NHS
North Bristol
NHS Trust

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Integrated Quality and Performance Report

Month of Publication January 2026
Data up to November 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 dropped slightly to 73.4% in November (73.6% in October) 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 improved to 66.5% for November 2025 (72.8% 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, noting that there were three patients waiting beyond 65 weeks at the end of November 2025; two Paediatric Dentistry patients were delayed due to sickness absence within the service and one trauma and orthopaedic patient was waiting in excess of 65 weeks, picked up through the trust validation process. All three patients have been rebooked to be treated in 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 two complex Plastic Surgery DIEP patients waiting longer than 65 weeks at the end of November 2025 due to exceptional, unplanned, extended absence in the consultant body.

Diagnostics

For November, NBT's diagnostic performance was just outside of the national constitutional standard, reporting at 1.2%, remaining in the top quartile in the country. UHBW position in November has improved again to 11.5% but fell short of the November target of 7.0%. 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 October, UHBW remains compliant with the 31-Day and 62-Day standards but fell short of the 79% trajectory set for the Faster Diagnosis Standard (FDS), reporting 78.1%. The expectation is that the FDS position will recover during Q3, and the March 2026 target of 80% achieved.

At NBT, 28-Day FDS and the 62-Day Combined position were off plan for the month of October but reported to plan for the 31-Day Standard. The work previously undertaken has been around improving systems and processes, and maximising performance in the high-volume tumor sites. The current position is due to challenges in the Urology and Breast pathway; there are improvement plans in place to reduce the time to diagnosis and provide sufficient capacity to deliver treatments.

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

Executive Summary – Group Update

Quality

Patient Safety

UHBW had one MRSA bacteraemia case for November; this now brings the year-to-date figure to six. We are currently at the same position for year to date in 2024/25. A continued focus remains around intravenous line care which has been cited as sub-optimal in some of the cases. A detailed external review of the six cases is being held in December 2025, work across the group to replicate the NBT successes is additionally being undertaken.
NBT has seen two cases for the year to date, with none in November.

In November, Trust apportioned Esherichia Coli bacteraemia commenced reporting in the IQPR. At UHBW the threshold limit for 2025/26 is 109 cases per year, there were nine cases of *E. coli* bacteraemia in November bringing our year-to-date figure to 65. This is an increase on our position in November of 2024/25 which was at 46 cases. A three month look back exercise is being undertaken to determine whether there are any themes associated with the increase in cases; initial reviews indicate that the main sources remain hepatobiliary and urinary in source.

At UHBW there were twelve Clostridioides difficile cases for November; the breakdown is eight Hospital Onset Healthcare Associated (HOHA) cases and four Community Onset Hospital Associated (COHA) cases. Total cases year-to -date is 96 (66 HOHA, 30 COHA). The NHSE threshold for UHBW is 109 cases. Investigations are currently underway after a cluster of cases were identified on a gastroenterology/hepatology ward, rigorous additional cleaning and staff training has been undertaken in this area and further ribotyping results are awaited to determine further actions. For NBT there were 3 cases in November (seven HOHA and three COCHA), marginally above year-to-date trajectory.

UHBW recorded 132 falls in November (4.091 per 1,000 bed days), below the Trust target of 4.8. Of these, 87 occurred at the Bristol site and 45 at Weston, with three resulting in moderate harm. The Trust Falls policy is under review and will be updated to reflect the latest NICE (NG249) guidance.

At UHBW November has seen a significant increase in hospital acquired pressure ulcers across all divisions not seen previously in the year to date. There were three unstageable pressure ulcers (reportable as category 3 in Weston, Specialised Services and Medicine. There were two device related category 3 pressure ulcers in Children's. There were seven category 2 pressure ulcers, two in Medicine , three in surgery, one in Weston and one in Children's. For NBT There has been no change in incidence of grade 2 pressure ulcers in November, but performance remains above historic trends. Improvement actions are set out in the main report, including admission zone work with the TVN team supporting clinicians with appropriate equipment choice and daily check/response to operational pressures.

Since the implementation of Careflow Medicines Management (CMM) at UHBW in June 2025, VTE risk assessment rates have improved by around 10% to approximately 80%. However, the link between VTE risk assessment and prescribing VTE prophylaxis has been disrupted; improvement work is ongoing. From November, VTE risk assessments became mandatory on AMU, and efforts are underway to make VTE RA and VTEP prescribing visible on ward boards. Teaching sessions for resident doctors are planned for December. For NBT compliance has improved following CMM implementation to 97.4%, above the national target of 95% for the first time.

In November 2025, UHBW recorded 296 medication-related incidents, with two causing moderate or greater harm (one further incident is under review). A resource proposal for Pharmacy staffing to support medicines safety improvement is being developed. NBT recorded 122 medication incidents, the overall trend continuing to illustrate a positive variation from the historic mean position.

Patient & Carer Experience

At UHBW the compliance rate for complaints responses has improved from 60% in September to 70% in October, of the 90 complaints responded to in October, 63 were closed within the agreed timescale and 27 were outside of the agreed timescale. Consistent improvement over the last 4 months is a result of the removal of any complaint backlog and the focus within the Divisions to respond in a timely manner.
Within NBT the monthly complaints figures continue to trend above the historical mean, with 68 received in November and a static position for PALS concerns. Timely response was relatively unchanged at 71%, reflecting the sustained positive impact of ASCR Division's recovery plan.

Executive Summary – Group Update

Our People

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

Turnover

- **NBT** turnover is 9.9% in November, below the NBT target of 11.3% for 2025/26
- **UHBW**, turnover is 9.5% in November and below target.

Vacancy Rate

- **NBT** is 8.0%, small reduction in vacancies driven by healthcare support worker recruitment. A deep dive into our 25/26 planning assumptions and our current position is in progress focussing on quantifying the risk of non-delivery. The outcome will be taken through Group People Oversight Group for review and agreement on mitigating actions.
- **UHBW** is 4.6%, an increase from 4.3% in October 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 October rate. This does not trigger an escalation summary against the cumulative annual target.

Essential Training

- **NBT** – 88.1% against a target of 90% - key hotspots are Infection Prevention Control and Information Governance
- **UHBW** - 89.6% against a target of 90%. key hotspots are Moving and Handling, Resuscitation and Information Governance

Both Trusts continue to carry out focussed work with subject matter expert in progress to identify recovery actions including improvements to delivery models, communication and promotion and ongoing governance and 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 will be presented with a trajectory to achieve compliance with the ICB target of 63.3% by Mar-26. Focus will be on what would be required to achieve target in terms of training attendance, available capacity and current future bookings to provide a confidence level for delivery – recognising the current challenge seasonal pressures provides in releasing staff for training.

Executive Summary

Finance

In Month 8 (November), NBT delivered a £1.1m deficit position which is £1.2m adverse to plan. Year to date NBT has delivered a £4.6m deficit position against a £2.7m deficit plan.

UHBW delivered a £2.7m deficit in month 8, against a deficit plan of £1.7m. UHBW's year to date deficit is £11.0m, £1.6m adverse to plan.

Pay expenditure within NBT is £1.3m adverse to plan in month. This is driven by overspends in nursing and healthcare assistants due to escalation and enhanced care, under-delivery against in-year savings which is offset by vacancies in consultant and other staff groups.

Pay expenditure in UHBW is £2.7m adverse to plan in month. This is driven mainly by higher than planned 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 30 November 2025 is £41.5m, £9.8m higher than planned, a £35.9m reduction from 31 March 2025.

The UHBW cash balance as at the 30 November 2025 is £58.9m, £7.9m lower than planned, a £13.4m 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	Nov-25	66.5%	69.7%	61.5%	F-	C	Escalation Summary
		UHBW	Nov-25	66.5%	72.3%	66.6%	?	C	Escalation Summary
Responsive	ED % Spending Over 12 Hours in Department	NBT	Nov-25	8.4%	2.0%	9.9%	F-	C	Escalation Summary
		UHBW	Nov-25	4.0%	2.0%	6.9%	F	C	Escalation Summary
Responsive	Bristol Children's Hospital ED - Percentage Within 4 Hours								
		UHBW	Nov-25	69.7%	No Target	84.7%	n/a	C	Note Performance*
Responsive	ED 12 Hour Trolley Waits (from DTA)	NBT	Nov-25	366	0	401	F-	C	Escalation Summary
		UHBW	Nov-25	243	0	562	F-	C	Escalation Summary
Responsive	Ambulance Handover Delays (under 15 minutes)	NBT	Nov-25	34.3%	65.0%	27.4%	F-	C	Escalation Summary
		UHBW	Nov-25	44.2%	65.0%	36.2%	F-	H	Escalation Summary
Responsive	Average Ambulance Handover Time	NBT	Nov-25	25	44	29	P	C	Note Performance
		UHBW	Nov-25	19.0	45.0	23.6	P	L	Note Performance
Responsive	% Ambulance Handovers over 45 minutes	NBT	Nov-25	13.1%	0.0%	18.6%	F-	C	Escalation Summary
		UHBW	Nov-25	3.2%	0.0%	10.0%	F-	L	Escalation Summary
Responsive	No Criteria to Reside	NBT	Nov-25	22.2%	15.0%	23.7%	F-	L	Escalation Summary
		UHBW	Nov-25	20.1%	13.0%	22.1%	F-	C	Escalation Summary
Responsive	RTT Percentage Over 52 Weeks	NBT	Nov-25	0.3%	1.0%	0.3%	P	L	Note Performance
		UHBW	Nov-25	1.3%	1.1%	1.4%	F-	L	Escalation Summary
Responsive	RTT Ongoing Pathways Under 18 Weeks	NBT	Nov-25	66.4%	71.1%	66.9%	F-	H	Escalation Summary
		UHBW	Nov-25	67.3%	66.5%	66.2%	F-	H	Escalation Summary

* with commentary

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

NHS North Bristol NHS Trust

Responsiveness

Scorecard

NHS University Hospitals Bristol and Weston NHS Foundation Trust

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	RTT First Attendance Under 18 Weeks	NBT	Nov-25	70.8%	72.3%	70.1%	?	H	Note Performance
		UHBW	Nov-25	69.9%	69.8%	68.7%	F-	H	Escalation Summary
Responsive	Diagnostics % Over 6 Weeks	NBT	Nov-25	1.2%	1.0%	1.1%	?	L	Note Performance
		UHBW	Nov-25	11.5%	7.0%	12.7%	F-	L	Escalation Summary
Responsive	Cancer 28 Day Faster Diagnosis	NBT	Oct-25	77.9%	79.2%	76.8%	F	C	Escalation Summary
		UHBW	Oct-25	78.1%	79.0%	75.1%	?	C	Escalation Summary
Responsive	Cancer 31 Day Decision-To-Treat to Start of Treatment	NBT	Oct-25	90.5%	88.5%	87.9%	?	H	Note Performance
		UHBW	Oct-25	96.6%	96.0%	96.6%	P	H	Note Performance
Responsive	Cancer 62 Day Referral to Treatment	NBT	Oct-25	63.5%	72.7%	61.6%	F	C	Escalation Summary
		UHBW	Oct-25	77.2%	73.2%	75.2%	P	H	Note Performance
Responsive	Last Minute Cancelled Operations	NBT	Nov-25	0.8%	0.8%	0.7%	P	C	Note Performance
		UHBW	Nov-25	1.8%	1.5%	3.0%	F	C	Escalation Summary
Responsive	% to Stroke Unit within 4 Hours	NBT	Oct-25	50.0%	90.0%	47.5%	F-	C	Escalation Summary
Responsive	Stroke Thrombolysis within 1 hour	NBT	Oct-25	57.1%	60.0%	53.3%	?	C	Escalation Summary
Responsive	90% Time in Stroke Unit Performance validated	NBT	Oct-25	36.7%	90.0%	60.0%	F-	L	Escalation Summary
Responsive	% Seen within 14 Hours by a Stroke Consultant - Validated	NBT	Oct-25	74.6%	90.0%	82.9%	F	C	Escalation Summary

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

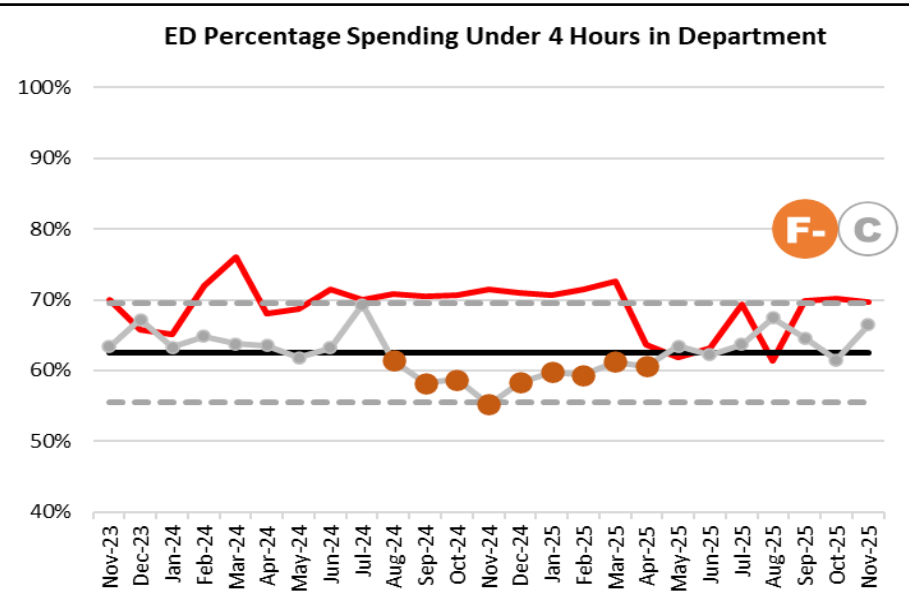
Responsiveness

UEC – Emergency Department Metrics

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Nov-25
Target
69.7%
Latest Month's Position
66.5%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).

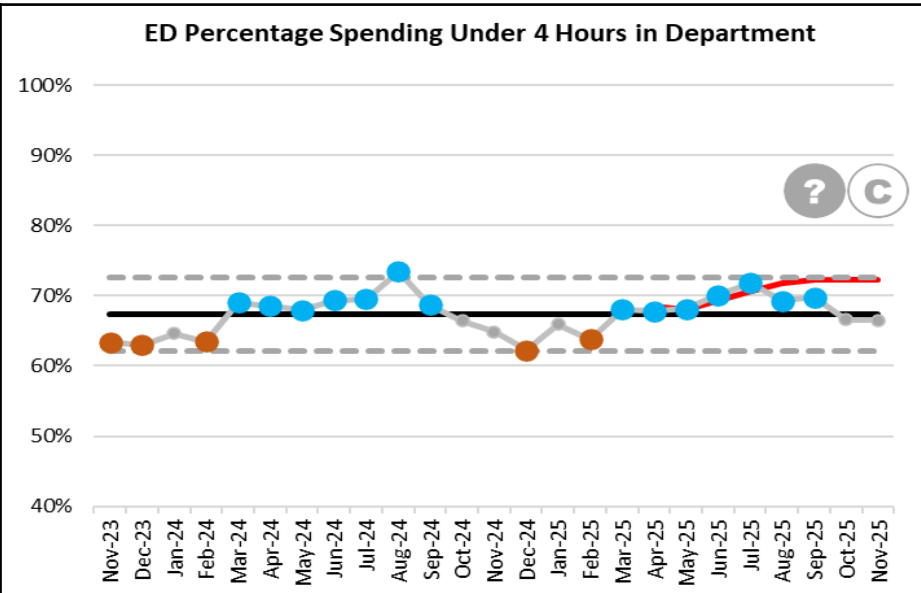


What does the data tell us?
The percentage of patients spending under 4 hours in ED for November increased to 66.5% (c11% higher than November 2024), and back above the mean. There were improvements across all streams (minors, non-admitted majors and admitted to inpatients). Attendances were down by c7% in November compared to October, but up by c3% compared to YTD.

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

1) Following the test of Change week at the end of November the teams are working to embed the improvements (eg EDAU staffing model, alternative locations for expected patients and working with ICB and Community Emergency Medicine Service on reducing ambulance conveyances).
2) As part of the UEC improvement programme we will also be substantiating test of change weeks as part of our ongoing approach – we are currently working up a set of schemes to test in February and intend the run the process on a quarterly basis alongside our more major transformation projects.
3) Analysis has been produced looking into performance benefits seen during periods of resident doctor industrial action. We are reviewing this to determine what improvements we can replicate in non-strike periods.

Impact on forecast
December performance to date is predicted to be maintained at c 66-67% against the four-hour standard.



Latest Month
Nov-25
Target
72.3%
Latest Month's Position
66.5%
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 static for November at 66.5% compared to 66.6% during October, though a notable improvement at the BRI (47% in October; 55% in November). November saw a decrease in attendances to all ED's across the trust except for the BRCH.

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 will continue to iterate and maintain the Trust position; c66% in December
The End of Year Target for this measure is 72.3% (78% inclusive of Sirona type-3 uplift)

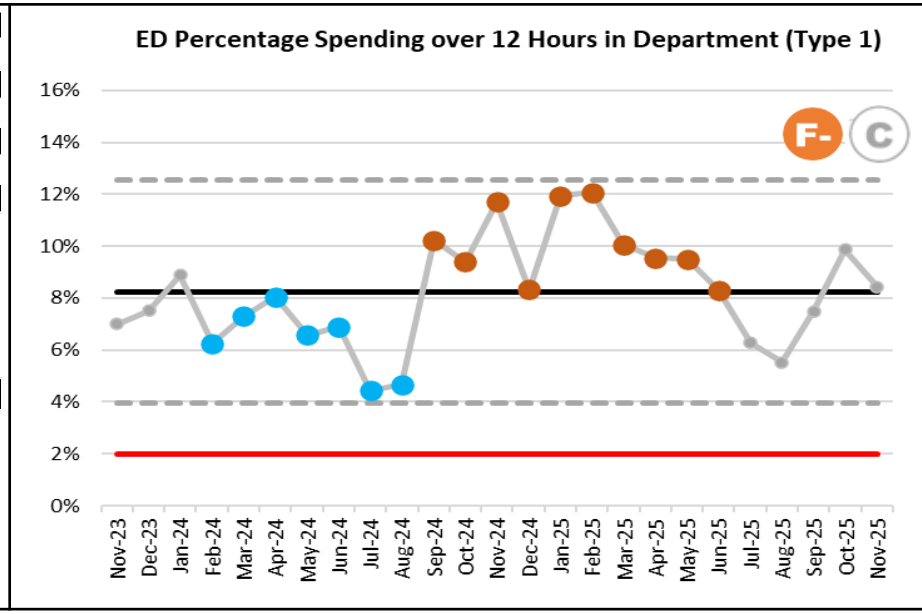
Responsiveness

UEC – Emergency Department Metrics

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Nov-25
Target
2.0%
Latest Month's Position
8.4%
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).



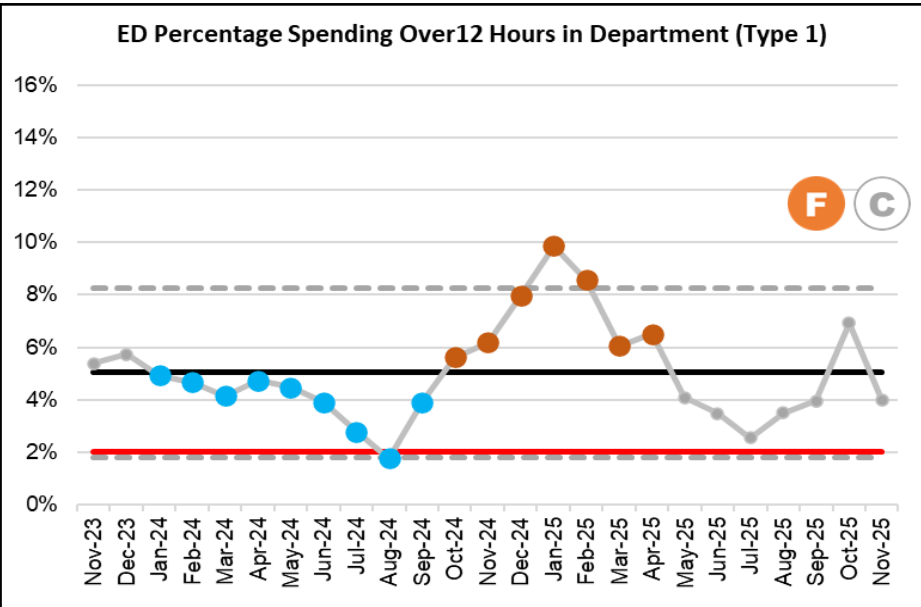
What does the data tell us?
The percentage of patients spending over 12 hours in ED decreased to 8.4% in November (which is 3.5% lower than November 2024). In November compared to October admissions were down by 4.6%, but remain at an overall 12% increase YTD.

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

1) During the GIRFT Test of Change Week improvements were made, including DTA flow out of ED at 8am, Medicine weekend discharge approach, care ready / bed turnaround times on inpatient wards and in the escalation approach for challenged continuous flow moves. We are working to embed these changes during December as well as working up the next test of change cycle for February.

2) NBT's GIRFT Lead chaired a Criteria to Admit Audit in the emergency department during November. We have a criteria to admit audit of the GP referred medical take planned for early January and intend to use this as a platform to work with system partners on increasing prevention of admission work.

Impact on forecast: December performance has been extremely challenged due to infection and we are currently tracking a deteriorated position. Work across the month will focus on pulling this back to a c8-9% position.



Latest Month
Nov-25
Target
2.0%
Latest Month's Position
4.0%
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)

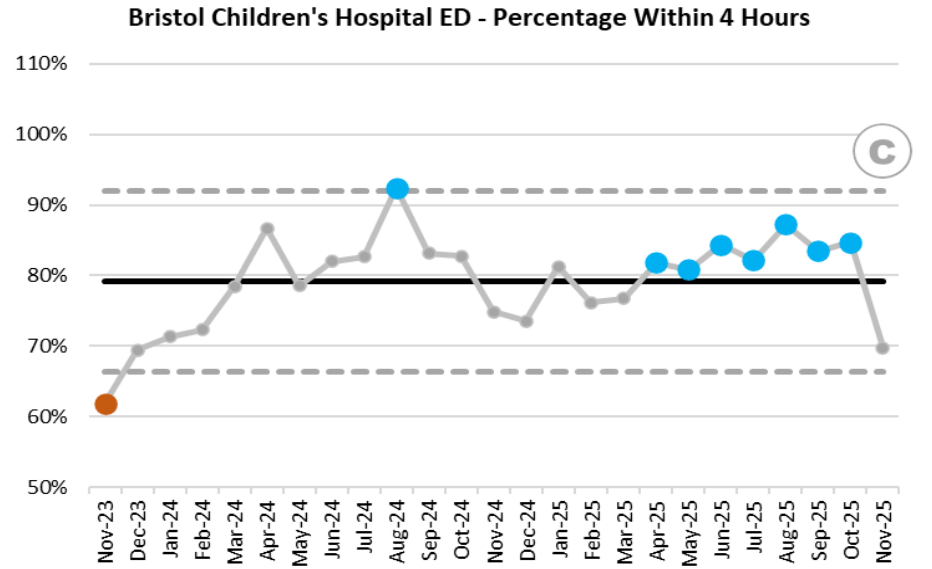
What does the data tell us?
The percentage of patients spending over 12 hours in ED for the month of November (4%) improved compared to October (6.9%) and well below the national threshold of 10%. Notable improvement was seen at the BRI with a decrease in 12 hr waits from 10% in October to 4% in November (BRI admitted patients waiting over 12 hrs dropped from 27% in October to 11% in November). November also saw a decrease in overall ED attendances and admissions across adult services and a slight drop in bed occupancy rates.

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

Impact on forecast
The focused improvement efforts described above are anticipated to maintain the position through the remaining months of the year (c6% December).

Responsive

UEC – Emergency Department Metrics



Latest Month
Nov-25

Target
No Target

Latest Month's Position
69.7%

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?
A significant increase in ED attendances during November (158 per day in November; 141 per day in October) and an associated deterioration in ED 4-hour performance (November 69.7%; October 85%) which is a drop when compared with the previous November 2024 (75.67%).
There have been days where the Children's Hospital has seen over 200 patients and flow has been challenging due to high seasonal respiratory attendances. High acuity overnight with delays in patients waiting to be seen in ED plus delays with lab results preventing onward transfer to an inpatient bed.

Actions being taken to improve
- 4-hour breach working group has been established to review breaches and identify learning
- ENP to support streaming to support timely assessment and discharge
- Escalation policy at final stage of sign off and will be shared with the hospital
- Implementation of P-ACE to prevent admissions
- Patient Flow Coordinator has started on 13/12 which will further support validation of 4hr breaches
- Additional 'short late' consultant approved for 10 days in December to support bottleneck of patients in the department late into the evening waiting to be seen

Impact on forecast
4hr position continues to be a challenge ahead of the winter months (December provisional position c73%)

Responsiveness

UEC – Emergency Department Metrics

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

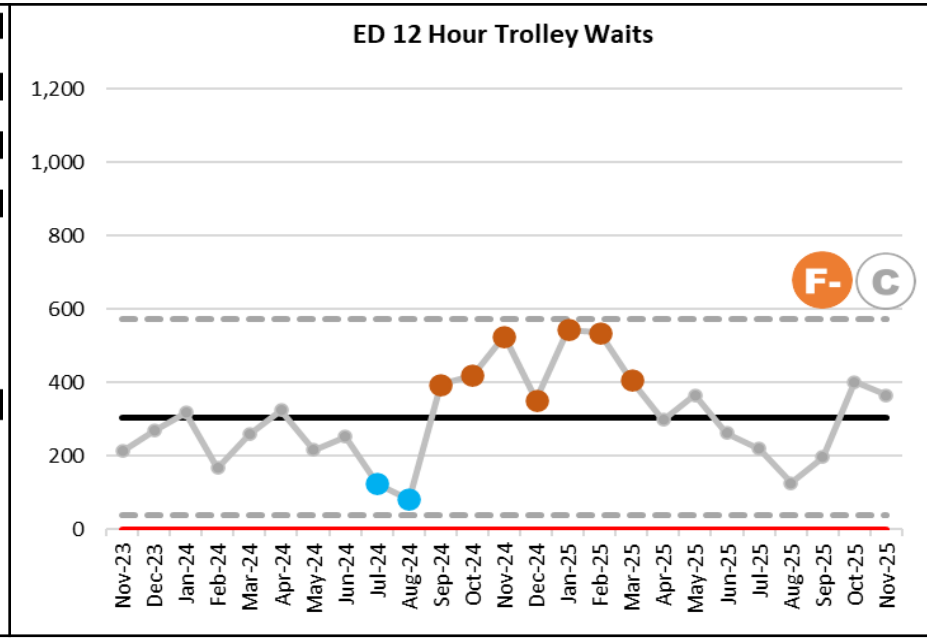
Latest Month
Nov-25

Target
0

Latest Month's Position
366

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

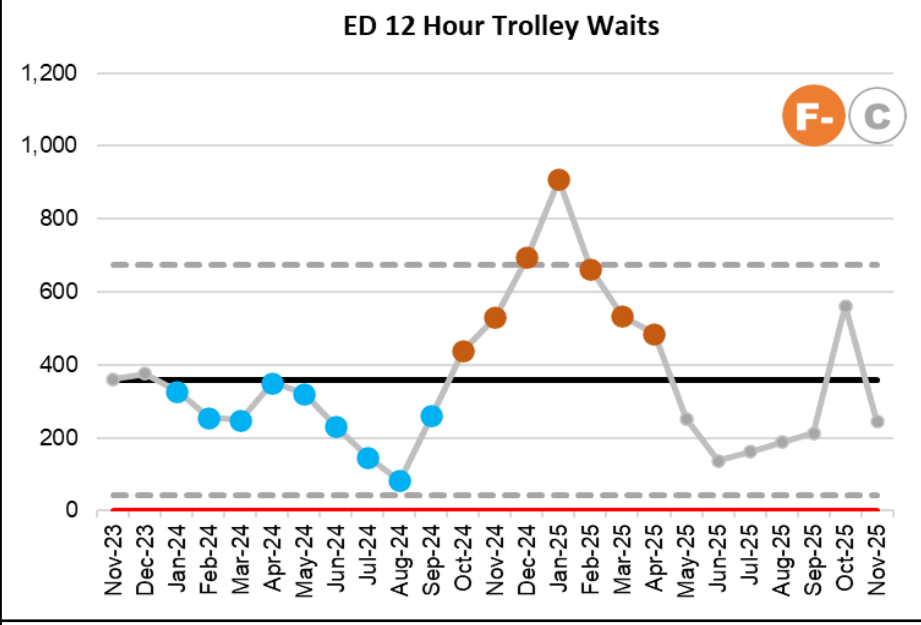
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



What does the data tell us?
The number of 12 hour trolley waits decreased compared to the previous month to 366.

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
Nov-25

Target
0

Latest Month's Position
243

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 decreased throughout November to 243 compared to 562 in October

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 December.

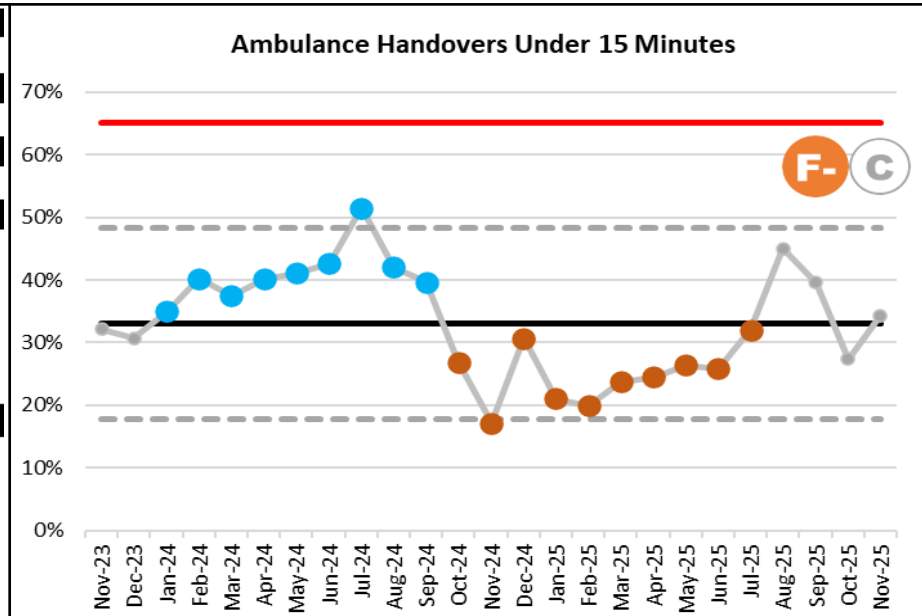
North Bristol NHS Trust

Responsiveness

UEC – Ambulance Handover Delays

University Hospitals Bristol and Weston NHS Foundation Trust

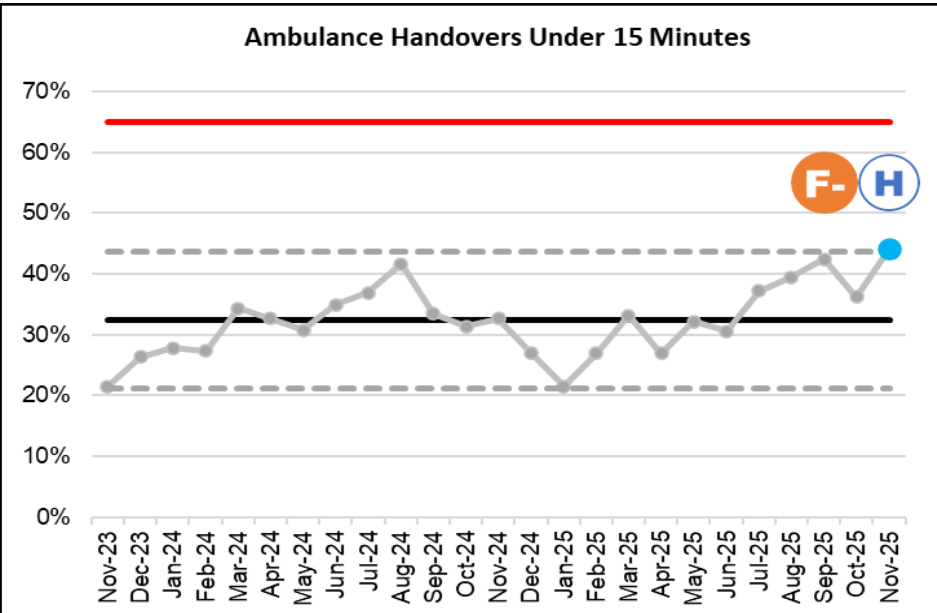
Latest Month
Nov-25
Target
65.0%
Latest Month's Position
34.3%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



What does the data tell us?
The proportion of handovers completed within 15 minutes has increased to 34.3%, back above the mean and an improved position compared to November of the two previous years. Total hours lost during the month was the lowest YTD. Total conveyances were up by an average of ten per day compared to November 2024.

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.

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
Nov-25
Target
65.0%
Latest Month's Position
44.2%
Performance / Assurance
Special Cause Improving Variation High, where up is improvement but target is greater than upper 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 handovers within 15 mins continue to show a trend of improvement into November at 44.2% compared to 36.2% in October. Notable increase observed at BRI from 28.5% in October to 42.7% in November. This is despite an increase in conveyances across all sites throughout November.

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

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

Responsiveness

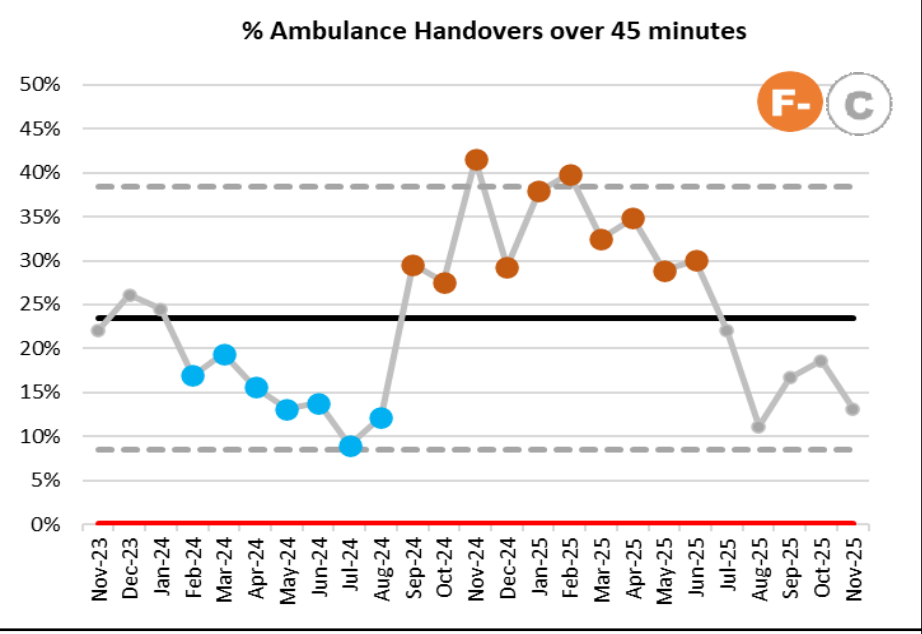
UEC – Ambulance Handover Delays

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Nov-25
Target
0.0%
Latest Month's Position
13.1%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration

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

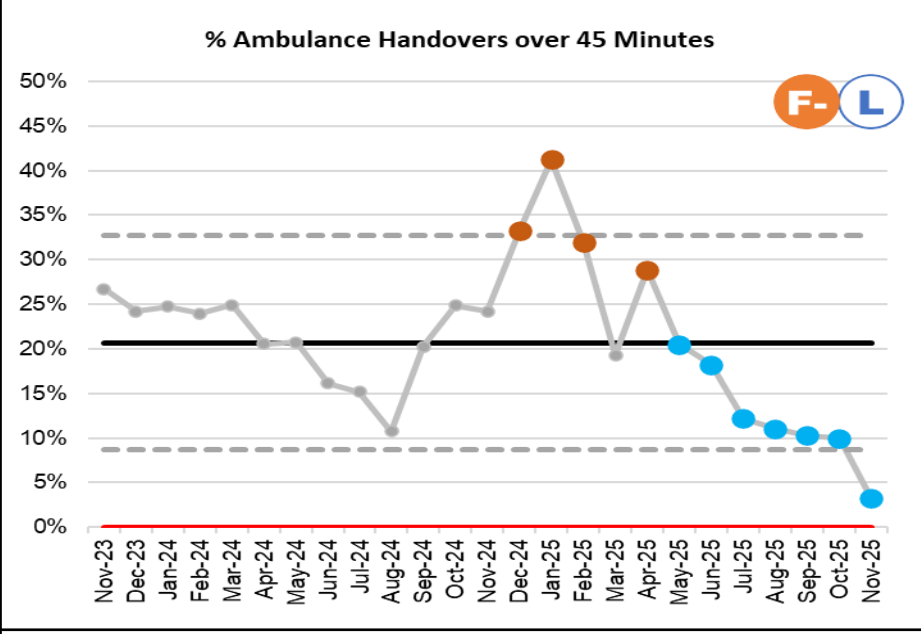


What does the data tell us?
The proportion of handovers over 45 minutes decreased in November 2025 to 13.1% , significantly lower than the previous two Novembers' performance. This has been positively impacted by application of the Timely Handover Plan, however, this has added pressure to the density of patients in the Emergency Department.

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.

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



Latest Month
Nov-25
Target
0%
Latest Month's Position
3.2%
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 markedly improved throughout November at 3.2% compared to 10% in October, despite an increase in conveyances across all ED's. Improved inpatient flow and bed occupancy throughout November will have contributed towards the improvement in ambulance handovers within 45 mins.

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

Impact on forecast
The improvement work outlined above is expected to contribute to the ongoing achievement of the <45- minute average ambulance handover time; December provisional position c5%

Responsiveness

UEC – No Criteria To Reside

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

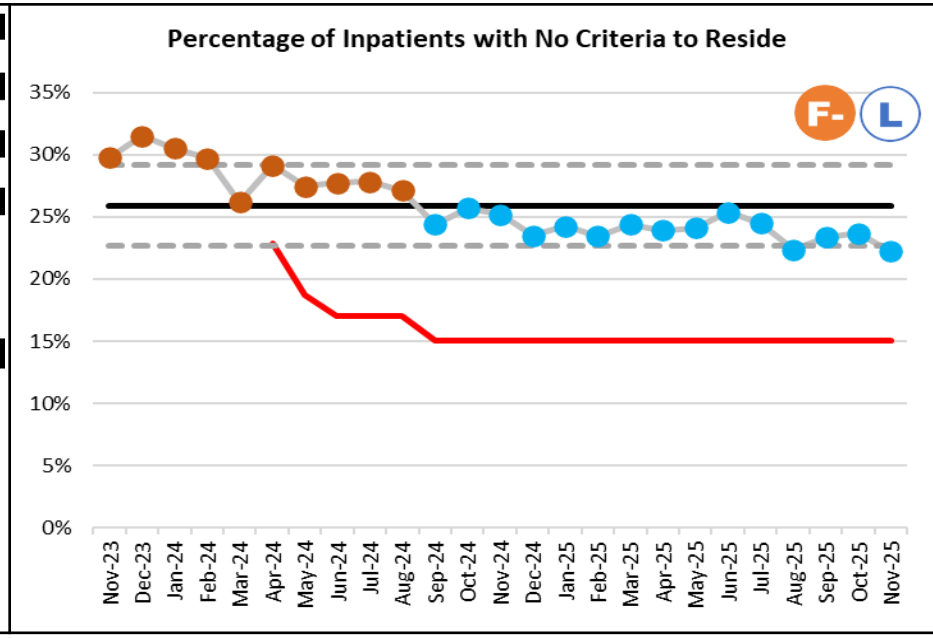
Latest Month
Nov-25

Target
15.0%

Latest Month's Position
22.2%

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).

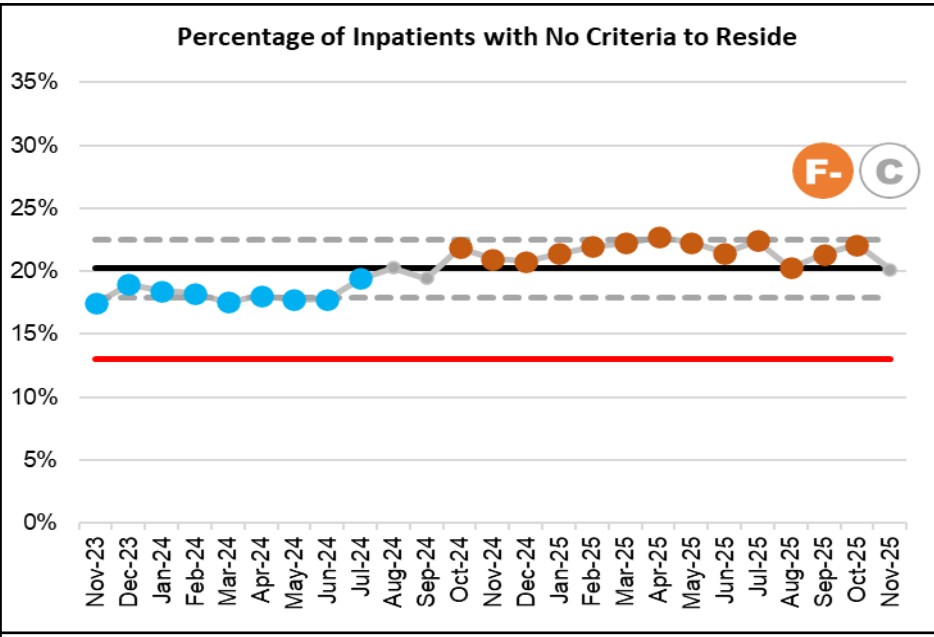


What does the data tell us?
No Criteria to Reside (NCTR) decreased to 22.2% but remains above the BNSSG system target of 15%.

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.

Impact on forecast
System NCTR target: 15% NBT remains unmet.



Latest Month
Nov-25

Target
13.0%

Latest Month's Position
20.1%

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?
No Criteria to Reside (NCTR) position improved in November: 20.1% vs October, 22.1% (BRI: 17.3%, October 20.1% ; Weston 27.6%, October 30.3%), noting fewer discharges overall vs October. The proportion of complex patients requiring specialist care remains high with inadequate beds capable/available to support.

Actions being taken to improve
System focus on improvement plans to deliver the 15% NCTR reduction continues:
•Admission avoidance through various initiatives e.g. CEMs 5 days a week + telephone shifts
•Transformation work underway (national support by iMpower) to develop a Home Based Intermediate Care model,(HBIC): Demand and capacity modelling underway to ensure appropriate provision.
•Development of an IP Intermediate Care model: Capacity and Demand Modelling with Action Plan to reduce community LoS to be developed.
•Home First Team improvement projects: Continuing Health Care Fast Track - **a reduction of average 4 days since August**
Early Supported Discharges enables patients to leave hospital before their package of care start date with family support: 92 patients left hospital early saving 267 bed days in November.

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

Responsiveness

Planned Care – Referral to Treatment (RTT)

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

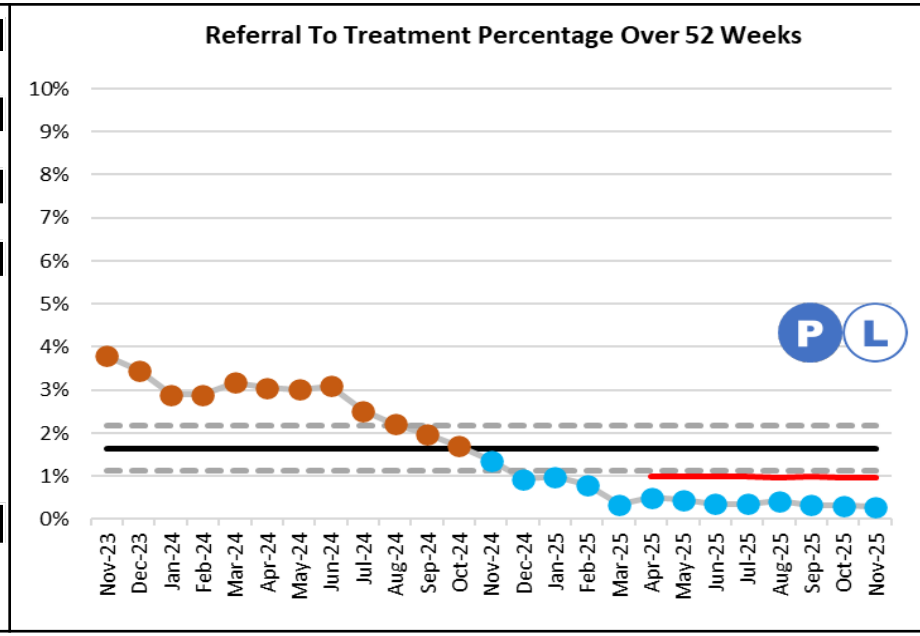
Latest Month
Nov-25

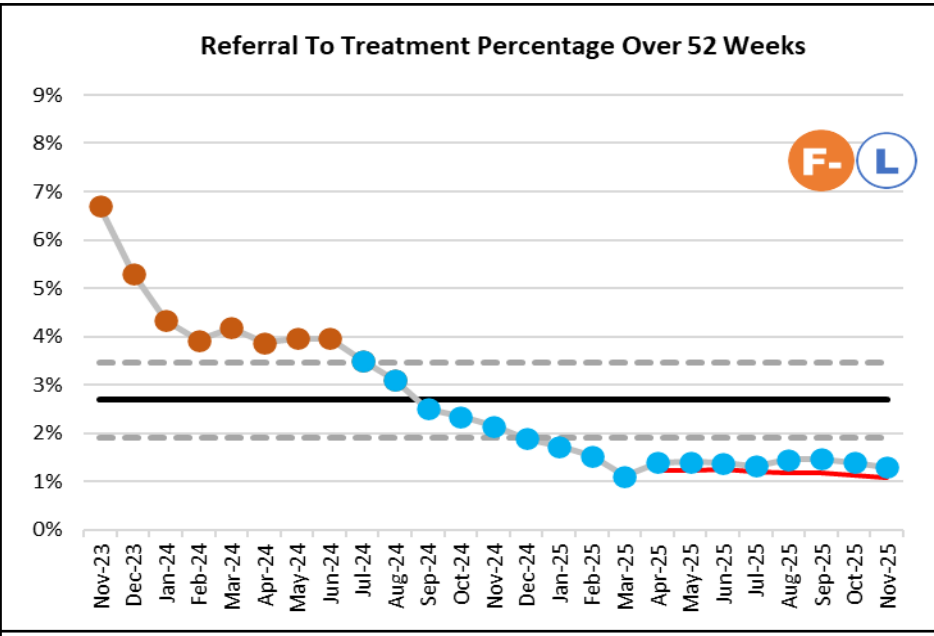
Target
1.0%

atest Month's Position
0.3%

erformance / Assurance
Special Cause Improving Variation Low, where down is improvement and last six data points are less than target

Corporate Risk
No Trust Level Risk





Latest Month
Nov-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 November there were three patients waiting greater than 65 weeks;

- Two Paediatric Dentistry patients due to unforeseen consultant sickness absence, further exacerbated by staffing in the anaesthesia team in the Children's Hospital.
- One T&O patient was identified through trust validation processes.

All three patients have dates for treatment in December.

673 patients were waiting 52 weeks or more at the end of November (730 in October), against the total waiting list size of 52,104 which equates to 1.3% against the 1.1% trajectory set for November 2025. The overall waiting list size reduced by 392 to 52,104 during October, against the Trust trajectory for October of 50,334

Actions being taken to improve

Actions include a combination of augmentation to better align resources to the scale of the demand challenge, underpinned ultimately with support from productivity improvements, additional WLIs and super Saturdays and use of insourcing and waiting list initiatives with on-boarding of consultants and specialist doctors to fill some of the recruitment gaps.

Recovery plans 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%

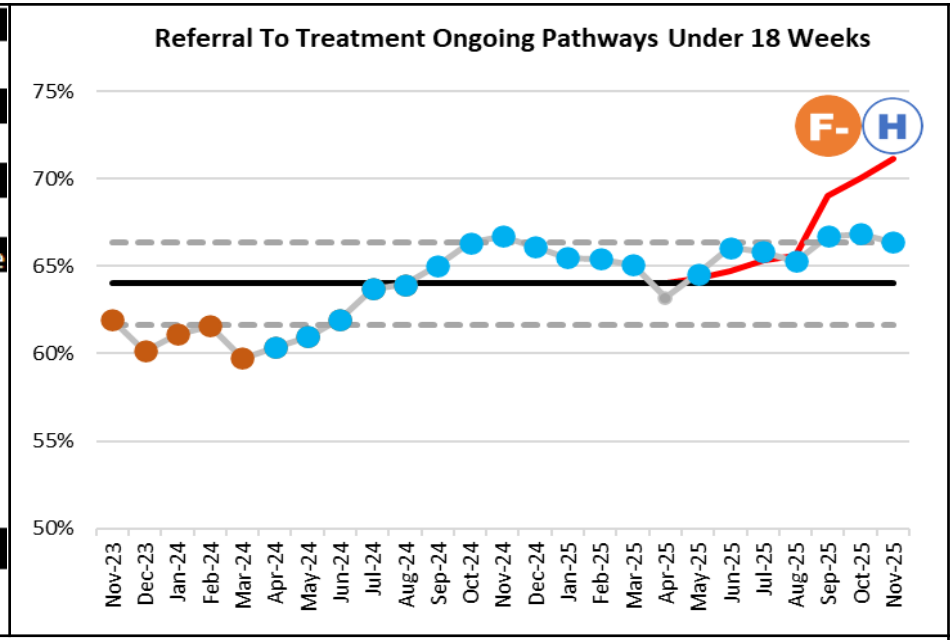
Responsiveness

Planned Care – Referral to Treatment (RTT)

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

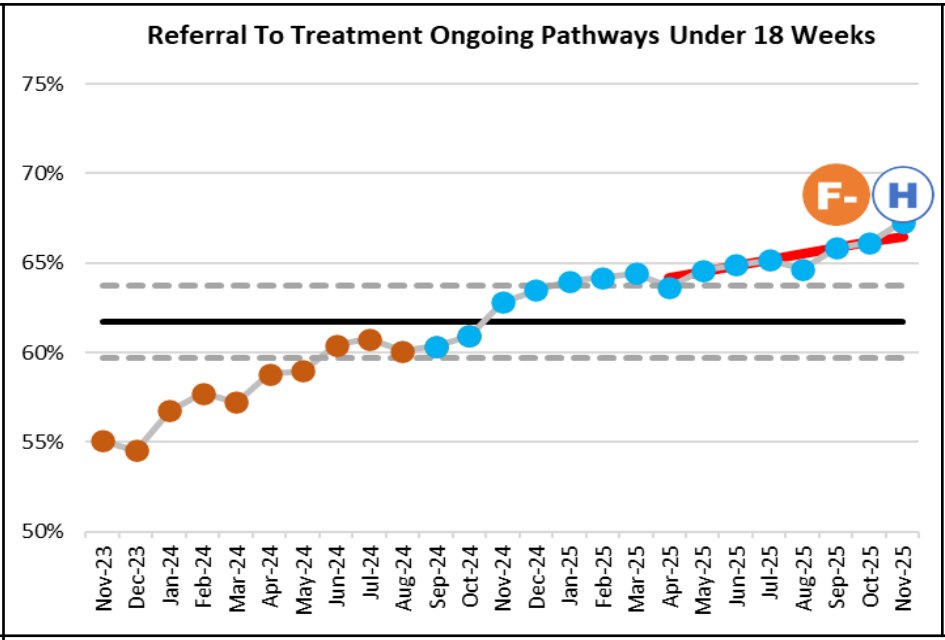
Latest Month
Nov-25
Target
71.1%
Latest Month's Position
66.4%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is
Trust Level Risk
No Trust Level Risk



What does the data tell us?
At the end of November, the percentage of patients waiting less than 18 weeks was 66.4%, performing under the Trust trajectory of 71.1% set as part of the Trust operational planning submission (target of 72% by March 2026). This deterioration was partly due to the phased activity plan related to the BSC not meeting trajectory and the relocation of gynaecology theatres affecting productivity.

Actions being taken to improve
The 2025/26 delivery plans developed with clinical divisions, incorporate additional resource for some of the services (e.g. neurology and pain specialties) requiring greater support to recover their position.
The Princess Royal Bristol Surgical Centre (PRBSC) 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
Anticipated to deliver end of year target.



Latest Month
Nov-25
Target
66.5%
Latest Month's Position
67.3%
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 November, the number of patients waiting less than 18-weeks is 35,069 (67.3%) exceeding the target for the end of November of 66.5%

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 validation focuses 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

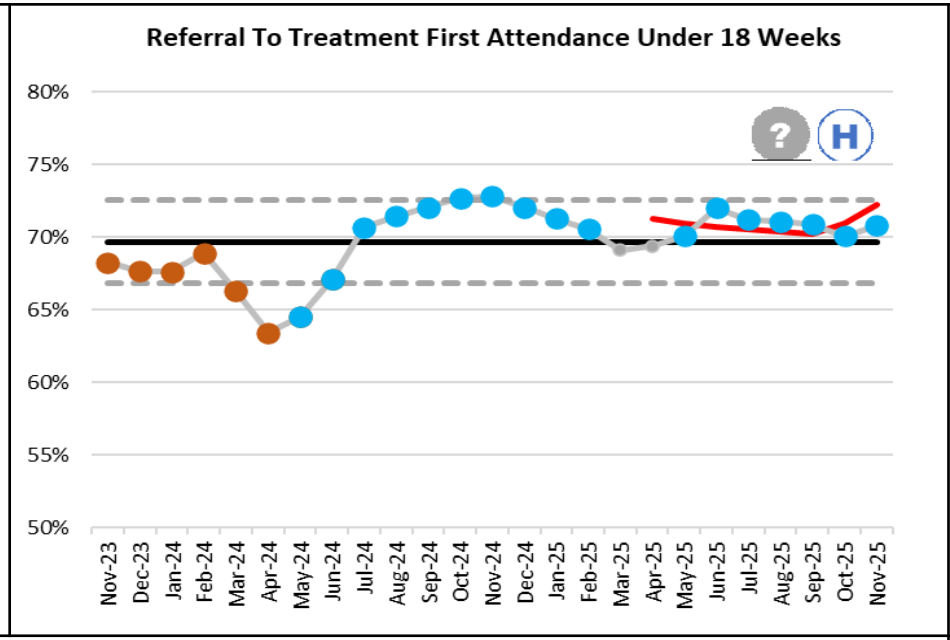
Latest Month
Nov-25

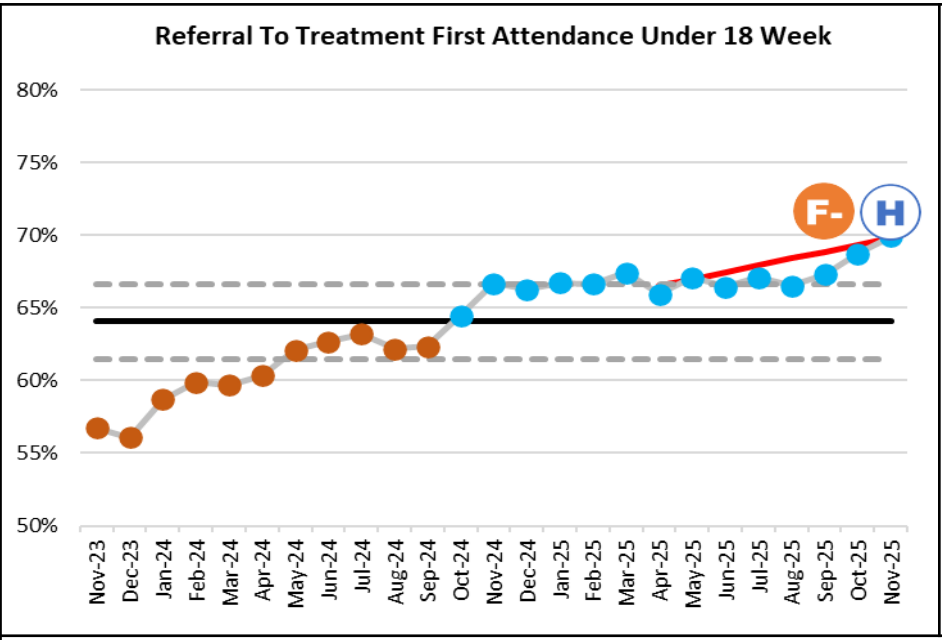
Target
72.3%

Latest Month's Position
70.8%

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

Corporate Risk
No Trust Level Risk





Latest Month
Nov-25

Target
69.8%

Latest Month's Position
69.9%

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)

No narrative required as per business rules.

What does the data tell us?
At the end of November, the percentage of patients waiting less than 18 weeks for their first appointment improved to 69.9% (68.7% October) against the target of 69.8% set for November 2025 as part of the Trust operational planning submission (target of 71.7% by March 2026)

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

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

The End of Year Target for this measure is 71.7%

North Bristol NHS Trust

Responsiveness

Planned Care – Diagnostics

University Hospitals Bristol and Weston NHS Foundation Trust

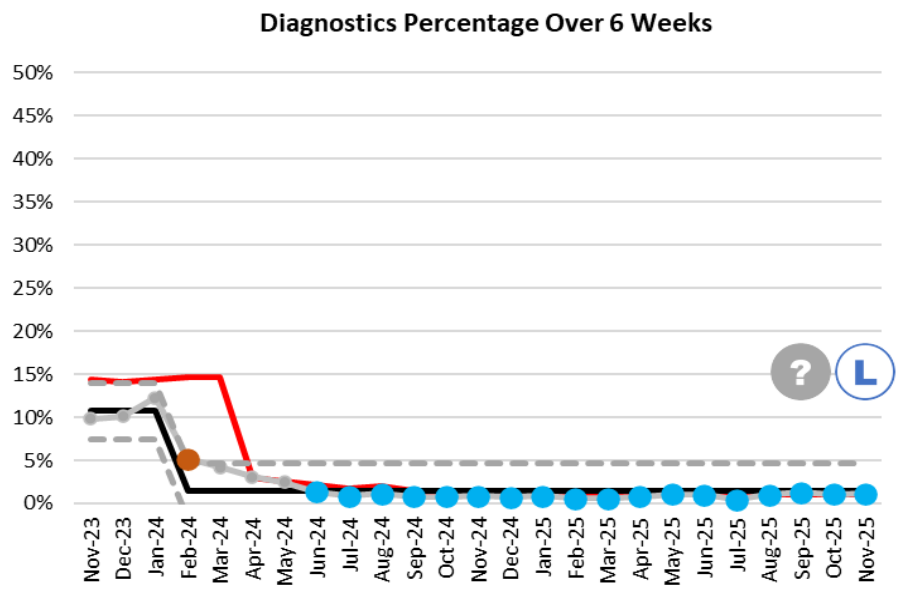
Latest Month
Nov-25

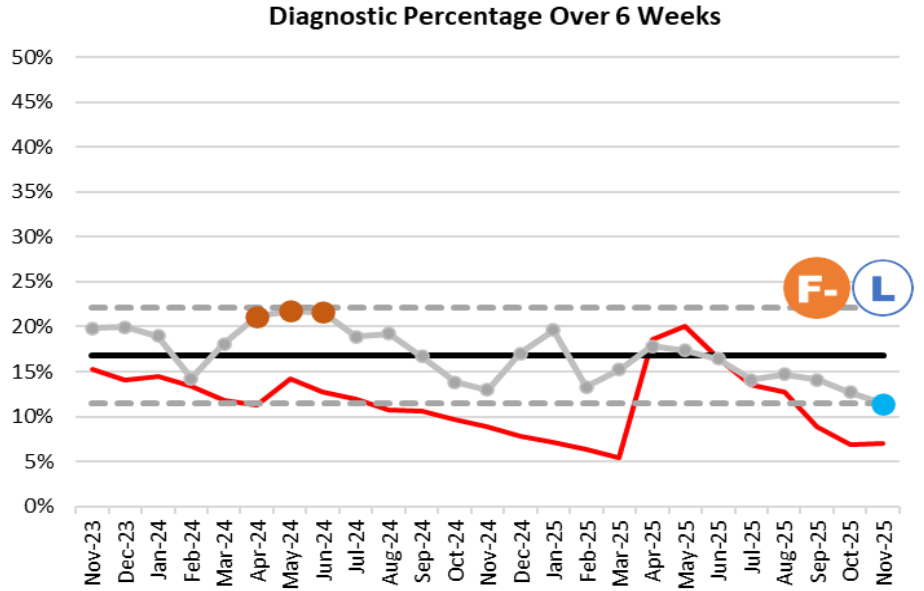
Target
1.0%

Latest Month's Position
1.2%

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

Trust Level Risk
No Trust Level Risk





Latest Month
Nov-25

Target
7.0%

Latest Month's Position
11.5%

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)

No narrative required as per business rules.

What does the data tell us?
In November, the proportion of patients waiting over six weeks against the DM01 standard improved to 11.5%, (12.7% in October). While this represents an improvement, performance remains above the planned level of 7%.

Actions being taken to improve
- Continue to utilise MRI Play Rocket for paediatric patients to reduce reliance on GA capacity. Any GA capacity lost due to staffing is being converted into Non-GA capacity to reduce paediatric MRI backlogs
- NOUS outsourcing planned in January 2026 to target Adult backlogs
- Several mitigations are ongoing for the loss of Adult Endoscopy capacity following the temporary move of Surgical Treatment Assessment Unit (STAU) into the Endoscopy Recovery Area including the utilisation of existing paediatric / community estate and continued outsourcing.
- Community Diagnostic Centre bookings to be sub-contracted back to the Trust with the aim of increasing conversion rates and throughput.

Impact on forecast
While performance is anticipated to improve in December, it is anticipated that performance will not meet the planned trajectory for December. January schemes are planned to close the gap between actual and planned performance.

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

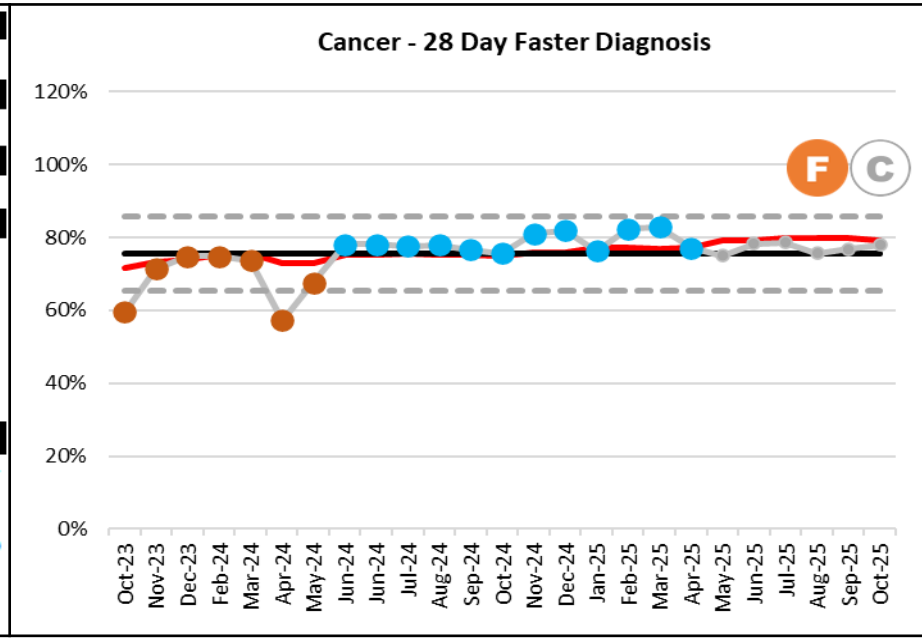
Latest Month
Oct-25

Target
79.2%

Latest Month's Position
77.9%

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

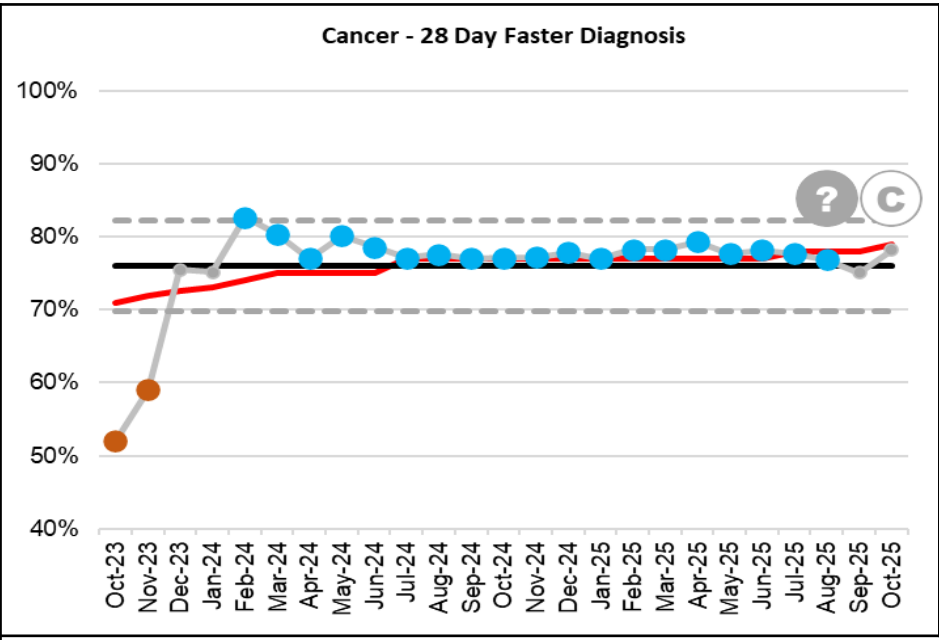
Trust Level Risk
988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).



What does the data tell us?
28-Day performance did not meet the trajectory for October. 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
To return to plan by year-end.



Latest Month
Oct-25

Target
79.0%

Latest Month's Position
78.1%

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

Corporate Risk
Risk 2680 - Complainants experience a delay in receiving a call back (12)

What does the data tell us?
Performance has recovered to its previous levels after a dip in August and September due to reduced activity and impact of staffing shortages in high volume areas. The performance remains just below the 79% improvement trajectory for the month.

Actions being taken to improve
With the high volume speciality of ENT having staff in all posts from November, performance is improving rapidly as expected. Performance is reported in retrospect therefore there is a lag time between actions completing and full impact on the percentage compliance figure. It is also possible for performance improvement following resolution of capacity problems to be preceded by a short-term deterioration, as backlogs are cleared.

Impact on forecast
The Trust expects to reach 80% by the end of the financial year as required, driven by the expected improvement in head and neck performance.

North Bristol NHS Trust

Responsiveness

Planned Care – Cancer Metrics

University Hospitals Bristol and Weston NHS Foundation Trust

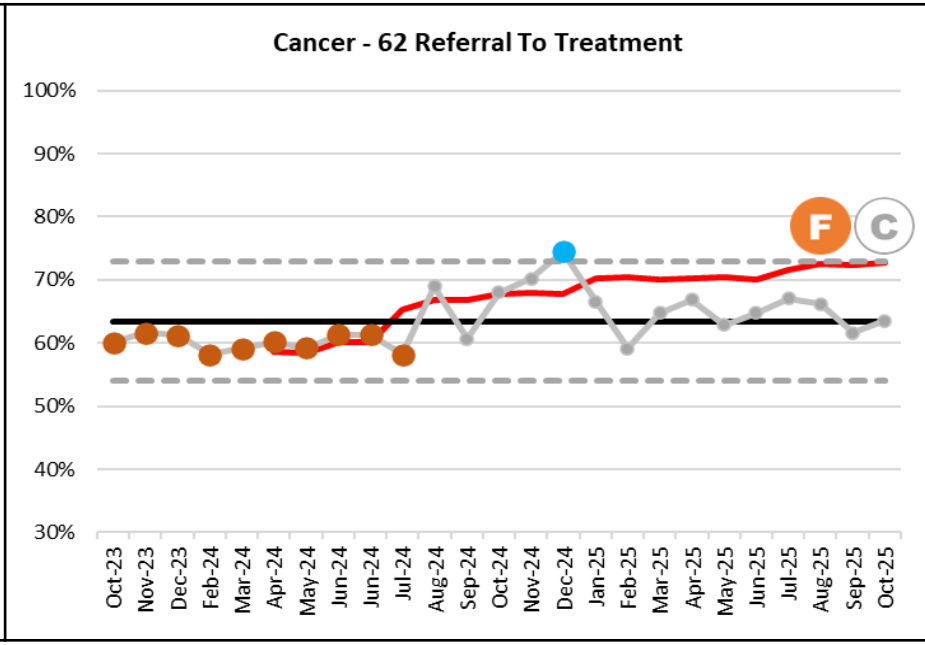
Latest Month
Oct-25

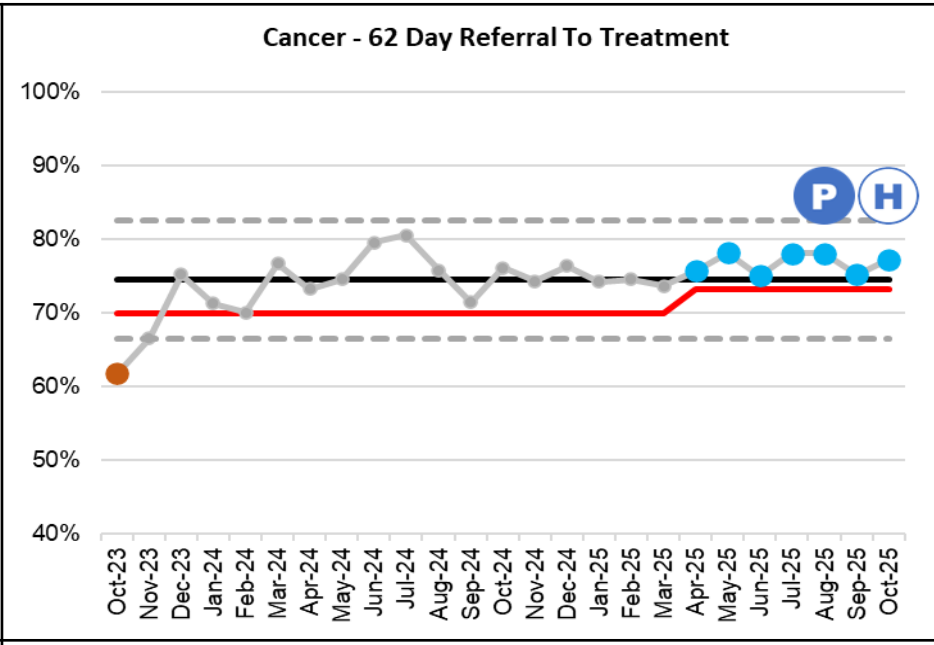
Target
72.7%

Latest Month's Position
63.5%

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
Oct-25

Target
73.2%

Latest Month's Position
77.2%

Performance / Assurance
Special Cause Improving Variation High, where up is improvement and last six data points are greater than or equal to target.

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 October, however did meet the recovery forecast. The overall treatment volume was above plan and there were more reported breaches. This was driven by Breast and Urology making up 70% 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
Return to plan by year-end.

No narrative required as per business rules.

North Bristol NHS Trust

Responsiveness

Last Minute Cancelled Operations

University Hospitals Bristol and Weston NHS Foundation Trust

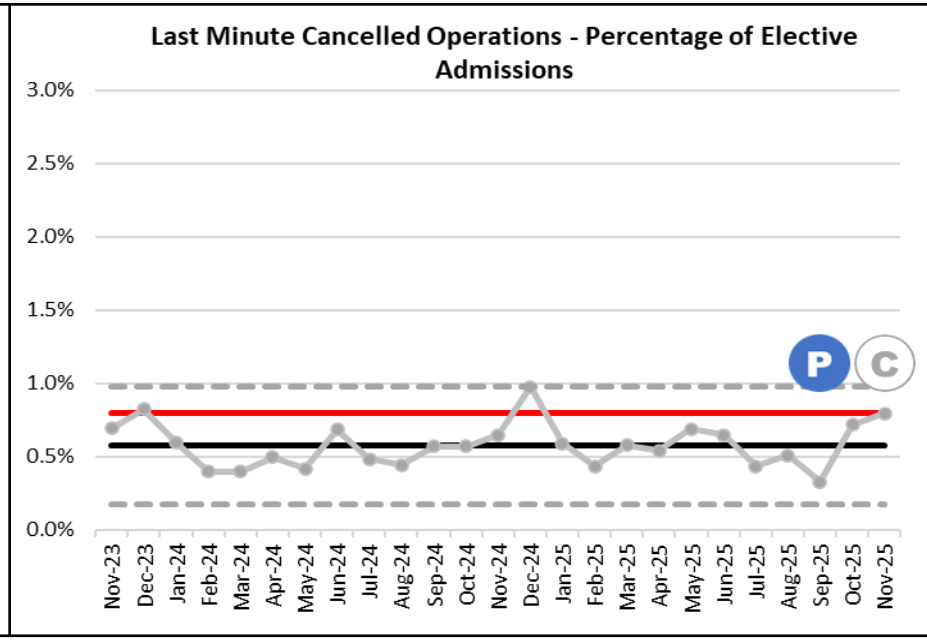
Latest Month
Nov-25

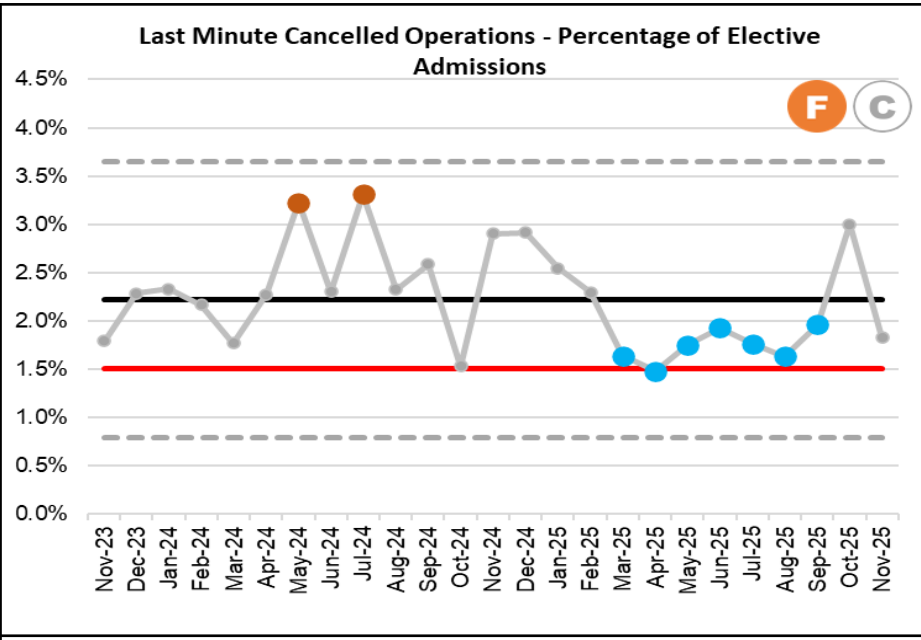
Target
0.8%

Latest Month's Position
0.8%

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

Trust Level Risk
No Trust Level Risk





Latest Month
Nov-25

Target
1.5%

Latest Month's Position
1.8%

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

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

No narrative required as per business rules.

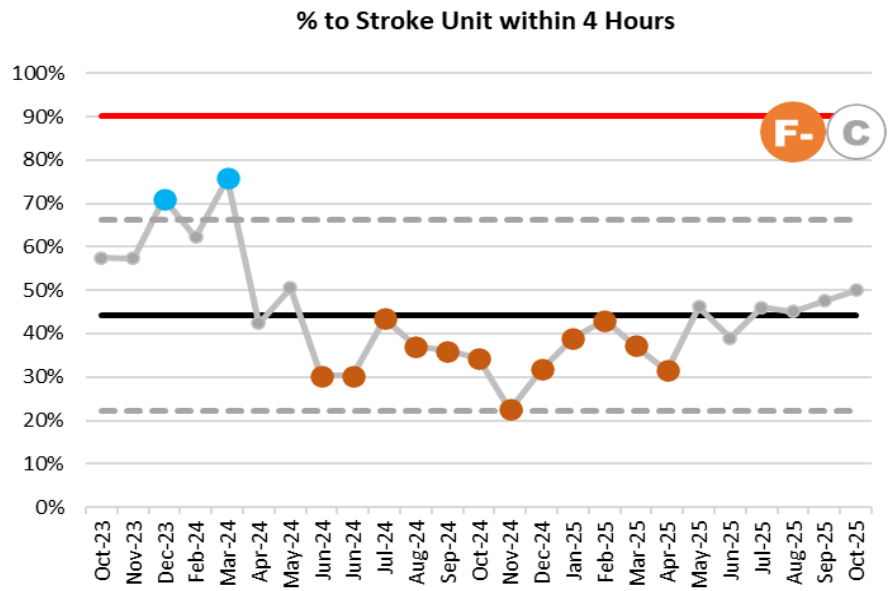
What does the data tell us?
During November 2025, a reduction in Last Minute Cancellations (LMCs) is noted, with 143 cancelled operations (262 October) out of 7,847 total admissions. This equates to 1.8% in November (3.0% October) against a target of 1.5%; 43 related to non-surgical specialties (primarily due to no ward beds) and 100 to surgical admissions, which were primarily due to available operating time and rescheduling of cases to prioritise clinically urgent patients.

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

Impact on forecast
Continued improvement expected during Q3 and Q4 2025/26 through focussed management as referenced above.

Responsiveness
Stroke Performance - NBT

Latest Month
Oct-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).



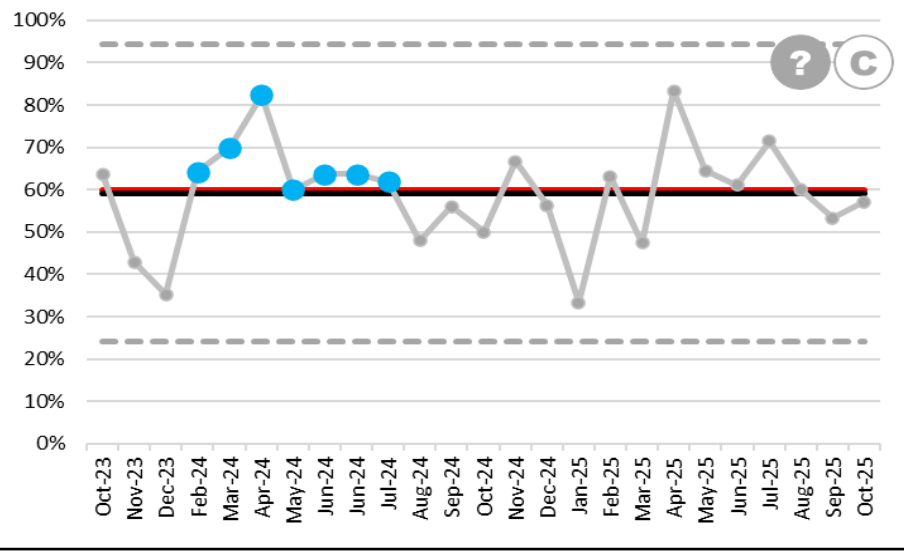
What does the data tell us?
There has been sustained improvement in the proportion of stroke patients admitted to the stroke unit within four hours of arrival for 4 months. Oct 25' the best performing month since May 24'.

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. Divisional Governance has requested this now go through the OMB due to operational considerations. This will further support the creation of beds on a consistent basis, ensuring availability for new patients.

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

Latest Month
Oct-25
Target
60.0%
Latest Month's Position
57.1%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random
Trust Level Risk
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?
Performance in October has recovered slightly from the September dip. However, this data is based on a small patient cohort which can influence variability. Data also has not been fully validated for October. There was one DTN over 60 min in October which was due to a valid clinical reason. 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.

Actions being taken to improve
Now that NBT's involvement with TASC has concluded, the aim is to ensure sustained performance. A bi-weekly reperfusion meeting has been stood up to support ongoing actions and further improvement opportunities.

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

Responsiveness

Stroke Performance - NBT

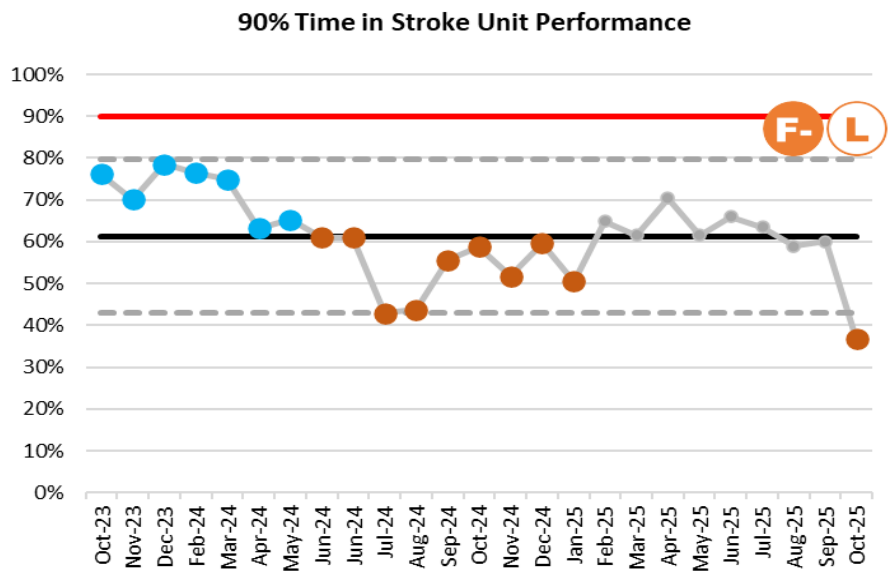
Latest Month
Oct-25

Target
90.0%

Latest Month's Position
36.7%

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?
Performance has declined heavily in October, however only 50% of October records are locked so we expect this to improve slightly.
However, October represents a large number of patients outlied beyond the stroke ward. This is due to sustained high patient numbers affecting NCTR. Overall stroke occupancy correlates with 90% in stroke unit. The challenge is with community provision, and this has been escalated through the ODG and HCIG through a review of service against the original business case.

Actions being taken to improve
Actions already described in Stroke unit within 4 hours metric – including the Hot bed SOP. System level work began to aid in reducing occupancy levels, this involves engagement from ICB with view to enhancing community provision and releasing acute capacity. Increase in bed numbers at SBCH and more ICSS staff – to support winter pressures and starting in January have been actioned.

Impact on Forecast
Current occupancy levels remain high and we expect the performance to continue to be challenged.

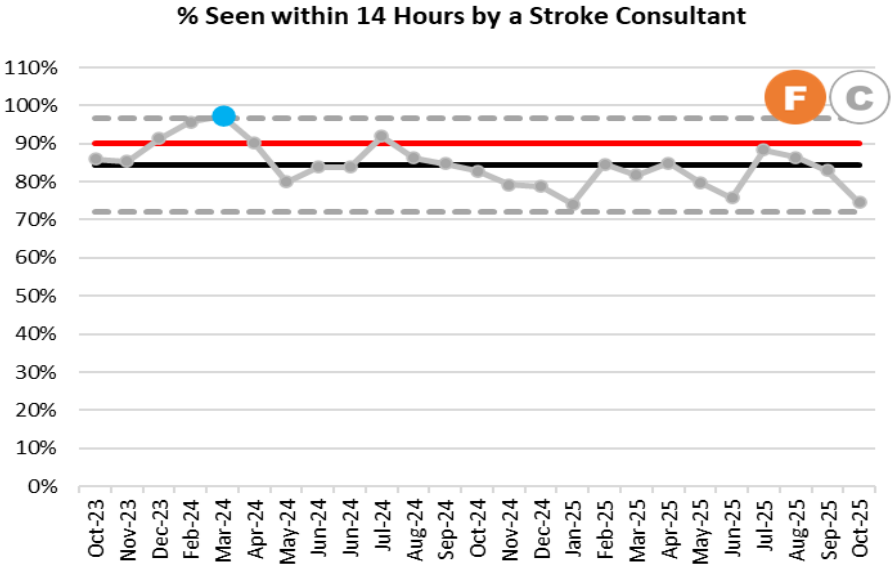
Latest Month
Oct-25

Target
90.0%

Latest Month's Position
74.6%

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where 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 a small drop in performance in October for the percentage of patients reviewed by a stroke consultant within 14 hours of admission. Once October data is fully validated we expect this to increase slightly.

Actions being taken to improve
Recent performance has been supported by a more sustainable and consistent consultant rota. The paper admission proforma has been updated and is now in use. A specific consultant review section has been added to allow for clearer data capture when a patient is first reviewed by a consultant. There has been continued delay with the development and subsequent implementation of the new Careflow narrative form. This continues to be escalated and would further improve the accuracy and completeness of data capture for this metric.

Impact on Forecast
We expect slight improvement with the updated paper proforma and further 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	Nov-25	0.8	No Target	0.8	N/A	H	Escalation Summary
		UHBW	Nov-25	0.4	0.4	0.1	P*	H	Escalation Summary
Safe	MRSA Hospital Onset Cases	NBT	Nov-25	0	0	0	F	C	Escalation Summary
		UHBW	Nov-25	1	0	1	F	C	Escalation Summary
Safe	CDiff Healthcare Associated Cases	NBT	Nov-25	3	5	7	?	C	Escalation Summary
		UHBW	Nov-25	12	9.08	8	?	C	Escalation Summary
Safe	EColi Hospital Onset Cases	NBT	Nov-25	3	4.00	8	?	C	Escalation Summary
		UHBW	Nov-25	9	9.08	16	?	C	Escalation Summary
Safe	Falls Per 1,000 Beddays	NBT	Nov-25	5.6	No Target	6.0	N/A	C	Note Performance
		UHBW	Nov-25	4.0	4.8	3.9	?	C	Escalation Summary
Safe	Total Number of Patient Falls Resulting in Harm	NBT	Nov-25	9	No Target	4	N/A	C	Note Performance
		UHBW	Nov-25	3	2	2	F	C	Escalation Summary
Safe	Medication Incidents per 1,000 Bed Days	NBT	Nov-25	3.8	No Target	4.5	N/A	L	Note Performance
		UHBW	Nov-25	9.0	No Target	10.0	N/A	C	Note Performance
Safe	Medication Incidents Causing Moderate or Above Harm	NBT	Nov-25	3	0	6	F	C	Escalation Summary
		UHBW	Nov-25	2	0	0	F	C	Escalation Summary
Safe	Adult Inpatients who Received a VTE Risk Assessment	NBT	Nov-25	97.6%	95.0%	97.5%	F-	H	Escalation Summary
		UHBW	Nov-25	80.8%	95.0%	80.9%	F-	C	Escalation Summary
Safe	Staffing Fill Rate	NBT	Nov-25	100.1%	No Target	98.9%	N/A	C	Note Performance
		UHBW	Nov-25	102.6%	100.0%	104.4%	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	Jul-25	94.8	100.0	95.1	P*	C	Note Performance
		UHBW	Jul-25	86.7	100.0	85.8	P*	L	Note Performance
Effective	Fracture Neck of Femur Patients Treated Within 36 Hours	NBT	Oct-25	35.7%	No Target	63.6%	N/A	C	Note Performance
		UHBW	Nov-25	48.1%	90.0%	42.5%	F-	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	NBT	Oct-25	96.4%	No Target	100.0%	N/A	C	Note Performance
		UHBW	Nov-25	77.8%	90.0%	97.3%	?	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Achieving Best Practice Tariff	NBT	Oct-25	39.3%	No Target	63.6%	N/A	C	Note Performance
		UHBW	Nov-25	37.0%	No Target	42.5%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Inpatient	NBT	Nov-25	90.2%	No Target	90.2%	N/A	C	Note Performance
		UHBW	Nov-25	96.4%	No Target	96.6%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Outpatient	NBT	Nov-25	94.6%	No Target	94.2%	N/A	L	Escalation Summary
		UHBW	Nov-25	93.6%	No Target	94.5%	N/A	C	Note Performance
Caring	Friends and Family Test Score - ED	NBT	Nov-25	77.8%	No Target	69.7%	N/A	C	Note Performance
		UHBW	Nov-25	85.4%	No Target	84.4%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Maternity	NBT	Nov-25	91.5%	No Target	91.1%	N/A	C	Note Performance
		UHBW	Nov-25	98.6%	No Target	98.8%	N/A	C	Note Performance
Caring	Patient Complaints - Formal	NBT	Nov-25	68	No Target	75	N/A	H	Escalation Summary
		UHBW	Oct-25	77	No Target	65	N/A	C	Note Performance
Caring	Formal Complaints Responded To Within Trust Timeframe	NBT	Nov-25	71.2%	90.0%	72.7%	F	L	Escalation Summary
		UHBW	Oct-25	70.0%	90.0%	62.0%	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

Pressure Injuries

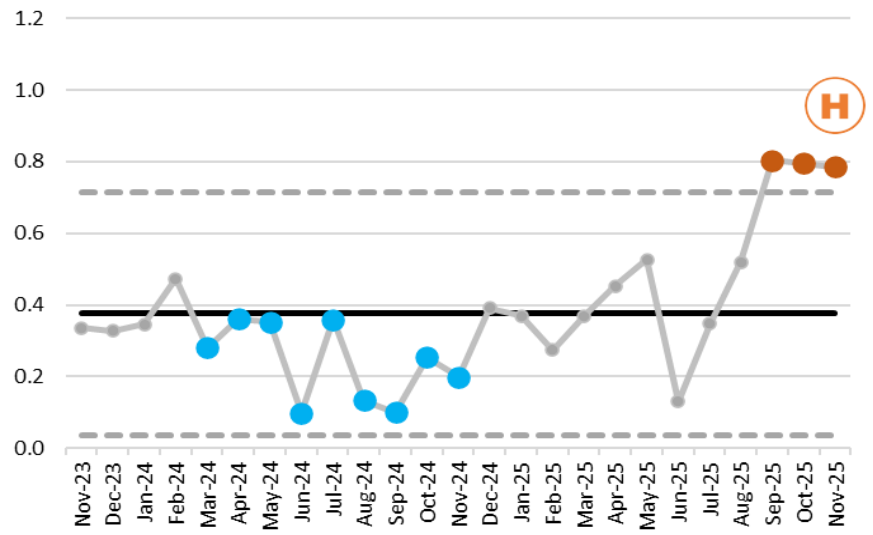
Latest Month
Nov-25

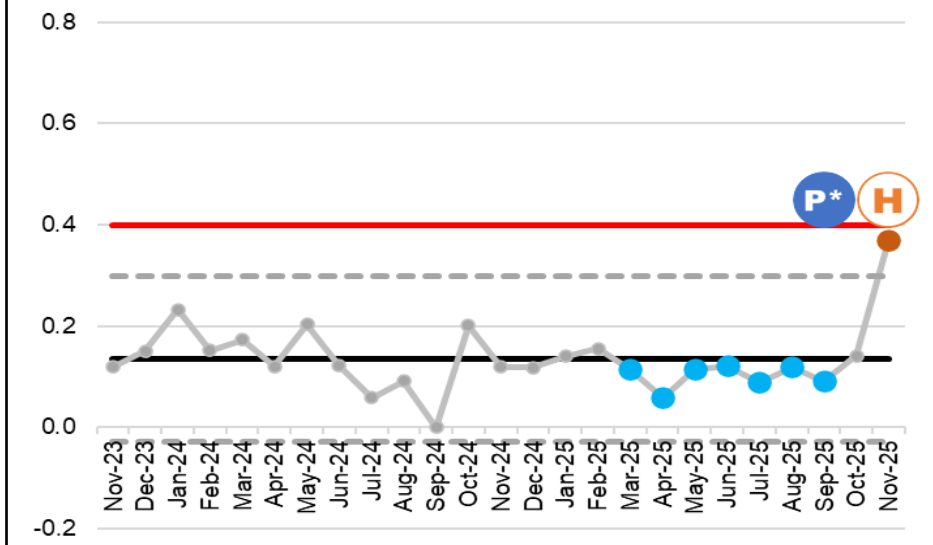
Target
No Target

Latest Month's Position
0.79

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





Latest Month
Nov-25

Target
0.4

Latest Month's Position
0.37

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

Corporate Risk
No Corporate Risk

What does the data tell us?

• There has been no change in incidence of grade 2 PU within November being the same as October, this performance remains a variation to the norm with ongoing work as detailed below.

Actions taken to improve

• As previously described a sub working group met to explore the increase in PU prevalence, findings from this the following themes have been identified: increase patient acuity with complex co-morbidities and frailty. It has been noted delay in population of risk assessment tool (Purpose-T) not completed with national guidance timeframe. Additionally, gaps identified with documentation within the daily of record of care aSSKINg.

• Analysis of the sub working group has formed work within the divisions to address the above with divisional quality meetings focussing on improvement strategies. Alongside upward reporting to the Trust Tissue Viability Steering Group (TVSG).

• Admission zone work continues around the TVN team supporting clinicians at the front door to support appropriate choice of equipment and daily check and response to operational pressures.

•Divisional representatives will be expected to contribute and present upward reports to the TVSG, outlining identified PU themes and proposed mitigation strategies

• A Bed and Mattress meeting continues with operational themes that require addressing with facilities and divisions.

•**Impact on forecast –** The above actions are currently not resulting in a rapid reduction in PU prevalence, but it is expected following following work within the division and increased targeted education and training.

What does the data tell us? Across the UHBW in November there were three unstageable pressure ulcers (reportable as category 3) one in Weston (posterior knee) one in Specialised Services (buttock) and one in Medicine (coccyx) There were two (device related) category 3 pressure ulcers both in Children's (heel & spine). There were seven category 2 pressure ulcers, two in Medicine (both heels), three in surgery (two heels, one sacrum), one in Weston (elbow), one in Children's (coccyx). November has seen a significant increase in hospital acquired pressure ulcers across all divisions. Whilst there has been a spread of anatomical locations, heel injuries and device related injuries (in paeds) has been a notable theme.

Actions being taken to improve: "Why Wait" heel offloading campaign relaunch – reminding staff of importance using heel offloading as a preventative measure in high-risk groups. Multi-disciplinary After-Action Review scheduled in Children's to cover themes and extract learning from all recent device related pressure injuries. Work underway with all divisions to offer tailored support on themes identified. TVN initiated Pressure Ulcer Care Plan monthly audit continues in Surgery, Weston and Medicine. Results submitted to Divisions at end of each month. Ongoing engagement with TV champions on wards to support good pressure prevention practice, including support, feedback, and wellbeing incentives. TVN Led bi-monthly TV study days rolled out in Bristol with three monthly study days in Weston. Ongoing engagement with TV champions on wards to support good pressure prevention practice, including support, feedback, and wellbeing incentives. Monthly Tissue Viability newsletters focusing on key themes each month and delivering key messages to staff. Individualised Christmas Newsletter for ED staff to support with "hints & tips" for pressure area care in ED during winter months. Bite size teaching to follow in Feb as part of rolling ED "Topic of the Month".

Impact on Forecast: The actions above aim to reduce the number of hospital acquired pressure ulcers through ongoing and targeted training and education and auditing of ward-based pressure ulcer care planning to monitor and support divisional compliance.

Quality

Infection Prevention & Control

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

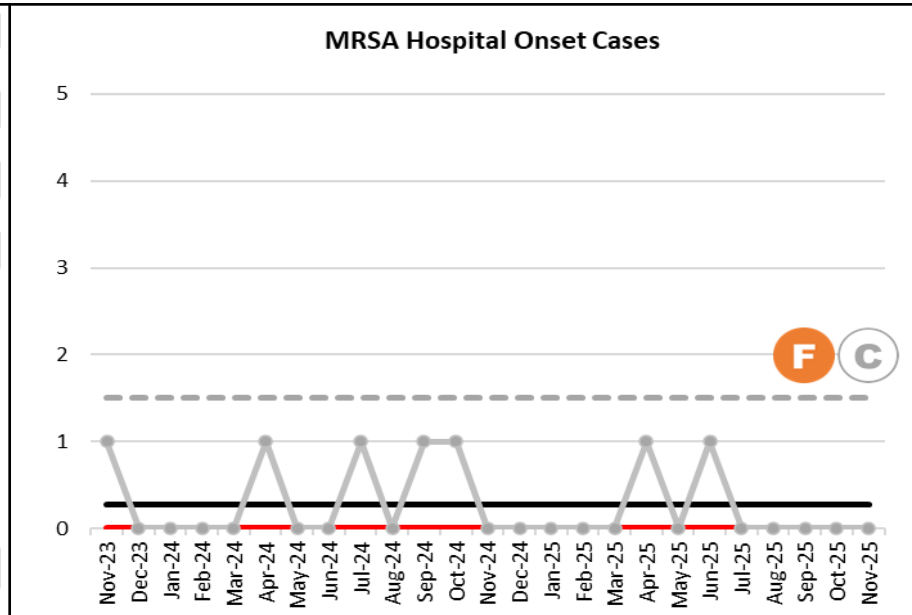
Latest Month
Nov-25

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

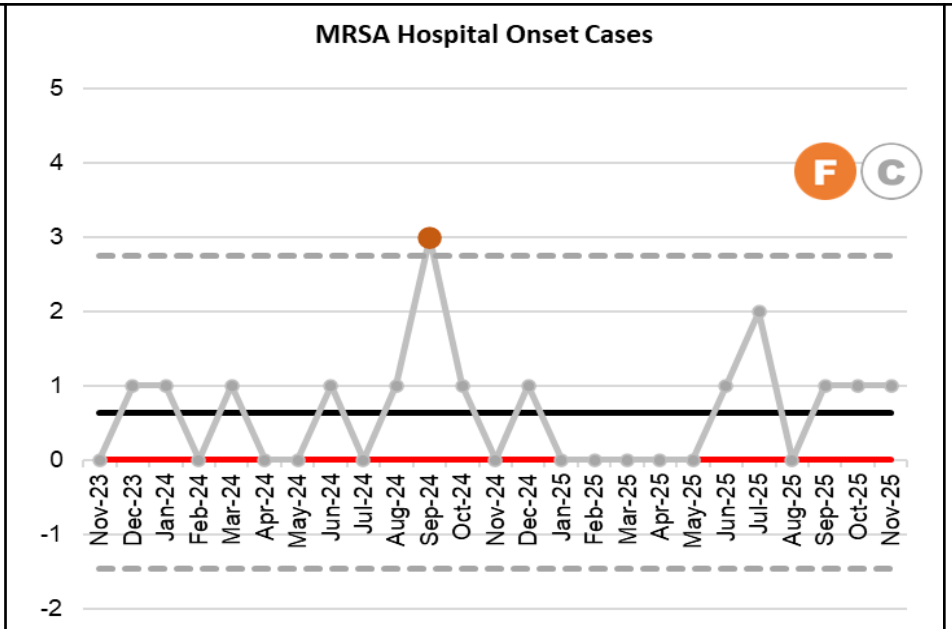


What does the data tell us?
With no new cases reported in November this totals two this year to date.

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
Nov-25

Target
0

Latest Month's Position
1

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

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

What does the data tell us?
UHBW reported one MRSA bacteraemia in November bringing total cases for 2025/26 to six. We are currently at the same position for year to date in 2024/25.

Actions being taken to improve
A meeting to externally scrutinise all of these cases is being held in December 2025. A continued focus remains around intravenous line care which has been cited as sub-optimal in some of the cases. There is an intravenous care quality improvement group looking at standardised line care and actions for improvement.

Impact on forecast
UHBW has already breached the zero-threshold limit . We aim to work with our colleagues in NBT to learn from their successes.

Quality

Infection Prevention & Control

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

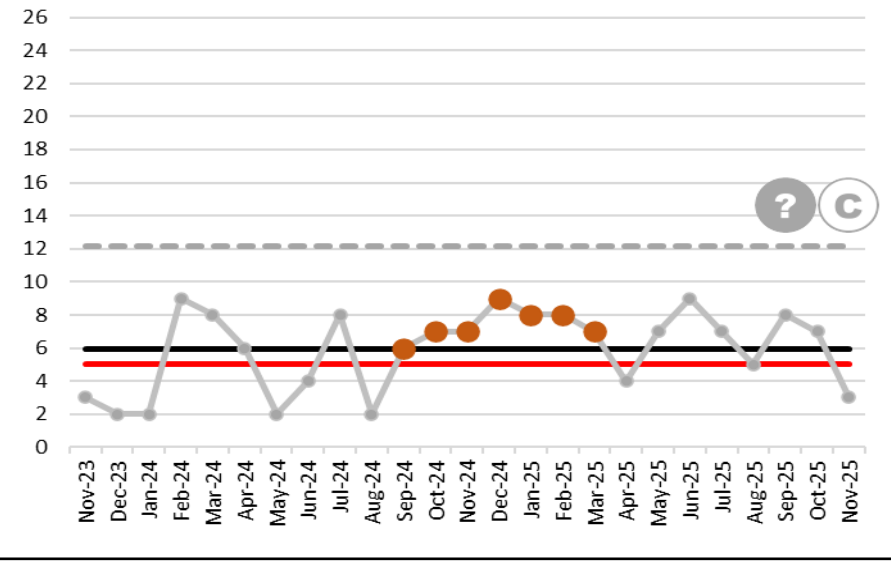
Latest Month
Nov-25

Target
5

Latest Month's Position
3

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



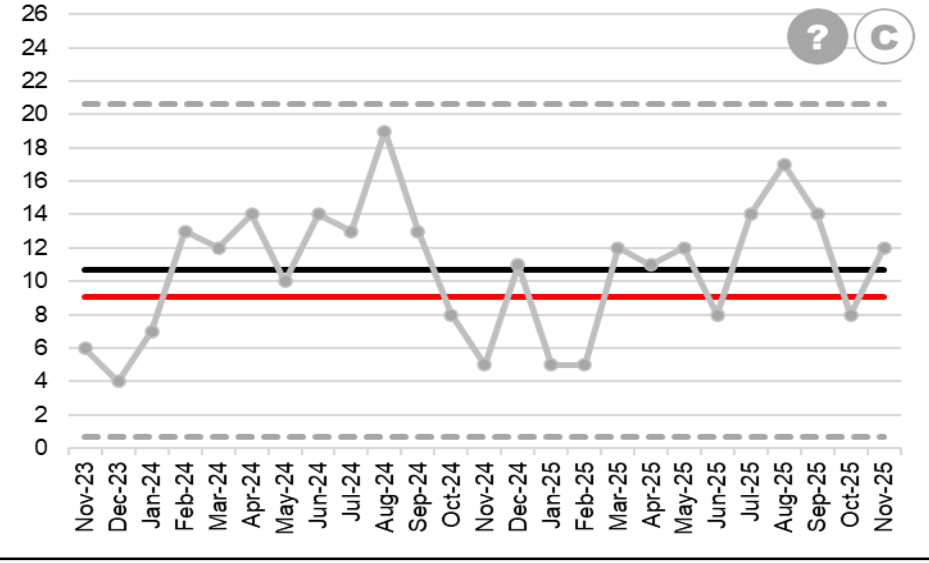
What does the data tell us?
Cases in November - 4 HOHA and 5 COHA - cases need to trend at 6 or lower monthly to match a trajectory position. The current position is trending slightly below the trajectory.
Total position so far this year 75 cases of a trajectory of 79

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 a 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



Latest Month
Nov-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?
The trust reported12 *C. difficile* cases in November; the breakdown is 8 HOHA and 4 COHA cases.
Current position is 96 cases (66 HOHA 30 COHA) against a threshold limit of 109.

Actions being taken to improve
Improvement work continues to be focussed on timely, accurate stool chart completion and prompt stool sampling to identify cases and therefore reduce the possibility of cross infection and patient harm in the clinical environment.

Investigations are currently underway after a cluster of cases were identified on a gastroenterology/hepatology ward where potential cross-transmission has occurred. Rigorous additional cleaning and staff training has been undertaken in this area and further ribotyping results are awaited to determine further actions.

Quality

Infection Prevention & Control

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

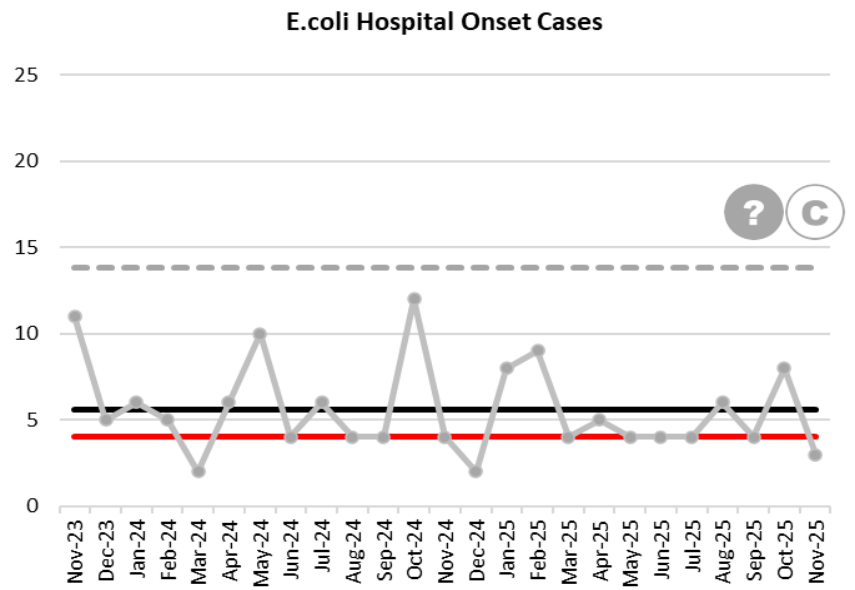
Latest Month
Nov-25

Target
4

Latest Month's Position
3

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

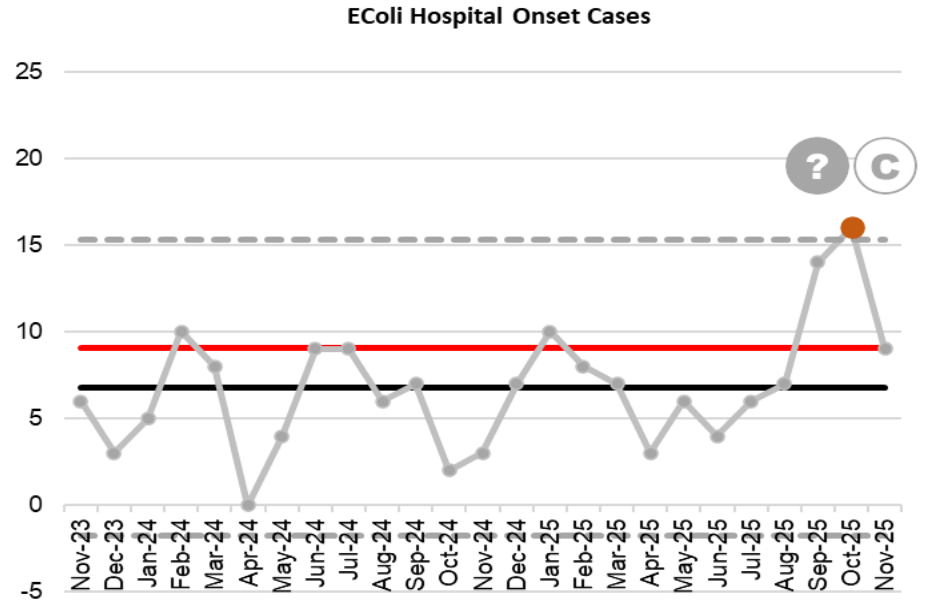
Trust Level Risk
No Trust Level Risk



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?
The trust reported nine cases of *E. coli* bacteraemia in November bringing our year-to-date figure to 65. This is an increase on our position in November of 2024/25 which was at 46 cases.

Actions being taken to improve
We are currently undertaking a 3-month look back to determine whether there are any themes associated with the increase in cases. Initial reviews indicate that the main sources remain hepatobiliary and urinary in source. The urinary source is not predominantly associated with catheter use.

Impact on forecast
Likely to exceed annual threshold.

Latest Month
Nov-25

Target
9.08

Latest Month's Position
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

North Bristol NHS Trust

Quality

Falls

University Hospitals Bristol and Weston NHS Foundation Trust

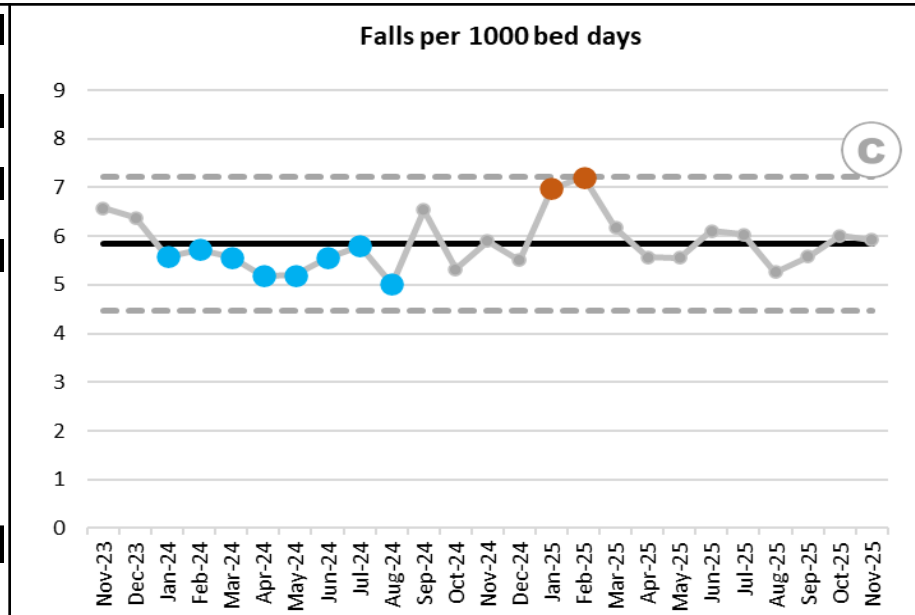
Latest Month
Nov-25

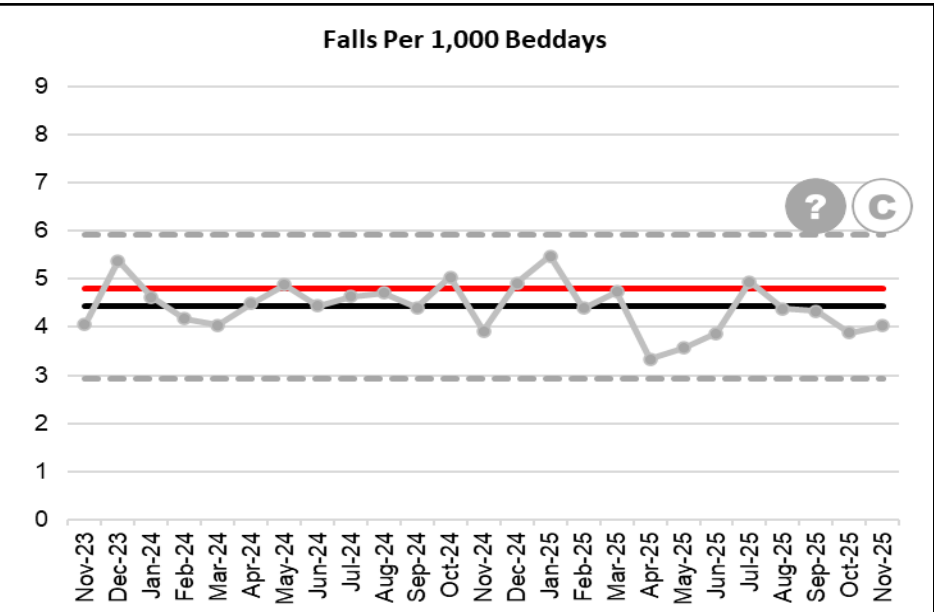
Target
No Target

Latest Month's Position
6

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

Trust Level Risk
No Trust Level Risk





Latest Month
Nov-25

Target
4.8

Latest Month's Position
4.0

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

Corporate Risk
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 November 2025 at UHBW there have been 132 falls, which per 1000 bed days equates to 4.091, this is lower than the Trust target of 4.8 per 1000 bed days. There were 87 falls at the Bristol site and 45 falls at the Weston site. There were three falls with moderate physical and/or psychological harm.

The number of falls in November 2025 (132) is less than October 2025 (137). There were three falls with moderate harm, this is higher than the previous month (2).
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

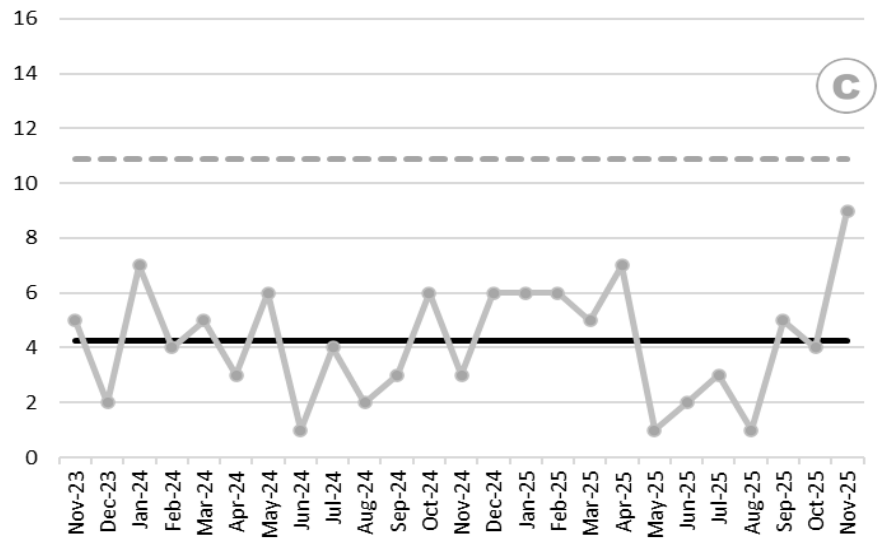
Latest Month
Nov-25

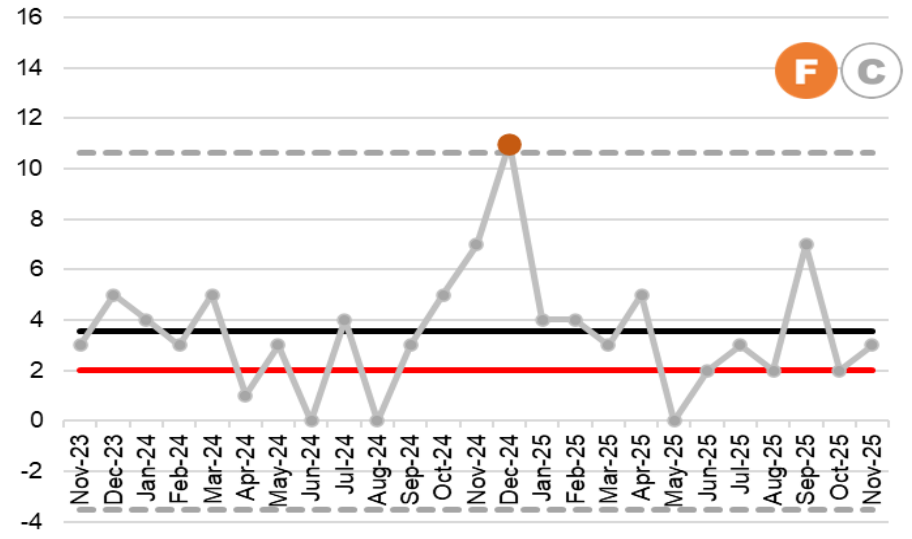
Target
No Target

Latest Month's Position
9

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
Nov-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.

...Continued from previous slide

Actions being taken to improve

- 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.

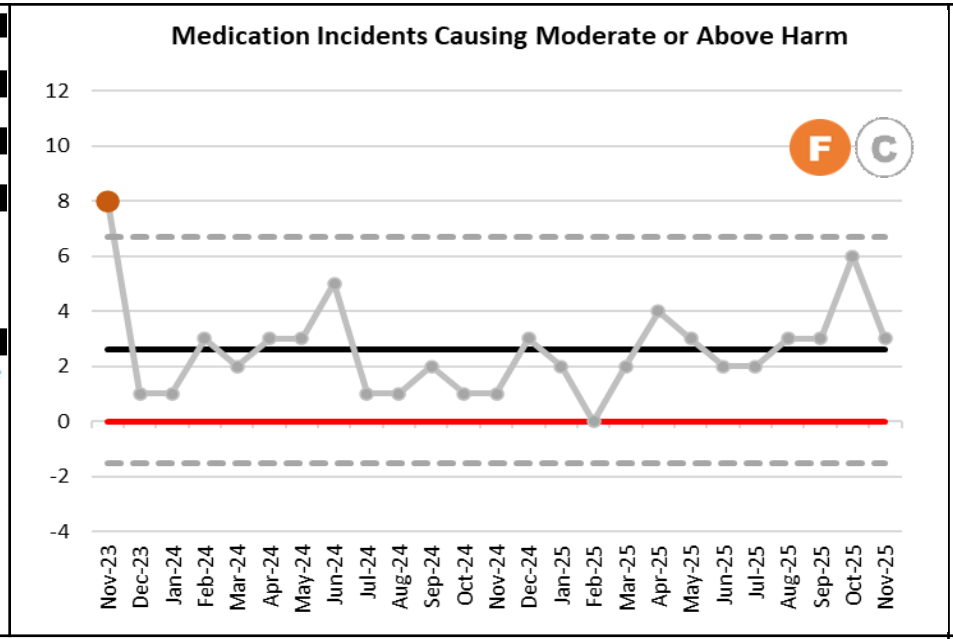
Quality

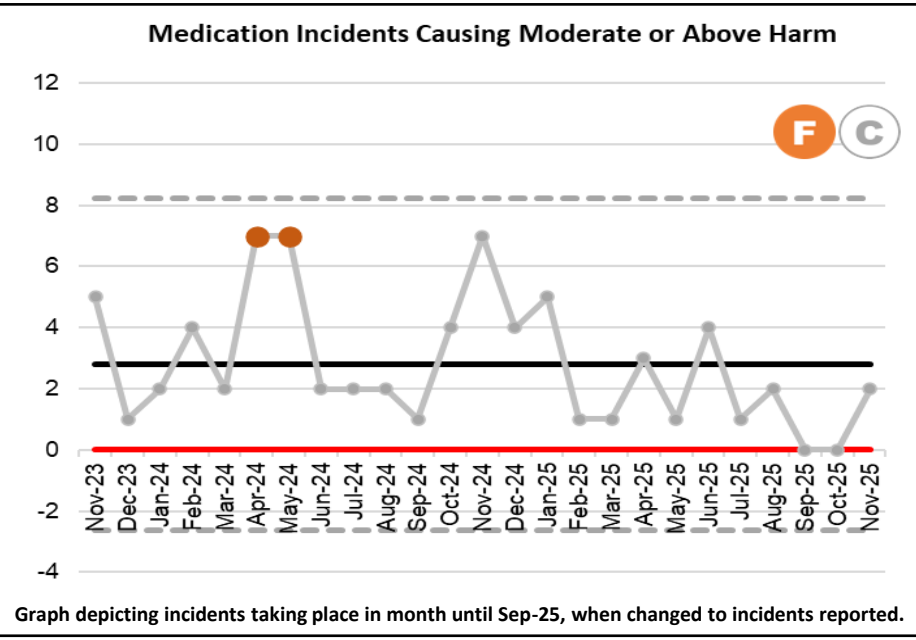
Medication Incidents

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Nov-25
Target
0
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
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
Nov-25
Target
0
Latest Month's Position
2
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 November 2025, NBT recorded 122 medication incidents involving patients of these, three medication incidents were reported as causing moderate harm to a patient.

This figure is significantly lower than last month but on processing this data a potential issue with the Radar reporting was noted (incidents not being tagged as involving a patient in the report when they were in the incident narrative). Radar team are currently working on this and if necessary figures for this month will be retrospectively altered and resubmitted in January.

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 November 2025, UHBW recorded 296 medication-related incidents. Two medication incidents were reported as causing moderate or above harm. One further incident is currently undergoing additional harm validation. If harm has occurred this will be reported in next month's report. 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.

Quality

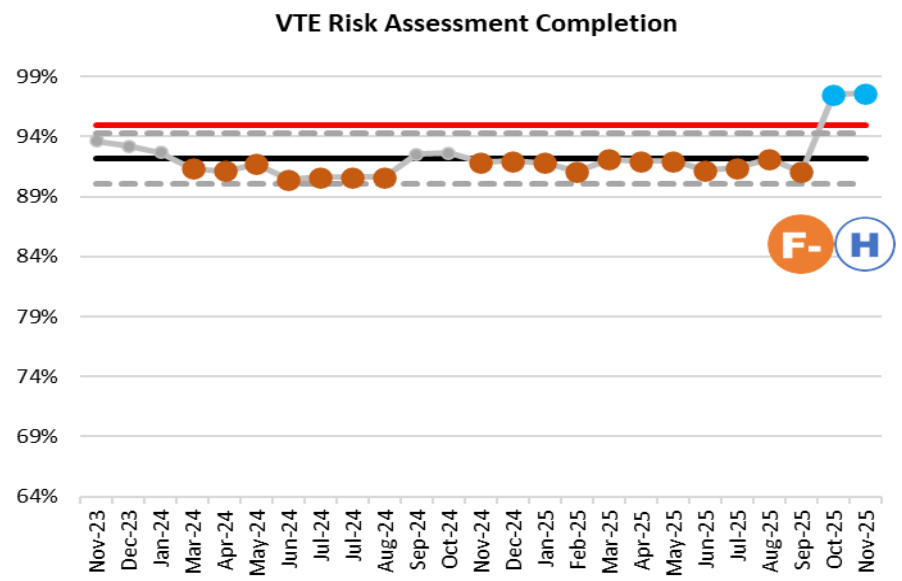
VTE Risk Assessment

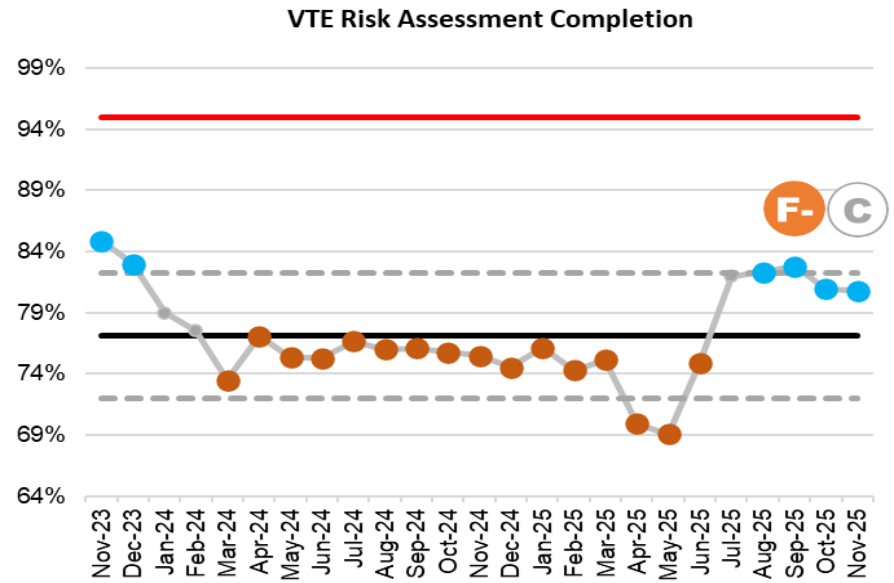
North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Nov-25
Target
95.0%
Latest Month's Position
97.6%
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





Latest Month
Nov-25
Target
95%
Latest Month's Position
80.8%
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?

In October 2025, electronic prescribing, CMM, was introduced to the Trust

- A 'forcing' measure was introduced –prescribing unavailable until VTE RA was completed
- This forcing measure only applies to inpatient wards

Moving to a digital interface for administration, does not make it 'clear' which drugs have been prescribed – they are not grouped by type or colour coded, as with a paper drug sheet, and we have noted omissions in prescribing of VTE prophylaxis, resulting in VTE events

- As per UHBW we are also looking at ways that it can be seen that' VTE thromboprophylaxis has been prescribed'

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

- Ward-Level interventions, included:
  - Direct engagement with staff on wards;
  - Reminders about the importance of thromboprophylaxis
  - Encouragement to question omissions in prescribing.

Impact on forecast:

This graph is only showing those patients who have a VTE RA done – but not within the first 14 hours (as per NICE) . As we are now able to capture this data.

We expect the change in data collection will influence the figures in a negative way, while we work with the clinical teams to encourage timely VTE RA completion

What does the data tell us?

At UHBW since CMM implementation in June 2025, VTE risk assessment (RA) rates have improved by around 10% to around 80%. We have noted that there is a missing link between VTE RA and actually prescribing VTEP which is a concern that we are working to improve.

Actions being taken to improve

- As of 10th Nov 25, VTE RAs have become mandatory on AMU (initially not mandatory to allow for emergency prescribing on CMM)
- Working with IT to have VTE RA and VTEP prescribing visible on ward boards again following CMM – chasing up regularly
- Teaching session for F1 and F2 Dr's on VTE on Dec 10th
- Plan to arrange teaching sessions for nurses and HCAs to question if VTEP is not prescribed

Impact on forecast

We anticipate completion rates to increase further as admission through AMU is often the first step of a patient's journey in hospital, and by allowing PAs to complete VTE RAs as well and then prompt prescribers to prescribe VTEP. The ward boards will allow for targeted interventions. The teaching session will be a good starting point to remind Jr Dr's about the importance of VTE RAs and prescribing.

North Bristol NHS Trust

Quality

Neck of Femur

University Hospitals Bristol and Weston NHS Foundation Trust

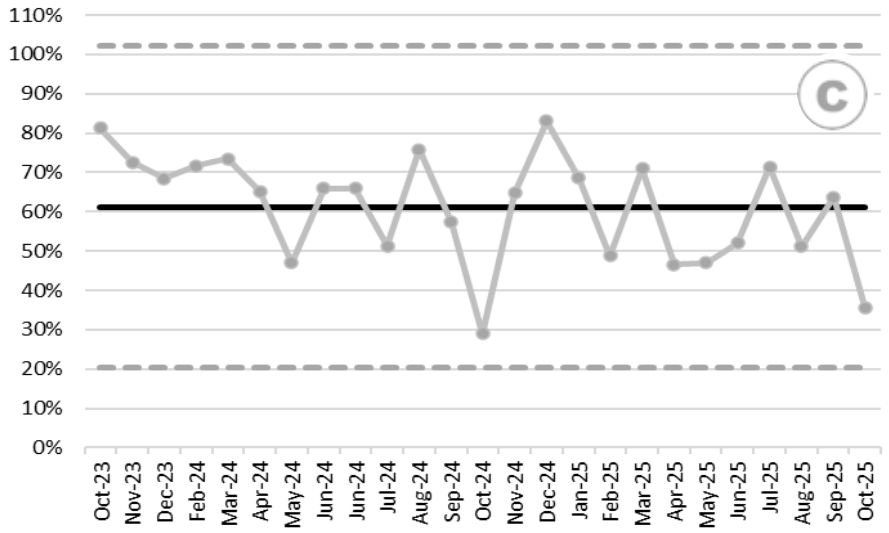
Latest Month
Oct-25

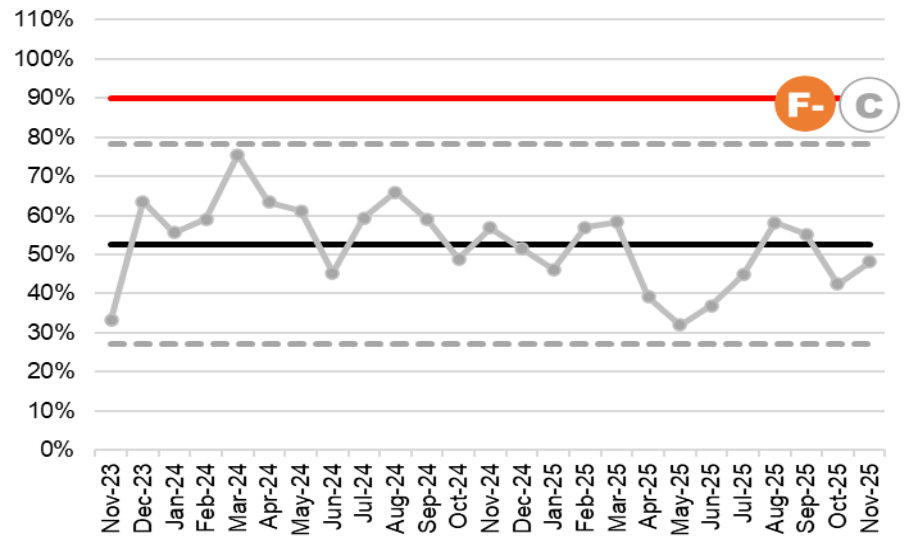
Target
No Target

Latest Month's Position
35.7%

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
Nov-25

Target
90.0%

Latest Month's Position
48.1%

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 November, 54 patients were eligible for the best practice tariff (BPT), 26/54 patients (48%) were operated on within 36 hours of admission, 42/54 patients (77%) received ortho-geriatric assessment within 72 hours, resulting in 20/54 patients (37%) met all BPT criteria.

Actions being taken
- Extra theatre space is created where possible to reduce theatre delays

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

North Bristol NHS Trust

Quality

Neck of Femur

University Hospitals Bristol and Weston NHS Foundation Trust

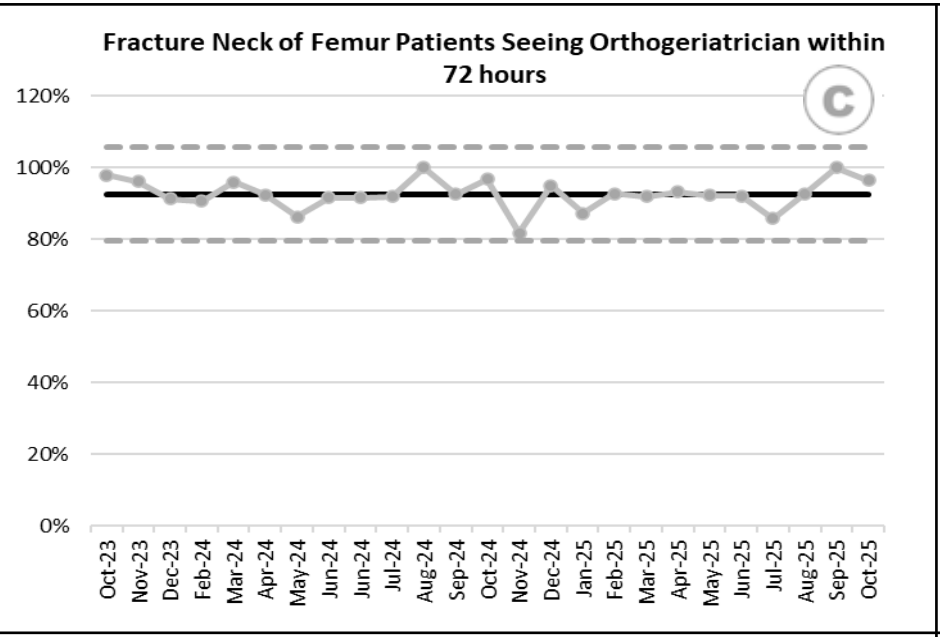
Latest Month
Oct-25

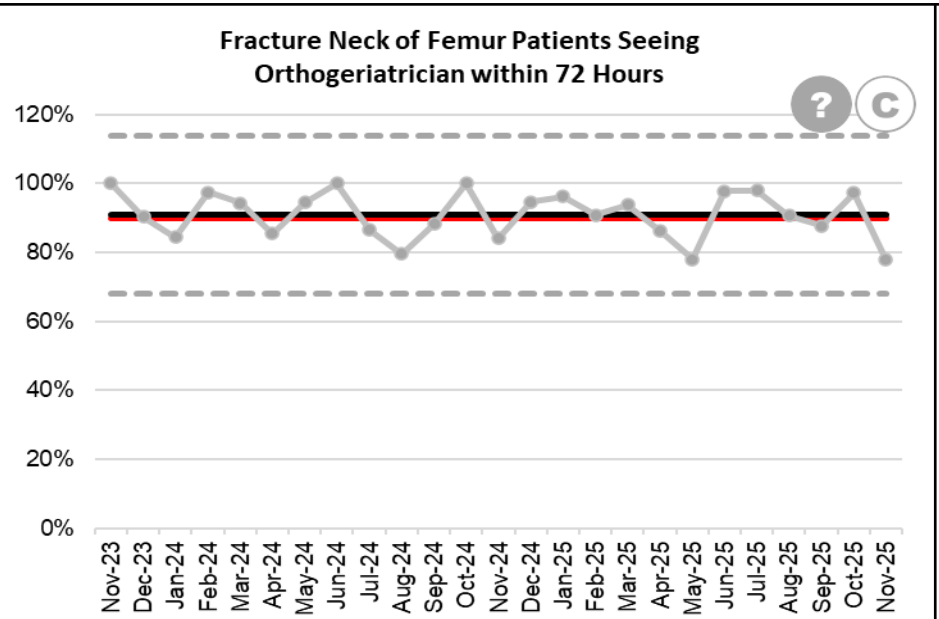
Target
No Target

Latest Month's Position
96.4%

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
Nov-25

Target
90%

Latest Month's Position
77.8%

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

Corporate Risk
No Corporate Risk

No narrative required as per business rules.

What does the data tell us?
42/ 54 (77%) of patients received ortho-geriatric (OG) assessment within 72 hours. At the Bristol site one patient missed the 72 hr target as they were in theatre having surgery during OG morning rounds (weekend admission & Surgery Monday morning). At the Weston site the remaining 13 patients did not receive an ortho-geriaction review within the 72 hour target.

Action being taken
No new actions identified.

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

Quality

Friends and Family Test

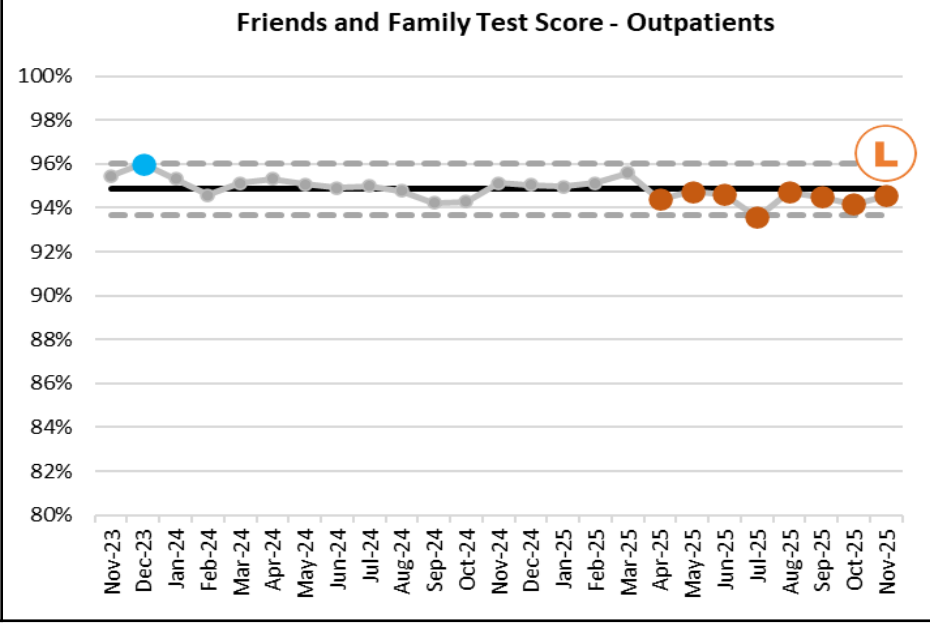
Latest Month
Nov-25

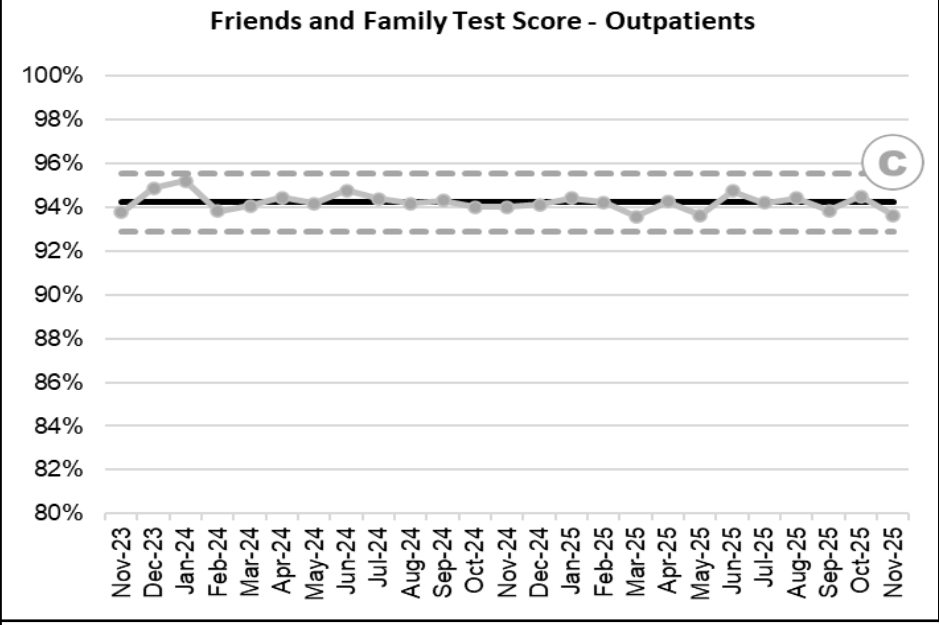
Target
No Target

Latest Month's Position
94.6%

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
Nov-25

Target
No Target

Latest Month's Position
93.6%

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, though has improved from last month to 94.6% in November.
- The top negative theme identified in comments is 'Waiting time', followed by 'Communication'.
- Though the positive response ratings have decreased, they do remain very high. The negative response ratings remain consistent and below the Nationally reported average.

Actions taken to improve

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

Impact on forecast

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

No narrative required as per business rules.

Quality

Complaints

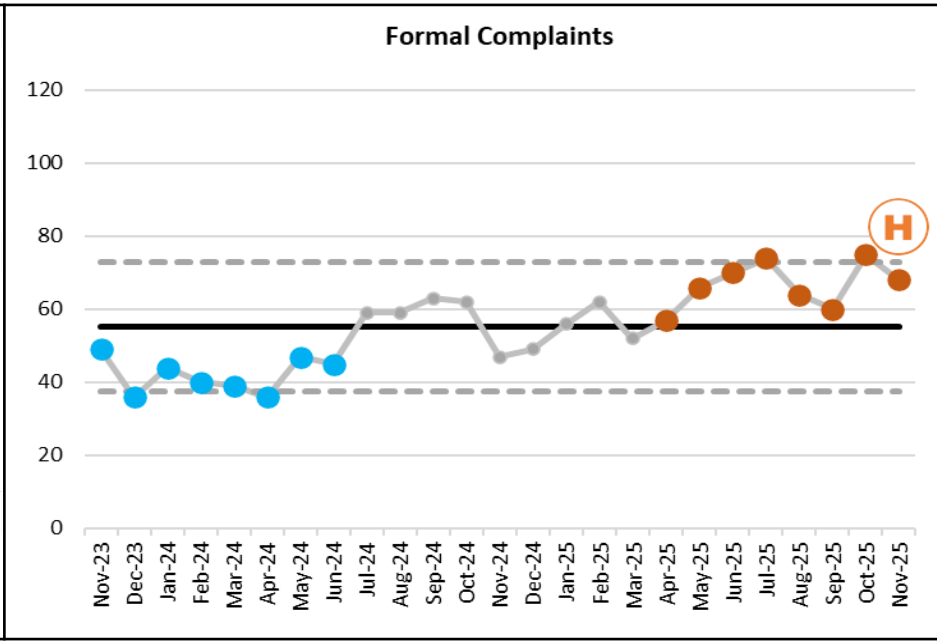
Latest Month
Nov-25

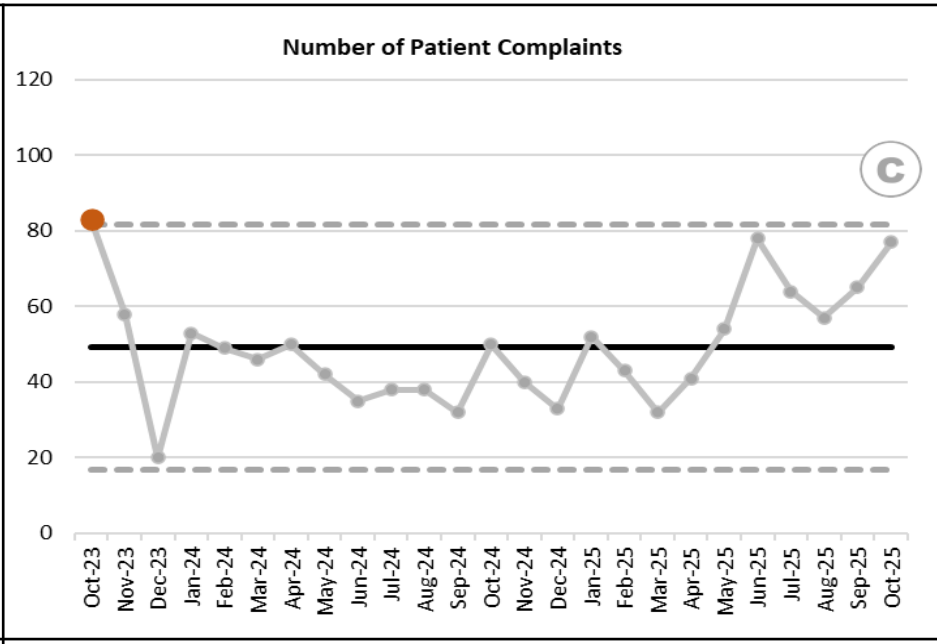
Target
No Target

Latest Month's Position
68

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





Latest Month
Oct-25

Target
No Target

Latest Month's Position
77

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

Corporate Risk
No Corporate Risk

What does the data tell us?

- In November, the Trust received 68 complaints, which was 7 less than the previous month.
- Since April, the average number of complaints received per month has been 66.
- Urology (8) received the most complaints, followed by General Surgery (7), Emergency Medicine (6), Care of the Elderly (5), Gynaecology (5) and Maternity (5). The remainder of the complaints were spread across 20 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 increase in complaints. The number of PALS concerns received in November was 164, which is 3 more than the average since April.

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.

No narrative required as per business rules.

Quality

Complaints

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

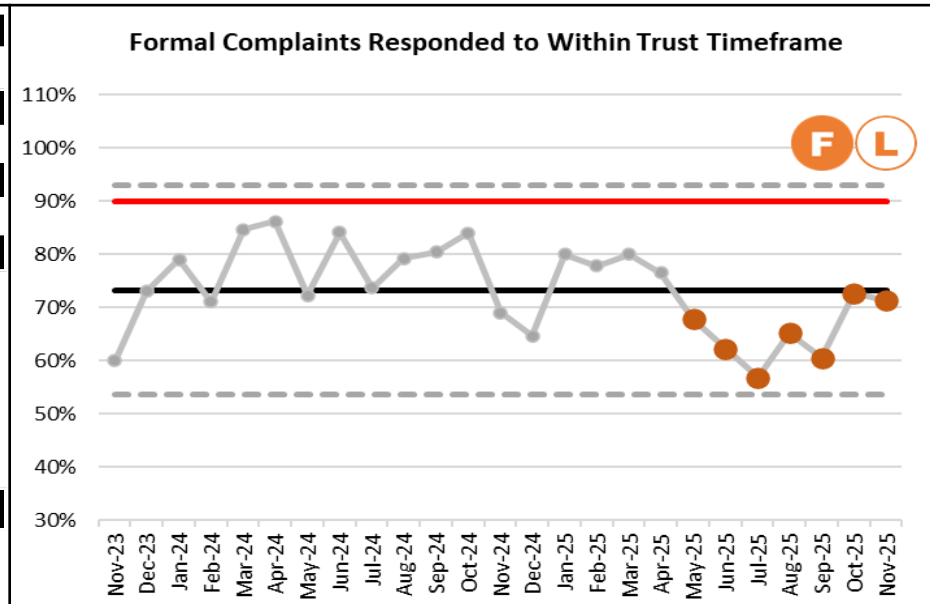
Latest Month
Nov-25

Target
90.0%

Latest Month's Position
71.2%

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

Trust Level Risk
No Trust Level Risk



What does the data tell us?

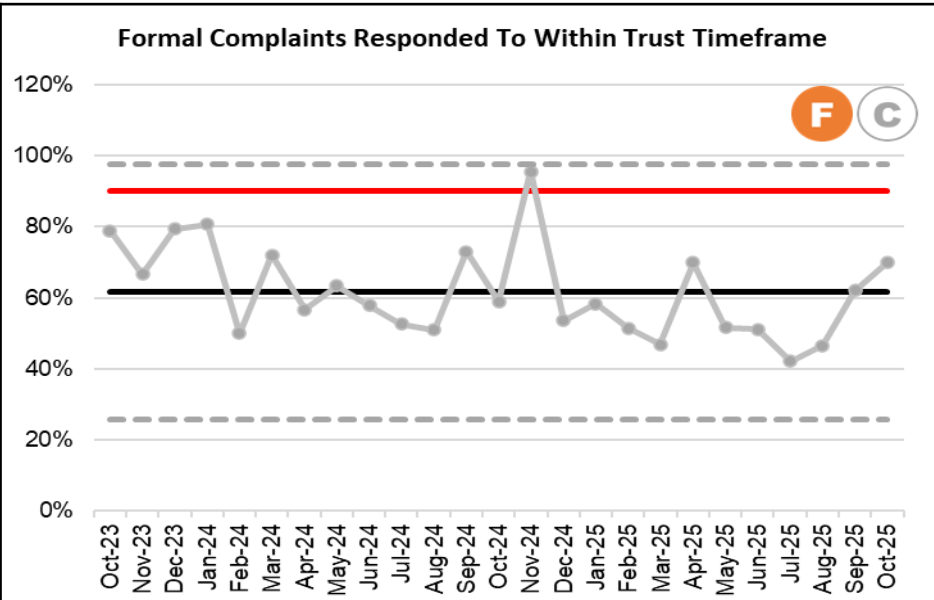
- The compliance rate decreased from 73% in October to 71% in November.
- Of the 73 complaints due for response in November, 52 were closed within the agreed timescale, 16 were outside the agreed timescale, and 5 were still open at the time of reporting.

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 sustained improvement, for the second month running in the ASCR compliance score (71%), has contributed to the overall Trust compliance remaining above 70%. Compliance scores continue to be monitored across all divisions.



Latest Month
Oct-25

Target
90.0%

Latest Month's Position
70.0%

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

Corporate Risk
No Corporate Risk

What does the data tell us?

- Compliance rate improved from 60% in September to 70% in October.
- Of the 90 complaints responded to in October, 63 were closed within the agreed timescale and 27 were outside of the agreed timescale.
- Consistent improvement over the last 4 months is a result of the removal of any complaint backlog and the focus within the Divisions to respond in a timely manner.

Actions being taken to improve

- The PALS and Complaints team continue to process complaints in a timely manner, ensuring the Divisions have an appropriate timeframe to respond.
- Executive sign off members increased to ensure timely sign off and response to the complainant.

Impact on forecast

Performance is expected to continue to improve as the process is embedded and the Divisions respond to the backlog of complaints. The response rate will plateau once the large volume of complaints have been responded to and we maintain the timely efficient complaint response process now in place. This is expected by the end of Quarter 4.

North Bristol NHS Trust

Our People

Scorecard

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	Nov-25	9.9%	11.3%	9.8%	N/A*	N/A*	No Commentary
		UHBW	Nov-25	9.5%	11.1%	9.5%	N/A*	N/A*	No Commentary
Well-Led	Vacancy (Vacancy FTE as Percent of Funded FTE)	NBT	Nov-25	8.0%	5.1%	8.1%	F-	C	Escalation Summary
		UHBW	Nov-25	4.6%	4.0%	4.3%	?	H	Escalation Summary
Well-Led	Sickness (Rolling 12-month)	NBT	Nov-25	4.8%	4.4%	4.7%	N/A*	N/A*	Commentary
		UHBW	Nov-25	4.5%	4.5%	4.5%	N/A*	N/A*	No Commentary
Well-Led	Essential Training Compliance	NBT	Nov-25	88.1%	90.0%	89.9%	?	L	Escalation Summary
		UHBW	Nov-25	89.6%	90.0%	90.1%	?	C	Escalation Summary

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

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

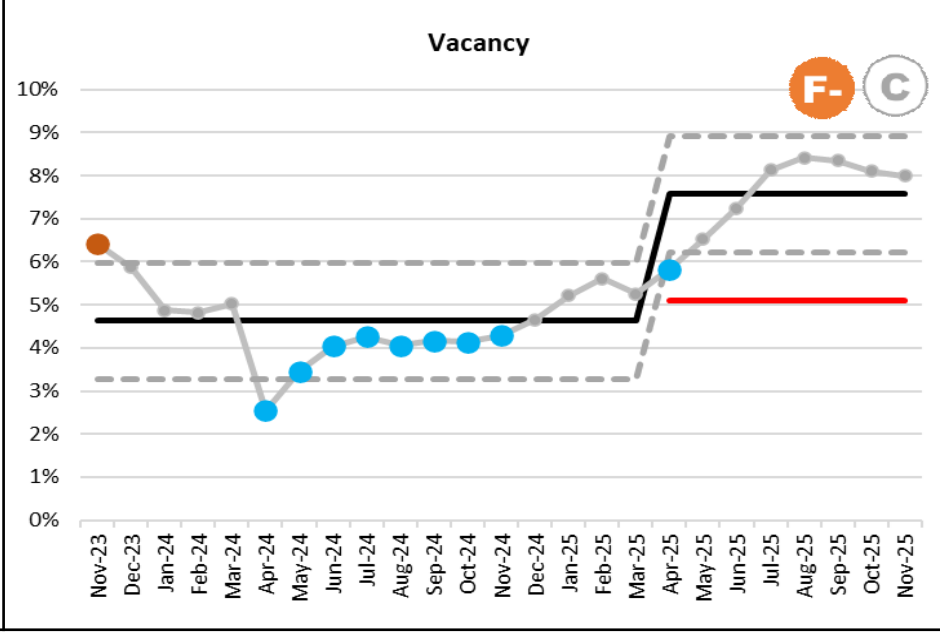
Our People

Vacancies

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

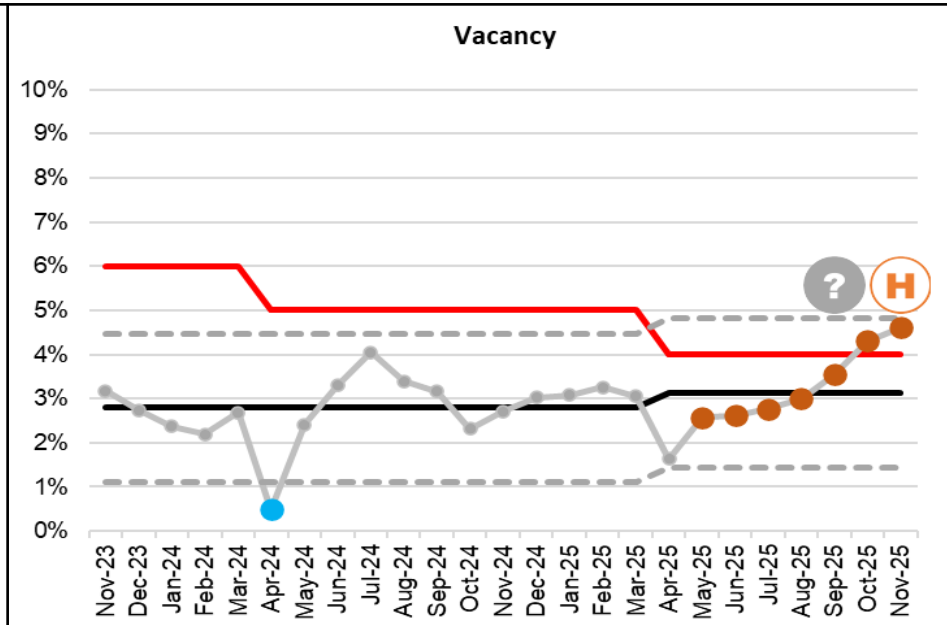
Latest Month
Nov-25
Year End Target
5.1%
Latest Month's Position
8.0%
Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration
Trust Level Risk
Risk 1979 - There is a risk to our clinical teams and services due to the inability to recruit into vacant specialist medical roles (16)



What does the data tell us?
- Vacancies reduced in November (-15.9 fte). Reductions in Healthcare Support Worker vacancies has been greatest by volume with an increase of 11 wte staff in post.
- Review of our current position against year end target (set in previous years operational planning) is in progress

Actions being taken to improve
- **HCSW Supply** – Trust wide and tailored (hard to recruit) Health Care Support Worker (HCSW) assessment centres for scaled up candidate selection. Trust wide advert is **currently live** with Assessment Centre booked for early **Feb-26**.
- **Youth-focused outreach:** Launching a targeted campaign to promote the HCSW career pathway to young people, featuring a recruitment video to be shared with local education providers. Group wide campaign live - **Mar-26 outreach starting Apr-26**
- **Enhanced visibility and engagement:** Apprenticeship advert currently live on Gov.uk website 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 out Community priority – **live Feb-26**

Impact on forecast
- **45** HCSW starters in **Nov-25 and Dec 25**. 25 wte anticipated to start in December which will yield approximate net gain of 18 wte. Current Pipeline is **81** HCSWs undergoing checks - **41** have booked start dates for **Jan-26**



Latest Month
Nov-25
Year End Target
4.0%
Latest Month's Position
4.6%
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?
- Vacancy rate increased to 4.6% in November, an increase of 38.7 FTE
- The 25/26 plan required a headcount reduction of 300 wte (with phased investments phased of 158 wte) Impact of vacancy freeze shows in the vacancy position, not yet reflected in adjusted funded establishments.
- Specialised Services vacancy increased to 5.2% from 2.8% (Oct 25), attributable to a budget increase of 18.7 FTE and a staff in post reduction of 14.9 FTE. Primarily driven by changes in BHOC Oncology/Haematology – linked to the BHOC growth case, and plan to operationalise the South Bristol element of the investment.

Actions being taken to improve
- **Monitoring of vacancy position through Divisional and SDR processes to avoid increased temporary staffing**
- **HCSW Supply** – Assessment centres, advert **live** with Assessment Centre early **Feb-26**.
- **Youth-focused outreach:** Targeted campaign to promote HCSW career pathway to young people, recruitment video to be shared with local education providers. Groupwide campaign live **Mar-26. outreach Apr-26**
- **Enhanced visibility and engagement:** Apprenticeship advert live on Gov.uk for HCSW apprenticeship route. Social media promotion through **Jan-26**. Social media campaign – **live Feb-26**

Impact on forecast
- SBCH posts are being recruited. Staff require chemo skills, can take upto 3 months of training, Recruits likely to be pulled from BHOC with little external interest. Delays in opening SBCH additional capacity due to Estates works means the unit should be fully operational Mar/ Apr 26., enabling the workforce supply.

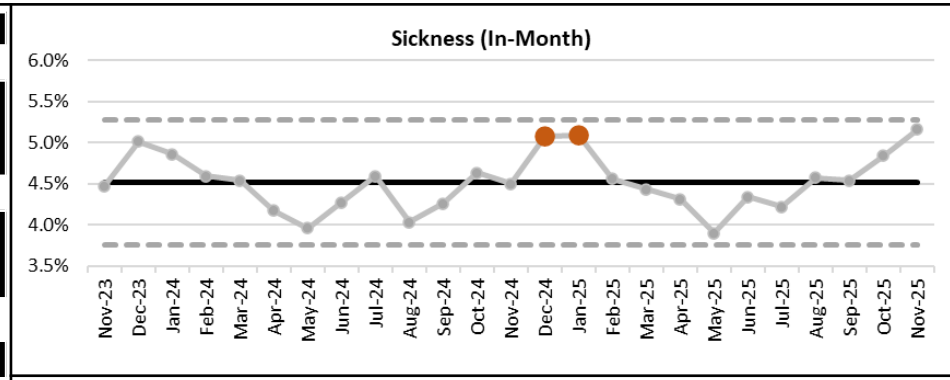
Our People

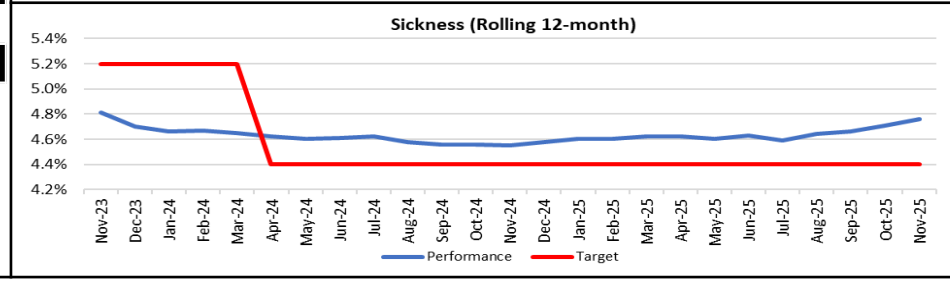
Sickness Absence

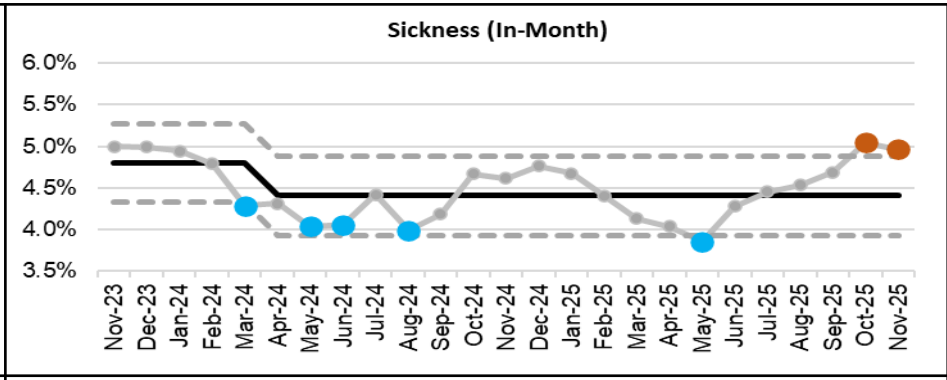
North Bristol NHS Trust

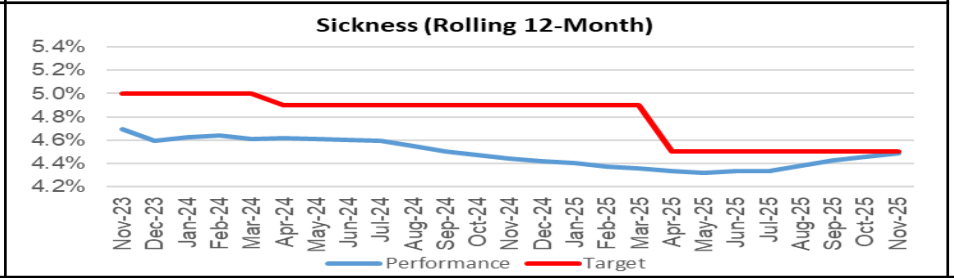
University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Nov-25
Latest Month's Position Rate (In-Month)
5.2%
Latest Month's Position Rate (Rolling 12-Month)
4.8%
Target
4.4%
Trust Level Risk
No Trust Level Risk









Latest Month
Nov-25
Latest Month's Position Rate (In-Month)
5.0%
Latest Month's Position Rate (Rolling 12-Month)
4.5%
Target (Rolling 12-month)
4.5%
Corporate Risk
No Corporate Risk

What does the data tell us?

- Current position continues to be driven by long term absence – in month absence rates having risen for the last three consecutive months with November's position at 2.83%, higher than last November (2.51%)
- Cough/Cold/Influenza remained saw a sharp rise in October and November, short term rates are in line with last year whilst long term rates are higher

Actions being taken to improve

People Systems and Data Team

- Diagnostic of use of 'Other Known Reasons' - **Action plan Q4 2025/26**

People Advice Team

- Analysis on long term absence reasons to understand what is contributing to longevity across the Trust **- Dec 25.**
- Review return to work process to allow early identification and triangulation of absence causes and effective approaches for management - **Feb 26**
- Robust review and management of sickness cases via divisions with oversight of these reported at DPR - **ongoing**

Staff Experience Team

- Fatigue Risk Management (FRM) Project with objective to reduce fatigue, improve staff health and wellbeing and improve patient safety – expected impact on Stress/Anxiety/Depression absence over 18 months – **launch Jan-26**
- Menopause train the trainer training delivered to refresh pool of trainers to deliver training to managers and leaders - **Dec-25**

Impact on Forecast

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

Metric meeting target.

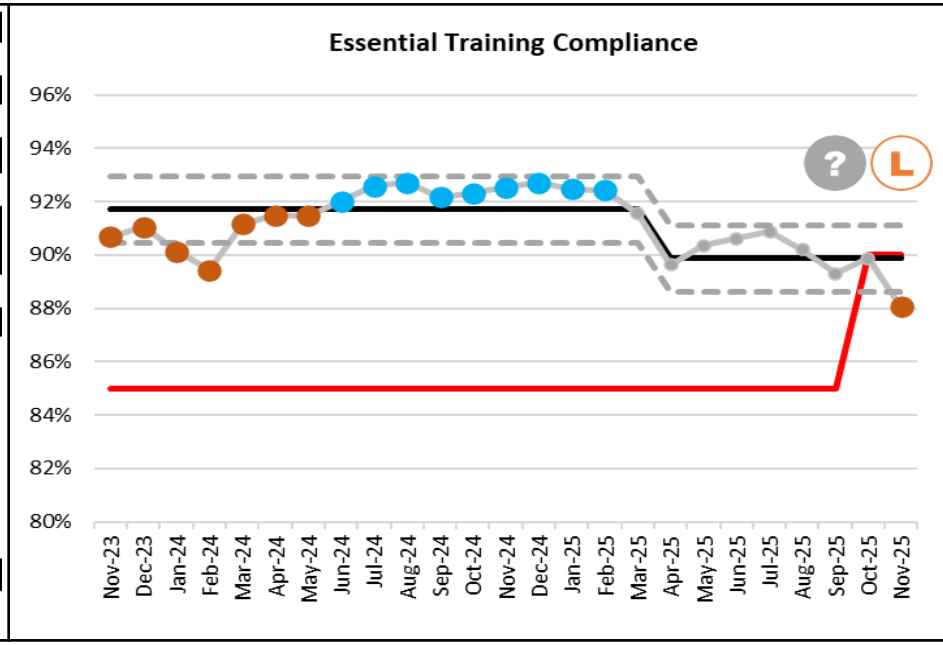
Our People

Mandatory and Statutory Training

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month	Nov-25
Target	90.0%
Latest Month's Position	88.1%
Oliver McGowan Tiers 1 and 2 Virtual / Face to Face	26.7%
Performance / Assurance	Special Cause Concerning Variation Low, where down is deterioration and 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?

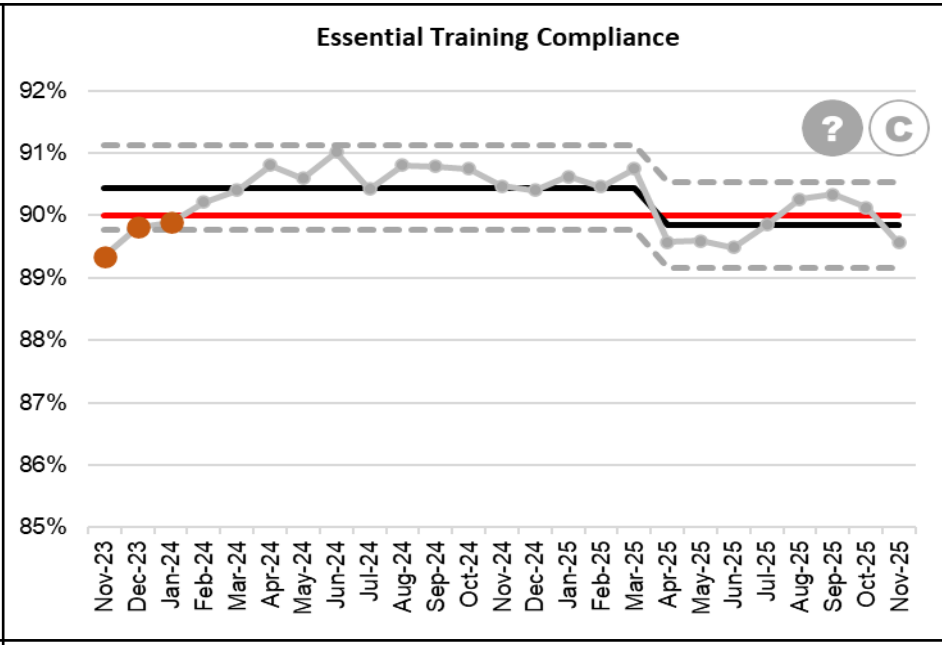
Compliance is below the target overall, being driven by specific areas, most notably for: Infection Prevention and Control (IPC) at 82.88%, Information Governance (IG) at 84.65%, and Oliver McGowan (OMMT) level 1 (eLearning) combined rate at 85.84%. OMMT Level 2 face to face/Level 1 Virtual compliance 26.7% against Mar-26 ICB target rate of 63.3%

Actions Being Taken to Improve

- **IPC**: In Nov-25 NBT moved to national requirement of annual level 2 training for clinical staff, and non-clinical staff completing the level 1 IPC training. Compliance oversight is via quarterly Infection Control Assurance Group with all divisions – **Jan-26 (next meeting)**
- **IG:** Compliance rate meets national mandatory Data Security & Protection Toolkit (DSPT) 'appropriate understanding' standards. Compliance is promoted via Cyber Essential controls, regular Data Security & Awareness training within corporate induction, executive updates, and targeted campaigns, e.g., imminent communication highlighting recent cyber-attack at Barts Health NHS Trust to serve as critical reminder of importance of data security and training - **ongoing.**
- **OMMT** Additional on-site training sessions are available to improve compliance for clinical staff. A communications plan targeting low compliance groups **launched Dec 25**. Following discussions with the Group Estates and Facilities teams, additional capacity will be introduced in the new year to enhance access beyond core operating hours.

Impact on forecast

- **IPC**: Anticipate a short-term dip in compliance then recovery
- **IG**: Ongoing monitoring of compliance rates will take place to determine impact of actions
- **OMMT:** Expected positive impact of actions will be reflected in new trajectory against target in development



Latest Month	Nov-25
Target	90.0%
Latest Month's Position	89.6%
Oliver McGowan Tiers 1 and 2	40.0%
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?

Overall compliance is sitting just under the 90% target. Training compliance is lower than the target in specific areas, notably Information Governance (88.8%), Moving & Handling (76.9%), Oliver McGowan eLearning (84.1%) and Resuscitation (76.7%.)

Actions being taken to improve

- Level 2 Oliver McGowan training is at a combined rate of 40.0%, clinical face-to-face at 45.4% and the non-clinical webinar at 29.03% against an ICB target rate of 63.3% by March 2026. The BNSSG project team continue to review provision to support access to training across the region and improve the booking system. Following discussions with the Group Estates and Facilities teams, additional capacity will be introduced in the new year to enhance access beyond core operating hours.
- Action Information Governance: As noted within the NBT input, the compliance rate meets national expection for compliance. However, to meet the Trust compliance target the IG lead is working with Learning and Development to implement actions to improve compliance, such as accessibility of training sessions and review of delivery.
- Action Moving & Handling: an update curriculum will be launched mid-January, with changes supporting a more focussed and accessible delivery model based upon face-to-face training.
- Action Resuscitation: A robust training plan aimed at supporting a group newly-requiring PBLS was implemented, expectation to see improvement by May 2026. Improvements have been made to recording of higher-level resuscitation certification, moving to a self-service approach for those in the target audience.

Impact on forecast

Actions noted regarding changes to the delivery model for moving & handling are expected to positively impact accessibility and therefore compliance; and resuscitation in particular will serve to support improved targeting of training and therefore resulting compliance rates.

Income & Expenditure

Actual Vs Plan (YTD)

Latest Month

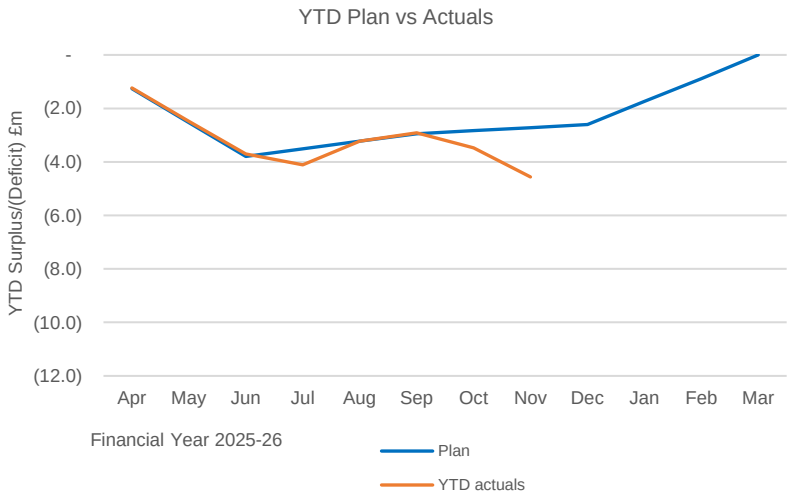
Nov-25

Year to Date Plan

£(2.7m) deficit

Year to Date Actual

£(4.6m) deficit



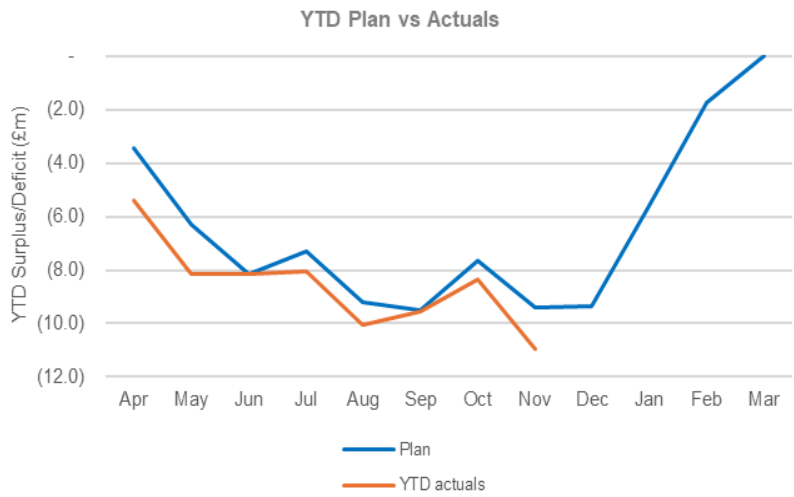
Summary

Summary:

- The financial plan for 2025/26 in Month 8 was a surplus of £0.1m. The Trust has delivered a £1.1m deficit and is £1.2m adverse to plan. Year to date the Trust has delivered a £4.6m deficit position which is £1.9m adverse to plan.
- In month, Resident Doctors took industrial action which resulted in a £0.6m reduction in income and £0.6m of additional shifts to cover gaps.
- 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 £1.0m. This is offset by various non-recurrent benefits of £1.3m seen across income, pay and non-pay.
- Elective Recovery Performance in month is driving an adverse position of £0.1m (when the impact of industrial action is removed).
- In month, the Trust under-delivered against the recurrent Month 8 savings target by £1.7m contributing to a shortfall against in month delivery of £1.9m. This was offset in month by non-recurrent savings from consultant and AfC vacancies which contributed a £1.9m favourable variance.
- 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 8 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

Nov-25

Year to Date Plan

£(9.4m) deficit

Year to Date Actual

£(11.0m) deficit

Summary

Summary:

- The position at the end of November is a net deficit of £11.0m against a planned deficit of £9.4m. The Trust is, therefore, £1.6m adverse to plan. This is due to the unplanned cost of industrial action.
- Significant variances against plan are higher than planned pay expenditure (£10.8m) and increased non-pay costs (£16.7m). This is offset by higher than planned operating income (£24.7m).
- Total staff in post (substantive, bank and agency) has reduced since March. Overall, staffing levels are within funded establishment in November. However, over-establishment in previous months, particularly across nursing budgets, is driving the adverse pay position due to additional use of registered mental health nurses and staffing of bed escalation areas linked to NCTR.
- Overall, agency and bank expenditure was higher in month compared with October, and YTD is £1.1m higher than planned. Agency expenditure is 16% lower than plan YTD with expenditure in month of £0.5m, compared with £0.7m in October. Bank expenditure is 6% higher than plan YTD mainly due to the cost of industrial action, with expenditure in month of £5.1m compared with £4.2m in October.
- The average number of NCTR patients in November is 173, significantly above the system plan of 136. This equates to 27% 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.
- Central mitigations of £25m necessary to support the breakeven plan are not fully identified. However, as at the end of November central mitigations of £23m have been identified.

CIP

Actual Vs Plan (YTD)

Latest Month

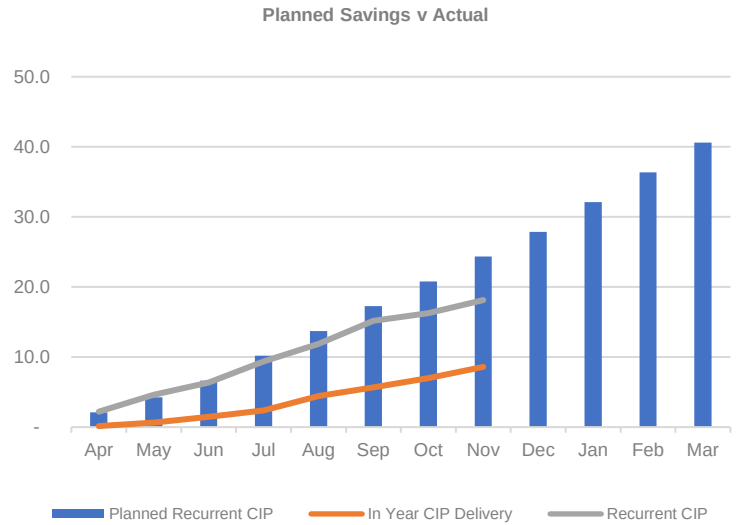
Nov-25

Year to Date Plan

£24.3m

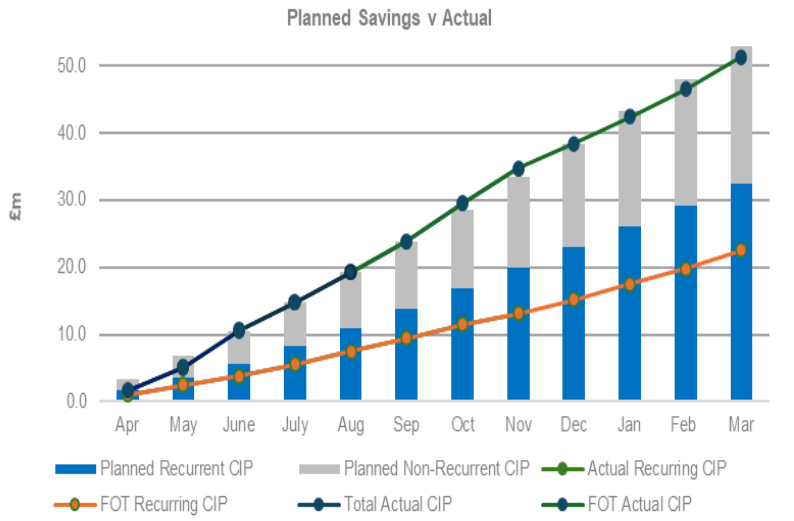
Year to Date Actual

£18.1m



Summary

- The CIP plan for 2025/26 is for savings of £40.6m with £24.3m planned delivery at Month 8.
- At Month 8 the Trust has £18.1m of completed schemes on the tracker, of which £1.8m is non-recurrent. There are a further £7.9m of schemes in implementation and planning, leaving a remaining £14.6m 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

Nov-25

Year to Date Plan

£33.4m

Year to Date Actual

£34.7m

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 30th November 2025, the Trust is reporting total savings delivery of £34.7m against a plan of £33.4m.
- The Trust is forecasting savings of £51.3m, an improvement of £1.4m from last month. This improvement is due to an increase in non-recurring schemes linked to the Trust's FRP. Recurring savings represent 44% of the current forecast outturn.
- Against the annual savings plans of £53.0m, the current forecast savings delivery shortfall is £1.7m or 3%. The full year effect forecast outturn at month 8 is £30.9m, a forecast recurrent shortfall of £22.1m or 42%.

Workforce

Pay Costs Vs Plan Run Rate

Latest Month

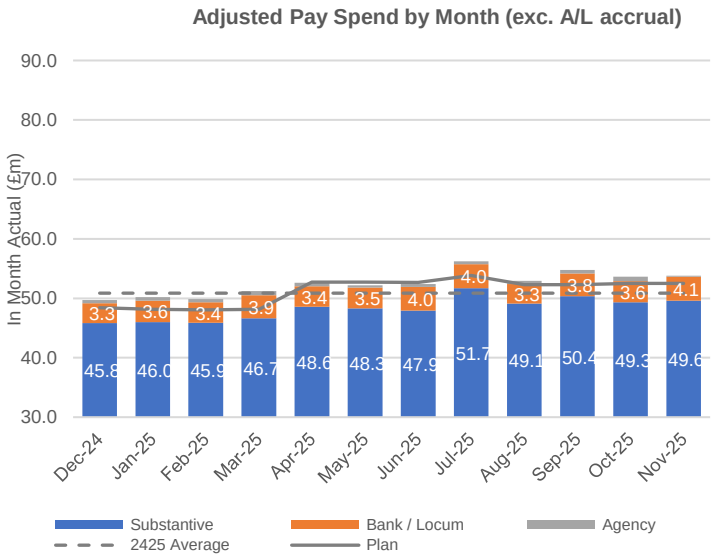
Nov-25

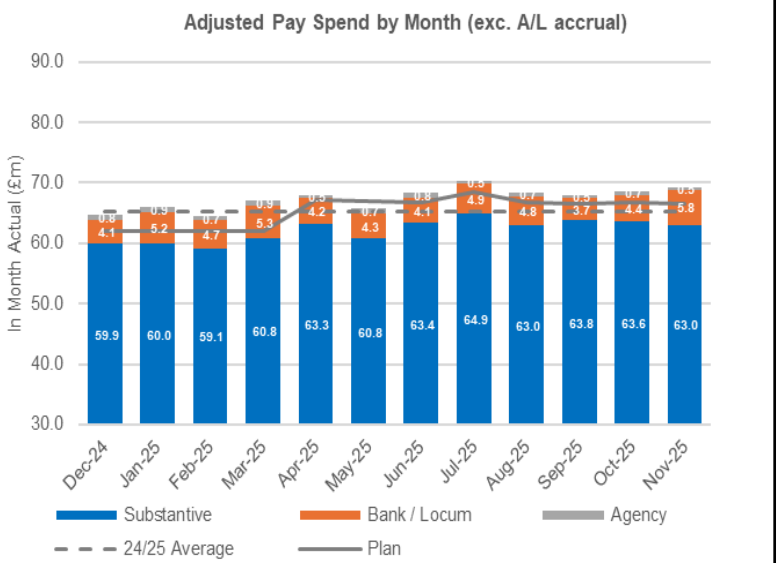
In- Month Plan

£52.5m

In-Month Actual

£53.8m





Latest Month

Nov-25

In-Month Plan

£66.6m

In-Month Actual

£69.3m

Summary

Summary

Pay spend is £1.3m adverse in month, when adjusted for pass through items, the revised position is £0.3m favourable to plan. The main drivers are:

- Industrial action – £0.6m 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 - £1.9m favourable, £1.4m consultant vacancies in Anaesthetics and Imaging and other clinical/admin vacancies in Genetics and Facilities. There are also £0.5m of Nursing vacancies in specialist posts.
- In month £0.4m of non-recurrent benefits were recognised relating to prior year agency accruals.

Summary

Summary

- Total pay expenditure in November is £69.3m, £2.7m higher than plan due mainly to higher than planned 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 256WTE since April.
- Nursing staffing levels exceed the funded establishment by 179WTE in November. Contributing factors to the ongoing over-establishment are the use of escalation capacity, high levels of acuity requiring additional mental health input and sickness absence.
- Additional workforce controls have been put in place with effect from 1st August and the expected reduction in staff in post back to establishment remains the focus of the Clinical Divisions.

Temporary Staffing

Agency Costs Vs Plan Run Rate

Latest Month

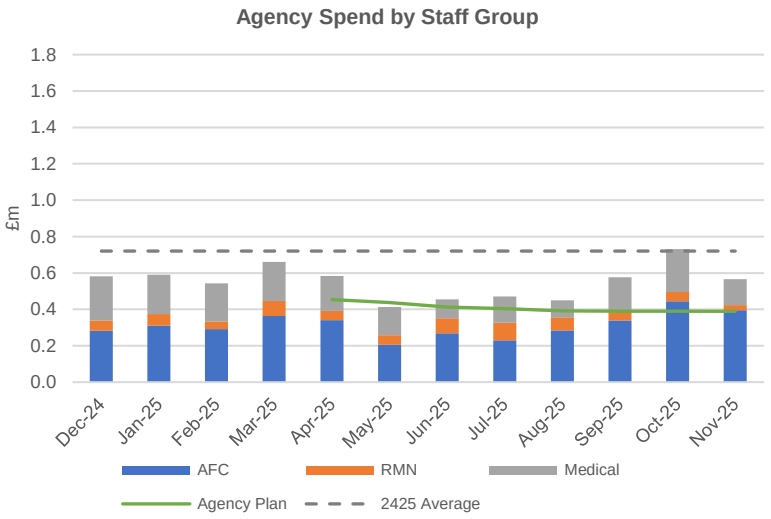
Nov-25

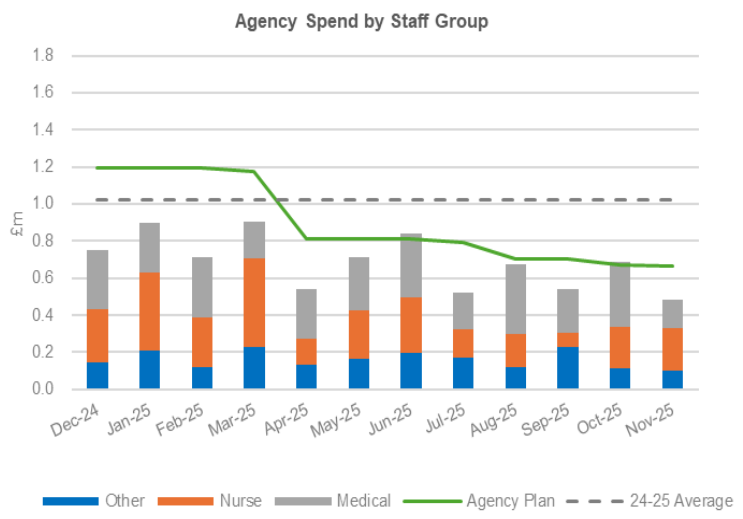
In-Month Plan

£0.4m

In-Month Actual

£0.6m





Latest Month

Nov-25

In-Month Plan

£0.7m

In-Month Actual

£0.5m

Summary

Summary

Monthly Trend

- Agency spend in November has decreased compared to October. This is largely driven by a drop in consultant agency in Cardiology which was used to cover sickness in October.
- 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 November is below 2024/25 spend. This is due to increased controls being implemented across divisions from November last year, and their continued impact.

Summary

Summary

Monthly Trend

- Agency expenditure in November is £0.5m, £0.2m below plan and lower than October's agency expenditure of £0.7m. YTD agency expenditure is 16% 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 58 or 11% in November compared with October.
- Medical agency expenditure is lower by £0.2m from the previous month. The number of shifts covered has decreased from 284 in October to 183 in November.

In Month vs Prior Year

- Trustwide agency spend in November is £0.5m or c51% lower than November 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

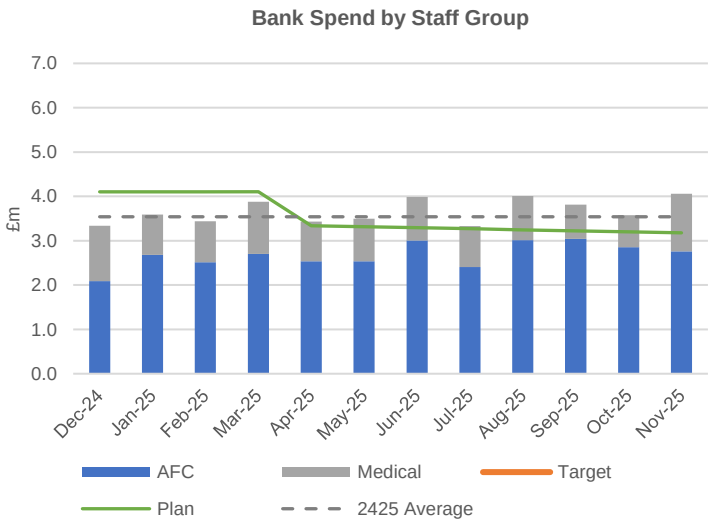
Nov-25

In-Month Plan

£3.2m

In-Month Actual

£4.1m



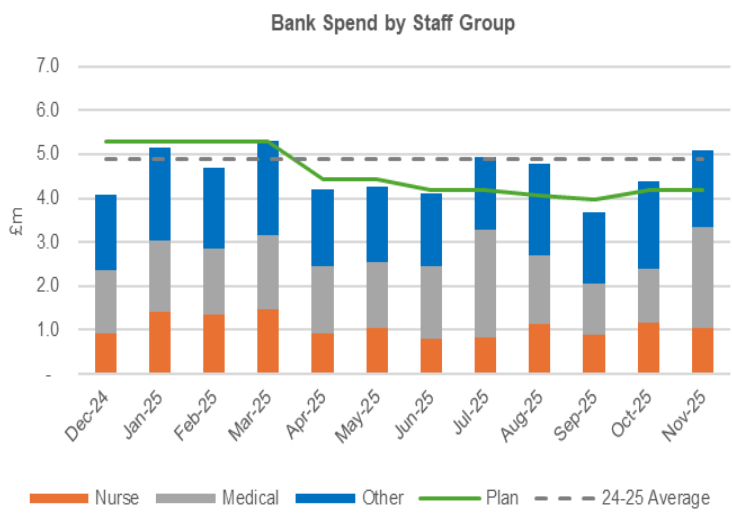
Summary

Monthly Trend

- In November, there has been an increase in bank spend compared to October. The increase has mainly been in Medical staff due to cover for the period industrial action

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

Nov-25

In-Month Plan

£4.2m

In-Month Actual

£5.1m

Summary

Monthly Trend

- Bank costs in November are £5.1m, an increase of £0.7m from £4.4m in October. Costs are £0.9m higher than plan YTD, due mainly to costs associated with Industrial Action. Of the £5.1m spent in November, £2.3m relates to medical bank and £1.0m to registered nurse bank.
- Nurse bank expenditure decreased by £0.1m in November from £1.1m in October, whilst shifts decreased by 58 or 11%.
- Medical bank was higher than October at £2.3m. £0.8m relates to industrial action.

In Month vs Prior year

- Bank expenditure in November is £0.8m higher than the same period last year.

Capital

Actual Vs Plan

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month

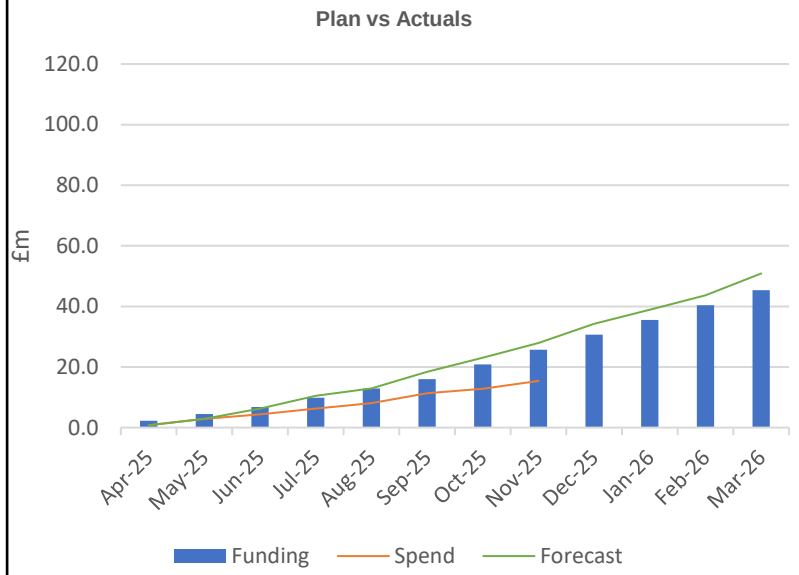
Nov-25

In-Month Plan

£4.9m

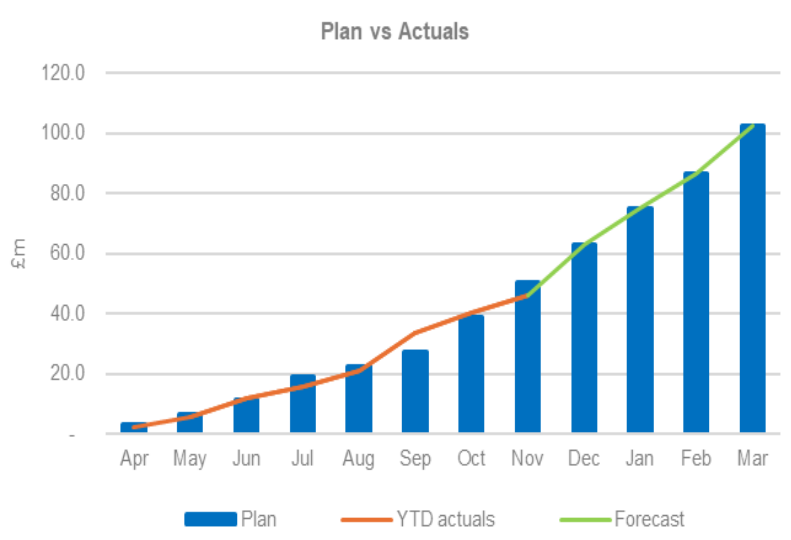
In-Month Actual

£2.5m



Summary

- The Trust currently has a system capital allocation of £22.7m for 2025/26. A further £11.0m of projects have been taken forwards for national funding.
- Overall spend in Month 8 was £1.5m. This takes the overall year to date spend to £15.4m, of which £7.3m is against the Bristol Surgical Centre.
- The year-to-date variance against the forecast is as result of slippage in several projects however the Trust is still forecasting to spend all allocated capital funding in year.
- Overall spend on the Bristol Surgical Centre to date is £49.4m, of which £38.3m relates to the main construction contract.
- The Trust has received approval for a £7.3m Salix grant to be spent on decarbonisation work. This funding will be received throughout the year to match spend.



Latest Month

Nov-25

In-Month Plan

£11.7m

In-Month Actual

£5.7m

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 November is £46.1m, £4.3m behind the plan of £50.4m.
- Significant variances to plan include slippage on Major Capital Schemes (£13.5m) and Estates Schemes (£6.1m), offset by ahead of plan delivery against medical equipment, digital services and right of use assets (IFRS16).
- Management of the delivery of the capital plan has been revised to drive project delivery via the Trust's Capital Group, newly formed Estates Delivery Board and the Capital Programme Board.
- The Trust continues to monitor the forecast outturn against the notified CDEL.

Cash

Actual Vs Plan

Latest Month

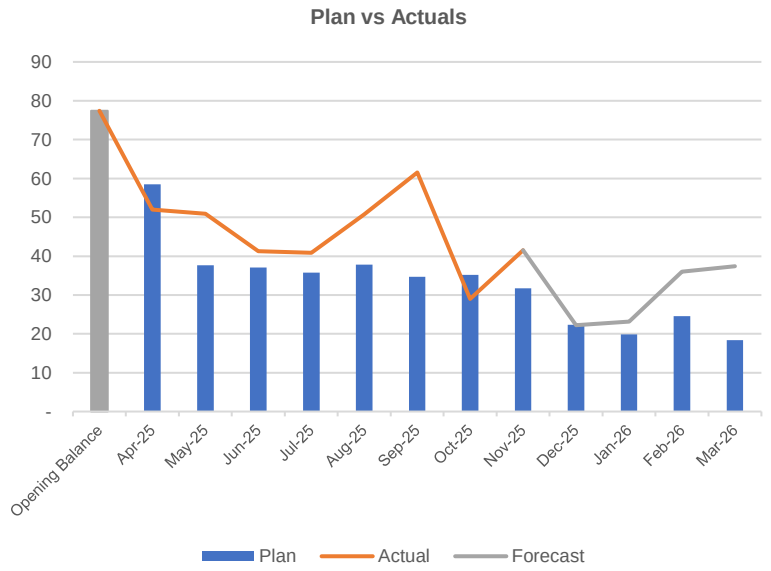
Nov-25

Target

£35.2m

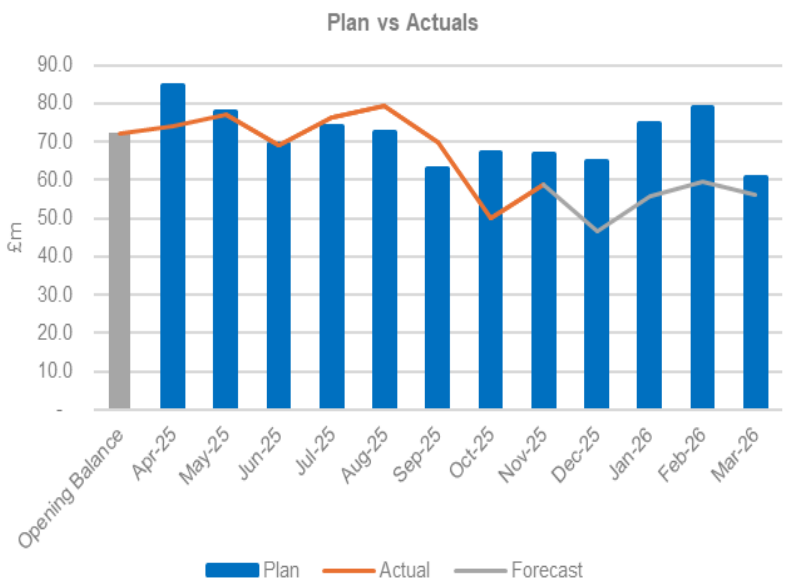
Actual

£28.9m



Summary

- In month cash is £41.5m, which is a £12.5m increase from October
- The movement in month is driven by a £14m pre-payment received from BNSSG, this is expected to unwind in December.
- The cash balance has decreased by £35.9m year to date, driven by the high level of capital cash spend linked to items purchased at the end of 2024/25.
- Year-to-date cash balances are £9.8m ahead of plan and the year end cash balance is forecast to be £19.0m above plan, primarily driven by lower than forecast capital cash spend.



Latest Month

Nov-25

Target

£66.8m

Actual

£58.9m

Summary

- The closing cash balance of £58.9m is a decrease of £8.9m from October.
- The £13.4m decrease from 31st March is due to a net cash inflow from operations of £29.0m, offset by cash outflow of £36.5m relating to investing activities (i.e. capital), and cash outflow of £5.9m on financing activities (i.e. loans, leases & PDC).
- The Trust's total cash receipts in October were £121.8m to cover payroll payments of £67.3m and supplier payments of £45.6m.
- YTD cash balances are £7.9m 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