Increased incidence on 8b currently under investigation, awaiting ribotypes.

C.difficile Healthcare Associated Cases



Latest Month
Dec-25

Target
9.08

Latest Month's Position
12

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

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

What does the data tell us?
Clostridium difficile cases for December were 12, all of which were Hospital Onset Hospital Acquired (HOHA). The year-to-date total for UHBW is 108 cases (78 HOHA and 30 COHA).

Actions being taken to improve
- In December, UHBW reported an outbreak of C. difficile on a Bristol Royal Infirmary gastro/hepatology ward, with several linked cases identified.
- A proportion of these cases have been identified as ribotype 027, a virulent strain that has not been seen locally for several years.
- A follow-up outbreak meeting is scheduled for early January to review actions, confirm required interventions and determine whether additional screening or ribotyping is needed for higher-risk patient groups.
- The Trust will work with system partners to understand potential causes for the re-emergence of ribotype 027 and ensure coordinated management across the system.

Impact on forecast
The NHSE limit for UHBW is 109 cases for the year. Based on current performance, the Trust is likely to exceed the limit by the end of January. This risk is recorded on the corporate risk register (Datix 3216), reflecting the ongoing likelihood of breaching the NHSE threshold.

Quality

Infection Prevention & Control

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

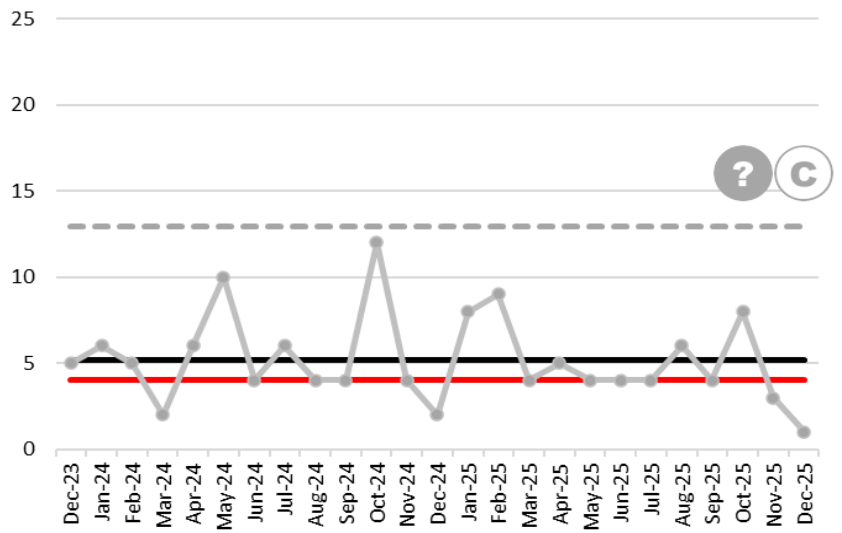
Latest Month
Dec-25

Target
4

Latest Month's Position
1

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

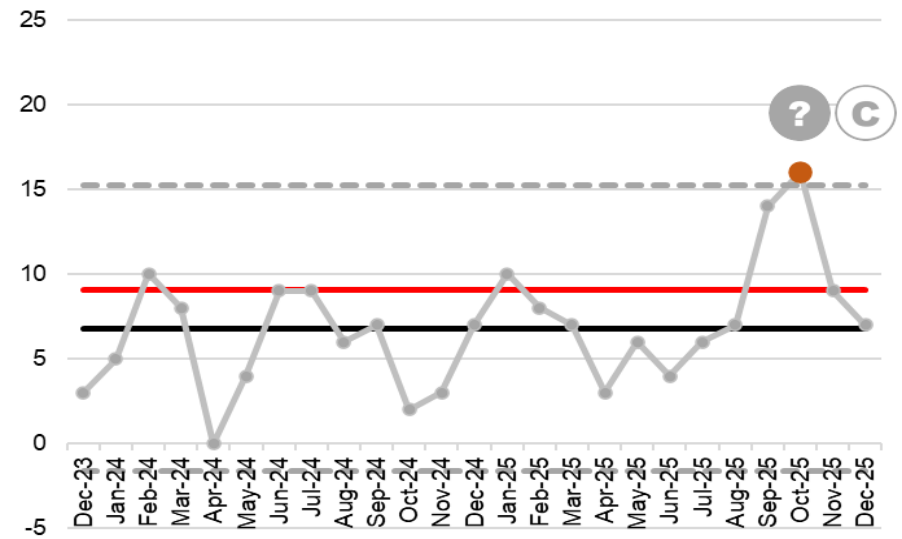
Trust Level Risk
No Trust Level Risk



What does the data tell us?
Cases have historically been below trajectory with this year seeing a rise, analysis is taking place with this likely to be attributed to the increase of urinary catheter related infection.

Actions being taken to improve
Work in place to look at analysis of themes with case reviews. This will then establish a work plan; this has also been aided by a catheter audit**.**

Impact on forecast
Threshold has increased but unlikely to exceed trajectory, but scope for improvement noted.



What does the data tell us?
UHBW Escherichia coli (E. coli) cases for December are seven, year to date figures are currently at 72. The incidence of infection appeared to increase in Q2 2025/6, which can in part be attributed to seasonal fluctuations.

Actions being taken to improve
The dataset covering the last two years of *E. coli* bacteraemia cases is currently being reviewed to better understand their sources. Early indications suggest that most infections originate from the urinary tract, particularly those associated with urinary catheters, although other causes remain relevant for example, emergency patients presenting with hepatobiliary infections.
The findings from this review will help inform a more targeted improvement plan. One likely area of focus is patient hydration, especially for older adults, as this may reduce infection risk. This work may also align with and support Every *Minute Matters* workstream.

Impact on forecast
The incidence of E. coli appears higher in this year compared to the same point in 2024/25. It is unlikely we will exceed the NHSE limit / trajectory at this stage.

Latest Month
Dec-25

Target
9.08

Latest Month's Position
7

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

Corporate Risk
No Corporate Risk

North Bristol NHS Trust

Quality

Falls

University Hospitals Bristol and Weston NHS Foundation Trust

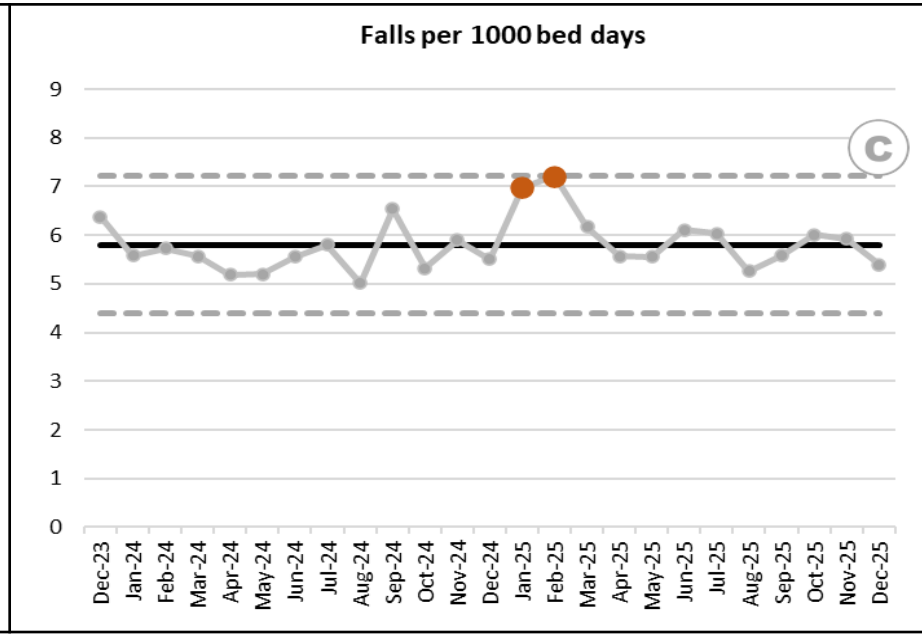
Latest Month
Dec-25

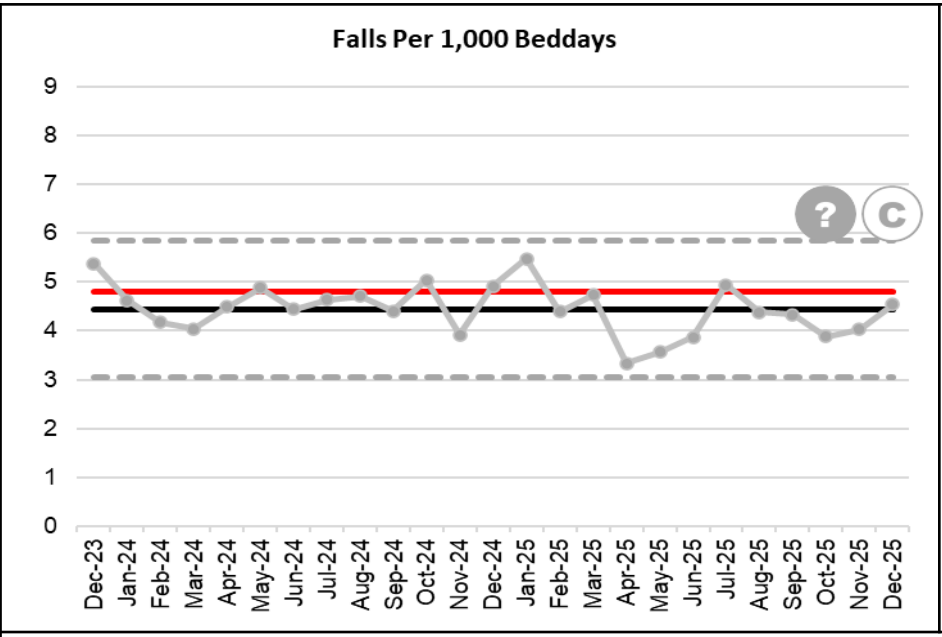
Target
No Target

Latest Month's Position
5

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

Trust Level Risk
No Trust Level Risk





Latest Month
Dec-25

Target
4.8

Latest Month's Position
4.5

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

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

No narrative required as per business rules.

What does the data tell us:

During December 2025: there have been 153 falls, which per 1000 bed days equates to 4.561, this is lower than the Trust target of 4.8 per 1000 bed days. There were 111 falls at the Bristol site and 42 falls at the Weston site. There were three falls with moderate physical and/or psychological harm.

The number of falls in December 2025 (153) is more than November 2025 (132). There were three falls with moderate harm, this is the same as the previous month (3).

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.

Continued on next slide...

NHS North Bristol NHS Trust

Quality

Falls

NHS University Hospitals Bristol and Weston NHS Foundation Trust

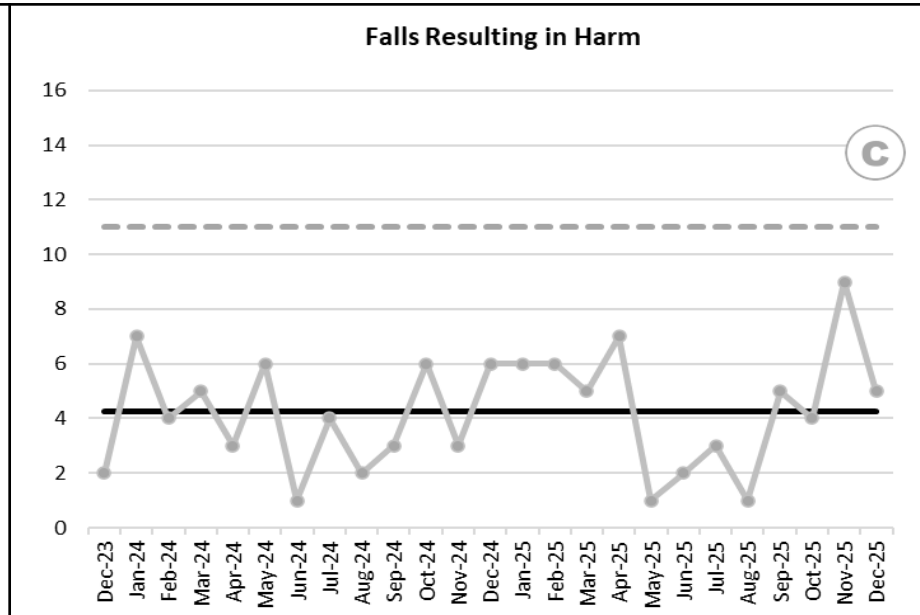
Latest Month
Dec-25

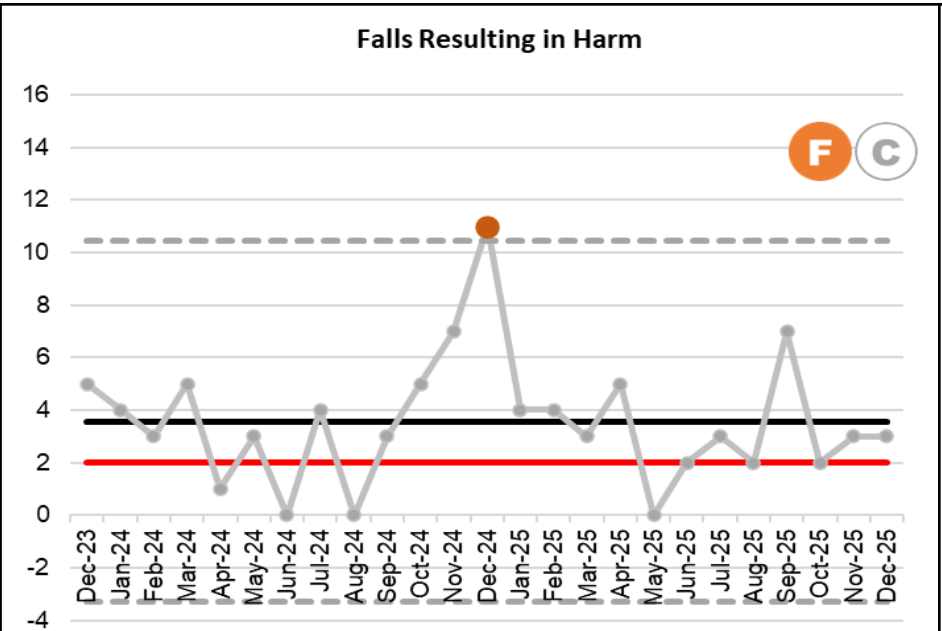
Target
No Target

Latest Month's Position
5

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

Trust Level Risk
No Trust Level Risk





Latest Month
Dec-25

Target
2

Latest Month's Position
3

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

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

No narrative required as per business rules.

Actions being taken to improve

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

Impact on forecast

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

Quality

Medication Incidents

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

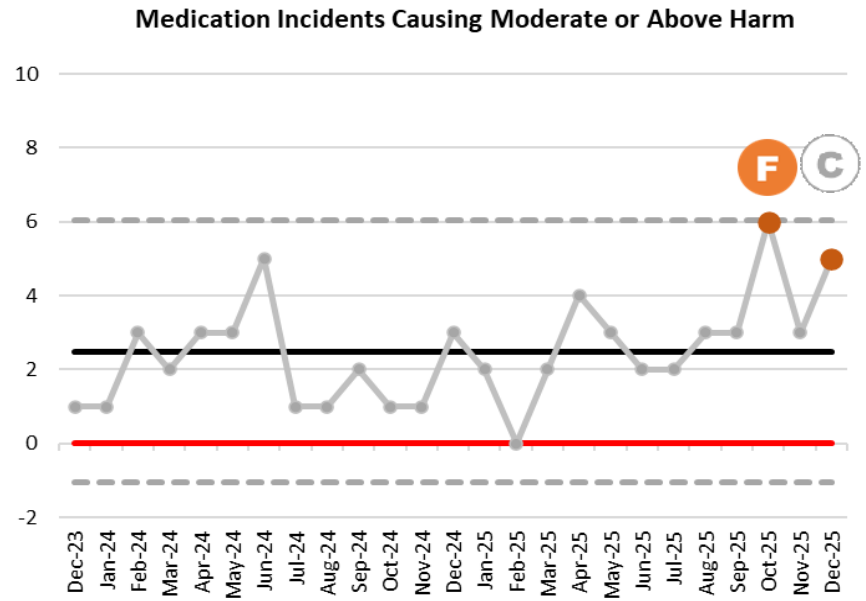
Latest Month
Dec-25

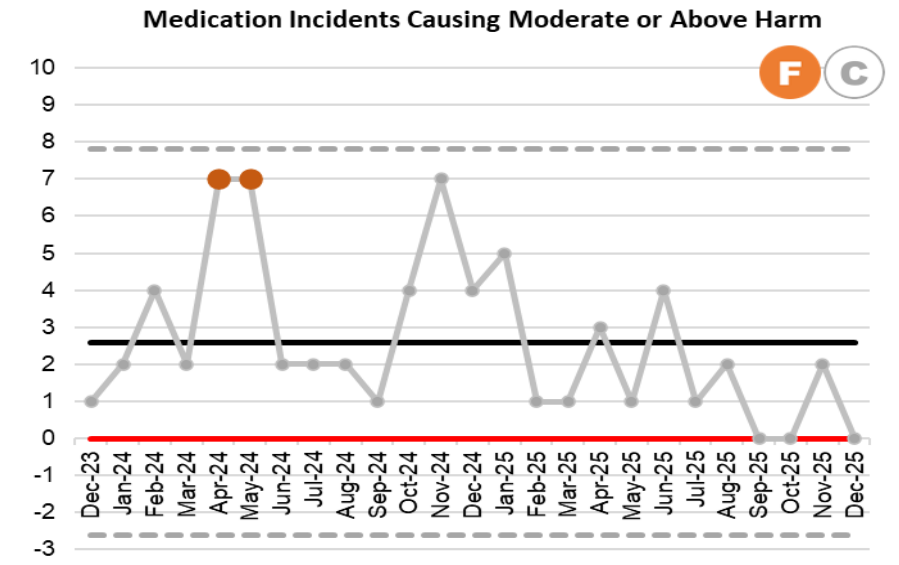
Target
0

Latest Month's Position
5

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

Trust Level Risk
Risk 1800 – Allergy status may not be identified resulting in medication being incorrectly prescribed or administered (20).
Risk 2134 - risk to patient safety and service provision due to insufficient staffing within the Pharmacy Medicines Governance & Safety Team (16).





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

Latest Month
Dec-25

Target
0

Latest Month's Position
0

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

Corporate Risk
Risk 7633 - Reliance on paper-based medication prescribing and administration (16)
Risk 8386 - Risk that patients come to harm from a known medication allergy (20)

What does the data tell us?
During December 2025, NBT recorded 140 medication incidents involving patients of these, 5 were graded as medication causing moderate or above harm to a patient. (Breakdown – 3 x moderate, 1 x severe, 1 x fatal). It is of note that the fatal incident did in fact refer to an issue noted during a retrospective case notes review by Sue Bacon on behalf of the VTE team – actual admission was in Feb 2025 and related to a patient who declined treatment – case closed on RADAR.

Actions being taken to improve
Safe and secure handling of medicines audits undertaken in November by the Medicines Governance Team. These also served as an opportunity to speak to ward staff about medicines management challenges.

The Medicines Governance team are also working closely with the CMM team to identify any emerging themes or trends in terms of incidents which may be related to changes in process following the CMM go live.

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

What does the data tell us?
During December 2025, UHBW recorded 284 medication-related incidents, none of which were reported as causing moderate or above harm. The dataset pre-April 2024 is based on previous harm descriptors in place in the Trust. The data indicates a good reporting culture with few harm incidents compared to number of incidents.

Actions being taken to improve
Incidents related to the prescribing and administration of subcutaneous syringe drivers on CMM have led to a multiprofessional safety review recommending CMM changes be completed and a Trust wide safety alert to raise awareness of the new risks identified.

Specific learning is shared across the Trust via the Medicines Safety Bulletin and with BNSSG system colleagues via system medicines quality and safety meetings. This report has been developed collaboratively by the UHBW and NBT medicines safety teams.

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

NHS North Bristol NHS Trust

Quality

VTE Risk Assessment

NHS University Hospitals Bristol and Weston NHS Foundation Trust

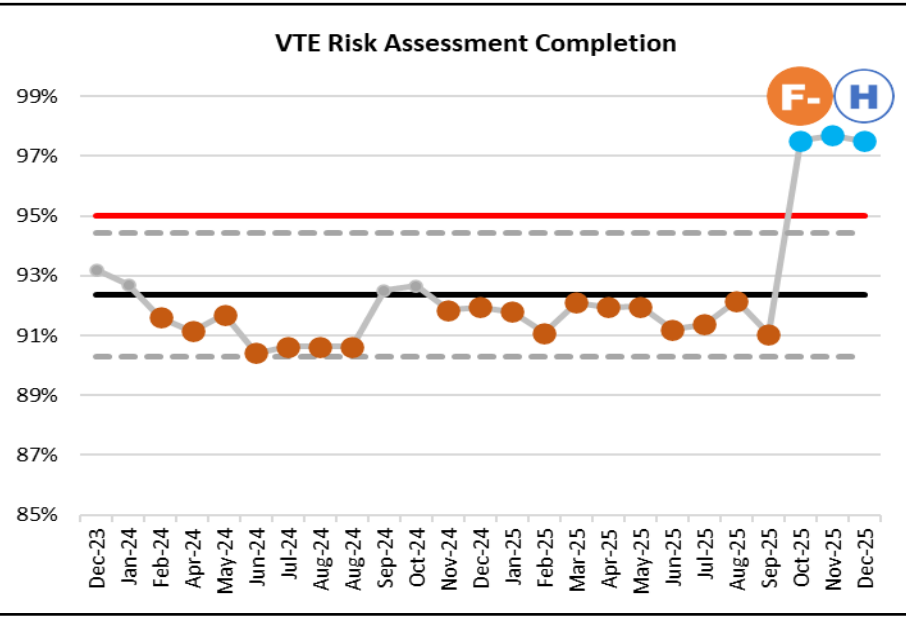
Latest Month
Dec-25

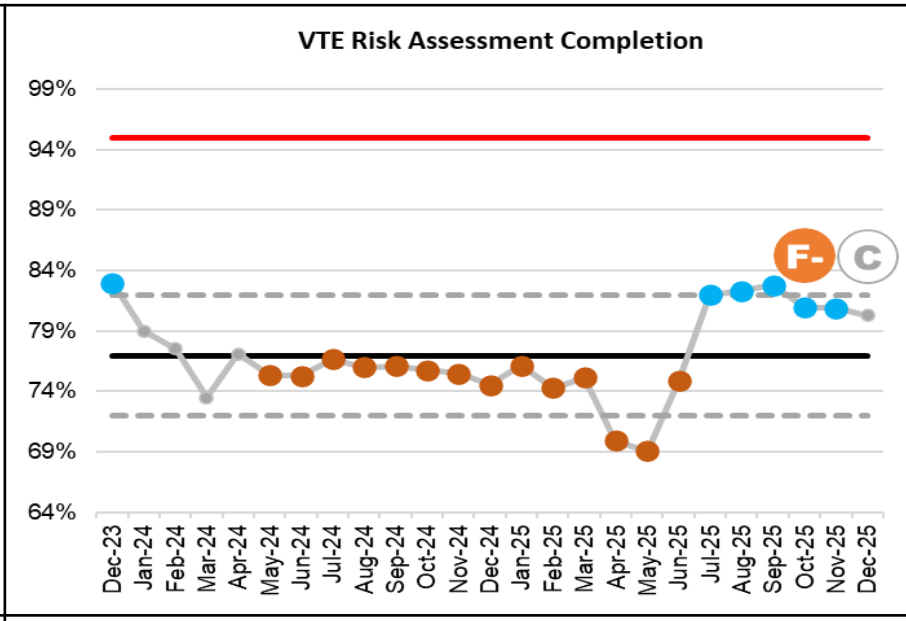
Target
95.0%

Latest Month's Position
97.5%

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

Trust Level Risk
No Trust Level Risk





Latest Month
Dec-25

Target
95%

Latest Month's Position
80.3%

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

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

What does the data tell us?
VTE RA compliance sat below the 95% target for over 2 years, demonstrating a persistent under-performance in part due to the CareFlow Narrative process of recording VTE RA. The sharp inflection in October 2025 was a result of CMM go live which forced VTE risk assessment on all admitted patients (unless they resided in the Emergency Department). As a result, figures are now sustained around 97%.

Actions being taken to improve
This new digital workflow has prompted assessments therefore reducing missed entries, and improved consistency.

Impact on Forecast
With performance now above target and stabilising, the Trust should be on track to maintain compliance in future reporting periods. Of note, reporting standards will be updated to NHSE specifications of VTE RA within 14 hours of admission. This will risk dropping compliance below 95%. Furthermore, patients stranded in ED due to poor flow will not receive the same forcing measure so can potentially drop compliance further.

What does the data tell us?
Since CMM implementation in June 2025, VTE risk assessment (RA) rates have improved by around 10% to 80% consistently. This has plateaued the last few months so will need further action to improve to the NHS target of >95%.
We have noted that there is a missing link between VTE RA and prescribing VTEP which is a concern that we are working to improve.

Actions being taken to improve
- We have been informed that ward view boards should have VTE RA and VTEP prescribing re-instated following CMM by the end of Jan 26 for increased visibility of incomplete RAs or VTEP prescription.
- Teaching session for F1 and F2 Dr's on VTE in December with good feedback – to become a regular annual slot (or more frequent if needed)
- Plan to target improvements on A400 (AMU), A515 (OPAU) and A609 (STAU) where the patient's journey often begins.

Impact on forecast
The ward boards will allow for targeted interventions which will hopefully bridge the gap between VTE RA and prescription if it has been forgotten. The teaching session reminded Resident Dr's about the importance of VTE RAs and prescribing and highlighted useful guidelines and how to access the VTE protocols. And targeting admission areas will hopefully lead to improvement trust wide as patients are moved downstream.

NHS North Bristol NHS Trust

Quality

Neck of Femur

NHS University Hospitals Bristol and Weston NHS Foundation Trust

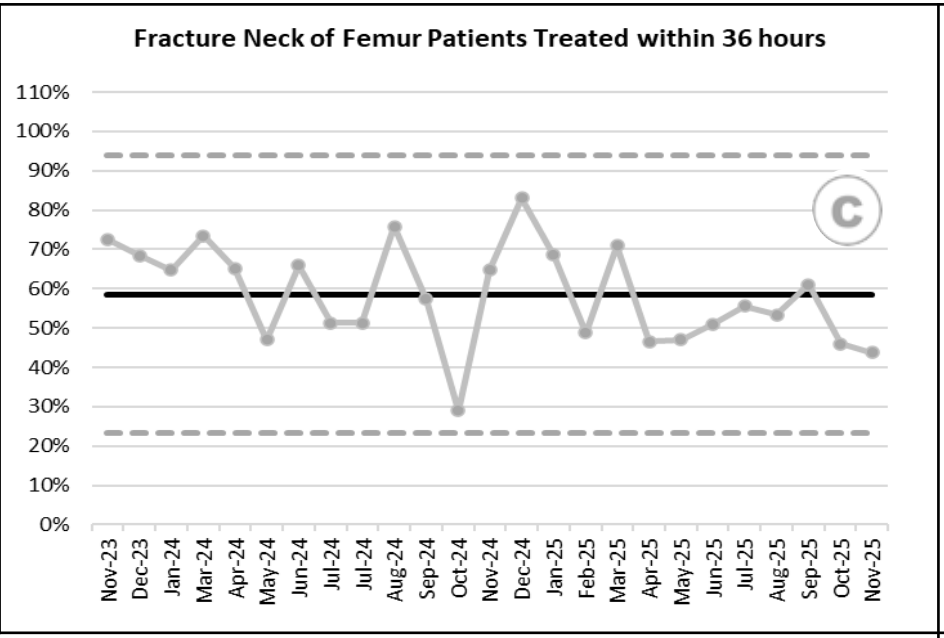
Latest Month
Nov-25

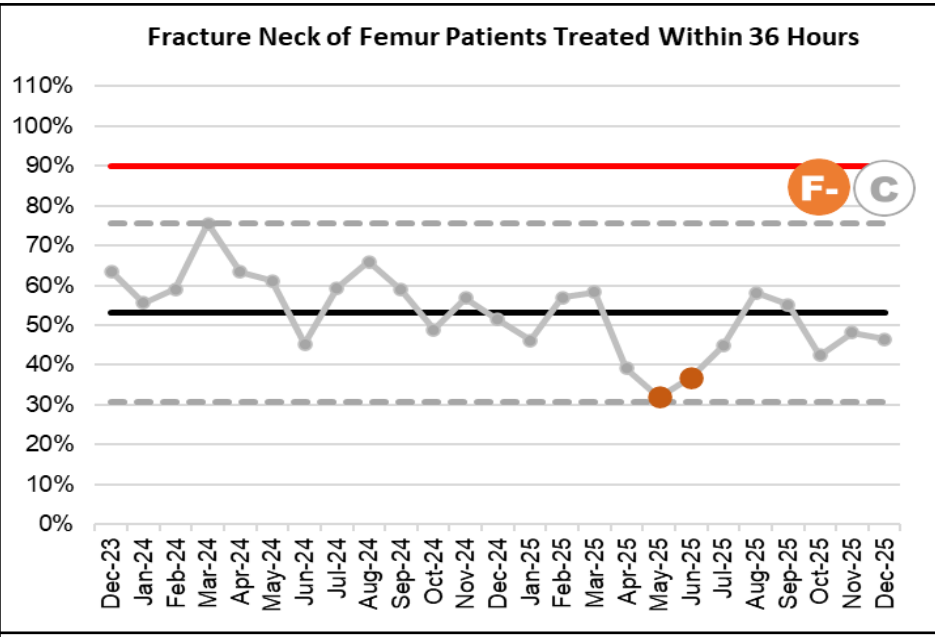
Target
No Target

Latest Month's Position
43.8%

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

Trust Level Risk
No Trust Level Risk





Latest Month
Dec-25

Target
90.0%

Latest Month's Position
46.6%

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

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

No narrative required as per business rules.

What does the data tell us?
In December , 58 patients were eligible for the best practice tariff (BPT), 27/58 patients (47%) were operated on within 36 hours of admission, 51/58 patients (88%) received ortho-geriatric assessment within 72 hours, resulting in 21/58 patients (36%) met all BPT criteria.

Main reasons for missed targets:
At the Bristol site 21 patients missed the 36hrs target. This was primarily due to lack of theatre capacity (18pts), two pts required a specialist surgeon and one patient required medical optimisation prior to surgery. At Weston 10 patients missed the time to surgery target. This was due to lack of theatre space (6), THR surgeon required (2), Reversal of DOACs (1) and missed diagnosis (1). Four additional patients did not achieve other markers to meet BPT; MUST score (2), Physio assessment (1), bone health plan at discharge (1).

Actions being taken
Extra theatre space is created where possible to reduce theatre delays. At Weston elective theatre lists or CEPOD are often used at short notice to create extra support for trauma.

Impact on forecast
At Weston half day trauma lists (Tues+Thurs) and specialist trauma being planned on other lists impacts on daily admissions for surgery.

North Bristol NHS Trust

Quality

Neck of Femur

University Hospitals Bristol and Weston NHS Foundation Trust

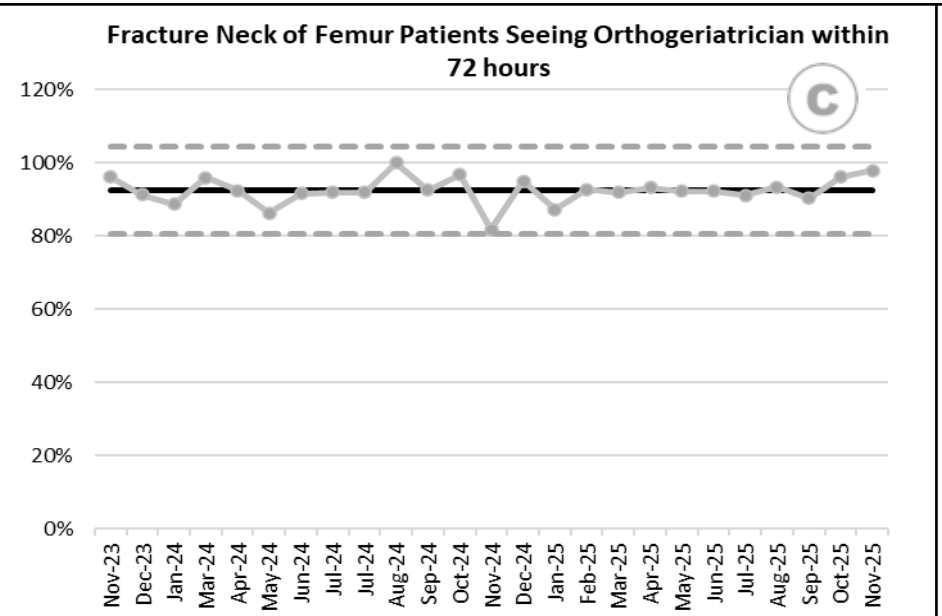
Latest Month
Nov-25

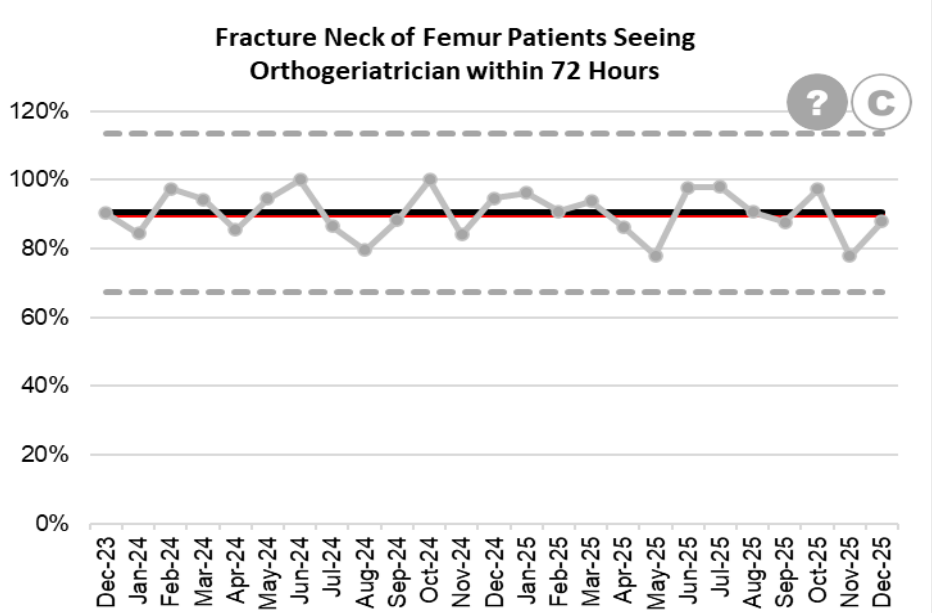
Target
No Target

Latest Month's Position
97.9%

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

Corporate Risk
No Trust Level Risk





Latest Month
Dec-25

Target
90%

Latest Month's Position
87.9%

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

Corporate Risk
No Corporate Risk

No narrative required as per business rules.

What does the data tell us?
51/58 (88%) Patients received an ortho-geriatric assessment within 72 hours.

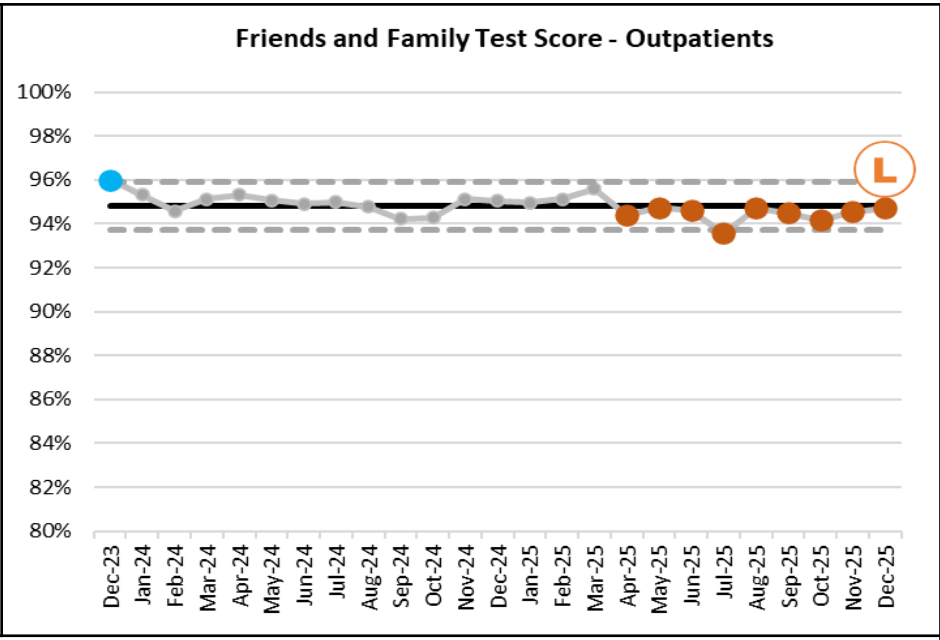
Nain reason for missed targets
One patient at the BRI missed the 72-hr target as they were in theatre having surgery during OG morning rounds and unfortunately died post-op day 1.
Six patients at Weston missed the 72-hour target due to ortho-geriatrician availability.

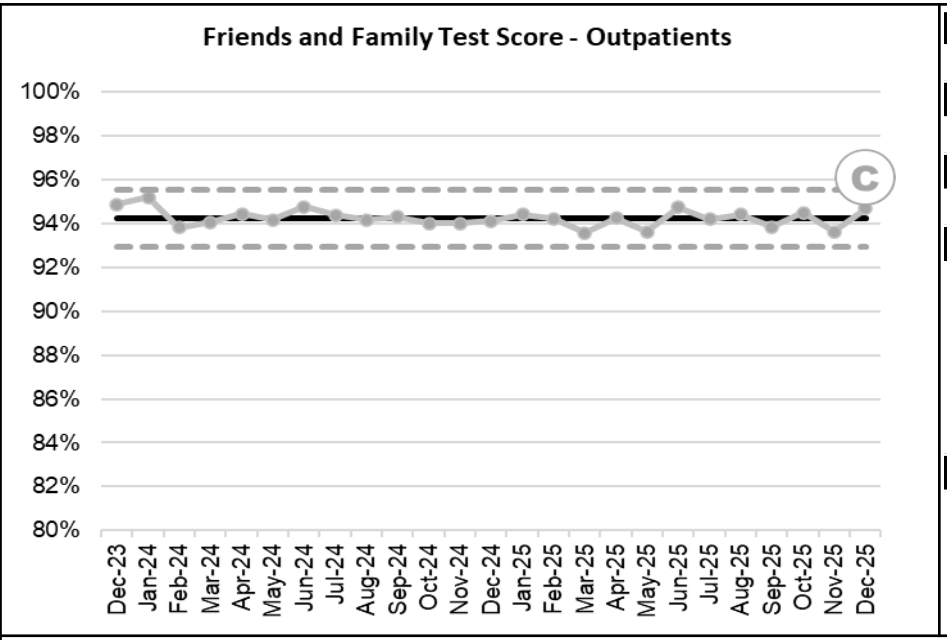
Impact on forecast
The presence of only one part-time geriatrician at Weston remains a persistent constraint especially during periods of high demand. This staffing limitation is likely to continue impacting BPT performance unless additional geriatric support is secured.

Quality

Friends and Family Test

Latest Month
Dec-25
Target
No Target
Latest Month's Position
94.7%
Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit
Trust Level Risk
No Trust Level Risk





Latest Month
Dec-25
Target
No Target
Latest Month's Position
94.7%
Performance / Assurance
Common Cause (natural/expected) variation where up is improvement.
Corporate Risk
No Corporate Risk

What does the data tell us?

- The Outpatient FFT score (total % of patients rating their experience as 'Very good' or 'Good') has remained lower than expected at 94.7% in December.
- The top negative theme identified in comments is 'Waiting time', followed by 'Communication'.
- Though the positive response ratings have decreased, they do remain very high and have been improving each month since September. The negative response ratings remain consistent and below the nationally reported average.

Actions taken to improve

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

Impact on forecast

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

No narrative required as per business rules.

North Bristol NHS Trust

Quality

Friends and Family Test

University Hospitals Bristol and Weston NHS Foundation Trust

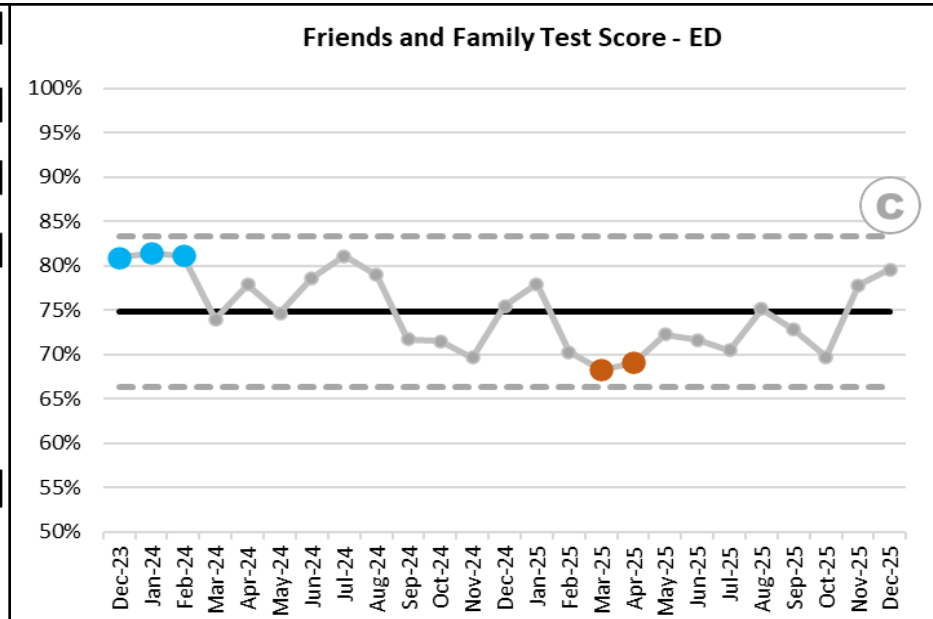
Latest Month
Dec-25

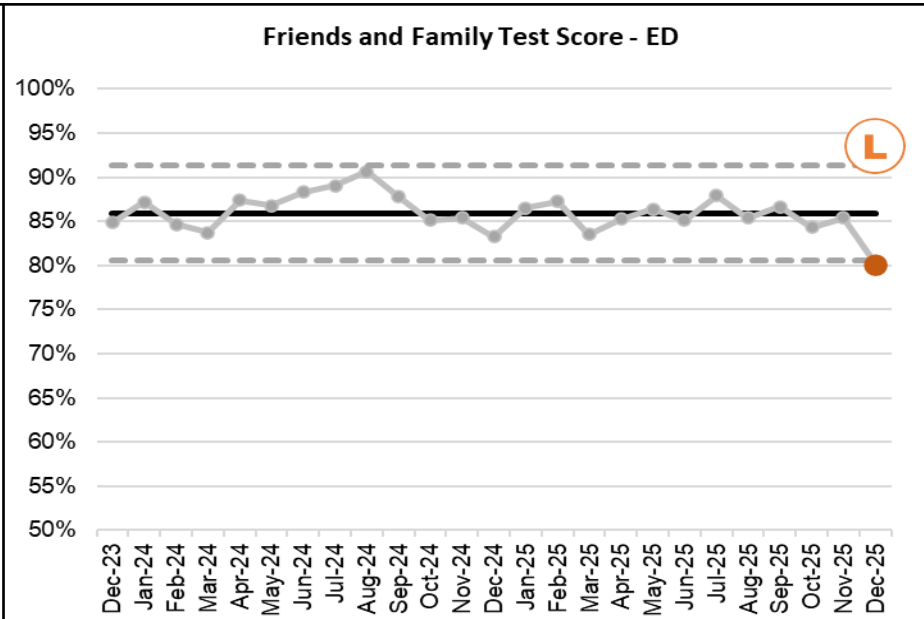
Target
No Target

Latest Month's Position
79.6%

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

Trust Level Risk
No Trust Level Risk





Latest Month
Dec-25

Target
No Target

Latest Month's Position
80.1%

Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration.

Corporate Risk
No Corporate Risk

No narrative required as per business rules.

What does the data tell us?
The FFT score for December dipped to 80.1% which is below the previous month score of 85.4%. All four Trust Emergency Departments (EDs) have seen a decline in FFT scores from November to December, with the most notable declines seen at BRI ED (80.6% Nov to 75.2% Dec) and BRHC ED (88.4% Nov to 77.2% Dec).

Action being taken
FFT data is updated on a weekly basis to the Patient Feedback Hub (IQVIA). All Trust ED management teams have routine access to FFT data and free-text comments in order to identify trends and themes and take remedial action as necessary. The scores for BRI ED and BRHC ED have been also flagged directly with those management teams directly.

Impact on forecast
FFT scores for EDs are heavily correlated to increased urgent care pressure on our hospitals which can create longer wait times to be seen resulting in poorer feedback from patients. Given the continued pressure on our hospitals during the winter months, it is possible this performance will continue into January and then recover during the Spring months.

NHS North Bristol NHS Trust

Quality

Complaints

NHS University Hospitals Bristol and Weston NHS Foundation Trust

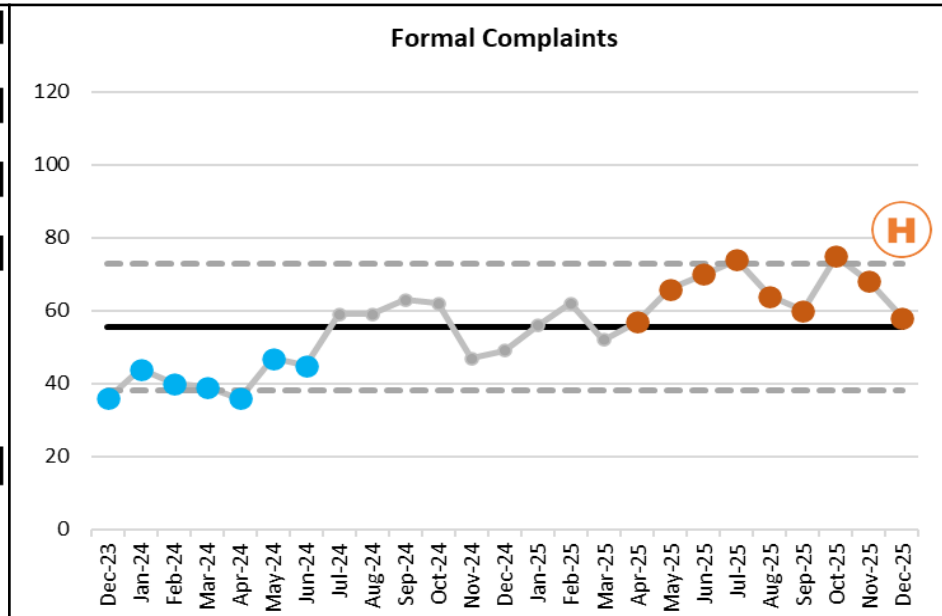
Latest Month
Dec-25

Target
No Target

Latest Month's Position
58

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

Trust Level Risk
No Trust Level Risk



What does the data tell us?

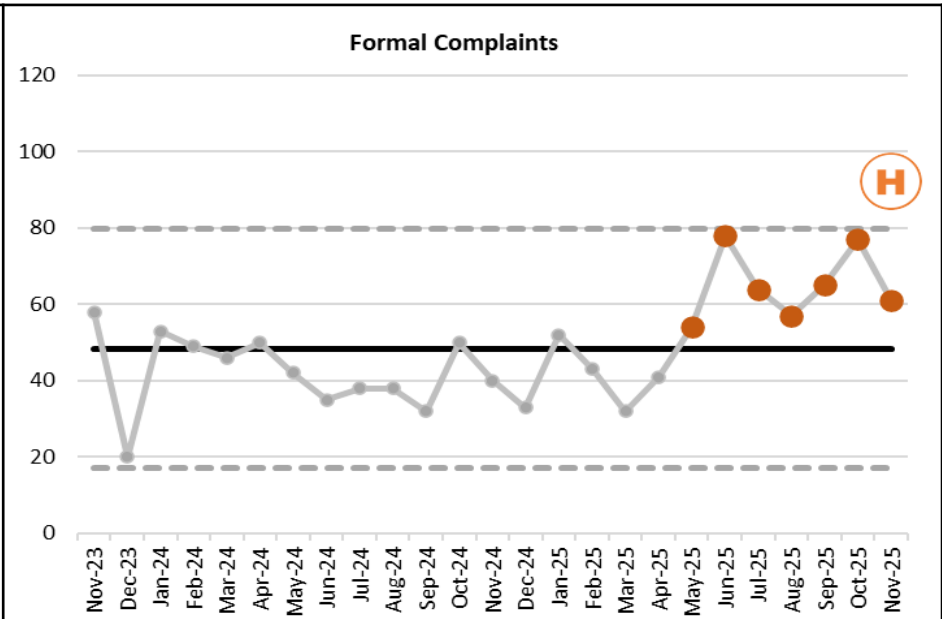
- In December, the Trust received 58 complaints, which was 10 less than the previous month. Historically, the number of complaints typically declines in December.
- Since April, we have received an average of 65 complaints per month.
- Gynaecology received the most complaints, followed by General Surgery, Emergency Medicine and Maternity. The remainder of the complaints were spread across 23 other specialties.
- Clinical Care and Treatment was the most selected lead theme of the complaints received.
- We have not seen a decrease in the number of PALS concerns received that correlates with the decrease in complaints.

Actions being taken to improve

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

Impact on forecast

It is difficult to predict the number of complaints received each month. This fluctuates largely based on patient's experience of the care and treatment they receive and often reflects the operational pressure faced by the Trust and changes in activity level. This is a trend that is being seen in Trusts across the region.



Latest Month
Nov-25

Target
No Target

Latest Month's Position
61

Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration.

Corporate Risk
No Corporate Risk

What does the data tell us?

- In November, the Trust received 61 complaints which is 16 less than the previous month.
- In the last seven months the Trust has received a higher number of complaints than the monthly 2024 average.
- Medicine and Surgery Divisions receive the highest number of complaints, in line with the volume of patients receiving care through these services.
- Clinical Care and Treatment was the most selected lead theme of the complaints received.
- We have seen a slight increase in PALS concerns received in November reaching 183 which is 5 more than last month.

Actions being taken to improve

Continue to monitor the number of complaints and look for themes to focus on as an organisation to improve patient experience. Annual complaint independent panel reviews underway with Divisions to review dissatisfied complaints to identify any further learning opportunities and themes.

Impact on forecast

As per NBT impact on forecast, it is difficult to predict the number of complaints each month due to the individual patient experience of care. The trend is similar to those across the region.

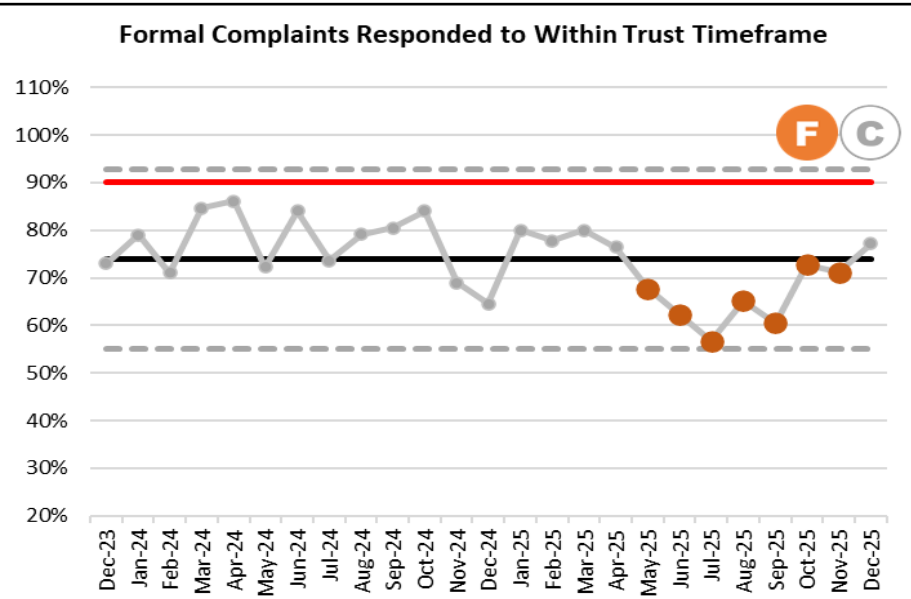
NHS North Bristol NHS Trust

Quality

Complaints

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Dec-25
Target
90.0%
Latest Month's Position
77.1%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration
Trust Level Risk
No Trust Level Risk



What does the data tell us?

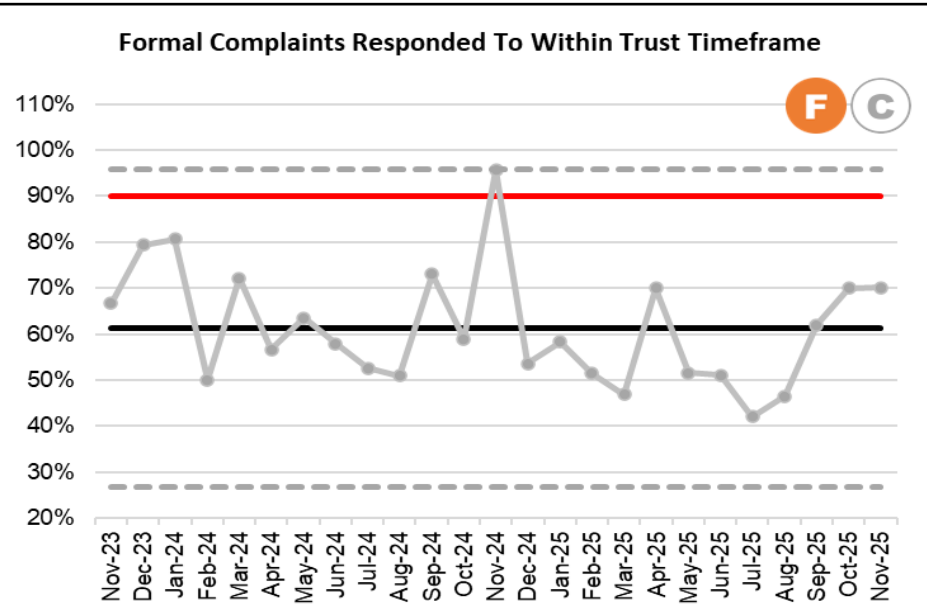
- The compliance rate increased from71% in November to 77% in December.
- Of the 70 complaints due for response in December, 54 were closed within the agreed timescale, 11 were outside the agreed timescale, and 5 were still open at the time of reporting.

Actions being taken to improve

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

Impact on forecast

The overall compliance score has increased due to continued improvement in ASCR and strong performances across other divisions. The compliance score is now at the highest level since February, and we are expecting this to continue.



Latest Month
Nov-25
Target
90.0%
Latest Month's Position
70.1%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration.
Corporate Risk
No Corporate Risk

What does the data tell us?

- The compliance data has remained consistent for the last 2 months at 70%.
- At UHBW of the 67 complaints due for response in November, 47 were closed within the agreed timescale and 20 closed outside of the timescale.

Actions being taken to improve

- The PALS and Complaint team continue to process complaints within the timeframe with no backlog.
- UHBW is to report internally on specific Divisional performance, in line with current NBT reporting, offering support where required.
- Gaps in the Divisional Complaints teams have now been filled.
- Trust PALS & Complaints team to provide education and support to Divisional teams.
- Increased number of the strategic team can approve responses to improve efficiencies at this stage.

Impact on forecast

The Trust has seen a sustained improvement for the second month running. Focused support by the Trustwide team to Divisions is expected to improve performance further. Compliance scores will be monitored across all divisions.

NHS North Bristol NHS Trust

Our People

Scorecard

NHS University Hospitals Bristol and Weston NHS Foundation Trust

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Well-Led	Workforce Turnover (Rolling 12-month)	NBT	Dec-25	9.5%	11.3%	9.8%	N/A*	N/A*	No Commentary
		UHBW	Dec-25	9.4%	11.1%	9.5%	N/A*	N/A*	No Commentary
Well-Led	Vacancy (Vacancy FTE as Percent of Funded FTE)	NBT	Dec-25	8.1%	5.1%	8.1%	F-	C	Escalation Summary
		UHBW	Dec-25	4.8%	4.0%	4.6%	?	H	Escalation Summary
Well-Led	Sickness (Rolling 12-month)	NBT	Dec-25	4.8%	4.4%	4.7%	N/A*	N/A*	Commentary
		UHBW	Dec-25	4.5%	4.5%	4.5%	N/A*	N/A*	No Commentary
Well-Led	Essential Training Compliance	NBT	Dec-25	88.6%	90.0%	89.9%	?	C	Escalation Summary
		UHBW	Dec-25	89.4%	90.0%	89.6%	?	C	Escalation Summary

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

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

Our People

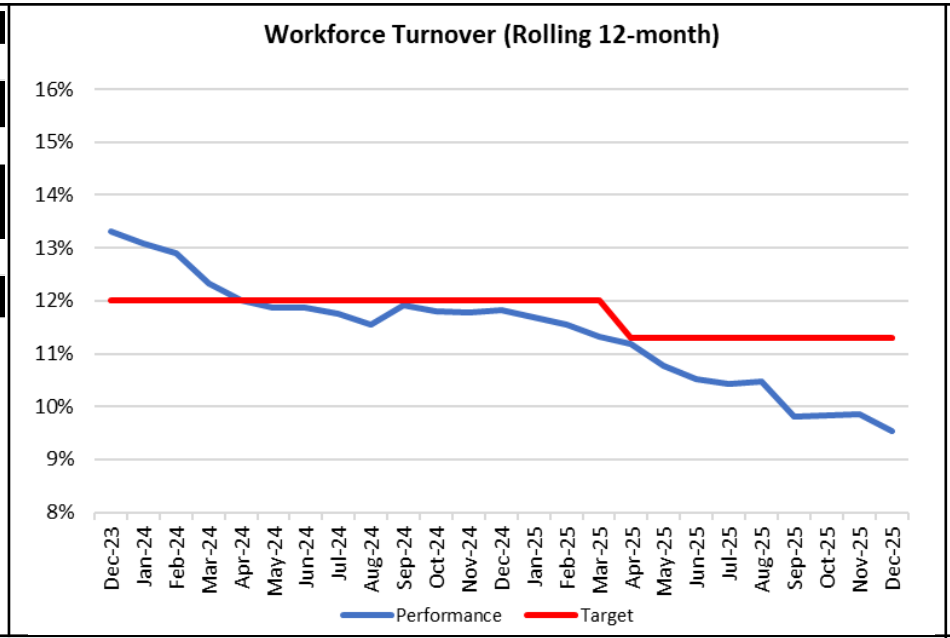
Retention

Latest Month
Dec-25

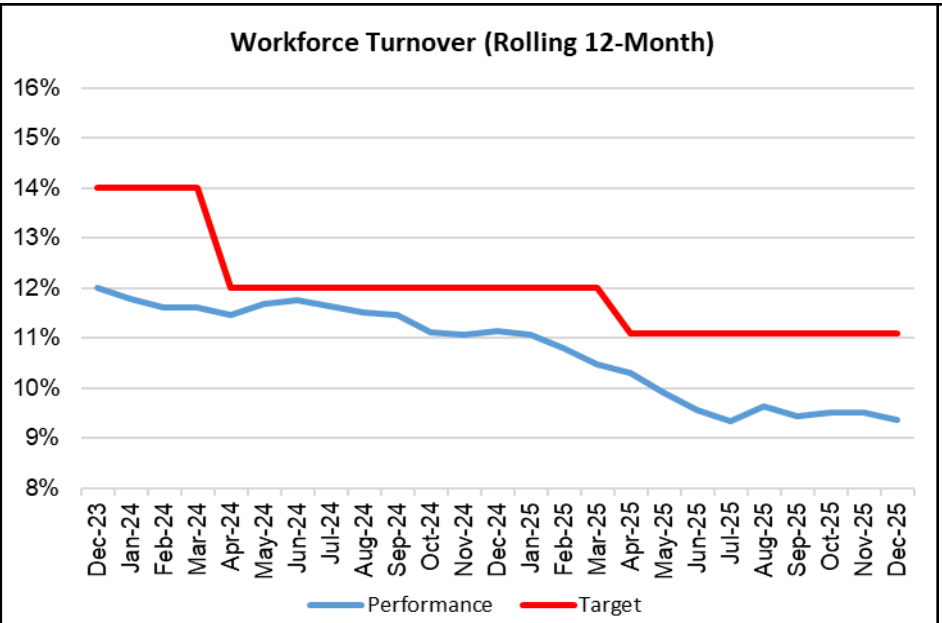
Target (Rolling 12-month)
11.3%

Turnover Rate (Rolling 12-month)
9.5%

Trust Level Risk
Risk 1979 -
There is a risk to our clinical teams and services due to the inability to recruit into vacant specialist medical roles (16)



Metric meeting target.



Latest Month
Dec-25

Target (Rolling 12-month)
11.1%

Turnover Rate (Rolling 12-month)
9.4%

Corporate Risk
Risk 8383 - □
Risk that inability to recruit and retain specialist staff continues (16)

Metric meeting target.

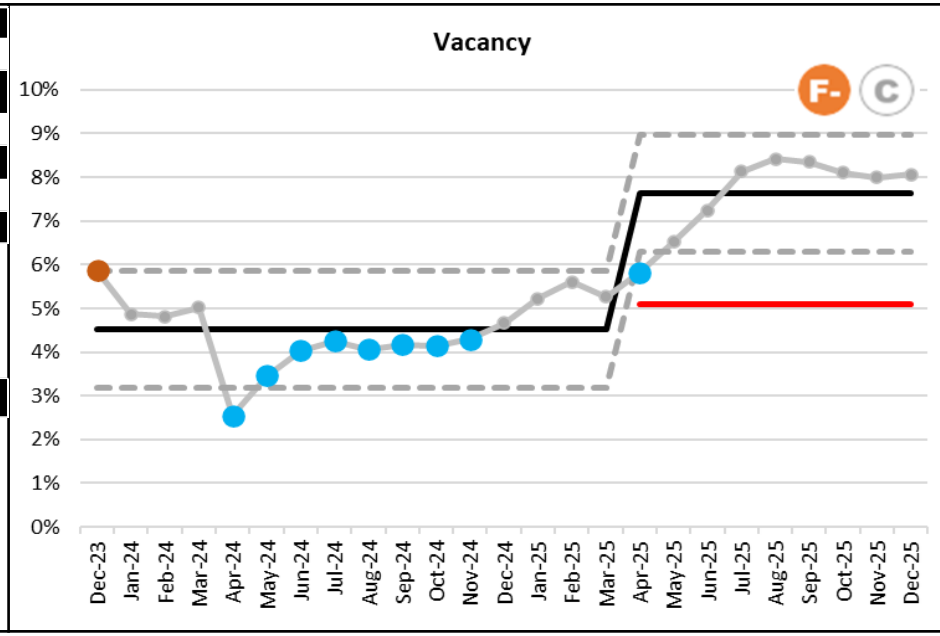
Our People

Vacancies

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

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



What does the data tell us?

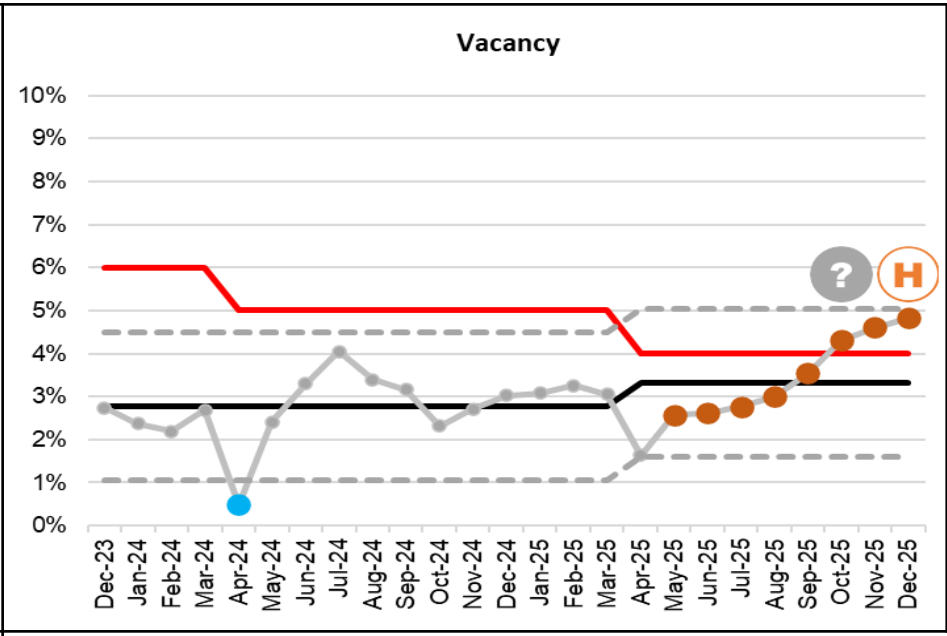
- Vacancies increased in December (7.7 fte) driven by an increase in staff on maternity leave and a net loss of staff (comparing starters and leavers) which is a seasonal trend in December (lower starter volumes).

Actions being taken to improve

- **HCSW Supply** – Trust wide and tailored Health Care Support Worker (HCSW) assessment centres for scaled up. Assessment Centre booked for early **Feb-26 f**or around **35 candidates** to attend.
- **Youth Outreach: T**argeted campaign promoting HCSW career pathway featuring a recruitment video to be shared with local education providers. Group wide campaign live - **Mar-26. Outreach starting Apr-26**
- **Enhanced visibility and engagement:** Apprenticeship advert live on Gov.uk website **Jan-26** for HCSW apprenticeship route. Planned social media promotion through **Jan-26**. Further social media campaign to showcase the role of the HCSW and the career pathway available aligned with Commitment to our Community priority – **live Feb-26**

Impact on forecast

- Impact of delayed newly qualified starters – 88 wte Band 5s predicted to start in Clinical Divisions in Q4 of 25/26
- Impact of enhanced assessment centres for Band 2/3 HCSW – 70 wte predicted to start in Clinical Divisions in Q4 of 25/26
- Deep dive into anticipated year end performance ongoing. Key insight Increased staff on maternity leave +56 wte more than 25/26 plan will drive higher vacancies. Delayed impact of newly qualified nursing to Q4 will bring vacancy factor closer to target by year end.



Latest Month
Dec-25
Year End Target
4.0%
Latest Month's Position
4.8%
Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration and last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
Risk 8383 - □ Risk that inability to recruit and retain specialist staff continues (16)

What does the data tell us?

Vacancies increased in December (28.2 fte). Budget increased by 22.0 fte and staff in post reduced by 6.2 fte. Weston increased by 15.2 fte and Surgery by 13.0 fte. Registered Nursing (-3.9 fte) saw a budget increase of 7.1 fte and a staff in post increase of 10.9 fte but Unregistered Nursing (20.9 fte) saw a budget increase of 6.4 fte and staff in post reduction of 14.5 fte.

Actions being taken to improve

•The 25/26 plan required a headcount reduction of 300 fte (with phased investments phased of 158 fte) Impact of vacancy freeze shows in the vacancy position, not yet reflected in adjusted funded establishments. Monitoring of vacancy position through Divisional and SDR processes to avoid increased temporary staffing

•Specialised Services vacancy position linked to the BHOC growth investment, ongoing recruitment.

•**HCSW Supply** – Assessment centres for Adult areas are currently on hold while staff in closed wards are re-distributed across the Trust. BRHC have an Assessment centre booked for Jan for PICU and Mental Health support workers. Nursing recruitment strategy to be refreshed with Directors of Nursing and relevant corporate leads in early Feb.

•**Youth-focused outreach:** The Trust is working with the Kings Trust for a new candidate pipeline

Impact on forecast

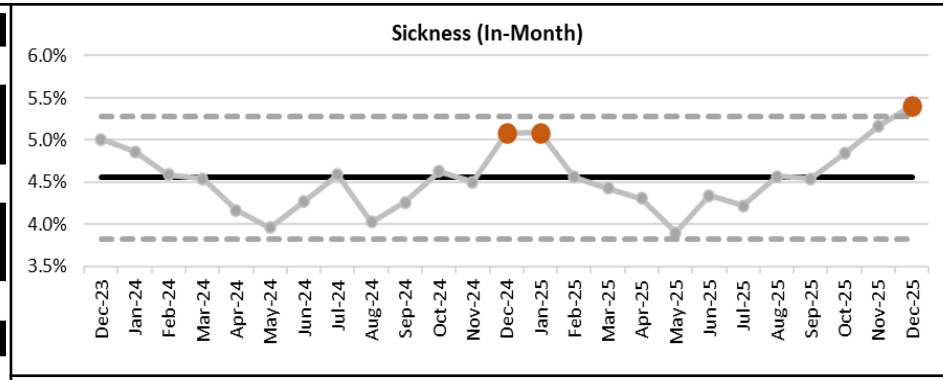
•SBCH posts are being recruited. Staff require chemo skills, can take up to 3 months of training, Delays in opening SBCH additional capacity due to Estates works means the unit should be fully operational Mar/ Apr 26., enabling the workforce supply.

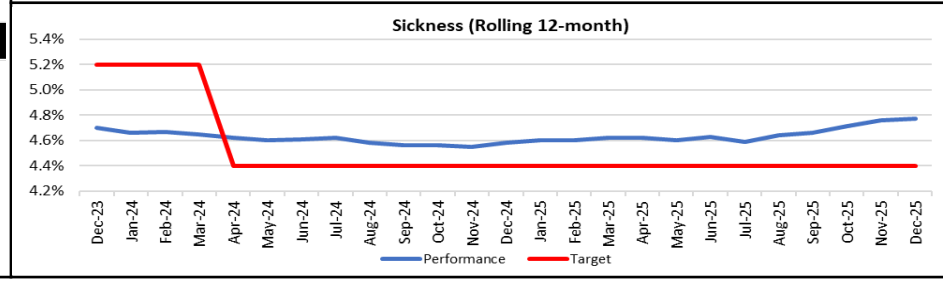
2 HCSW started in **Dec25** with an additional 59 offers in the pipeline. 26 of which have start dates booked **Jan – Mar26**

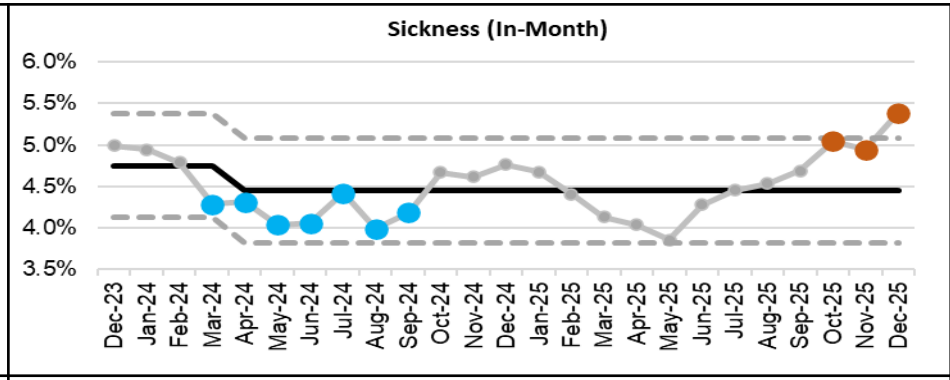
Our People

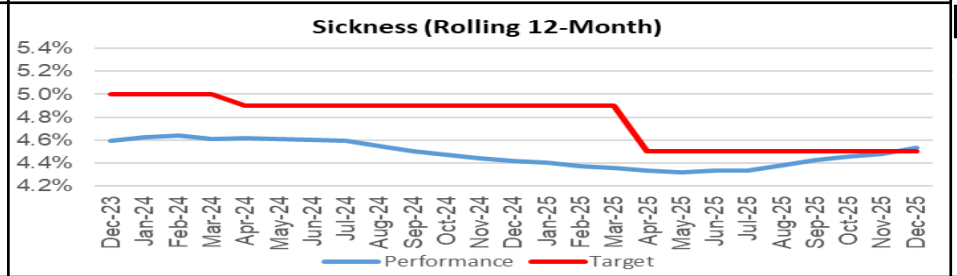
Sickness Absence

Latest Month
Dec-25
Latest Month's Position Rate (In Month)
5.4%
Latest Month's Position (Rolling 12-month)
4.8%
Target (Rolling 12-month)
4.4%
Trust Level Risk
No Trust Level Risk









Latest Month
Dec-25
Latest Month's Position Rate (In-Month)
5.4%
Latest Month's Position Rate (Rolling 12-Month)
4.5%
Target (Rolling 12-month)
4.5%
Corporate Risk
No Corporate Risk

What does the data tell us?

- Position continues to be driven by long term absence – in month absence rates having risen for the last three consecutive months with December's position at 2.95%, higher than last December (2.63%) with rate of short-term absence lower
- Cough/Cold/Influenza rates remains in line with the previous year for short term rates whilst long term rates are higher

Actions being taken to improve

People Advice Team and Business Partnering

- Action plan developed to reduce reliance on 'other' category use for absence recording – **Mar 26**
- Review of Caseworker recommended case benchmarks to enhance data quality – **Feb 26**
- Review return to work process to allow early identification and triangulation of absence causes and effective approaches for management - **Feb 26**
- Executive DPR Focus - robust review and management of divisional sickness cases with new improvement tracking method to be implemented – **Feb-26**

Staff Experience Team

- Fatigue Risk Management (FRM) Project – **launch Jan-26**
- Wisdom Wellbeing Webinar (EAP) – sharing benefits available to staff including Counselling, Financial advice, Legal advice and Health and wellbeing App **- Jan-26**

Impact on Forecast

- Executive DPR Focus – aimed at reducing length of long-standing absence with baseline and improvement tracking being established Feb-26
- FRM Project – aim to reduce fatigue related absence - impact metrics to be established through project launch

Metric meeting target.

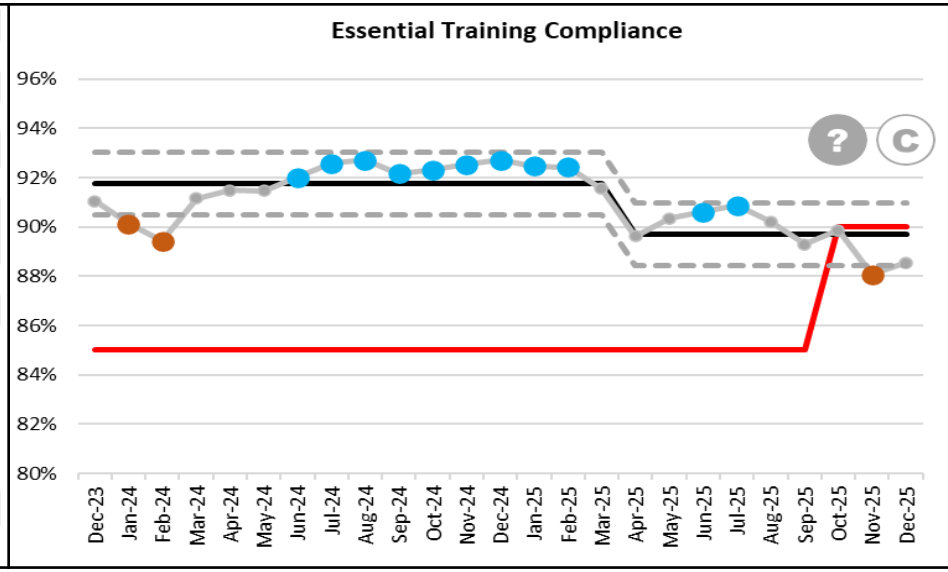
Our People

Mandatory and Statutory Training

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Dec-25
Target
90.0%
Latest Month's Position
88.6%
Oliver McGowan Tiers 1 and 2 Virtual / Face to Face
29.7%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
Trust Level Risk
No Trust Level Risk



What does the data tell us?
Compliance is below the target overall, being driven by specific areas, most notably for: Infection Prevention and Control (IPC) at 85.46%, Information Governance (IG) at 83.74%, and Oliver McGowan (OMMT) level 1 (eLearning) rate at 86.01%.

Actions Being Taken to Improve

- **IPC**: in line with national regulation, the Trust move an annual level 2. Compliance will be reviewed in Jan-26.
- **IG:** Compliance meets national guidance but requires closer review with the SME (on-going).

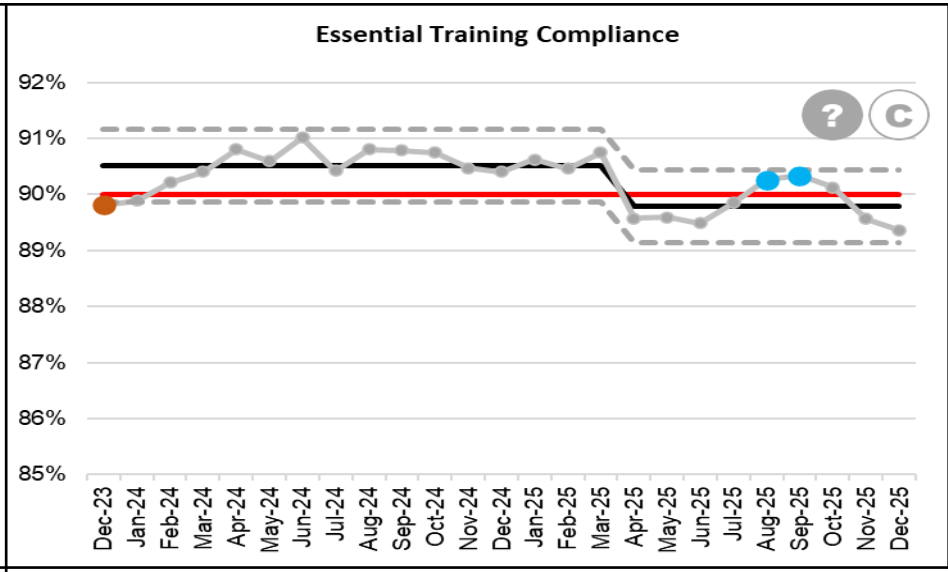
OMMT: Future reports will include an organisational trajectory by tier (Tier 1 webinar and Tier 2 face-to-face), alongside attendance rates and projected bookings for the face-to-face offer. At present, combined compliance for face-to-face and webinar training has plateaued at 31.5% (a marginal 0.5% increase). This remains significantly below the ICB target and, given the recent critical incident affecting compliance, indicates that the target is unlikely to be achieved. However, the ICB remains on target, across the system, to surpass the 63.3% threshold.

Targeted work is underway with low-compliance divisions to increase awareness and engagement; however, this requires continued close monitoring at divisional level. Sessions are being promoted through the LD & Autism Champion network and via clinical governance forums. In addition, on-site and local delivery continues to be offered to support accessibility. Despite these measures, the ICB's face-to-face training sessions continue to run below capacity.

Tier 1 webinar compliance currently stands at 29%. To improve access for Estates and Facilities colleagues, we introduced a new out-of-core-hours webinar offer, which has driven strong engagement, with 190 staff from NBT and UHBW attending.

Impact on forecast

- **IPC**: Anticipate a short-term dip in compliance then recovery
- **IG**: Ongoing monitoring of compliance rate and SME engagement
- **OMMT:** Expected positive impact upon tier 1 compliance from the out-of-hours sessions and improved scrutiny of training availability and release through the trajectory data



Latest Month
Dec-25
Target
90.0%
Latest Month's Position
89.4%
Oliver McGowan Tiers 1 and 2
41.0%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
No Corporate Risk

What does the data tell us? Compliance is below the target overall, being driven by specific areas, most notably for: Infection Prevention and Control (IPC) at 89.6%, Information Governance (IG) at 88%, Moving & Handling at 77.1%, Resuscitation at 76.8% and Oliver McGowan (OMMT) level 1 (eLearning) rate at 84.1%.

Actions Being Taken to Improve

- **IPC:** UHBW IPC team input to corporate induction, highlighting the importance of basic IPC requirements & training. Actions following to update training requirements and target audience based upon implementation of new national guidance.
- **IG:** The eLearning module is currently promoted to all staff via the LMS course promotion function.
- **OMMT:** As highlighted in the NBT notes, future reports will include a compliance trajectory. Current combined Level 2 compliance is 41%, reflecting a 2.4% increase, against an ICB target of 63.3% by March 2026. The introduction of a new out-of-core-hours webinar has strengthened engagement among Estates and Facilities colleagues, with 190 staff from NBT and UHBW attending. Clinical engagement has also been supported through the LD & Autism Steering Group, which has focused on reducing DNAs and improving attendance. However, recent ICB booking data indicates a decline in UHBW attendance at face-to-face sessions.
- **Moving & Handling**: The new curriculum launched 2nd Jan; eLearning made available for those requiring a level 2 minimal patient-handling update. This will improve compliance at both minimal and full patient-handling sub-levels.
- **Resuscitation:** A self-service approach to compliance recording introduced toward the end of 2025 for those undertaking higher-level training; improving efficiency and thus supporting greater compliance.

Impact on forecast

- **Moving & Handling**: Level 2 and thus overall compliance anticipated to increase over coming months.
- **IG, IPC and Resuscitation**: Ongoing monitoring of compliance rates will take place to determine impact of actions
- **OMMT:** Expected positive impact upon tier 1 compliance from the out-of-hours sessions and improved scrutiny of training availability and release through the trajectory data

Income & Expenditure

Actual Vs Plan (YTD)

Latest Month

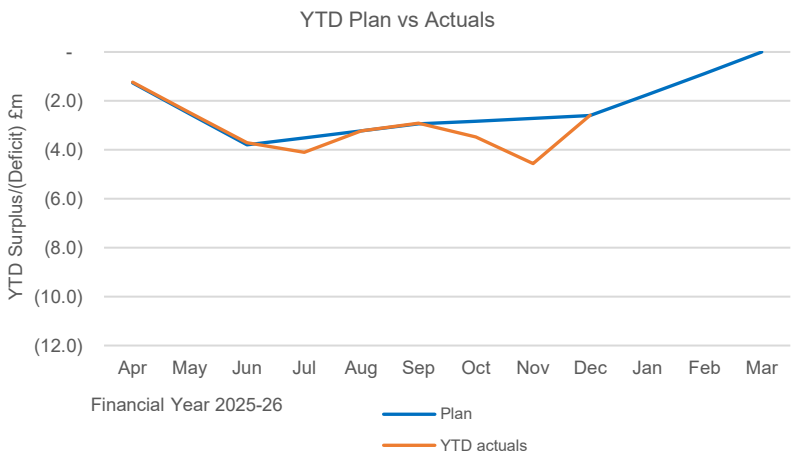
Dec-25

Year to Date Plan

£(2.6m) deficit

Year to Date Actual

£(2.6m) deficit



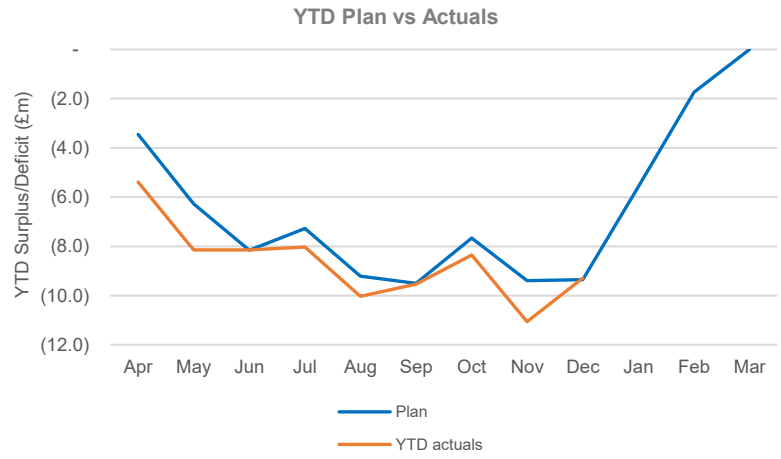
Summary

Summary:

- The financial plan for 2025/26 in Month 9 was a surplus of £0.1m. The Trust has delivered a £2.0m surplus and is £1.9 favourable to plan. Year to date the Trust has delivered a £2.6m deficit position which is on plan.
- In month, Resident Doctors took industrial action which resulted in a £0.6m reduction in income and £0.8m of additional shifts to cover gaps. The Trust also received £2.1m of national funding to offset strike costs.
- The Trust continues to have higher than planned levels of No Criteria To Reside (NCTR) and high acuity driving pressures on escalation and enhanced care costs. This has led to overspends on nursing of £0.4m in month. Due to increased activity, divisional non-pay is causing an adverse variance of £0.5m. This is offset by various non-recurrent benefits of £1.4m seen across income, pay and non-pay.
- Elective Recovery Performance in month is driving an adverse position of £1.5m (when the impact of industrial action is removed). This was offset in month by non-recurrent savings from consultant and AfC vacancies which contributed a £1.2m favourable variance. There are other favourable variances in month of £1.0m relating to IFRS 16 funding from commissioners and Welsh over-performance.
- In month, the Trust under-delivered against the recurrent Month 9 savings target by £2.4m, however, due to recognition of savings in relation to prior month schemes, CIPs are not causing an adverse variance to the in-month position. Year to date recurrent savings delivery is £16.3m and non-recurrent of £1.8m against a plan of £24.3m.

Key risks

- The Month 9 financial position is dependent on non-recurrent benefits which cannot be assumed to be available throughout the year, in year savings delivery, elective recovery activity and NCTR will therefore need to be addressed if the Trust is to break even at year end, whilst divisions need to deliver within budgets.



Latest Month

Dec-25

Year to Date Plan

£(9.4m) deficit

Year to Date Actual

£(9.3m) deficit

Summary

Summary:

- The position at the end of December is a net deficit of £9.3m against a planned deficit of £9.4m. The Trust is, therefore, broadly in line with plan. This is an improvement of £1.8m due national funding to support Industrial Action.
- Significant variances against plan are higher than planned pay expenditure (£14.0m) and increased non-pay costs (£19.6m). This is offset by higher than planned operating income (£32.5m).
- Total staff in post (substantive, bank and agency) has reduced since March. Overall, but staffing levels continue to exceed funded establishment, with nursing budgets driving the adverse pay position due to additional use of registered mental health nurses and staffing of bed escalation areas linked to NCTR.
- Agency and bank expenditure was higher in month compared with November and overall is £2.0m higher than planned YTD. Agency expenditure is 15% lower than plan YTD with expenditure in month of £0.6m, compared with £0.5m in November. Bank expenditure is 8% higher than plan YTD mainly due to the cost of industrial action, with expenditure in month of £5.1m, consistent with November.
- The average number of NCTR patients in December is 187, significantly above the system plan of 136. This equates to 22% of the Trust's bed base being occupied by NCTR patients. The year end system plan is 103 NCTR patients

Key risks

- The delivery of elective activity necessary to secure the Trust's required level of income.
- A shortfall in savings delivery will result in failure to achieve the breakeven plan without a continued step change in delivery within Clinical Divisions and Corporate Services.
- Financial recovery plan actions necessary to support the Trust's FOT are not fully achieved.

CIP

Actual Vs Plan (YTD)

Latest Month

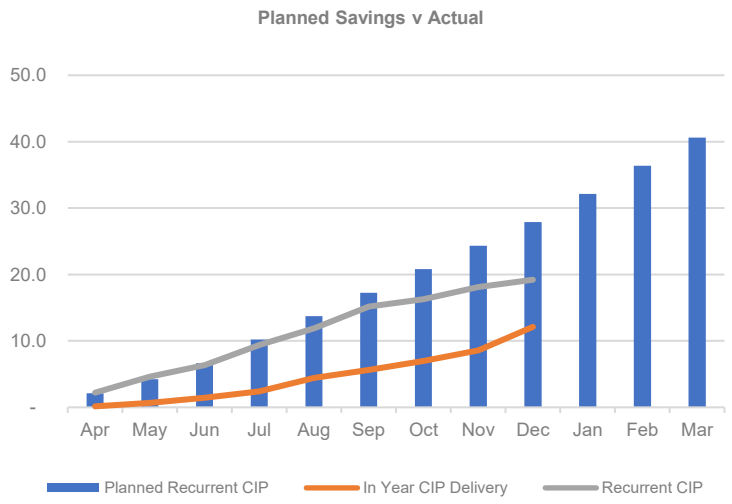
Dec-25

Year to Date Plan

£27.9m

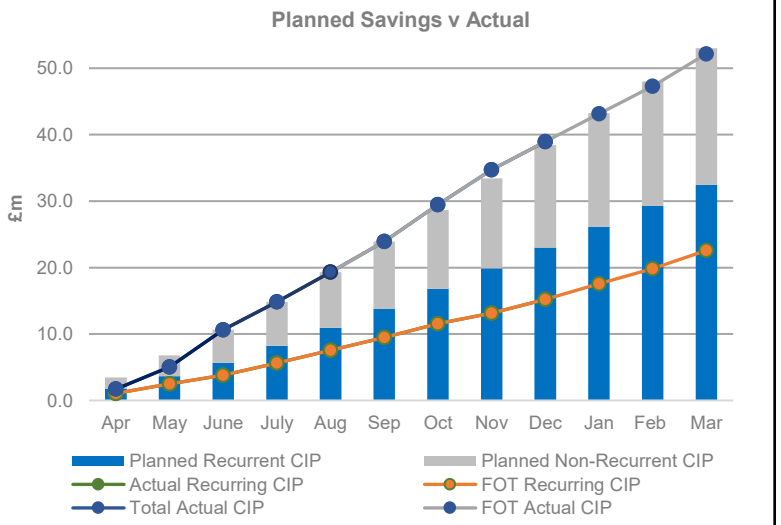
Year to Date Actual

£19.2m



Summary

- The CIP plan for 2025/26 is for savings of £40.6m with £27.9m planned delivery at Month 9.
- At Month 9 the Trust has £19.2. of completed schemes on the tracker, of which £1.8m is non-recurrent. There are a further £7.4m of schemes in implementation and planning, leaving a remaining £14.1m of schemes to be developed.
- The CIP delivery is the full year effect figure that will be delivered recurrently. Due to the start date of CIP schemes this creates a mis-match between the 2025/26 impact and the recurrent full year impact. This can be seen on the orange line on the graph above.



Latest Month

Dec-25

Year to Date Plan

£38.4m

Year to Date Actual

£38.9m

Summary

- The Trust's 2025/26 recurrent savings plan is £53.0m.
- The Divisional plans represent 70% or £37.1m of the Trust plans. 30% or £15.9m sits centrally with the corporate finance team.
- As at 31st December 2025, the Trust is reporting total savings delivery of £38.9m against a plan of £38.4m.
- The Trust is forecasting savings of £52.2m, an improvement of £0.8m from last month. This leaves a forecast in year savings delivery shortfall of £834k or 2%.
- On a recurrent basis, the full year effect forecast outturn at Month 9 is £29.5m. This leaves a resulting forecast recurrent shortfall of £23.5m or 44% of the 2025/26 target. A number of non-recurrent schemes have been utilised in year, which will not be repeatable in 2026/27. The largest component of this relates to central schemes which equates to £14.8m / 28% of the shortfall.

Workforce

Pay Costs Vs Plan Run Rate

Latest Month

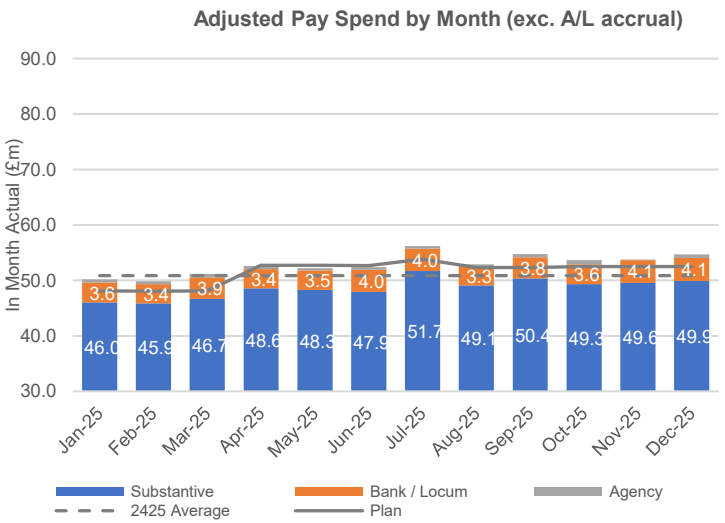
Dec-25

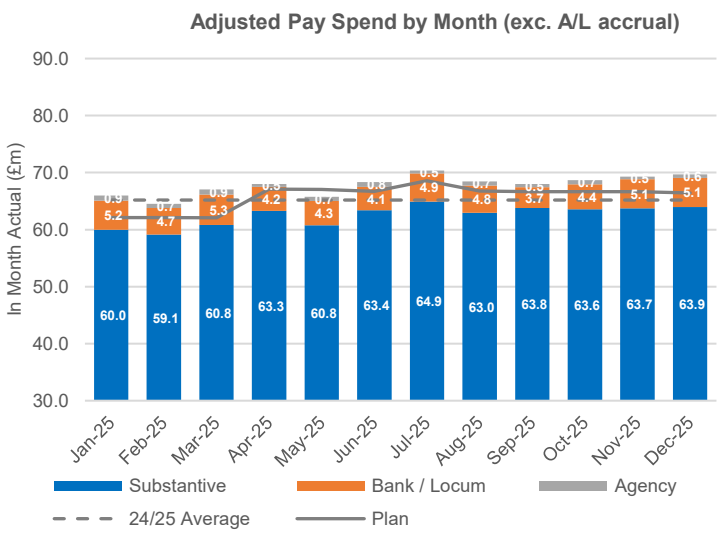
In- Month Plan

£52.5m

In-Month Actual

£54.7m





Latest Month

Dec-25

In-Month Plan

£66.4m

In-Month Actual

£69.7m

Summary

Summary

Pay spend is £2.2m adverse in month, when adjusted for pass through items, the revised position is £1.2m adverse to plan. The main drivers are:

- Industrial action – £0.8m adverse due to a Resident Doctor strike in month. This is the costs relating to additional shifts for cover.
- In year CIP - £1.0m adverse, in month impact of recurrent CIP delivery.
- Escalation and enhanced care - £0.4m adverse in nursing driven by hospital pressures.
- Vacancies - £1.2m favourable due to consultant vacancies in Anaesthetics and Imaging and other clinical/admin vacancies across all divisions.
- There are other variances of £0.2m relating to small overspends in the divisions.

Summary

Summary

- Total pay expenditure in December is £69.7m, £3.3m higher than plan due to higher than planned substantive and bank costs.
- Pay costs remain higher than plan YTD driven by the cost of nursing staffing levels exceeding planned values with levels of substantive and temporary staffing combined beyond the Trust's funded establishment by an average of 144WTE since April.
- Nursing staffing levels exceed the funded establishment by 178WTE in December. Contributing factors to the ongoing over-establishment are the use of escalation capacity, high levels of acuity requiring additional mental health input and sickness absence.
- Additional workforce controls have been put in place with effect from 1st August and the expected reduction in staff in post back to establishment remains the focus of the Clinical Divisions.

Temporary Staffing

Agency Costs Vs Plan Run Rate

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month

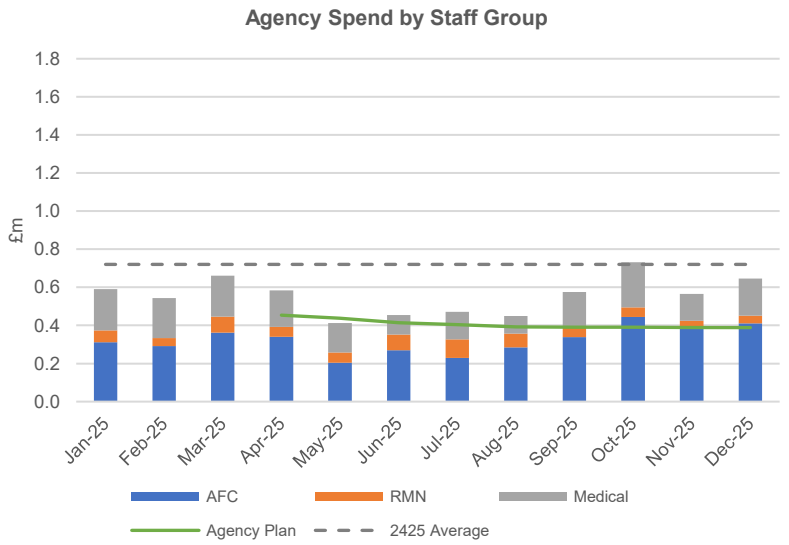
Dec-25

In-Month Plan

£0.4m

In-Month Actual

£0.6m



Summary

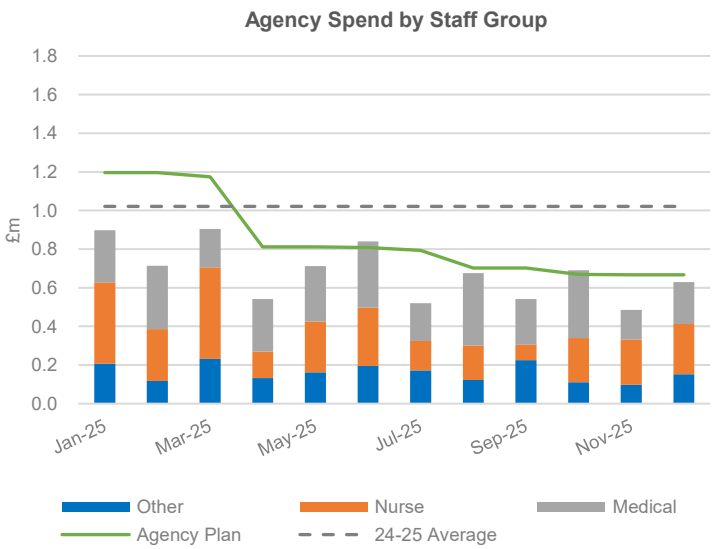
Summary

Monthly Trend

- Agency spend in December has Increased compared to November. This is largely driven by an increase consultant agency in Medicine due to a mixture or sickness, maternity cover and an increase in hospital pressures.
- Overall spend in month is driven by consultant agency usage in Medicine and ASCR covering vacancies, nursing agency usage in Critical Care and ED due to increased acuity, as well as Healthcare Scientists in Cardiology to deliver ECHO activity.

In Month vs Prior Year

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



Latest Month

Dec-25

In-Month Plan

£0.7m

In-Month Actual

£0.6m

Summary

Summary

Monthly Trend

- Agency expenditure in December is £0.6m, £0.1m below plan and consistent with November's agency expenditure. YTD agency expenditure is 15% below plan.
- Agency expenditure is c1.0% of total pay costs.
- Agency usage continues to be largely driven additional escalation bed capacity across nursing and medical staffing due to a deterioration in the NCTR position against plan. The use of registered mental health nurses is also a key driver.
- Nurse agency shifts increased by 194 or 31% in December compared with November.
- Medical agency expenditure is higher by £0.1m from the previous month. The number of shifts covered has decreased from 186 in November to 170 in December.

In Month vs Prior Year

- Trustwide agency spend in December is £0.6m or c16% lower than December 2024. This is due to increased controls and scrutiny implemented across Divisions with the support Trust's Nurse leadership.

Temporary Staffing

Bank Costs Vs Plan Run Rate

Latest Month

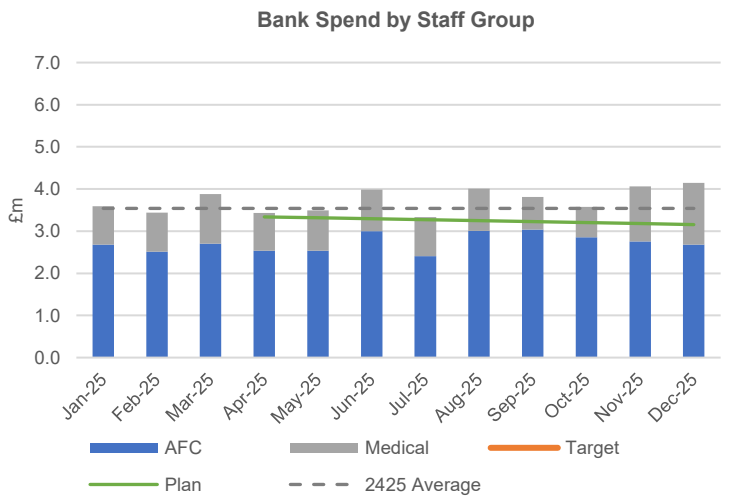
Dec-25

In-Month Plan

£3.2m

In-Month Actual

£4.1m



Summary

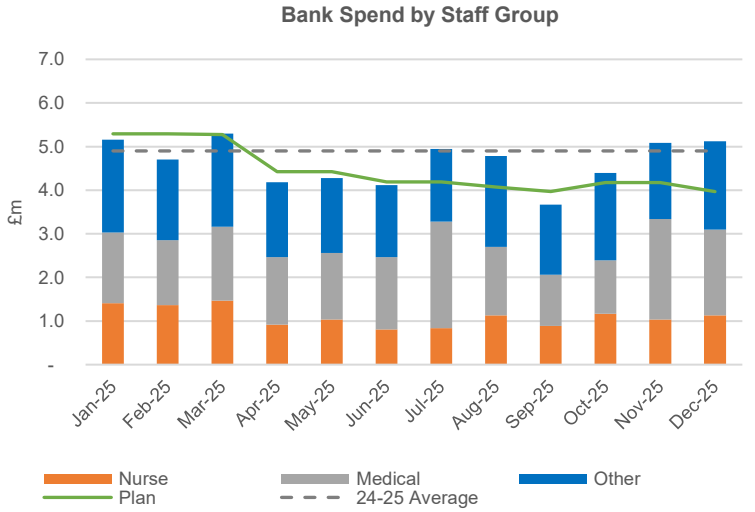
Summary

Monthly Trend

- In December, there has been an increase in bank spend compared to November. The increase has mainly been in Medical staff due to cover for the period industrial action, which gets removed from individual divisional positions

In Month vs Prior Year

- Bank spend in month is above the average 2024/25 spend, however 2024/25 spend reduced significantly in the second half of the year due to additional controls put in place. This month saw additional pressures due to cover for the period industrial action. Compared to last year, the costs will have increased on run rate due to the National Insurance increases brought in from April.



Latest Month

Dec-25

In-Month Plan

£4.0m

In-Month Actual

£5.1m

Summary

Summary

Monthly Trend

- Bank costs in December are £5.1m, consistent with November. Costs are £3.0m higher than plan YTD, due mainly to costs associated with Industrial Action. Of the £5.1m spent in December, £2.0m relates to medical bank and £1.1m to registered nurse bank.
- Nurse bank expenditure increased by £0.1m in December from £1.0m in November, whilst shifts decreased by 103 or 1%.
- Medical bank was lower than November at £2.0m. £0.7m relates to industrial action.

In Month vs Prior year

- Bank expenditure in December is £1.1m higher than the same period last year.

Capital

Actual Vs Plan

Latest Month

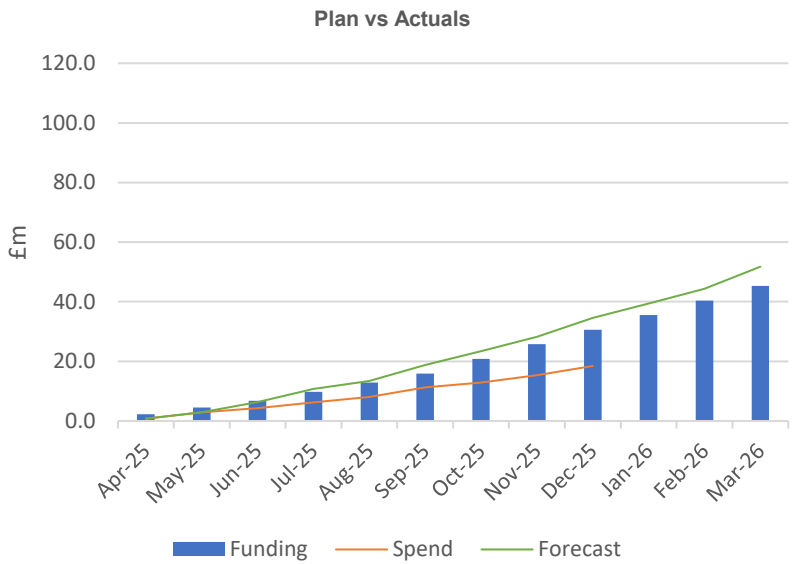
Dec-25

In-Month Plan

£6.3m

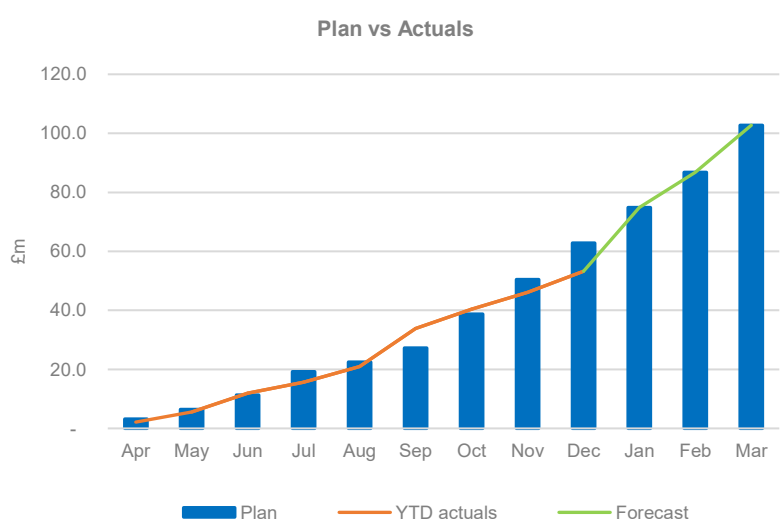
In-Month Actual

£3.0m



Summary

- The Trust currently has a system capital allocation of £22.7m for 2025/26. A further £13.5m of projects have been taken forwards as a result of national funding.
- Overall spend in Month 9 was £3.1m. This takes the overall year to date spend to £18.4m, of which £7.7m is against the Bristol Surgical Centre.
- The year-to-date variance against forecast is primarily due to delays across several projects. In most cases, spending is expected to accelerate in the coming months to align with the planned annual expenditure. Where slippage is anticipated into next year, mitigations have been implemented by bringing forward priority capital projects from 2026/27 to ensure full utilisation of available capital funding.
- Overall spend on the Bristol Surgical Centre to date is £49.8m, of which £38.3m relates to the main construction contract.
- The Trust has received approval for a £7.3m Salix grant to be spent on decarbonisation work. This funding will be received throughout the year to match spend.



Latest Month

Dec-25

In-Month Plan

£12.4m

In-Month Actual

£7.2m

Summary

- Following NHSE confirmation of capital funding allocations of £55.2m, the Trust submitted a revised 2025/26 capital plan to NHSE on 30th April 2025 totalling £102.7m. The sources of funding include:
  - -£40.5m CDEL allocations from the BNSSG ICS capital envelope;
  - -£55.2m PDC matched with CDEL from NHSE including centrally allocated schemes;
  - -£5.5m Right of use assets (leases); and
  - -£1.5m for donated asset purchases.
- YTD expenditure at the end of December is £53.2m, £9.8m behind the plan of £75.4m. Due to the re-profiling of national funding into future years.
- Significant variances to plan include slippage on Major Capital Schemes (£16.8m) and Estates Schemes (£9.2m), offset in part by ahead of plan delivery against medical equipment, digital services, fire improvement and right of use assets (IFRS16).
- The Trust continues to monitor the forecast outturn via Capital Programme Board and expects to deliver in line with the notified CDEL.

Cash

Actual Vs Plan

Latest Month

Dec-25

Target

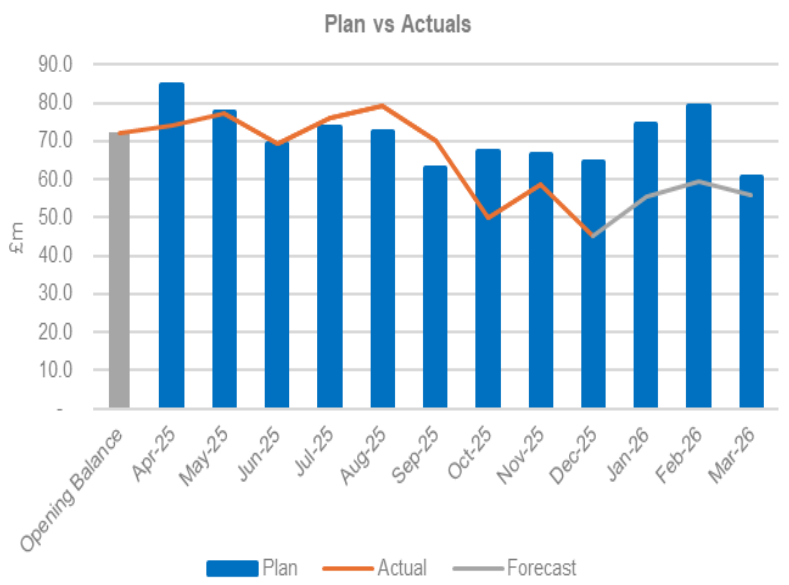
£22.3m

Actual

£26.1m

Summary

- In month cash is £26.1m, which is a £15.4m decrease from November driven by the unwinding of £14m pre-payment received from BNSSG in November.
- The cash balance has decreased by £51.3m year to date, driven by capital expenditure, delays in receiving capital income, payment of invoices relating to 2024/25 and the underlying differences between PFI cash payments and the costs recorded in the revenue position .
- Year-to-date cash balances are £3.8m higher than plan and the year end cash balance is forecast to be £24.6m (£6.2m above plan), primarily driven by lower than forecast capital cash spend.



Latest Month

Dec-25

Target

£64.7m

Actual

£45.1m

Summary

- The closing cash balance of £45.1m is a decrease of £13.8m from November.
- The £27.3m decrease from 31st March is due to a net cash inflow from operations of £26.7m, offset by cash outflow of £45.7m relating to investing activities (i.e. capital), and cash outflow of £8.2m on financing activities (i.e. loans, leases & PDC).
- The Trust's total cash receipts in December were £113.9m to cover payroll payments of £67.9m, supplier payments of £56.4m and loan repayments of £3.3m.
- YTD cash balances are £19.7m below plan and the forecast year end cash balance is below plan at £56.0m.

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Assurance and Variation Icons – Detailed Description

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

KEY
Note Performance
Constitutional Standards and Key Metrics = Escalation Summary