

# Integrated Quality and Performance Report

Month of Publication July 2025

Data up to May 2025

Report Structure	Page
Key to KPI Variation and Assurance Icons	3
Business Rules and Actions	4
Summaries	Page
Executive Summary	5

Responsive	Scorecards	8
UEC – Emergency Department Metrics	Summary	10
UEC – Ambulance Handover Delays	Summary	13
UEC – No Criteria to Reside	Summary	16
Planned Care – Referral to Treatment	Summary	17
Planned Care – Diagnostics	Summary	20
Planned Care – Cancer Metrics	Summary	21
Planned Care – Last Minute Cancellations	Summary	23
Stroke Performance (NBT)	Summary	24
Quality	Scorecard	26
Infection Control	Summary	28
Falls	Summary	30
Medication Incidents	Summary	32
VTE Risk Assessment	Summary	33
Neck of Femur	Summary	34
Complaints	Summary	36

Our People	Scorecard	37
Vacancies	Summary	38
Sickness Absence	Summary	39
Essential Training	Summary	40
Finance		41
Assurance and Variation Icons – Detailed Description		48

# Key to KPI Variation and Assurance Icons

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

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

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

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

## Further Reading / Other Resources

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

[NHS England » Making data count](#)

## Scorecards Explained

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

## Scorecards Explained

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

Name of Metric/KPI.

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

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

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

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

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

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

The actual performance for the most recent month.

The actual performance for the previous month.

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

# Business Rules and Actions

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

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

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

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

# Executive Summary – Group Update

## Responsive

### **Urgent Care**

UHBW ED 4-hour performance remained stable at 75.3% during May (75.3% in April) for all attendance types, including type-3 footprint uplift. A combination of increasing demand, high bed occupancy, continued high levels of NCTR and patients presenting with infectious disease creating 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 marginally to 63.4% for May 2025 (70.8% % with footprint uplift). NBT is actively working with the GIRFT team to align their findings with NBT's UEC programme and a summary of this was presented at QOC.

The System ambition to reduce the NC2R percentage to 15% remains unachieved. This ambition was central to the Trusts being able to deliver the 78% ED 4-hour performance requirement for March 2025. As yet, there is no evidence this ambition will be realised. 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 successfully eliminated 65 week waits by the end of 2024/25 and compliance is forecast for Q1 with the exception of cornea graft due to previously reported national shortage of graft material which has resulted in seven patients waiting beyond 65 weeks at the end of May. NHSE formal dispensation for cornea graft still applies, albeit national incrementally improving and so sustained delivery anticipated by year end.

Both Trusts have set the ambition that less than 1% of the total waiting list will be waiting 52 weeks by the end of March 2026, with NBT already achieving this ambition.

### **Diagnostics**

For May, NBT's diagnostic performance reported marginally above the national constitutional standard at 1.04% this was driven by an exceptional equipment failure at the CDC with no ongoing concerns. UHBW has delivered against plan in May with performance of 17.3% reported against the plan of 20%. Diagnostic recovery plans are in place to continue to meet the recovery trajectory, with further improvement in performance expected during Q1.

### **Cancer Wait Time Standards**

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

At NBT, the Trust continues to be compliant with the FDS-28-Day standard. For the 62-Day Combined position, the Trust has seen an improvement for the second consecutive month following the deterioration seen in January and February, which is expected to continue into Q1. The work previously undertaken has been around improving systems and processes, and maximising performance in the high-volume tumor sites. 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, Safety and Effectiveness

## Patient Experience

### Patient Safety

UHBW: there were no MRSA bacteraemia cases reported in the month of May, the fifth consecutive month with no cases. None were seen for NBT, with one case in the past 6 months.

UHBW reported 12 cases of *Clostridium Difficile* in May 2025 above the 2025/26 trajectory of 9 or fewer cases per month. Improvement work underway is detailed in the report. The previously reported UKHSA declared incident relating to a national increase in C. Difficile cases remains. As a result, ICB's have increased scrutiny of community onset cases after acute hospital discharge to improve feedback of learning to acute trusts and better inform actions for improvement.

NBT had 7 cases in May 2025, above the 2025/26 trajectory of 4 cases. Close working between the trusts continues to share learning, align and hone approaches and actions where appropriate in the local context.

UHBW: there was one medication incident recorded in May associated with moderate harm. In June 2025, UHBW began a phased rollout of the new Clinical Medicine Management (CMM) System. The launch started in Weston on the 3rd June and went live at the Bristol Royal Infirmary and Bristol Heart Institute on 17th June. The final implementation phase covering the Bristol Royal Children's Hospital and St Michael's Hospital is scheduled for July 2025. The fully deployed CMM system is expected to significantly reduce medication safety risks associated with the previous paper-based system.

NBT saw three moderate harm or above medication related incidents and is also implementing CMM in the coming months and will benefit from the early learning experienced at UHBW and the benefits this will bring across both trusts, including improved VTE risk assessment compliance.

### Patient & Carer Experience

UHBW: In April 2025, 70% of complaints (28/40) were responded to by the agreed deadline, which is a notable improvement on previous months. In April, 83.7% of PALS concerns (108/129, including informal complaints under the Trust's previous taxonomy) were also responded to by the agreed deadline.

For NBT compliance with timely responses dropped to 68% in May, particularly driven by a lower response rate within the ASCR Clinical Division. Current actions are expected to support stabilisation and gradual improvement in response. However, if the ASCR division's response rate does not return to usual levels, further action may be required. Collaborative work between the two trusts continues to align approaches and drive improvement for complaints and PALS management.

# Executive Summary – Group Update

## Our People Finance

### 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

**Sickness** – NBT report rolling 12-month sickness whereas UHBW report the absence in month

**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 at NBT is 10.8% in May, below the NBT target of 11.3% for 2025/26 (registered clinical professions turnover is lower than the Trust position and unregistered clinical professions, estates and ancillary and administrative and clerical staff are higher) . At UHBW turnover is 9.9% in April and below target.

The vacancy rate at NBT has increased from 5.8% to 6.4% in May predominantly driven by increases in establishment associated with the Bristol Surgical Centre and staff on maternity leave. At UHBW the vacancy rate for May is 2.6% which has increased from 1.6% the previous month, this is due to adjustments to the funded establishments.

For NBT, sickness remains at 4.6% which is above the target of 4.4% and for UHBW Sickness is at 3.9% which has decreased from 4.2% the previous month and below target.

### Essential Training

Overall essential training compliance at NBT fell by 4% to 83% whilst above Trust target (85%), with the impact of the additional Oliver McGowan part two training driving the position. Preventing Radicalisation, Resuscitation and Information Governance are other areas of focus to improve compliance.

Overall essential training compliance within UHBW is at 90.6%, marginal change of -0.1% but above the Trust target of 90%. Compliance rates are above target in most of the core skills subjects, with the exception of manual handling (78.3%), resuscitation (75.9%) both subject rate marginally changed on the previous month. Whilst information governance (IG) compliance improved upon the previous month (+0.4%) to 90% this is below the national IG target of 95%.

### Finance

In Month 2 (May) NBT delivered a £1.2m deficit position which was on plan. Year to date NBT has delivered a £2.5m deficit position against a £2.6m deficit plan, which was £0.1m favourable to plan.

UHBW delivered a net income and expenditure deficit of £2.8m in May, in line with the planned deficit for May. UHBW's year to date deficit of £8.1m is £1.9m higher than the year-to-date planned deficit of £6.2m. The higher than planned net deficit is unchanged from April and is due to the shortfall in savings delivery in April.

Pay expenditure within NBT is £0.5m favourable to plan in month, however there were overspends in nursing and healthcare assistants due to escalation and enhanced care, which were offset by vacancies in consultant and other agenda for change staff groups.

Pay expenditure in UHBW is £1.3m lower than the plan for May. The reduction in expenditure in month is primarily due to a reassessment of central, trust-wide accounting provisions. Excluding this adjustment, overall pay costs are £1.5m higher than plan primarily due to the overall staffing exceeding budgeted establishments.

The NBT cash balance as at the 31<sup>st</sup> May 2025 NBT is £50.9m, a £26.5m reduction from 31<sup>st</sup> March 2025.

The UHBW cash balance as at the 31<sup>st</sup> May 2025 is £77.2m, £4.9m higher than 31<sup>st</sup> March 2025.

# Responsiveness

## Scorecard

Main	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	ED % Spending Under 4 Hours in Department	NBT	May-25	63.4%	61.8%	60.6%	?	L	Escalation Summary
		UHBW	May-25	68.2%	68.0%	67.8%	?	C	Escalation Summary
Responsive	ED % Spending Over 12 Hours in Department	NBT	May-25	9.5%	2.0%	9.6%	F-	H	Escalation Summary
		UHBW	May-25	3.5%	2.0%	5.6%	F	C	Escalation Summary
Responsive	ED 12 Hour Trolley Waits (from DTA)	NBT	May-25	366	0	299	F-	H	Escalation Summary
		UHBW	May-25	252	0	486	F-	C	Escalation Summary
Responsive	Ambulance Handover Delays (under 15 minutes)	NBT	May-25	26.1%	65.0%	24.2%	F-	L	Escalation Summary
		UHBW	May-25	32.2%	65.0%	27.0%	F-	C	Escalation Summary
Responsive	Average Ambulance Handover Time	NBT	May-25	45	45	54	F	H	Escalation Summary
		UHBW	May-25	34	45	41	?	C	Escalation Summary
Responsive	Ambulance Handover Delays (over 60 minutes)	NBT	May-25	576	0	668	F-	H	Escalation Summary
		UHBW	May-25	528	0	797	F-	C	Escalation Summary
Responsive	No Criteria to Reside	NBT	May-25	21.3%	15.0%	21.1%	F-	L	Escalation Summary
		UHBW	May-25	22.3%	13.0%	22.7%	F-	H	Escalation Summary

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

# Responsiveness

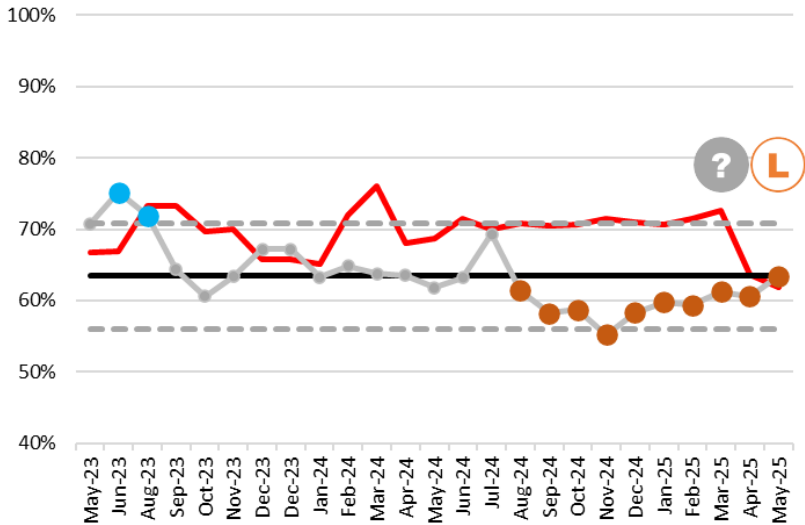
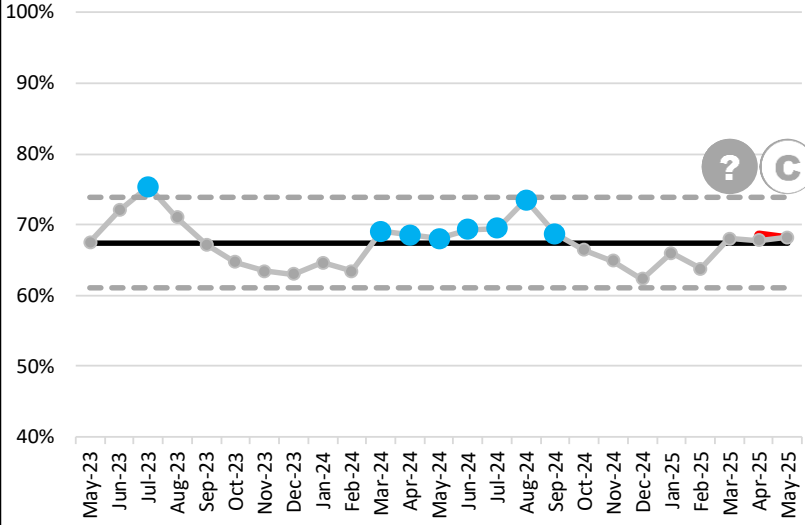
## Scorecard

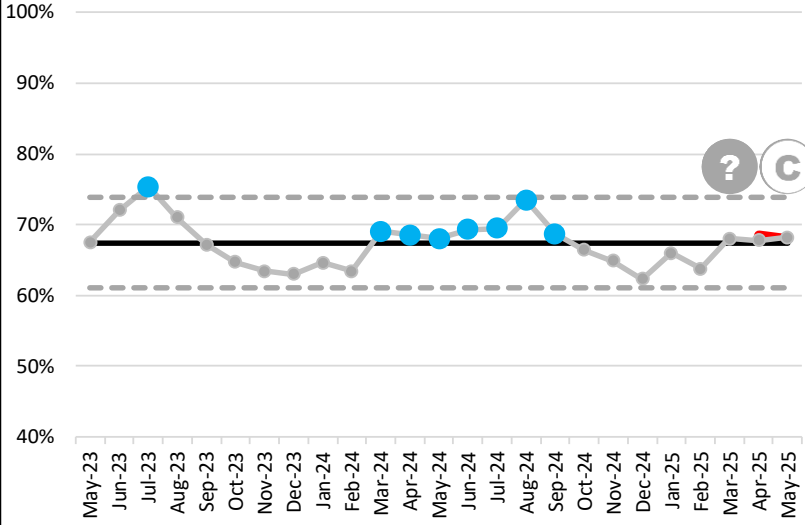
CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	RTT Percentage Over 52 Weeks	NBT	May-25	0.5%	1.0%	0.5%	P	L	Note Performance
		UHBW	May-25	1.4%	1.2%	1.4%	F-	L	Escalation Summary
Responsive	RTT Ongoing Pathways Under 18 Weeks	NBT	May-25	64.6%	64.3%	63.1%	F	H	Escalation Summary
		UHBW	May-25	64.6%	64.5%	63.7%	F-	H	Escalation Summary
Responsive	RTT First Attendance Under 18 Weeks	NBT	May-25	69.4%	71.0%	69.4%	F	H	Escalation Summary
		UHBW	May-25	67.1%	67.0%	66.0%	F-	H	Escalation Summary
Responsive	Diagnostics % Over 6 Weeks	NBT	May-25	1.0%	0.99%	0.78%	?	L	Note Performance
		UHBW	May-25	17.3%	20.0%	17.8%	?	C	Escalation Summary
Responsive	Cancer 28 Day Faster Diagnosis	NBT	Apr-25	77.2%	77.1%	82.9%	P	H	Note Performance
		UHBW	Apr-25	79.3%	77.0%	78.3%	P	H	Note Performance
Responsive	Cancer 31 Day Decision-To-Treat to Start of Treatment	NBT	Apr-25	88.9%	85.4%	91.1%	?	C	Escalation Summary
		UHBW	Apr-25	96.9%	96.0%	97.0%	P	H	Note Performance
Responsive	Cancer 62 Day Referral to Treatment	NBT	Apr-25	66.9%	70.2%	64.8%	?	C	Escalation Summary
		UHBW	Apr-25	75.7%	73.2%	73.6%	P	H	Note Performance
Responsive	Last Minute Cancelled Operations	NBT	May-25	0.7%	0.8%	0.5%	?	C	Escalation Summary
		UHBW	May-25	1.8%	1.5%	1.5%	?	C	Escalation Summary

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

# Responsiveness

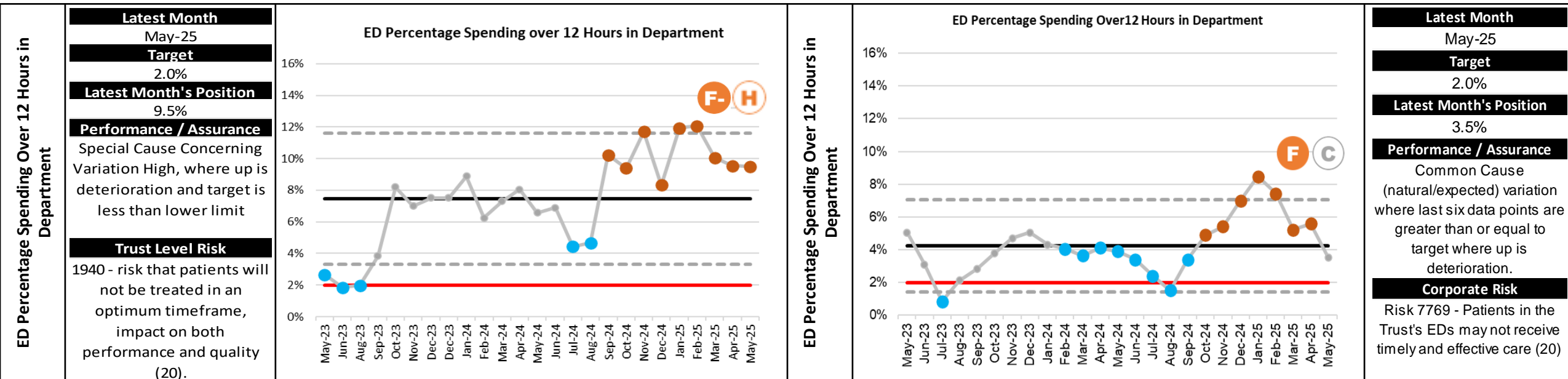
## UEC – Emergency Department Metrics

ED Percentage Spending Under 4 Hours in Department	Latest Month	May-25
	Target	61.8%
	Latest Month's Position	63.4%
	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	1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).
		
ED Percentage Spending Under 4 Hours in Department	Latest Month	May-25
	Target	68.0%
	Latest Month's Position	68.2%
	Performance / Assurance	Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
		
<b>What does the data tell us?</b> The percentage of patients spending under 4 hours in ED for the month of May slightly improved on the previous month's position at 63.4%.		
<b>Actions being taken to improve</b> Operational management of the four-hour position is focussing specifically on eliminating specialty review breaches through the implementation of revised escalation processes and improving minors end performance through stabilising ENP staffing. Minors' performance has been improving since April with specialty review processes bedding in across the end of May. The UEC transformation programme is on track across all six internal project areas. The model of provision for the new minors' department is in draft, with the opportunity to test new ways for patients to self-check-in and potentially be streamed to alternative services from arrival. The medicine inpatient bed requirement review by specialty is complete and teams are working to describe the new inpatient configuration for the Division. We are working with GIRFT on our Unified Care Framework refresh and are recruiting into improvement and clinical lead roles for Every Minute Matters – our approach to supporting ward-based flow processes, in line with UHBW's.		
<b>Impact on forecast</b> The unvalidated position for the first half of June-25 is showing further improvement on the four-hour performance standard compared to May.		

ED Percentage Spending Under 4 Hours in Department	Latest Month	May-25
	Target	68.0%
	Latest Month's Position	68.2%
	Performance / Assurance	Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
		
<b>What does the data tell us?</b> An improved position across the trust against the ED 4-hour standard at 68.2% in May compared to 67.8% in April and exceeding the target of 68%. This is despite an increase in attendances and non-elective admissions and a slight increase in length of stay, although number of NCTR beds occupied decreased slightly compared to April.		
<b>Actions being taken to improve</b> Ongoing mobilisation of ED improvement plans across both BRI and Weston, including workforce reconfiguration to augment and better align senior decision makers to peak times IN & OOH, in addition to optimising SDEC utilisation and front door redirection models. Whole hospital review of ED 'quality standards' continues, with a specific focus on 'specialty reviews' and outward flow from ED. The department is also working closely with SWAST, community and primary care partners to maximise admissions avoidance schemes e.g. Frailty – Assessment & Coordination of Urgent & Emergency Care (F-ACE). NB UHBW currently leading the parallel development with Paediatrics (P-ACE).		
<b>Impact on forecast</b> Forecasting improvement plans will continue to iterate and improve the Trust position; c70% in June 25/26.		

# Responsiveness

## UEC – Emergency Department Metrics



### What does the data tell us?

The percentage of patients spending over 12 hours in ED improved marginally, and for the third month running, at 9.5% for May.

### Actions being taken to improve

The UEC transformation programme taken as a whole will support reduction in 12 hour waits in ED. Further to this, specialty length of stay reduction projects continue. The Operations team has developed a delay related harm reduction plan which seeks to reduce time spent in ED waiting for inpatient capacity. At a system level support has been sought to reduce mental health delays in the ED, with a deep dive into the drivers related to delays for Mental Health Act Assessment and tertiary mental health beds.

### Impact on forecast

Unvalidated data for the first half of June is showing further improvement against this metric.

### What does the data tell us?

The percentage of patients spending over 12 hours in ED for the month of May (3.5%) decreased significantly compared to the previous month at 5.6%.

### Actions being taken to improve

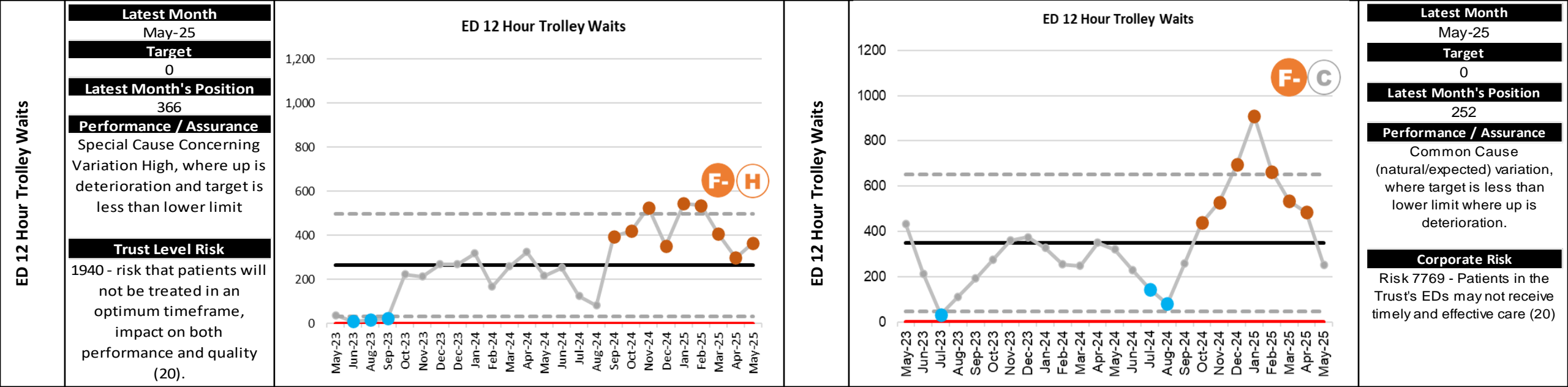
Note previous slide.  
Additionally, ED 12-hour performance data is being reviewed by all divisions/specialties across BRI/Weston sites in support of a trust-wide approach to reducing 12-hour waits through improved responsiveness to requests for Specialty Reviews, in addition to improved support into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

### Impact on forecast

The focused improvement efforts described above are anticipated to maintain the improved position at c3% during June 25/26.

# Responsiveness

## UEC – Emergency Department Metrics



**What does the data tell us?**

The number of 12 Hour trolley waits increased 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.

**What does the data tell us?**

The number of 12 Hour trolley waits has decreased again throughout May to 252 compared to April at 486 and has been steadily decreasing since Jan '25.

**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 12-hour trolley waits will continue to reduce in June (c120) as a result of the enhanced focus and re-launch of the ED Quality Standards in relation to “Speciality Reviews” in particular.

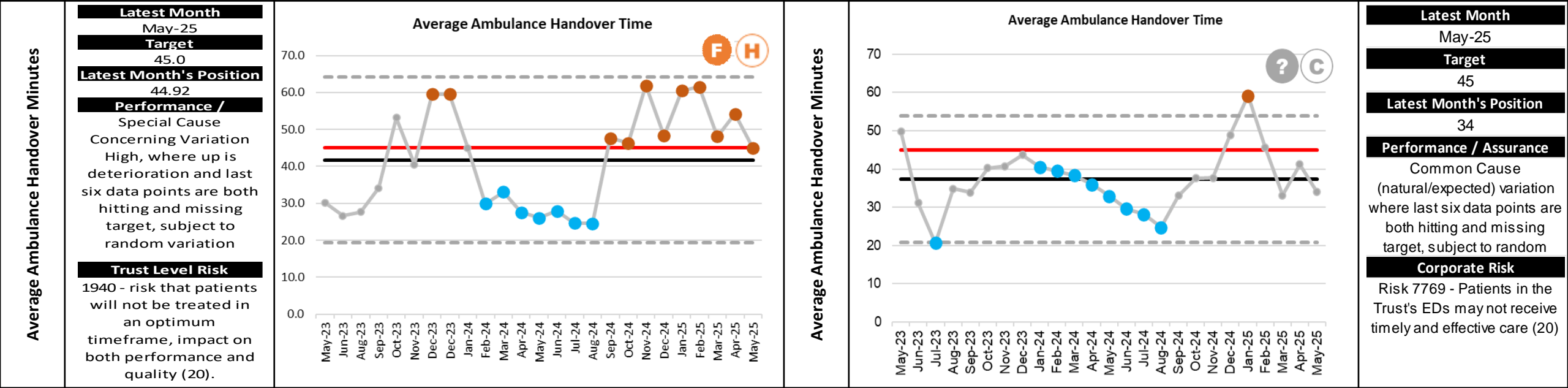
Responsiveness

UEC – Ambulance Handover Delays

Ambulance Handovers Under 15 Minutes	<div><div>Latest Month</div><div>May-25</div><div>Target</div><div>65.0%</div><div>Latest Month's Position</div><div>26.1%</div><div>Performance / Assurance</div><div>Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit</div><div>Trust Level Risk</div><div>1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).</div></div>	<div><div>Ambulance Handovers Under 15 Minutes</div><table><tr><th>Month</th><th>Percentage</th></tr><tr><td>May-23</td><td>29%</td></tr><tr><td>Jun-23</td><td>28%</td></tr><tr><td>Aug-23</td><td>27%</td></tr><tr><td>Sep-23</td><td>26%</td></tr><tr><td>Oct-23</td><td>25%</td></tr><tr><td>Nov-23</td><td>30%</td></tr><tr><td>Dec-23</td><td>29%</td></tr><tr><td>Jan-24</td><td>35%</td></tr><tr><td>Feb-24</td><td>39%</td></tr><tr><td>Mar-24</td><td>37%</td></tr><tr><td>Apr-24</td><td>40%</td></tr><tr><td>May-24</td><td>41%</td></tr><tr><td>Jun-24</td><td>42%</td></tr><tr><td>Jul-24</td><td>51%</td></tr><tr><td>Aug-24</td><td>42%</td></tr><tr><td>Sep-24</td><td>23%</td></tr><tr><td>Oct-24</td><td>26%</td></tr><tr><td>Nov-24</td><td>16%</td></tr><tr><td>Dec-24</td><td>30%</td></tr><tr><td>Jan-25</td><td>20%</td></tr><tr><td>Feb-25</td><td>19%</td></tr><tr><td>Mar-25</td><td>23%</td></tr><tr><td>Apr-25</td><td>23%</td></tr><tr><td>May-25</td><td>26%</td></tr></table></div>	Month	Percentage	May-23	29%	Jun-23	28%	Aug-23	27%	Sep-23	26%	Oct-23	25%	Nov-23	30%	Dec-23	29%	Jan-24	35%	Feb-24	39%	Mar-24	37%	Apr-24	40%	May-24	41%	Jun-24	42%	Jul-24	51%	Aug-24	42%	Sep-24	23%	Oct-24	26%	Nov-24	16%	Dec-24	30%	Jan-25	20%	Feb-25	19%	Mar-25	23%	Apr-25	23%	May-25	26%	<div><div>Ambulance Handovers Under 15 Minutes</div><table><tr><th>Month</th><th>Percentage</th></tr><tr><td>May-23</td><td>25%</td></tr><tr><td>Jun-23</td><td>38%</td></tr><tr><td>Jul-23</td><td>51%</td></tr><tr><td>Aug-23</td><td>31%</td></tr><tr><td>Sep-23</td><td>30%</td></tr><tr><td>Oct-23</td><td>20%</td></tr><tr><td>Nov-23</td><td>21%</td></tr><tr><td>Dec-23</td><td>26%</td></tr><tr><td>Jan-24</td><td>28%</td></tr><tr><td>Feb-24</td><td>27%</td></tr><tr><td>Mar-24</td><td>34%</td></tr><tr><td>Apr-24</td><td>32%</td></tr><tr><td>May-24</td><td>30%</td></tr><tr><td>Jun-24</td><td>35%</td></tr><tr><td>Jul-24</td><td>37%</td></tr><tr><td>Aug-24</td><td>41%</td></tr><tr><td>Sep-24</td><td>33%</td></tr><tr><td>Oct-24</td><td>31%</td></tr><tr><td>Nov-24</td><td>32%</td></tr><tr><td>Dec-24</td><td>27%</td></tr><tr><td>Jan-25</td><td>21%</td></tr><tr><td>Feb-25</td><td>27%</td></tr><tr><td>Mar-25</td><td>33%</td></tr><tr><td>Apr-25</td><td>27%</td></tr><tr><td>May-25</td><td>32%</td></tr></table></div>	Month	Percentage	May-23	25%	Jun-23	38%	Jul-23	51%	Aug-23	31%	Sep-23	30%	Oct-23	20%	Nov-23	21%	Dec-23	26%	Jan-24	28%	Feb-24	27%	Mar-24	34%	Apr-24	32%	May-24	30%	Jun-24	35%	Jul-24	37%	Aug-24	41%	Sep-24	33%	Oct-24	31%	Nov-24	32%	Dec-24	27%	Jan-25	21%	Feb-25	27%	Mar-25	33%	Apr-25	27%	May-25	32%	<div><div>Latest Month</div><div>May-25</div><div>Target</div><div>65.0%</div><div>Latest Month's Position</div><div>32.2%</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation, where target is greater than upper limit and down is deterioration.</div><div>Corporate Risk</div><div>Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)</div></div>
	Month	Percentage																																																																																																								
May-23	29%																																																																																																									
Jun-23	28%																																																																																																									
Aug-23	27%																																																																																																									
Sep-23	26%																																																																																																									
Oct-23	25%																																																																																																									
Nov-23	30%																																																																																																									
Dec-23	29%																																																																																																									
Jan-24	35%																																																																																																									
Feb-24	39%																																																																																																									
Mar-24	37%																																																																																																									
Apr-24	40%																																																																																																									
May-24	41%																																																																																																									
Jun-24	42%																																																																																																									
Jul-24	51%																																																																																																									
Aug-24	42%																																																																																																									
Sep-24	23%																																																																																																									
Oct-24	26%																																																																																																									
Nov-24	16%																																																																																																									
Dec-24	30%																																																																																																									
Jan-25	20%																																																																																																									
Feb-25	19%																																																																																																									
Mar-25	23%																																																																																																									
Apr-25	23%																																																																																																									
May-25	26%																																																																																																									
Month	Percentage																																																																																																									
May-23	25%																																																																																																									
Jun-23	38%																																																																																																									
Jul-23	51%																																																																																																									
Aug-23	31%																																																																																																									
Sep-23	30%																																																																																																									
Oct-23	20%																																																																																																									
Nov-23	21%																																																																																																									
Dec-23	26%																																																																																																									
Jan-24	28%																																																																																																									
Feb-24	27%																																																																																																									
Mar-24	34%																																																																																																									
Apr-24	32%																																																																																																									
May-24	30%																																																																																																									
Jun-24	35%																																																																																																									
Jul-24	37%																																																																																																									
Aug-24	41%																																																																																																									
Sep-24	33%																																																																																																									
Oct-24	31%																																																																																																									
Nov-24	32%																																																																																																									
Dec-24	27%																																																																																																									
Jan-25	21%																																																																																																									
Feb-25	27%																																																																																																									
Mar-25	33%																																																																																																									
Apr-25	27%																																																																																																									
May-25	32%																																																																																																									
<div><div>What does the data tell us?</div><div>The proportion of handovers completed within 15 minutes has improved over the last three reporting months.</div><div>Actions being taken to improve</div><div>The key action currently is the focus on the Timely Handover Plan.</div><div>Impact on forecast</div><div>Unvalidated data for June 25 to-date shows an improved position which the operational teams are working to maintain.</div></div>	<div><div>What does the data tell us?</div><div>Ambulance handovers within 15 mins have improved across UHBW throughout May (32.2% v's 27% in April), reflecting ongoing improvement work between UHBW ED and the ambulance service.</div><div>Actions being taken to improve</div><div>Actions are noted on the previous slide.</div><div>Impact on forecast</div><div>It is anticipated that the ongoing improvement work will continue to contribute to an improved position in the forthcoming months.</div></div>																																																																																																									

# Responsiveness

## UEC – Ambulance Handover Delays



**What does the data tell us?**

For May 2025, the average handover time for ambulance conveyances was 44.9, an improvement on the previous month and just within the 45-minute target.

**Actions being taken to improve**

NBT has committed to a Timely Handover Plan, developed in partnership with SWAST. There is a focus on earlier escalation of delays in exit block out of the emergency department to create appropriate offloading space, as well as using escalation capacity and cohort areas to reduce ambulance handover time.

**Impact on forecast**

Unvalidated data for the first half of June 2025 is showing a further improved average handover time position.

**What does the data tell us?**

Average ambulance handover time across UHBW has improved throughout May at 34 minutes compared to April which was at an average of 41.2 minutes

**Actions being taken to improve**

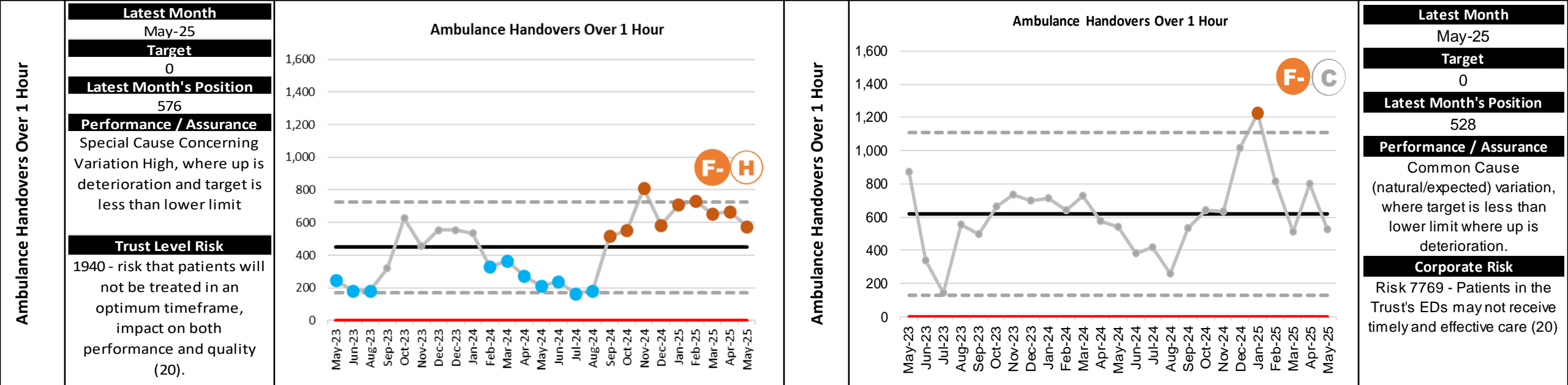
A programme of work has been established focussing specifically on maintaining the <45-minute average ambulance handover time across UHBW. Actions have been identified across the BRI and WGH ED sites in particular - that focus on improving timelier flow of patients out of ED and ensuring more patients 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.

Responsiveness

UEC – Ambulance Handover Delays

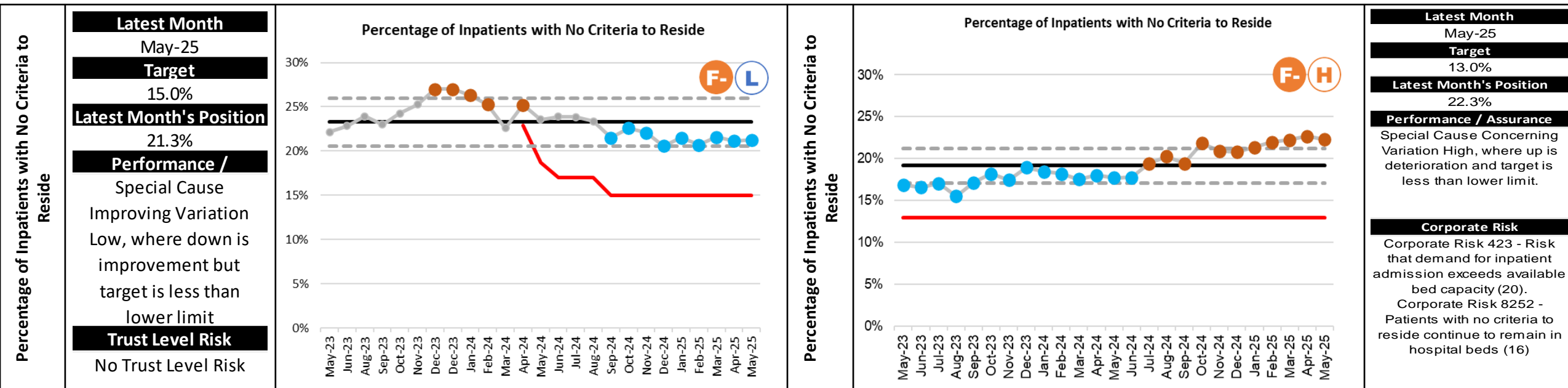


See Previous Slide for Ambulance Handover Summary

See Previous Slide for Ambulance Handover Summary

# Responsiveness

## UEC – No Criteria To Reside



### What does the data tell us?

Although there has been an overall downward trend in NC2R since the same period last year, recent performance has plateaued.

### Actions being taken to improve

The system-wide ICS discharge plan continues:

- 1) Pathway 1 transformation – quick wins work starting on 19 June at NBT to reduce demand into P1 through use of alternatives such as tech enabled care and planned therapy services.
- 2) Pathway 2 and 3 bed consolidation – on track against the procurement timeline for go live on 1 April 2026. Interim work is focussing on a plan to reduce acute NCTR backlogs in readiness.
- 3) Improvement work across non D2A pathways – particularly relevant for stroke and neurosurgery patients being discharged from NBT

### Impact on forecast

The first half of June has seen a deterioration in the NC2R position.

### What does the data tell us?

No Criteria to Reside (NCTR) position saw a small improvement in May (22.3%) compared to the previous month (22.7%) with Weston performance equal to the April at 29.7%; BRI 20.8% (21.1% April)

### Actions being taken to improve

Development of system wide improvement plans to deliver the 15% NCTR position. Particular focus on nationally benchmarked reduction of Length of Stay within Pathway 2 and 3 bedded capacity.

The refreshed Community led D2A Transformation Programme is underway, alongside which a detailed redesign of the 15% NCTR Ambition Plan is being developed in partnership with all system partners. Pathway 1 focus on releasing capacity for therapy only patients and reviewing the time allocated for assessments. Pathway 3 focussed on reducing overall LoS in Acutes and community beds , implementing Area Performance Meetings (APM) to improve efficiencies.

Early Supported Discharges, enables patients to leave hospital before their package of care start date, supported 105 patients to leave hospital early, saving 387 bed days in May.

### Impact on forecast

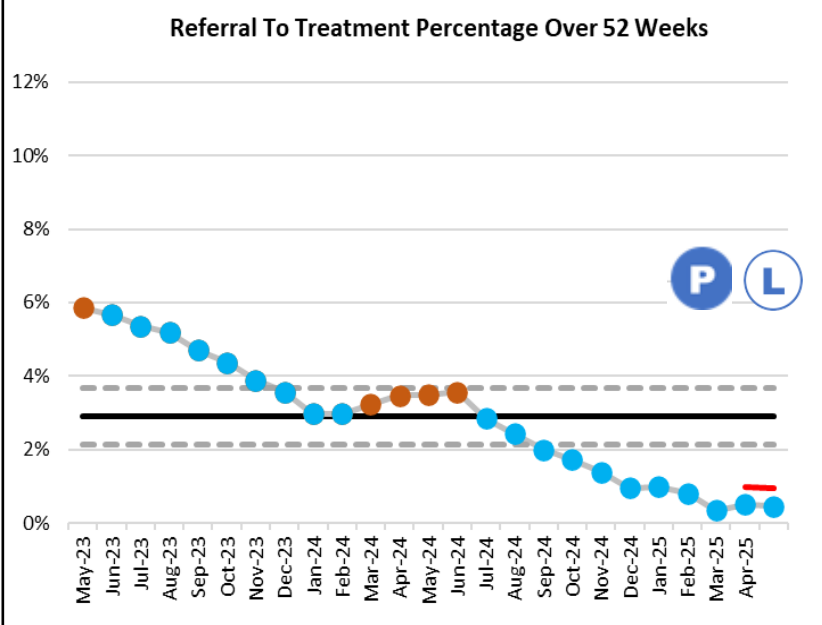
The System ambition of reducing NCTR to 15% (11% BRI; 19% WGH) remains unmet, LoS reduction across all patient pathways at UHBW is noted during 2024/25, against the 2022/23 baseline period (25% reduction in non-elective LoS at Weston and 11% reduction at BRI)

# Responsiveness

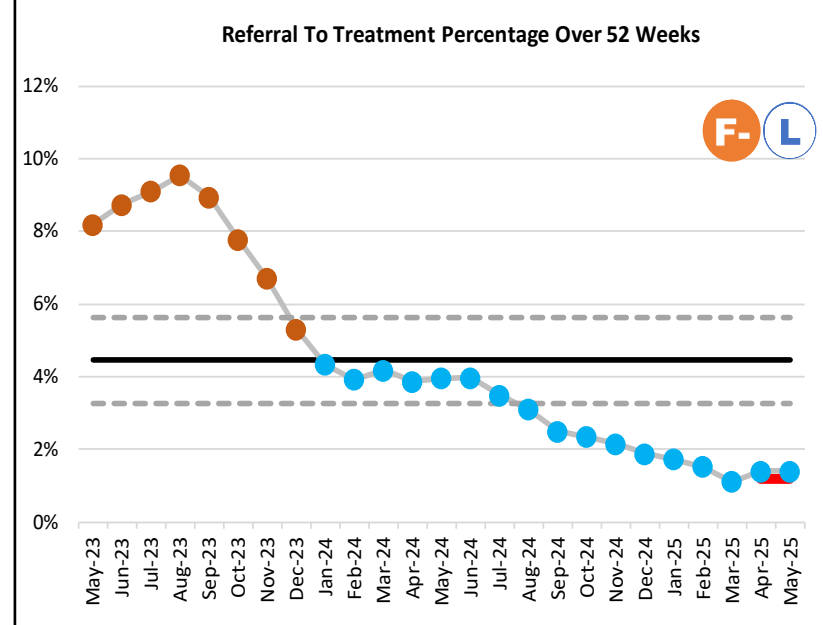
## Planned Care – Referral to Treatment (RTT)

RTT Percentage Over 52 Weeks

Latest Month
May-25
Target
1.0%
Latest Month's Position
0.5%
Performance / Assurance
Special Cause Improving Variation Low, where down is improvement but target is less than lower limit
Corporate Risk
No Trust Level Risk



RTT Percentage Over 52 Weeks



Latest Month
May-25
Target
1.2%
Latest Month's Position
1.4%
Performance / Assurance
Special Cause Improving Variation where Down is Improvement, but target is less than lower limit
Corporate Risk
Risk 801 - Elements of the NHS Oversight Framework are not met (12)

No narrative required as per business rules

### What does the data tell us?

At the end of May, 773 were waiting 52 weeks or more for treatment (760 in April), with long waits predominantly noted in dental and paediatric specialties. Against the total waiting list size of 55,232 this equates to 1.4% against the 1.24% trajectory set for May 2025 as part of the trust operational planning submission (national target <1% by March 2026). There were seven 65-week wait breaches, all of which relate to patients who require cornea graft material and, whilst there is sufficient internal capacity to date these patients, the national shortage of graft material prevented treatment in month.

The overall waiting list size increased during May with more RTT clock starts than RTT clock stops

### 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.

Recovery plans being enacted in specialties with more challenged waiting times.

### Impact on forecast

Anticipating recovery in line with trajectory during Q1

Responsiveness

Planned Care – Referral to Treatment (RTT)

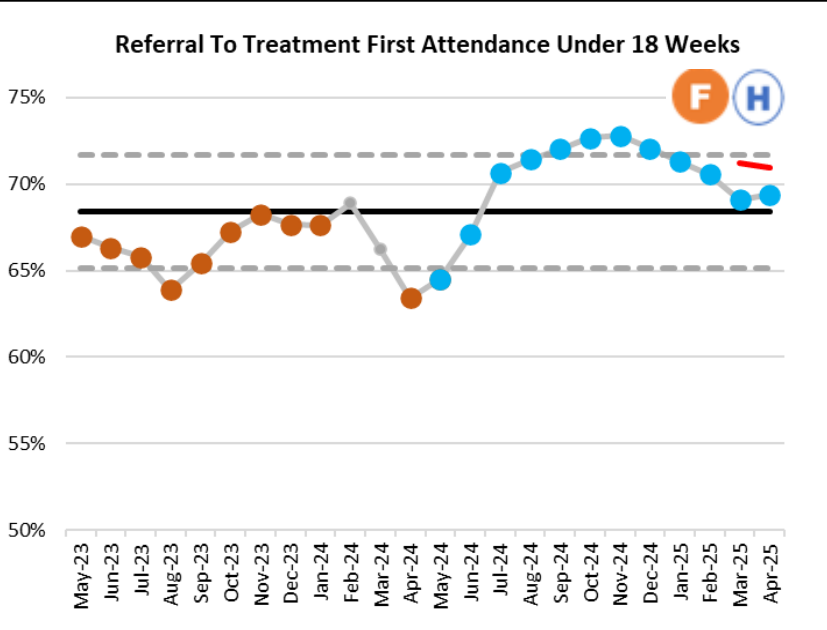
RTT Ongoing Pathways Under 18 Weeks	<div><div>Latest Month</div><div>May-25</div><div>Target</div><div>64.3%</div><div>Latest Month's Position</div><div>64.6%</div><div>Performance / Assurance</div><div>Special Cause Improving Variation High, where up is improvement</div><div>Trust Level Risk</div><div>No Trust Level Risk</div></div>	<div><div>Referral To Treatment Ongoing Pathways Under 18 Weeks</div><table><tr><th>Month</th><th>Percentage</th></tr><tr><td>May-23</td><td>63.0%</td></tr><tr><td>Jun-23</td><td>61.0%</td></tr><tr><td>Jul-23</td><td>61.0%</td></tr><tr><td>Aug-23</td><td>60.5%</td></tr><tr><td>Sep-23</td><td>60.5%</td></tr><tr><td>Oct-23</td><td>61.5%</td></tr><tr><td>Nov-23</td><td>62.0%</td></tr><tr><td>Dec-23</td><td>60.5%</td></tr><tr><td>Jan-24</td><td>61.0%</td></tr><tr><td>Feb-24</td><td>61.5%</td></tr><tr><td>Mar-24</td><td>59.5%</td></tr><tr><td>Apr-24</td><td>60.5%</td></tr><tr><td>May-24</td><td>62.0%</td></tr><tr><td>Jun-24</td><td>63.5%</td></tr><tr><td>Jul-24</td><td>64.0%</td></tr><tr><td>Aug-24</td><td>64.5%</td></tr><tr><td>Sep-24</td><td>65.0%</td></tr><tr><td>Oct-24</td><td>66.0%</td></tr><tr><td>Nov-24</td><td>66.5%</td></tr><tr><td>Dec-24</td><td>66.0%</td></tr><tr><td>Jan-25</td><td>65.5%</td></tr><tr><td>Feb-25</td><td>65.5%</td></tr><tr><td>Mar-25</td><td>65.0%</td></tr><tr><td>Apr-25</td><td>63.0%</td></tr><tr><td>May-25</td><td>64.6%</td></tr></table></div>	Month	Percentage	May-23	63.0%	Jun-23	61.0%	Jul-23	61.0%	Aug-23	60.5%	Sep-23	60.5%	Oct-23	61.5%	Nov-23	62.0%	Dec-23	60.5%	Jan-24	61.0%	Feb-24	61.5%	Mar-24	59.5%	Apr-24	60.5%	May-24	62.0%	Jun-24	63.5%	Jul-24	64.0%	Aug-24	64.5%	Sep-24	65.0%	Oct-24	66.0%	Nov-24	66.5%	Dec-24	66.0%	Jan-25	65.5%	Feb-25	65.5%	Mar-25	65.0%	Apr-25	63.0%	May-25	64.6%	RTT Ongoing Pathways Under 18 Weeks	<div><div>Referral To Treatment Ongoing Pathways Under 18 Weeks</div><table><tr><th>Month</th><th>Percentage</th></tr><tr><td>May-23</td><td>54.0%</td></tr><tr><td>Jun-23</td><td>52.5%</td></tr><tr><td>Jul-23</td><td>52.5%</td></tr><tr><td>Aug-23</td><td>51.5%</td></tr><tr><td>Sep-23</td><td>51.5%</td></tr><tr><td>Oct-23</td><td>55.0%</td></tr><tr><td>Nov-23</td><td>55.0%</td></tr><tr><td>Dec-23</td><td>54.5%</td></tr><tr><td>Jan-24</td><td>56.5%</td></tr><tr><td>Feb-24</td><td>57.5%</td></tr><tr><td>Mar-24</td><td>57.0%</td></tr><tr><td>Apr-24</td><td>59.0%</td></tr><tr><td>May-24</td><td>59.0%</td></tr><tr><td>Jun-24</td><td>60.5%</td></tr><tr><td>Jul-24</td><td>60.5%</td></tr><tr><td>Aug-24</td><td>60.0%</td></tr><tr><td>Sep-24</td><td>60.5%</td></tr><tr><td>Oct-24</td><td>61.0%</td></tr><tr><td>Nov-24</td><td>63.0%</td></tr><tr><td>Dec-24</td><td>63.5%</td></tr><tr><td>Jan-25</td><td>64.0%</td></tr><tr><td>Feb-25</td><td>64.0%</td></tr><tr><td>Mar-25</td><td>64.0%</td></tr><tr><td>Apr-25</td><td>63.5%</td></tr><tr><td>May-25</td><td>64.6%</td></tr></table></div>	Month	Percentage	May-23	54.0%	Jun-23	52.5%	Jul-23	52.5%	Aug-23	51.5%	Sep-23	51.5%	Oct-23	55.0%	Nov-23	55.0%	Dec-23	54.5%	Jan-24	56.5%	Feb-24	57.5%	Mar-24	57.0%	Apr-24	59.0%	May-24	59.0%	Jun-24	60.5%	Jul-24	60.5%	Aug-24	60.0%	Sep-24	60.5%	Oct-24	61.0%	Nov-24	63.0%	Dec-24	63.5%	Jan-25	64.0%	Feb-25	64.0%	Mar-25	64.0%	Apr-25	63.5%	May-25	64.6%	<div><div>Latest Month</div><div>May-25</div><div>Target</div><div>64.5%</div><div>Latest Month's Position</div><div>64.6%</div><div>Performance / Assurance</div><div>Special Cause Improving Variation High, where up is improvement but target is greater than upper limit.</div><div>Corporate Risk</div><div>Risk 801 - Elements of the NHS Oversight Framework are not met (12)</div></div>
	Month	Percentage																																																																																																											
May-23	63.0%																																																																																																												
Jun-23	61.0%																																																																																																												
Jul-23	61.0%																																																																																																												
Aug-23	60.5%																																																																																																												
Sep-23	60.5%																																																																																																												
Oct-23	61.5%																																																																																																												
Nov-23	62.0%																																																																																																												
Dec-23	60.5%																																																																																																												
Jan-24	61.0%																																																																																																												
Feb-24	61.5%																																																																																																												
Mar-24	59.5%																																																																																																												
Apr-24	60.5%																																																																																																												
May-24	62.0%																																																																																																												
Jun-24	63.5%																																																																																																												
Jul-24	64.0%																																																																																																												
Aug-24	64.5%																																																																																																												
Sep-24	65.0%																																																																																																												
Oct-24	66.0%																																																																																																												
Nov-24	66.5%																																																																																																												
Dec-24	66.0%																																																																																																												
Jan-25	65.5%																																																																																																												
Feb-25	65.5%																																																																																																												
Mar-25	65.0%																																																																																																												
Apr-25	63.0%																																																																																																												
May-25	64.6%																																																																																																												
Month	Percentage																																																																																																												
May-23	54.0%																																																																																																												
Jun-23	52.5%																																																																																																												
Jul-23	52.5%																																																																																																												
Aug-23	51.5%																																																																																																												
Sep-23	51.5%																																																																																																												
Oct-23	55.0%																																																																																																												
Nov-23	55.0%																																																																																																												
Dec-23	54.5%																																																																																																												
Jan-24	56.5%																																																																																																												
Feb-24	57.5%																																																																																																												
Mar-24	57.0%																																																																																																												
Apr-24	59.0%																																																																																																												
May-24	59.0%																																																																																																												
Jun-24	60.5%																																																																																																												
Jul-24	60.5%																																																																																																												
Aug-24	60.0%																																																																																																												
Sep-24	60.5%																																																																																																												
Oct-24	61.0%																																																																																																												
Nov-24	63.0%																																																																																																												
Dec-24	63.5%																																																																																																												
Jan-25	64.0%																																																																																																												
Feb-25	64.0%																																																																																																												
Mar-25	64.0%																																																																																																												
Apr-25	63.5%																																																																																																												
May-25	64.6%																																																																																																												
<div><div>What does the data tell us?</div><div>At the end of May-25 the number of patients waiting less than 18-weeks is 64.6%, just above the Trust trajectory of 64.3% set as part of the Trust operational planning submission (target of 72% by March 2026).</div><div>Actions being taken to improve</div><div>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.</div><div>The Trust are taking part in the NHS England validation sprint, where an additional validation exercise will focus on patients across a broad range of specialties, this has been supported by additional validation resource for select specialties.</div><div>Additional patient contacts are being made via DrDoctor to identify whether patients no longer require to be seen (self-limiting conditions).</div><div>Impact on forecast</div><div>Anticipated to deliver end of year target.</div></div>	<div><div>What does the data tell us?</div><div>At the end of May, the number of patients waiting less than 18-weeks is 35,685 (64.6%) which meets the trust level trajectory on percentage performance has been met for the end of May.</div><div>Actions being taken to improve</div><div>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.</div><div>The Trust are taking part in the NHS England validation sprint, where an additional validation exercise will focus on patients across a broad range of specialties.</div><div>Additional patient contacts are also being made via DrDoctor to identify whether patients no longer require to be seen (self-limiting conditions)</div><div>Impact on forecast</div><div>Anticipated to recover in line with trajectory during Q1</div></div>																																																																																																												

# Responsiveness

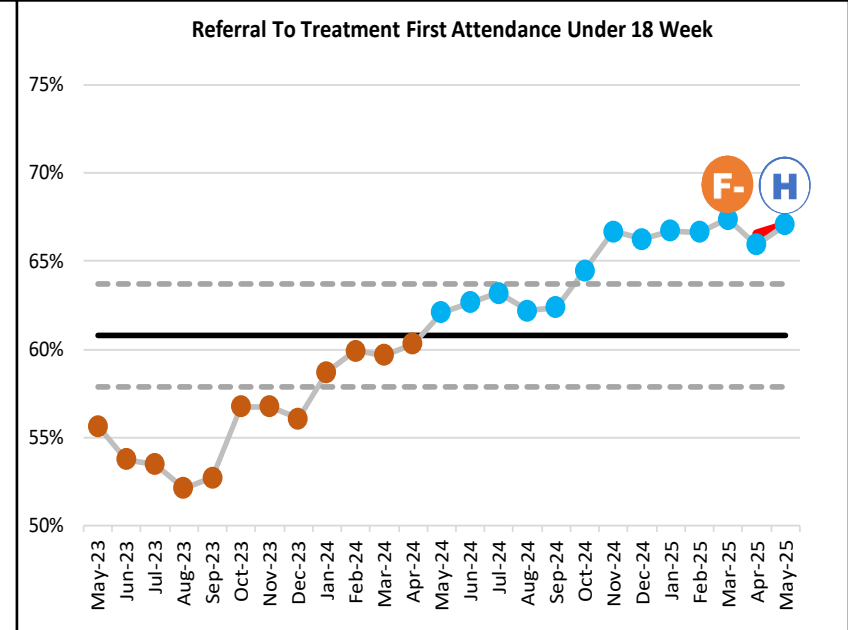
## Planned Care – Referral to Treatment (RTT)

RTT First Attendance Under 18 Weeks

Latest Month
May-25
Target
71.0%
Latest Month's Position
70.1%
Performance / Assurance
Special Cause Improving Variation High, where up is improvement but target is greater than upper limit
Corporate Risk
No Trust Level Risk



RTT First Attendance Under 18 Weeks



Latest Month
May-25
Target
67.0%
Latest Month's Position
67.1%
Performance / Assurance
Special Cause Improving Variation High, where up is improvement but target is greater than upper limit.
Corporate Risk
Risk 801 - Elements of the NHS Oversight Framework are not met (12)

### What does the data tell us?

At the end of May-25, the percentage of patients waiting less than 18 weeks for their first appointment is 69.4% against the target of 71.0% set as part of the Trust operational planning submission (target of 78% by March 2026)

### Actions being taken to improve

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

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

### Impact on forecast

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

### What does the data tell us?

At the end of May, the percentage of patients waiting less than 18 weeks for their first appointment is 67.1% against the target of 67% set for May 2025 as part of the Trust operational planning submission (target of 71.7% by March 2026)

### Actions being taken to improve

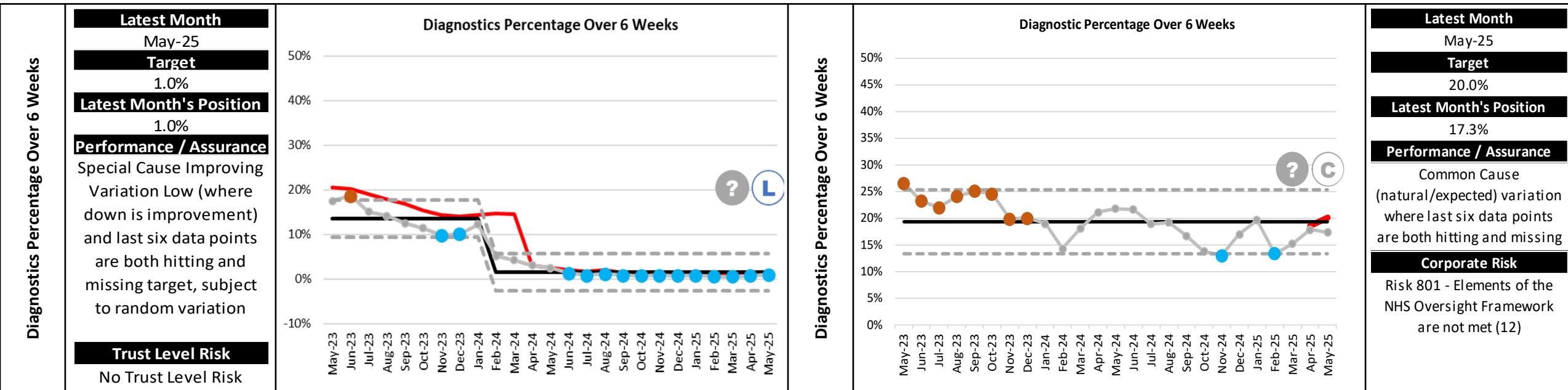
Actions align with previous slide, noting the focus on divisions booking patients earlier to ensure the first attendance is undertaken as soon as possible.  
Actions to improve include the use of 'booking in order' reporting tools, utilisation of available clinic slots to see a greater number of new patients, running additional clinics via waiting list initiatives and increased use of insourcing arrangements.

### Impact on forecast

Continue to deliver the position, in line with operational planning trajectory

# Responsiveness

## Planned Care – Diagnostics



No narrative required as per business rules.

**What does the data tell us?**  
Six-week wait performance has improved slightly from last month with 17.3% of patients exceeding the six-week national standard (reduction of 0.4% since April). May's performance exceeds the Trust level planned trajectory of 20.0%.

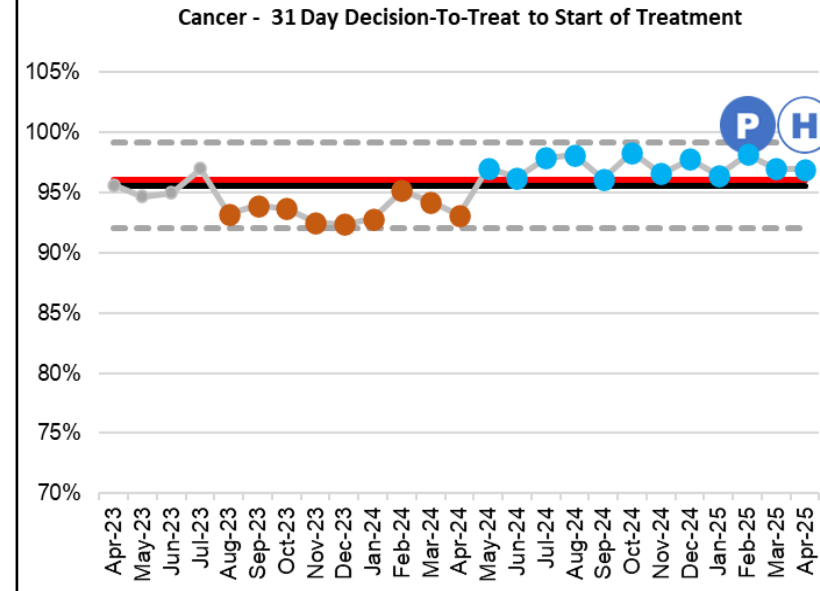
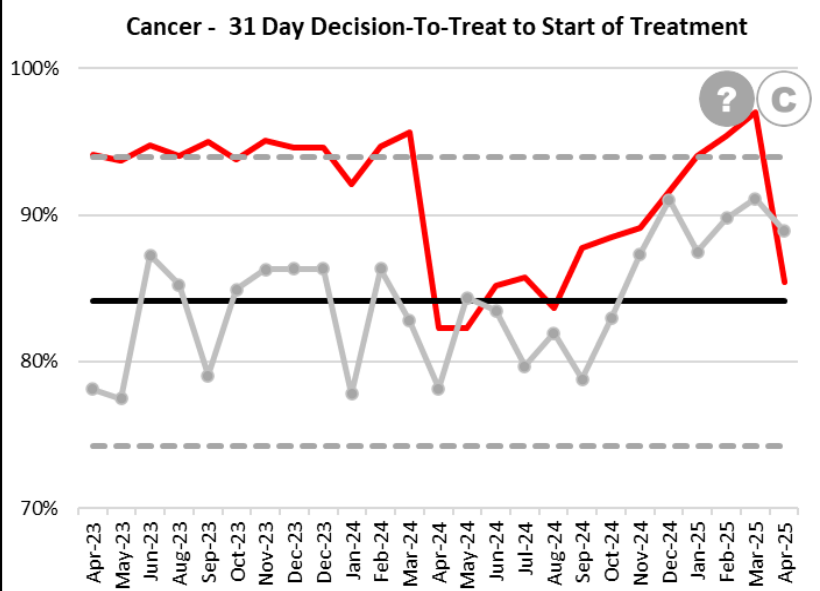
**Actions being taken to improve**  
60 scans per week outsourced Cardiac MRI capacity in Q2 to support backlog recovery.  
Utilisation of Waiting List Initiatives for Paediatric MRI requiring General Anaesthetic (GA). Continue to utilise the MRI "Play Rocket" to reduce reliance on GA..  
Continue to utilise Community Diagnostic Centre capacity, working with InHealth to ensure agreed uplift in CT and MRI scans and improving efficiency through a reduction in non-converted referrals.  
Discussions underway regarding additional space for Paediatric NOUS to increase available capacity.  
Subject to clinical competencies, ambition to route higher volume of MSK ultrasound referrals via the CDC to mitigate capacity challenges.

**Impact on forecast**  
Despite actions are underway to mitigate capacity shortfalls across challenged modalities, the impact is anticipated in Q2. Therefore, June performance is expected to sustain.

# Responsiveness

## Planned Care – Cancer Metrics

Cancer - 31 Day Decision-To-Treat to Start of Treatment	<b>Latest Month</b>
	Apr-25
	<b>Target</b>
	85.4%
	<b>Latest Month's Position</b>
	88.9%
Cancer - 31 Day Decision-To-Treat to Start of Treatment	<b>Performance / Assurance</b>
	Common Cause
	(natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
Cancer - 31 Day Decision-To-Treat to Start of Treatment	<b>Trust Level Risk</b>
	988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).
Cancer - 31 Day Decision-To-Treat to Start of Treatment	<b>Latest Month</b>
	Apr-25
	<b>Target</b>
	96.0%
	<b>Latest Month's Position</b>
	96.9%
Cancer - 31 Day Decision-To-Treat to Start of Treatment	<b>Performance / Assurance</b>
	Special Cause Improving Variation High, where up is improvement and last six data points are greater than or equal to target.
Cancer - 31 Day Decision-To-Treat to Start of Treatment	<b>Corporate Risk</b>
	Risk 5532 - Non-compliance with the 31 day cancer standard (12)



### What does the data tell us?

There was deterioration in 31-Day performance compared to the previous month however the position is above plan.

### Actions being taken to improve

Additionality in Urology Robotic Assisted Laparoscopic Prostatectomy is required to clear local and tertiary workload (first treatment and subsequent treatments).  
Additional capacity has ensured that patients receive their surgery quicker in the Breast pathway.

### Impact on forecast

May is currently reporting in line with plan. The overall position is driven by subsequent treatments.

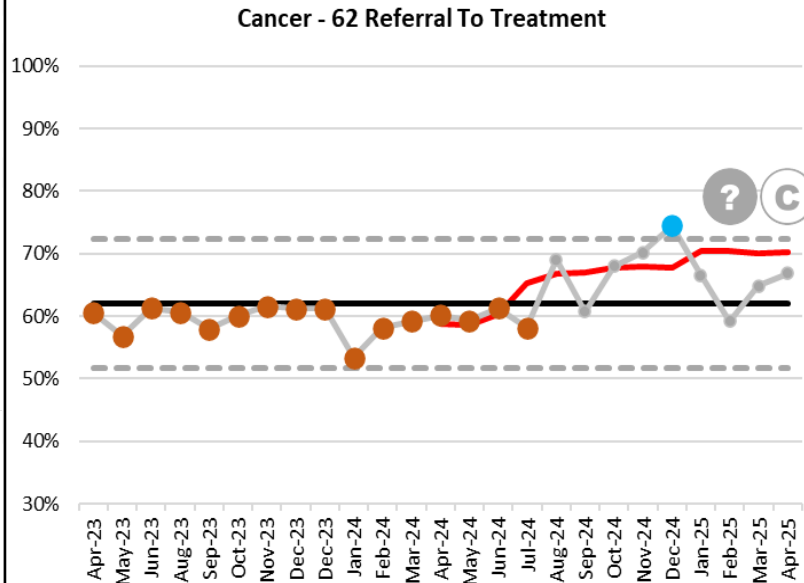
No narrative required as per business rules.

# Responsiveness

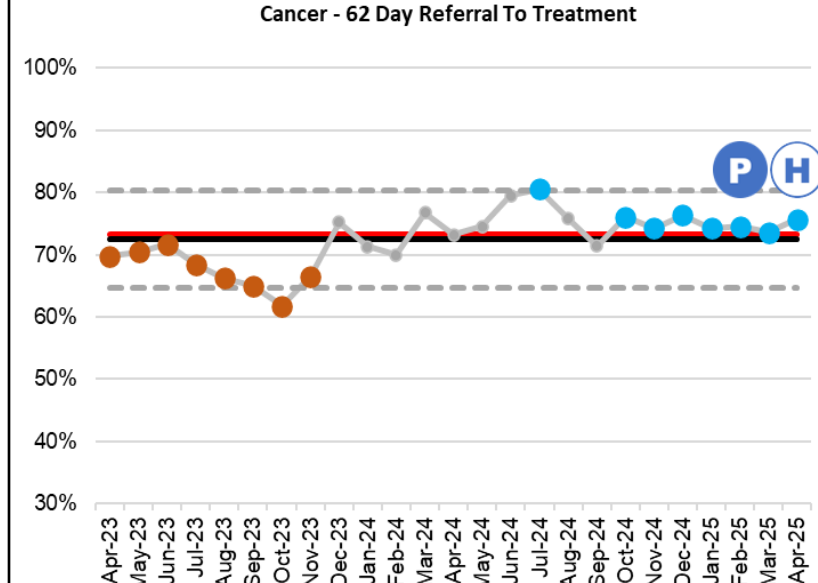
## Planned Care – Cancer Metrics

### Cancer - 62 Referral To Treatment

Latest Month
Apr-25
Target
70.2%
Latest Month's Position
66.9%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
Trust Level Risk
988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).



### Cancer - 62 Day Referral to Treatment



Latest Month
Apr-25
Target
73.2%
Latest Month's Position
75.7%
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?

There was improvement against the 62-Day standard. The overall treatment volume was in line with plan however there were more reported breaches. This was driven by backlog clearance in Breast and Urology.

#### Actions being taken to improve

Additionality in Urology Robotic Assisted Laparoscopic Prostatectomy is required to clear local and tertiary workload. Agreed investment into diagnostic capacity, specifically MpMRI.  
Additional capacity in all tumour sites is planned to balance demand.

#### Impact on forecast

May is currently reporting more treatments overall compared to April and is in line with plan (-7) for treatment volumes. The Trust is reporting more breaches against plan and there will be deterioration in the position.

No narrative required as per business rules.

# Responsiveness

## Last Minute Cancelled Operations

Last Minute Cancelled Operations	Latest Month	May-25
	Target	0.8%
	Latest Month's Position	0.7%
	Performance / Assurance	Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
	Trust Level Risk	No Trust Level Risk

Last Minute Cancelled Operations - Percentage of Elective Admissions																																																					
<table><tr><th>Month</th><th>Percentage</th></tr><tr><td>May-23</td><td>0.4%</td></tr><tr><td>Jun-23</td><td>0.5%</td></tr><tr><td>Jul-23</td><td>0.4%</td></tr><tr><td>Aug-23</td><td>0.3%</td></tr><tr><td>Sep-23</td><td>0.5%</td></tr><tr><td>Oct-23</td><td>0.6%</td></tr><tr><td>Nov-23</td><td>0.7%</td></tr><tr><td>Dec-23</td><td>0.8%</td></tr><tr><td>Jan-24</td><td>0.6%</td></tr><tr><td>Feb-24</td><td>0.4%</td></tr><tr><td>Mar-24</td><td>0.4%</td></tr><tr><td>Apr-24</td><td>0.5%</td></tr><tr><td>May-24</td><td>0.4%</td></tr><tr><td>Jun-24</td><td>0.6%</td></tr><tr><td>Jul-24</td><td>0.4%</td></tr><tr><td>Aug-24</td><td>0.4%</td></tr><tr><td>Sep-24</td><td>0.5%</td></tr><tr><td>Oct-24</td><td>0.5%</td></tr><tr><td>Nov-24</td><td>0.6%</td></tr><tr><td>Dec-24</td><td>0.98%</td></tr><tr><td>Jan-25</td><td>0.6%</td></tr><tr><td>Feb-25</td><td>0.4%</td></tr><tr><td>Mar-25</td><td>0.5%</td></tr><tr><td>Apr-25</td><td>0.5%</td></tr><tr><td>May-25</td><td>0.7%</td></tr></table>	Month	Percentage	May-23	0.4%	Jun-23	0.5%	Jul-23	0.4%	Aug-23	0.3%	Sep-23	0.5%	Oct-23	0.6%	Nov-23	0.7%	Dec-23	0.8%	Jan-24	0.6%	Feb-24	0.4%	Mar-24	0.4%	Apr-24	0.5%	May-24	0.4%	Jun-24	0.6%	Jul-24	0.4%	Aug-24	0.4%	Sep-24	0.5%	Oct-24	0.5%	Nov-24	0.6%	Dec-24	0.98%	Jan-25	0.6%	Feb-25	0.4%	Mar-25	0.5%	Apr-25	0.5%	May-25	0.7%	
Month	Percentage																																																				
May-23	0.4%																																																				
Jun-23	0.5%																																																				
Jul-23	0.4%																																																				
Aug-23	0.3%																																																				
Sep-23	0.5%																																																				
Oct-23	0.6%																																																				
Nov-23	0.7%																																																				
Dec-23	0.8%																																																				
Jan-24	0.6%																																																				
Feb-24	0.4%																																																				
Mar-24	0.4%																																																				
Apr-24	0.5%																																																				
May-24	0.4%																																																				
Jun-24	0.6%																																																				
Jul-24	0.4%																																																				
Aug-24	0.4%																																																				
Sep-24	0.5%																																																				
Oct-24	0.5%																																																				
Nov-24	0.6%																																																				
Dec-24	0.98%																																																				
Jan-25	0.6%																																																				
Feb-25	0.4%																																																				
Mar-25	0.5%																																																				
Apr-25	0.5%																																																				
May-25	0.7%																																																				

Latest Month	May-25
Target	1.5%
Latest Month's Position	1.8%
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

Last Minute Cancelled Operations - Percentage of Elective Admissions																																																					
<table><tr><th>Month</th><th>Percentage</th></tr><tr><td>May-23</td><td>2.1%</td></tr><tr><td>Jun-23</td><td>1.5%</td></tr><tr><td>Jul-23</td><td>1.7%</td></tr><tr><td>Aug-23</td><td>2.1%</td></tr><tr><td>Sep-23</td><td>1.5%</td></tr><tr><td>Oct-23</td><td>1.9%</td></tr><tr><td>Nov-23</td><td>1.8%</td></tr><tr><td>Dec-23</td><td>2.3%</td></tr><tr><td>Jan-24</td><td>2.3%</td></tr><tr><td>Feb-24</td><td>2.1%</td></tr><tr><td>Mar-24</td><td>1.8%</td></tr><tr><td>Apr-24</td><td>2.3%</td></tr><tr><td>May-24</td><td>3.2%</td></tr><tr><td>Jun-24</td><td>2.3%</td></tr><tr><td>Jul-24</td><td>3.3%</td></tr><tr><td>Aug-24</td><td>2.3%</td></tr><tr><td>Sep-24</td><td>2.6%</td></tr><tr><td>Oct-24</td><td>1.5%</td></tr><tr><td>Nov-24</td><td>2.9%</td></tr><tr><td>Dec-24</td><td>2.9%</td></tr><tr><td>Jan-25</td><td>2.5%</td></tr><tr><td>Feb-25</td><td>2.3%</td></tr><tr><td>Mar-25</td><td>1.6%</td></tr><tr><td>Apr-25</td><td>1.5%</td></tr><tr><td>May-25</td><td>1.75%</td></tr></table>	Month	Percentage	May-23	2.1%	Jun-23	1.5%	Jul-23	1.7%	Aug-23	2.1%	Sep-23	1.5%	Oct-23	1.9%	Nov-23	1.8%	Dec-23	2.3%	Jan-24	2.3%	Feb-24	2.1%	Mar-24	1.8%	Apr-24	2.3%	May-24	3.2%	Jun-24	2.3%	Jul-24	3.3%	Aug-24	2.3%	Sep-24	2.6%	Oct-24	1.5%	Nov-24	2.9%	Dec-24	2.9%	Jan-25	2.5%	Feb-25	2.3%	Mar-25	1.6%	Apr-25	1.5%	May-25	1.75%	
Month	Percentage																																																				
May-23	2.1%																																																				
Jun-23	1.5%																																																				
Jul-23	1.7%																																																				
Aug-23	2.1%																																																				
Sep-23	1.5%																																																				
Oct-23	1.9%																																																				
Nov-23	1.8%																																																				
Dec-23	2.3%																																																				
Jan-24	2.3%																																																				
Feb-24	2.1%																																																				
Mar-24	1.8%																																																				
Apr-24	2.3%																																																				
May-24	3.2%																																																				
Jun-24	2.3%																																																				
Jul-24	3.3%																																																				
Aug-24	2.3%																																																				
Sep-24	2.6%																																																				
Oct-24	1.5%																																																				
Nov-24	2.9%																																																				
Dec-24	2.9%																																																				
Jan-25	2.5%																																																				
Feb-25	2.3%																																																				
Mar-25	1.6%																																																				
Apr-25	1.5%																																																				
May-25	1.75%																																																				

**What does the data tell us**

Since December 2024, when there was a seasonal impact on performance reporting at 0.98%, the Trust has been consistently delivering the 0.8% national standard.

**Actions being taken to improve**

Ongoing delivery of robust theatre scheduling processes.

**Impact on forecast**

Ongoing delivery of national standard expected.

**What does the data tell us?**

Improvements in data quality and a concerted focus within divisions has contributed towards an improved performance since December 2024 with a slight deterioration in May 1.75% (1.5% April). During May 2025, there were 144 cancelled operations out of 8,221 total admissions (1.48%) against a target of 1.5%; 42 related to non-surgical specialties (primarily due to no ward beds) and 102 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 Theatre Productivity Programme. As part of this Programme, the Theatre Improvement Delivery Group and Planned Care Group are continuing to work on the data quality associated with this metric. A dashboard is available, with data concerning the timeliness of validation at specialty level. The dashboard is in use across divisions and monitored via Planned Care Group.

**Impact on forecast**

Continued improvement expected during Q1 2025/26 through focussed management as referenced above.

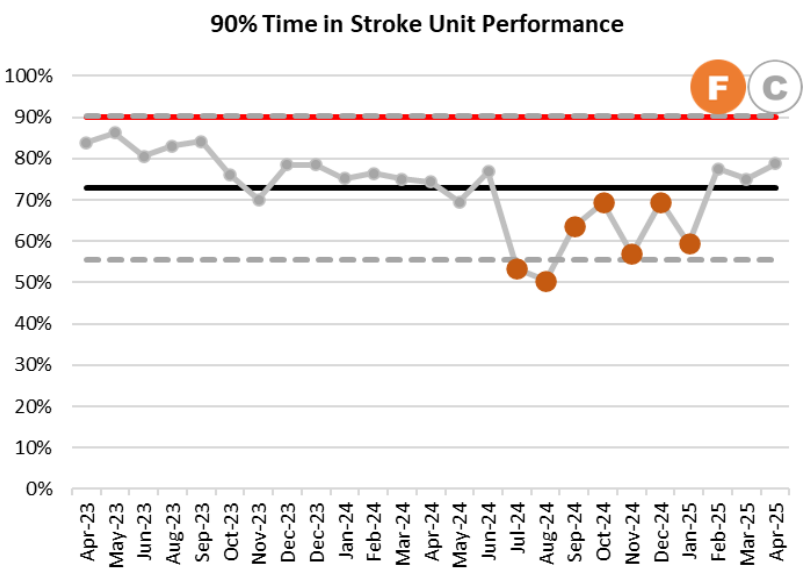
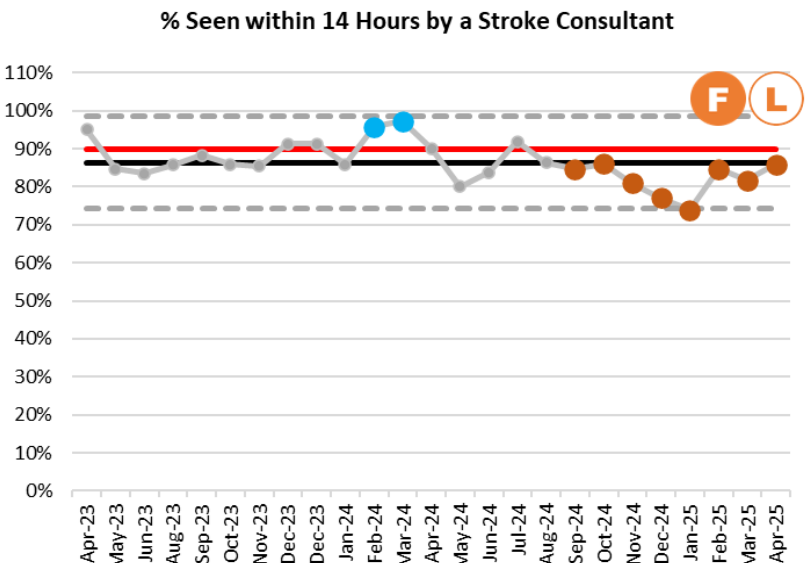
# Responsiveness

## Stroke Performance - NBT

% to Stroke Unit within 4 Hours	<div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>90.0%</div> <div>Latest Month's Position</div> <div>40.7%</div> <div>Performance / Assurance</div> <div>Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit</div> <div>Trust Level Risk</div> <div>No Trust Level Risk</div>	<div>% to Stroke Unit within 4 Hours</div> <table><caption>% to Stroke Unit within 4 Hours Data</caption><tr><th>Month</th><th>% to Stroke Unit within 4 Hours</th></tr><tr><td>Apr-23</td><td>70%</td></tr><tr><td>May-23</td><td>60%</td></tr><tr><td>Jun-23</td><td>55%</td></tr><tr><td>Jul-23</td><td>60%</td></tr><tr><td>Aug-23</td><td>55%</td></tr><tr><td>Sep-23</td><td>55%</td></tr><tr><td>Oct-23</td><td>55%</td></tr><tr><td>Nov-23</td><td>70%</td></tr><tr><td>Dec-23</td><td>70%</td></tr><tr><td>Jan-24</td><td>55%</td></tr><tr><td>Feb-24</td><td>60%</td></tr><tr><td>Mar-24</td><td>75%</td></tr><tr><td>Apr-24</td><td>45%</td></tr><tr><td>May-24</td><td>55%</td></tr><tr><td>Jun-24</td><td>40%</td></tr><tr><td>Jul-24</td><td>45%</td></tr><tr><td>Aug-24</td><td>40%</td></tr><tr><td>Sep-24</td><td>45%</td></tr><tr><td>Oct-24</td><td>50%</td></tr><tr><td>Nov-24</td><td>30%</td></tr><tr><td>Dec-24</td><td>35%</td></tr><tr><td>Jan-25</td><td>45%</td></tr><tr><td>Feb-25</td><td>50%</td></tr><tr><td>Mar-25</td><td>40%</td></tr><tr><td>Apr-25</td><td>40%</td></tr></table>	Month	% to Stroke Unit within 4 Hours	Apr-23	70%	May-23	60%	Jun-23	55%	Jul-23	60%	Aug-23	55%	Sep-23	55%	Oct-23	55%	Nov-23	70%	Dec-23	70%	Jan-24	55%	Feb-24	60%	Mar-24	75%	Apr-24	45%	May-24	55%	Jun-24	40%	Jul-24	45%	Aug-24	40%	Sep-24	45%	Oct-24	50%	Nov-24	30%	Dec-24	35%	Jan-25	45%	Feb-25	50%	Mar-25	40%	Apr-25	40%	<div>What does the data tell us?</div> <div>There has been a decline in the percentage of stroke patients being admitted to the stroke unit within four hours of arrival.</div> <div>Actions being taken to improve</div> <div>The implementation of the revised flow processes to support timely transfers from the Emergency Department to the stroke unit. Additionally, from June 2025, targeted improvement work will begin within the Stroke Seated Assessment Area to enhance patient flow and reduce delays.</div> <div>Impact on Forecast</div> <div>There is ongoing implementation of the improvement plan. High occupancy and ED pressures continue to affect performance.</div>
Month	% to Stroke Unit within 4 Hours																																																						
Apr-23	70%																																																						
May-23	60%																																																						
Jun-23	55%																																																						
Jul-23	60%																																																						
Aug-23	55%																																																						
Sep-23	55%																																																						
Oct-23	55%																																																						
Nov-23	70%																																																						
Dec-23	70%																																																						
Jan-24	55%																																																						
Feb-24	60%																																																						
Mar-24	75%																																																						
Apr-24	45%																																																						
May-24	55%																																																						
Jun-24	40%																																																						
Jul-24	45%																																																						
Aug-24	40%																																																						
Sep-24	45%																																																						
Oct-24	50%																																																						
Nov-24	30%																																																						
Dec-24	35%																																																						
Jan-25	45%																																																						
Feb-25	50%																																																						
Mar-25	40%																																																						
Apr-25	40%																																																						
Stroke Thrombolysis within 1 hour	<div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>60.0%</div> <div>Latest Month's Position</div> <div>83.3%</div> <div>Performance / Assurance</div> <div>Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation</div> <div>Trust Level Risk</div> <div>No Trust Level Risk</div>	<div>Stroke Thrombolysis within 1 hour</div> <table><caption>Stroke Thrombolysis within 1 hour Data</caption><tr><th>Month</th><th>Stroke Thrombolysis within 1 hour</th></tr><tr><td>Apr-23</td><td>60%</td></tr><tr><td>May-23</td><td>55%</td></tr><tr><td>Jun-23</td><td>75%</td></tr><tr><td>Jul-23</td><td>65%</td></tr><tr><td>Aug-23</td><td>55%</td></tr><tr><td>Sep-23</td><td>65%</td></tr><tr><td>Oct-23</td><td>40%</td></tr><tr><td>Nov-23</td><td>35%</td></tr><tr><td>Dec-23</td><td>35%</td></tr><tr><td>Jan-24</td><td>85%</td></tr><tr><td>Feb-24</td><td>65%</td></tr><tr><td>Mar-24</td><td>70%</td></tr><tr><td>Apr-24</td><td>80%</td></tr><tr><td>May-24</td><td>60%</td></tr><tr><td>Jun-24</td><td>65%</td></tr><tr><td>Jul-24</td><td>60%</td></tr><tr><td>Aug-24</td><td>45%</td></tr><tr><td>Sep-24</td><td>65%</td></tr><tr><td>Oct-24</td><td>65%</td></tr><tr><td>Nov-24</td><td>55%</td></tr><tr><td>Dec-24</td><td>30%</td></tr><tr><td>Jan-25</td><td>65%</td></tr><tr><td>Feb-25</td><td>45%</td></tr><tr><td>Mar-25</td><td>80%</td></tr><tr><td>Apr-25</td><td>83.3%</td></tr></table>	Month	Stroke Thrombolysis within 1 hour	Apr-23	60%	May-23	55%	Jun-23	75%	Jul-23	65%	Aug-23	55%	Sep-23	65%	Oct-23	40%	Nov-23	35%	Dec-23	35%	Jan-24	85%	Feb-24	65%	Mar-24	70%	Apr-24	80%	May-24	60%	Jun-24	65%	Jul-24	60%	Aug-24	45%	Sep-24	65%	Oct-24	65%	Nov-24	55%	Dec-24	30%	Jan-25	65%	Feb-25	45%	Mar-25	80%	Apr-25	83.3%	<div>What does the data tell us?</div> <div>In April there was an improvement in the proportion of stroke patients receiving thrombolysis within one hour of arrival. It is important to note that this data is based on a relatively small number of patients (1-3 per month), and several of the recorded breaches are attributable to valid clinical reasons, such as complex presentations or required diagnostic clarification prior to treatment.</div> <div>Actions being taken to improve</div> <div>NBT is one of 12 trusts nationally taking part in the Thrombolysis in Acute Stroke Collaborate (TASC) prestigious programme, aimed at increasing thrombolysis rates and improving door-to-needle times. The programme provides targeted quality improvement support, peer learning, and access to national best practice to help embed sustainable changes within the stroke pathway.</div> <div>Impact on Forecast</div> <div>The projected 12-month outcome includes a potential doubling of thrombolysis treatment rates, alongside a significant improvement in average door-to-needle times.</div>
Month	Stroke Thrombolysis within 1 hour																																																						
Apr-23	60%																																																						
May-23	55%																																																						
Jun-23	75%																																																						
Jul-23	65%																																																						
Aug-23	55%																																																						
Sep-23	65%																																																						
Oct-23	40%																																																						
Nov-23	35%																																																						
Dec-23	35%																																																						
Jan-24	85%																																																						
Feb-24	65%																																																						
Mar-24	70%																																																						
Apr-24	80%																																																						
May-24	60%																																																						
Jun-24	65%																																																						
Jul-24	60%																																																						
Aug-24	45%																																																						
Sep-24	65%																																																						
Oct-24	65%																																																						
Nov-24	55%																																																						
Dec-24	30%																																																						
Jan-25	65%																																																						
Feb-25	45%																																																						
Mar-25	80%																																																						
Apr-25	83.3%																																																						

# Responsiveness

## Stroke Performance - NBT

<div>90% Time in Stroke Unit Performance</div>	<div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>90.0%</div> <div>Latest Month's Position</div> <div>78.8%</div> <div>Performance / Assurance</div> <div>Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration</div> <div>Trust Level Risk</div> <div>No Trust Level Risk</div>	<div>90% Time in Stroke Unit Performance</div> 	<div>What does the data tell us?</div> <div>There was a slight improvement in April in the percentage of patients spending at least 90% of their inpatient stay on a designated stroke unit. Performance is correlated with persistently high stroke occupancy levels, with an average of 72 stroke inpatients between June 2024 and January 2025, significantly exceeding the modelled bed base of 42. As a result, the number of stroke outliers has increased, impacting pathway delivery and specialist care provision.</div> <div>Actions being taken to improve</div> <div>Since January 2025, improved flow and fewer NCTR patients have reduced stroke bed occupancy. A contingency plan to cohort outliers was agreed but has not been needed due to sustained improvement.</div> <div>Impact on Forecast</div> <div>Current occupancy since Feb 25 shows an average number of inpatient number of 58 and since Feb 25 we have much improved performance.</div>
<div>% Seen within 14 Hours by a Stroke Consultant</div>	<div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>90.0%</div> <div>Latest Month's Position</div> <div>85.9%</div> <div>Performance / Assurance</div> <div>Special Cause Concerning Variation Low, where down is deterioration and last six data points are less than target</div> <div>Trust Level Risk</div> <div>No Trust Level Risk</div>	<div>% Seen within 14 Hours by a Stroke Consultant</div> 	<div>What does the data tell us?</div> <div>There has been a minor decline followed by a subsequent improvement in the percentage of patients reviewed by a stroke consultant within 14 hours of admission.</div> <div>Actions being taken to improve</div> <div>Improvements in the sustainability and consistency of the consultant rota have contributed to recent performance gains.</div> <div>Impact on Forecast</div> <div>Given current stability in workforce arrangements, the strong performance in timely consultant reviews is expected to be maintained.</div>

Quality

Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Safe	Pressure Injuries Per 1,000 Beddays	NBT	May-25	0.5	No Target	0.5	N/A	C	Note Performance
		UHBW	May-25	0.1	0.4	0.1	P*	C	Note Performance
Safe	MRSA Hospital Onset Cases	NBT	May-25	0	0	1	F	C	Escalation Summary
		UHBW	May-25	0	0	0	F	C	Escalation Summary
Safe	CDiff Healthcare Associated Cases	NBT	May-25	7	5.00	4	?	C	Escalation Summary
		UHBW	May-25	12	9.08	11	?	C	Escalation Summary
Safe	Falls Per 1,000 Beddays	NBT	May-25	5.6	No Target	5.6	N/A	C	Note Performance
		UHBW	May-25	3.6	4.8	3.3	?	C	Escalation Summary
Safe	Total Number of Patient Falls Resulting in Harm	NBT	May-25	1	No Target	7	N/A	C	Note Performance
		UHBW	May-25	0	2	5	?	C	Escalation Summary
Safe	Medication Incidents per 1,000 Bed Days	NBT	May-25	4.2	No Target	4.3	N/A	L	Note Performance
		UHBW	May-25	9.1	No Target	7.9	N/A	L	Note Performance
Safe	Medication Incidents Causing Moderate or Above Harm	NBT	May-25	3	0	4	F	C	Escalation Summary
		UHBW	May-25	1	0	3	F	C	Escalation Summary
Safe	Adult Inpatients who Received a VTE Risk Assessment	NBT	Apr-25	91.8%	95.0%	92.0%	F-	C	Escalation Summary
		UHBW	May-25	73.5%	95.0%	75.1%	F-	L	Escalation Summary
Safe	Staffing Fill Rate	NBT	May-25	101.2%	No Target	100.3%	F-	C	Escalation Summary
		UHBW	May-25	106.2%	100.0%	105.5%	P	H	Note Performance

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

Quality

Scorecard

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	Jan-25	97.15	100.0	95.55	P	L	Note Performance
		UHBW	Jan-25	87.7	100.0	88.4	P*	L	Note Performance
Effective	Fracture Neck of Femur Patients Treated Within 36 Hours	NBT	Apr-25	46.6%	No Target	71.0%	N/A	C	Note Performance
		UHBW	May-25	32.0%	90.0%	39.2%	F-	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	NBT	Apr-25	93.1%	No Target	91.9%	N/A	C	Note Performance
		UHBW	May-25	78.0%	90.0%	86.3%	?	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Achieving Best Practice Tariff	NBT	Apr-25	44.8%	No Target	66.1%	N/A	C	Note Performance
		UHBW	May-25	22.0%	No Target	33.3%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Inpatient	NBT	May-25	91.6%	No Target	91.2%	N/A	C	Note Performance
		UHBW	May-25	95.4%	No Target	97.5%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Outpatient	NBT	May-25	94.7%	No Target	94.4%	N/A	C	Note Performance
		UHBW	May-25	93.6%	No Target	94.3%	N/A	C	Note Performance
Caring	Friends and Family Test Score - ED	NBT	May-25	70.3%	No Target	69.1%	N/A	C	Note Performance
		UHBW	May-25	86.4%	No Target	85.3%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Maternity	NBT	May-25	94.4%	No Target	94.2%	N/A	C	Note Performance
		UHBW	May-25	98.5%	No Target	98.9%	N/A	C	Note Performance
Caring	Patient Complaints - Formal	NBT	May-25	66	No Target	57	N/A	C	Note Performance
		UHBW	Apr-25	40	No Target	32	N/A	C	Note Performance
Caring	Formal Complaints Responded To Within Trust Timeframe	NBT	May-25	67.7%	90.0%	76.5%	F	C	Escalation Summary
		UHBW	Apr-25	70.0%	90.0%	46.9%	F	C	Escalation Summary

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

Quality

Infection Control

MRSA Hospital Onset Cases	<div><div>Latest Month</div><div>May-25</div><div>Target</div><div>0</div><div>Latest Month's Position</div><div>0</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration</div><div>Trust Level Risk</div><div>No Trust Level Risk</div></div>	<div><div>MRSA Hospital Onset Cases</div></div>	MRSA Hospital Onset Cases	<div><div>MRSA Hospital Onset Cases</div></div>	<div><div>Latest Month</div><div>May-25</div><div>Target</div><div>0</div><div>Latest Month's Position</div><div>0</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.</div><div>Corporate Risk</div><div>Risk 6013 - Risk that the Trust exceeds its NHSE/I limit for Methicillin Resistant Staphylococcus aureus bacteraemia's (12)</div></div>
	<div><div>What does the data tell us ?</div><div>No cases in May</div><div>What does the data tell us ?</div><div>MRSA management and decolonisation education continues to be delivered at divisional level. Whilst continuing our education around devise management linked to MSSA reduction. MSSA cases have continued to reduce .</div><div>Work taking place in the region to identify risk and community aspects has started to look at this population in greater detail to look at what can be done in hospital to better manage this risk to which NBT are a part of.</div><div>Work will take place re decolonisation and products to use going forward with potential of a Steriwave trial in new elective centre.</div></div>	<div><div>What does the data tell us?</div><div>There were no MRSA cases reported in the month of May. There have been zero MRSA bacteraemia infections since December 2024.</div><div>Actions being taken to improve</div><div>Continued vigilance means the quality improvement group, reported in previous IQPR's, remains with the current action of a Trust wide audit of MRSA compliance with targeted patient screening and decolonisation. Further actions for improvement will follow.</div><div>Linked to the risk of intravenous (IV) line care and infection a quality improvement group will shortly commence with a specific focus on delivering actions for improvement in IV line care.</div><div>Impact on forecast</div><div>The intention is to sustain our current position with continued vigilance and risk reduction interventions.</div></div>			

# Quality

## Infection Control

### C.difficile Healthcare Associated Cases

**Latest Month**

May-25

**Target**

5

**Latest Month's Position**

7

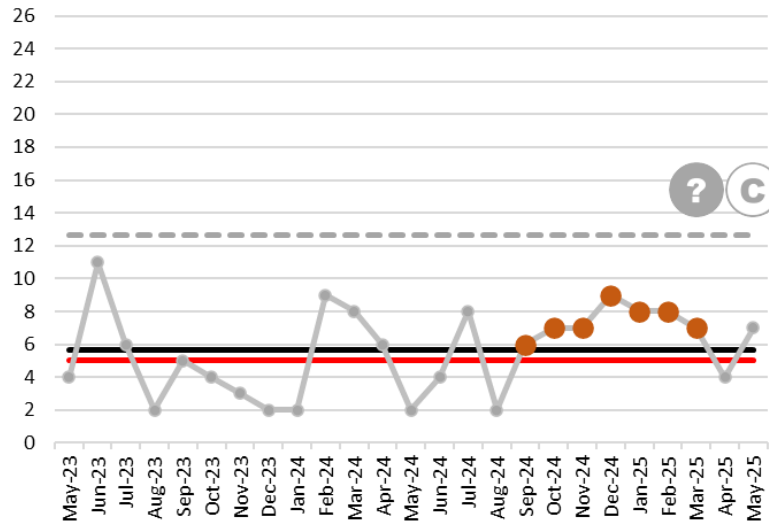
**Performance / Assurance**

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

**Trust Level Risk**

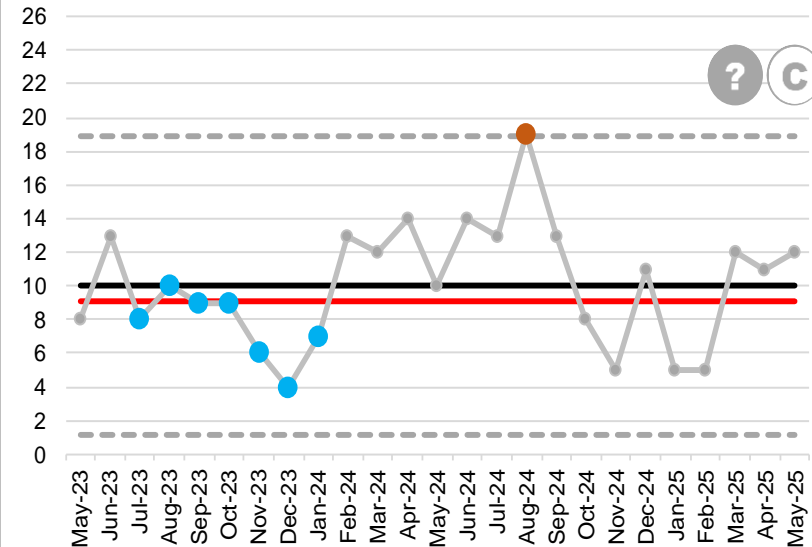
No Trust Level Risk

C.difficile Healthcare Associated Cases



### C.Difficile Healthcare Associated Cases

C.difficile Healthcare Associated Cases



**Latest Month**

May-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 HAC-Diff  
(12)

### What does the data tell us?

Cases in May – 7 HOHA and 1 COHA - cases need to trend at 6 or lower monthly to match a trajectory position,

### Actions being taken to improve

C. difficile targeted plans include adopting weekly C. difficile ward rounds to review microbiologically treated cases, educate, advise and intervene including escalation to microbiology for escalated symptoms and antibiotic management.

Wards that have a cluster of cases have been subject to an enhanced efficacy audit looking at the rectifications and fixing that is required as well as a RED RAG clean, these areas have not seen cases reappear.

Education on sampling and documentation, some issues with digital noting being rectified so documentation is easier and not missed.

### What does the data tell us?

The trust reported 12 cases of Clostridium Difficile, the breakdown for May is seven Hospital Onset Hospital acquired (HOHA) and five community onset hospital acquired (COHA) this brings us to 23 year to date (16 HOHA 7 COHA). This compares to 24 cases in the same time period in 2024/25. The NHSE limit for UHBW for 2025/26 is set at 109 cases with a monthly trajectory of 9 or fewer cases per month.

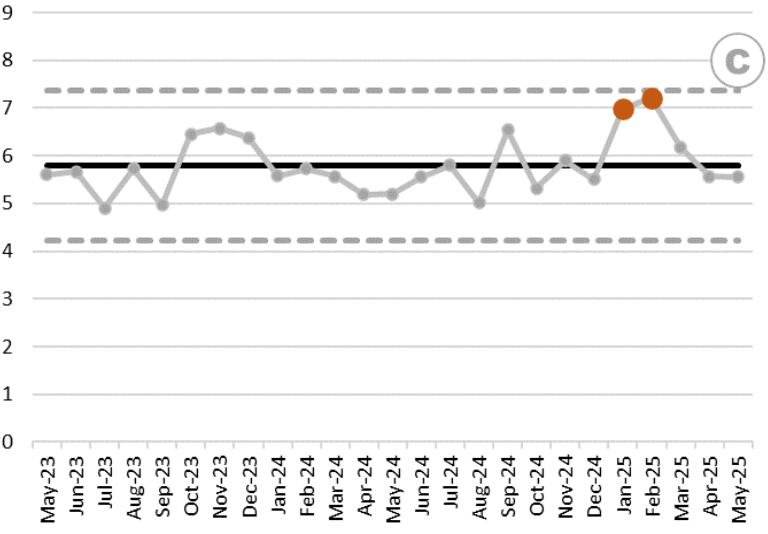
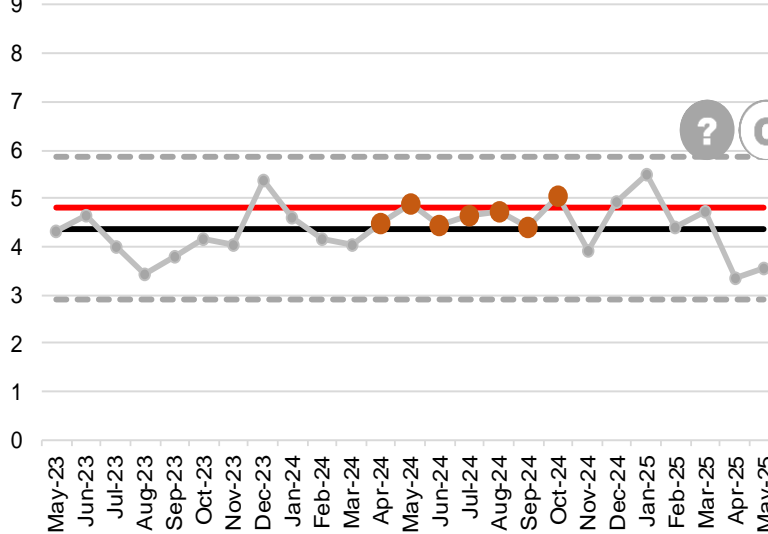
### Actions being taken to improve

The quality improvement group for C. Difficile continues with remaining actions previously reported to be delivered as 'work in progress'. Antimicrobial stewardship is a key element that should improve as electronic medicines prescribing is delivered allowing greater scrutiny, in conjunction with Pharmacy and clinical teams collaboration.

### Impact on forecast

The UKHSA declared incident relating to a national increase in C. Difficile cases remains, with ICB's having increased scrutiny of community onset cases after acute hospital discharge to improve feedback of learning to acute trusts and better inform actions for improvement.

# Quality Falls

Inpatient Falls Per 1000 Bed days	<b>Latest Month</b>
	May-25
	<b>Target</b>
	No Target
	<b>Latest Month's Position</b>
	6
Inpatient Falls Per 1,000 Bed days	<b>Performance / Assurance</b>
	Common Cause (natural/expected) variation, where target is greater than upper limit where down is improvement
	<b>Trust Level Risk</b>
	No Trust Level Risk
<b>Falls per 1000 bed days</b>	
	
Inpatient Falls Per 1,000 Bed days	<b>Falls Per 1,000 Beddays</b>
	
<b>Latest Month</b>	
May-25	
<b>Target</b>	
4.8	
<b>Latest Month's Position</b>	
3.6	
<b>Performance / Assurance</b>	
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.	
<b>Corporate Risk</b>	
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 May 2025: there have been 125 falls, which per 1000 bed days equates to 3.664, this is lower than the trust target of 4.8 per 1000 bed days. There were 90 falls at the Bristol site and 35 falls at the Weston site. There have been no falls with moderate or severe physical and/or psychological harm.

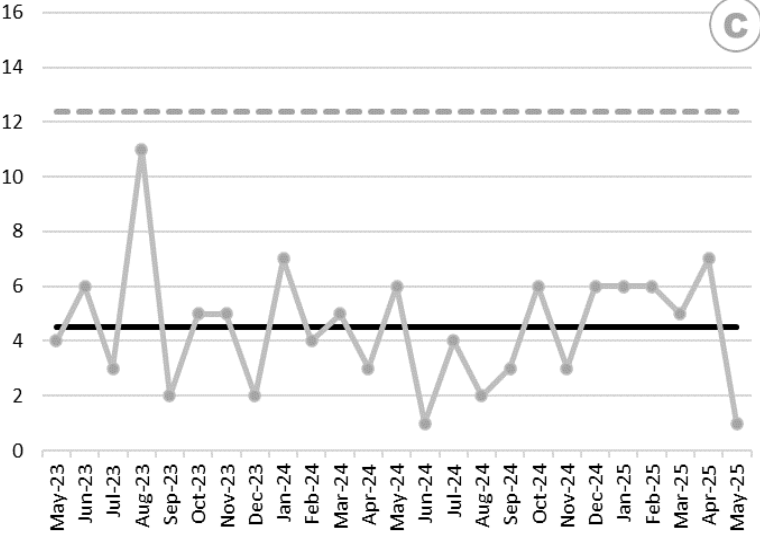
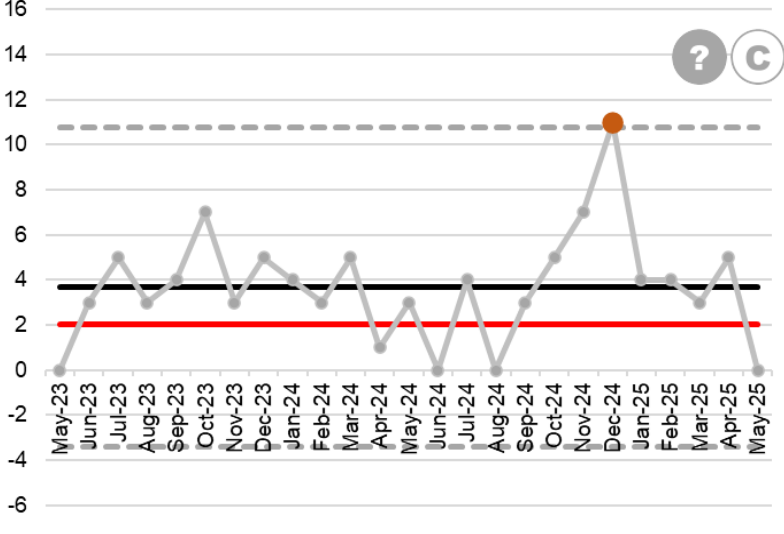
Risk of falls continues to remain on the divisions' risk registers as well as the Trust risk register. Actions to reduce falls, all of which have potential to cause harm, is provided below.

### Actions being taken to improve

In May 2025, the divisions of Medicine and Diagnostics and Therapies shared their learning from their analyses of falls incidents at the Dementia Delirium and Falls steering group. They shared patient stories and identified themes relating to falls; falls have occurred during patient handovers, lack of enhanced care observation cover, patients mobilising without walking aids and falls in bathrooms.

Continued on next slide...

# Quality Falls

Falls Resulting in Harm	<b>Latest Month</b>	May-25
	<b>Target</b>	No Target
	<b>Latest Month's Position</b>	1
	<b>Performance / Assurance</b>	Common Cause (natural/expected) variation, where target is greater than upper limit where down is improvement
	<b>Trust Level Risk</b>	No Trust Level Risk
	<p>Falls Resulting in Harm</p> 	
Falls Resulting in Harm	<b>Latest Month</b>	May-25
	<b>Target</b>	2
	<b>Latest Month's Position</b>	0
	<b>Performance / Assurance</b>	Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
	<b>Corporate Risk</b>	Risk 1598 - Patients suffer harm or injury from preventable falls (12)
	<p>Falls Resulting in Harm</p> 	

No narrative required as per business rules.

...Continued from previous slide

Learning identified:

- Bedside handover is encouraged and work planned to standardise handover process
- Prioritising enhanced care observation
- Ensure walking aids are always available to patient
- Re escalation to night staff any staffing concerns added to safety briefing
- Improving completion and quality of SWARM huddles

NICE have published NG249 to formally update and replace CG161, Falls; assessment and prevention in older people and people 50 and over at higher risk. A compliance self-assessment report has been completed. Gap analysis will be shared at the next Dementia Delirium and Falls Steering Group.

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

Medication Incidents Causing Moderate or Above Harm	<div><div>Latest Month</div><div>May-25</div><div>Target</div><div>0</div><div>Latest Month's Position</div><div>3</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration</div><div>Trust Level Risk</div><div>Risk 1800 – Allergy status may not be identified resulting in medication being incorrectly prescribed or administered. (20)</div></div>	<div><div>Medication Incidents Causing Moderate or Above Harm</div><table><tr><th>Month</th><th>Incidents</th></tr><tr><td>May-23</td><td>1</td></tr><tr><td>Jun-23</td><td>1</td></tr><tr><td>Jul-23</td><td>2</td></tr><tr><td>Aug-23</td><td>3</td></tr><tr><td>Sep-23</td><td>1</td></tr><tr><td>Oct-23</td><td>2</td></tr><tr><td>Nov-23</td><td>8</td></tr><tr><td>Dec-23</td><td>1</td></tr><tr><td>Jan-24</td><td>1</td></tr><tr><td>Feb-24</td><td>3</td></tr><tr><td>Mar-24</td><td>2</td></tr><tr><td>Apr-24</td><td>3</td></tr><tr><td>May-24</td><td>3</td></tr><tr><td>Jun-24</td><td>5</td></tr><tr><td>Jul-24</td><td>1</td></tr><tr><td>Aug-24</td><td>1</td></tr><tr><td>Sep-24</td><td>2</td></tr><tr><td>Oct-24</td><td>1</td></tr><tr><td>Nov-24</td><td>1</td></tr><tr><td>Dec-24</td><td>3</td></tr><tr><td>Jan-25</td><td>2</td></tr><tr><td>Feb-25</td><td>0</td></tr><tr><td>Mar-25</td><td>2</td></tr><tr><td>Apr-25</td><td>4</td></tr><tr><td>May-25</td><td>3</td></tr></table></div>	Month	Incidents	May-23	1	Jun-23	1	Jul-23	2	Aug-23	3	Sep-23	1	Oct-23	2	Nov-23	8	Dec-23	1	Jan-24	1	Feb-24	3	Mar-24	2	Apr-24	3	May-24	3	Jun-24	5	Jul-24	1	Aug-24	1	Sep-24	2	Oct-24	1	Nov-24	1	Dec-24	3	Jan-25	2	Feb-25	0	Mar-25	2	Apr-25	4	May-25	3	Medication Incidents Causing Moderate or Above Harm
	Month	Incidents																																																					
May-23	1																																																						
Jun-23	1																																																						
Jul-23	2																																																						
Aug-23	3																																																						
Sep-23	1																																																						
Oct-23	2																																																						
Nov-23	8																																																						
Dec-23	1																																																						
Jan-24	1																																																						
Feb-24	3																																																						
Mar-24	2																																																						
Apr-24	3																																																						
May-24	3																																																						
Jun-24	5																																																						
Jul-24	1																																																						
Aug-24	1																																																						
Sep-24	2																																																						
Oct-24	1																																																						
Nov-24	1																																																						
Dec-24	3																																																						
Jan-25	2																																																						
Feb-25	0																																																						
Mar-25	2																																																						
Apr-25	4																																																						
May-25	3																																																						
<div><div>Latest Month</div><div>May-25</div><div>Target</div><div>0</div><div>Latest Month's Position</div><div>1</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is</div><div>Corporate Risk</div><div>Risk 7633 - Reliance on paper-based medication prescribing and administration (16)</div></div>																																																							

What does the data tell us?

During May 2025 NBT had a rate of 4.2 medication incidents per 1000 bed days which is below the 6 – month average of 5.2 for this measure. This is a marked reduction in reported incidents but should be viewed with the caveat that it is perhaps linked to the issues with the functionality of Datix experienced this month – this may be in issue which is seen across the board in terms of Datix reporting and has been flagged to the Patient Safety Team.

The level of medication incidents causing moderate or severe harm or death was 2.2 this month with 3 incidents cited as causing Moderate harm falling into this category.

Actions being taken to improve

During May and June, the Medicines Governance Team and Patient Safety team have taking stock of the success of, and challenges faced by the Medicines Safety Forum. The plan is to pause the monthly meetings in order to reflect on the learning to date, gather feedback from group members and senior Trust staff and to agree a strategy moving forward which harnesses the enthusiasm of group members and allows us to focus on a streamlined set of agreed priorities. An initial meeting with senior stakeholders has taken place and actions from this are currently being undertaken.

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 May 2025, UHBW had 316 medication related incidents. One medication incident was reported as causing moderate, or severe harm or death this month. The dataset pre-April 2024 is based on previous harm descriptors in place in the Trust. The data indicates a good reporting culture with a low number of harm incidents compared to number of incidents.

Actions being taken to improve

Medication incidents are reviewed by the UHBW medication safety team. Incidents are identified for enhanced learning response according to the Patient Safety Incident Response Plan. No specific themes have been identified arising from the low number of medication incidents associated with moderate and above harm following review at the multidisciplinary Medicines Governance Group. The implementation of Careflow Medicines Management will help reduce risks in some processes for prescribing and medicines administration.

Specific learning is shared across the Trust via the Medicines Safety Bulletin and with BNSSG system colleagues via system medicines quality and safety meetings. This report has been developed collaboratively by the UHBW and NBT medicines safety teams. This takes advantage of the new joint Hospital Group Medication Safety Officer role.

# Quality

## VTE Risk Assessment

VTE Risk Assessment Completion

**Latest Month**

Apr-25

**Target**

95.0%

**Latest Month's Position**

91.8%

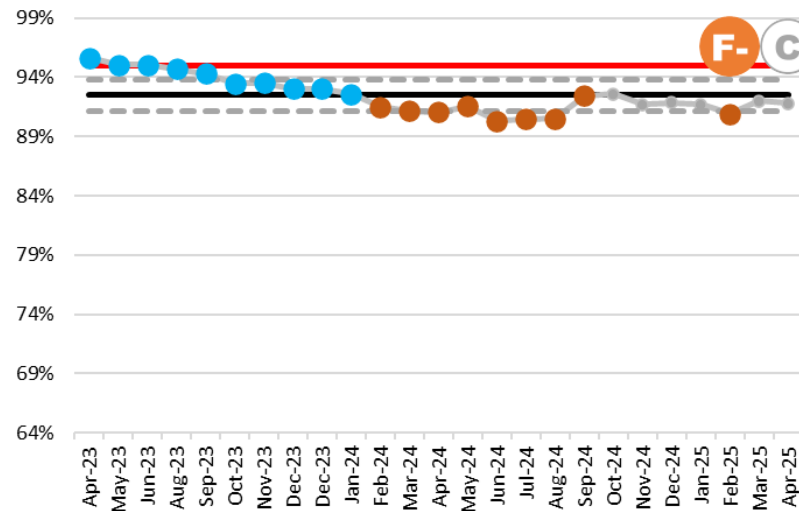
**Performance / Assurance**

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

**Trust Level Risk**

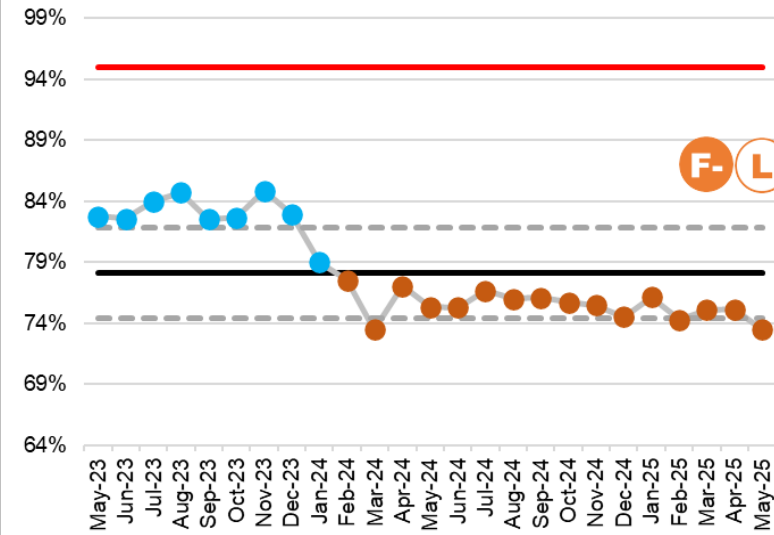
No Trust Level Risk

VTE Risk Assessment Completion



VTE Risk Assessment Completion

VTE Risk Assessment Completion



**Latest Month**

May-25

**Target**

95%

**Latest Month's Position**

73.5%

**Performance / Assurance**

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

**Corporate Risk**

No Corporate Risk

### What does the data tell us?

VTE risk assessment completion is improving slightly. In June 2022 there was a noticeable dip in VTE RA compliance. An audit of patient notes revealed that VTE forms were not consistently completed.

### Actions being taken to improve

In February 2023, a pilot of a VTE digital assessment took place; this was successful and thus rolled out across the Trust in July 2023. Reasons for the drop in compliance are linked to the hybrid clerking process, with 'main clerking' on paper and VTE RA digital, and we are working towards improving compliance with regular audit, teaching and reminders typed into Careflow Handover Audit is undertaken, ad hoc, on the wards. VTE prophylaxis appears to be 100% prescribed; however, errors in the dose of Enoxaparin are not uncommon – this appears to be related to a lack of a visible weight. Consequently, a decision was made at the Safe Care Group, that all weights MUST be recoded digitally. Compliance against this has been included in the 2<sup>nd</sup> round of questions, as part of the Clinical Accreditation Programme

### Impact on forecast

In September 2025, when the Careflow Medicine Management Programme (CMM, e-prescribing) is launched, completion of the VTE RA will become a 'forcing' measure it is projected that this will improve compliance. In the meantime, the VTE team is constantly reviewing the requirements for a VTE RA for individual patients, identifying cohorts of patients who do not require a VTE RA, and ensuring that the data collection is accurate.

### What does the data tell us?

VTE risk assessment compliance remains poor up to the end of May however as with previous months local auditing demonstrates compliance with prescribing. The number of HAVTE incidents has not increased

### Actions being taken to improve

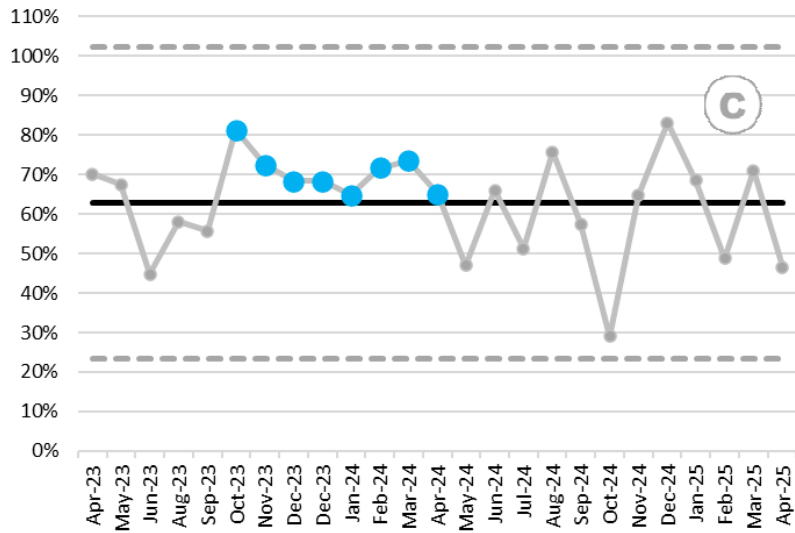
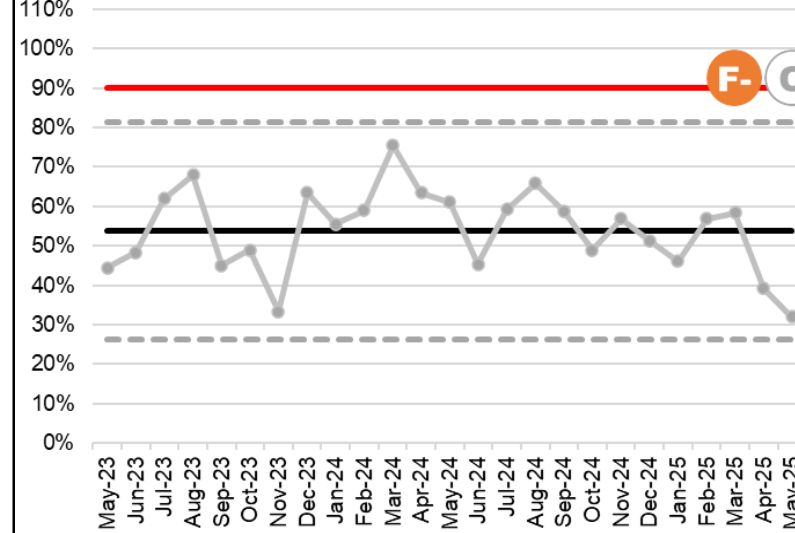
CMM was launched in Weston on 3rd June and Bristol on 17th June. This will include mandatory VTE assessment compliance on most ward areas and should lead to a marked improvement as reporting catches up with these changes. However we will continue to manually audit and also ensure that there is no drop off in prescribing performance with the new system.

### Impact on forecast

We would expect compliance to improve over the next 3/12 as mandatory assessment comes into play and there is improved completion on the wards

# Quality

## Neck of Femur

Fracture Neck of Femur Patients Treated Within 36 Hours	<b>Latest Month</b>	Apr-25
	<b>Target</b>	No Target
	<b>Latest Month's Position</b>	46.6%
	<b>Performance /</b>	
	Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration	
	<b>Trust Level Risk</b>	No Trust Level Risk
<b>Fracture Neck of Femur Patients Treated within 36 hours</b>		
		
Fracture Neck of Femur Patients Treated Within 36 Hours	<b>Latest Month</b>	May-25
	<b>Target</b>	90.0%
	<b>Latest Month's Position</b>	32.0%
	<b>Performance / Assurance</b>	Common Cause (natural/expected) variation, where target is greater than upper limit and down is deterioration.
	<b>Corporate Risk</b>	Risk 924 - Delay in hip fracture patients accessing surgery within 36 hours (15)
<b>Fracture Neck of Femur Patients Treated Within 36 Hours</b>		
		

No narrative required as per business rules.

### What does the data tell us?

In May, 51 patients were eligible for the Best practice tariff across the Weston and Bristol Royal Infirmary Fracture Neck of Femur services. Care for 22% (11/51) patients achieved the Best practice tariff. 31% (16/51) received surgery within 36 hours attributed to a lack of available theatre space on both sites, patients requiring further medical optimisation (2) and requiring a specific surgeon (1).

### Actions being taken to improved

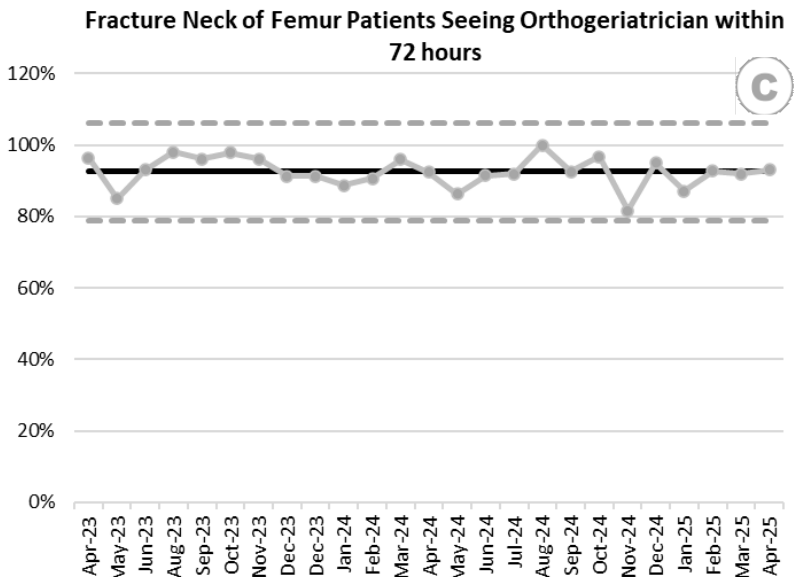
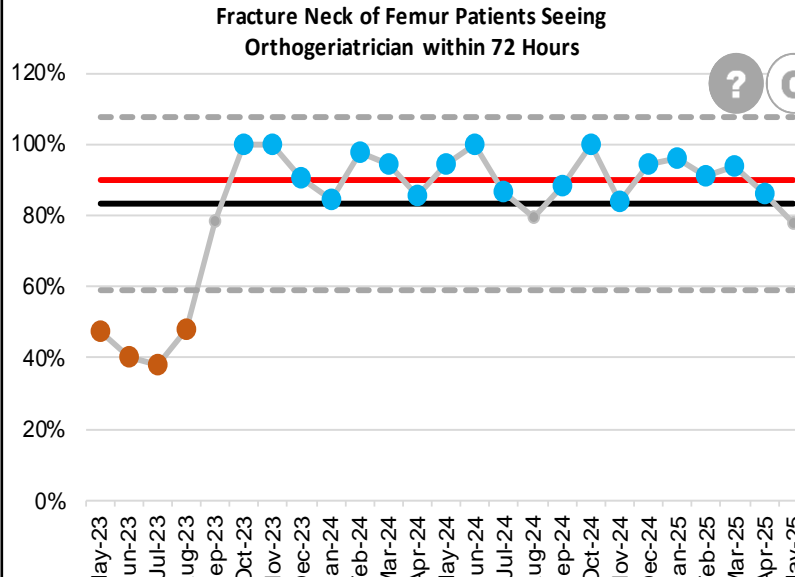
The elective care centre at Southmead is due to be handed over in June 2025 which is intended to support a significant reduction in ambulatory trauma being operated on at the BRI. This will allow us to utilise a morning trauma list each day for femoral fragility fractures and other in-patient trauma.

### Impact on forecast

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

# Quality

## Neck of Femur

Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 hours	<b>Latest Month</b> Apr-25	<b>Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 hours</b> 	<b>Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 hours</b> 	<b>Latest Month</b> May-25
	<b>Target</b> No Target			<b>Target</b> 90%
	<b>Latest Month's Position</b> 93.1%			<b>Latest Month's Position</b> 78.0%
	<b>Performance / Assurance</b> Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration			<b>Performance / Assurance</b> Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random
	<b>Corporate Risk</b> No Trust Level Risk			<b>Corporate Risk</b> No Corporate Risk

No narrative required as per business rules.

**What does the data tell us?**  
There has been a decrease in the percentage of patients reviewed by an ortho-geriatrician with 72 hours to 87% (40/51 patients) to below the 90% standard in May.

**Actions being taken to improve**  
The reduction in patients receiving an ortho-geriatrician review with 72 hours is attributed to the only ortho-geriatrician at Weston being on annual leave and no weekend/ Bank holiday service over the two bank holidays in May.

**Impact on forecast**  
Performance will recover when Weston ortho-geriatrician returns from leave.

# Quality Complaints

Formal Complaints Responded To Within Trust Timeframe	Latest Month	May-25
	Target	90.0%
	Latest Month's Position	67.7%
	Performance / Assurance	Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
	Trust Level Risk	No Trust Level Risk

Formal Complaints Responded to Within Trust Timeframe																																																					
<table><tr><th>Month</th><th>Response Rate (%)</th></tr><tr><td>May-23</td><td>80%</td></tr><tr><td>Jun-23</td><td>80%</td></tr><tr><td>Jul-23</td><td>80%</td></tr><tr><td>Aug-23</td><td>65%</td></tr><tr><td>Sep-23</td><td>72%</td></tr><tr><td>Oct-23</td><td>65%</td></tr><tr><td>Nov-23</td><td>60%</td></tr><tr><td>Dec-23</td><td>75%</td></tr><tr><td>Jan-24</td><td>80%</td></tr><tr><td>Feb-24</td><td>72%</td></tr><tr><td>Mar-24</td><td>85%</td></tr><tr><td>Apr-24</td><td>88%</td></tr><tr><td>May-24</td><td>72%</td></tr><tr><td>Jun-24</td><td>85%</td></tr><tr><td>Jul-24</td><td>75%</td></tr><tr><td>Aug-24</td><td>80%</td></tr><tr><td>Sep-24</td><td>82%</td></tr><tr><td>Oct-24</td><td>85%</td></tr><tr><td>Nov-24</td><td>70%</td></tr><tr><td>Dec-24</td><td>65%</td></tr><tr><td>Jan-25</td><td>80%</td></tr><tr><td>Feb-25</td><td>78%</td></tr><tr><td>Mar-25</td><td>78%</td></tr><tr><td>Apr-25</td><td>78%</td></tr><tr><td>May-25</td><td>68%</td></tr></table>		Month	Response Rate (%)	May-23	80%	Jun-23	80%	Jul-23	80%	Aug-23	65%	Sep-23	72%	Oct-23	65%	Nov-23	60%	Dec-23	75%	Jan-24	80%	Feb-24	72%	Mar-24	85%	Apr-24	88%	May-24	72%	Jun-24	85%	Jul-24	75%	Aug-24	80%	Sep-24	82%	Oct-24	85%	Nov-24	70%	Dec-24	65%	Jan-25	80%	Feb-25	78%	Mar-25	78%	Apr-25	78%	May-25	68%
Month	Response Rate (%)																																																				
May-23	80%																																																				
Jun-23	80%																																																				
Jul-23	80%																																																				
Aug-23	65%																																																				
Sep-23	72%																																																				
Oct-23	65%																																																				
Nov-23	60%																																																				
Dec-23	75%																																																				
Jan-24	80%																																																				
Feb-24	72%																																																				
Mar-24	85%																																																				
Apr-24	88%																																																				
May-24	72%																																																				
Jun-24	85%																																																				
Jul-24	75%																																																				
Aug-24	80%																																																				
Sep-24	82%																																																				
Oct-24	85%																																																				
Nov-24	70%																																																				
Dec-24	65%																																																				
Jan-25	80%																																																				
Feb-25	78%																																																				
Mar-25	78%																																																				
Apr-25	78%																																																				
May-25	68%																																																				

Formal Complaints Responded To Within Trust Timeframe	Latest Month	Apr-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	Risk 2680 - Complainants experience a delay in receiving a call back (12)

Formal Complaints Responded To Within Trust Timeframe																																																					
<table><tr><th>Month</th><th>Response Rate (%)</th></tr><tr><td>Apr-23</td><td>58%</td></tr><tr><td>May-23</td><td>73%</td></tr><tr><td>Jun-23</td><td>72%</td></tr><tr><td>Jul-23</td><td>68%</td></tr><tr><td>Aug-23</td><td>88%</td></tr><tr><td>Sep-23</td><td>75%</td></tr><tr><td>Oct-23</td><td>78%</td></tr><tr><td>Nov-23</td><td>68%</td></tr><tr><td>Dec-23</td><td>80%</td></tr><tr><td>Jan-24</td><td>82%</td></tr><tr><td>Feb-24</td><td>50%</td></tr><tr><td>Mar-24</td><td>72%</td></tr><tr><td>Apr-24</td><td>58%</td></tr><tr><td>May-24</td><td>62%</td></tr><tr><td>Jun-24</td><td>58%</td></tr><tr><td>Jul-24</td><td>52%</td></tr><tr><td>Aug-24</td><td>50%</td></tr><tr><td>Sep-24</td><td>72%</td></tr><tr><td>Oct-24</td><td>58%</td></tr><tr><td>Nov-24</td><td>55%</td></tr><tr><td>Dec-24</td><td>53%</td></tr><tr><td>Jan-25</td><td>58%</td></tr><tr><td>Feb-25</td><td>52%</td></tr><tr><td>Mar-25</td><td>48%</td></tr><tr><td>Apr-25</td><td>70%</td></tr></table>		Month	Response Rate (%)	Apr-23	58%	May-23	73%	Jun-23	72%	Jul-23	68%	Aug-23	88%	Sep-23	75%	Oct-23	78%	Nov-23	68%	Dec-23	80%	Jan-24	82%	Feb-24	50%	Mar-24	72%	Apr-24	58%	May-24	62%	Jun-24	58%	Jul-24	52%	Aug-24	50%	Sep-24	72%	Oct-24	58%	Nov-24	55%	Dec-24	53%	Jan-25	58%	Feb-25	52%	Mar-25	48%	Apr-25	70%
Month	Response Rate (%)																																																				
Apr-23	58%																																																				
May-23	73%																																																				
Jun-23	72%																																																				
Jul-23	68%																																																				
Aug-23	88%																																																				
Sep-23	75%																																																				
Oct-23	78%																																																				
Nov-23	68%																																																				
Dec-23	80%																																																				
Jan-24	82%																																																				
Feb-24	50%																																																				
Mar-24	72%																																																				
Apr-24	58%																																																				
May-24	62%																																																				
Jun-24	58%																																																				
Jul-24	52%																																																				
Aug-24	50%																																																				
Sep-24	72%																																																				
Oct-24	58%																																																				
Nov-24	55%																																																				
Dec-24	53%																																																				
Jan-25	58%																																																				
Feb-25	52%																																																				
Mar-25	48%																																																				
Apr-25	70%																																																				

<p><b>What does the data tell us?</b></p> <ul style="list-style-type: none"><li>The compliance rate for formal complaints responded to within the agreed timeframe is below the 90% target, with a decrease from 76% April to 68% in May.</li><li>The compliance rate has dropped below the mean, following a gradual downwards trend since January, although remains above the lower control limit. The position will be monitored closely.</li><li>Of the 62 complaints due for response in May, 42 were closed within the agreed timescale, 10 were outside the agreed timescale and 10 were still open at the time of reporting,</li><li>The overall response rate was impacted by a lower than usual response rate from the ASCR division.</li></ul> <p><b>Actions being taken to improve</b></p> <p>The Complaints/PALS Manager holds weekly meetings with divisional patient experience teams to review upcoming and overdue cases, addressing complexities and agreeing appropriate resolutions, including proportionate extensions where appropriate. A weekly complaints tracker is shared with senior divisional leaders to escalate overdue complaints and support timely resolution.</p> <p>Work continues with UHBW to align processes and timescales, helping to ensure more uniformed reporting. The Radar System is being updated with the new 10-day PALS concern timescale adopted by NBT. New concerns received from 1 June will be reported using the new 10-day timescale.</p> <p><b>Impact on forecast</b></p> <p>Current actions are expected to support stabilisation and gradual improvement in response times to return to or exceed the mean. However, if the ASCR divisions response rate does not return to usual levels, further targeted action may be required to avoid sustained impact on overall compliance. No revision to the forecast is required, but performance will be monitored closely. Divisions continue to prioritise timely complaint resolution, balancing this with the limits of available capacity.</p>	<p><b>What does the data tell us?</b></p> <p>In April 2025, 70% of complaints (28/40) were responded to by the agreed deadline, which is a notable improvement on previous months.</p> <p><b>Actions being taken to improve</b></p> <p>In April, 85.3% of PALS concerns (110/129, including informal complaints under the Trust’s previous taxonomy) were responded to by the agreed deadline. UHBW actively encourages informal resolution, where appropriate, to provide enquirers with faster responses to their questions. Reasons why complaints are not responded to within agreed deadlines are multi-factorial and will be explored as part of a complaints ‘deep dive’ at Quality and Outcomes Committee in June.</p> <p><b>Impact on forecast</b></p> <p>The improvement in April data is encouraging, but in the short term, based on the current standard timescale of 35 working days, it is likely that the timeliness of complaints responses received per month will remain below target.</p>
--	---

Our People

Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Well-Led	Workforce Turnover Rate	NBT	May-25	10.8%	11.3%	11.2%	P	L	Note Performance
		UHBW	May 25	9.9%	11.1%	10.3%	P	L	Note Performance
Well-Led	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	NBT	May-25	6.5%	5.1%	5.8%	F-	C	Escalation Summary
		UHBW	May 25	2.6%	4.0%	1.6%	P*	C	Note Performance
Well-Led	Sickness Rate	NBT	May-25	4.6%	4.4%	4.6%	F-	L	Escalation Summary
		UHBW	May 25	3.9%	4.5%	4.2%	P	C	Note Performance
Well-Led	Essential Training Compliance	NBT	May-25	83.2%	85.0%	87.3%	P	L	Escalation Summary
		UHBW	May-25	90.6%	90.0%	90.7%	P	H	Note Performance

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

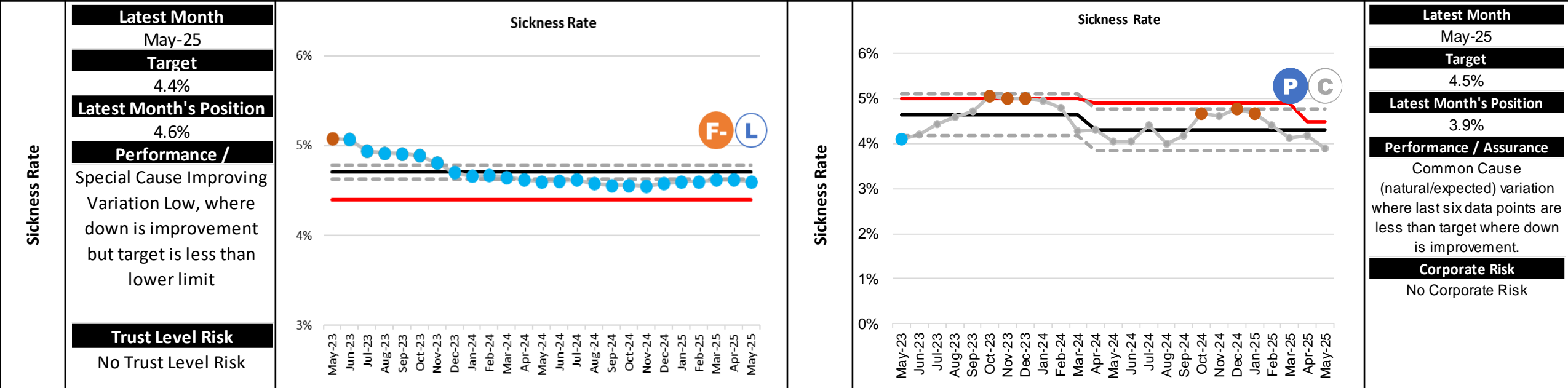
# Our People

## Vacancies

Vacancy Rate	Latest Month	May-25																																																				
	Target	5.1%																																																				
	Latest Month's Position	6.5%																																																				
	Performance /	Common Cause																																																				
	(natural/expected)	variation where up is improvement																																																				
Trust Level Risk	No Trust Level Risk																																																					
<div><h3>Vacancy Rate</h3><table><caption>Vacancy Rate Data (Left Chart)</caption><tr><th>Month</th><th>Vacancy Rate (%)</th></tr><tr><td>May-23</td><td>8.0</td></tr><tr><td>Jun-23</td><td>8.0</td></tr><tr><td>Jul-23</td><td>8.5</td></tr><tr><td>Aug-23</td><td>7.5</td></tr><tr><td>Sep-23</td><td>7.0</td></tr><tr><td>Oct-23</td><td>6.5</td></tr><tr><td>Nov-23</td><td>6.0</td></tr><tr><td>Dec-23</td><td>5.5</td></tr><tr><td>Jan-24</td><td>5.0</td></tr><tr><td>Feb-24</td><td>4.8</td></tr><tr><td>Mar-24</td><td>5.0</td></tr><tr><td>Apr-24</td><td>2.5</td></tr><tr><td>May-24</td><td>3.5</td></tr><tr><td>Jun-24</td><td>4.0</td></tr><tr><td>Jul-24</td><td>4.2</td></tr><tr><td>Aug-24</td><td>4.0</td></tr><tr><td>Sep-24</td><td>4.0</td></tr><tr><td>Oct-24</td><td>4.0</td></tr><tr><td>Nov-24</td><td>4.2</td></tr><tr><td>Dec-24</td><td>4.5</td></tr><tr><td>Jan-25</td><td>5.2</td></tr><tr><td>Feb-25</td><td>5.5</td></tr><tr><td>Mar-25</td><td>5.2</td></tr><tr><td>Apr-25</td><td>5.8</td></tr><tr><td>May-25</td><td>6.5</td></tr></table></div>			Month	Vacancy Rate (%)	May-23	8.0	Jun-23	8.0	Jul-23	8.5	Aug-23	7.5	Sep-23	7.0	Oct-23	6.5	Nov-23	6.0	Dec-23	5.5	Jan-24	5.0	Feb-24	4.8	Mar-24	5.0	Apr-24	2.5	May-24	3.5	Jun-24	4.0	Jul-24	4.2	Aug-24	4.0	Sep-24	4.0	Oct-24	4.0	Nov-24	4.2	Dec-24	4.5	Jan-25	5.2	Feb-25	5.5	Mar-25	5.2	Apr-25	5.8	May-25	6.5
Month	Vacancy Rate (%)																																																					
May-23	8.0																																																					
Jun-23	8.0																																																					
Jul-23	8.5																																																					
Aug-23	7.5																																																					
Sep-23	7.0																																																					
Oct-23	6.5																																																					
Nov-23	6.0																																																					
Dec-23	5.5																																																					
Jan-24	5.0																																																					
Feb-24	4.8																																																					
Mar-24	5.0																																																					
Apr-24	2.5																																																					
May-24	3.5																																																					
Jun-24	4.0																																																					
Jul-24	4.2																																																					
Aug-24	4.0																																																					
Sep-24	4.0																																																					
Oct-24	4.0																																																					
Nov-24	4.2																																																					
Dec-24	4.5																																																					
Jan-25	5.2																																																					
Feb-25	5.5																																																					
Mar-25	5.2																																																					
Apr-25	5.8																																																					
May-25	6.5																																																					
<p><b>What does the data tell us?</b></p> <p>Overall vacancies have increased in May by 67 wte predominantly in Nursing and Midwifery, Medical Staff and Administrative and Clerical Staff. Increases in establishment across all these staff groups predominantly associated with the Bristol Surgical Centre. Nursing and Midwifery vacancies also driven by low starter volumes seen during the spring/summer months and an increase in staff on maternity leave.</p> <p><b>Actions being taken to improve</b></p> <p>The target vacancy factor is based on the NHS England Operational Plan submission in Mar-26. The submission included assumptions about supply , particularly the Bristol Surgical Centre workforce and the anticipated impact of delivering savings which includes movement of our workforce capacity from support functions to front line clinical areas. Vacancy Factor is anticipated to fluctuate over the year as approach out year-end position.</p>																																																						
Vacancy Rate	Latest Month	May-25																																																				
	Target	4.0%																																																				
	Latest Month's Position	2.6%																																																				
	Performance / Assurance	Common Cause																																																				
	(natural/expected) variation,	where target is greater than upper limit where down is improvement.																																																				
Corporate Risk	No Corporate Risk																																																					
<div><h3>Vacancy Rate</h3><table><caption>Vacancy Rate Data (Right Chart)</caption><tr><th>Month</th><th>Vacancy Rate (%)</th></tr><tr><td>May-23</td><td>6.0</td></tr><tr><td>Jun-23</td><td>6.0</td></tr><tr><td>Jul-23</td><td>6.5</td></tr><tr><td>Aug-23</td><td>5.0</td></tr><tr><td>Sep-23</td><td>4.0</td></tr><tr><td>Oct-23</td><td>3.8</td></tr><tr><td>Nov-23</td><td>3.2</td></tr><tr><td>Dec-23</td><td>2.8</td></tr><tr><td>Jan-24</td><td>2.5</td></tr><tr><td>Feb-24</td><td>2.2</td></tr><tr><td>Mar-24</td><td>2.8</td></tr><tr><td>Apr-24</td><td>0.5</td></tr><tr><td>May-24</td><td>2.5</td></tr><tr><td>Jun-24</td><td>3.2</td></tr><tr><td>Jul-24</td><td>4.0</td></tr><tr><td>Aug-24</td><td>3.5</td></tr><tr><td>Sep-24</td><td>3.2</td></tr><tr><td>Oct-24</td><td>2.5</td></tr><tr><td>Nov-24</td><td>2.8</td></tr><tr><td>Dec-24</td><td>3.0</td></tr><tr><td>Jan-25</td><td>3.2</td></tr><tr><td>Feb-25</td><td>3.0</td></tr><tr><td>Mar-25</td><td>3.0</td></tr><tr><td>Apr-25</td><td>1.5</td></tr><tr><td>May-25</td><td>2.5</td></tr></table></div>			Month	Vacancy Rate (%)	May-23	6.0	Jun-23	6.0	Jul-23	6.5	Aug-23	5.0	Sep-23	4.0	Oct-23	3.8	Nov-23	3.2	Dec-23	2.8	Jan-24	2.5	Feb-24	2.2	Mar-24	2.8	Apr-24	0.5	May-24	2.5	Jun-24	3.2	Jul-24	4.0	Aug-24	3.5	Sep-24	3.2	Oct-24	2.5	Nov-24	2.8	Dec-24	3.0	Jan-25	3.2	Feb-25	3.0	Mar-25	3.0	Apr-25	1.5	May-25	2.5
Month	Vacancy Rate (%)																																																					
May-23	6.0																																																					
Jun-23	6.0																																																					
Jul-23	6.5																																																					
Aug-23	5.0																																																					
Sep-23	4.0																																																					
Oct-23	3.8																																																					
Nov-23	3.2																																																					
Dec-23	2.8																																																					
Jan-24	2.5																																																					
Feb-24	2.2																																																					
Mar-24	2.8																																																					
Apr-24	0.5																																																					
May-24	2.5																																																					
Jun-24	3.2																																																					
Jul-24	4.0																																																					
Aug-24	3.5																																																					
Sep-24	3.2																																																					
Oct-24	2.5																																																					
Nov-24	2.8																																																					
Dec-24	3.0																																																					
Jan-25	3.2																																																					
Feb-25	3.0																																																					
Mar-25	3.0																																																					
Apr-25	1.5																																																					
May-25	2.5																																																					
<p>No narrative required as per business rules.</p>																																																						

# Our People

## Sickness Absence



**What does the data tell us?**

The Trust rolling 12-month sickness absence rate has shown statistically significant improvement but have plateaued at 4.6% against an ongoing target of 4.4%. Our in-month position for May-25 is 3.9%.

**Actions being taken to improve**

People Advice Team working with Divisions to take a more proactive approach to case management to resolve complex sickness absence cases. Redeployment policy to be reviewed across the Group to provide further avenue for resolution of cases.

NBT Staff Health and Wellbeing Plan approved at People Leadership Group.

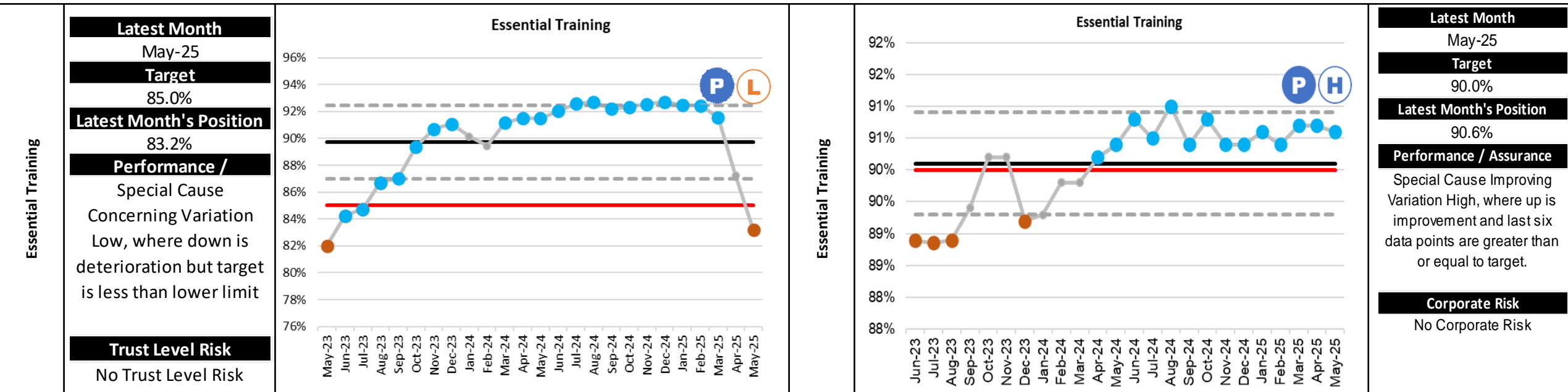
Year 1 long term areas of focus include:

- Creation of MSK taskforce group to prevent and reduce MSK absence across HG.
- NHS Charities together bid for Fatigue Risk Management project across HG submitted. Outcome expected August 2025.
- Staff Treatment Fast Track Pilot across HG taskforce group created for delivery
- Embedding Staff experience and culture group pilots in selected divisions to improve delivery of Health & Wellbeing, Culture and EDI work in divisions at NBT.
- Embedding a culture of staff health and wellbeing at NBT – workstream underway.

No narrative required as per business rules.

# Our People

## Mandatory and Statutory Training



### What does the data tell us?

Overall, our compliance against the top 11 national training requirements and Oliver McGowan is 83% in May-25 (from 87% in Ap-25), below our target of 85%. The recent provision and addition of the Oliver McGowan Level 2 – Face to Face training requirement for Patient Facing and Clinical staff has caused compliance to deteriorate.

### Actions being taken to improve

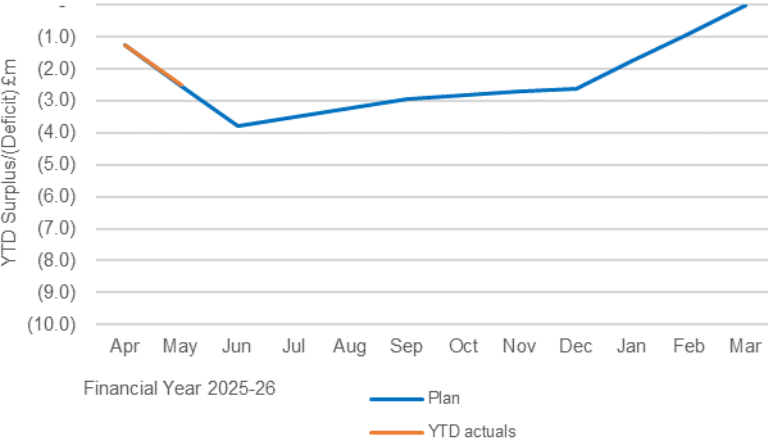
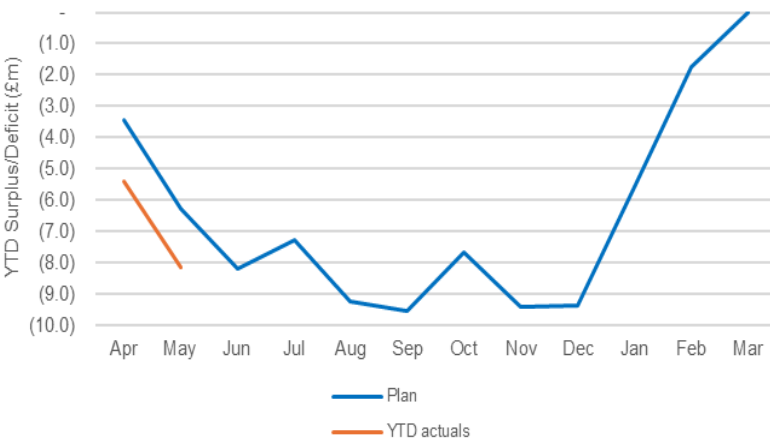
Training for Level 2 is delivered by the ICB and between June and September there are 50 Level 2 events available across the ICB geographical area, and these events are for UHBW, AWP, Sirona and Hospices. We are actively working with the ICB to determine the number of places that NBT staff are likely to be able to access and we will be pro-actively promoting these to staff and have put in place mechanisms to improve access to training.

NHS England has a three-year expectation that providers will put all relevant staff through all aspects of Oliver McGowan in that time and NBT is part of coordinated work to ensure we train 1/3 of relevant staff each year.

No narrative required as per business rules.

Income & Expenditure

Actual Vs Plan (YTD)

	Latest Month	<div><div>YTD Plan vs Actuals</div></div>	<div><div>YTD Plan vs Actuals</div></div>	
	May-25			
	Year to Date Plan			
	£(2.6m) deficit			
	Year to Date Actual			
Summary		<div><div>Summary</div><ul style="list-style-type: none"><li>The financial plan for 2025/26 in Month 2 was a deficit of £1.2m. The Trust has delivered a £1.2m deficit and is on plan. Year to date the Trust has delivered a £0.1m favourable position to a £2.6m deficit plan.</li><li>In Month 2, 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.</li><li>Underperformance in Elective Recovery activity in month is driving an adverse income variance of £0.6m. Additionally, overspends of £0.4m on Independent Sector to support delivery of performance are contributing a total adverse variance of £1m due to Elective Performance Delivery.</li><li>In month, these variances are offset by £1.4m of non-recurrent benefits, including Welsh income, interest receivable and one-off income receipts.</li><li>Whilst the Trust over-delivered against the recurrent Month 2 savings target (£4.6m year to date against a plan of £4.2m), there was a shortfall against in month delivery of £1.6m. This was offset in month by non-recurrent savings from consultant and AFC vacancies.</li></ul><div><div>Key risks</div><ul style="list-style-type: none"><li>The Month 2 financial position is dependent on non-recurrent benefits which cannot be assumed to be available throughout the year, underlying challenges in ERF delivery and NCTR will therefore need to be addressed if the Trust is to break even at year end.</li><li>Continued CIP delivery to plan will be required to allow the Trust to breakeven.</li></ul></div></div>	<div><div>Summary</div><ul style="list-style-type: none"><li>The financial plan for 2025/26 in month 2 is a deficit of £2.8m. The actual deficit in May is on plan at £2.8m. The year to date position at the end of May is a net deficit of £8.1m against a deficit plan of £6.2m. The Trust is, therefore, adverse to plan by £1.9m, unchanged from last month.</li><li>The significant variance against plan is primarily due to the £1.7m shortfall in savings delivery mainly across non-pay operating expenditure. The remaining adverse position against plan is due to increased non-pay costs driven by higher levels of clinical activity.</li><li>Pay expenditure is broadly in line with plan YTD. Although, staff in post (substantive, bank and agency) exceeding funded establishment continues to cause pressures across nursing and medical budgets.</li><li>Agency and bank expenditure increased in May. Agency expenditure in month is £0.7m, compared with £0.5m in April. Bank expenditure in month is £4.3m, compared with £4.2m in May. However, year to date bank and agency expenditure is below plan.</li><li>Over the past twelve months, the number of No Criteria To Reside (NCTR) patients has increased from 155 to 195 in May. This equates to 22.3% of the Trust’s bed base being occupied by NCTR patients.</li></ul><div><div>Key risks</div><ul style="list-style-type: none"><li>A shortfall in savings delivery will result in failure to achieve the break-even plan without a step change in delivery within Clinical Divisions and Corporate Services.</li><li>Central mitigations of £25m necessary to support the break-even plan are not fully identified. However, as at the end of May central mitigations of £10m have been identified.</li></ul></div></div>	
	Latest Month			
	May-25			
	Year to Date Plan			
	£(6.2m) deficit			
	Year to Date Actual	<div><div>Year to Date Actual</div><div>£(8.1m) deficit</div></div>		

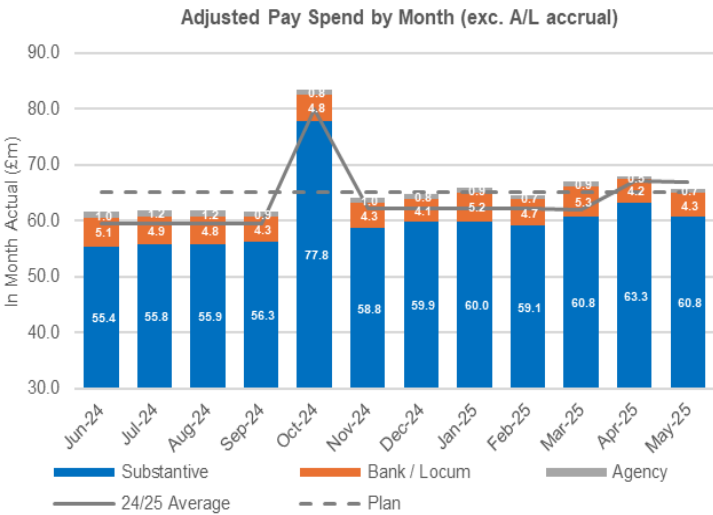
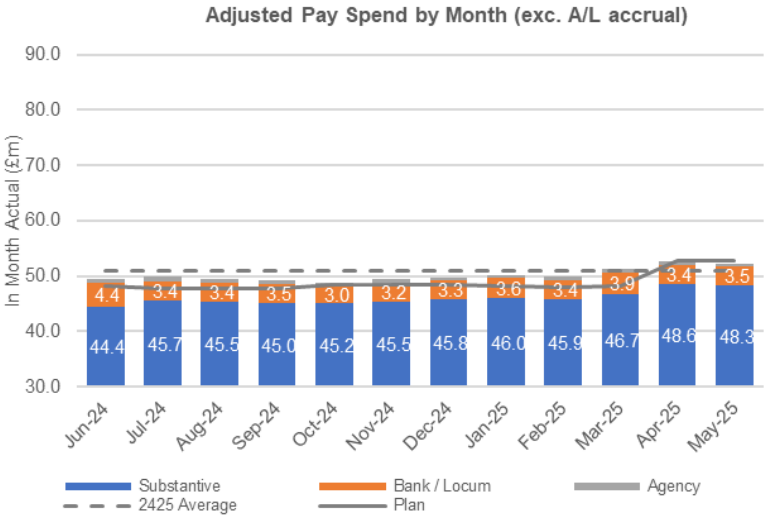
CIP

Actual Vs Plan (YTD)


Workforce

Pay Costs Vs Plan Run Rate

Latest Month
May-25
In- Month Plan
£52.7m
In-Month Actual
£52.2m



Latest Month
May-25
In-Month Plan
£67.0m
In-Month Actual
£65.7m

Summary
<ul style="list-style-type: none"><li>Pay spend is £0.5m favourable in month, when adjusted for pass through items, the revised position is on plan. The main drivers which offset are:</li><li>In year CIP- £0.8m adverse, in month impact of recurrent CIP delivery</li><li>Nursing - £0.4m adverse, escalation and enhanced care driven by NCTR and acuity</li><li>Vacancies - £1.3m favourable, consultant vacancies in Anaesthetics and Imaging and AfC vacancies in Genetics and Facilities. Facilities and ASCR vacancies relate to Bristol Surgical Centre posts not yet fully recruited.</li><li>In month agency spend is £0.4m and bank/locum spend is £3.5m.</li></ul>

Summary
<ul style="list-style-type: none"><li>Total pay expenditure in May is £65.7m, £2.3m lower than last month and £1.3m lower than the plan for May.</li><li>The reduction in expenditure in month is primarily due to a reassessment of central, trust-wide accounting provisions. Excluding this adjustment, overall pay costs are higher than plan primarily due to the overall staffing cost of nursing exceeding budgeted establishments. In April the nursing over-establishment was 416 wte or 8%. In May the over-establishment reduced to 264wte or 5%.</li><li>Agency expenditure increased in May to £0.7m from £0.5m in April. However, year to date agency expenditure is 23% below plan.</li><li>Bank expenditure is £4.3m in May compared with £4.2m in April. However, year to date bank expenditure is 5% below plan.</li><li>Workforce controls and the expected reduction in staff in post back to establishment remains the focus of Divisions supported by the Trust’s Deputy Chief Nurses.</li></ul>

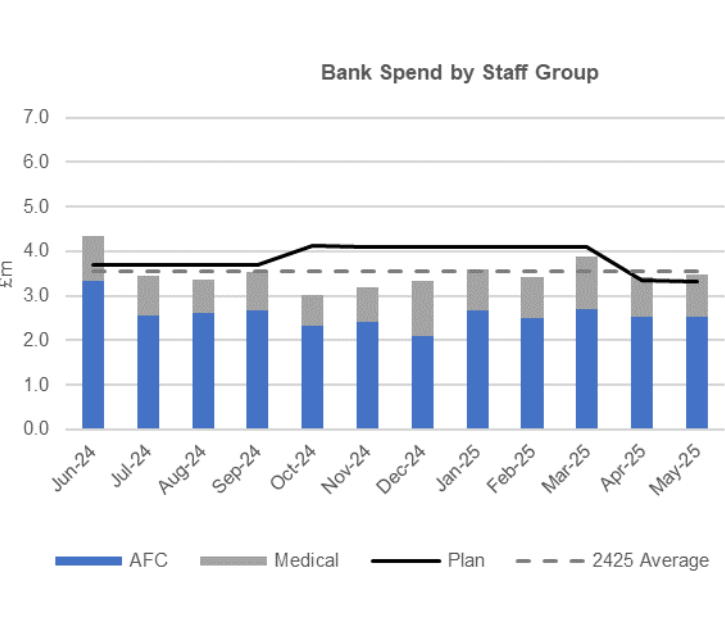
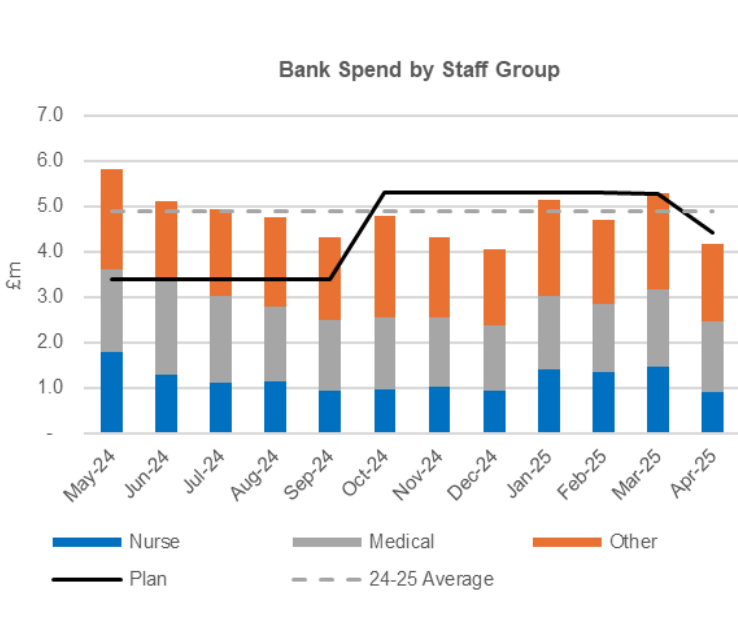
Temporary Staffing

Agency Costs Vs Plan Run Rate

	<table><tr><td>Latest Month</td></tr><tr><td>May-25</td></tr><tr><td>In-Month Plan</td></tr><tr><td>£0.4m</td></tr><tr><td>In-Month Actual</td></tr><tr><td>£0.4m</td></tr></table>	Latest Month	May-25	In-Month Plan	£0.4m	In-Month Actual	£0.4m	<table><tr><td>Agency Spend by Staff Group</td></tr><tr><td><table><caption>Agency Spend by Staff Group (Left Chart)</caption><tr><th>Month</th><th>AFC (£m)</th><th>RMN (£m)</th><th>Medical (£m)</th><th>Agency Plan (£m)</th><th>24-25 Average (£m)</th></tr><tr><td>Jun-24</td><td>0.30</td><td>0.05</td><td>0.45</td><td>1.55</td><td>0.75</td></tr><tr><td>Jul-24</td><td>0.35</td><td>0.05</td><td>0.35</td><td>1.55</td><td>0.75</td></tr><tr><td>Aug-24</td><td>0.25</td><td>0.05</td><td>0.40</td><td>1.55</td><td>0.75</td></tr><tr><td>Sep-24</td><td>0.25</td><td>0.05</td><td>0.40</td><td>1.55</td><td>0.75</td></tr><tr><td>Oct-24</td><td>0.30</td><td>0.05</td><td>0.30</td><td>1.65</td><td>0.75</td></tr><tr><td>Nov-24</td><td>0.45</td><td>0.05</td><td>0.30</td><td>1.65</td><td>0.75</td></tr><tr><td>Dec-24</td><td>0.30</td><td>0.05</td><td>0.25</td><td>1.65</td><td>0.75</td></tr><tr><td>Jan-25</td><td>0.35</td><td>0.05</td><td>0.20</td><td>1.65</td><td>0.75</td></tr><tr><td>Feb-25</td><td>0.30</td><td>0.05</td><td>0.20</td><td>1.65</td><td>0.75</td></tr><tr><td>Mar-25</td><td>0.40</td><td>0.05</td><td>0.20</td><td>1.65</td><td>0.75</td></tr><tr><td>Apr-25</td><td>0.35</td><td>0.05</td><td>0.15</td><td>0.55</td><td>0.75</td></tr><tr><td>May-25</td><td>0.25</td><td>0.05</td><td>0.10</td><td>0.45</td><td>0.75</td></tr></table></td></tr></table>	Agency Spend by Staff Group	<table><caption>Agency Spend by Staff Group (Left Chart)</caption><tr><th>Month</th><th>AFC (£m)</th><th>RMN (£m)</th><th>Medical (£m)</th><th>Agency Plan (£m)</th><th>24-25 Average (£m)</th></tr><tr><td>Jun-24</td><td>0.30</td><td>0.05</td><td>0.45</td><td>1.55</td><td>0.75</td></tr><tr><td>Jul-24</td><td>0.35</td><td>0.05</td><td>0.35</td><td>1.55</td><td>0.75</td></tr><tr><td>Aug-24</td><td>0.25</td><td>0.05</td><td>0.40</td><td>1.55</td><td>0.75</td></tr><tr><td>Sep-24</td><td>0.25</td><td>0.05</td><td>0.40</td><td>1.55</td><td>0.75</td></tr><tr><td>Oct-24</td><td>0.30</td><td>0.05</td><td>0.30</td><td>1.65</td><td>0.75</td></tr><tr><td>Nov-24</td><td>0.45</td><td>0.05</td><td>0.30</td><td>1.65</td><td>0.75</td></tr><tr><td>Dec-24</td><td>0.30</td><td>0.05</td><td>0.25</td><td>1.65</td><td>0.75</td></tr><tr><td>Jan-25</td><td>0.35</td><td>0.05</td><td>0.20</td><td>1.65</td><td>0.75</td></tr><tr><td>Feb-25</td><td>0.30</td><td>0.05</td><td>0.20</td><td>1.65</td><td>0.75</td></tr><tr><td>Mar-25</td><td>0.40</td><td>0.05</td><td>0.20</td><td>1.65</td><td>0.75</td></tr><tr><td>Apr-25</td><td>0.35</td><td>0.05</td><td>0.15</td><td>0.55</td><td>0.75</td></tr><tr><td>May-25</td><td>0.25</td><td>0.05</td><td>0.10</td><td>0.45</td><td>0.75</td></tr></table>	Month	AFC (£m)	RMN (£m)	Medical (£m)	Agency Plan (£m)	24-25 Average (£m)	Jun-24	0.30	0.05	0.45	1.55	0.75	Jul-24	0.35	0.05	0.35	1.55	0.75	Aug-24	0.25	0.05	0.40	1.55	0.75	Sep-24	0.25	0.05	0.40	1.55	0.75	Oct-24	0.30	0.05	0.30	1.65	0.75	Nov-24	0.45	0.05	0.30	1.65	0.75	Dec-24	0.30	0.05	0.25	1.65	0.75	Jan-25	0.35	0.05	0.20	1.65	0.75	Feb-25	0.30	0.05	0.20	1.65	0.75	Mar-25	0.40	0.05	0.20	1.65	0.75	Apr-25	0.35	0.05	0.15	0.55	0.75	May-25	0.25	0.05	0.10	0.45	0.75	<table><tr><td>Latest Month</td></tr><tr><td>May-25</td></tr><tr><td>In-Month Plan</td></tr><tr><td>£0.8m</td></tr><tr><td>In-Month Actual</td></tr><tr><td>£0.7m</td></tr></table>	Latest Month	May-25	In-Month Plan	£0.8m	In-Month Actual	£0.7m
Latest Month																																																																																															
May-25																																																																																															
In-Month Plan																																																																																															
£0.4m																																																																																															
In-Month Actual																																																																																															
£0.4m																																																																																															
Agency Spend by Staff Group																																																																																															
<table><caption>Agency Spend by Staff Group (Left Chart)</caption><tr><th>Month</th><th>AFC (£m)</th><th>RMN (£m)</th><th>Medical (£m)</th><th>Agency Plan (£m)</th><th>24-25 Average (£m)</th></tr><tr><td>Jun-24</td><td>0.30</td><td>0.05</td><td>0.45</td><td>1.55</td><td>0.75</td></tr><tr><td>Jul-24</td><td>0.35</td><td>0.05</td><td>0.35</td><td>1.55</td><td>0.75</td></tr><tr><td>Aug-24</td><td>0.25</td><td>0.05</td><td>0.40</td><td>1.55</td><td>0.75</td></tr><tr><td>Sep-24</td><td>0.25</td><td>0.05</td><td>0.40</td><td>1.55</td><td>0.75</td></tr><tr><td>Oct-24</td><td>0.30</td><td>0.05</td><td>0.30</td><td>1.65</td><td>0.75</td></tr><tr><td>Nov-24</td><td>0.45</td><td>0.05</td><td>0.30</td><td>1.65</td><td>0.75</td></tr><tr><td>Dec-24</td><td>0.30</td><td>0.05</td><td>0.25</td><td>1.65</td><td>0.75</td></tr><tr><td>Jan-25</td><td>0.35</td><td>0.05</td><td>0.20</td><td>1.65</td><td>0.75</td></tr><tr><td>Feb-25</td><td>0.30</td><td>0.05</td><td>0.20</td><td>1.65</td><td>0.75</td></tr><tr><td>Mar-25</td><td>0.40</td><td>0.05</td><td>0.20</td><td>1.65</td><td>0.75</td></tr><tr><td>Apr-25</td><td>0.35</td><td>0.05</td><td>0.15</td><td>0.55</td><td>0.75</td></tr><tr><td>May-25</td><td>0.25</td><td>0.05</td><td>0.10</td><td>0.45</td><td>0.75</td></tr></table>	Month	AFC (£m)	RMN (£m)	Medical (£m)	Agency Plan (£m)	24-25 Average (£m)	Jun-24	0.30	0.05	0.45	1.55	0.75	Jul-24	0.35	0.05	0.35	1.55	0.75	Aug-24	0.25	0.05	0.40	1.55	0.75	Sep-24	0.25	0.05	0.40	1.55	0.75	Oct-24	0.30	0.05	0.30	1.65	0.75	Nov-24	0.45	0.05	0.30	1.65	0.75	Dec-24	0.30	0.05	0.25	1.65	0.75	Jan-25	0.35	0.05	0.20	1.65	0.75	Feb-25	0.30	0.05	0.20	1.65	0.75	Mar-25	0.40	0.05	0.20	1.65	0.75	Apr-25	0.35	0.05	0.15	0.55	0.75	May-25	0.25	0.05	0.10	0.45	0.75																	
Month	AFC (£m)	RMN (£m)	Medical (£m)	Agency Plan (£m)	24-25 Average (£m)																																																																																										
Jun-24	0.30	0.05	0.45	1.55	0.75																																																																																										
Jul-24	0.35	0.05	0.35	1.55	0.75																																																																																										
Aug-24	0.25	0.05	0.40	1.55	0.75																																																																																										
Sep-24	0.25	0.05	0.40	1.55	0.75																																																																																										
Oct-24	0.30	0.05	0.30	1.65	0.75																																																																																										
Nov-24	0.45	0.05	0.30	1.65	0.75																																																																																										
Dec-24	0.30	0.05	0.25	1.65	0.75																																																																																										
Jan-25	0.35	0.05	0.20	1.65	0.75																																																																																										
Feb-25	0.30	0.05	0.20	1.65	0.75																																																																																										
Mar-25	0.40	0.05	0.20	1.65	0.75																																																																																										
Apr-25	0.35	0.05	0.15	0.55	0.75																																																																																										
May-25	0.25	0.05	0.10	0.45	0.75																																																																																										
Latest Month																																																																																															
May-25																																																																																															
In-Month Plan																																																																																															
£0.8m																																																																																															
In-Month Actual																																																																																															
£0.7m																																																																																															
Summary	<div>Summary</div> <div>Monthly Trend</div> <ul style="list-style-type: none"><li>Agency spend in May has decreased compared to April and has reduced against run rate. This has largely been seen in CCS but is a result of costs coming in lower than expected against year-end accruals.</li><li>Overall spend in month is driven by consultant agency usage in Medicine covering vacancies, as well Healthcare Scientists in Cardiology to deliver ECHO activity.</li></ul> <div>In Month vs Prior Year</div> <ul style="list-style-type: none"><li>Trust wide agency spend in May is below 2024/25 spend. This is due to increased controls being implemented across divisions from November last year, and their continued impact.</li></ul>	<div>Summary</div> <div>Monthly Trend</div> <ul style="list-style-type: none"><li>Agency expenditure in May is £0.7m, £0.1m lower than plan but is higher than April's agency expenditure of £0.5m. The year to date position is £0.4m or 23% lower than plan.</li><li>Agency expenditure is 1.1% of total pay costs.</li><li>Agency usage continues to be largely driven by absence and additional escalation bed capacity across nursing and medical staffing due to no improvement in the Trust's NCTR position. Use of registered mental health nurses is also a key driver.</li><li>Nurse agency shifts increased by 74 or 16% in May compared with April.</li><li>Nurse agency spend is £0.2m higher than April due to an increase in both the number of shifts filled and the average cost per shift.</li><li>Medical agency expenditure is in line with last month. The number of shifts covered has decreased from 267 in April to 225 in May.</li></ul> <div>In Month vs Prior Year</div> <ul style="list-style-type: none"><li>Trustwide agency spend in May of £0.7m is significantly below May 2024 spend of £1.3m. This is due to increased controls and scrutiny implemented across Divisions with the support of the Trust's Deputy Chief Nurses from November last year.</li></ul>																																																																																													

Temporary Staffing

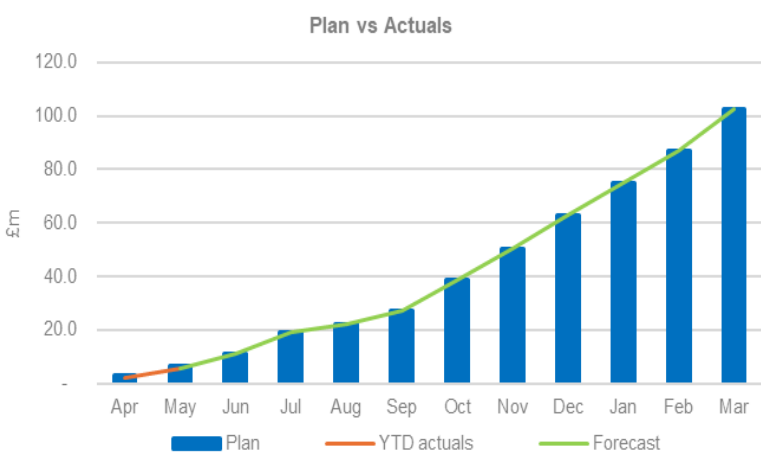
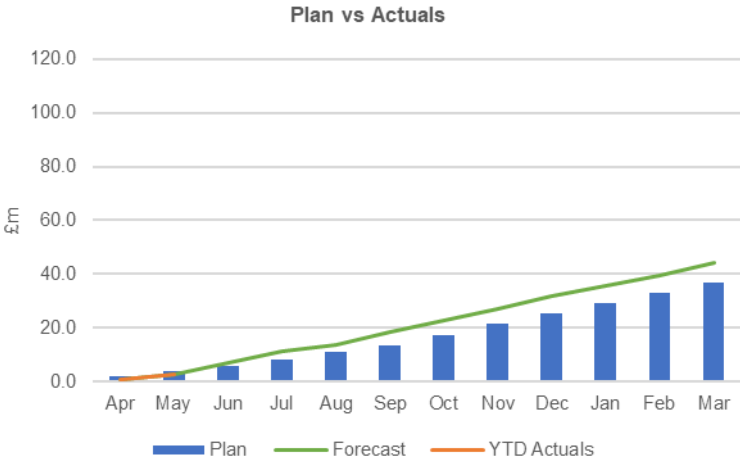
Bank Costs Vs Plan Run Rate

	Latest Month	<div>Bank Spend by Staff Group</div> 		<div>Bank Spend by Staff Group</div> 	
	May-25				
	In-Month Plan				
	£3.3m				
	In-Month Actual				
	£3.5m				
Summary	Summary				
	Monthly Trend				
	<ul style="list-style-type: none"><li>In May, there has been a slight increase in bank spend, however this is broadly in line with the run rate. This has been seen within Medical staff with a small increase in waiting list initiatives compared to April. AfC has been flat month on month.</li><li>Included in Other is the impact of Locums Nest arrangements and the UHBW collaborative bank, where the Trust's doctors and nurses work shifts for other local providers. These costs are recharged and so do not represent additional cost to the Trust.</li></ul>				
	In Month vs Prior Year				
	<ul style="list-style-type: none"><li>Bank spend in month is lower than 2024/25 spend, however 2024/25 spend reduced significantly in the second half of the year due to additional controls put in place. Against the post-control run rate May is broadly in line.</li></ul>				
Summary	Summary				
	Monthly Trend				
	<ul style="list-style-type: none"><li>Bank costs in May are £4.3m, an increase of £0.1m from £4.2m in April. This includes £1.5m relating to medical bank and £1.0m relating to registered nurse bank.</li><li>Nurse bank expenditure increased by £0.1m in May to £1.0m compared with April, whilst shifts decreased by 298 or 4% . The average cost per shift increased by 23% compared with the previous month.</li><li>Medical bank decreased in May by £0.1m to £1.5m and remains in line with average for the last 6 months.</li><li>There was no movement in other bank usage in May, with costs in month remaining at £1.8m.</li></ul>				
	In Month vs Prior year				
	<ul style="list-style-type: none"><li>Bank expenditure in May is £1.5m or 26% lower than the same period last year, due to increased nursing controls and scrutiny introduced during 204/25.</li></ul>				

Capital

Actual Vs Plan

	Latest Month			Latest Month	
	May-25			May-25	
	In-Month Plan			In-Month Plan	
	£1.3m			£3.3m	
	In-Month Actual			In-Month Actual	
	£2.1m			£3.2m	



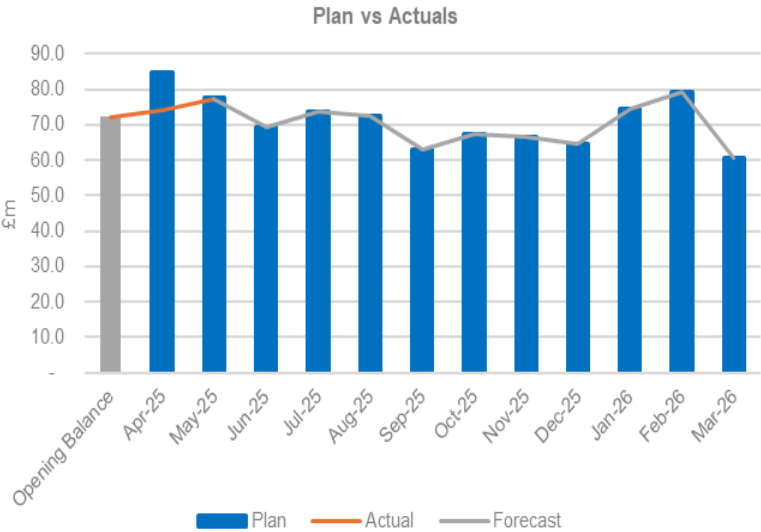
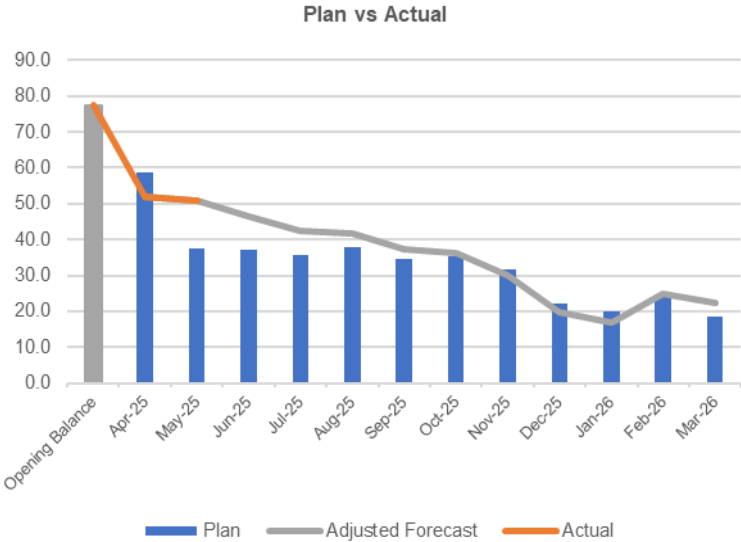
Summary	<div><div>Summary</div><ul style="list-style-type: none"><li>The Trust currently has a system capital allocation of £19.4m for 2025/26. A further £6.9m of projects have been taken forwards for national funding.</li><li>Overall spend in Month 2 was £2.1m, of which £1.9m was against the Bristol Surgical Centre. This takes the overall year to date spend to £2.9m, of which £2.5m is against the Bristol Surgical Centre.</li><li>Work is currently underway to develop phased plans for all items on the capital plan for this financial year.</li><li>Overall spend on the Bristol Surgical Centre to date is £44.5m, of which £35.6m relates to the main construction contract.</li><li>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.</li></ul></div>
---------	---

Summary	<div><div>Summary</div><ul style="list-style-type: none"><li>Following NHSE confirmation of capital funding allocations of £55.2m, the Trust submitted a revised 2025/26 capital plan to NHSE on 30<sup>th</sup> April 2025 totalling £102.7m. The sources of funding include:<ul style="list-style-type: none"><li>-£40.6m CDEL allocations from the BNSSG ICS capital envelope;</li><li>-£55.2m PDC matched with CDEL from NHSE including centrally allocated schemes; and</li><li>-£1.5m for donated asset purchases.</li></ul></li><li>YTD expenditure at the end of May is £5.5m, £1.0m behind the plan of £6.5m.</li><li>The main drivers of the position are slippage on Operational Capital (£2.3m), offset by overperformance against Estates Schemes (£1.2m).</li><li>Management of the delivery of the capital plan will be through the Trust’s Capital Group, Strategic Estates Development Program Board and Capital Program Oversight Group. Oversight of the delivery will be via the Trust’s Capital Program Steering Group.</li></ul><div><div>Risks</div><ul style="list-style-type: none"><li>CPSG received the revised 2025/26 capital plan at its meeting on 15<sup>th</sup> May 2025. A capital program delivery plan will be produced in June/July after consideration of regulatory, planning, access and project management capacity factors.</li><li>A 2025/26 capital program delivery plan will also consider options for managing the Trust’s CDEL with partners. This will be presented to July’s Finance Digital and Estates Committee.</li></ul></div></div>
---------	--

Cash

Actual Vs Plan

Latest Month
May-25
Target
£37.6m
Actual
£50.9m



Latest Month
May-25
Target
£77.8m
Actual
£77.2m

- Summary**
- In month cash is £50.9m, which is a £1.1m decrease from April driven by the Trust I&E position
  - The cash balance has decreased by £26.5m year to date, driven by the movements in payables due to the high level of capital cash spend, linked to items purchased at the end of 2024/25, and the payment of large maintenance contracts.
  - Cash balances are £13.3m above plan, primarily driven by a lower than anticipated capital cash spend (£14m). These variances are anticipated to reduce over the coming months.

- Summary**
- The Trust’s cash balance as at 30<sup>th</sup> May 2025 is £77.2m. The cash position is marginally (or 1%) below plan but is an increase of £4.9m since the 31<sup>st</sup> March 2025.
  - The increase of £4.9m is due to a net cash inflow generated from revenue operating activities of £15.5m, offset by net investing activities (capital) cash outflow of £9.2m and financing activities (loan and lease principal repayment) cash outflow of £1.4m.
  - The cash position forecast remains within the range of £60.8m to £78m throughout the financial year. The predicted reduction in cash is due to financing obligations of £14.0m relating to the repayment of loan principal and the capital element of leases. The capital programme is funded in cash terms via NHSE public divided capital and internal depreciation.
  - The forecast year end cash balance is £60.8m.

## Assurance and Variation Icons – Detailed Description

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

KEY
Note Performance
Constitutional Standards and Key Metrics = Escalation Summary