

Integrated Quality and Performance Report

Month of Publication June 2025

Data up to April 2025

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Key to KPI Variation and Assurance Icons

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

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

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

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

Further Reading / Other Resources

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

[NHS England » Making data count](#)

Scorecards Explained

How a target or threshold is set. Pressure effects of this.

Scorecards Explained

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

Name of Metric/KPI.

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

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

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

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

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

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

The actual performance for the most recent month.

The actual performance for the previous month.

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

Business Rules and Actions

Assurance						Variation			
					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

ED 4-hour performance dropped slightly during April, with UHBW reporting 75.3% for all attendance types, including footprint uplift (75.4% in March). For NBT, ED 4-hour performance deteriorated marginally to 60.61% for April 2025 (68.9% with footprint uplift).

A combination of increasing demand, high bed occupancy, continued high levels of NCTR and rising numbers of 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. NBT has invited GIRFT to review the UEC programme and support in embedding best practice from other parts of the NHS.

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

In line with national ambitions, no patient is waiting longer than 65 weeks at NBT. 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 eight patients waiting beyond 65 weeks at the end of April. 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.

Diagnostics

For the eighth consecutive month, NBT's diagnostic performance has achieved the national constitutional standard – going beyond the target of no more than 5% breaching six-week waits. The actual breach rate in April was less than 1%. The Trust also remains compliant with the maximum 13-week wait with no patients waiting beyond 13-weeks.

UHBW has delivered against plan in April with performance of 17.8% reported against the plan of 18.5%. Diagnostic recovery plans are in place to continue to meet the recovery trajectory, with improvement in performance expected during Q1.

Cancer Wait Time Standards

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

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 in March 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. To achieve the overall 62-Day breach standard in 2025/26, NBT will now focus on improvements in some of the most challenging pathways/backlogs - including the high volume and high-complexity Urology pathway (in particular, robotic prostatectomy).

Executive Summary – Group Update

Quality, Safety and Effectiveness

Patient Experience

Patient Safety & Clinical Effectiveness

UHBW had 11 cases of *Clostridium Difficile* in April 2025, nine Hospital Onset Healthcare Associated (HOHA) and two Community Onset Healthcare Associated (COHA). The NHSE limit for UHBW for 2025/26 is set at 109 cases with a monthly trajectory of 9.08 cases per month. The UK Health Security Agency (UKHSA) have triggered a national incident to increase scrutiny of the national increase in *C. difficile*. An active surveillance system of *C. difficile* strains circulating in England commenced in April 2025. This will align with surveillance strategies in most of the other UK nations and beyond and will allow greater vigilance in the tracking and monitoring of *C. difficile* nationally and internationally. UHBW is one of the sentinel sites participating in the surveillance. NBT had 4 cases in April 2025, below the monthly trajectory for the first time for 8 months. NBT did see one MRSA case in the month, the first for 5 months. Close working between the trusts continues to share learning, align and hone approaches and actions where appropriate in the local context.

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

During April 2025, UHBW had 271 medication related incidents. Three medication incidents were reported as causing moderate, or severe harm or death this month. The dataset pre-April 2025 is based on previous harm descriptors in place in the Trust. The data indicates a good reporting culture with a low number of harm incidents compared to number of incidents. No specific themes have been identified arising from the low number of medication incidents associated with moderate and above harm following review at the multidisciplinary Medicines Governance Group. The implementation of CMM, as referenced above, is envisaged to reduce risks associated with processes for prescribing and medicines administration. Both trusts have been working actively on reducing allergy related medication incidents. CMM will also play a role in reducing risks in this respect alongside wider actions of continued importance even once CMM is live.

Martha's Rule is a national quality improvement project designed to identify patient deterioration earlier before becoming evident in patients' physiological observations through use of daily patient wellness questionnaires and by providing a route for patients, families and staff to call and a request a review by a rapid response critical care practitioner if they remain concerned. This is being tested and implemented collaboratively across both trusts who are both benefiting from a shared learning and improvement approach for each of the elements of Martha's Rule.

Patient & Carer Experience

Provisional data for March 2025 (reported one month in arrears): a total of 173 complaints were received by UHBW in March 2025, 32 of which were recorded as formal, 105 as informal and 36 as PALS concerns. Data since January 2024 has been reviewed and re-calculated in response to the reported pattern of falling numbers of formal complaints, also taking into account closer alignment with NBT in terms of how we calculate our data. The pattern of the adjusted data is within expected variation. For NBT compliance with timely responses dipped slightly to 76% in April, albeit within the expected statistical range. Weekly meetings are being held with clinical divisions to keep focus on live cases. 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 11.2% in April, below the NBT target of 11.3% for 2025/26. At UHBW turnover is 10.3% in April and below target.

The vacancy rate at NBT has increased from 5.3% to 5.8% in April predominantly driven by increases in establishment and staff on maternity leave. At UHBW the vacancy rate for April is 1.6% which has reduced from 3% the previous month.

For NBT, sickness remains at 4.6% which is above the target of 4.4% and for UHBW it is 4.1% which remains the same as the previous month and below target.

Essential Training

In April NBT moved to align with UHBW, reporting the NHS England 11 Core Skills Training Framework topics plus Oliver McGowan as its aggregate training compliance score.

Overall essential training compliance at NBT fell by 5% to 87% whilst above Trust target (85%), the impact of the additional Oliver McGowan part two training and the inclusion of Preventing Radicalisation (67.7%) negatively impacted Trust wide compliance. Prior reporting of the Oliver McGowan compliance previously only provided data on part 1 (eLearning element of the programme) due to the unavailability of part 2 training sessions. Therefore, the recent inclusion of part 2 data has negatively impacted the Trust and Oliver McGowan compliance rate (64.83%) and the overall compliance rate.

Overall essential training compliance within UHBW is at 90.6%, above the target of 90%. It fell by 0.1% upon the previous month. Compliance is above target in most of the core skills subjects, with the exception of manual handling (78.4%), resuscitation (75.7%) and information governance (89.6%).

Finance

In Month 1 (April) NBT delivered a £1.2m deficit position which was on plan. UHBW delivered a £1.9m adverse position against a £3.5m deficit plan. The deterioration in the UHBW position was driven by a shortfall in savings delivery in month. Pay spend within NBT is £0.1m favourable to plan, 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. UHBW pay was £0.9m adverse to plan driven by savings delivery shortfall and staff in post exceeding plan.

Cash within UHBW is £73.9m which is a £1.7m increase from Month 12. NBT cash is £52.0m which is a £25.4m reduction from Month 12 driven by movements in payables due to the high level of capital cash spend related to 2024/25 and the payment of large value maintenance contracts.

Responsiveness

Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	ED % Spending Under 4 Hours in Department	NBT	Apr-25	60.6%	63.6%	61.3%	F-	L	Escalation Summary
		UHBW	Apr-25	67.8%	71.8%	68.0%	?	C	Escalation Summary
Responsive	ED % Spending Over 12 Hours in Department	NBT	Apr-25	9.6%	2.0%	10.1%	F-	H	Escalation Summary
		UHBW	Apr-25	5.6%	2.0%	5.2%	F	H	Escalation Summary
Responsive	ED 12 Hour Trolley Waits (from DTA)	NBT	Apr-25	299	0	407	F	H	Escalation Summary
		UHBW	Apr-25	486	0	534	F-	H	Escalation Summary
Responsive	No Criteria to Reside	NBT	Apr-25	21.1%	15.0%	21.6%	F-	L	Escalation Summary
		UHBW	Apr-25	22.7%	13.0%	22.3%	F-	H	Escalation Summary
Responsive	Ambulance Handover Delays (under 15 minutes)	NBT	Apr-25	24.2%	65.0%	23.9%	F-	L	Escalation Summary
		UHBW	Apr-25	27.0%	65.0%	33.2%	F-	C	Escalation Summary
Responsive	Average Ambulance Handover Time	NBT	Apr-25	54	33	48	F	H	Escalation Summary
		UHBW	Apr-25	41	45	34	F-	C	Escalation Summary
Responsive	Ambulance Handover Delays (over 60 minutes)	NBT	Apr-25	668	0	653	F-	H	Escalation Summary
		UHBW	Apr-25	797	0	510	F-	C	Escalation Summary

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

Responsiveness

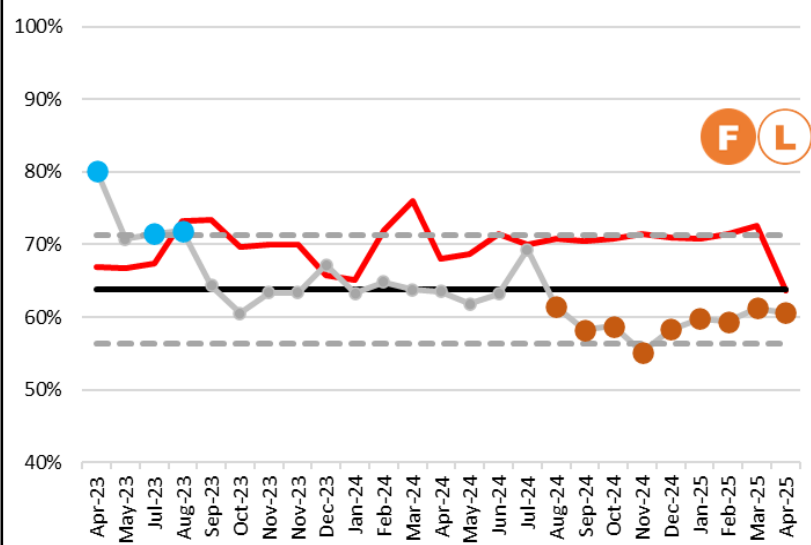
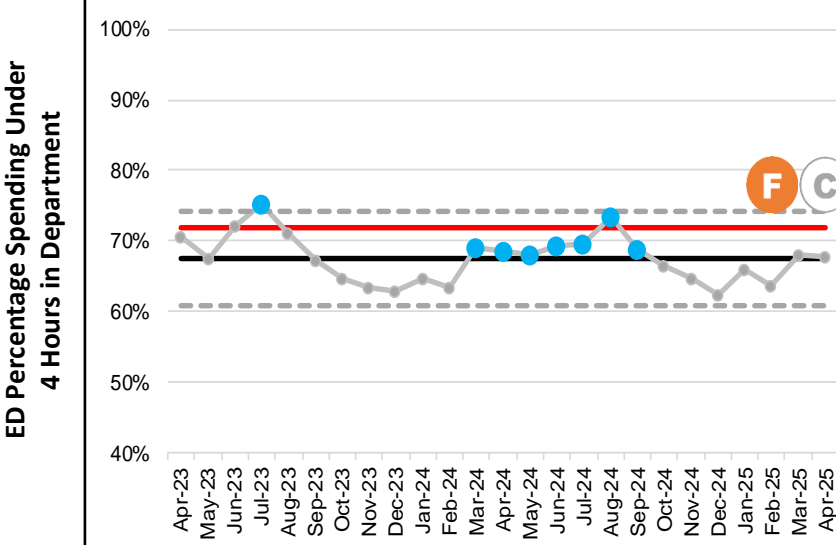
Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	Total RTT Pathways 52 weeks	NBT	Apr-25	216	423	147	P*	L	Note Performance
		UHBW	Apr-25	0	Variable	0	F	L	Escalation Summary
Responsive	RTT Percentage Over 52 Weeks	NBT	Apr-25	0.5%	1%	0.3%	P	L	Note Performance
		UHBW	Apr-25	1.4%	1%	1.1%	F	L	Escalation Summary
Responsive	Total RTT Pathways 65 weeks	NBT	Apr-25	0	0	0	P	N/A	Note Performance
		UHBW	Apr-25	8	0	0	P	N/A	Note Performance
Responsive	RTT Ongoing Pathways Under 18 Weeks	NBT	Apr-25	63.1%	64.0%	65.0%	F	H	Note Performance
		UHBW	Apr-25	63.7%	64.2%	64.0%	F-	H	Escalation Summary
Responsive	RTT First Attendance Under 18 Weeks	NBT	Apr-25	69.4%	71.2%	69.1%	F	H	Note Performance
		UHBW	Apr-25	66.0%	66.5%	67.4%	F	H	Escalation Summary
Responsive	Diagnostics % Over 6 Weeks	NBT	Apr-25	0.8%	1.00%	0.57%	P	L	Note Performance
		UHBW	Apr-25	17.8%	18.5%	15.2%	?	L	Note Performance
Responsive	Cancer 28 Day Faster Diagnosis	NBT	Mar-25	83.3%	77.0%	83.3%	P	H	Note Performance
		UHBW	Mar-25	78.3%	77.0%	78.2%	P	H	Note Performance
Responsive	Cancer 31 Day Diagnosis to Treatment	NBT	Mar-25	91.3%	97.1%	92.0%	?	C	Escalation Summary
		UHBW	Mar-25	97.0%	96.0%	98.1%	P	H	Note Performance
Responsive	Cancer 62 Day Referral to Treatment	NBT	Mar-25	64.8%	70.0%	59.1%	?	C	Escalation Summary
		UHBW	Mar-25	73.6%	70.0%	74.6%	P	C	Note Performance
Responsive	Last Minute Cancelled Operations	NBT	Mar-25	0.6%	0.8%	0.4%	P	C	Note Performance
		UHBW	Apr-25	1.5%	1.5%	1.6%	F	C	Escalation Summary

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

Responsiveness

UEC – Emergency Department Metrics

ED Percentage Spending Under 4 Hours in Department	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>63.6%</div><div>Latest Month's Position</div><div>60.6%</div><div>Performance / Assurance</div><div>Special Cause Concerning Variation Low, where down is deterioration and last six data points are less than target</div><div>Trust Level Risk</div><div>1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).</div></div>	<div><div>ED Percentage Spending Under 4 Hours in Department</div></div>	<div><div>ED Percentage Spending Under 4 Hours in Department</div></div>	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>71.8%</div><div>Latest Month's Position</div><div>67.8%</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration.</div><div>Corporate Risk</div><div>Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)</div></div>
	<div><div>Summary</div><div><div>What does the data tell us?</div><div>The percentage of patients spending under 4 hours in ED for the month of April slightly deteriorated on the previous month's position at 60.6%.</div><div>Actions being taken to improve</div><div>Ongoing implementation of the refreshed UEC plan for NBT 2025/26, which includes six key transformation projects. These projects include work on minors performance, consolidation of admission avoidance work and a review on flow into the medicine bed base. The plan also focuses on delivery of Unified Care Framework standards and implementing an 'Every Minute Matters' approach for NBT, respecting patient and staff time and improving ward-based flow processes. The Trust will continue to work with system partners on a strategic solution to the acute No Criteria to Reside (NCTR) backlog.</div><div>Impact on forecast</div><div>The unvalidated position for May-25 is showing an improvement for the four-hour performance standard and on track to achieve the plan for May. GIRFT recommendations are being incorporated into the UEC Transformation plan.</div></div></div>	<div><div>Summary</div><div><div>What does the data tell us?</div><div>A slight dip in performance across the trust against the ED 4-hour standard at 67.8% compared to 68% in March. Whilst overall attendances decreased in April, length of stay increased and number of NCTR beds occupied remained static compared to March.</div><div>Actions being taken to improve</div><div>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).</div><div>Impact on forecast</div><div>Forecasting improvement plans will continue to iterate and improve the Trust position; c69% in May 25/26.</div></div></div>		

Responsiveness

UEC – Emergency Department Metrics

ED Percentage Spending Over 12 Hours in Department	<div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>2.0%</div> <div>Latest Month's Position</div> <div>9.6%</div> <div>Performance / Assurance</div> <div>Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit</div> <div>Trust Level Risk</div> <div>1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).</div>	<div>ED Percentage Spending over 12 Hours in Department</div> <table><tr><th>Month</th><th>Percentage</th></tr><tr><td>Apr-23</td><td>1.2%</td></tr><tr><td>May-23</td><td>2.5%</td></tr><tr><td>Jul-23</td><td>1.8%</td></tr><tr><td>Aug-23</td><td>2.0%</td></tr><tr><td>Sep-23</td><td>3.8%</td></tr><tr><td>Oct-23</td><td>8.2%</td></tr><tr><td>Nov-23</td><td>7.0%</td></tr><tr><td>Dec-23</td><td>7.5%</td></tr><tr><td>Jan-24</td><td>8.8%</td></tr><tr><td>Feb-24</td><td>6.2%</td></tr><tr><td>Mar-24</td><td>7.5%</td></tr><tr><td>Apr-24</td><td>8.2%</td></tr><tr><td>May-24</td><td>6.5%</td></tr><tr><td>Jun-24</td><td>7.0%</td></tr><tr><td>Jul-24</td><td>4.5%</td></tr><tr><td>Aug-24</td><td>4.8%</td></tr><tr><td>Sep-24</td><td>10.2%</td></tr><tr><td>Oct-24</td><td>9.5%</td></tr><tr><td>Nov-24</td><td>11.8%</td></tr><tr><td>Dec-24</td><td>8.2%</td></tr><tr><td>Jan-25</td><td>12.0%</td></tr><tr><td>Feb-25</td><td>12.0%</td></tr><tr><td>Mar-25</td><td>10.0%</td></tr><tr><td>Apr-25</td><td>9.6%</td></tr></table>	Month	Percentage	Apr-23	1.2%	May-23	2.5%	Jul-23	1.8%	Aug-23	2.0%	Sep-23	3.8%	Oct-23	8.2%	Nov-23	7.0%	Dec-23	7.5%	Jan-24	8.8%	Feb-24	6.2%	Mar-24	7.5%	Apr-24	8.2%	May-24	6.5%	Jun-24	7.0%	Jul-24	4.5%	Aug-24	4.8%	Sep-24	10.2%	Oct-24	9.5%	Nov-24	11.8%	Dec-24	8.2%	Jan-25	12.0%	Feb-25	12.0%	Mar-25	10.0%	Apr-25	9.6%	ED Percentage Spending Over 12 Hours in Department	<div>ED Percentage Spending Over12 Hours in Department</div> <table><tr><th>Month</th><th>Percentage</th></tr><tr><td>Apr-23</td><td>4.5%</td></tr><tr><td>May-23</td><td>5.0%</td></tr><tr><td>Jun-23</td><td>3.2%</td></tr><tr><td>Jul-23</td><td>1.0%</td></tr><tr><td>Aug-23</td><td>2.2%</td></tr><tr><td>Sep-23</td><td>3.0%</td></tr><tr><td>Oct-23</td><td>4.0%</td></tr><tr><td>Nov-23</td><td>4.8%</td></tr><tr><td>Dec-23</td><td>4.5%</td></tr><tr><td>Jan-24</td><td>4.2%</td></tr><tr><td>Feb-24</td><td>4.0%</td></tr><tr><td>Mar-24</td><td>3.8%</td></tr><tr><td>Apr-24</td><td>4.2%</td></tr><tr><td>May-24</td><td>4.0%</td></tr><tr><td>Jun-24</td><td>3.5%</td></tr><tr><td>Jul-24</td><td>2.5%</td></tr><tr><td>Aug-24</td><td>1.5%</td></tr><tr><td>Sep-24</td><td>3.5%</td></tr><tr><td>Oct-24</td><td>5.0%</td></tr><tr><td>Nov-24</td><td>5.5%</td></tr><tr><td>Dec-24</td><td>7.0%</td></tr><tr><td>Jan-25</td><td>8.5%</td></tr><tr><td>Feb-25</td><td>7.5%</td></tr><tr><td>Mar-25</td><td>5.2%</td></tr><tr><td>Apr-25</td><td>5.6%</td></tr></table>	Month	Percentage	Apr-23	4.5%	May-23	5.0%	Jun-23	3.2%	Jul-23	1.0%	Aug-23	2.2%	Sep-23	3.0%	Oct-23	4.0%	Nov-23	4.8%	Dec-23	4.5%	Jan-24	4.2%	Feb-24	4.0%	Mar-24	3.8%	Apr-24	4.2%	May-24	4.0%	Jun-24	3.5%	Jul-24	2.5%	Aug-24	1.5%	Sep-24	3.5%	Oct-24	5.0%	Nov-24	5.5%	Dec-24	7.0%	Jan-25	8.5%	Feb-25	7.5%	Mar-25	5.2%	Apr-25	5.6%	<div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>2.0%</div> <div>Latest Month's Position</div> <div>5.6%</div> <div>Performance / Assurance</div> <div>Special Cause Concerning Variation High, where up is deterioration and last six data points are greater than or equal to target.</div> <div>Corporate Risk</div> <div>Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)</div>
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Summary	<div>What does the data tell us?</div> <div>The percentage of patients spending over 12 hours in ED for the month of April improved on the previous two months at 9.6%.</div> <div>Actions being taken to improve</div> <div>As well as the actions detailed on the previous slide, we are working to improve specialty level length of stay as part of our productivity agenda.</div> <div>The Trust is working to reduce extended waits in ED for specialty reviews by improving escalation processes to ensure adherence to internal professional standards.</div> <div>Impact on forecast</div> <div>See previous slide. Unvalidated data for May-25 to-date is showing an improvement in this metric.</div>	Summary	<div>What does the data tell us?</div> <div>The percentage of patients spending over 12 hours in ED for the month of April (5.6%) increased slightly compared to the previous month at 5.2% but is a significant improvement on 24/25 average at 7.8% overall.</div> <div>Actions being taken to improve</div> <div>Note previous slide.</div> <div>Additionally, ED 12-hour performance data is being reviewed by all divisions/specialties across BRI/Weston sites in support of a trust-wide approach to reducing 12-hour waits through improved responsiveness to requests for Specialty Reviews, in addition to improved support into ED in Out of hours periods.</div> <div>Impact on forecast</div> <div>The focused improvement efforts described above are anticipated to result in an improved position to c4.2% during May 25/26.</div>																																																																																																								

Responsiveness

UEC – Emergency Department Metrics

ED 12 Hour Trolley Waits	<div> <div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>0</div> <div>Latest Month's Position</div> <div>299</div> <div>Performance / Assurance</div> <div>Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit</div> <div>Trust Level Risk</div> <div>1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).</div> </div>	<div>ED 12 Hour Trolley Waits</div>	<div>ED 12 Hour Trolley Waits</div>	<div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>0</div> <div>Latest Month's Position</div> <div>486</div> <div>Performance / Assurance</div> <div>Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit.</div> <div>Corporate Risk</div> <div>Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)</div>
	<div>What does the data tell us?</div> <div>The number of 12 Hour trolley waits decreased compared to the previous month to 299.</div> <div>Actions being taken to improve</div> <div>See previous slides – all actions are relevant to 12 hour DTA reduction.</div> <div>Impact on forecast</div> <div>See previous slide.</div>	<div>ED 12 Hour Trolley Waits (from DTA)</div>		
Summary	<div>What does the data tell us?</div> <div>The number of 12 Hour trolley waits decreased compared to the previous month to 299.</div> <div>Actions being taken to improve</div> <div>See previous slides – all actions are relevant to 12 hour DTA reduction.</div> <div>Impact on forecast</div> <div>See previous slide.</div>	<div>ED 12 Hour Trolley Waits</div>	<div>ED 12 Hour Trolley Waits (from DTA)</div>	<div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>0</div> <div>Latest Month's Position</div> <div>486</div> <div>Performance / Assurance</div> <div>Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit.</div> <div>Corporate Risk</div> <div>Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)</div>

Responsiveness

UEC – No Criteria To Reside

Percentage of Inpatients with No Criteria to Reside	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>15.0%</div><div>Latest Month's Position</div><div>21.1%</div><div>Performance / Assurance</div><div>Special Cause Improving Variation Low, where down is improvement but target is less than lower limit</div><div>Trust Level Risk</div><div>No Trust Level Risk</div></div>	<div><div>Percentage of Inpatients with No Criteria to Reside</div><table border="1"><caption>Percentage of Inpatients with No Criteria to Reside Data</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Apr-23</td><td>25.5</td></tr><tr><td>May-23</td><td>22.0</td></tr><tr><td>Jun-23</td><td>22.0</td></tr><tr><td>Jul-23</td><td>23.5</td></tr><tr><td>Aug-23</td><td>23.0</td></tr><tr><td>Sep-23</td><td>24.0</td></tr><tr><td>Oct-23</td><td>25.0</td></tr><tr><td>Nov-23</td><td>25.0</td></tr><tr><td>Dec-23</td><td>27.0</td></tr><tr><td>Jan-24</td><td>26.0</td></tr><tr><td>Feb-24</td><td>25.0</td></tr><tr><td>Mar-24</td><td>22.5</td></tr><tr><td>Apr-24</td><td>25.0</td></tr><tr><td>May-24</td><td>23.5</td></tr><tr><td>Jun-24</td><td>23.5</td></tr><tr><td>Jul-24</td><td>23.5</td></tr><tr><td>Aug-24</td><td>23.0</td></tr><tr><td>Sep-24</td><td>21.0</td></tr><tr><td>Oct-24</td><td>22.5</td></tr><tr><td>Nov-24</td><td>22.0</td></tr><tr><td>Dec-24</td><td>20.5</td></tr><tr><td>Jan-25</td><td>21.0</td></tr><tr><td>Feb-25</td><td>20.5</td></tr><tr><td>Mar-25</td><td>21.0</td></tr><tr><td>Apr-25</td><td>21.1</td></tr></tbody></table></div>	Month	Percentage	Apr-23	25.5	May-23	22.0	Jun-23	22.0	Jul-23	23.5	Aug-23	23.0	Sep-23	24.0	Oct-23	25.0	Nov-23	25.0	Dec-23	27.0	Jan-24	26.0	Feb-24	25.0	Mar-24	22.5	Apr-24	25.0	May-24	23.5	Jun-24	23.5	Jul-24	23.5	Aug-24	23.0	Sep-24	21.0	Oct-24	22.5	Nov-24	22.0	Dec-24	20.5	Jan-25	21.0	Feb-25	20.5	Mar-25	21.0	Apr-25	21.1	No Criteria To Reside - Beds Occupied	<div><div>No Criteria To Reside Occupancy</div><table border="1"><caption>No Criteria To Reside Occupancy Data</caption><thead><tr><th>Month</th><th>Occupancy</th></tr></thead><tbody><tr><td>Apr-23</td><td>19.5</td></tr><tr><td>May-23</td><td>17.0</td></tr><tr><td>Jun-23</td><td>16.5</td></tr><tr><td>Jul-23</td><td>16.5</td></tr><tr><td>Aug-23</td><td>15.5</td></tr><tr><td>Sep-23</td><td>17.0</td></tr><tr><td>Oct-23</td><td>18.0</td></tr><tr><td>Nov-23</td><td>17.5</td></tr><tr><td>Dec-23</td><td>19.0</td></tr><tr><td>Jan-24</td><td>18.0</td></tr><tr><td>Feb-24</td><td>18.0</td></tr><tr><td>Mar-24</td><td>17.5</td></tr><tr><td>Apr-24</td><td>17.5</td></tr><tr><td>May-24</td><td>17.5</td></tr><tr><td>Jun-24</td><td>17.5</td></tr><tr><td>Jul-24</td><td>19.5</td></tr><tr><td>Aug-24</td><td>20.0</td></tr><tr><td>Sep-24</td><td>19.5</td></tr><tr><td>Oct-24</td><td>21.5</td></tr><tr><td>Nov-24</td><td>21.0</td></tr><tr><td>Dec-24</td><td>20.5</td></tr><tr><td>Jan-25</td><td>21.0</td></tr><tr><td>Feb-25</td><td>21.5</td></tr><tr><td>Mar-25</td><td>22.0</td></tr><tr><td>Apr-25</td><td>22.7</td></tr></tbody></table></div>	Month	Occupancy	Apr-23	19.5	May-23	17.0	Jun-23	16.5	Jul-23	16.5	Aug-23	15.5	Sep-23	17.0	Oct-23	18.0	Nov-23	17.5	Dec-23	19.0	Jan-24	18.0	Feb-24	18.0	Mar-24	17.5	Apr-24	17.5	May-24	17.5	Jun-24	17.5	Jul-24	19.5	Aug-24	20.0	Sep-24	19.5	Oct-24	21.5	Nov-24	21.0	Dec-24	20.5	Jan-25	21.0	Feb-25	21.5	Mar-25	22.0	Apr-25	22.7	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>13.0%</div><div>Latest Month's Position</div><div>22.7%</div><div>Performance / Assurance</div><div>Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit.</div><div>Corporate Risk</div><div>Corporate Risk 423 - Risk that demand for inpatient admission exceeds available bed capacity (20). Corporate Risk 2614 Risk that patient care and experience is affected due to being cared for in extra capacity locations (15)</div></div>
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Summary	<div><div>What does the data tell us?</div><div>Although there has been an overall downward trend in NC2R since the same period last year, recent performance has plateaued including a marginal decrease in April 2025 to 21.1%.</div><div>Actions being taken to improve</div><div>The system-wide ICS discharge plan has commenced work across key priority areas:</div><div><div>1) Pathway 1 transformation – aim to increase capacity through more staggered offer consistent with individual patient needs</div><div>2) Pathway 2 and 3 bed consolidation – medium term piece of work which will generate efficiencies in capacity and staffing</div><div>3) Discharge KPIs and performance management approach centred around each Transfer of Care Hub (NBT will support for South Gloucestershire system)</div><div>4) Improvement work across non D2A pathways – particularly relevant for stroke and neurosurgery patients being discharged from NBT</div></div><div>Impact on forecast</div><div>The beginning of May-25 has seen a deterioration in the NC2R position, with System partners working on recovery.</div></div>	<div><div>What does the data tell us?</div><div>The No Criteria to Reside (NCTR) position worsened in April (22.7%) compared to the previous month (22.3%), continuing to impact flow through hospital sites. NB Weston 29.7% (March: 29.4%); BRI 21.1% (March 20.3%)</div><div>Actions being taken to Improve:</div><div>Development of System wide improvement plans to deliver the 15% NCTR position. With particular focus on reduction of Length of Stay within pathway 2 and 3 bedded capacity, benchmarked against national data.</div><div>P1: Early supported Discharges, enabling patients to leave hospital ahead of their package of care start date, supporting 105 patents to leave hospital early saving 382 bed days in April. In addition, the refreshed Community First Delivery Plan is underway, alongside a detailed redesign of the 15% NCTR ambition.</div><div>Impact on forecast:</div><div>Whilst the System ambition of reducing NCTR to 15% (11% at BRI; 19% at Weston) remains unmet, LoS reduction across all patient pathways at UHBW is noted during 2024/25, against the 2022/23 baseline period (25% reduction in Non-elective LoS at Weston and 11% reduction at BRI).</div></div>																																																																																																											

Responsiveness

UEC – Ambulance Handover Delays

Average Ambulance Handover Minutes	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>45.0</div><div>Latest Month's Position</div><div>54.24</div><div>Performance / Assurance</div><div>Special Cause Concerning Variation High, where up is deterioration and last six data points are greater than or equal to target</div><div>Trust Level Risk</div><div>1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).</div></div>	<div><div>Average Ambulance Handover Time</div><table><tr><th>Month</th><th>Handover Time (min)</th></tr><tr><td>Apr-23</td><td>22</td></tr><tr><td>May-23</td><td>30</td></tr><tr><td>Jun-23</td><td>26</td></tr><tr><td>Jul-23</td><td>27</td></tr><tr><td>Aug-23</td><td>34</td></tr><tr><td>Sep-23</td><td>53</td></tr><tr><td>Oct-23</td><td>40</td></tr><tr><td>Nov-23</td><td>40</td></tr><tr><td>Dec-23</td><td>60</td></tr><tr><td>Jan-24</td><td>45</td></tr><tr><td>Feb-24</td><td>30</td></tr><tr><td>Mar-24</td><td>33</td></tr><tr><td>Apr-24</td><td>27</td></tr><tr><td>May-24</td><td>26</td></tr><tr><td>Jun-24</td><td>28</td></tr><tr><td>Jul-24</td><td>24</td></tr><tr><td>Aug-24</td><td>24</td></tr><tr><td>Sep-24</td><td>48</td></tr><tr><td>Oct-24</td><td>46</td></tr><tr><td>Nov-24</td><td>62</td></tr><tr><td>Dec-24</td><td>48</td></tr><tr><td>Jan-25</td><td>61</td></tr><tr><td>Feb-25</td><td>61</td></tr><tr><td>Mar-25</td><td>48</td></tr><tr><td>Apr-25</td><td>54.24</td></tr></table></div>	Month	Handover Time (min)	Apr-23	22	May-23	30	Jun-23	26	Jul-23	27	Aug-23	34	Sep-23	53	Oct-23	40	Nov-23	40	Dec-23	60	Jan-24	45	Feb-24	30	Mar-24	33	Apr-24	27	May-24	26	Jun-24	28	Jul-24	24	Aug-24	24	Sep-24	48	Oct-24	46	Nov-24	62	Dec-24	48	Jan-25	61	Feb-25	61	Mar-25	48	Apr-25	54.24	Average Ambulance Handover Minutes	<div><div>Average Ambulance Handover Time</div><table><tr><th>Month</th><th>Handover Time (min)</th></tr><tr><td>Apr-23</td><td>35</td></tr><tr><td>May-23</td><td>50</td></tr><tr><td>Jun-23</td><td>31</td></tr><tr><td>Jul-23</td><td>20</td></tr><tr><td>Aug-23</td><td>35</td></tr><tr><td>Sep-23</td><td>34</td></tr><tr><td>Oct-23</td><td>40</td></tr><tr><td>Nov-23</td><td>41</td></tr><tr><td>Dec-23</td><td>44</td></tr><tr><td>Jan-24</td><td>40</td></tr><tr><td>Feb-24</td><td>39</td></tr><tr><td>Mar-24</td><td>38</td></tr><tr><td>Apr-24</td><td>36</td></tr><tr><td>May-24</td><td>33</td></tr><tr><td>Jun-24</td><td>30</td></tr><tr><td>Jul-24</td><td>28</td></tr><tr><td>Aug-24</td><td>25</td></tr><tr><td>Sep-24</td><td>33</td></tr><tr><td>Oct-24</td><td>38</td></tr><tr><td>Nov-24</td><td>38</td></tr><tr><td>Dec-24</td><td>59</td></tr><tr><td>Jan-25</td><td>59</td></tr><tr><td>Feb-25</td><td>45</td></tr><tr><td>Mar-25</td><td>33</td></tr><tr><td>Apr-25</td><td>41</td></tr></table></div>	Month	Handover Time (min)	Apr-23	35	May-23	50	Jun-23	31	Jul-23	20	Aug-23	35	Sep-23	34	Oct-23	40	Nov-23	41	Dec-23	44	Jan-24	40	Feb-24	39	Mar-24	38	Apr-24	36	May-24	33	Jun-24	30	Jul-24	28	Aug-24	25	Sep-24	33	Oct-24	38	Nov-24	38	Dec-24	59	Jan-25	59	Feb-25	45	Mar-25	33	Apr-25	41	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>45</div><div>Latest Month's Position</div><div>41</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.</div><div>Corporate Risk</div><div>Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)</div></div>
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Summary	<div><div>What does the data tell us?</div><div>Following a period of improvement in the first half of last year, average ambulance handover times have increased since September 2024. For April 2025, the average handover time for ambulance conveyances was 54.2 minutes.</div><div>Actions being taken to improve</div><div>Internal UEC programme actions (detailed on the previous slides) focus on flow measures to facilitate sufficient capacity to manage variability and surge in ambulance arrivals. NBT and SWAST have developed an improvement plan focussing on the process of handover; there is a focus on assessment units and Central Delivery Suite who impact the target.</div><div>Impact on forecast</div><div>Unvalidated data as at 18th May 2025 is showing an improved position to an average of 43 minutes per handover.</div></div>	Summary	<div><div>What does the data tell us?</div><div>UHBW saw an improved picture during the first half of 2024/25, noting a subsequent drop in performance between September 2024 and January 2025, before improving again in February / March 2025. April 2025 is achieving target but there has been a slight deterioration from the previous month.</div><div>Actions being taken to improve</div><div>The current improvement plan and Standard Operating Procedure for ambulance handover is under review in partnership with SWAST and clinical teams, with the aim of embedding and strengthening those schemes that are adding value – e.g. new cohort plan and rapid handover arrangements - and using a data driven approach to re-evaluating periods when most challenged. NB Largely OOH.</div><div>Impact on forecast</div><div>Whilst the progress in reducing NC2R remains challenged, it is anticipated that mitigations in place will contribute to an improved position in the forthcoming months.</div></div>																																																																																																										

Responsiveness

UEC – Ambulance Handover Delays

Ambulance Handovers Under 15 Minutes	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>65.0%</div><div>Latest Month's Position</div><div>24.2%</div><div>Performance / Assurance</div><div>Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit</div><div>Trust Level Risk</div><div>1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).</div></div>	<div><div>Ambulance Handovers Under 15 Minutes</div><table><tr><th>Month</th><th>Performance (%)</th></tr><tr><td>Apr-23</td><td>35.0</td></tr><tr><td>May-23</td><td>30.0</td></tr><tr><td>Jun-23</td><td>30.0</td></tr><tr><td>Jul-23</td><td>28.0</td></tr><tr><td>Aug-23</td><td>27.0</td></tr><tr><td>Sep-23</td><td>26.0</td></tr><tr><td>Oct-23</td><td>25.0</td></tr><tr><td>Nov-23</td><td>31.0</td></tr><tr><td>Dec-23</td><td>31.0</td></tr><tr><td>Jan-24</td><td>35.0</td></tr><tr><td>Feb-24</td><td>39.0</td></tr><tr><td>Mar-24</td><td>37.0</td></tr><tr><td>Apr-24</td><td>40.0</td></tr><tr><td>May-24</td><td>41.0</td></tr><tr><td>Jun-24</td><td>42.0</td></tr><tr><td>Jul-24</td><td>52.0</td></tr><tr><td>Aug-24</td><td>42.0</td></tr><tr><td>Sep-24</td><td>24.0</td></tr><tr><td>Oct-24</td><td>27.0</td></tr><tr><td>Nov-24</td><td>16.0</td></tr><tr><td>Dec-24</td><td>31.0</td></tr><tr><td>Jan-25</td><td>21.0</td></tr><tr><td>Feb-25</td><td>20.0</td></tr><tr><td>Mar-25</td><td>24.0</td></tr><tr><td>Apr-25</td><td>24.2</td></tr></table></div>	Month	Performance (%)	Apr-23	35.0	May-23	30.0	Jun-23	30.0	Jul-23	28.0	Aug-23	27.0	Sep-23	26.0	Oct-23	25.0	Nov-23	31.0	Dec-23	31.0	Jan-24	35.0	Feb-24	39.0	Mar-24	37.0	Apr-24	40.0	May-24	41.0	Jun-24	42.0	Jul-24	52.0	Aug-24	42.0	Sep-24	24.0	Oct-24	27.0	Nov-24	16.0	Dec-24	31.0	Jan-25	21.0	Feb-25	20.0	Mar-25	24.0	Apr-25	24.2	<div><div>Ambulance Handovers Under 15 Minutes</div><table><tr><th>Month</th><th>Performance (%)</th></tr><tr><td>Apr-23</td><td>28.0</td></tr><tr><td>May-23</td><td>25.0</td></tr><tr><td>Jun-23</td><td>38.0</td></tr><tr><td>Jul-23</td><td>52.0</td></tr><tr><td>Aug-23</td><td>31.0</td></tr><tr><td>Sep-23</td><td>30.0</td></tr><tr><td>Oct-23</td><td>20.0</td></tr><tr><td>Nov-23</td><td>21.0</td></tr><tr><td>Dec-23</td><td>26.0</td></tr><tr><td>Jan-24</td><td>27.0</td></tr><tr><td>Feb-24</td><td>34.0</td></tr><tr><td>Mar-24</td><td>32.0</td></tr><tr><td>Apr-24</td><td>31.0</td></tr><tr><td>May-24</td><td>31.0</td></tr><tr><td>Jun-24</td><td>35.0</td></tr><tr><td>Jul-24</td><td>37.0</td></tr><tr><td>Aug-24</td><td>42.0</td></tr><tr><td>Sep-24</td><td>33.0</td></tr><tr><td>Oct-24</td><td>31.0</td></tr><tr><td>Nov-24</td><td>32.0</td></tr><tr><td>Dec-24</td><td>26.0</td></tr><tr><td>Jan-25</td><td>21.0</td></tr><tr><td>Feb-25</td><td>27.0</td></tr><tr><td>Mar-25</td><td>33.0</td></tr><tr><td>Apr-25</td><td>27.0</td></tr></table></div>	Month	Performance (%)	Apr-23	28.0	May-23	25.0	Jun-23	38.0	Jul-23	52.0	Aug-23	31.0	Sep-23	30.0	Oct-23	20.0	Nov-23	21.0	Dec-23	26.0	Jan-24	27.0	Feb-24	34.0	Mar-24	32.0	Apr-24	31.0	May-24	31.0	Jun-24	35.0	Jul-24	37.0	Aug-24	42.0	Sep-24	33.0	Oct-24	31.0	Nov-24	32.0	Dec-24	26.0	Jan-25	21.0	Feb-25	27.0	Mar-25	33.0	Apr-25	27.0	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>65.0%</div><div>Latest Month's Position</div><div>27.0%</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation, where target is greater than upper limit and down is deterioration.</div><div>Corporate Risk</div><div>Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)</div></div>
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Summary	<div><div>What does the data tell us?</div><div>The proportion of handovers completed within 15 minutes has improved over the last two reporting months.</div><div>Actions being taken to improve</div><div>Actions noted on the previous slide are relevant here, and there is a specific action on the NBT / SWAST improvement plan focussing in on handovers between 15 and 30 minutes, with the aim of making process improvements to improve handovers which fall just outside of the 15-minute standard.</div><div>Impact on forecast</div><div>Unvalidated data for May-25 to-date shows an improved position which the operational teams are working to maintain.</div></div>	Summary	<div><div>What does the data tell us?</div><div>UHBW has seen a slightly worsened position in April (27% vs 33% in March), reflecting challenges with flow throughout the hospitals as seen in the 4-hr and 12-hr performance for April. Also largely impacted by lack of physical capacity and staffing numbers available to complete timely handovers. Bed closures for infection control reasons were much higher in April at 55 (daily average) compared to 25 in March (daily average across 2024/2025 was 36.)</div><div>Actions being taken to improve</div><div>Actions are noted on the previous slide.</div><div>Impact on forecast</div><div>Whilst the progress in reducing NC2R remains challenged, it is anticipated that mitigations in place will contribute to an improved position in the forthcoming months.</div></div>																																																																																																									

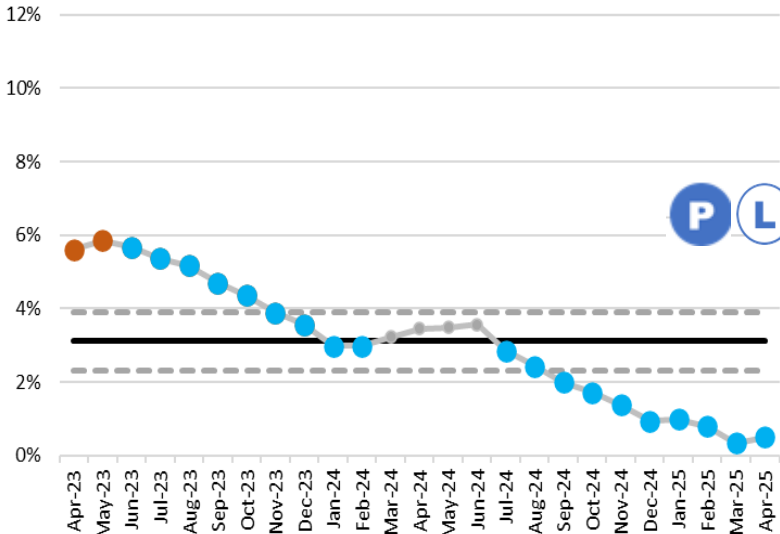
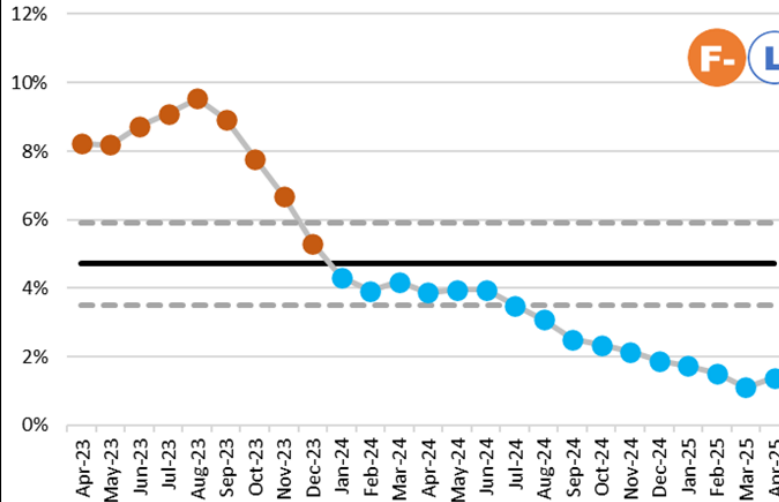
Responsiveness

UEC – Ambulance Handover Delays

Ambulance Handovers Over 1 Hour	<div><div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>0</div><div>Latest Month's Position</div><div>668</div><div>Performance / Assurance</div><div>Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit</div><div>Trust Level Risk</div><div>1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).</div></div></div> <div><div>Ambulance Handovers Over 1 Hour</div><table><tr><th>Month</th><th>Handovers</th></tr><tr><td>Apr-23</td><td>100</td></tr><tr><td>May-23</td><td>250</td></tr><tr><td>Jun-23</td><td>150</td></tr><tr><td>Jul-23</td><td>180</td></tr><tr><td>Aug-23</td><td>300</td></tr><tr><td>Sep-23</td><td>650</td></tr><tr><td>Oct-23</td><td>450</td></tr><tr><td>Nov-23</td><td>450</td></tr><tr><td>Dec-23</td><td>550</td></tr><tr><td>Jan-24</td><td>550</td></tr><tr><td>Feb-24</td><td>350</td></tr><tr><td>Mar-24</td><td>380</td></tr><tr><td>Apr-24</td><td>280</td></tr><tr><td>May-24</td><td>220</td></tr><tr><td>Jun-24</td><td>250</td></tr><tr><td>Jul-24</td><td>150</td></tr><tr><td>Aug-24</td><td>180</td></tr><tr><td>Sep-24</td><td>550</td></tr><tr><td>Oct-24</td><td>580</td></tr><tr><td>Nov-24</td><td>850</td></tr><tr><td>Dec-24</td><td>600</td></tr><tr><td>Jan-25</td><td>720</td></tr><tr><td>Feb-25</td><td>750</td></tr><tr><td>Mar-25</td><td>680</td></tr><tr><td>Apr-25</td><td>668</td></tr></table></div>	Month	Handovers	Apr-23	100	May-23	250	Jun-23	150	Jul-23	180	Aug-23	300	Sep-23	650	Oct-23	450	Nov-23	450	Dec-23	550	Jan-24	550	Feb-24	350	Mar-24	380	Apr-24	280	May-24	220	Jun-24	250	Jul-24	150	Aug-24	180	Sep-24	550	Oct-24	580	Nov-24	850	Dec-24	600	Jan-25	720	Feb-25	750	Mar-25	680	Apr-25	668	Summary	See Previous Slide for Ambulance Handover Summary
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Responsiveness

Planned Care – Referral to Treatment (RTT)

RTT Percentage Over 52 Weeks	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>1.0%</div><div>Latest Month's Position</div><div>0.5%</div><div>Performance / Assurance</div><div>Special Cause Improving Variation Low, where down is improvement but target is less than lower limit</div><div>Corporate Risk</div><div>No Trust Level Risk</div></div>	<div><div>Referral To Treatment Percentage Over 52 Weeks</div></div>	RTT Percentage Over 52 Weeks	<div><div>Referral To Treatment Percentage Over 52 Weeks</div></div>	<div><div>Referral To Treatment Percentage Over 52 Weeks</div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>1.2%</div><div>Latest Month's Position</div><div>1.4%</div><div>Performance / Assurance</div><div>Special Cause Improving Variation where Down is Improvement, but target is less than lower limit</div></div>
	<div>No narrative required as per business rules</div>	Summary		<div><div>What does the data tell us?</div><div>At the end of April, 760 patients were waiting 52 weeks or more for treatment (603 in March), with long waits predominantly noted in dental and paediatric specialties. Against the total waiting list size of 54,443 this equates to 1.4% against the 1.2% trajectory set for April 2025 as part of the Trust operational planning submission (national target of <1% by March 2026)</div><div>Actions being taken to improve</div><div>Actions include a combination of internal training and augmentation to better align resources to the scale of the demand challenge, underpinned ultimately with support from productivity improvements, use of insourcing and waiting list initiatives.</div><div>Recovery plans being enacted in specialties with more challenged waiting times.</div><div>Impact on forecast</div><div>Anticipate a continued reduction in the total waiting list size and reduce the number of patients waiting beyond 52-weeks, anticipating recovery in line with trajectory during Q1.</div></div>	

Responsiveness

Planned Care – Referral to Treatment (RTT)

	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>0</div><div>Latest Month's Position</div><div>0</div><div>Performance / Assurance</div><div>Special Cause Improving Variation Low, where down is improvement but target is less than lower limit</div><div>Trust Level Risk</div><div>No Trust Level Risk</div></div> <div><div>Referral To Treatment Ongoing Pathways Over 65 Weeks</div><table border="1"><caption>Referral To Treatment Ongoing Pathways Over 65 Weeks (Approximate Data)</caption><thead><tr><th>Month</th><th>Pathways</th></tr></thead><tbody><tr><td>Apr-23</td><td>600</td></tr><tr><td>May-23</td><td>600</td></tr><tr><td>Jun-23</td><td>600</td></tr><tr><td>Jul-23</td><td>600</td></tr><tr><td>Aug-23</td><td>600</td></tr><tr><td>Sep-23</td><td>600</td></tr><tr><td>Oct-23</td><td>500</td></tr><tr><td>Nov-23</td><td>400</td></tr><tr><td>Dec-23</td><td>300</td></tr><tr><td>Jan-24</td><td>200</td></tr><tr><td>Feb-24</td><td>100</td></tr><tr><td>Mar-24</td><td>100</td></tr><tr><td>Apr-24</td><td>100</td></tr><tr><td>May-24</td><td>100</td></tr><tr><td>Jun-24</td><td>100</td></tr><tr><td>Jul-24</td><td>100</td></tr><tr><td>Aug-24</td><td>100</td></tr><tr><td>Sep-24</td><td>100</td></tr><tr><td>Oct-24</td><td>100</td></tr><tr><td>Nov-24</td><td>100</td></tr><tr><td>Dec-24</td><td>100</td></tr><tr><td>Jan-25</td><td>100</td></tr><tr><td>Feb-25</td><td>100</td></tr><tr><td>Mar-25</td><td>100</td></tr><tr><td>Apr-25</td><td>100</td></tr></tbody></table></div>	Month	Pathways	Apr-23	600	May-23	600	Jun-23	600	Jul-23	600	Aug-23	600	Sep-23	600	Oct-23	500	Nov-23	400	Dec-23	300	Jan-24	200	Feb-24	100	Mar-24	100	Apr-24	100	May-24	100	Jun-24	100	Jul-24	100	Aug-24	100	Sep-24	100	Oct-24	100	Nov-24	100	Dec-24	100	Jan-25	100	Feb-25	100	Mar-25	100	Apr-25	100	
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Summary	<div>What does the data tell us?</div> <p>At the end of April, there were eight 65-week wait breaches, all of which relate to patients who require cornea graft material and, whilst there is sufficient internal capacity to date these patients, the national shortage of graft material prevented treatment in month.</p> <div>Actions being taken to improve</div> <p>The Trust continues to request any available graft material from NHS Blood and Transport (NHSBT) and are able to accept short notice graft material that other providers cannot make use of.</p> <p>Continue to have available capacity to treat Cornea graft patients when graft material is provided.</p> <p>Continue to hold a list of patients who may accept short notice treatment dates</p> <div>Impact on forecast</div> <p>Anticipated recovery during Q1; reliant on the adequate national supply of cornea graft material.</p>																																																					

Responsiveness

Planned Care – Referral to Treatment (RTT)

RTT Ongoing Pathways Under 18 Weeks	<div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>64.0%</div> <div>Latest Month's Position</div> <div>63.1%</div> <div>Performance / Assurance</div> <div>Special Cause Improving Variation High, where up is improvement</div> <div>Trust Level Risk</div> <div>No Trust Level Risk</div>	<div>Referral To Treatment Ongoing Pathways Under 18 Weeks</div> <table border="1"><caption>RTT Ongoing Pathways Under 18 Weeks Data</caption><thead><tr><th>Month</th><th>Value (%)</th></tr></thead><tbody><tr><td>Apr-23</td><td>62.8</td></tr><tr><td>May-23</td><td>63.2</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>60.0</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>61.0</td></tr><tr><td>Jun-24</td><td>62.0</td></tr><tr><td>Jul-24</td><td>63.5</td></tr><tr><td>Aug-24</td><td>64.0</td></tr><tr><td>Sep-24</td><td>64.5</td></tr><tr><td>Oct-24</td><td>66.5</td></tr><tr><td>Nov-24</td><td>67.0</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>63.1</td></tr></tbody></table>	Month	Value (%)	Apr-23	62.8	May-23	63.2	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	60.0	Jan-24	61.0	Feb-24	61.5	Mar-24	59.5	Apr-24	60.5	May-24	61.0	Jun-24	62.0	Jul-24	63.5	Aug-24	64.0	Sep-24	64.5	Oct-24	66.5	Nov-24	67.0	Dec-24	66.0	Jan-25	65.5	Feb-25	65.5	Mar-25	65.0	Apr-25	63.1	RTT Ongoing Pathways Under 18 Weeks
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Summary	<div>What does the data tell us?</div> <p>At the end of April, the number of patients waiting less than 18-weeks is (63.1%), 0.9% below the Trust trajectory of 64.0% set for April 2025 as part of the Trust operational planning submission (target of 72% by March 2026).</p> <div>Actions being taken to improve</div> <p>The 2025/26 delivery plans developed with clinical divisions, incorporate additional resource for some of the services (e.g. neurology and pain specialties) requiring greater support to recover their position.</p> <p>The Trust are taking part in the NHS England validation sprint, where an additional validation exercise will focus on patients across a broad range of specialties.</p> <p>Additional patient contacts are also being made via DrDoctor to identify whether patients no longer require to be seen (self-limiting conditions)</p> <div>Impact on forecast</div> <p>Anticipated to recover in line with full year trajectory.</p>		Summary																																																				
RTT Ongoing Pathways Under 18 Weeks	<div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>64.2%</div> <div>Latest Month's Position</div> <div>63.7%</div> <div>Performance / Assurance</div> <div>Special Cause Improving Variation High, where up is improvement but target is greater than upper limit.</div> <div>Corporate Risk</div> <div>Risk 801 - Elements of the NHS Oversight Framework are not met (12)</div>	<div>Referral To Treatment Ongoing Pathways Under 18 Weeks</div> <table border="1"><caption>RTT Ongoing Pathways Under 18 Weeks Data</caption><thead><tr><th>Month</th><th>Value (%)</th></tr></thead><tbody><tr><td>Apr-23</td><td>52.8</td></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>52.8</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>58.5</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>64.5</td></tr><tr><td>Apr-25</td><td>63.7</td></tr></tbody></table>	Month	Value (%)	Apr-23	52.8	May-23	54.0	Jun-23	52.5	Jul-23	52.8	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	58.5	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	64.5	Apr-25	63.7	RTT Ongoing Pathways Under 18 Weeks
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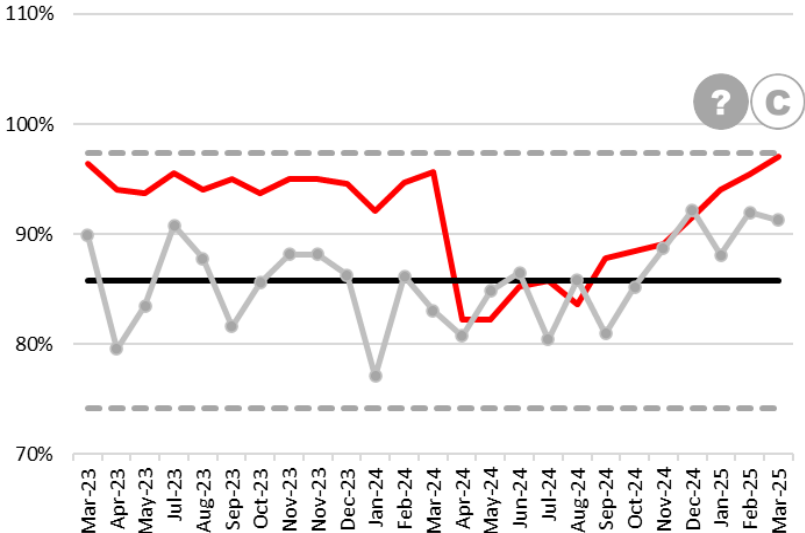
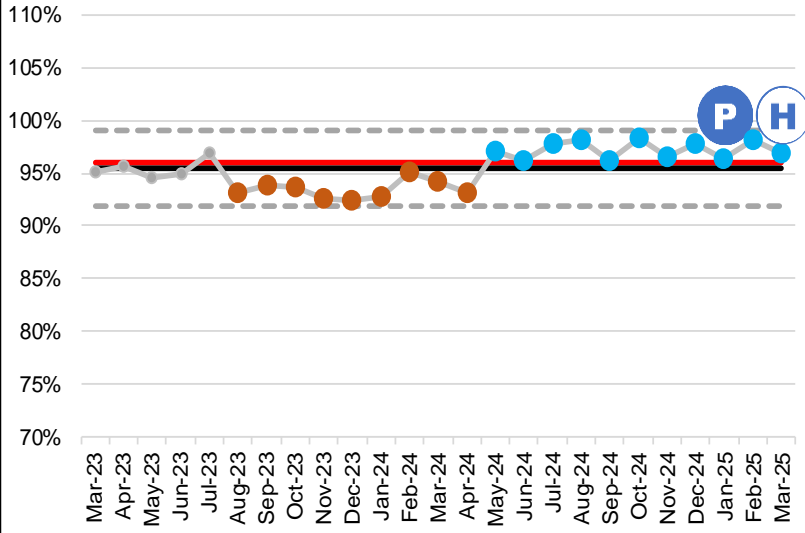
Responsiveness

Planned Care – Referral to Treatment (RTT)

RTT First Attendance Under 18 Weeks	<div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>71.2%</div> <div>Latest Month's Position</div> <div>69.4%</div> <div>Performance / Assurance</div> <div>Special Cause Improving Variation High, where up is improvement</div> <div>Corporate Risk</div> <div>No Trust Level Risk</div>	<div>Referral To Treatment First Attendance Under 18 Weeks</div> <table><caption>RTT First Attendance Under 18 Weeks Data</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Apr-23</td><td>67.0%</td></tr><tr><td>May-23</td><td>67.0%</td></tr><tr><td>Jun-23</td><td>66.5%</td></tr><tr><td>Jul-23</td><td>66.0%</td></tr><tr><td>Aug-23</td><td>64.0%</td></tr><tr><td>Sep-23</td><td>65.5%</td></tr><tr><td>Oct-23</td><td>67.5%</td></tr><tr><td>Nov-23</td><td>68.0%</td></tr><tr><td>Dec-23</td><td>67.5%</td></tr><tr><td>Jan-24</td><td>67.5%</td></tr><tr><td>Feb-24</td><td>69.0%</td></tr><tr><td>Mar-24</td><td>66.0%</td></tr><tr><td>Apr-24</td><td>63.5%</td></tr><tr><td>May-24</td><td>64.5%</td></tr><tr><td>Jun-24</td><td>67.0%</td></tr><tr><td>Jul-24</td><td>70.5%</td></tr><tr><td>Aug-24</td><td>71.5%</td></tr><tr><td>Sep-24</td><td>72.0%</td></tr><tr><td>Oct-24</td><td>72.5%</td></tr><tr><td>Nov-24</td><td>73.0%</td></tr><tr><td>Dec-24</td><td>72.0%</td></tr><tr><td>Jan-25</td><td>71.5%</td></tr><tr><td>Feb-25</td><td>70.5%</td></tr><tr><td>Mar-25</td><td>69.0%</td></tr><tr><td>Apr-25</td><td>69.4%</td></tr></tbody></table>	Month	Percentage	Apr-23	67.0%	May-23	67.0%	Jun-23	66.5%	Jul-23	66.0%	Aug-23	64.0%	Sep-23	65.5%	Oct-23	67.5%	Nov-23	68.0%	Dec-23	67.5%	Jan-24	67.5%	Feb-24	69.0%	Mar-24	66.0%	Apr-24	63.5%	May-24	64.5%	Jun-24	67.0%	Jul-24	70.5%	Aug-24	71.5%	Sep-24	72.0%	Oct-24	72.5%	Nov-24	73.0%	Dec-24	72.0%	Jan-25	71.5%	Feb-25	70.5%	Mar-25	69.0%	Apr-25	69.4%	RTT First Attendance Under 18 Weeks	<div>Referral To Treatment First Attendance Under 18 Week</div> <table><caption>RTT First Attendance Under 18 Week Data</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Apr-23</td><td>55.0%</td></tr><tr><td>May-23</td><td>55.5%</td></tr><tr><td>Jun-23</td><td>53.5%</td></tr><tr><td>Jul-23</td><td>53.0%</td></tr><tr><td>Aug-23</td><td>52.0%</td></tr><tr><td>Sep-23</td><td>52.5%</td></tr><tr><td>Oct-23</td><td>56.5%</td></tr><tr><td>Nov-23</td><td>56.5%</td></tr><tr><td>Dec-23</td><td>56.0%</td></tr><tr><td>Jan-24</td><td>58.5%</td></tr><tr><td>Feb-24</td><td>59.5%</td></tr><tr><td>Mar-24</td><td>59.5%</td></tr><tr><td>Apr-24</td><td>60.0%</td></tr><tr><td>May-24</td><td>62.0%</td></tr><tr><td>Jun-24</td><td>62.5%</td></tr><tr><td>Jul-24</td><td>63.0%</td></tr><tr><td>Aug-24</td><td>62.0%</td></tr><tr><td>Sep-24</td><td>62.0%</td></tr><tr><td>Oct-24</td><td>64.5%</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>66.5%</td></tr><tr><td>Feb-25</td><td>66.5%</td></tr><tr><td>Mar-25</td><td>67.5%</td></tr><tr><td>Apr-25</td><td>66.0%</td></tr></tbody></table>	Month	Percentage	Apr-23	55.0%	May-23	55.5%	Jun-23	53.5%	Jul-23	53.0%	Aug-23	52.0%	Sep-23	52.5%	Oct-23	56.5%	Nov-23	56.5%	Dec-23	56.0%	Jan-24	58.5%	Feb-24	59.5%	Mar-24	59.5%	Apr-24	60.0%	May-24	62.0%	Jun-24	62.5%	Jul-24	63.0%	Aug-24	62.0%	Sep-24	62.0%	Oct-24	64.5%	Nov-24	66.5%	Dec-24	66.0%	Jan-25	66.5%	Feb-25	66.5%	Mar-25	67.5%	Apr-25	66.0%	<div>Referral To Treatment First Attendance Under 18 Week</div> <div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>66.5%</div> <div>Latest Month's Position</div> <div>66.0%</div> <div>Performance / Assurance</div> <div>Special Cause Improving Variation High, where up is improvement but target is greater than upper limit.</div> <div>Corporate Risk</div> <div>Risk 801 - Elements of the NHS Oversight Framework are not met (12)</div>
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Summary	<div>What does the data tell us?</div> <p>At the end of April, the percentage of patients waiting less than 18 weeks for their first appointment is 69.4% against the target of 71.2% set for April 2025 as part of the Trust operational planning submission (target of 78% by March 2026)</p> <div>Actions being taken to improve</div> <p>Actions align with previous slide, noting the focus on divisions booking patients earlier to ensure the first attendance is undertaken as soon as possible.</p> <p>Actions to improve include '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.</p> <div>Impact on forecast</div> <p>Ongoing work to undertake actions and recover to the trajectory for year-end target.</p>	<div>What does the data tell us?</div> <p>At the end of April, the percentage of patients waiting less than 18 weeks for their first appointment is 66% against the target of 66.5% set for April 2025 as part of the Trust operational planning submission (target of 71.7% by March 2026)</p> <div>Actions being taken to improve</div> <p>Actions align with previous slide, noting the focus on divisions booking patients earlier to ensure the first attendance is undertaken as soon as possible.</p> <p>Actions to improve include the use of 'booking in order' reporting tools, utilisation of available clinic slots to see a greater number of new patients, running additional clinics via waiting list initiatives and increased use of insourcing arrangements.</p> <div>Impact on forecast</div> <p>Expected to improve the position during Q1, in line with operational planning trajectory.</p>																																																																																																											

Responsiveness

Planned Care – Cancer Metrics

Cancer – 31 Day Diagnosis to Treatment	<div> <div> <div>Latest Month</div> <div>Mar-25</div> <div>Target</div> <div>97.1%</div> <div>Latest Month's Position</div> <div>91.3%</div> <div>Performance / Assurance</div> <div>Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation</div> <div>Trust Level Risk</div> <div>988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).</div> </div> <div> <div>Cancer - 31 Day Diagnosis To Treatment</div>  </div> </div>	Cancer – 31 Day Diagnosis to Treatment	<div> <div> <div>Latest Month</div> <div>Mar-25</div> <div>Target</div> <div>96.0%</div> <div>Latest Month's Position</div> <div>97.0%</div> <div>Performance / Assurance</div> <div>Special Cause Improving Variation High, where up is improvement and last six data points are greater than or equal to target.</div> <div>Corporate Risk</div> <div>Risk 5532 - Non-compliance with the 31 day cancer standard (12)</div> </div> <div> <div>Cancer - 31 Day Diagnosis To Treatment</div>  </div> </div>
Summary	<p>What does the data tell us? There was deterioration against the 31-Day standard.</p> <p>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.</p> <p>Impact on forecast April is currently reporting less treatments overall with an increase in breaches, the position is driven by first treatments in Skin and LGI however this is subject to validation</p>	Summary	<p>No narrative required as per business rules.</p>

Responsiveness

Planned Care – Cancer Metrics

Cancer – 62 Day Combined Standard	<div><div>Latest Month</div><div>Mar-25</div><div>Target</div><div>70.0%</div><div>Latest Month's Position</div><div>64.8%</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation</div><div>Trust Level Risk</div><div>988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).</div></div>	<div><div>Cancer - 62 Day Combined Standard</div><table><tr><th>Month</th><th>Performance (%)</th></tr><tr><td>Mar-23</td><td>68</td></tr><tr><td>Apr-23</td><td>60</td></tr><tr><td>May-23</td><td>58</td></tr><tr><td>Jun-23</td><td>62</td></tr><tr><td>Jul-23</td><td>61</td></tr><tr><td>Aug-23</td><td>60</td></tr><tr><td>Sep-23</td><td>58</td></tr><tr><td>Oct-23</td><td>60</td></tr><tr><td>Nov-23</td><td>61</td></tr><tr><td>Dec-23</td><td>61</td></tr><tr><td>Jan-24</td><td>55</td></tr><tr><td>Feb-24</td><td>58</td></tr><tr><td>Mar-24</td><td>59</td></tr><tr><td>Apr-24</td><td>60</td></tr><tr><td>May-24</td><td>59</td></tr><tr><td>Jun-24</td><td>61</td></tr><tr><td>Jul-24</td><td>58</td></tr><tr><td>Aug-24</td><td>68</td></tr><tr><td>Sep-24</td><td>61</td></tr><tr><td>Oct-24</td><td>68</td></tr><tr><td>Nov-24</td><td>69</td></tr><tr><td>Dec-24</td><td>75</td></tr><tr><td>Jan-25</td><td>66</td></tr><tr><td>Feb-25</td><td>59</td></tr><tr><td>Mar-25</td><td>65</td></tr></table></div>	Month	Performance (%)	Mar-23	68	Apr-23	60	May-23	58	Jun-23	62	Jul-23	61	Aug-23	60	Sep-23	58	Oct-23	60	Nov-23	61	Dec-23	61	Jan-24	55	Feb-24	58	Mar-24	59	Apr-24	60	May-24	59	Jun-24	61	Jul-24	58	Aug-24	68	Sep-24	61	Oct-24	68	Nov-24	69	Dec-24	75	Jan-25	66	Feb-25	59	Mar-25	65	Cancer – 62 Day Referral to Treatment	<div><div>Cancer 62 Day Referral To Treatment</div><table><tr><th>Month</th><th>Performance (%)</th></tr><tr><td>Mar-23</td><td>68</td></tr><tr><td>Apr-23</td><td>70</td></tr><tr><td>May-23</td><td>71</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>66</td></tr><tr><td>Sep-23</td><td>65</td></tr><tr><td>Oct-23</td><td>62</td></tr><tr><td>Nov-23</td><td>67</td></tr><tr><td>Dec-23</td><td>75</td></tr><tr><td>Jan-24</td><td>71</td></tr><tr><td>Feb-24</td><td>70</td></tr><tr><td>Mar-24</td><td>76</td></tr><tr><td>Apr-24</td><td>73</td></tr><tr><td>May-24</td><td>74</td></tr><tr><td>Jun-24</td><td>79</td></tr><tr><td>Jul-24</td><td>81</td></tr><tr><td>Aug-24</td><td>75</td></tr><tr><td>Sep-24</td><td>71</td></tr><tr><td>Oct-24</td><td>76</td></tr><tr><td>Nov-24</td><td>74</td></tr><tr><td>Dec-24</td><td>76</td></tr><tr><td>Jan-25</td><td>74</td></tr><tr><td>Feb-25</td><td>74</td></tr><tr><td>Mar-25</td><td>74</td></tr></table></div>	Month	Performance (%)	Mar-23	68	Apr-23	70	May-23	71	Jun-23	72	Jul-23	68	Aug-23	66	Sep-23	65	Oct-23	62	Nov-23	67	Dec-23	75	Jan-24	71	Feb-24	70	Mar-24	76	Apr-24	73	May-24	74	Jun-24	79	Jul-24	81	Aug-24	75	Sep-24	71	Oct-24	76	Nov-24	74	Dec-24	76	Jan-25	74	Feb-25	74	Mar-25	74	<div><div>Latest Month</div><div>Mar-25</div><div>Target</div><div>70.0%</div><div>Latest Month's Position</div><div>73.6%</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is improvement.</div><div>Corporate Risk</div><div>No Corporate Risk</div></div>
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Summary	<div><div>What does the data tell us?</div><div>There was improvement against the 62-Day standard. The Trust delivered less treatments overall with less reported breaches. This was driven by Breast, Skin and Urology.</div><div>Actions being taken to improve</div><div>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.</div><div>Impact on forecast</div><div>April is reporting an improved position in advance of upload with a higher volume of treatments.</div></div>	Summary	No narrative required as per business rules.																																																																																																										

Responsiveness

Last Minute Cancelled Operations

Last Minute Cancelled Operations	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>0.8%</div><div>Latest Month's Position</div><div>0.6%</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation</div><div>Trust Level Risk</div><div>No Trust Level Risk</div></div>	<div><div>Last Minute Cancelled Operations - Percentage of Elective Admissions</div><table><tr><th>Month</th><th>Percentage</th></tr><tr><td>Apr-23</td><td>0.48%</td></tr><tr><td>May-23</td><td>0.35%</td></tr><tr><td>Jun-23</td><td>0.48%</td></tr><tr><td>Jul-23</td><td>0.45%</td></tr><tr><td>Aug-23</td><td>0.32%</td></tr><tr><td>Sep-23</td><td>0.50%</td></tr><tr><td>Oct-23</td><td>0.60%</td></tr><tr><td>Nov-23</td><td>0.70%</td></tr><tr><td>Dec-23</td><td>0.82%</td></tr><tr><td>Jan-24</td><td>0.60%</td></tr><tr><td>Feb-24</td><td>0.40%</td></tr><tr><td>Mar-24</td><td>0.40%</td></tr><tr><td>Apr-24</td><td>0.48%</td></tr><tr><td>May-24</td><td>0.42%</td></tr><tr><td>Jun-24</td><td>0.68%</td></tr><tr><td>Jul-24</td><td>0.48%</td></tr><tr><td>Aug-24</td><td>0.45%</td></tr><tr><td>Sep-24</td><td>0.58%</td></tr><tr><td>Oct-24</td><td>0.58%</td></tr><tr><td>Nov-24</td><td>0.65%</td></tr><tr><td>Dec-24</td><td>0.95%</td></tr><tr><td>Jan-25</td><td>0.60%</td></tr><tr><td>Feb-25</td><td>0.42%</td></tr><tr><td>Mar-25</td><td>0.58%</td></tr><tr><td>Apr-25</td><td>0.55%</td></tr></table></div>	Month	Percentage	Apr-23	0.48%	May-23	0.35%	Jun-23	0.48%	Jul-23	0.45%	Aug-23	0.32%	Sep-23	0.50%	Oct-23	0.60%	Nov-23	0.70%	Dec-23	0.82%	Jan-24	0.60%	Feb-24	0.40%	Mar-24	0.40%	Apr-24	0.48%	May-24	0.42%	Jun-24	0.68%	Jul-24	0.48%	Aug-24	0.45%	Sep-24	0.58%	Oct-24	0.58%	Nov-24	0.65%	Dec-24	0.95%	Jan-25	0.60%	Feb-25	0.42%	Mar-25	0.58%	Apr-25	0.55%	Last Minute Cancelled Operations	<div><div>Last Minute Cancelled Operations - Percentage of Admissions</div><table><tr><th>Month</th><th>Percentage</th></tr><tr><td>Apr-23</td><td>1.40%</td></tr><tr><td>May-23</td><td>2.10%</td></tr><tr><td>Jun-23</td><td>1.55%</td></tr><tr><td>Jul-23</td><td>1.70%</td></tr><tr><td>Aug-23</td><td>2.10%</td></tr><tr><td>Sep-23</td><td>1.55%</td></tr><tr><td>Oct-23</td><td>1.90%</td></tr><tr><td>Nov-23</td><td>1.80%</td></tr><tr><td>Dec-23</td><td>2.35%</td></tr><tr><td>Jan-24</td><td>2.25%</td></tr><tr><td>Feb-24</td><td>1.80%</td></tr><tr><td>Mar-24</td><td>2.30%</td></tr><tr><td>Apr-24</td><td>3.25%</td></tr><tr><td>May-24</td><td>2.35%</td></tr><tr><td>Jun-24</td><td>3.35%</td></tr><tr><td>Jul-24</td><td>2.35%</td></tr><tr><td>Aug-24</td><td>2.60%</td></tr><tr><td>Sep-24</td><td>1.55%</td></tr><tr><td>Oct-24</td><td>2.90%</td></tr><tr><td>Nov-24</td><td>2.90%</td></tr><tr><td>Dec-24</td><td>2.55%</td></tr><tr><td>Jan-25</td><td>2.35%</td></tr><tr><td>Feb-25</td><td>1.65%</td></tr><tr><td>Mar-25</td><td>1.50%</td></tr><tr><td>Apr-25</td><td>1.48%</td></tr></table></div>	Month	Percentage	Apr-23	1.40%	May-23	2.10%	Jun-23	1.55%	Jul-23	1.70%	Aug-23	2.10%	Sep-23	1.55%	Oct-23	1.90%	Nov-23	1.80%	Dec-23	2.35%	Jan-24	2.25%	Feb-24	1.80%	Mar-24	2.30%	Apr-24	3.25%	May-24	2.35%	Jun-24	3.35%	Jul-24	2.35%	Aug-24	2.60%	Sep-24	1.55%	Oct-24	2.90%	Nov-24	2.90%	Dec-24	2.55%	Jan-25	2.35%	Feb-25	1.65%	Mar-25	1.50%	Apr-25	1.48%	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>1.5%</div><div>Latest Month's Position</div><div>1.5%</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.</div><div>Corporate Risk</div><div>Risk 1035 - Risk that BNSSG and tertiary catchment populations do not have access to sufficient critical care beds (12)</div></div>
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Summary	No narrative required as per business rules.		Summary	<div><div>What does the data tell us?</div><div>Improvements in data quality and a concerted focus within divisions has contributed towards an improved performance across the last five months achieving target in April. During April 2025, there were 121 cancelled operations out of 8,164 total admissions (1.48%) against a target of 1.5%; 51 related to non-surgical specialties (primarily due to no ward beds) and 70 to surgical admissions, which were primarily due to available operating time and rescheduling of cases to prioritise clinically urgent patients.</div><div>Actions being taken to improve</div><div>Actions for reducing last minute cancellations are being delivered by the Trust’s Theatre Productivity Programme. As part of this Programme, the Theatre Improvement Delivery Group and Planned Care Group are continuing to work on the data quality associated with this metric. A dashboard is available, with data concerning the timeliness of validation at specialty level. The dashboard is in use across divisions and monitored via Planned Care Group.</div><div>Impact on forecast</div><div>Continued improvement expected during Q1 2025/26 through focussed management as referenced above.</div></div>																																																																																																									

Quality, Safety & Effectiveness

Scorecard

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

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

Quality, Safety & Effectiveness

Scorecard

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

Assurance

Variation

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P

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No icon

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C

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Consistently Passing Target

Meeting or Passing Target

Passing and Falling Short of Target

Falling Short of Target

Consistently Falling Short of Target

No Specified Target

Improving Variation

Common Cause (natural) Variation

Concerning Variation

Quality, Safety & Effectiveness

Infection Control

MRSA Hospital Onset Cases	<div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>0</div> <div>Latest Month's Position</div> <div>1</div> <div>Performance / Assurance</div> <div>Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration</div> <div>Trust Level Risk</div> <div>No Trust Level Risk</div>	<div>MRSA Hospital Onset Cases</div> <table border="1"><thead><tr><th>Month</th><th>Cases</th></tr></thead><tbody><tr><td>Apr-23</td><td>0</td></tr><tr><td>May-23</td><td>0</td></tr><tr><td>Jun-23</td><td>1</td></tr><tr><td>Jul-23</td><td>1</td></tr><tr><td>Aug-23</td><td>0</td></tr><tr><td>Sep-23</td><td>0</td></tr><tr><td>Oct-23</td><td>1</td></tr><tr><td>Nov-23</td><td>1</td></tr><tr><td>Dec-23</td><td>0</td></tr><tr><td>Jan-24</td><td>0</td></tr><tr><td>Feb-24</td><td>0</td></tr><tr><td>Mar-24</td><td>0</td></tr><tr><td>Apr-24</td><td>1</td></tr><tr><td>May-24</td><td>0</td></tr><tr><td>Jun-24</td><td>0</td></tr><tr><td>Jul-24</td><td>1</td></tr><tr><td>Aug-24</td><td>0</td></tr><tr><td>Sep-24</td><td>1</td></tr><tr><td>Oct-24</td><td>1</td></tr><tr><td>Nov-24</td><td>0</td></tr><tr><td>Dec-24</td><td>0</td></tr><tr><td>Jan-25</td><td>0</td></tr><tr><td>Feb-25</td><td>0</td></tr><tr><td>Mar-25</td><td>0</td></tr><tr><td>Apr-25</td><td>1</td></tr></tbody></table>	Month	Cases	Apr-23	0	May-23	0	Jun-23	1	Jul-23	1	Aug-23	0	Sep-23	0	Oct-23	1	Nov-23	1	Dec-23	0	Jan-24	0	Feb-24	0	Mar-24	0	Apr-24	1	May-24	0	Jun-24	0	Jul-24	1	Aug-24	0	Sep-24	1	Oct-24	1	Nov-24	0	Dec-24	0	Jan-25	0	Feb-25	0	Mar-25	0	Apr-25	1	<div>MRSA Hospital Onset Cases</div> <table border="1"><thead><tr><th>Month</th><th>Cases</th></tr></thead><tbody><tr><td>Apr-23</td><td>1</td></tr><tr><td>May-23</td><td>0</td></tr><tr><td>Jun-23</td><td>2</td></tr><tr><td>Jul-23</td><td>2</td></tr><tr><td>Aug-23</td><td>0</td></tr><tr><td>Sep-23</td><td>1</td></tr><tr><td>Oct-23</td><td>0</td></tr><tr><td>Nov-23</td><td>0</td></tr><tr><td>Dec-23</td><td>1</td></tr><tr><td>Jan-24</td><td>1</td></tr><tr><td>Feb-24</td><td>0</td></tr><tr><td>Mar-24</td><td>1</td></tr><tr><td>Apr-24</td><td>0</td></tr><tr><td>May-24</td><td>0</td></tr><tr><td>Jun-24</td><td>1</td></tr><tr><td>Jul-24</td><td>0</td></tr><tr><td>Aug-24</td><td>1</td></tr><tr><td>Sep-24</td><td>3</td></tr><tr><td>Oct-24</td><td>1</td></tr><tr><td>Nov-24</td><td>0</td></tr><tr><td>Dec-24</td><td>1</td></tr><tr><td>Jan-25</td><td>0</td></tr><tr><td>Feb-25</td><td>0</td></tr><tr><td>Mar-25</td><td>0</td></tr><tr><td>Apr-25</td><td>0</td></tr></tbody></table>	Month	Cases	Apr-23	1	May-23	0	Jun-23	2	Jul-23	2	Aug-23	0	Sep-23	1	Oct-23	0	Nov-23	0	Dec-23	1	Jan-24	1	Feb-24	0	Mar-24	1	Apr-24	0	May-24	0	Jun-24	1	Jul-24	0	Aug-24	1	Sep-24	3	Oct-24	1	Nov-24	0	Dec-24	1	Jan-25	0	Feb-25	0	Mar-25	0	Apr-25	0	<div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>0</div> <div>Latest Month's Position</div> <div>0</div> <div>Performance / Assurance</div> <div>Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.</div> <div>Corporate Risk</div> <div>Risk 6013 - Risk that the Trust exceeds its NHSE/I limit for Methicillin Resistant Staphylococcus aureus bacteraemia's (12)</div>
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Summary	<div>What does the data tell us ?</div> <div>There was one case in April 2025.</div> <div>What does the data tell us ?</div> <div>Learning identified for cases embedded in ASCR and NMSK divisions and clinical areas. One case with no focal source confirmed through trust investigation. Ongoing education continues around risk assessments and MRSA screening , Digital versions of this are to be rolled out.</div> <div>MRSA management and decolonisation education continues to be delivered at divisional level. Whilst continuing our education around device management linked to MSSA reduction. Work will take place re decolonisation and products to use going forward with potential of a Steriwave trial in new elective centre</div>	Summary	<div>What does the data tell us?</div> <div>There were no MRSA bacteraemia cases in April 2025.</div> <div>Actions being taken to improve</div> <div>MRSA quality improvement work continues and going forward into 2025/26 further focused work around line care is planned. Of the UHBW cases during thematic analysis revealed the people who inject drugs, represent a high proportion of the cases, collaborative improvement work is being coordinated community partners.</div> <div>Impact on forecast</div> <div>The collaborative work from 2024/2025 to prevent further MRSA bacteraemia's continues. Impact of work to improve line insertion, care and timely removal will reduce risk of in-hospital MRSA and the impact of improvement work with community partners to support people who inject drugs should also reduce risk of MRSA bacteraemia's in this more susceptible group of people.</div>																																																																																																									

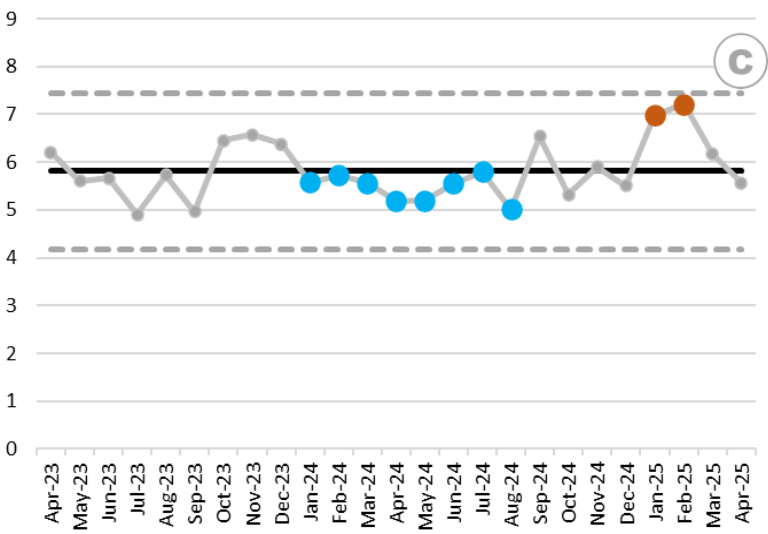
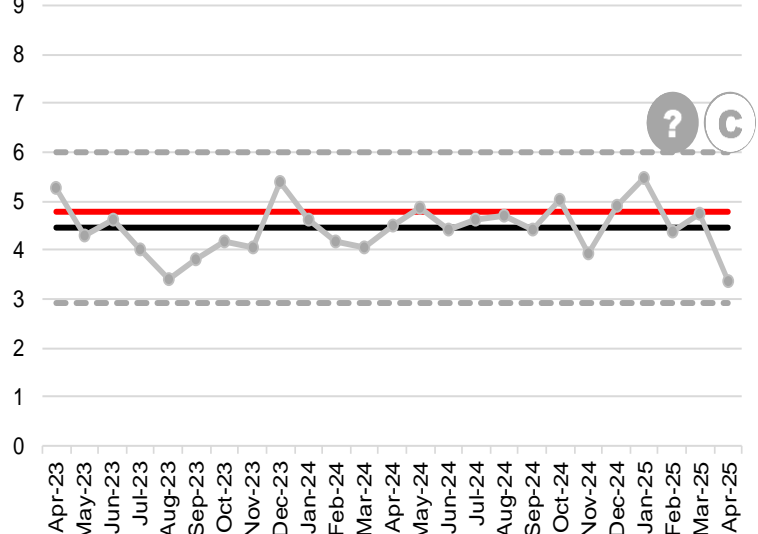
Quality, Safety & Effectiveness

Infection Control

C.difficile Healthcare Associated Cases	<div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>5</div> <div>Latest Month's Position</div> <div>4</div> <div>Performance / Assurance</div> <div>Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation</div> <div>Trust Level Risk</div> <div>No Trust Level Risk</div>	<div>C.difficile Healthcare Associated Cases</div> <table border="1"><caption>C.difficile Healthcare Associated Cases Data (Left Chart)</caption><thead><tr><th>Month</th><th>Cases</th></tr></thead><tbody><tr><td>Apr-23</td><td>1</td></tr><tr><td>May-23</td><td>4</td></tr><tr><td>Jun-23</td><td>11</td></tr><tr><td>Jul-23</td><td>6</td></tr><tr><td>Aug-23</td><td>2</td></tr><tr><td>Sep-23</td><td>5</td></tr><tr><td>Oct-23</td><td>4</td></tr><tr><td>Nov-23</td><td>3</td></tr><tr><td>Dec-23</td><td>2</td></tr><tr><td>Jan-24</td><td>2</td></tr><tr><td>Feb-24</td><td>9</td></tr><tr><td>Mar-24</td><td>8</td></tr><tr><td>Apr-24</td><td>6</td></tr><tr><td>May-24</td><td>2</td></tr><tr><td>Jun-24</td><td>4</td></tr><tr><td>Jul-24</td><td>8</td></tr><tr><td>Aug-24</td><td>2</td></tr><tr><td>Sep-24</td><td>6</td></tr><tr><td>Oct-24</td><td>7</td></tr><tr><td>Nov-24</td><td>7</td></tr><tr><td>Dec-24</td><td>9</td></tr><tr><td>Jan-25</td><td>8</td></tr><tr><td>Feb-25</td><td>8</td></tr><tr><td>Mar-25</td><td>7</td></tr><tr><td>Apr-25</td><td>4</td></tr></tbody></table>	Month	Cases	Apr-23	1	May-23	4	Jun-23	11	Jul-23	6	Aug-23	2	Sep-23	5	Oct-23	4	Nov-23	3	Dec-23	2	Jan-24	2	Feb-24	9	Mar-24	8	Apr-24	6	May-24	2	Jun-24	4	Jul-24	8	Aug-24	2	Sep-24	6	Oct-24	7	Nov-24	7	Dec-24	9	Jan-25	8	Feb-25	8	Mar-25	7	Apr-25	4	<div>C.difficile Healthcare Associated Cases</div> <table border="1"><caption>C.difficile Healthcare Associated Cases Data (Right Chart)</caption><thead><tr><th>Month</th><th>Cases</th></tr></thead><tbody><tr><td>Apr-23</td><td>12</td></tr><tr><td>May-23</td><td>8</td></tr><tr><td>Jun-23</td><td>13</td></tr><tr><td>Jul-23</td><td>8</td></tr><tr><td>Aug-23</td><td>10</td></tr><tr><td>Sep-23</td><td>9</td></tr><tr><td>Oct-23</td><td>9</td></tr><tr><td>Nov-23</td><td>6</td></tr><tr><td>Dec-23</td><td>4</td></tr><tr><td>Jan-24</td><td>7</td></tr><tr><td>Feb-24</td><td>13</td></tr><tr><td>Mar-24</td><td>12</td></tr><tr><td>Apr-24</td><td>14</td></tr><tr><td>May-24</td><td>10</td></tr><tr><td>Jun-24</td><td>14</td></tr><tr><td>Jul-24</td><td>13</td></tr><tr><td>Aug-24</td><td>19</td></tr><tr><td>Sep-24</td><td>13</td></tr><tr><td>Oct-24</td><td>8</td></tr><tr><td>Nov-24</td><td>5</td></tr><tr><td>Dec-24</td><td>11</td></tr><tr><td>Jan-25</td><td>5</td></tr><tr><td>Feb-25</td><td>5</td></tr><tr><td>Mar-25</td><td>12</td></tr><tr><td>Apr-25</td><td>11</td></tr></tbody></table>	Month	Cases	Apr-23	12	May-23	8	Jun-23	13	Jul-23	8	Aug-23	10	Sep-23	9	Oct-23	9	Nov-23	6	Dec-23	4	Jan-24	7	Feb-24	13	Mar-24	12	Apr-24	14	May-24	10	Jun-24	14	Jul-24	13	Aug-24	19	Sep-24	13	Oct-24	8	Nov-24	5	Dec-24	11	Jan-25	5	Feb-25	5	Mar-25	12	Apr-25	11	<div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>9.08</div> <div>Latest Month's Position</div> <div>11</div> <div>Performance / Assurance</div> <div>Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.</div> <div>Corporate Risk</div> <div>No Corporate Risk</div>
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Summary	<div>What does the data tell us?</div> <div>The latest months position is four against a target of 5.</div> <div>Actions being taken to improve</div> <div>C. difficile targeted plans include adopting weekly C. difficile ward rounds to review microbiologically treated cases, educate, advise and intervene including escalation to microbiology for escalated symptoms and antibiotic management.</div> <div>Other projects</div> <div>Wider education for unexplainable diarrhoea , vomiting and associated testing continues . Twice daily cleaning for C. difficile and enhanced cleaning with collaboration from facilities.</div> <div>Alcohol free gel – Implementation of Spectrum X alcohol free gel for point of care use being rolled out Trust wide to assist with C. difficile and Norovirus transmission.</div>	<div>Summary</div> <div>What does the data tell us?</div> <div>UHBW had 11 cases of <i>C.difficile</i> in April 2025, nine Hospital Onset Healthcare Associated (HOHA) and two Community Onset Healthcare Associated (COHA). Whilst this is slight total reduction from the previous month where there were five HOHA and seven COHA cases, there is shift toward an increase in HOHA cases for the month of April. The NHSE limit for UHBW for 2025/26 is set at 109 cases. The monthly target is set to 9.08 cases per month, therefore UHBW has breached the monthly target by 2 cases. The regional and national <i>C.difficile</i> positions continues to show an increasing trend.</div> <div>Actions being taken to improve</div> <div>The UK Health Security Agency (UKHSA) have triggered a national incident to increase scrutiny of the national increase in <i>C. difficile</i>. An active surveillance system of <i>C. difficile</i> strains circulating in England commenced in April 2025 . This will align with surveillance strategies in most of the other UK nations and beyond and will allow greater vigilance in the tracking and monitoring of <i>C. difficile</i> nationally and internationally. UHBW is one of the Sentinal sites participating in the surveillance.</div> <div>Impact on forecast</div> <div>The limited number of cubicles for isolating patients, particularly in Weston General Hospital and the Children's Hospital, will continue to require dynamic risk-based decision making on patient isolation. The quality improvement work being undertaken within UHBW will reduce risk of patients developing <i>C.difficile</i>.</div>																																																																																																										

Quality, Safety & Effectiveness

Falls

Inpatient Falls Per 1000 Bed days	<div> <div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>No Target</div> <div>Latest Month's Position</div> <div>6</div> <div>Performance / Assurance</div> <div>Common Cause (natural/expected) variation, where target is greater than upper limit where down is improvement</div> <div>Trust Level Risk</div> <div>No Trust Level Risk</div> </div>	<div> <div>Falls per 1000 bed days</div>  </div>	Inpatient Falls Per 1,000 Bed days	<div> <div>Falls Per 1,000 Beddays</div>  </div>	<div> <div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>4.8</div> <div>Latest Month's Position</div> <div>3.4</div> <div>Performance / Assurance</div> <div>Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.</div> <div>Corporate Risk</div> <div>Risk 1598 - Patients suffer harm or injury from preventable falls (12)</div> </div>
	No narrative required as per business rules.			<div> <div>What does the data tell us?</div> <p>Performance: During April 2025: there have been 114 falls, which per 1000 bed days equates to 3.366, this is lower than the trust target of 4.8 per 1000 bed days. There were 82 falls at the Bristol site and 32 falls at the Weston site. There have been three falls with moderate or severe physical and/or psychological harm.</p> <p>What does the data tell us: The number of falls in April 2025 (114) is less than March 2025 (165). There are three falls with harm in April 2025, this is lower than the previous month (5). Risk of falls continues to remain on the divisions' risk registers as well as the Trust risk register. Actions to reduce falls, all of which have potential to cause harm, is provided below.</p> <ul style="list-style-type: none"> Actions being taken to improve In April 2025, the divisions of Specialised Services and Surgery shared their learning from their analyses of falls incidents at the Dementia Delirium and Falls steering group. They shared patient stories and identified themes relating to falls; patients who are confused are having multiple falls, increase in falls overnight when patients are mobilising to the bathroom, a high number of patients requiring enhanced care observations and difficulties filling these shifts. </div>	Summary

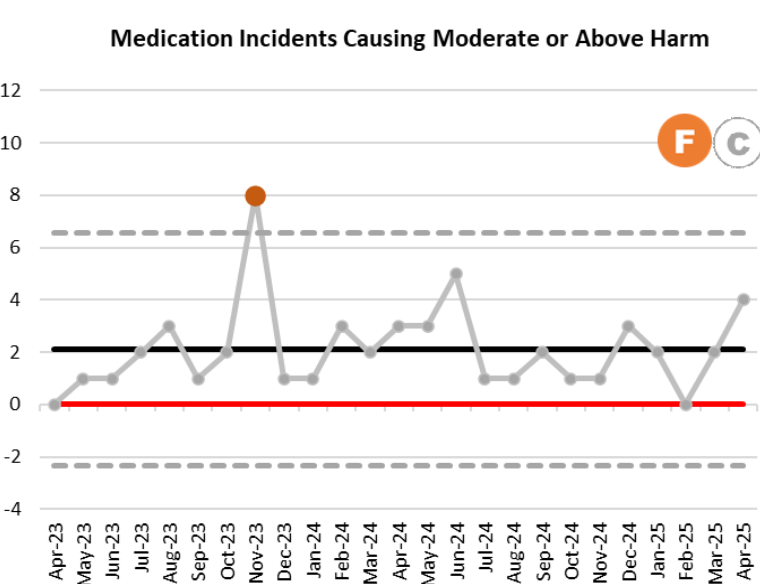
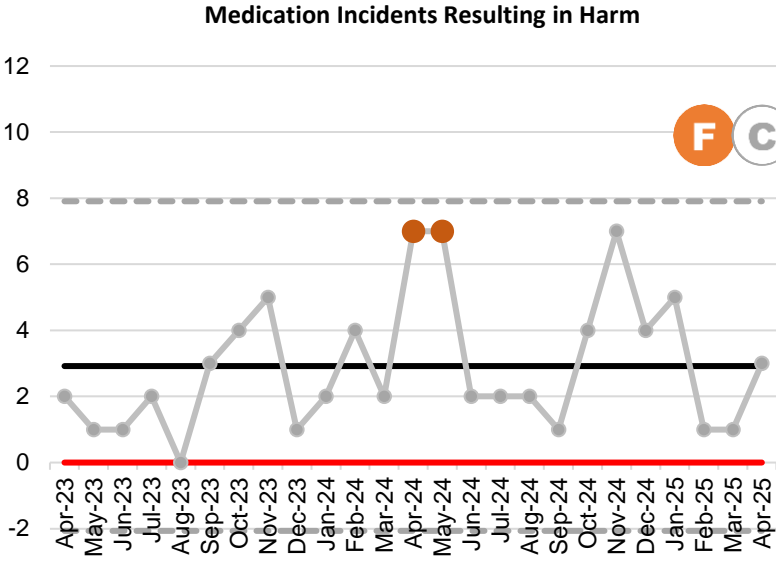
Quality, Safety & Effectiveness

Falls

Falls Resulting in Harm	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>No Target</div><div>Latest Month's Position</div><div>7</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation, where target is greater than upper limit where down is improvement</div><div>Trust Level Risk</div><div>No Trust Level Risk</div></div>	<div><div>Falls Resulting in Harm</div><table><tr><th>Month</th><th>Falls</th></tr><tr><td>Apr-23</td><td>4</td></tr><tr><td>May-23</td><td>4</td></tr><tr><td>Jun-23</td><td>6</td></tr><tr><td>Jul-23</td><td>3</td></tr><tr><td>Aug-23</td><td>11</td></tr><tr><td>Sep-23</td><td>2</td></tr><tr><td>Oct-23</td><td>5</td></tr><tr><td>Nov-23</td><td>5</td></tr><tr><td>Dec-23</td><td>2</td></tr><tr><td>Jan-24</td><td>7</td></tr><tr><td>Feb-24</td><td>4</td></tr><tr><td>Mar-24</td><td>5</td></tr><tr><td>Apr-24</td><td>3</td></tr><tr><td>May-24</td><td>6</td></tr><tr><td>Jun-24</td><td>1</td></tr><tr><td>Jul-24</td><td>4</td></tr><tr><td>Aug-24</td><td>2</td></tr><tr><td>Sep-24</td><td>3</td></tr><tr><td>Oct-24</td><td>6</td></tr><tr><td>Nov-24</td><td>3</td></tr><tr><td>Dec-24</td><td>6</td></tr><tr><td>Jan-25</td><td>6</td></tr><tr><td>Feb-25</td><td>6</td></tr><tr><td>Mar-25</td><td>5</td></tr><tr><td>Apr-25</td><td>7</td></tr></table></div>	Month	Falls	Apr-23	4	May-23	4	Jun-23	6	Jul-23	3	Aug-23	11	Sep-23	2	Oct-23	5	Nov-23	5	Dec-23	2	Jan-24	7	Feb-24	4	Mar-24	5	Apr-24	3	May-24	6	Jun-24	1	Jul-24	4	Aug-24	2	Sep-24	3	Oct-24	6	Nov-24	3	Dec-24	6	Jan-25	6	Feb-25	6	Mar-25	5	Apr-25	7	Total Number of Inpatient Patient Falls Resulting in Harm	<div><div>Total Number of Patient Falls Resulting in Harm</div><table><tr><th>Month</th><th>Falls</th></tr><tr><td>Apr-23</td><td>4</td></tr><tr><td>May-23</td><td>0</td></tr><tr><td>Jun-23</td><td>3</td></tr><tr><td>Jul-23</td><td>5</td></tr><tr><td>Aug-23</td><td>3</td></tr><tr><td>Sep-23</td><td>4</td></tr><tr><td>Oct-23</td><td>7</td></tr><tr><td>Nov-23</td><td>3</td></tr><tr><td>Dec-23</td><td>5</td></tr><tr><td>Jan-24</td><td>4</td></tr><tr><td>Feb-24</td><td>3</td></tr><tr><td>Mar-24</td><td>5</td></tr><tr><td>Apr-24</td><td>1</td></tr><tr><td>May-24</td><td>3</td></tr><tr><td>Jun-24</td><td>0</td></tr><tr><td>Jul-24</td><td>4</td></tr><tr><td>Aug-24</td><td>0</td></tr><tr><td>Sep-24</td><td>3</td></tr><tr><td>Oct-24</td><td>5</td></tr><tr><td>Nov-24</td><td>7</td></tr><tr><td>Dec-24</td><td>11</td></tr><tr><td>Jan-25</td><td>4</td></tr><tr><td>Feb-25</td><td>4</td></tr><tr><td>Mar-25</td><td>3</td></tr><tr><td>Apr-25</td><td>3</td></tr></table></div>	Month	Falls	Apr-23	4	May-23	0	Jun-23	3	Jul-23	5	Aug-23	3	Sep-23	4	Oct-23	7	Nov-23	3	Dec-23	5	Jan-24	4	Feb-24	3	Mar-24	5	Apr-24	1	May-24	3	Jun-24	0	Jul-24	4	Aug-24	0	Sep-24	3	Oct-24	5	Nov-24	7	Dec-24	11	Jan-25	4	Feb-25	4	Mar-25	3	Apr-25	3	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>2</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>Corporate Risk</div><div>Risk 1598 - Patients suffer harm or injury from preventable falls (12)</div></div>
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Summary	No narrative required as per business rules.	Summary	<div><div>Actions being taken to improve (continued from previous slide)</div><div>Learning identified- ensure personalised risk assessments and plans of care in place, effective handovers, identifying if patients are suitable for outlying areas if at risk of falls, increasing falls champions and education regarding importance of use of call bells.</div><ul style="list-style-type: none">Audit: We are participating in the National Audit of Inpatient Falls, the audit is expanding to include hip fractures, head injury, spinal injury or any fracture from an inpatient fall. This may provide new national and local insights for improvement.Dementia Delirium and Falls steering group reviewed quality improvement priorities for 2025/26.NICE have published NG249 to formally update and replace CG161, Falls; assessment and prevention in older people and people 50 and over at higher risk. This has been shared at the Dementia Delirium and Falls (DDF) Steering Group. A compliance self-assessment report will be completed.Training -The DDF Steering Group provides an education component, bitesize education sessions are delivered to the group on relevant topics. The DDF team continue to deliver education sessions and simulation-based training.<div>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.</div></div>																																																																																																										

Quality, Safety & Effectiveness

Medication Incidents

Medication Incidents Causing Moderate or Above Harm	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>0</div><div>Latest Month's Position</div><div>4</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration</div><div>Trust Level Risk</div><div>Risk 1800 – Allergy status may not be identified resulting in medication being incorrectly prescribed or administered. (20)</div></div>	<div><div>Medication Incidents Causing Moderate or Above Harm</div></div>	Medication Incidents Causing Moderate or Above Harm	<div><div>Medication Incidents Resulting in Harm</div></div>	<div><div>Latest Month</div><div>Apr-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</div><div>Corporate Risk</div><div>No Corporate Risk</div></div>
	<div><div>What does the data tell us?</div><div>During April 2025 NBT had a rate of 4.3 medication incidents per 1000 bed days which is below the 6 – month average of 5.5 for this measure. This is a marked reduction in reported incidents and 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.</div><div>The level of medication incidents causing moderate or severe harm or death was 3% this month with 4 incidents falling into this category.</div><div>Actions being taken to improve</div><div>During May 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.</div><div>A resource proposal detailing the Pharmacy staffing required to support medicines safety improvement work going forward will be discussed at the DTC in due course.</div></div>	<div><div>What does the data tell us?</div><div>During April 2025, UHBW had 271 medication related incidents. Three medication incidents were reported as causing moderate, or severe harm or higher harm this month. The dataset pre-April 2025 is based on previous harm descriptors in place in the Trust. The data indicates a good reporting culture with a low number of harm incidents compared to number of incidents.</div><div>Actions being taken to improve</div><div>Medication incidents are reviewed by the UHBW medication safety team. Incidents are identified for enhanced learning response according to the Patient Safety Incident Response Plan. No specific themes have been identified arising from the low number of medication incidents associated with moderate and above harm following review at the multidisciplinary Medicines Governance Group. The implementation of Careflow Medicines Management (digital prescribing and administration system) that commences in May 2025 is envisaged to reduce risks associated with processes for prescribing and medicines administration.</div><div>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.</div></div>			

Quality, Safety & Effectiveness

VTE Risk Assessment

VTE Risk Assessment Completion	<div><div>Latest Month</div><div>Mar-25</div><div>Target</div><div>95.0%</div><div>Latest Month's Position</div><div>91.9%</div><div>Performance / Assurance</div><div>Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit</div><div>Trust Level Risk</div><div>No Trust Level Risk</div></div>	<div><div>VTE Risk Assessment Completion</div><table><caption>VTE Risk Assessment Completion Data</caption><tr><th>Month</th><th>Completion (%)</th></tr><tr><td>Mar-23</td><td>94.5</td></tr><tr><td>Apr-23</td><td>94.8</td></tr><tr><td>May-23</td><td>94.5</td></tr><tr><td>Jun-23</td><td>94.5</td></tr><tr><td>Jul-23</td><td>94.2</td></tr><tr><td>Aug-23</td><td>94.0</td></tr><tr><td>Sep-23</td><td>93.8</td></tr><tr><td>Oct-23</td><td>93.8</td></tr><tr><td>Nov-23</td><td>93.8</td></tr><tr><td>Dec-23</td><td>93.5</td></tr><tr><td>Jan-24</td><td>93.0</td></tr><tr><td>Feb-24</td><td>92.8</td></tr><tr><td>Mar-24</td><td>92.8</td></tr><tr><td>Apr-24</td><td>92.8</td></tr><tr><td>May-24</td><td>93.0</td></tr><tr><td>Jun-24</td><td>92.5</td></tr><tr><td>Jul-24</td><td>92.5</td></tr><tr><td>Aug-24</td><td>93.0</td></tr><tr><td>Sep-24</td><td>93.2</td></tr><tr><td>Oct-24</td><td>93.0</td></tr><tr><td>Nov-24</td><td>93.0</td></tr><tr><td>Dec-24</td><td>93.0</td></tr><tr><td>Jan-25</td><td>92.8</td></tr><tr><td>Feb-25</td><td>92.5</td></tr><tr><td>Mar-25</td><td>91.9</td></tr></table></div>	Month	Completion (%)	Mar-23	94.5	Apr-23	94.8	May-23	94.5	Jun-23	94.5	Jul-23	94.2	Aug-23	94.0	Sep-23	93.8	Oct-23	93.8	Nov-23	93.8	Dec-23	93.5	Jan-24	93.0	Feb-24	92.8	Mar-24	92.8	Apr-24	92.8	May-24	93.0	Jun-24	92.5	Jul-24	92.5	Aug-24	93.0	Sep-24	93.2	Oct-24	93.0	Nov-24	93.0	Dec-24	93.0	Jan-25	92.8	Feb-25	92.5	Mar-25	91.9	<div><div>Adult Inpatients Who Received A VTE Risk Assessment</div><table><caption>Adult Inpatients who Received a VTE Risk Assessment Data</caption><tr><th>Month</th><th>Completion (%)</th></tr><tr><td>Apr-23</td><td>82.0</td></tr><tr><td>May-23</td><td>82.5</td></tr><tr><td>Jun-23</td><td>82.5</td></tr><tr><td>Jul-23</td><td>84.0</td></tr><tr><td>Aug-23</td><td>84.5</td></tr><tr><td>Sep-23</td><td>82.5</td></tr><tr><td>Oct-23</td><td>82.5</td></tr><tr><td>Nov-23</td><td>84.5</td></tr><tr><td>Dec-23</td><td>82.5</td></tr><tr><td>Jan-24</td><td>79.0</td></tr><tr><td>Feb-24</td><td>77.5</td></tr><tr><td>Mar-24</td><td>73.5</td></tr><tr><td>Apr-24</td><td>77.0</td></tr><tr><td>May-24</td><td>75.5</td></tr><tr><td>Jun-24</td><td>75.5</td></tr><tr><td>Jul-24</td><td>76.5</td></tr><tr><td>Aug-24</td><td>76.0</td></tr><tr><td>Sep-24</td><td>76.0</td></tr><tr><td>Oct-24</td><td>75.5</td></tr><tr><td>Nov-24</td><td>75.5</td></tr><tr><td>Dec-24</td><td>74.5</td></tr><tr><td>Jan-25</td><td>76.0</td></tr><tr><td>Feb-25</td><td>74.0</td></tr><tr><td>Mar-25</td><td>75.0</td></tr><tr><td>Apr-25</td><td>75.1</td></tr></table></div>	Month	Completion (%)	Apr-23	82.0	May-23	82.5	Jun-23	82.5	Jul-23	84.0	Aug-23	84.5	Sep-23	82.5	Oct-23	82.5	Nov-23	84.5	Dec-23	82.5	Jan-24	79.0	Feb-24	77.5	Mar-24	73.5	Apr-24	77.0	May-24	75.5	Jun-24	75.5	Jul-24	76.5	Aug-24	76.0	Sep-24	76.0	Oct-24	75.5	Nov-24	75.5	Dec-24	74.5	Jan-25	76.0	Feb-25	74.0	Mar-25	75.0	Apr-25	75.1	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>95%</div><div>Latest Month's Position</div><div>75.1%</div><div>Performance / Assurance</div><div>Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit.</div><div>Corporate Risk</div><div>No Corporate Risk</div></div>
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Summary	<div><div>What does the data tell us?</div><div>VTE risk assessment completion is improving slightly</div><div>What is being done to improve?</div><div>In June 2022 there was a noticeable dip in VTE RA compliance, and action was taken to improve the situation. An audit of patient notes revealed that VTE forms were not consistently completed. All clinicians were reminded of the importance of completing VTE RA for all patients, with regular audit and feedback to the teams – this resulted in an overall improvement in VTE RA compliance.</div><div>In February 2023, a pilot of a VTE digital assessment took place; this was successful and thus rolled out across the Trust in July 2023. Reasons for the drop in compliance are linked to the hybrid clerking process, with ‘main clerking’ on paper and VTE RA digital, and we are working towards improving compliance with regular audit, teaching and reminders typed into Careflow Handover.</div><div>Impact on forecast</div><div>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.</div><div>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.</div></div>	Summary	<div><div>What does the data tell us?</div><div>VTE risk assessment remains static, however HAVTE events and prescribing within acceptable with VTE prophylaxis prescribing at 94% by manual audit against a target of 95%</div><div>Actions being taken to improve</div><div>CMM goes live on 20th May and a full assessment of the impact of this will follow</div><div>Impact on forecast</div><div>We anticipate some difficulty in reporting during the period of transition to CMM across wards over the next 3 months. However manual auditing will continue. We anticipate a significant uplift in VTE RA performance once CMM is live across the Trust.</div></div>	Summary																																																																																																								

Quality, Safety & Effectiveness

Neck of Femur

Fracture Neck of Femur Patients Treated Within 36 Hours	<div>Latest Month</div> <div>Mar-25</div> <div>Target</div> <div>No Target</div> <div>Latest Month's Position</div> <div>71.0%</div> <div>Performance / Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration</div> <div>Trust Level Risk</div> <div>No Trust Level Risk</div>	<div>Fracture Neck of Femur Patients Treated within 36 hours</div> <table border="1"><caption>Fracture Neck of Femur Patients Treated within 36 hours</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Mar-23</td><td>65%</td></tr><tr><td>Apr-23</td><td>70%</td></tr><tr><td>May-23</td><td>68%</td></tr><tr><td>Jul-23</td><td>62%</td></tr><tr><td>Aug-23</td><td>58%</td></tr><tr><td>Sep-23</td><td>55%</td></tr><tr><td>Oct-23</td><td>80%</td></tr><tr><td>Nov-23</td><td>72%</td></tr><tr><td>Dec-23</td><td>72%</td></tr><tr><td>Jan-24</td><td>68%</td></tr><tr><td>Feb-24</td><td>70%</td></tr><tr><td>Mar-24</td><td>72%</td></tr><tr><td>Apr-24</td><td>65%</td></tr><tr><td>May-24</td><td>45%</td></tr><tr><td>Jun-24</td><td>65%</td></tr><tr><td>Jul-24</td><td>50%</td></tr><tr><td>Aug-24</td><td>75%</td></tr><tr><td>Sep-24</td><td>58%</td></tr><tr><td>Oct-24</td><td>28%</td></tr><tr><td>Nov-24</td><td>65%</td></tr><tr><td>Dec-24</td><td>82%</td></tr><tr><td>Jan-25</td><td>68%</td></tr><tr><td>Feb-25</td><td>48%</td></tr><tr><td>Mar-25</td><td>70%</td></tr></tbody></table>	Month	Percentage	Mar-23	65%	Apr-23	70%	May-23	68%	Jul-23	62%	Aug-23	58%	Sep-23	55%	Oct-23	80%	Nov-23	72%	Dec-23	72%	Jan-24	68%	Feb-24	70%	Mar-24	72%	Apr-24	65%	May-24	45%	Jun-24	65%	Jul-24	50%	Aug-24	75%	Sep-24	58%	Oct-24	28%	Nov-24	65%	Dec-24	82%	Jan-25	68%	Feb-25	48%	Mar-25	70%	Fracture Neck of Femur Patients Treated Within 36 Hours	<div>Fracture Neck of Femur Patients Treated Within 36 Hours</div> <table border="1"><caption>Fracture Neck of Femur Patients Treated Within 36 Hours</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Apr-23</td><td>55%</td></tr><tr><td>May-23</td><td>45%</td></tr><tr><td>Jun-23</td><td>48%</td></tr><tr><td>Jul-23</td><td>62%</td></tr><tr><td>Aug-23</td><td>68%</td></tr><tr><td>Sep-23</td><td>45%</td></tr><tr><td>Oct-23</td><td>50%</td></tr><tr><td>Nov-23</td><td>35%</td></tr><tr><td>Dec-23</td><td>65%</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>65%</td></tr><tr><td>May-24</td><td>62%</td></tr><tr><td>Jun-24</td><td>45%</td></tr><tr><td>Jul-24</td><td>60%</td></tr><tr><td>Aug-24</td><td>65%</td></tr><tr><td>Sep-24</td><td>58%</td></tr><tr><td>Oct-24</td><td>48%</td></tr><tr><td>Nov-24</td><td>55%</td></tr><tr><td>Dec-24</td><td>52%</td></tr><tr><td>Jan-25</td><td>45%</td></tr><tr><td>Feb-25</td><td>58%</td></tr><tr><td>Mar-25</td><td>58%</td></tr><tr><td>Apr-25</td><td>38%</td></tr></tbody></table>	Month	Percentage	Apr-23	55%	May-23	45%	Jun-23	48%	Jul-23	62%	Aug-23	68%	Sep-23	45%	Oct-23	50%	Nov-23	35%	Dec-23	65%	Jan-24	55%	Feb-24	60%	Mar-24	75%	Apr-24	65%	May-24	62%	Jun-24	45%	Jul-24	60%	Aug-24	65%	Sep-24	58%	Oct-24	48%	Nov-24	55%	Dec-24	52%	Jan-25	45%	Feb-25	58%	Mar-25	58%	Apr-25	38%	<div>Latest Month</div> <div>Apr-25</div> <div>Target</div> <div>90.0%</div> <div>Latest Month's Position</div> <div>39.2%</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>No Corporate Risk</div>
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Summary	No narrative required as per business rules.	<div>What does the data tell us?</div> <p>April 2025 data for Bristol and Weston sites combined shows 51% (20/51) patients received surgery within 36 hours and 86% (44/51) of patients received an ortho-geriatrician review within 72 hours, Physiotherapy assessment on the day of surgery 100% (51/51) resulting in an overall Best Practice Tarriff of 33% (17/51) for patients treated at UHBW . The graph shows that the time the theatre target is outside of the upper control limit meaning that it is unlikely that the 90% target can be sustainably achieved within the existing processes.</p> <div>Actions being taken to improve</div> <p>We have improved our processes for transferring patients and are now working much more efficiently across sites.</p> <p>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.</p> <div>Impact on forecast</div> <p>It is expected that once the elective care centre at Southmead is up and running, time to theatre for patients with fracture neck of femur will improve, impacting overall Best Practice Tarriff achievement. Over time it is expected that the new processes will mean that the improved data for time to theatre triggers a shift in the upper control limits to above the 90% BPT target providing no new theatre capacity risks emerge..</p>																																																																																																									

Caring Scorecard

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

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

Caring Complaints

Formal Complaints Responded To Within Trust Timeframe	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>90.0%</div><div>Latest Month's Position</div><div>76.5%</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration</div><div>Trust Level Risk</div><div>No Trust Level Risk</div></div>	<div><div>Formal Complaints Responded to Within Trust Timeframe</div><table><tr><th>Month</th><th>Response Rate (%)</th></tr><tr><td>Apr-23</td><td>73</td></tr><tr><td>May-23</td><td>80</td></tr><tr><td>Jun-23</td><td>80</td></tr><tr><td>Jul-23</td><td>80</td></tr><tr><td>Aug-23</td><td>64</td></tr><tr><td>Sep-23</td><td>71</td></tr><tr><td>Oct-23</td><td>65</td></tr><tr><td>Nov-23</td><td>60</td></tr><tr><td>Dec-23</td><td>73</td></tr><tr><td>Jan-24</td><td>79</td></tr><tr><td>Feb-24</td><td>71</td></tr><tr><td>Mar-24</td><td>85</td></tr><tr><td>Apr-24</td><td>86</td></tr><tr><td>May-24</td><td>72</td></tr><tr><td>Jun-24</td><td>84</td></tr><tr><td>Jul-24</td><td>74</td></tr><tr><td>Aug-24</td><td>79</td></tr><tr><td>Sep-24</td><td>80</td></tr><tr><td>Oct-24</td><td>84</td></tr><tr><td>Nov-24</td><td>68</td></tr><tr><td>Dec-24</td><td>65</td></tr><tr><td>Jan-25</td><td>80</td></tr><tr><td>Feb-25</td><td>77</td></tr><tr><td>Mar-25</td><td>80</td></tr><tr><td>Apr-25</td><td>76.5</td></tr></table></div>	Month	Response Rate (%)	Apr-23	73	May-23	80	Jun-23	80	Jul-23	80	Aug-23	64	Sep-23	71	Oct-23	65	Nov-23	60	Dec-23	73	Jan-24	79	Feb-24	71	Mar-24	85	Apr-24	86	May-24	72	Jun-24	84	Jul-24	74	Aug-24	79	Sep-24	80	Oct-24	84	Nov-24	68	Dec-24	65	Jan-25	80	Feb-25	77	Mar-25	80	Apr-25	76.5	Formal Complaints Responded To Within Trust Timeframe	<div><div>Formal Complaints Responded To Within Trust Timeframe</div><table><tr><th>Month</th><th>Response Rate (%)</th></tr><tr><td>Mar-23</td><td>62</td></tr><tr><td>Apr-23</td><td>58</td></tr><tr><td>May-23</td><td>73</td></tr><tr><td>Jun-23</td><td>72</td></tr><tr><td>Jul-23</td><td>68</td></tr><tr><td>Aug-23</td><td>87</td></tr><tr><td>Sep-23</td><td>75</td></tr><tr><td>Oct-23</td><td>79</td></tr><tr><td>Nov-23</td><td>67</td></tr><tr><td>Dec-23</td><td>79</td></tr><tr><td>Jan-24</td><td>80</td></tr><tr><td>Feb-24</td><td>50</td></tr><tr><td>Mar-24</td><td>72</td></tr><tr><td>Apr-24</td><td>57</td></tr><tr><td>May-24</td><td>64</td></tr><tr><td>Jun-24</td><td>58</td></tr><tr><td>Jul-24</td><td>52</td></tr><tr><td>Aug-24</td><td>51</td></tr><tr><td>Sep-24</td><td>73</td></tr><tr><td>Oct-24</td><td>59</td></tr><tr><td>Nov-24</td><td>54</td></tr><tr><td>Dec-24</td><td>53</td></tr><tr><td>Jan-25</td><td>58</td></tr><tr><td>Feb-25</td><td>51</td></tr><tr><td>Mar-25</td><td>46.9</td></tr></table></div>	Month	Response Rate (%)	Mar-23	62	Apr-23	58	May-23	73	Jun-23	72	Jul-23	68	Aug-23	87	Sep-23	75	Oct-23	79	Nov-23	67	Dec-23	79	Jan-24	80	Feb-24	50	Mar-24	72	Apr-24	57	May-24	64	Jun-24	58	Jul-24	52	Aug-24	51	Sep-24	73	Oct-24	59	Nov-24	54	Dec-24	53	Jan-25	58	Feb-25	51	Mar-25	46.9	<div><div>Latest Month</div><div>Mar-25</div><div>Target</div><div>90.0%</div><div>Latest Month's Position</div><div>46.9%</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration.</div><div>Corporate Risk</div><div>Risk 2680 - Complainants experience a delay in receiving a call back (12)</div></div>
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Summary	<div><div>What does the data tell us?</div><ul style="list-style-type: none">The compliance rate for formal complaints responded to within the Trust timeframe (35 days) is below the 90% target, with a slight decrease from 80% in March to 76% April.Despite the decrease, the compliance rate is tracking above the mean, with the SPC chart showing common cause variation, indicating a consistent performance trend.Of the 51 complaints due for response, 39 were closed within the agreed timescale and 12 were not.There are no signals of special cause variation to indicate unusual/unexpected changes in process.<div><div>Actions being taken to improve</div><p>The Complaints & PALS Manager continues to hold weekly meetings with divisional patient experience teams to review both upcoming and overdue cases. These meetings provide an opportunity to discuss any complexities and agree appropriate resolutions. Additionally, a weekly complaints tracker is circulated to escalate overdue cases to the senior divisional management teams.</p><p>Collaborative work continues with UHBW to align complaint and PALS processes and timescales, helping to ensure more uniformed reporting. NBT retains its 35-day timescale for complaints (to be adopted by UHBW). From 1 June 2025, NBT will adopt UHBW's 10-day timescale for PALS concerns. Work is underway to update the Radar System with the new timescale. New concerns received from 1 June 2025 will be reported using the new 10-day timescale.</p></div></div>	Summary	<div><div>What does the data tell us?</div><p>46.9% of formal complaints sent out in March were responded to within the agreed deadline. However, 84.8% of informal complaints were responded to within the agreed deadline, accounting for the majority of complaints responded to in March.</p><div><div>Actions being taken to improve</div><p>Discussions with Divisions have highlighted the challenge of achieving the target for formal complaints and identified a range of factors which are impacting on long-term performance. These include: the increasing complexity of complaints (note: we are consciously handling cases informally where possible – by definition, this means that the remaining formal cases are likely to be complex); potentially unrealistic timescales being set at the outset (the standard 35 working days may be insufficient. Initial benchmarking data shows that many trusts are now setting differing deadlines on receipt of the complaint (up to 60 working days in some cases) depending on the complexity of the complaint; lack of clinical time to respond due to operational pressures; gaps in complaints support capacity in Divisions (e.g. due to sickness); in some instances, the need for legal advice; and time taken for final Executive checking and signing (e.g. when amendments are requested from divisions).</p><div><div>Impact on forecast</div><p>Divisions remain committed to achieving timely resolution of complaints, working within available capacity.</p></div></div></div>																																																																																																										

Our People

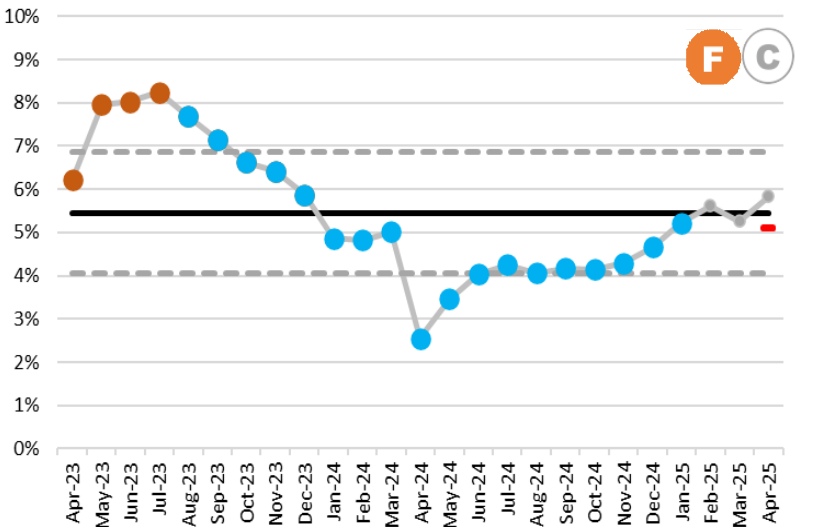
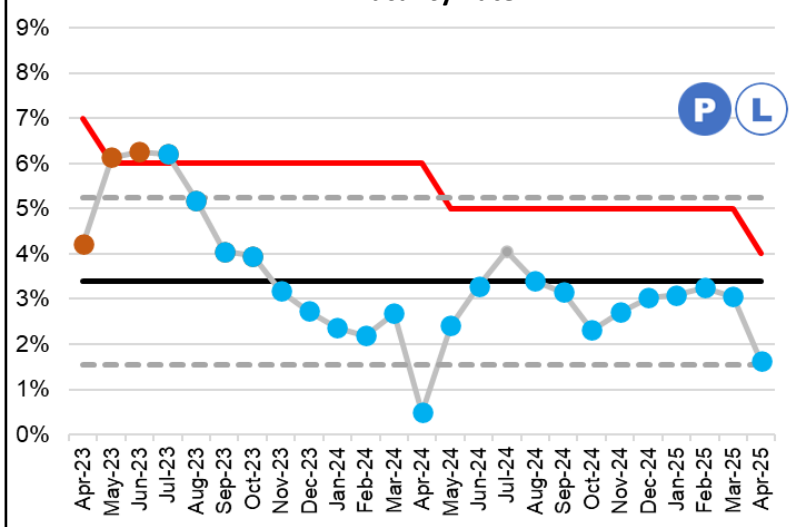
Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Our People	Workforce Turnover Rate	NBT	Apr-25	11.2%	11.3%	11.3%	P	L	Note Performance
		UHBW	Apr 25	10.3%	11.1%	10.5%	P	L	Note Performance
Our People	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	NBT	Apr-25	5.8%	5.1%	5.3%	F	C	Escalation Summary
		UHBW	Apr 25	1.6%	4.0%	3.0%	P	L	Note Performance
Our People	Sickness Rate	NBT	Apr-25	4.6%	4.4%	4.6%	F-	L	Escalation Summary
		UHBW	Apr 25	4.1%	4.5%	4.1%	P	C	Note Performance
Our People	Essential Training Compliance	NBT	Apr-25	86.7%	85.0%	91.6%	P	L	Note Performance
		UHBW	Apr-25	90.6%	90.0%	90.7%	P	H	Note Performance

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

Our People

Retention

Vacancy Rate	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>5.1%</div><div>Latest Month's Position</div><div>5.8%</div><div>Performance /</div><div>Common Cause</div><div>(natural/expected)</div><div>variation where down is</div><div>improvement</div><div>Trust Level Risk</div><div>No Trust Level Risk</div></div> <div><div>Vacancy Rate</div></div>	<div><div>Vacancy Rate</div><div>(Vacancy FTE as Percent of Funded FTE)</div></div>	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>4.0%</div><div>Latest Month's Position</div><div>1.6%</div><div>Performance / Assurance</div><div>Special Cause Improving</div><div>Variation Low, where down is</div><div>improvement and last six data</div><div>points are less than target.</div><div>Corporate Risk</div><div>No Corporate Risk</div></div>
Summary	<div><div>What does the data tell us?</div><div>Overall vacancies have increased in April (compared with March) driven by increases in funded establishment (40 wte) predominantly driven by increases in funding associated with the Bristol Surgical Centre and an increase staff in maternity leave (17 wte).</div><div>Actions being taken to improve</div><div>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.</div></div>	<div><div>Summary</div><div>No narrative required as per business rules.</div></div>	

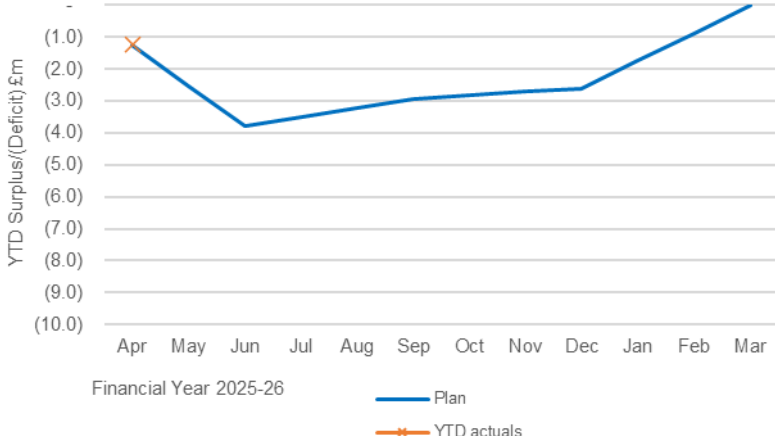
Our People

Sickness Absence

Sickness Rate	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>4.4%</div><div>Latest Month's Position</div><div>4.6%</div><div>Performance / Assurance</div><div>Special Cause Improving Variation Low, where down is improvement but target is less than lower limit</div><div>Trust Level Risk</div><div>No Trust Level Risk</div></div> <div><div>Sickness Rate</div><table border="1"><caption>Sickness Rate Data (Apr-23 to Apr-25)</caption><thead><tr><th>Month</th><th>Sickness Rate (%)</th></tr></thead><tbody><tr><td>Apr-23</td><td>5.2</td></tr><tr><td>May-23</td><td>5.0</td></tr><tr><td>Jun-23</td><td>5.0</td></tr><tr><td>Jul-23</td><td>4.9</td></tr><tr><td>Aug-23</td><td>4.9</td></tr><tr><td>Sep-23</td><td>4.9</td></tr><tr><td>Oct-23</td><td>4.8</td></tr><tr><td>Nov-23</td><td>4.8</td></tr><tr><td>Dec-23</td><td>4.7</td></tr><tr><td>Jan-24</td><td>4.7</td></tr><tr><td>Feb-24</td><td>4.7</td></tr><tr><td>Mar-24</td><td>4.7</td></tr><tr><td>Apr-24</td><td>4.7</td></tr><tr><td>May-24</td><td>4.7</td></tr><tr><td>Jun-24</td><td>4.7</td></tr><tr><td>Jul-24</td><td>4.7</td></tr><tr><td>Aug-24</td><td>4.7</td></tr><tr><td>Sep-24</td><td>4.7</td></tr><tr><td>Oct-24</td><td>4.7</td></tr><tr><td>Nov-24</td><td>4.7</td></tr><tr><td>Dec-24</td><td>4.7</td></tr><tr><td>Jan-25</td><td>4.7</td></tr><tr><td>Feb-25</td><td>4.7</td></tr><tr><td>Mar-25</td><td>4.7</td></tr><tr><td>Apr-25</td><td>4.7</td></tr></tbody></table></div>	Month	Sickness Rate (%)	Apr-23	5.2	May-23	5.0	Jun-23	5.0	Jul-23	4.9	Aug-23	4.9	Sep-23	4.9	Oct-23	4.8	Nov-23	4.8	Dec-23	4.7	Jan-24	4.7	Feb-24	4.7	Mar-24	4.7	Apr-24	4.7	May-24	4.7	Jun-24	4.7	Jul-24	4.7	Aug-24	4.7	Sep-24	4.7	Oct-24	4.7	Nov-24	4.7	Dec-24	4.7	Jan-25	4.7	Feb-25	4.7	Mar-25	4.7	Apr-25	4.7	<div><div>Sickness Rate</div><table border="1"><caption>Sickness Rate Data (Apr-23 to Apr-25)</caption><thead><tr><th>Month</th><th>Sickness Rate (%)</th></tr></thead><tbody><tr><td>Apr-23</td><td>6.2</td></tr><tr><td>May-23</td><td>4.2</td></tr><tr><td>Jun-23</td><td>4.2</td></tr><tr><td>Jul-23</td><td>4.2</td></tr><tr><td>Aug-23</td><td>4.5</td></tr><tr><td>Sep-23</td><td>4.7</td></tr><tr><td>Oct-23</td><td>5.0</td></tr><tr><td>Nov-23</td><td>5.0</td></tr><tr><td>Dec-23</td><td>5.0</td></tr><tr><td>Jan-24</td><td>4.9</td></tr><tr><td>Feb-24</td><td>4.7</td></tr><tr><td>Mar-24</td><td>4.3</td></tr><tr><td>Apr-24</td><td>4.3</td></tr><tr><td>May-24</td><td>4.0</td></tr><tr><td>Jun-24</td><td>4.0</td></tr><tr><td>Jul-24</td><td>4.4</td></tr><tr><td>Aug-24</td><td>4.0</td></tr><tr><td>Sep-24</td><td>4.2</td></tr><tr><td>Oct-24</td><td>4.6</td></tr><tr><td>Nov-24</td><td>4.6</td></tr><tr><td>Dec-24</td><td>4.6</td></tr><tr><td>Jan-25</td><td>4.6</td></tr><tr><td>Feb-25</td><td>4.4</td></tr><tr><td>Mar-25</td><td>4.1</td></tr><tr><td>Apr-25</td><td>4.1</td></tr></tbody></table></div>	Month	Sickness Rate (%)	Apr-23	6.2	May-23	4.2	Jun-23	4.2	Jul-23	4.2	Aug-23	4.5	Sep-23	4.7	Oct-23	5.0	Nov-23	5.0	Dec-23	5.0	Jan-24	4.9	Feb-24	4.7	Mar-24	4.3	Apr-24	4.3	May-24	4.0	Jun-24	4.0	Jul-24	4.4	Aug-24	4.0	Sep-24	4.2	Oct-24	4.6	Nov-24	4.6	Dec-24	4.6	Jan-25	4.6	Feb-25	4.4	Mar-25	4.1	Apr-25	4.1	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>4.5%</div><div>Latest Month's Position</div><div>4.1%</div><div>Performance / Assurance</div><div>Common Cause (natural/expected) variation where last six data points are less than target where down is improvement.</div><div>Corporate Risk</div><div>No Corporate Risk</div></div>
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Summary	<div><div>What does the data tell us?</div><div>The Trust rolling 12-month sickness absence rate has shown statistically significant improvement but have plateaued at 4.6% against an ongoing target of 4.4%</div><div>Actions being taken to improve</div><div>People Advice Team working with Divisional BPs to take a more proactive approach to case management, to resolve complex, long-standing short- and long-term sickness absence cases. Joint Hospital Group April stress awareness month event completed successfully, with wide ranging engagement from staff attending webinars and events.</div><div>NBT Staff Health and Wellbeing Plan approved at People Leadership Group. Year 1 focus on specific areas of support to reduce sickness absence including:</div><div><div>Creation of MSK taskforce group to prevent and reduce MSK absence across HG.</div><div>NHS Charities together bid for Fatigue Risk Management project across HG</div><div>Staff Treatment Fast Track Pilot across HG</div><div>Embedding Health and wellbeing support in divisions delivery of Health /wellbeing and EDI work in divisions at NBT</div><div>Embedding a culture of staff health and wellbeing at NB</div></div></div>	<div><div>Summary</div><div>No narrative required as per business rules.</div></div>																																																																																																									

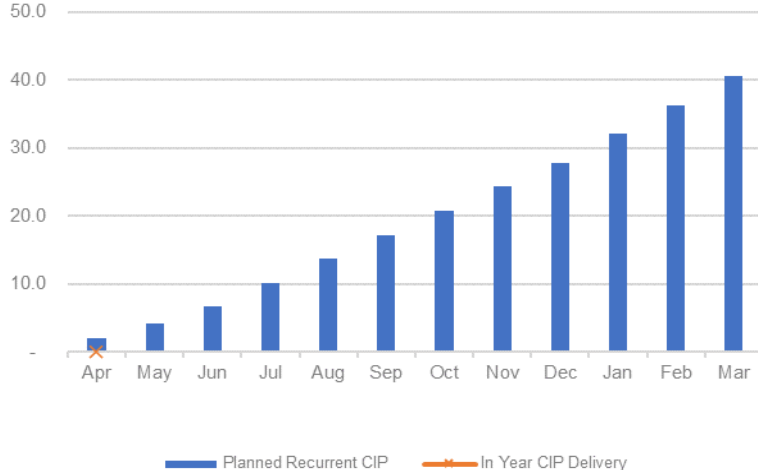
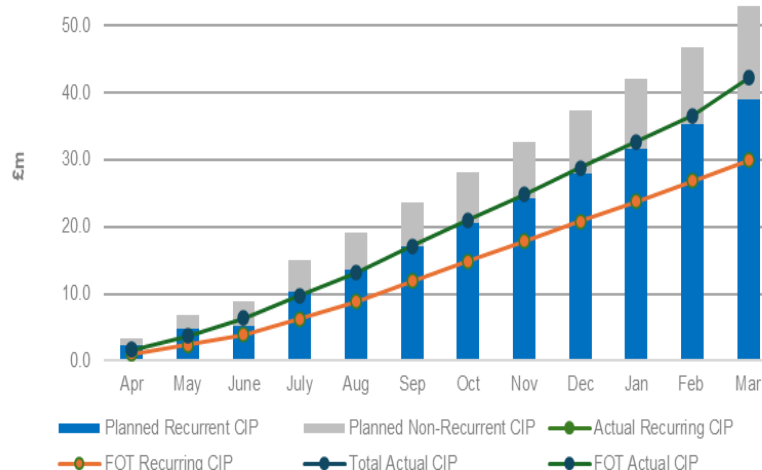
Finance: Income & Expenditure

Actual Vs Plan (YTD)

	<div>Latest Month</div> <div>Apr-25</div> <div>Year to Date Plan</div> <div>£(1.2m) deficit</div> <div>Year to Date Actual</div> <div>£(1.2m) deficit</div>	<div>YTD Plan vs Actuals</div> 		<div>Latest Month</div> <div>Apr-25</div> <div>Year to Date Plan</div> <div>£(3.5m) deficit</div> <div>Year to Date Actual</div> <div>£(5.4m) deficit</div>
Summary	<div>Summary</div> <ul style="list-style-type: none">The financial plan for 2025/26 in Month 1 was a deficit of £1.2m. The Trust has delivered a £1.2m deficit and is on plan.In Month 1 the Trust has seen the impact of overspends on Nursing of £0.4m (escalation, enhanced care and weekend theatre lists) and overspends of £0.3m on patient transport and in-tariff drugs. This is offset by £0.4m of underspends on Consultants and Other AfC due to vacancies and interest receivable is £0.3m favourable to plan due to the cash balance being higher than planned.ERF performance data is not available at Month 1 due to delayed publication of tariffs. ERF activity is therefore assumed to be on plan for Month 1 and divisional reviews suggest activity levels are on plan for Month 1.The Trust cash position at Month 1 is £52.0m, a decrease of £25.4m from March 2025. This is driven by movements in payables due to the payment of large value maintenance contracts and high level of capital cash spend in month.The Trust has delivered £2.2m of completed Cost Improvement Programme (CIP) schemes in Month 1, which is in £0.1m above plan. There are a further £14.6m of schemes in implementation and planning that need to be developed, and £28.1m in the pipeline. <div>Risks</div> <ul style="list-style-type: none">Whilst the Trust delivered the Month 1 savings target recurrently, there was a shortfall against in month delivery which is currently offset with underspends elsewhere. The Trust will need to improve both in year savings delivery and continue with recurrent delivery to ensure the financial plan in 2025/26 is delivered.	Summary	<div>Summary</div> <ul style="list-style-type: none">The position at the end of April is a net deficit of £5.4m against a deficit plan of £3.5m. The Trust is therefore adverse to plan by £1.9m.The significant variance against plan is primarily due to the shortfall in savings delivery of £1.7m across operating income and operating expenditure headings.Pay expenditure is c1% higher than plan, due to a £0.6m shortfall in pay savings delivery and the balance due to staff in post across all workforce types (substantive, bank and agency) exceeding funded establishment.Agency and bank expenditure decreased in April. Agency expenditure in month is £0.5m compared with £0.9m in March. Bank expenditure in April is £4.2m compared with £5.3m in March.Total operating income is lower than plan by £1.7m. Material adverse variances are c£0.8m relating to income for NHS commissioned services which is expected to recover later in the year. Other operating income is £0.8m lower than plan with £0.3m due to lower than expected Research & Development income and £0.4m due to lower than expected income from external bodies for services provided by the Trust. <div>Risks</div> <ul style="list-style-type: none">Recurrent savings delivery continues below plan without a step change in delivery and recovery back to plan.	

Finance: CIP

Actual Vs Plan (YTD)

	<div><div>Latest Month</div><div>Apr-25</div><div>Year to Date Plan</div><div>£2.1m</div><div>Year to Date Actual</div><div>£2.2m</div></div>	<div><div>Planned Savings v Actual</div><table><tr><th>Month</th><th>Planned Recurrent CIP (£m)</th></tr><tr><td>Apr</td><td>2.0</td></tr><tr><td>May</td><td>4.0</td></tr><tr><td>Jun</td><td>6.0</td></tr><tr><td>Jul</td><td>10.0</td></tr><tr><td>Aug</td><td>13.0</td></tr><tr><td>Sep</td><td>17.0</td></tr><tr><td>Oct</td><td>21.0</td></tr><tr><td>Nov</td><td>24.0</td></tr><tr><td>Dec</td><td>28.0</td></tr><tr><td>Jan</td><td>32.0</td></tr><tr><td>Feb</td><td>36.0</td></tr><tr><td>Mar</td><td>40.0</td></tr></table></div>	Month	Planned Recurrent CIP (£m)	Apr	2.0	May	4.0	Jun	6.0	Jul	10.0	Aug	13.0	Sep	17.0	Oct	21.0	Nov	24.0	Dec	28.0	Jan	32.0	Feb	36.0	Mar	40.0	<div><div>Planned Savings v Actual</div><table><tr><th>Month</th><th>Planned Recurrent CIP (£m)</th><th>Planned Non-Recurrent CIP (£m)</th><th>Actual Recurring CIP (£m)</th><th>FOT Recurring CIP (£m)</th><th>Total Actual CIP (£m)</th><th>FOT Actual CIP (£m)</th></tr><tr><td>Apr</td><td>2.0</td><td>0.0</td><td>2.0</td><td>2.0</td><td>2.0</td><td>2.0</td></tr><tr><td>May</td><td>4.0</td><td>0.0</td><td>4.0</td><td>4.0</td><td>4.0</td><td>4.0</td></tr><tr><td>June</td><td>6.0</td><td>0.0</td><td>6.0</td><td>6.0</td><td>6.0</td><td>6.0</td></tr><tr><td>July</td><td>10.0</td><td>0.0</td><td>10.0</td><td>10.0</td><td>10.0</td><td>10.0</td></tr><tr><td>Aug</td><td>13.0</td><td>0.0</td><td>13.0</td><td>13.0</td><td>13.0</td><td>13.0</td></tr><tr><td>Sep</td><td>17.0</td><td>0.0</td><td>17.0</td><td>17.0</td><td>17.0</td><td>17.0</td></tr><tr><td>Oct</td><td>21.0</td><td>0.0</td><td>21.0</td><td>21.0</td><td>21.0</td><td>21.0</td></tr><tr><td>Nov</td><td>24.0</td><td>0.0</td><td>24.0</td><td>24.0</td><td>24.0</td><td>24.0</td></tr><tr><td>Dec</td><td>28.0</td><td>0.0</td><td>28.0</td><td>28.0</td><td>28.0</td><td>28.0</td></tr><tr><td>Jan</td><td>32.0</td><td>0.0</td><td>32.0</td><td>32.0</td><td>32.0</td><td>32.0</td></tr><tr><td>Feb</td><td>36.0</td><td>0.0</td><td>36.0</td><td>36.0</td><td>36.0</td><td>36.0</td></tr><tr><td>Mar</td><td>40.0</td><td>0.0</td><td>40.0</td><td>40.0</td><td>40.0</td><td>40.0</td></tr></table></div>	Month	Planned Recurrent CIP (£m)	Planned Non-Recurrent CIP (£m)	Actual Recurring CIP (£m)	FOT Recurring CIP (£m)	Total Actual CIP (£m)	FOT Actual CIP (£m)	Apr	2.0	0.0	2.0	2.0	2.0	2.0	May	4.0	0.0	4.0	4.0	4.0	4.0	June	6.0	0.0	6.0	6.0	6.0	6.0	July	10.0	0.0	10.0	10.0	10.0	10.0	Aug	13.0	0.0	13.0	13.0	13.0	13.0	Sep	17.0	0.0	17.0	17.0	17.0	17.0	Oct	21.0	0.0	21.0	21.0	21.0	21.0	Nov	24.0	0.0	24.0	24.0	24.0	24.0	Dec	28.0	0.0	28.0	28.0	28.0	28.0	Jan	32.0	0.0	32.0	32.0	32.0	32.0	Feb	36.0	0.0	36.0	36.0	36.0	36.0	Mar	40.0	0.0	40.0	40.0	40.0	40.0	<div><div>Latest Month</div><div>Apr-25</div><div>Year to Date Plan</div><div>£3.4m</div><div>Year to Date Actual</div><div>£1.7m</div></div>
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Summary	<div><div>Summary</div><ul style="list-style-type: none">The CIP plan for 2025/26 is for savings of £40.6m with £2.1m planned delivery at Month 1.At Month 1 the Trust has £2.2m of completed schemes on the tracker. There are a further £14.6m of schemes in implementation and planning, leaving a remaining £23.7m of schemes to be developed.The total identified CIP schemes on the tracker, with pipeline included, would deliver £4.4m more than the target.The table above reflects the delivery to date of £2.2m of savings in 2025/26. This is the full year effect figure that will be delivered recurrently. Due to the start date of CIP schemes this creates a mis-match between the 2025/26 impact and the recurrent full year impact.</div>	Summary	<div><div>Summary</div><ul style="list-style-type: none">The Trust’s 2025/26 savings plan is £53.0m.The Divisional plans represent 70% of the Trust plans.As at 30th April 2025, the Trust is reporting total savings delivery of £1.7m against a plan of £3.4m, resulting in a YTD delivery shortfall of £1.7m.The Trust is forecasting savings of £42.2m for the year against the annual savings plans of £53.0m, a forecast savings delivery shortfall of £10.8m.The full year effect forecast outturn at month 1 is £32.8m, a forecast shortfall of £20.2m.</div>																																																																																																																						

Finance: Workforce

Pay Costs Vs Plan Run Rate

Latest Month

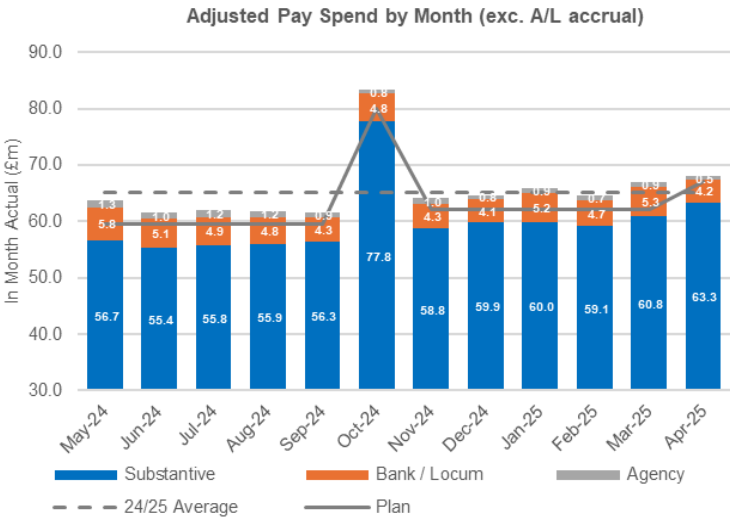
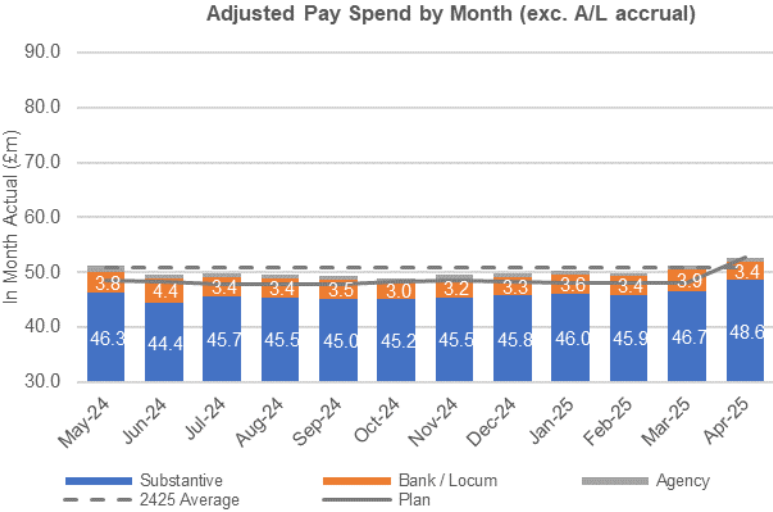
Apr-25

In- Month Plan

£52.7m

In-Month Actual

£52.6m



Latest Month

Apr-25

In-Month Plan

£67.1m

In-Month Actual

£68.0m

Summary

- In month the Trust is £0.1m favourable to plan on pay with actual spend of £52.6m.
- Pay spend has been driven by nursing and healthcare assistant (HCA) £0.4m adverse to plan from overspends on temporary staffing due to increased no criteria to reside, enhanced care, and elective activity being above funding. This has been offset by consultant and other agenda for change (excluding nursing and HCA) vacancies £0.4m favourable to plan.

Summary

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

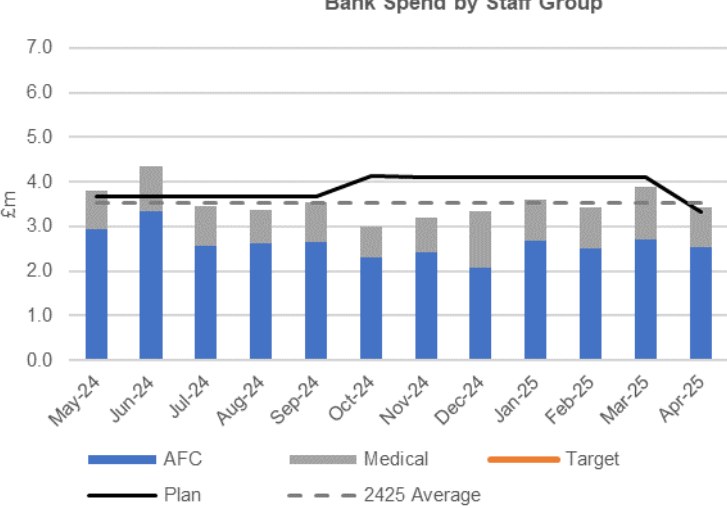
Finance: Temporary Staffing

Agency Costs Vs Plan Run Rate

	<div><div>Latest Month</div><div>Apr-25</div><div>In-Month Plan</div><div>£0.4m</div><div>In-Month Actual</div><div>£0.6m</div></div>	<div><div>Agency Spend by Staff Group</div><table><caption>Agency Spend by Staff Group (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>May-24</td><td>0.50</td><td>0.10</td><td>0.40</td><td>1.55</td><td>0.70</td></tr><tr><td>Jun-24</td><td>0.25</td><td>0.05</td><td>0.45</td><td>1.55</td><td>0.70</td></tr><tr><td>Jul-24</td><td>0.30</td><td>0.05</td><td>0.35</td><td>1.55</td><td>0.70</td></tr><tr><td>Aug-24</td><td>0.25</td><td>0.05</td><td>0.35</td><td>1.55</td><td>0.70</td></tr><tr><td>Sep-24</td><td>0.25</td><td>0.05</td><td>0.40</td><td>1.55</td><td>0.70</td></tr><tr><td>Oct-24</td><td>0.30</td><td>0.05</td><td>0.30</td><td>1.65</td><td>0.70</td></tr><tr><td>Nov-24</td><td>0.40</td><td>0.05</td><td>0.35</td><td>1.65</td><td>0.70</td></tr><tr><td>Dec-24</td><td>0.25</td><td>0.05</td><td>0.30</td><td>1.65</td><td>0.70</td></tr><tr><td>Jan-25</td><td>0.30</td><td>0.05</td><td>0.25</td><td>1.65</td><td>0.70</td></tr><tr><td>Feb-25</td><td>0.25</td><td>0.05</td><td>0.25</td><td>1.65</td><td>0.70</td></tr><tr><td>Mar-25</td><td>0.35</td><td>0.05</td><td>0.25</td><td>1.65</td><td>0.70</td></tr><tr><td>Apr-25</td><td>0.30</td><td>0.05</td><td>0.25</td><td>0.50</td><td>0.70</td></tr></table></div>	Month	AFC (£m)	RMN (£m)	Medical (£m)	Agency Plan (£m)	24/25 Average (£m)	May-24	0.50	0.10	0.40	1.55	0.70	Jun-24	0.25	0.05	0.45	1.55	0.70	Jul-24	0.30	0.05	0.35	1.55	0.70	Aug-24	0.25	0.05	0.35	1.55	0.70	Sep-24	0.25	0.05	0.40	1.55	0.70	Oct-24	0.30	0.05	0.30	1.65	0.70	Nov-24	0.40	0.05	0.35	1.65	0.70	Dec-24	0.25	0.05	0.30	1.65	0.70	Jan-25	0.30	0.05	0.25	1.65	0.70	Feb-25	0.25	0.05	0.25	1.65	0.70	Mar-25	0.35	0.05	0.25	1.65	0.70	Apr-25	0.30	0.05	0.25	0.50	0.70	<div><div>Latest Month</div><div>Apr-25</div><div>In-Month Plan</div><div>£0.8m</div><div>In-Month Actual</div><div>£0.5m</div></div>
Month	AFC (£m)	RMN (£m)	Medical (£m)	Agency Plan (£m)	24/25 Average (£m)																																																																												
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Summary	<div><div>Summary</div><div>Monthly Trend</div><ul style="list-style-type: none">Agency spend in April has slightly decreased on March, however remains on trend with the previous quarter.Overall spend in month is driven by consultant agency usage in Medicine covering vacancies, as well Healthcare Scientists in Cardiology to deliver ECHO activity. ASCR has seen a reduction in breast care agency staff due to a reduction in activity.<div>In Month vs Prior Year</div><ul style="list-style-type: none">Trustwide agency spend in April is below 2024/25 spend. This is due to increased controls being implemented across divisions in 2024/25, and their continued impact.</div>		<div><div>Summary</div><div>Monthly Trend</div><ul style="list-style-type: none">Agency expenditure in April is £0.5m, £0.3m lower than plan and lower than March's agency expenditure of £0.9m.Agency expenditure is 0.8% of total pay costs.Agency usage continues to be largely driven by absence and additional escalation bed capacity across nursing and medical staffing. Use of registered mental health nurses is also a key driver.Nurse agency shifts reduced by 551 or 55% in April compared with March. The average cost per shift decreased by 35% compared with the previous month.Nurse agency spend is £0.3m lower than March due to a decrease in both the number of shifts filled and the average cost per shift.Medical agency expenditure is higher by £0.1m from the previous month. The number of shifts covered has decreased from 355 in March to 276 in April.<div>In Month vs Prior Year</div><ul style="list-style-type: none">Trustwide agency spend in April is below 2024/25 spend. This is due to increased controls being implemented across divisions from November last year, and their continued impact.</div>																																																																														

Finance: Temporary Staffing

Bank Costs Vs Plan Run Rate

<div><div>Latest Month</div><div>Apr-25</div><div>In-Month Plan</div><div>£3.3m</div><div>In-Month Actual</div><div>£3.0m</div></div>		<div><div>Bank Spend by Staff Group</div></div>	<div><div>Latest Month</div><div>Apr-25</div><div>In-Month Plan</div><div>£4.4m</div><div>In-Month Actual</div><div>£4.2m</div></div>	
Summary	<div><div>Summary</div><div>Monthly Trend</div><ul style="list-style-type: none">In April, there has been a slight decrease in bank spend this is broadly in line with the Q4 run rate. This has been seen within Medical staff where a decrease in waiting list initiatives compared to a spike in M12 which were seen to impact the year end performance targets. AfC spend has also slightly decreased in Domestics due to a peak in sickness in the prior month (£0.1m decrease).<div>In Month vs Prior Year</div><ul style="list-style-type: none">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, April is broadly in line.</div>	Summary	<div><div>Summary</div><div>Monthly Trend</div><ul style="list-style-type: none">Bank costs in April are £4.2m, a decrease of £1.1m from £5.3m in March. This includes £1.6m relating to medical bank and £0.9m relating to registered nurse bank.Nurse bank expenditure reduced by £0.6m compared with March, with shifts reducing by 1,775 or 21% . The average cost per shift also decreased by 21% compared with the previous month.Medical bank decreased in April by £0.1m to £1.6m and remains in line with average for the last 6 months.There was a reduction in other bank usage in April, with cost reducing from £2.1m in March to £1.7m in April. The most significant reduction was across the Estates and Facilities Division.<div>In Month vs Prior year</div><ul style="list-style-type: none">Bank expenditure in April is £1.5m lower than the same period last year, due to increased controls introduced during 204/25.</div>	

Finance: Capital

Actual Vs Plan

Latest Month

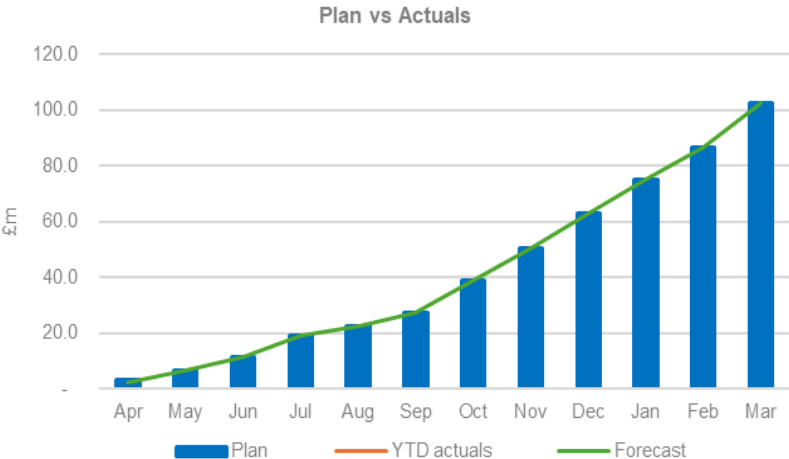
Apr-25

In-Month Plan

£1.6m

In-Month Actual

£0.8m



Latest Month

Apr-25

In-Month Plan

£3.2m

In-Month Actual

£2.1m

Summary

Summary

- 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.
- Overall spend in Month 1 was £0.8m, of which £0.6m was against the Elective Centre.
- Overall spend on the Elective Centre to date is £42.7m, of which £34.1m relates to the main construction contract.
- The Trust has received approval for a £7.3m Salix grant to be spent on decarbonisation work. This funding will be received throughout the year to match spend.

Summary

Summary

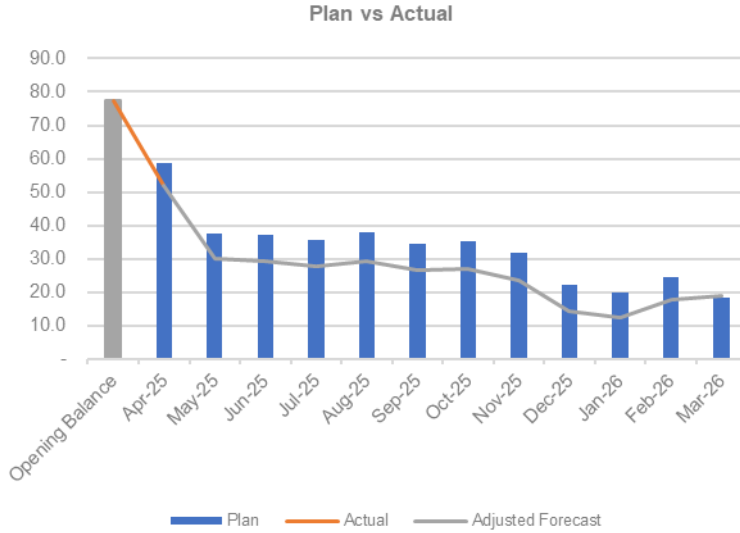
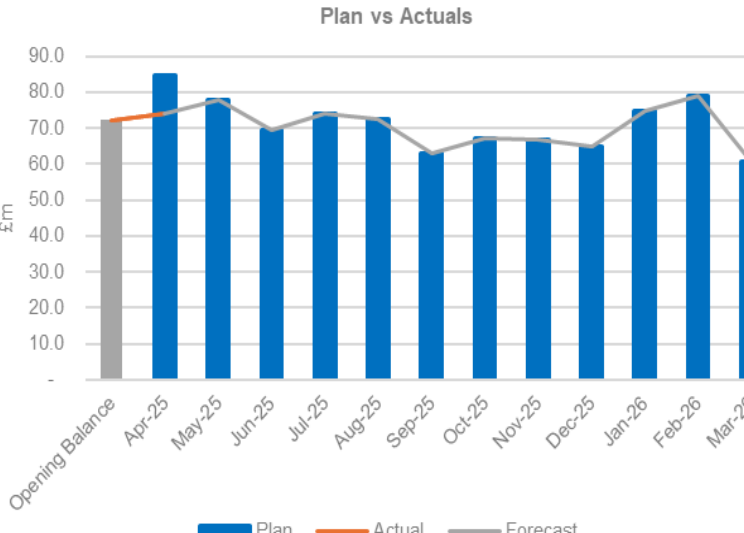
- Following NHSE confirmation of capital funding allocations of £55.2m, the Trust submitted a revised 2025/26 capital plan to NHSE on 30th April 2025 totalling £102.7m. The sources of funding include:
 - CDEL allocations from ICS capital envelope £40.6m;
 - PDC expected from NHSE including centrally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

Risks











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

Finance: Cash

Actual Vs Plan

	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>£58.5m</div><div>Actual</div><div>£52.0m</div></div>	<div><div>Plan vs Actual</div></div>	<div><div>Plan vs Actuals</div></div>	<div><div>Latest Month</div><div>Apr-25</div><div>Target</div><div>£84.8m</div><div>Actual</div><div>£73.9m</div></div>
Summary	<div>Summary</div> <ul style="list-style-type: none">In month cash is £52.0m, which is a £25.4m decrease from Month 12 2024/25 driven by movements in payables due to the high level of capital cash spend related to 2024/25 and the payment of large value maintenance contracts.Cash balances are £6.5m below plan, primarily driven by a greater than anticipated reduction in trade payables (£4.7m) and lower-than-forecast income receipts (£1.8m). These variances are anticipated to recover over the coming months.The cash position is expected to reduce significantly in the first months of 2025/26 due to the cash payment of the high level of capital spend incurred in March 2025.	Summary	<div>Summary</div> <ul style="list-style-type: none">The Trust’s cash balance as at 30th April 2025 is £73.9m, which is a £1.7m increase from month 12 2024/25 but £10.8m below plan. The reduction against plan is due to a combination of reduced cash payments from Commissioners in April and higher than expected cash payments linked to March’s capital expenditure accruals.The closing cash balance of £73.9m included a net cash inflow from operations of £5.7m and cash outflow of £3.1m due to investing activities (capital) and £0.9m due to financing activities (lease principal).The cash position forecast remains within the range of £61m-£78m throughout the financial year. The predicted reduction in cash is due to financing obligations of £14.0m relating to the repayment of loan principal and the capital element of leases. The capital programme is funded in cash terms via NHSE public divided capital and internal depreciation.	

Assurance and Variation Icons – Detailed Description

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

KEY
Note Performance
Constitutional Standards and Key Metrics = Escalation Summary