NHS
North Bristol
NHS Trust

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Integrated Quality and Performance Report

Month of Publication November 2025
Data up to September 2025

NHS North Bristol NHS Trust

Contents

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Key to KPI Variation and Assurance Icons

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

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

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

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

Further Reading / Other Resources

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

Scorecards Explained

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

Name of Metric/KPI.

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

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

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

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

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

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

The actual performance for the most recent month.

The actual performance for the previous month.

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

Business Rules and Actions

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

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

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

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

Executive Summary – Group Update

Responsiveness

Urgent Care

UHBW ED 4-hour performance remained at 76.7% during September (also 76.7% in August) against a March 2026 target of 78% for all attendance types, including type-3 footprint uplift. A combination of increasing demand, high bed occupancy, and continued high levels of NCTR create a challenging clinical, operational and performance environment, thus, impacting on 12-hour total time in the Emergency Department and ambulance handover metrics. For NBT, ED 4-hour performance declined to 64.6% for September 2025 (71.9% with footprint uplift). NBT is actively working with the GIRFT team to align their findings with their UEC programme and a summary of this was presented at NBT's Quality Outcomes Committee.

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

Elective Care

UHBW successfully eliminated 65 week waits by the end of 2024/25 and compliance is forecast for 2025/26, noting that there was one patient waiting beyond 65 weeks at the end of September 25, who has been rebooked to be treated during October 25. More generally, the potential exception to 65 week wait elimination relates to the previously reported national shortage of graft material, noting that NHSE formal dispensation for cornea graft still applies. Both Trusts have set the ambition that less than 1% of the total waiting list will be >52 weeks by the end of March 2026, with NBT already achieving this ambition.

Diagnostics

For September, NBT's diagnostic performance declined below the national constitutional standard, reporting at 1.3%. The position has been impacted by service delivery challenges in DEXA and Neurophysiology, though recovery for these modalities is expected by next month. UHBW position in September improved to 14.1% but fell short of the September target of 8.8%. Performance continues to improve across many diagnostic modalities and recovery plans are in place for the small number of modalities which require additional support to achieve the recovery trajectory, with improvement in performance expected in year.

Cancer Wait Time Standards

During August, UHBW remains compliant with the 31-Day and 62-Day standards but fell slightly short of the 78% trajectory set for the Faster Diagnosis Standard (FDS), reporting 76.9%. The expectation is that the FDS position will recover in year, and the strong performance will continue through 2025/26.

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

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

Executive Summary – Group Update

Quality

Patient Safety

UHBW has had one case of MRSA in September, we are now at four cases year to date against a target of zero cases. None occurred at NBT in September. NHSE comparative data published September ranked UHBW 132nd out of 134 hospitals nationally for MRSA bacteraemia. Actions continue using audit data to drive improvements in MRSA compliance and targeted patient screening and decolonisation.

There were 14 cases of *C. Difficile* in UHBW and 8 at NBT in September2025. This breaks down as 10 (UHBW) and 3 (NBT) Hospital Onset Healthcare Acquired (HOHA) and 4 (UHBW) and 4 (NBT) Community Onset Healthcare Acquired (COHA) above the trajectory of 9.08 cases per month (UHBW) and 6.58 (NBT). NHSE comparative data published September 2025 ranked UHBW 44th out of 134 other hospitals nationally. Antimicrobial stewardship is a key element that should improve as electronic medicines prescribing was implemented from May 2025 in UHBW and September 2025 in NBT facilitating greater scrutiny and collaboration between pharmacy and clinical teams.

Falls per 1000 bed days remains below the UHBW target at 4.33. There were seven falls with moderate harm in September 2025, this is higher than the previous month (1). Details of action being taken is provided on the relevant slide.
For NBT an increasing trend in pressure injuries has been identified with a 68% increase in Grade 2s compared to same period in 24/25 and one Grade 4. The Tissue Viability Steering Group (TVSG) has convened to discuss current challenges and implement strategies for improvement.

Since the launch of Careflow Medicines Management (CMM) at UHBW in summer 2025, the VTE risk assessment completion is slowly increasing to 82.8% in September. For NBT VTE risk assessment stands at 90,7% and this is anticipated to improve with CMM now live across Brunel, Elgar, and Rosa Burden and Women & Children's locations.

Patient & Carer Experience

In UHBW, complaints responded to within time frame increased slightly to 46.6% in September. The challenges across the process are being actively managed to improve performance. The complaints team are also reporting an increase in complexity of complaints being made. The backlog of complaints, reaching 400 in October 2024, has now been resolved completely. This has meant many complaints being sent to Divisions at once for completion and deadlines not met. Gaps in Divisional Complaint Co-Ordinator roles have contributed to delays but this is now resolving. In NBT 60% of formal complaints at NBT were responded to within the agreed timeframe a slight reduction from August. The ASCR divisional position remains the principal outlier across the trust. The ASCR Divisional Director of Nursing has developed a recovery plan, which is now being implemented and particularly centres around covering divisional gaps co-ordinating complaint investigations and responses.

Executive Summary – Group Update

Our People

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

Turnover: Presentation of the data has changed. Rolling 12-month turnover (the NHSE required metric) has moved to a run rate chart in line with NHSE best practice for cumulative metrics.

- **NBT** turnover is 9.8% in September, below the NBT target of 11.3% for 2025/26
- **UHBW**, turnover is 9.4% in September and below target.

Vacancy Rate

- **NBT** remains at 8.4% driven by increases in establishment associated with the Bristol Surgical Centre
- **UHBW** is 3.5%, an increase from 3% in August but remaining below target

Sickness: Presentation of the data has changed. Rolling 12-month absence (the NHSE required metric) has moved to a run rate chart in line with NHSE best practice for cumulative metrics. To enhance understanding in month sickness absence has been reflected on an SPC chart.

- **NBT** rate is 4.7%, above the target of 4.4%. Early opportunities are being identified through Operational Planning and collaborative data analysis with UHBW. cause S13 cough/cold/flu including covid has not seen same rise in September as UHBW but has seen an increase from August and September 2025 has a higher rate of absence for this reason compared with September 2024
- **UHBW** rate is 4.6% in month in line the previous month's position but does not trigger an escalation summary against the cumulative annual target . However, sickness absence days relating to cause S13 cough/cold/flu including covid was up 77% between August and September compared to a 30% increase over the same time frame last year and will be closely watched.

Essential Training

Reporting was refined to focus on the 11 mandated subjects and Level 1 Oliver McGowan (OMMT) eLearning. Level 2 OMMT compliance was separated to better track progress, which continues to improve with expanded ICB training. Future reports will monitor progress toward the ICB's 66% Level 2 compliance target by year-end. The group remains on track to meet this threshold.

- **NBT:** Compliance for the top 11 subjects rose to 89.3%, exceeding the 85% target, with strong growth in Level 1 OMMT eLearning. Level 2 OMMT compliance is improving steadily (currently 21%), despite challenges from staff absences and OPEL 4 pressures. On-site ICB sessions are increasing training capacity.
- **UHBW**: Overall compliance reached 90.3%, slightly above target, with Level 1 OMMT at 82.9%. Level 2 compliance stands at 35.9%—22.9% for non-clinical webinar sessions and 42.7% for clinical face-to-face sessions. Expanded ICB training is supporting increased uptake.

Executive Summary – Group Update

Finance

In Month 6 (September), NBT delivered a £0.3m surplus position which is on plan. Year to date NBT has delivered a £2.9m deficit position against a £2.9m deficit plan.

UHBW delivered a £0.5m surplus in month 6, against a deficit plan of £0.3m. UHBW's year to date deficit is £9.5m, in line with plan.

Pay expenditure within NBT is £2.4m adverse to plan in month. This is driven by overspends in nursing and healthcare assistants due to escalation and enhanced care, under-delivery against in-year savings which is offset by vacancies in consultant and other staff groups.

Pay expenditure in UHBW is £1.4m adverse to plan in month. This is driven by staffing exceeding budgeted establishments, particularly across nursing budgets due to escalation and enhanced care plus additional medical costs. The position is marginally offset by higher than planned pay savings.

The NBT cash balance as at the 30 September 2025 is £61.5m, £26.9m higher than planned, a £15.9m reduction from 31 March 2025.

The UHBW cash balance as at the 30 September 2025 is £70.0m, £6.8m higher than planned, a £2.3m reduction from 31 March 2025.

NHS North Bristol NHS Trust

Responsiveness

Scorecard

NHS University Hospitals Bristol and Weston NHS Foundation Trust

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	ED % Spending Under 4 Hours in Department	NBT	Sep-25	64.6%	69.9%	67.4%	F-	C	Escalation Summary
		UHBW	Sep-25	69.7%	72.3%	69.3%	?	H	Note Performance*
Responsive	ED % Spending Over 12 Hours in Department	NBT	Sep-25	7.5%	2.0%	5.5%	F-	C	Escalation Summary
		UHBW	Sep-25	4.0%	2.0%	3.5%	F-	C	Escalation Summary
Responsive	Bristol Children's Hospital ED - Percentage Within 4 Hours	UHBW	Sep-25	83.5%	No Target	87.3%	n/a	C	Note Performance*
Responsive	ED 12 Hour Trolley Waits (from DTA)	NBT	Sep-25	197	0	126	F-	C	Escalation Summary
		UHBW	Sep-25	213	0	188	F-	C	Escalation Summary
Responsive	Ambulance Handover Delays (under 15 minutes)	NBT	Sep-25	39.6%	65.0%	45.0%	F-	C	Escalation Summary
		UHBW	Sep-25	42.5%	65.0%	39.5%	F-	H	Escalation Summary
Responsive	Average Ambulance Handover Time	NBT	Sep-25	29	35	25	?	C	Escalation Summary
		UHBW	Sep-25	23.3	45.0	24.3	P	L	Note Performance
Responsive	% Ambulance Handovers over 45 minutes	NBT	Aug-25	16.7%	0.0%	11.1%	F-	C	Escalation Summary
		UHBW	Sep-25	10.3%	0.0%	11.0%	F-	C	Escalation Summary
Responsive	No Criteria to Reside	NBT	Sep-25	23.3%	15.0%	22.4%	F-	L	Escalation Summary
		UHBW	Sep-25	21.4%	13.0%	20.3%	F-	H	Escalation Summary

* with commentary

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

NHS North Bristol NHS Trust

Responsiveness

Scorecard

NHS University Hospitals Bristol and Weston NHS Foundation Trust

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	RTT Percentage Over 52 Weeks	NBT	Sep-25	0.3%	1.0%	0.4%	P	L	Note Performance
		UHBW	Sep-25	1.5%	1.2%	1.5%	F-	L	Escalation Summary
Responsive	RTT Ongoing Pathways Under 18 Weeks	NBT	Sep-25	66.7%	69.0%	65.3%	F-	H	Escalation Summary
		UHBW	Sep-25	65.8%	65.8%	64.7%	F-	H	Escalation Summary
Responsive	RTT First Attendance Under 18 Weeks	NBT	Sep-25	70.9%	70.2%	71.1%	?	C	Escalation Summary
		UHBW	Sep-25	67.3%	68.9%	66.5%	F-	H	Escalation Summary
Responsive	Diagnostics % Over 6 Weeks	NBT	Sep-25	1.3%	1.0%	1.0%	?	L	Note Performance
		UHBW	Sep-25	14.1%	8.8%	14.7%	F-	L	Escalation Summary
Responsive	Cancer 28 Day Faster Diagnosis	NBT	Aug-25	75.6%	79.9%	78.6%	?	H	Note Performance
		UHBW	Aug-25	76.9%	78.0%	77.7%	?	C	Escalation Summary
Responsive	Cancer 31 Day Decision-To-Treat to Start of Treatment	NBT	Aug-25	86.0%	87.8%	87.0%	?	H	Note Performance
		UHBW	Aug-25	97.7%	96.0%	98.4%	P	H	Note Performance
Responsive	Cancer 62 Day Referral to Treatment	NBT	Aug-25	66.2%	72.5%	67.1%	F	C	Escalation Summary
		UHBW	Aug-25	78.1%	73.2%	78.0%	P	C	Note Performance
Responsive	Last Minute Cancelled Operations	NBT	Sep-25	0.3%	0.8%	0.5%	P	C	Note Performance
		UHBW	Sep-25	2.0%	1.5%	1.6%	?	L	Note Performance

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

Responsiveness

UEC – Emergency Department Metrics

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

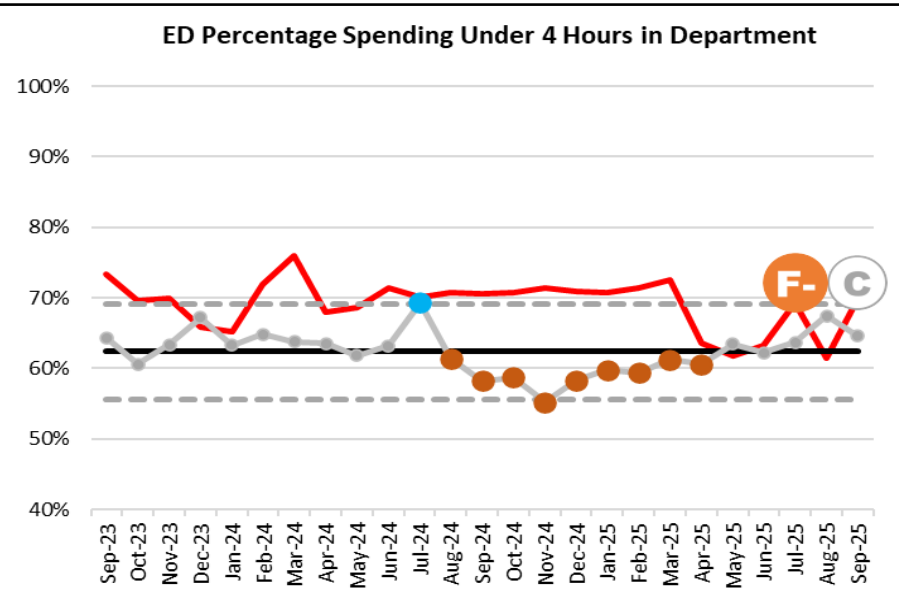
Latest Month
Sep-25

Target
69.9%

Latest Month's Position
64.6%

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

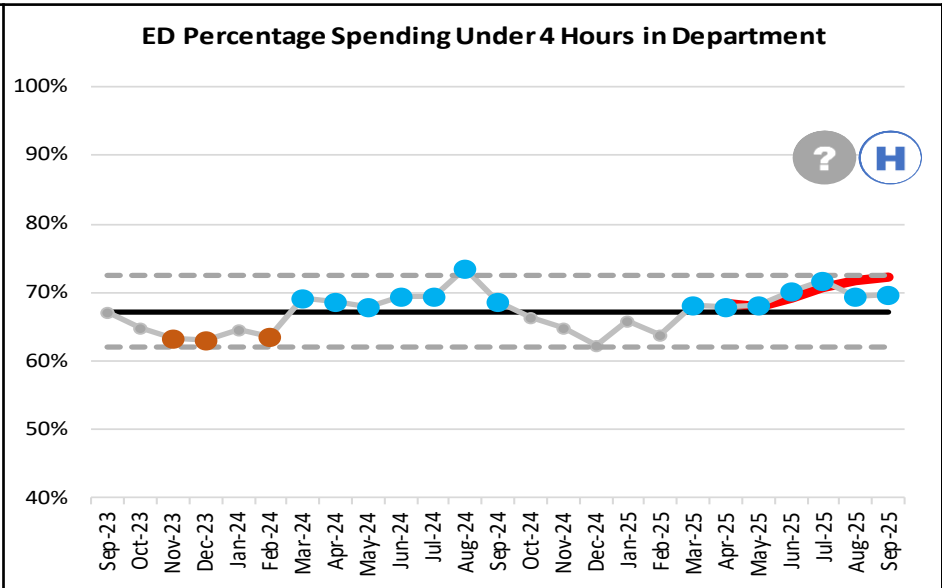
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



What does the data tell us?
The percentage of patients spending under 4 hours in ED for the month of September declined to 64.6% but remains above the mean.

Actions being taken to improve
Working with NBT's GIRFT Associate, we are in the process of putting together an ED productively plan aimed at reducing the time to first clinical assessment, which would support performance across all streams in ED. This work will be further supported through the stepping up of a new Unified Care Framework Oversight Group, to be chaired by the Trust Medical Director, and focussing on improving adherence to NBT's internal professional standards (building on a recent gap analysis) and working on NHSE's recommendations for inpatients across their first 72 hours of care. Developments to our SDEC pathways continues, including increasing capacity for plastics and urology patients.

Impact on forecast
Efforts this month continue on making further improvement to performance, building on recommendations from GIRFT.



Latest Month
Sep-25

Target
72.3%

Latest Month's Position
69.7%

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

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

What does the data tell us?
The ED 4-hour standard across the trust shows minor improvement at 69.7% in September compared to 69.3% in August. This is despite an increase in attendances, notably at the Bristol Royal Children's Hospital throughout September.

Actions being taken to improve
Ongoing mobilisation of ED improvement plans across both BRI and Weston, including workforce reconfiguration to augment and better align senior decision makers to peak times IN & OOH, in addition to optimising SDEC utilisation and front door redirection models.
Whole hospital review of ED 'quality standards' continues, with a specific focus on 'specialty reviews' and outward flow from ED with impact anticipated in forthcoming months. 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).

Impact on forecast
Forecasting improvement plans will continue to iterate and maintain the Trust position; c70% in October 25/26

The End of Year Target for this measure is 72.3% (78% inclusive of Sirona type-3 uplift)

Responsiveness

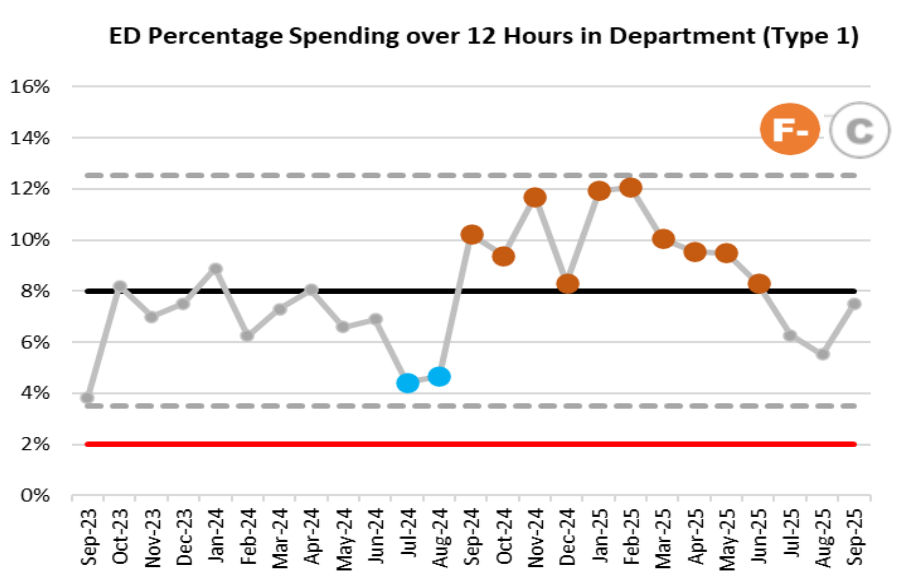
UEC – Emergency Department Metrics

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Sep-25
Target
2.0%
Latest Month's Position
7.5%
Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration

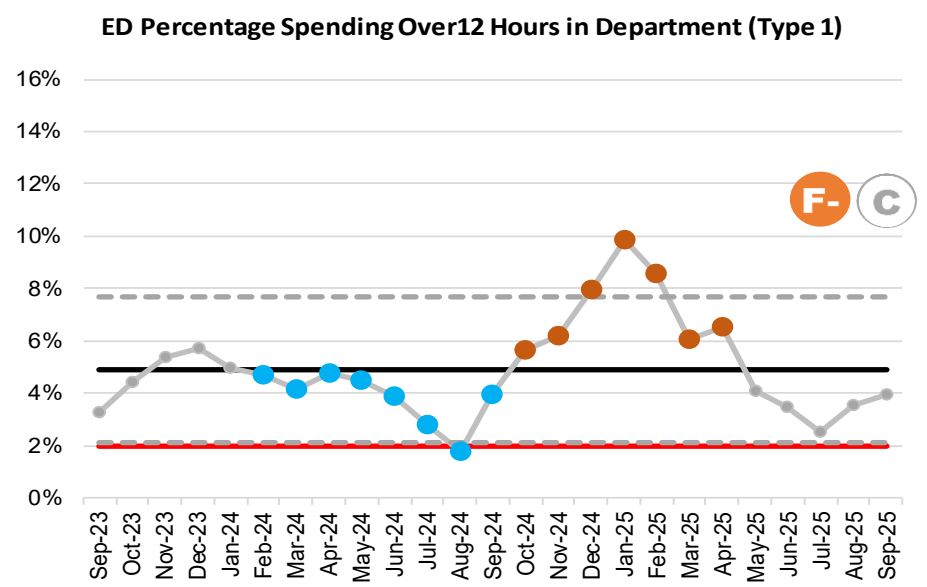
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



What does the data tell us?
The percentage of patients spending over 12 hours in ED increased to 7.5% in September but remains below the mean for the third consecutive month.

Actions being taken to improve
We continue to develop the Continuous Flow model across NBT Divisions, including new NEL approaches in ASCR and NMSK. Across the summer months we have seen an increase in admissions from ED, probably linked to earlier pull into the bedbase as a result of continual flow (ie fewer patients are being discharged by medics in ED). With support from GIRFT and system partners we will undertake a Criteria to Admit Audit in October to better understand who waits the longest in ED for admission and whether alternative pathways might be developed to meet their needs. This work will be used to support the BNSSG UEC strategy design work which has just started on care co-ordination. Linked to our winter planning we are also working to establish a weekend discharge model in the Division of Medicine with the aim of improving discharges from specialty wards.

Impact on forecast
The operational approach being deployed during October is expected to bring 12 hour performance down again in line with August 2025.



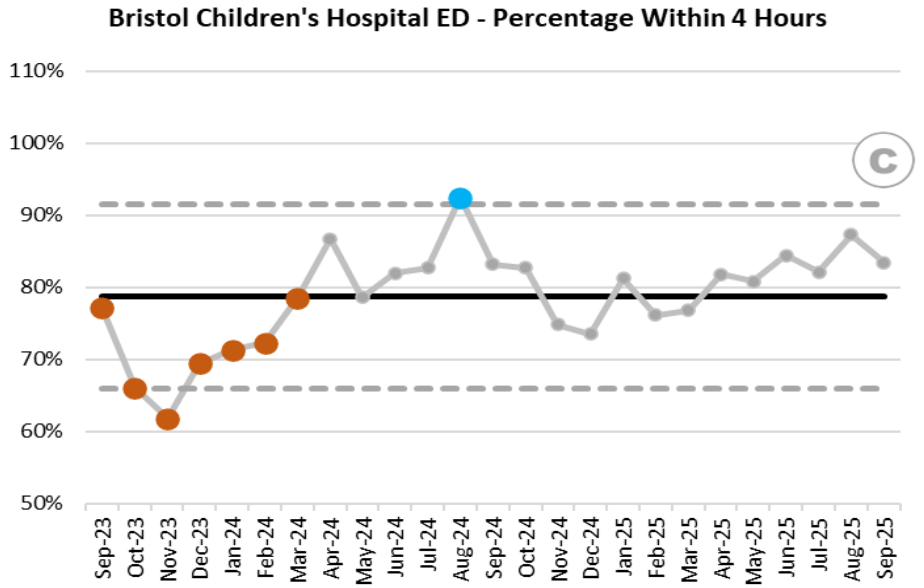
Latest Month
Sep-25
Target
2.0%
Latest Month's Position
4.0%
Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration.

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

What does the data tell us?
The percentage of patients spending over 12 hours in ED for the month of September (4%) worsened slightly compared to August (3.5%) though still well below the national threshold of 10%. Much of the challenges in month can be attributed to an increase in demand for side rooms due to infection, prevention and control reasons across BRI and WGH.

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

Impact on forecast
The focused improvement efforts described above are anticipated to maintain a similar position throughout October



Latest Month

Sep-25

Target

No Target

Latest Month's Position

83.5%

Performance / Assurance

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

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

What does the data tell us?

4-hour performance in September has deteriorated when compared to August, however, represents an improvement when compared year-on-year to September last year.

Actions being taken to improve

- 4-hour breach working group has been established to review breaches and identify learning
- Review of admitted vs discharged breaches to understand where support is required from the wider hospital and specific speciality pathways
- ENP to support streaming to support timely assessment and discharge
- Escalation policy in the process of redevelopment
- Implementation of P-ACE to prevent admissions

Responsiveness

UEC – Emergency Department Metrics

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

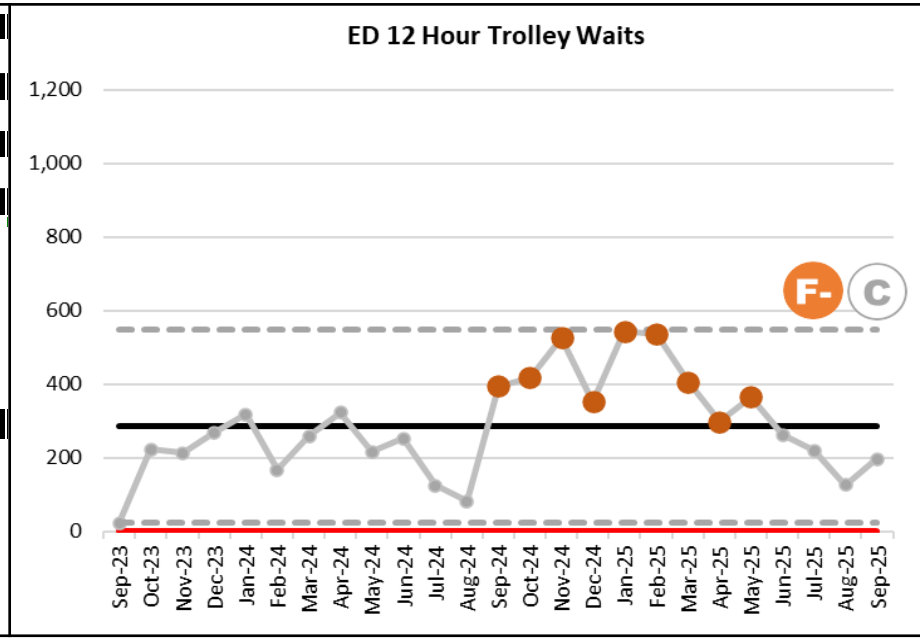
Latest Month
Sep-25

Target
0

Latest Month's Position
197

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

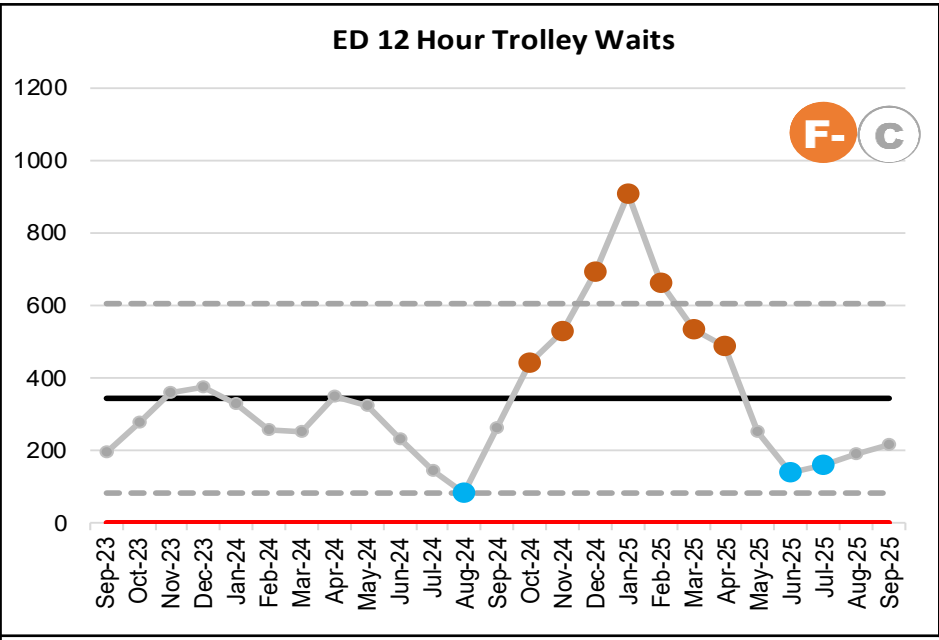
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



What does the data tell us?
The number of 12 hour trolley waits increased compared to the previous month to 197.

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

Impact on forecast
See previous slide – 12 hour trolley waits are likely to reduce across October.



Latest Month
Sep-25

Target
0

Latest Month's Position
213

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

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

What does the data tell us?
The number of 12 Hour trolley waits increased slightly throughout September to 213 compared to 188 in August.

Actions being taken to improve
Note actions from previous two slides

Impact on forecast
Along with improvement work noted against the 4-hour and 12-hour standard, it is anticipated that the number of 12-hour trolley waits will be maintained throughout October as a result of the enhanced focus and re-launch of the ED Quality Standards in relation to “Speciality Reviews” in particular.

Responsiveness

UEC – Ambulance Handover Delays

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

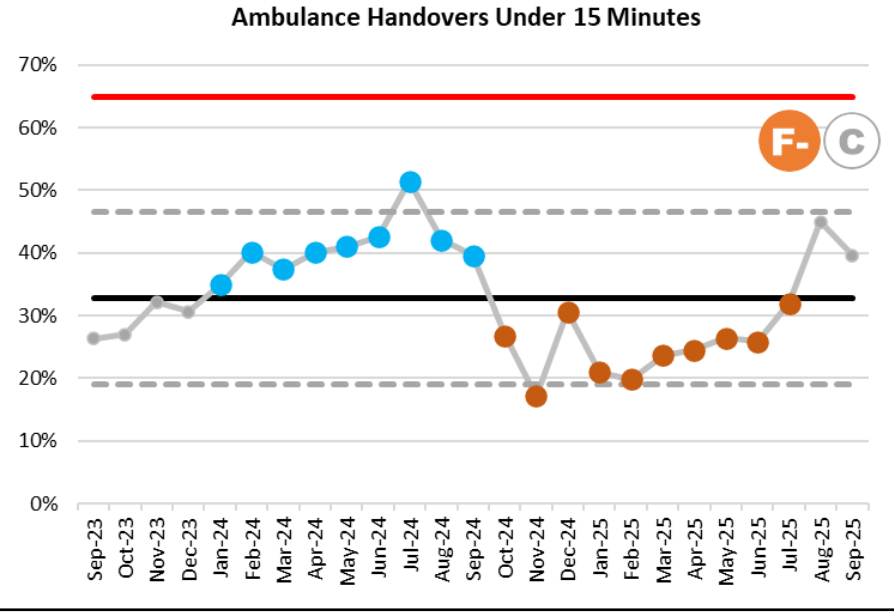
Latest Month
Sep-25

Target
65.0%

Latest Month's Position
39.6%

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

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

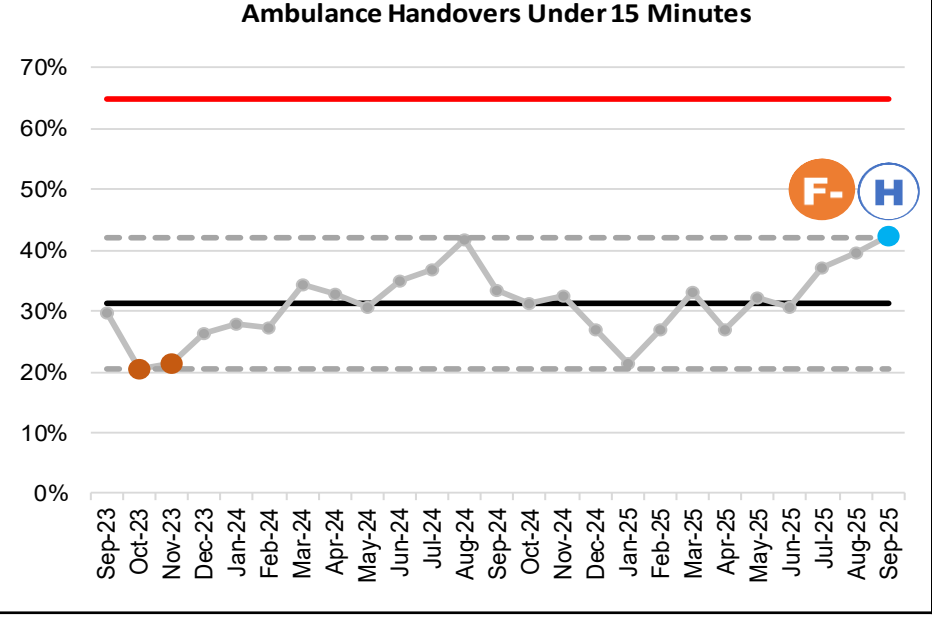


What does the data tell us?
The proportion of handovers completed within 15 has declined compared to the previous month to 39.6%, performing still above the mean, this is despite receiving the highest number of ambulance conveyances since July 2023.

Actions being taken to improve
Our daily validation process for ambulance handover shows the key areas of focus as follows:

1) Staffing of ED cohort areas – senior nursing colleagues are working through a sustainable staffing plan for ED
2) Crew behaviour – the number of crews going AWOL prior to confirming handover stop time has reduced since we started our collaborative work with SWAST
3) Mason unit handovers – AWP's Mason unit is being rebuilt of the SWAST CAD so that handover lost hours will no longer be incorrectly attributed to NBT

Impact on forecast
Handover times remain challenged for October, particularly since the revisions to SWAST Timely Handover Plan which has impacted on the level of co-ordination in ED.



Latest Month
Sep-25

Target
65.0%

Latest Month's Position
42.5%

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

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

What does the data tell us?
Ambulance handovers within 15 mins have improved across UHBW throughout September at 42.5% compared to August at 39.5%. Notable improvement observed at WGH from 33% to 45%

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

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

Responsiveness

UEC – Ambulance Handover Delays

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

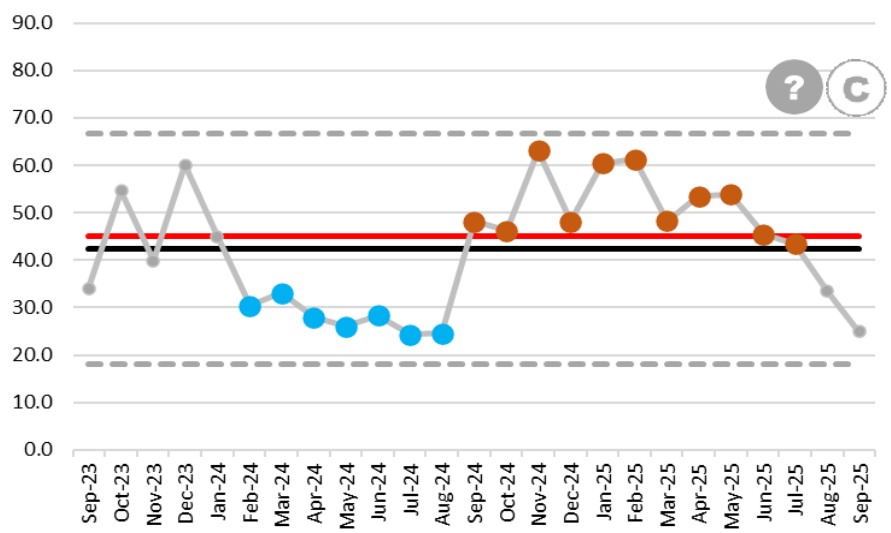
Latest Month
Sep-25

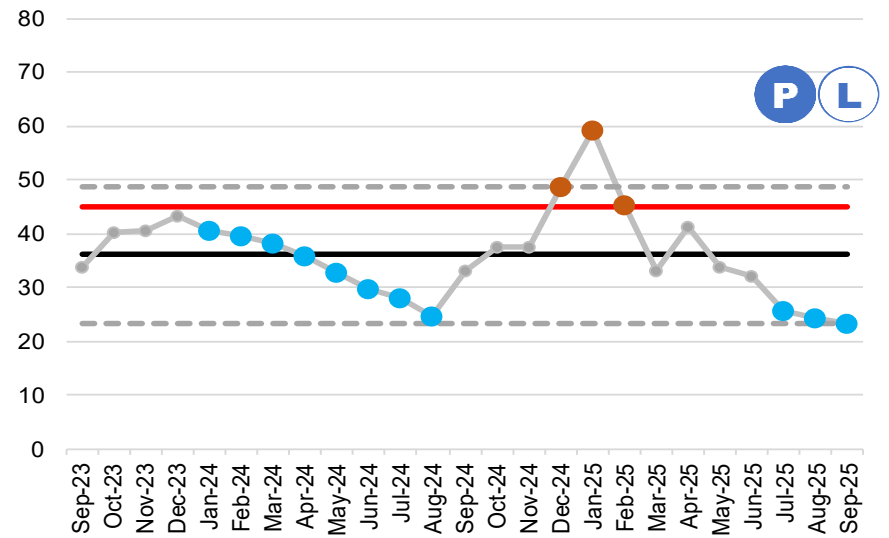
Target
34.7

Latest Month's Position
25.0

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

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





Latest Month
Sep-25

Target
45

Latest Month's Position
23.3

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

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

What does the data tell us?
For September 2025, the average handover time for ambulance conveyances further improved to 25 minutes.

Actions being taken to improve
Improvement work across our non ED handover areas (assessment units, ICU, CDS) has resulted in improved handover times which has impacted on the Trust average handover. We are working to embed the new ways of working in the ambulance receiving centre, including the surge nurse, a role which has positively impacted on handover times.

Impact on forecast
The actions taken together are expected to improve overall handover times, and therefore average handover.

No narrative required as per business rules.

Responsiveness

UEC – Ambulance Handover Delays

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

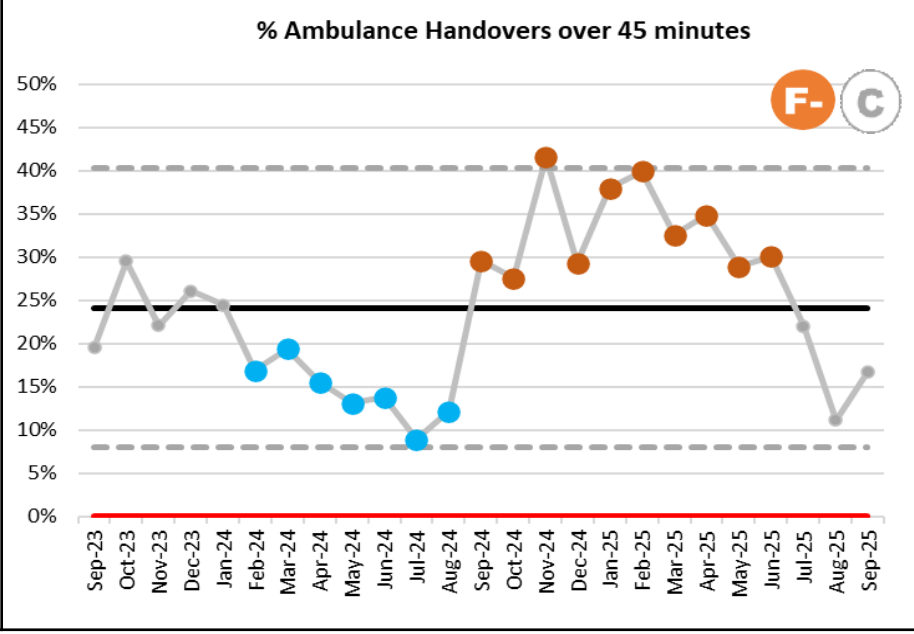
Latest Month
Sep-25

Target
0.0%

Latest Month's Position
16.7%

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

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

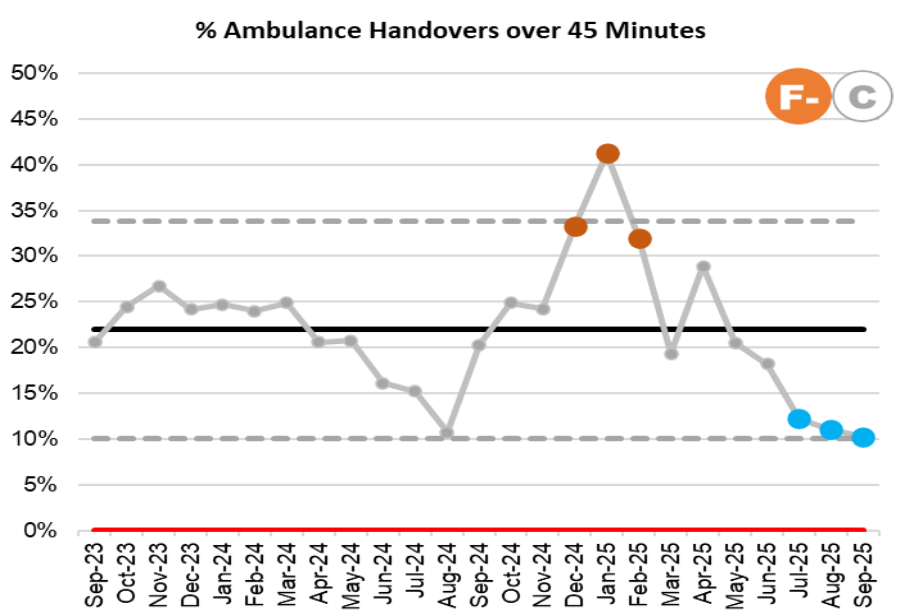


What does the data tell us?
The proportion of handovers over 45 minutes increased in September 2025 to 16.7% but remains within control limits and below the mean, and an improved position compared to September 2024.

Actions being taken to improve
There are two main areas of focus to further reduce handovers over 45 minutes:

1) The sustainable ED staffing plan referred to on slide 15
2) A cross Divisional piece of work across October to review our operational processes through a Timely Handover Plan lens. Through this work we are aiming to speed up processes, reduce demand and increase discharge to create capacity to receive offloads in a timely way. Examples include revising operations team KPIs in relation to management of repatriations and a full review of all operational response SOPs to check and challenge their timeliness and impact.

Impact on forecast
The above ongoing work is likely to improve handovers further in October.



What does the data tell us?
Ambulance handover times within 45 minutes have continued to improve across the last five months.

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

Impact on forecast
The improvement work outlined above is expected to contribute to the ongoing achievement of the <45- minute average ambulance handover time. October forecast c8.5%

Latest Month
Sep-25

Target
0%

Latest Month's Position
10.3%

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

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

Responsiveness

UEC – No Criteria To Reside

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

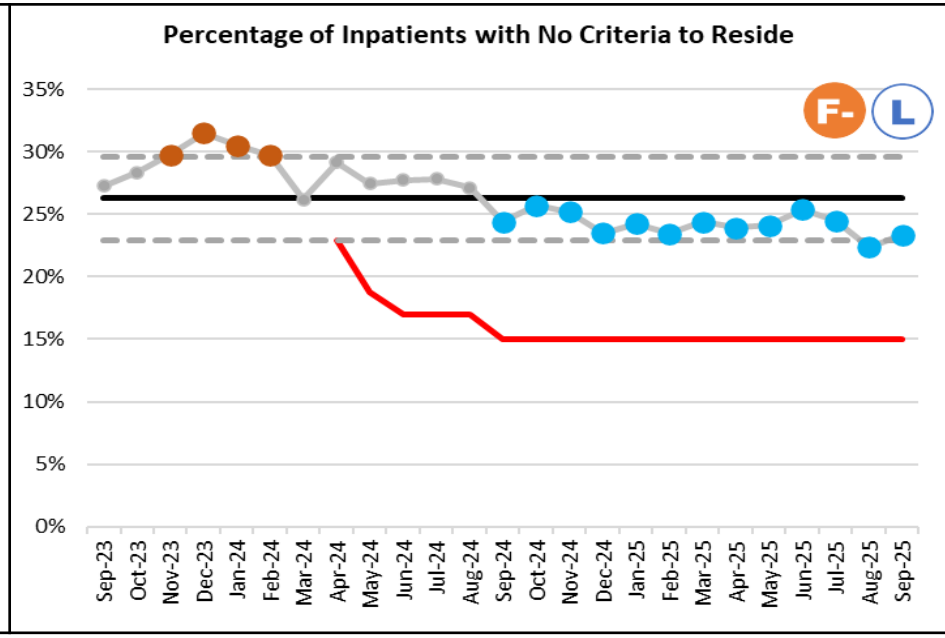
Latest Month
Sep-25

Target
15.0%

Latest Month's Position
23.3%

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

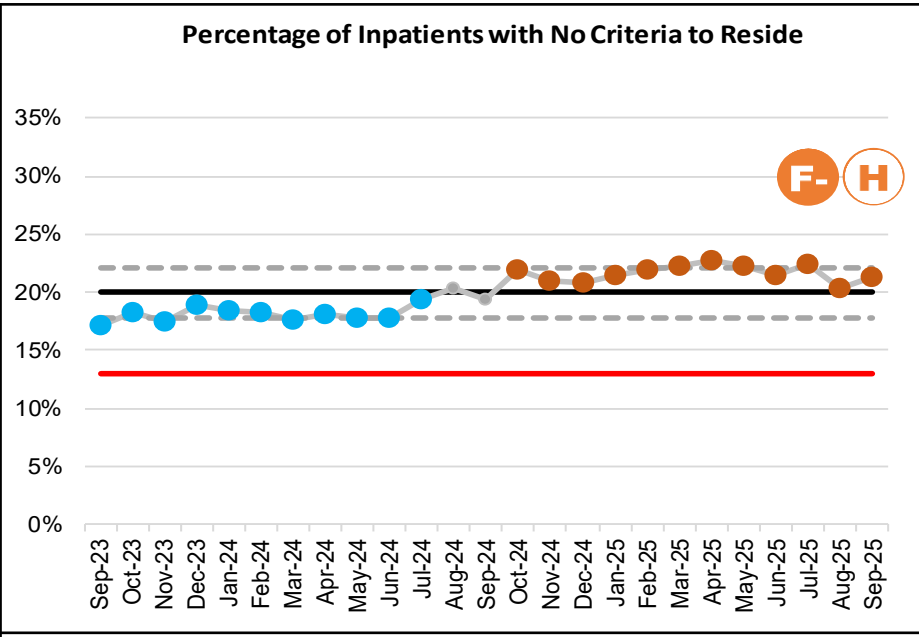
Trust Level Risk
Risk 2182 - patients who are 'discharge ready' who remain in hospital beds with 'No Criteria to Reside (NC2R)' will be at greater risk of deconditioning, hospital acquired infections, falls and delirium which could lead to varying levels of harm/patient outcomes (12).



What does the data tell us?
No Criteria to Reside (NCTR) increased to 23.3% and remains significantly above the target of 15%. There are particularly issues for patients accessing Pathway 3 in North Somerset and SSARU in all localities.

Actions being taken to improve
Working with Sirona and ICB colleagues we have a paper going to UEC Operational Delivery Group in October detailing a recovery and stabilisation plan for supported discharges from the stroke pathway. If supported at system level this plan would reduce NCTR in acute and community stroke beds. Building on NBT's recent success in reducing demand into Pathway 1, we are developing a new way of working with Sirona to include same day discharge options.. This will be tested as part of the Home Based Intermediate Care work led by iMpower.

Impact on forecast
We expect to see a reduction in NCTR as a result of the work outlined above.



Latest Month
Sep-25

Target
13.0%

Latest Month's Position
21.4%

Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit.

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

What does the data tell us?
No Criteria to Reside (NCTR) position deteriorated in September: 21.4% vs August: 20.3%; BRI: 19.5% vs August 18.4% and Weston 29.2% vs August 27.8%. High proportion of complex patients requiring specialist care with lack of beds capable/available to support.

Actions being taken to improve
Continued development of system-wide improvement plans to deliver 15% NCTR position. Focused work on:

- Transformation work launched with national support by iMpower aimed to re-design of the Home First Offer. Involving the development of a Home-Based Intermediate Care model,(HBIC) Test and Learn to start Nov/Dec roll out BAU Jan 26
- Workshop to be organised by ICB re Opel 4 status with action cards to improve flow and share risk
- System discussions in moving to an IP intermediate Care model
- LA's and Sirona documenting their agreed escalation plans with timeframes to support more timely and effective escalation with APM's and Performance Operational Meeting moving to weekly from beginning of Nov for system escalation
- HFT improvement projects: - CHCFTT - **September data shows a reduction of average 2.8 days**
  - MCA/BID - **September data shows a reduction of average 1.3 days**

Early Supported Discharges enables patients to leave hospital before their package of care start date with family support: 92 patients left hospital early saving 313 bed days in September.

Impact on forecast
System ambition of reducing NCTR to 15% remains (BRI 11%; WGH 19%).

NHS North Bristol NHS Trust

Responsiveness

Planned Care – Referral to Treatment (RTT)

NHS University Hospitals Bristol and Weston NHS Foundation Trust

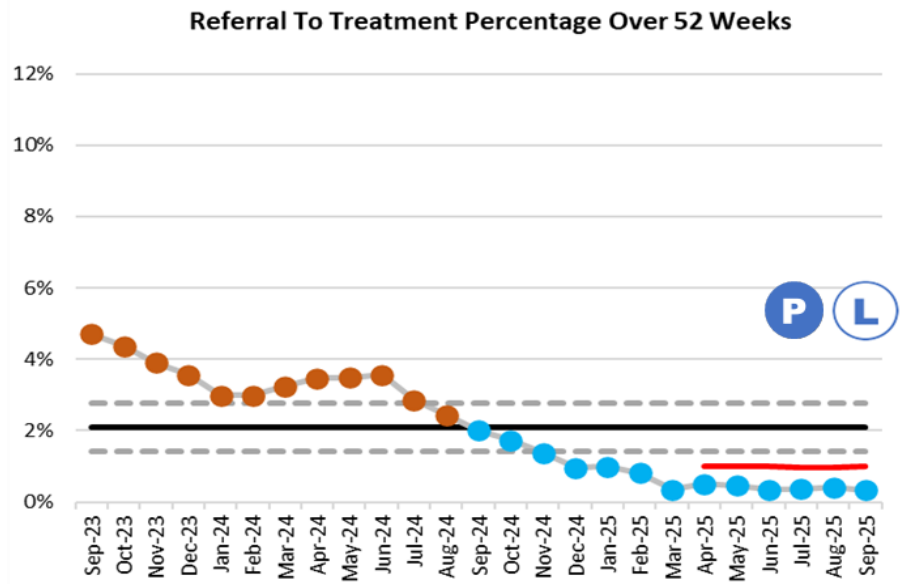
Latest Month
Sep-25

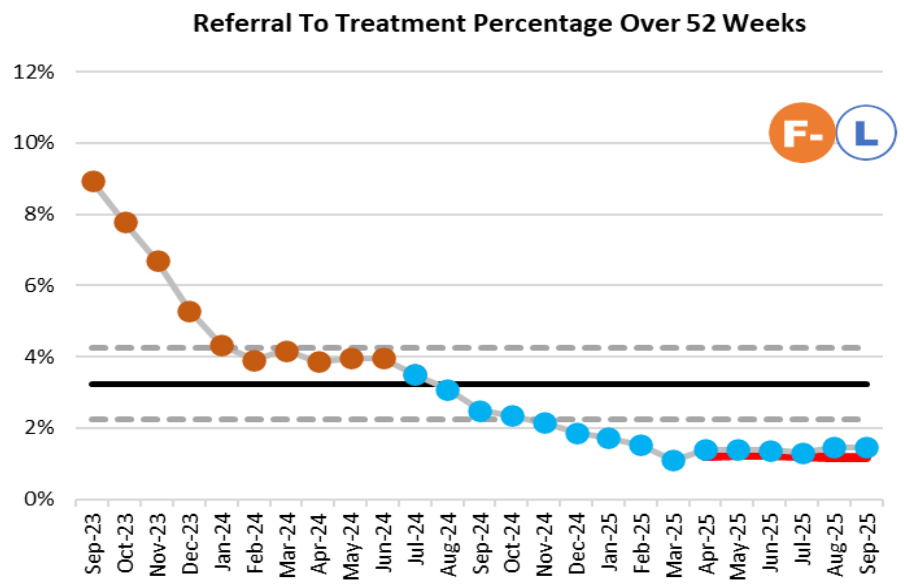
Target
1.0%

Latest Month's Position
0.3%

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

Corporate Risk
No Trust Level Risk





Latest Month
Sep-25

Target
1.2%

Latest Month's Position
1.5%

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

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

No narrative required as per business rules

What does the data tell us?
At the end of September, there was one Paediatric Dentistry patient waiting beyond 65ww who was cancelled for their treatment in September due to lack of Anaesthetic cover and has accepted a treatment date in October.
There were 785 patients waiting 52 weeks or more (785 in August). Against the total waiting list size of 53,657 this equates to 1.5% against the 1.2% trajectory set for September 2025 as part of the trust operational planning submission (national target <1% by March 2026).
The overall waiting list size reduced by 198 to 53,657 during September and, although this is a reduction, the waiting list size is higher than our trajectory for September of 51,152.

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

Impact on forecast
A revised trajectory was issued for Q2 with recovery anticipated at end of Q3.

The End of Year Target for this measure is 0.9%

Responsiveness

Planned Care – Referral to Treatment (RTT)

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

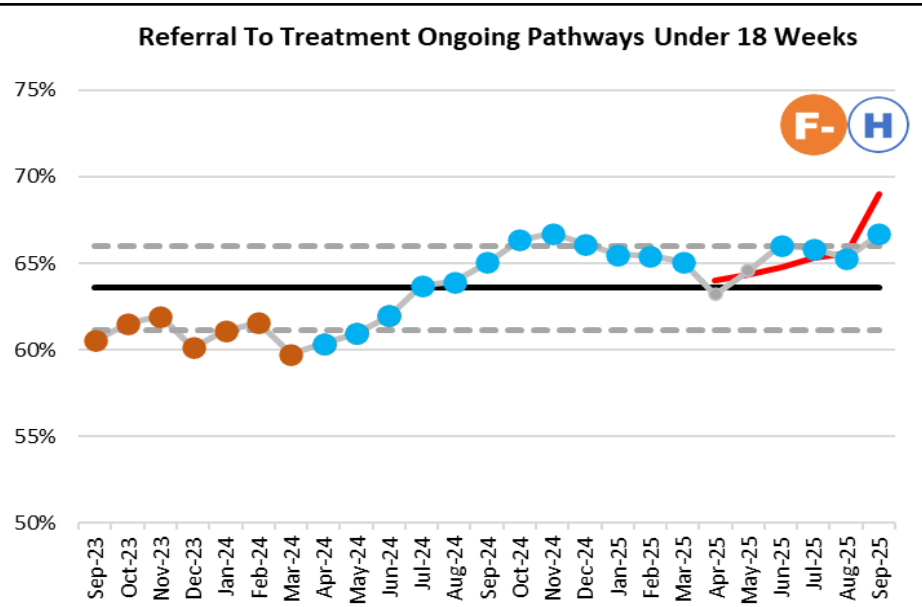
Latest Month
Sep-25

Target
69.0%

Latest Month's Position
66.7%

Performance / Assurance
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

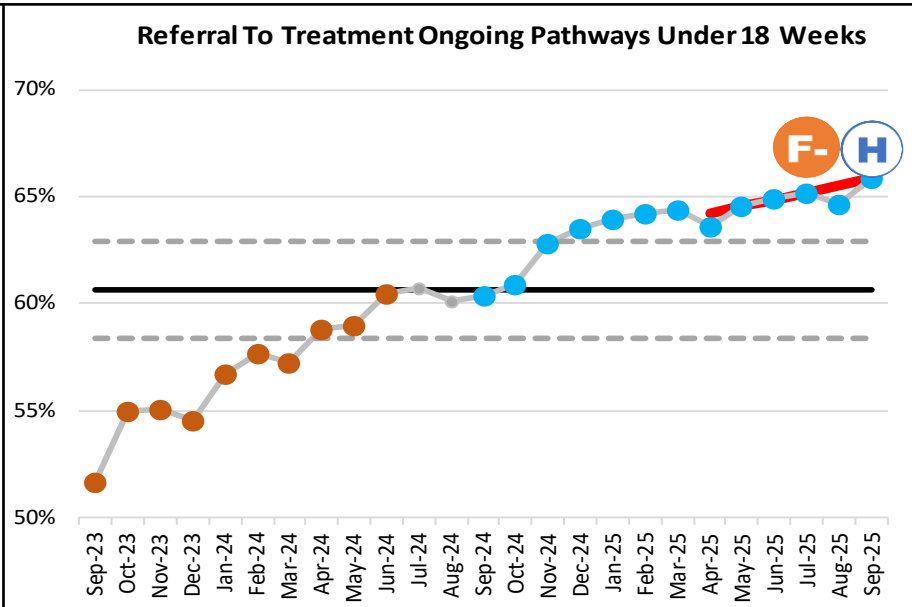
Trust Level Risk
No Trust Level Risk



What does the data tell us?
At the end of September, the percentage of patients waiting less than 18 weeks was 66.7%, performing under the Trust trajectory of 69.0% set as part of the Trust operational planning submission (target of 72% by March 2026). This deterioration was partly due to the BMA resident doctor strike which adversely affected outpatient and surgical capacity.

Actions being taken to improve
The 2025/26 delivery plans developed with clinical divisions, incorporate additional resource for some of the services (e.g. neurology and pain specialties) requiring greater support to recover their position. The Princess Royal Bristol Surgical Centre (PRBSC) has now opened which will see additional activity delivered in orthopaedics and other surgical specialties.
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.
Additional patient contacts are being made via DrDoctor to identify whether patients no longer require to be seen (self-limiting conditions).

Impact on forecast
Anticipated to deliver end of year target.



Latest Month
Sep-25

Target
65.8%

Latest Month's Position
65.8%

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

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

What does the data tell us?
At the end of September, the number of patients waiting less than 18-weeks is 35,329 (65.84%) which shows that this metric has met the target for the end of September of 65.8%

Actions being taken to improve
The 2025/26 delivery plans developed with clinical divisions, incorporate additional resource for some of the services (e.g. dental and paediatric specialties) requiring greater support to recover their position.
The Trust are taking part in the NHS England validation sprint, where an additional validation exercise will focus on patients across a broad range of specialties.
Additional patient contacts are also being made via DrDoctor to identify whether patients no longer require to be seen (self-limiting conditions)

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

The End of Year Target for this measure is 67.8%

Responsiveness

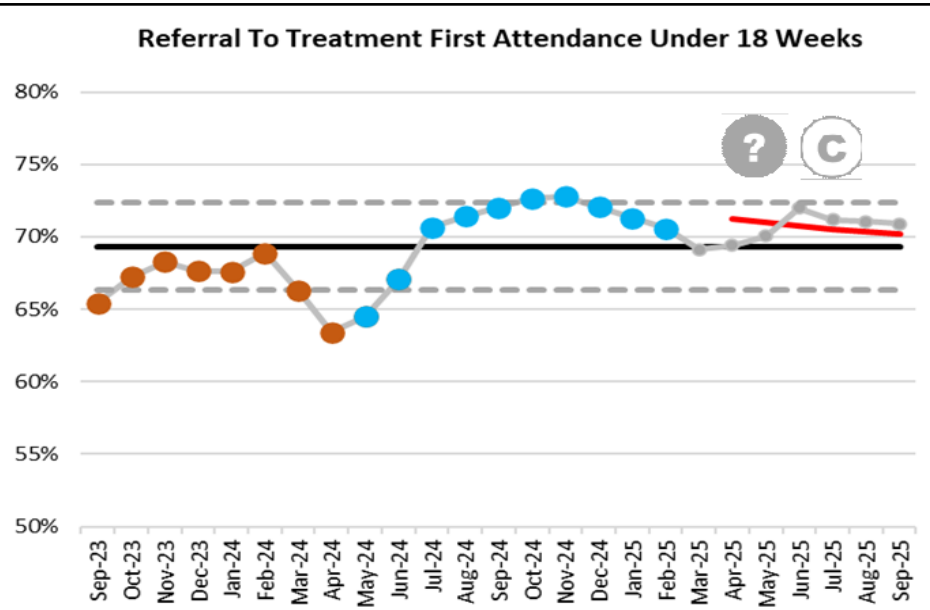
Planned Care – Referral to Treatment (RTT)

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Sep-25
Target
70.2%
Latest Month's Position
70.9%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation

Corporate Risk
No Trust Level Risk

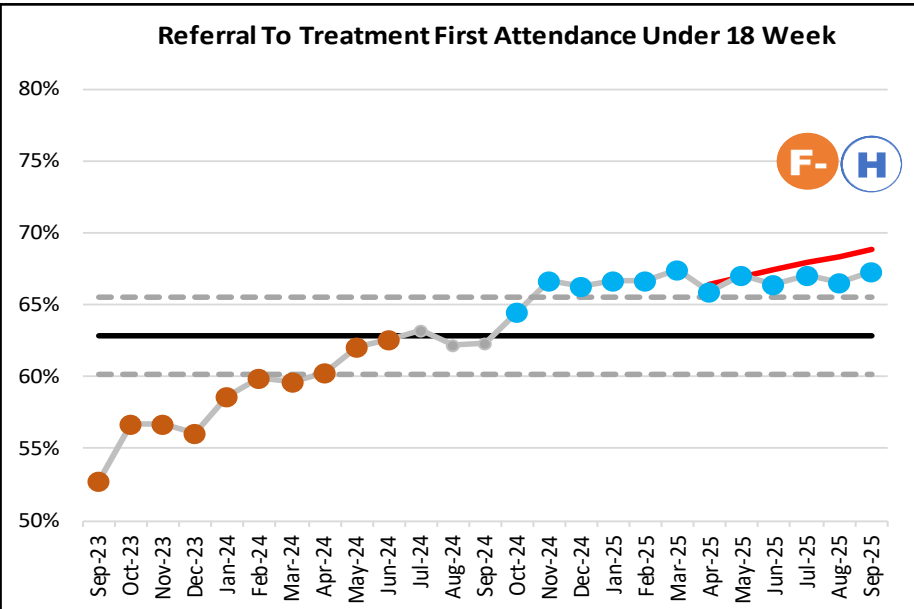


What does the data tell us?
At the end of September, the percentage of patients waiting less than 18 weeks for their first appointment was 70.9%, performing better than the trajectory of 70.2% set as part of the Trust operational planning submission (target of 78% by March 2026)

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

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

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



Latest Month
Sep-25
Target
68.9%
Latest Month's Position
67.3%
Performance / Assurance
Special Cause Improving Variation High, where up is improvement but target is greater than upper limit.

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

What does the data tell us?
At the end of September, the percentage of patients waiting less than 18 weeks for their first appointment is 67.3% against the target of 68.9% set for September 2025 as part of the Trust operational planning submission (target of 71.7% by March 2026)

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

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

The End of Year Target for this measure is 71.7%

Responsiveness

Planned Care – Diagnostics

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

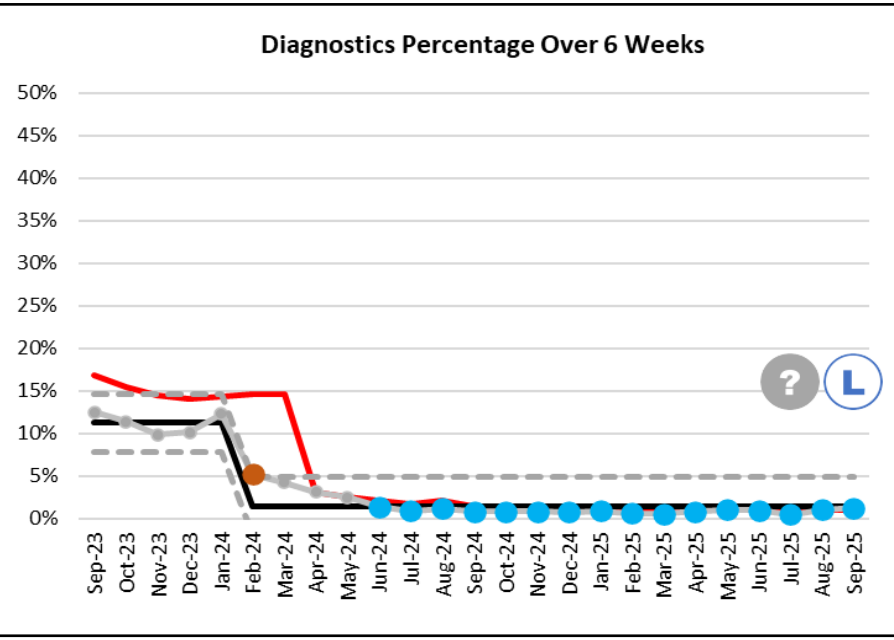
Latest Month
Sep-25

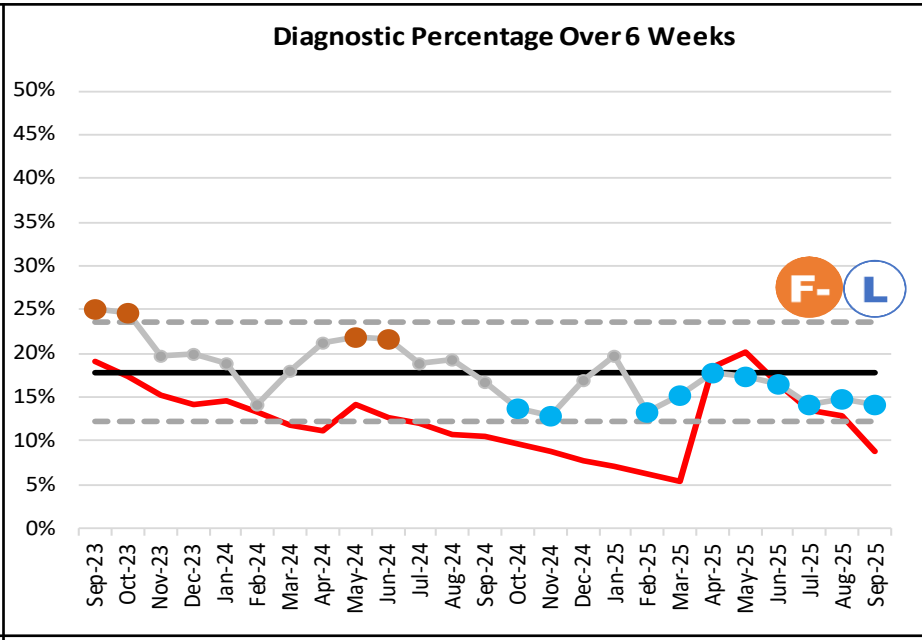
Target
1.0%

Latest Month's Position
1.3%

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

Trust Level Risk
No Trust Level Risk





Latest Month
Sep-25

Target
8.8%

Latest Month's Position
14.1%

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

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

No narrative required as per business rules.

What does the data tell us?

Diagnostic performance in September improved to 14.1% but fell short of the 8.8% target. Several modalities achieved 100% under 6 weeks and most modalities/ sub-modalities improved but key, high volume areas continue to experience difficulties impacting their recover.

Actions being taken to improve

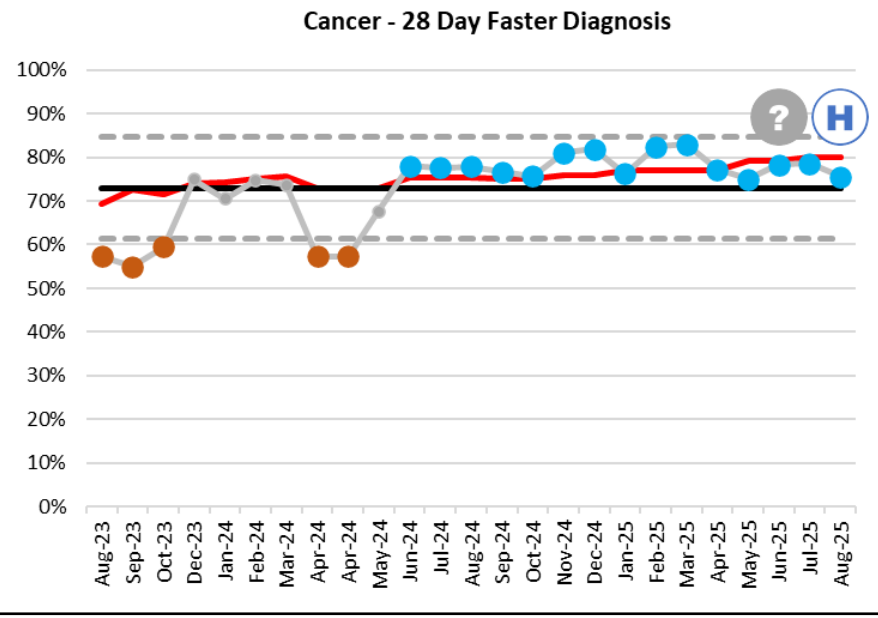
- Non-obstetric ultrasound long waits improved by 26% from August to September. The Division is maximising additional capacity available in-house and via outsourcing. Further opportunities for possible outsourcing at additional cost is being considered currently.
- MRI cardiac improved by >7% in September with the support of additional weekend lists and outsourcing. Many patients remaining on the waiting list are too complex for outsourcing; therefore, recovery is reliant on additional weekend lists for the remainder of this year.
- Whilst CDC capacity continues to be utilised across all of these modalities to aid recovery, work continues to maximise utilisation of CDC.

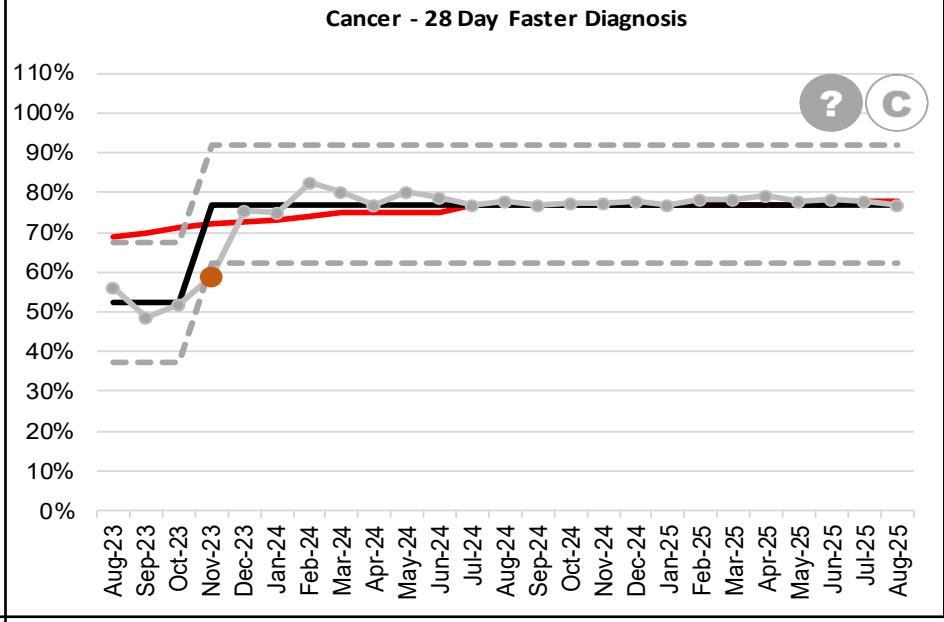
The End of Year Target for this measure is 5.0%

Responsiveness

Planned Care – Cancer Metrics

Latest Month
Aug-25
Target
79.9%
Latest Month's Position
75.6%
Performance / Assurance
Special Cause Improving Variation High (where up is improvement) and last six data points are hitting and missing target, subject to random variation
Trust Level Risk
988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).





Latest Month
Aug-25
Target
78.0%
Latest Month's Position
76.9%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random
Corporate Risk
Risk 6782 - Non-compliance with the 28 day Faster Diagnosis cancer standard (16)

No narrative required as per business rules.

What does the data tell us?
Performance is narrowly beneath trajectory at 76.9%, although within expected range.
The slight drop in the percentage is in part due to a lower-than-average denominator during the month (i.e. fewer waiting time 'clock stops') whilst there has been no increase in the number of patients waiting beyond 28 days and no significant decrease in activity; this is most noted for skin and head and neck tumour sites. pathway.

Actions being taken to improve
The highest impact improvements are:
- additional gynaecology oncologist starting December 2025;
- hysteroscopy one-stop clinics started end of September 2025;
- five additional middle grade doctors in ENT starting October-November.

Performance is still expected to reach the 80% target during Q4 as required. Numerous improvements in Q3 should enable a significant improvement against this standard but due to the 'lag time' between action and impact inherent in this standard, there may be a short-term deterioration before the expected increase.

Responsiveness

Planned Care – Cancer Metrics

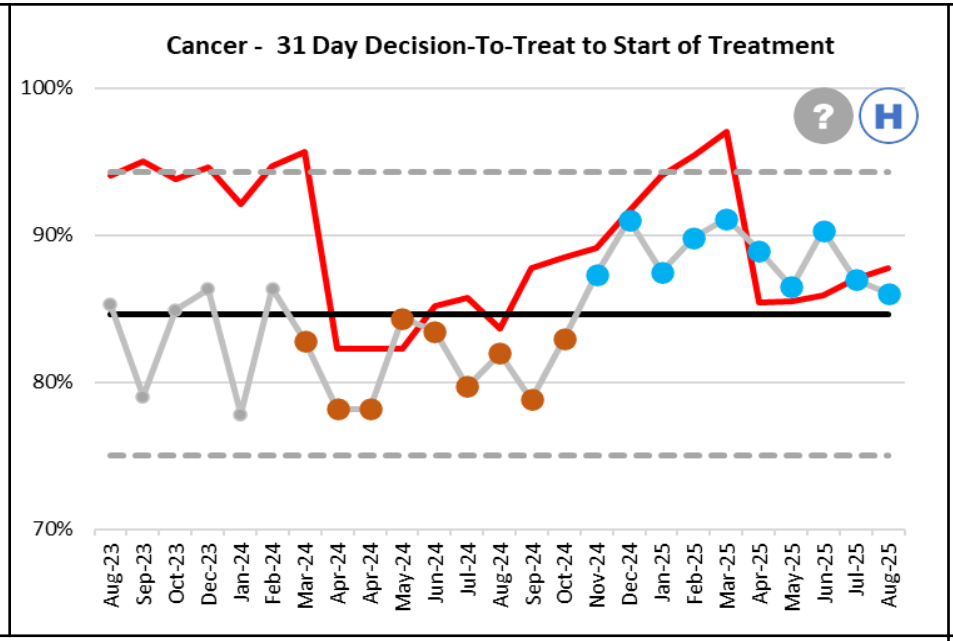
Latest Month
Aug-25

Target
87.8%

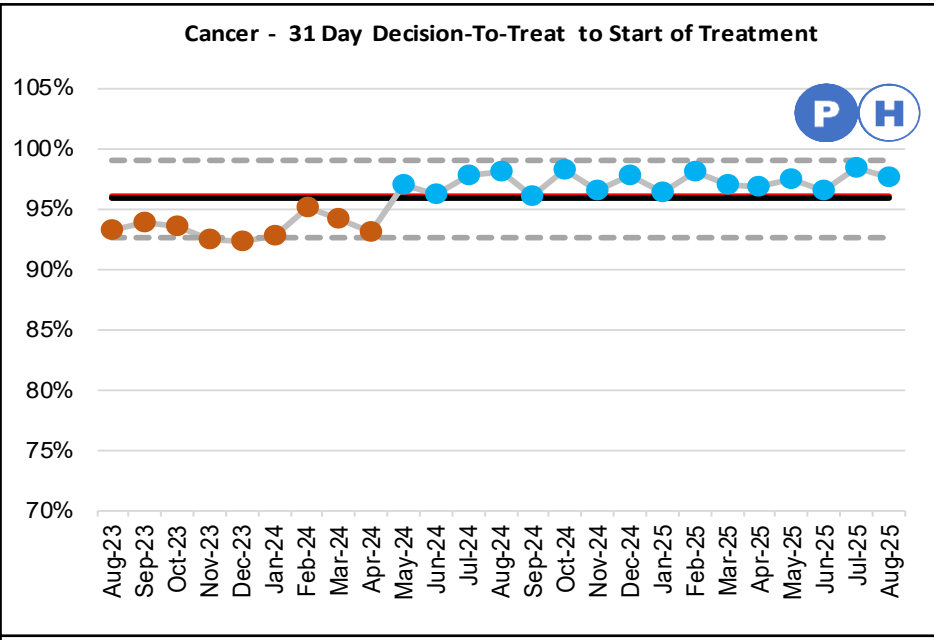
Latest Month's Position
86.0%

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

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



No narrative required as per business rules.



No narrative required as per business rules.

Latest Month
Aug-25

Target
96.0%

Latest Month's Position
97.7%

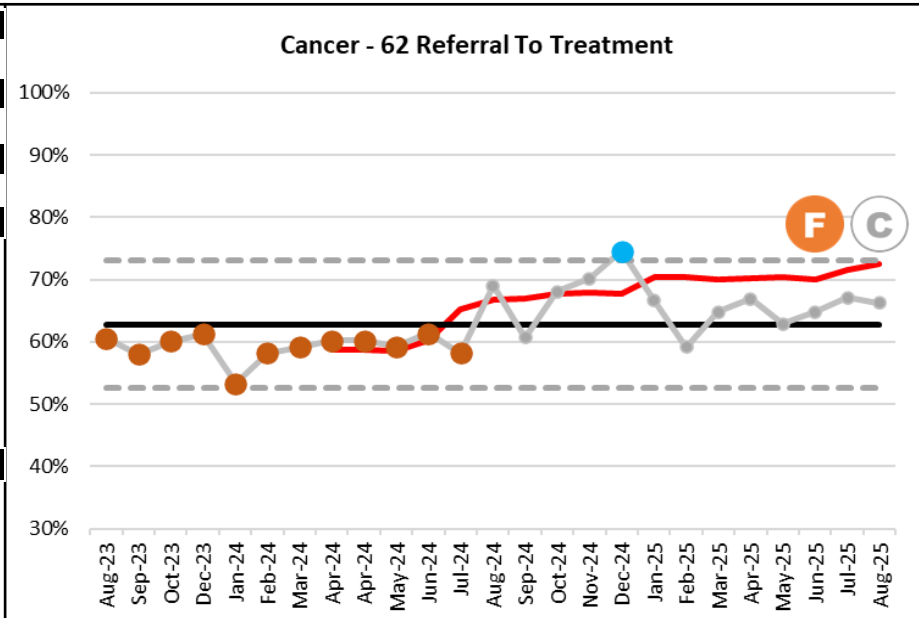
Performance / Assurance
Special Cause Improving Variation High, where up is improvement and last six data points are greater than or equal to target.

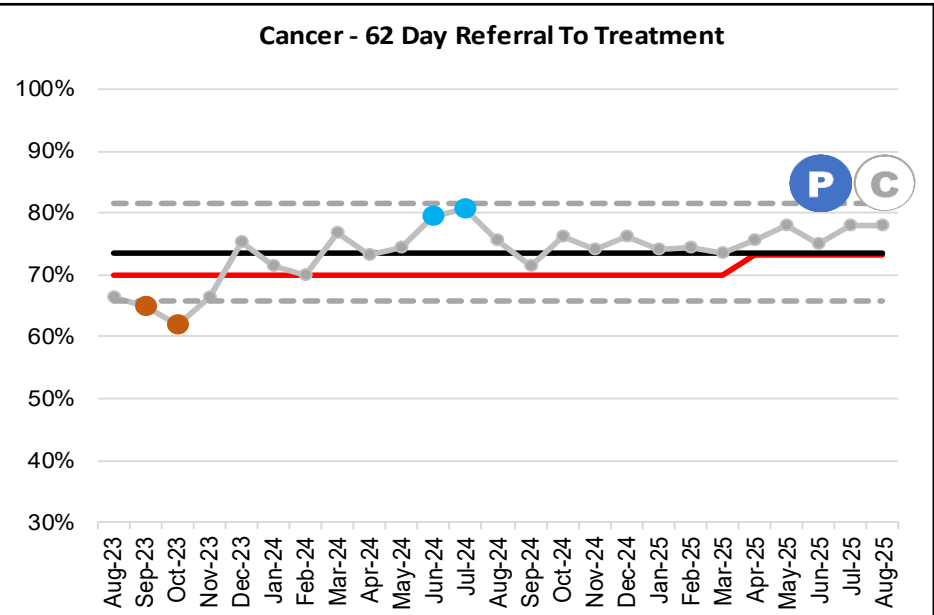
Corporate Risk
Risk 5532 - Non-compliance with the 31 day cancer standard (12)

Responsiveness

Planned Care – Cancer Metrics

Latest Month
Aug-25
Target
72.5%
Latest Month's Position
66.2%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration
Trust Level Risk
988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).





Latest Month
Aug-25
Target
73.2%
Latest Month's Position
78.1%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is improvement.
Corporate Risk
Risk 5531 - Non-compliance with the 62 day cancer standard (12)

What does the data tell us?

62-Day performance did not meet the trajectory for August. The overall treatment volume was below plan and there were more reported breaches. This was driven by Breast and Urology.

Actions being taken to improve

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

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

Impact on forecast

Return to plan by year-end.

No narrative required as per business rules.

Responsiveness
Stroke Performance - NBT

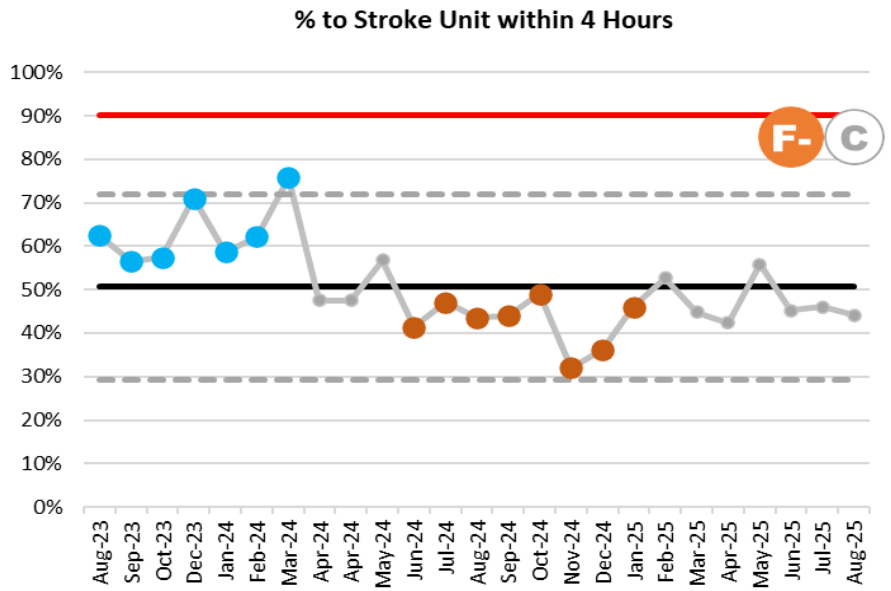
Latest Month
Aug-25

Target
90.0%

Latest Month's Position
44.2%

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

Trust Level Risk
No Trust Level Risk



What does the data tell us?
There has been a plateau in the proportion of stroke patients admitted to the stroke unit within four hours of arrival during August. *Please note that July/August submissions to SSNAP are currently ongoing.*

Actions being taken to improve
The implementation of the revised flow processes to support timely transfers from the Emergency Department to the stroke unit. Ongoing targeted improvement work within the Stroke Assessment Area and the wards to enhance patient flow and reduce delays.

The Hot Bed SOP is finalised and going through governance process. This is to support the creation of beds on a consistent basis, ensuring availability for new patients.

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

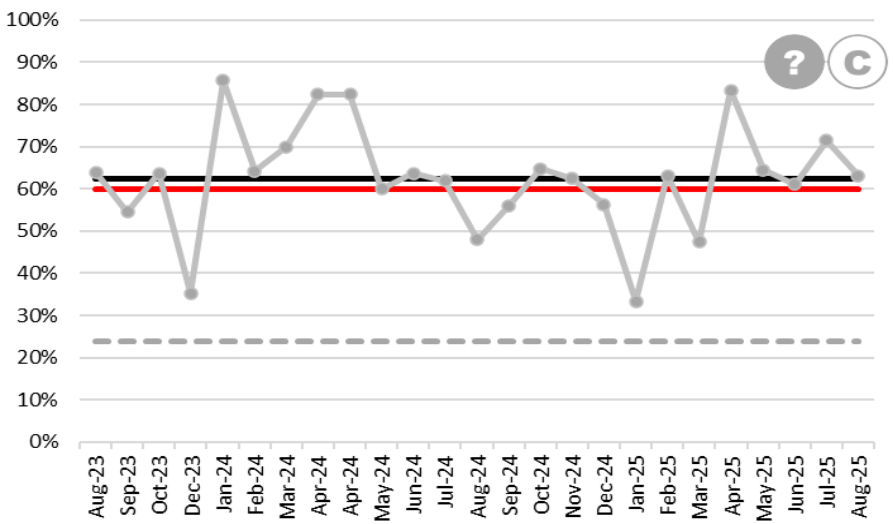
Latest Month
Aug-25

Target
60.0%

Latest Month's Position
63.2%

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

Trust Level Risk
No Trust Level Risk



What does the data tell us?
Performance in August has exceeded the 60% target. However, this data is based on a small patient cohort which can influence variability. Several of the recorded breaches are attributable to valid clinical reasons. There is also a growing trend toward considering extended thrombolysis on a case-by-case basis, which often requires additional investigations to support safe and informed decision-making. While these cases remain infrequent, this tailored approach may result in longer door-to-needle times, with the overarching goal of improving patient outcomes. *Please note that July/August submissions to SSNAP are currently ongoing.*

Actions being taken to improve
NBT is one of 12 trusts nationally taking part in the Thrombolysis in Acute Stroke Collaborate (TASC) prestigious programme, aimed at increasing thrombolysis rates and improving door-to-needle times. The programme provides targeted quality improvement support, peer learning, and access to national best practice to help embed sustainable changes within the stroke pathway. Review of Stroke Imaging Protocol in relation to extended Thrombolysis cases. The number of patients now thrombolysed is at our highest number and reflects the hard work and dedication of the team to improve thrombolysis rate.

Impact on Forecast
The projected 12-month outcome includes a potential doubling of thrombolysis treatment rates, alongside a significant improvement in average door-to-needle times.

Responsiveness

Stroke Performance - NBT

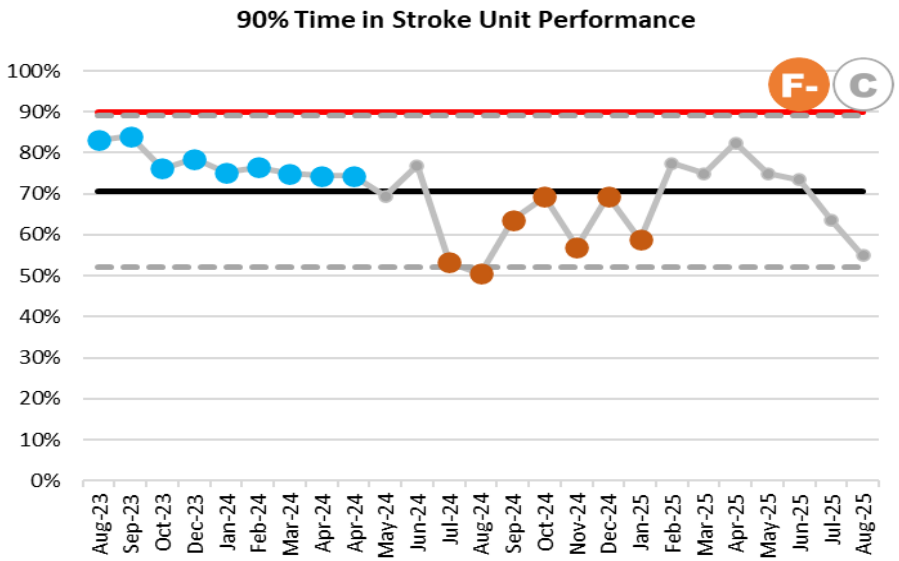
Latest Month
Aug-25

Target
90.0%

Latest Month's Position
55.0%

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

Trust Level Risk
No Trust Level Risk



What does the data tell us?
Performance has declined from improvements made in Feb-Jun, primarily due to high stroke bed occupancy. As a result, some NCTR patients are being accommodated outside the Stroke Unit, which is negatively affecting this metric. Stroke Unit within 4 hours also impacts this metric. Overall stroke occupancy correlates with 90% in stroke unit. We expect a slight improvement in Aug data when all submissions are complete. The challenge is with community provision and this has been escalated through the ODG and HCIG through a review of service against the original business case.
Please note that July/August submissions to SSNAP are currently ongoing, dataset is not complete.

Actions being taken to improve
Actions already described in Stroke unit within 4 hours metric – including the Hot bed SOP which is finalised and going through governance process. System level work commenced to assist in reducing occupancy levels, this involves engagement from ICB with view to enhancing community provision and releasing acute capacity.

Impact on Forecast
Current occupancy levels remain high with a spike in Sept further impacting performance.

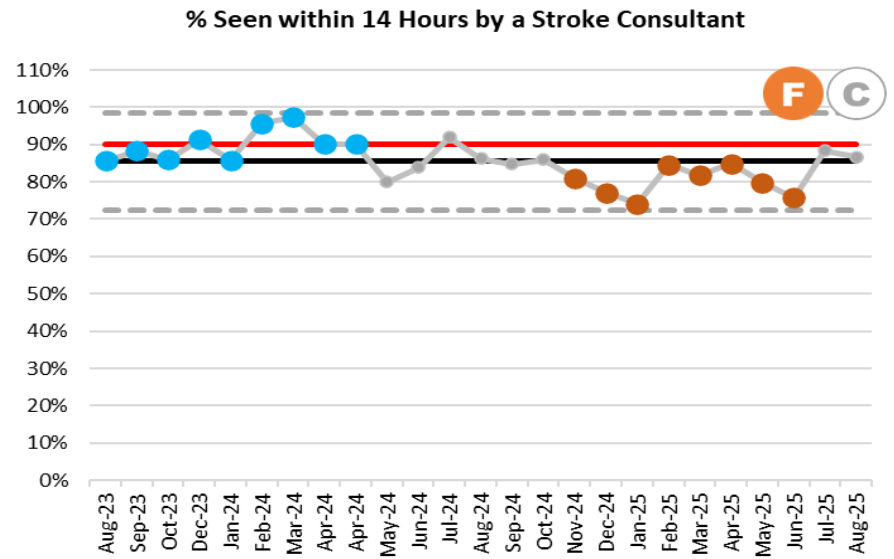
Latest Month
Aug-25

Target
90.0%

Latest Month's Position
86.7%

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

Trust Level Risk
No Trust Level Risk



What does the data tell us?
There has been a continued improvement in performance in Aug for the percentage of patients reviewed by a stroke consultant within 14 hours of admission.

Please note that July/August submissions to SSNAP are currently ongoing.

Actions being taken to improve
Recent performance improvements have been supported by a more sustainable and consistent consultant rota. From August, the timing of the HASU board round was adjusted to start slightly later, enabling earlier PTWR and improving consultant review times for patients admitted overnight. Additionally, progress has been made on enhancing documentation processes: updates to the paper admission proforma and the Careflow narrative form are underway to improve the accuracy and completeness of data capture for this metric.

Impact on Forecast
With current workforce stability and enhanced data capture processes, strong performance in timely consultant reviews is expected to continue.

NHS North Bristol NHS Trust

Quality
Scorecard

NHS University Hospitals Bristol and Weston NHS Foundation Trust

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Safe	Pressure Injuries Per 1,000 Beddays	NBT	Sep-25	0.8	No Target	0.5	N/A	H	Note Performance
		UHBW	Sep-25	0.1	0.4	0.1	P*	L	Note Performance
Safe	MRSA Hospital Onset Cases	NBT	Sep-25	0	0	0	F	C	Escalation Summary
		UHBW	Sep-25	1	0	0	F	C	Escalation Summary
Safe	CDiff Healthcare Associated Cases	NBT	Sep-25	8	5	5	?	C	Escalation Summary
		UHBW	Sep-25	14	9.08	17	?	C	Escalation Summary
Safe	Falls Per 1,000 Beddays	NBT	Sep-25	5.6	No Target	5.3	N/A	C	Note Performance
		UHBW	Sep-25	4.3	4.8	4.4	?	C	Escalation Summary
Safe	Total Number of Patient Falls Resulting in Harm	NBT	Sep-25	2	No Target	1	N/A	C	Note Performance
		UHBW	Sep-25	7	2	2	?	C	Escalation Summary
Safe	Medication Incidents per 1,000 Bed Days	NBT	Sep-25	4.4	No Target	4.6	N/A	L	Note Performance
		UHBW	Sep-25	11.1	No Target	9.6	N/A	C	Note Performance
Safe	Medication Incidents Causing Moderate or Above Harm	NBT	Sep-25	3	0	3	F	C	Escalation Summary
		UHBW	Sep-25	0	0	2	F	C	Escalation Summary
Safe	Adult Inpatients who Received a VTE Risk Assessment	NBT	Sep-25	90.7%	95.0%	92.1%	F-	C	Escalation Summary
		UHBW	Sep-25	82.8%	95.0%	82.3%	F-	H	Escalation Summary
Safe	Staffing Fill Rate	NBT	Sep-25	99.8%	No Target	100.6%	N/A	C	Note Performance
		UHBW	Sep-25	103.7%	100.0%	103.9%	P*	C	Note Performance

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

NHS North Bristol NHS Trust

Quality
Scorecard

NHS University Hospitals Bristol and Weston NHS Foundation Trust

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Effective	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	NBT	May-25	94.0	100.0	95.0	P*	C	Note Performance
		UHBW	May-25	88.0	100.0	88.0	P*	L	Note Performance
Effective	Fracture Neck of Femur Patients Treated Within 36 Hours	NBT	Jul-25	63.6%	No Target	52.0%	N/A	C	Note Performance
		UHBW	Sep-25	55.1%	90.0%	58.1%	F-	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	NBT	Jul-25	90.9%	No Target	92.0%	N/A	C	Note Performance
		UHBW	Sep-25	87.8%	90.0%	90.7%	?	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Achieving Best Practice Tariff	NBT	Jul-25	63.6%	No Target	52.0%	N/A	C	Note Performance
		UHBW	Sep-25	49.0%	No Target	41.9%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Inpatient	NBT	Sep-25	90.9%	No Target	91.7%	N/A	C	Note Performance
		UHBW	Sep-25	95.5%	No Target	96.6%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Outpatient	NBT	Sep-25	94.5%	No Target	94.7%	N/A	C	Note Performance
		UHBW	Sep-25	93.8%	No Target	94.4%	N/A	C	Note Performance
Caring	Friends and Family Test Score - ED	NBT	Sep-25	72.8%	No Target	75.1%	N/A	C	Note Performance
		UHBW	Sep-25	86.7%	No Target	85.4%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Maternity	NBT	Sep-25	92.3%	No Target	90.2%	N/A	C	Note Performance
		UHBW	Sep-25	96.2%	No Target	98.6%	N/A	C	Note Performance
Caring	Patient Complaints - Formal	NBT	Sep-25	60	No Target	64	N/A	C	Note Performance
		UHBW	Aug-25	57	No Target	64	N/A	C	Note Performance
Caring	Formal Complaints Responded To Within Trust Timeframe	NBT	Sep-25	60.5%	90.0%	65.2%	F	C	Escalation Summary
		UHBW	Aug-25	46.6%	90.0%	42.1%	F	C	Escalation Summary

Please note due to a data process delay, NBT data for Fracture Neck of Femur is not yet available for August 2025

Assurance

P*	P	?	F	F-	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

Variation

H L	C	H L
Improving Variation	Common Cause (natural) Variation	Concerning Variation

Quality

Pressure Injuries

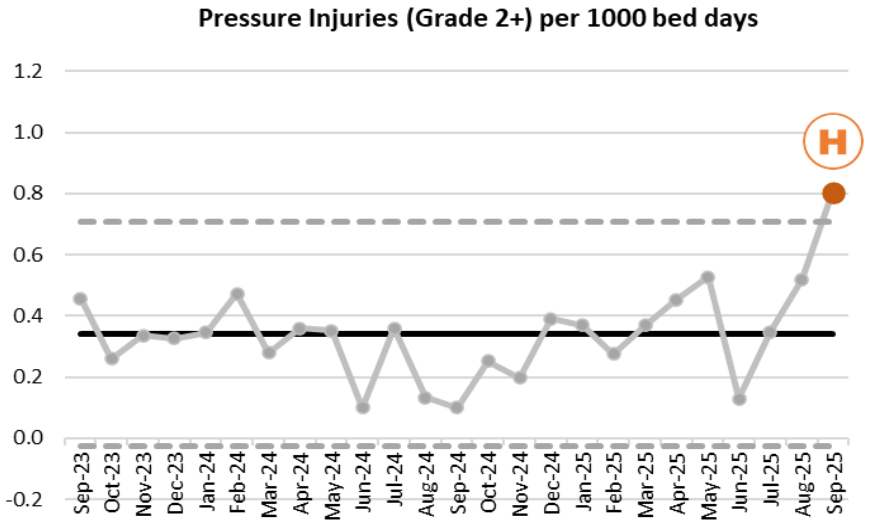
Latest Month
Sep-25

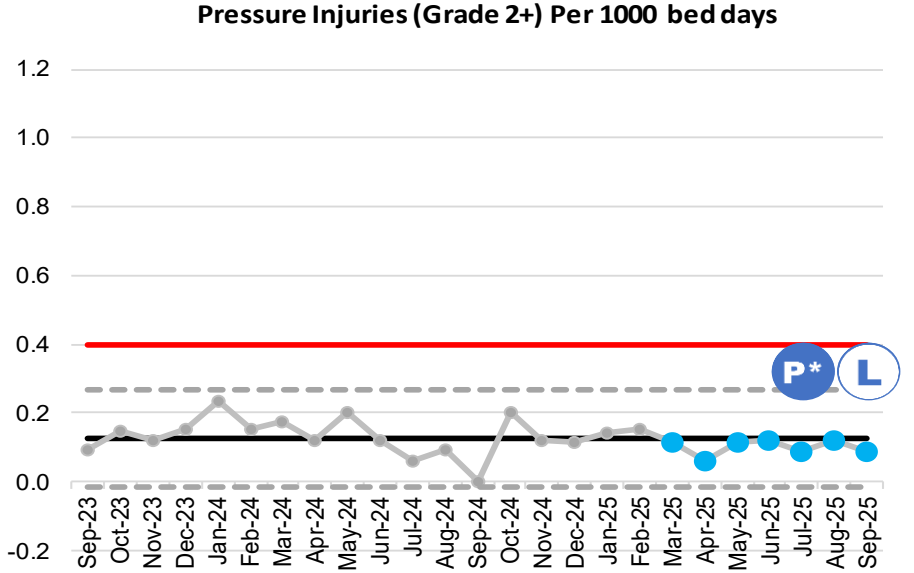
Target
No Target

Latest Month's Position
0.80

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

Trust Level Risk
No Trust Level Risk





Latest Month
Sep-25

Target
0.4

Latest Month's Position
0.09

Performance / Assurance
Special Cause Improving Variation Low , where down is improvement and target is greater than upper limit.

Corporate Risk
No Corporate Risk

What does the data tell us?

- A 68% increase in this period of grade 2 PU in comparison to Qtr 1 and 2 of 2024/25 to 2025/26.
- 14 Grade 3 PU, (were previously known as unstageable as per previous PU classification system. 1 x resolved, 6 patient deceased, 7 pending follow up to ascertain confirmed PU grade.)
- 1 x grade 4 – a complex patient with leptomenigoma, choosing with capacity to sit out for prolonged periods with capacity against specialist advice.

Actions taken to improve

The Tissue Viability Steering Group (TVSG) has convened to discuss current challenges and implement strategies for improvement. A sub-working group is being established, with representation from divisional matrons, safeguarding, and patient safety teams, to identify strategic themes related to pressure ulcer (PU) prevention and management.

Divisional representatives will be expected to contribute and present upward reports to the TVSG, outlining identified PU themes and proposed mitigation strategies. Targeted interventions will then be developed and implemented based on these findings to drive consistent, evidence-based improvements across the Trust.

Impact on forecast – The above actions anticipate that there will be a reduction in PU incidents.

No narrative required as per business rules.

Quality

Infection Control

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

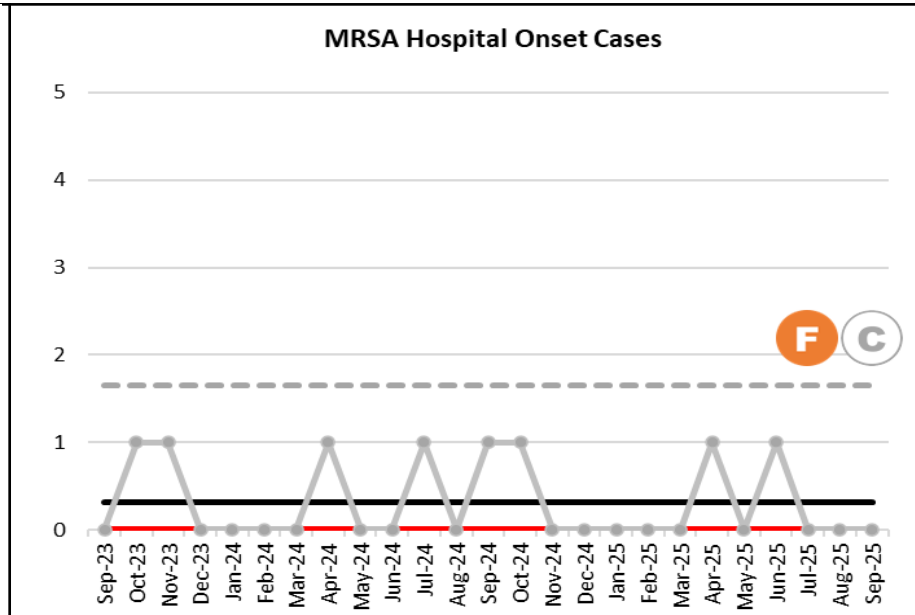
Latest Month
Sep-25

Target
0

Latest Month's Position
0

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

Trust Level Risk
No Trust Level Risk

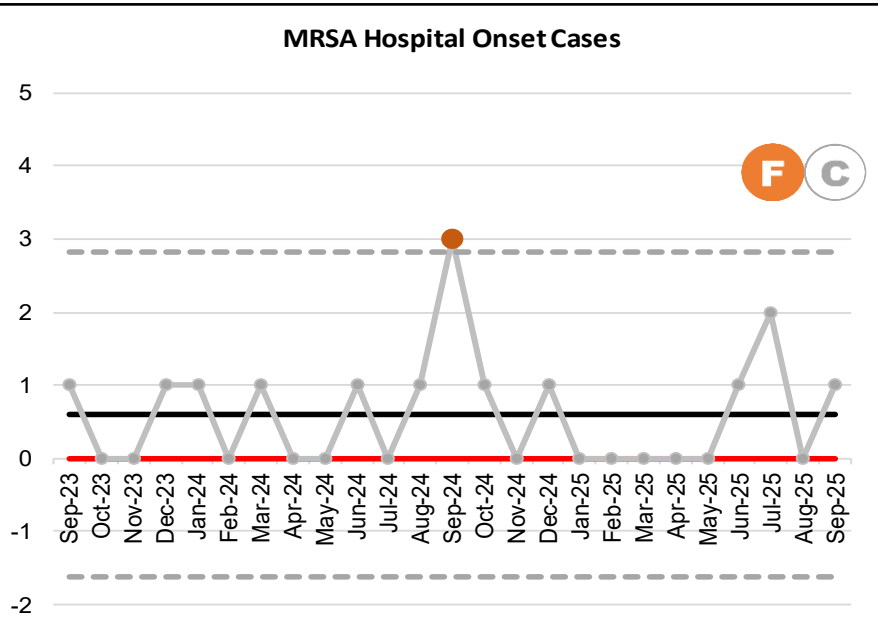


What does the data tell us?
With no new cases reported in September this totals two this year to date.

Actions taken to improve
The HCAI improvement and reporting group continues to have oversight and monitor potential risk factors. Work continue on influencing factors surrounding screening and decolonisation as well improvements with vascular management, access and education.

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

Impact on forecast
The intention is to improve the position with the plans outlined above.



Latest Month
Sep-25

Target
0

Latest Month's Position
1

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

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

What does the data tell us?
UHBW has had one case of MRSA in September we are now at four cases year to date. NHSE comparative data published September 2025 ranked UHBW 132nd out of 134 other hospitals nationally.

Actions being taken to improve
•Previously reported actions continue using audit data to drive improvements in MRSA compliance and targeted patient screening and decolonisation. Further actions for improvement will follow.
•A quality improvement group has been convened to take forward associated improvement work regarding intravenous (IV) line care.

Impact on forecast
The intention is to continue vigilance and risk reduction interventions to reach and sustain zero cases.

Quality

Infection Control

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

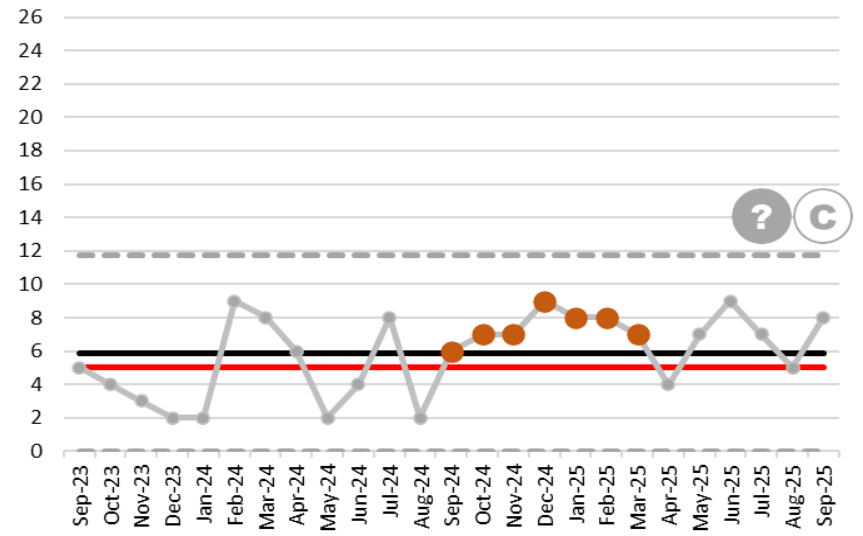
Latest Month
Sep-25

Target
5

Latest Month's Position
8

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

Trust Level Risk
No Trust Level Risk

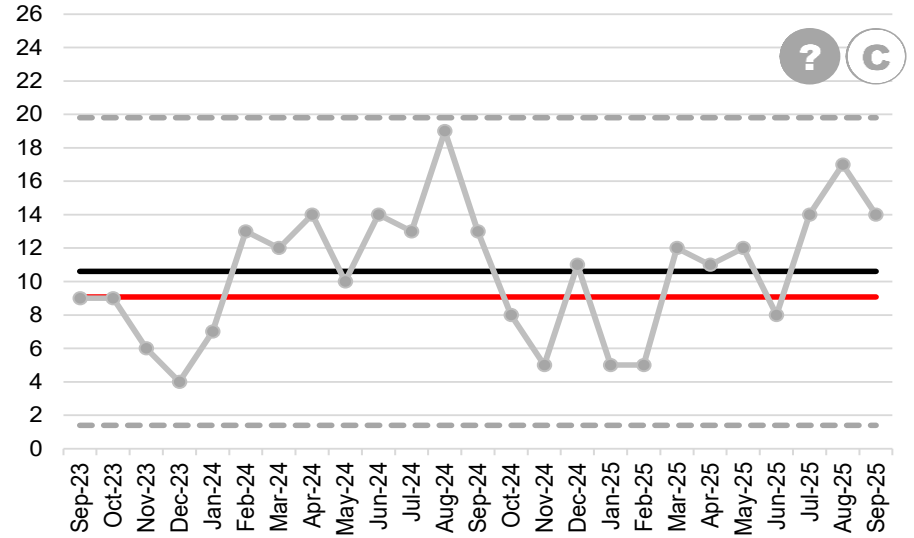


What does the data tell us?
Cases in September continued to reduced – 3 HOHA and 4 COHA - cases need to trend at 6 or lower monthly to match a trajectory position. The current position is trending slightly below the trajectory .
Total position so far this year being 35 cases against a trajectory of 79.

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

Areas where we have seen increased cases have been having a planned RED clean with liaison with both facilities and OPs to achieve . Efficacy cleaning audits have also highlighted several rectifications to the environment particularly toilet backs that continue to be replaced.

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



Latest Month
Sep-25

Target
9.08

Latest Month's Position
14

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

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

What does the data tell us?
There were 14 cases of C. Difficile in September. The break down is 10 Hospital Onset Healthcare Acquired (HOHA) and four Community Onset Healthcare Acquired (COHA). The year- to-date Trust figures are 76 cases (53 HOHA and 23 COHA) compared to 83 (53 HOHA and 30 COHA) for the same YTD period in 2024/25.

Actions being taken to improve
The quality improvement group for Clostridium Difficile continues with remaining actions previously reported to be delivered as 'work in progress'. Antimicrobial stewardship is a key element that should improve as electronic medicines prescribing is implemented from May 2025 facilitating greater scrutiny and collaboration between pharmacy and clinical teams.

Impact on forecast
It is expected with greater visibility of antimicrobial prescribing cases will reduce in the longer term, but this may not be seen until 2026/27 after the Winter period.

North Bristol NHS Trust

Quality

Falls

University Hospitals Bristol and Weston NHS Foundation Trust

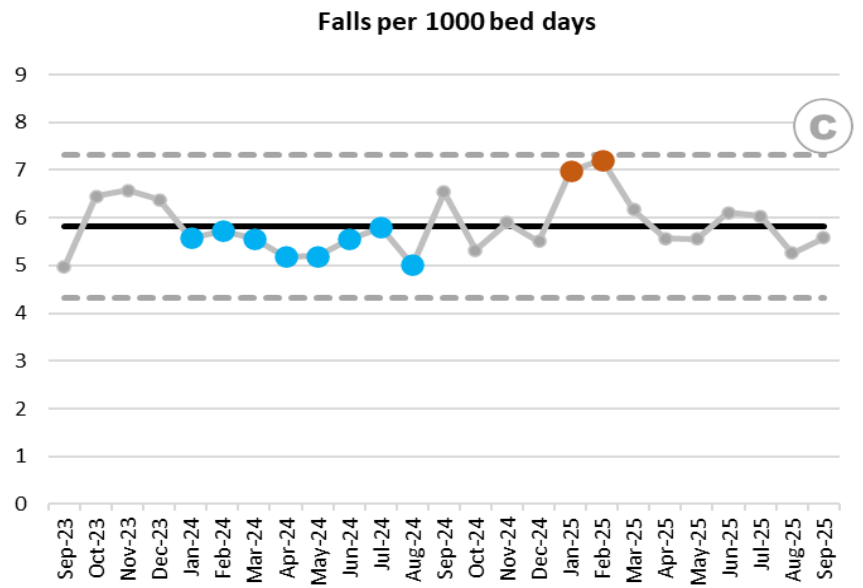
Latest Month
Sep-25

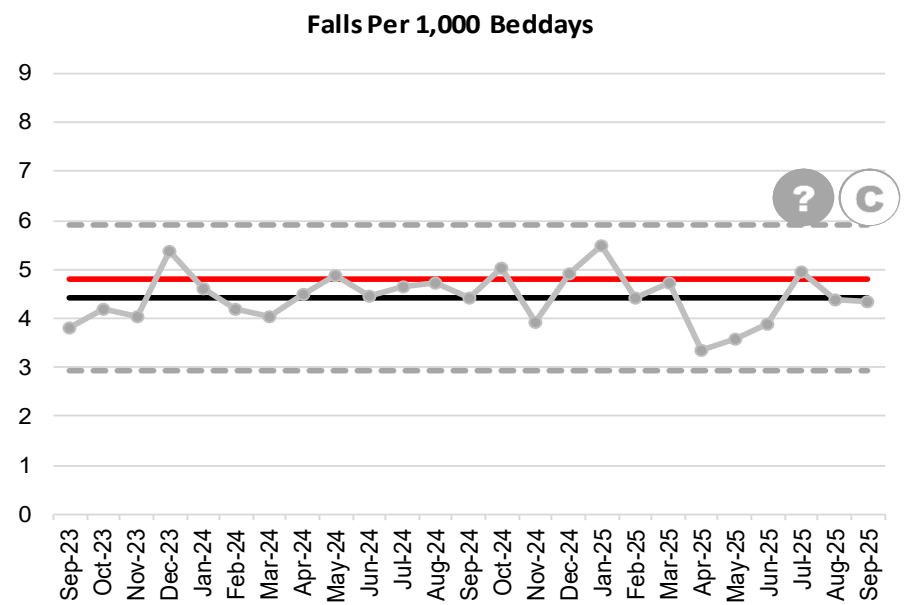
Target
No Target

Latest Month's Position
6

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

Trust Level Risk
No Trust Level Risk





Latest Month
Sep-25

Target
4.8

Latest Month's Position
4.3

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

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

No narrative required as per business rules.

What does the data tell us

During September 2025: there have been 143 falls, which per 1000 bed days equates to 4.328, this is lower than the Trust target of 4.8 per 1000 bed days. There were 111 falls at the Bristol site and 32 falls at the Weston site. There were seven falls with moderate physical and/or psychological harm.

The number of falls in September 2025 (143) is fewer than August 2025 (147). There were seven falls with moderate harm in September 2025, this is higher than the previous month (1).
Divisional falls leads review falls with harm in their areas and report to the Dementia Delirium and falls steering group in November 2025.
Risk of falls continues to remain on the divisions' risk registers as well as the Trust risk register. Actions to reduce falls, all of which have potential to cause harm, is provided below.

Continued on next slide...

Quality
Falls

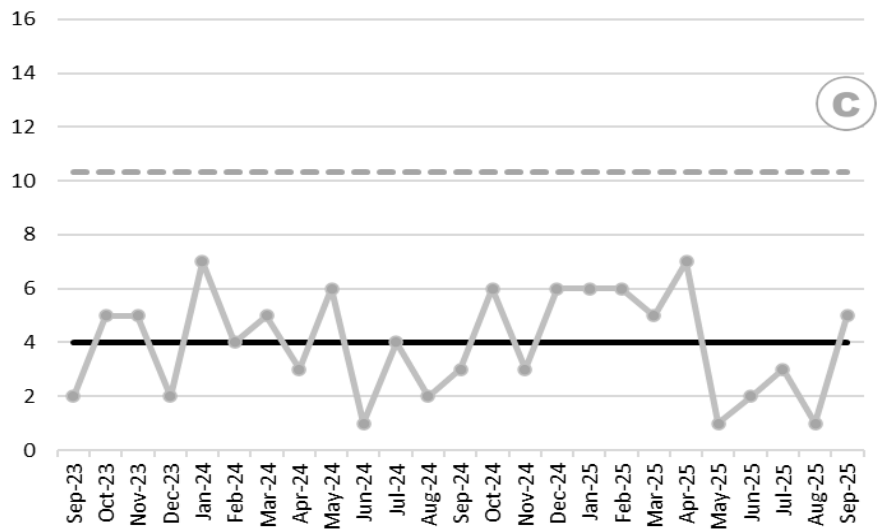
Latest Month
Sep-25

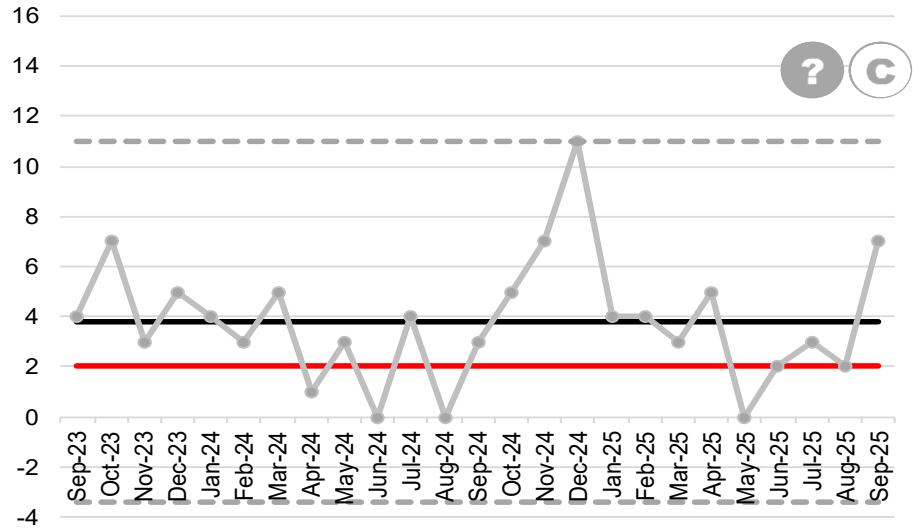
Target
No Target

Latest Month's Position
5

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

Trust Level Risk
No Trust Level Risk





Latest Month
Sep-25

Target
2

Latest Month's Position
7

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

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

No narrative required as per business rules.

...Continued from previous slide

Actions being taken to improve

- Quality improvement projects for the next 12 months include: consistent use of Abbey pain scale, improving nutrition and hydration for persons with dementia and working on a falls management plan for non-inpatient areas.
- Audit: We continue to participate in the National Audit of Inpatient Falls and National Audit of Dementia.
- We are reviewing and updating the Trust Falls Policy and associated documents over the next couple of months and will reflect the updated NICE (NG249) guidance in the revised version.
- Training - education sessions and simulation-based training continues.

Impact on forecast

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

Quality

Medication Incidents

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

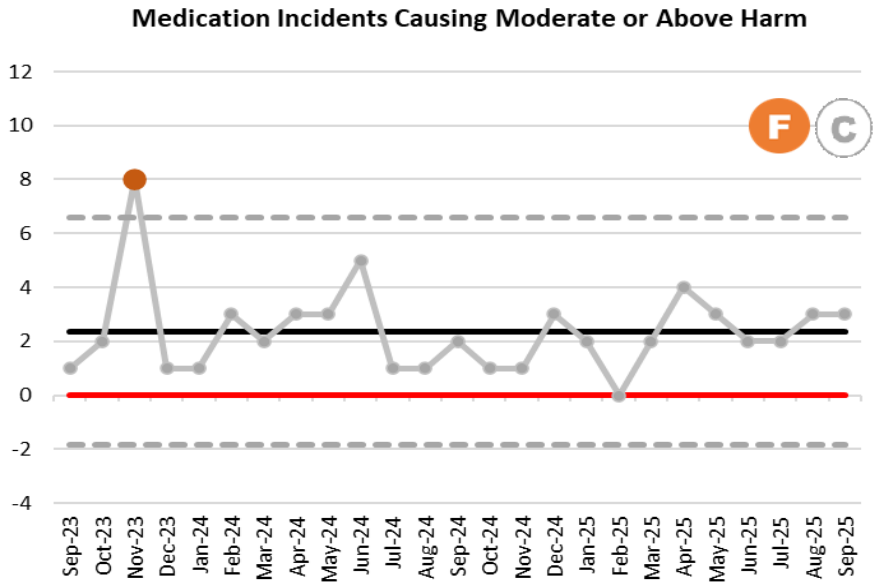
Latest Month
Sep-25

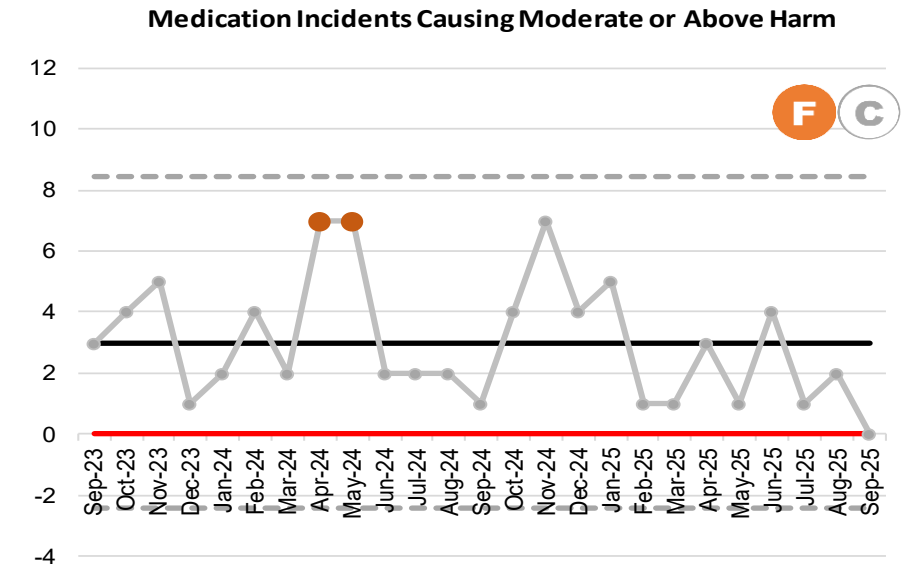
Target
0

Latest Month's Position
3

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

Trust Level Risk
Risk 1800 – Allergy status may not be identified resulting in medication being incorrectly prescribed or administered. (20)





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

Latest Month
Sep-25

Target
0

Latest Month's Position
0

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

Corporate Risk
Risk 7633 - Reliance on paper-based medication prescribing and administration (16)

Risk 8386 - Risk that patients come to harm from a known medication allergy (20)

What does the data tell us?
During September 2025, NBT recorded 137 medication incidents. Three medication incidents were reported as causing moderate harm to a patient.

Actions being taken to improve
Over the past few months, the Medicines Governance Team and Patient Safety team have been taking stock of the success of, and challenges faced by the Medicines Safety Forum – a group previously in place to consider and address medicines safety challenges. At present the monthly meetings have been paused to reflect on the learning to date and work is in progress to consider how we approach Medicines Safety as a hospital group and inform our Medicines Safety Strategy going forward.

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

What does the data tell us?
No medication incidents were reported as causing moderate or above harm in September. The dataset pre-April 2024 is based on previous harm descriptors in place in the Trust. The data indicates a good reporting culture with fewer harm incidents compared to number of incidents.

Actions being taken to improve
No specific themes have been identified from the low number of medication incidents associated with moderate and above harm following review at the multidisciplinary Medicines Governance Group. The implementation of Careflow Medicines Management will help reduce risks some associated with medicines use.

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.

Quality

VTE Risk Assessment

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

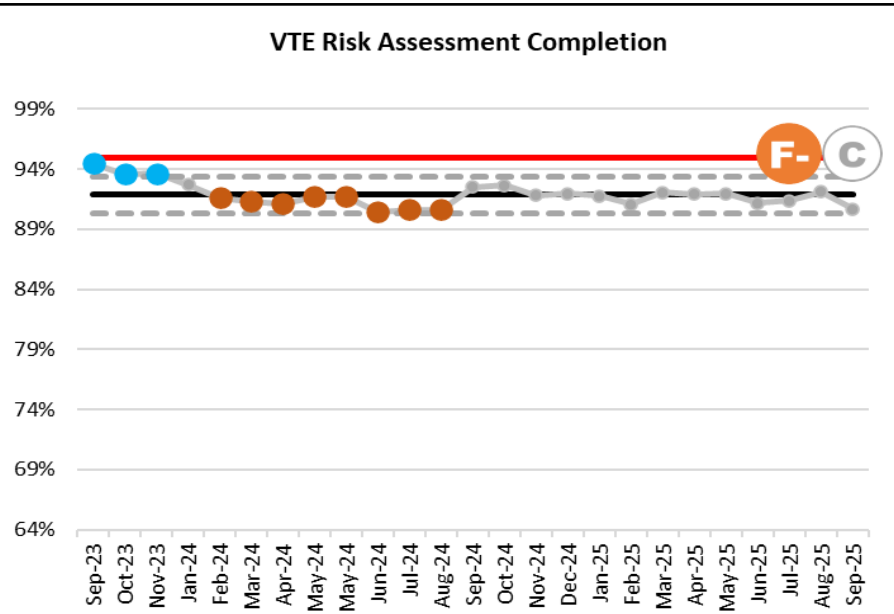
Latest Month
Sep-25

Target
95.0%

Latest Month's Position
90.7%

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

Trust Level Risk
No Trust Level Risk



What does the data tell us?

- The introduction of the digital VTE RA chart in July 2023 coincided with a decline in completion rates.
- the stand alone VTE RA form did not fit with the workflow, leading to omissions in performing the task
- After the initial decline, the completion rate has remained fairly static, indicating: The issue may not be worsening, but no significant improvement efforts have yet taken hold or been effective, indicating the issue with stand alone digital tasks

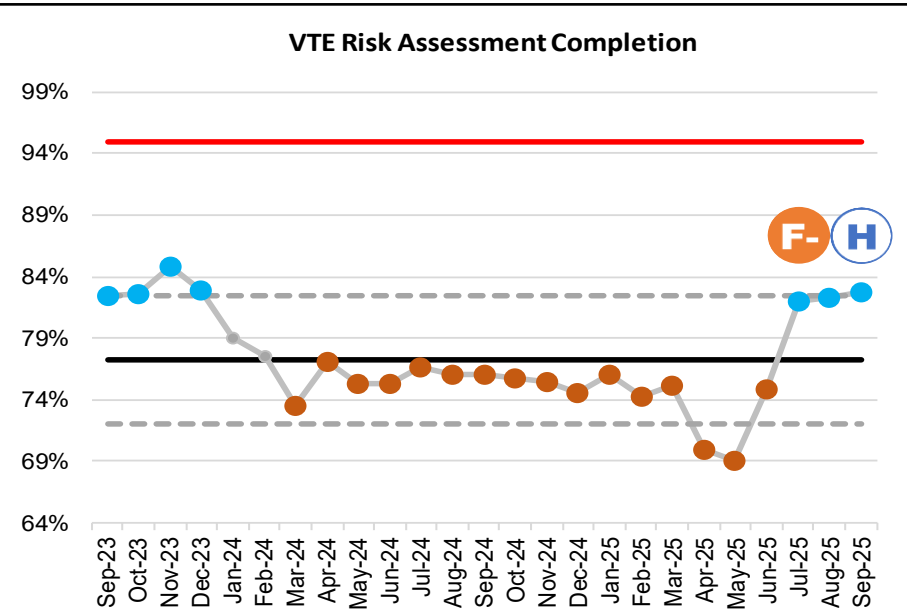
Actions that are being taken to improve:

- October 2025: . Full implementation of CMM across all hospital sites.
  - Ward-Level interventions, included
    - Direct engagement with staff on wards;
    - Reminders about the importance of thromboprophylaxis
    - Encouragement to question omissions in prescribing.

Impact on forecast

The implementation of CMM (electronic prescribing) across the trust has already shown a marked improvement in VTE risk assessment (RA) compliance, now reaching 95% (October)

- Although initial prescribing of thromboprophylaxis dipped, targeted interventions (e.g. ward visits, staff reminders) have already led to improved prescribing rates, showing that real-time feedback loops are effective.
- Ongoing audits and real-time feedback will be key to sustaining and building on these improvements.



Latest Month
Sep-25

Target
95%

Latest Month's Position
82.8%

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

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

What does the data tell us?

VTE risk assessment is slowly increasing to 82.8% in September 2025 since Careflow Medicines Management was implemented . This is expected to continue to rise as staff become familiar (CMM) system and as more wards adopt a mandatory approach. However, as reported last month, we have observed an unexpected reduction in VTE prophylaxis prescribing which has emerged as CMM has been implemented across the organisation.

Actions being taken to improve

VTE prescribing audits and VTE incidents are being monitored to evaluate whether targeted actions to strengthen existing controls have been effective. An update of the VTE eLearning is in progress to encompass both UHBW and NBT, and to include the new updates with CMM workflows.

Impact on forecast

We expect the overall VTE risk assessment completion to continue to improve over the coming months.

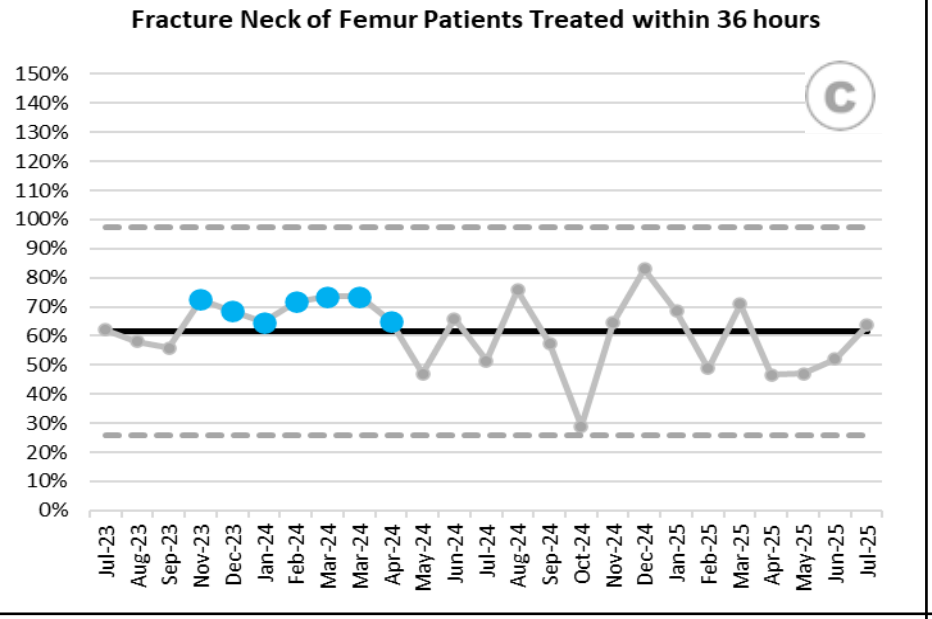
Quality
Neck of Femur

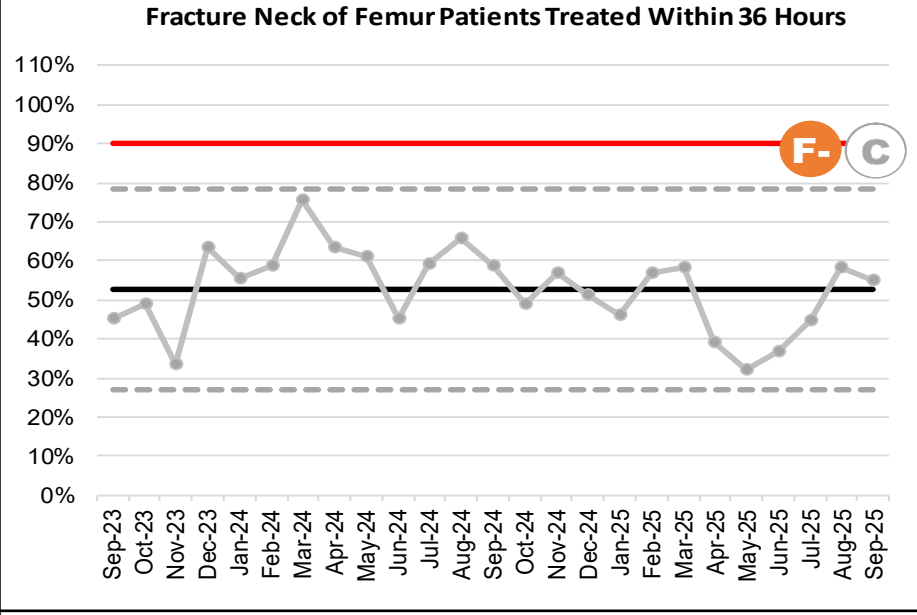
North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Jul-25
Target
No Target
Latest Month's Position
63.6%
Performance /
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration

Trust Level Risk
No Trust Level Risk





Latest Month
Sep-25
Target
90.0%
Latest Month's Position
55.1%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit and down is deterioration.

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

No narrative required as per business rules.

Please note due to a data process delay, NBT data for Fracture Neck of Femur is not yea available for August 2025.

What does the data tell us?
Best Practice Tarriff (BPT) data for fractured neck of femur in September: care for 48% of eligible patients (24/49) met all BPT criteria, 55% of patients (27/49) underwent surgery within 36 hours of admission, 87.8% (43/49) received ortho-geriatric assessment within 72 hours.
The reason for the missed target include: 21 patients missed the 36-hour surgery target due to a lack of theatre space and one due to the requirement for a Total Hip Replacement (THR) surgeon.

Actions being taken to improved
Theatre scheduling - extra theatre space is created where possible to reduce delays.

Impact on forecast
Operational efficiencies may reduce delays, improving time-to-surgery rates and overall patient outcomes.

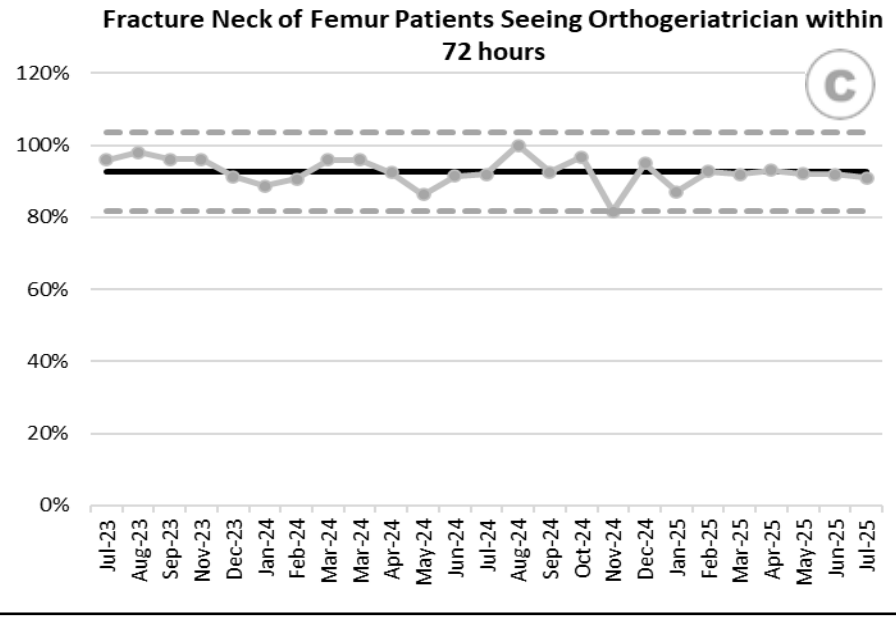
Quality
Neck of Femur

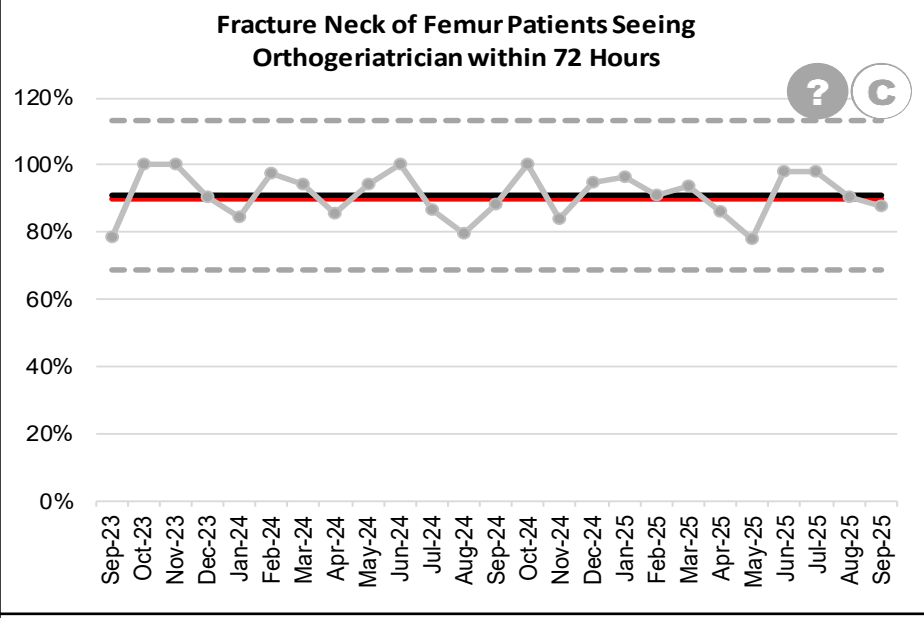
North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Jul-25
Target
No Target
Latest Month's Position
90.9%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration

Corporate Risk
No Trust Level Risk





Latest Month
Sep-25
Target
90%
Latest Month's Position
87.8%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
No Corporate Risk

No narrative required as per business rules.

Please note due to a data process delay, NBT data for Fracture Neck of Femur is not yea available for August 2025.

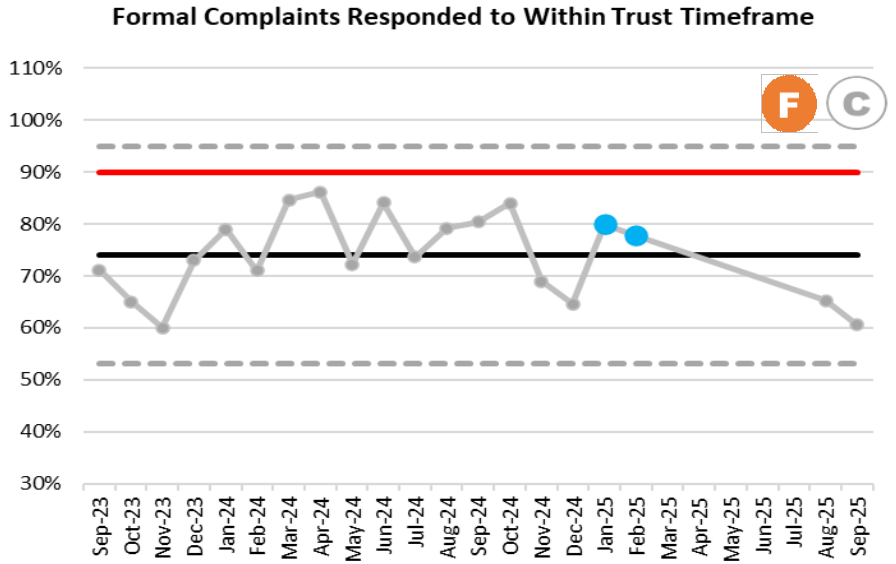
What does the data tell us?
The number of Fracture neck of femur patients reviewed by an ortho-geriatrician with 72 hours was down to 87.8% (43/49 patients) below the 90% standard in September.

Action being taken:
The presence of only one part-time geriatrician at Weston remains a persistent constraint. During periods of leave, there is no cover, which directly affects compliance with the ortho-geriatric assessment target.

Quality
Complaints

Latest Month
Sep-25
Target
90.0%
Latest Month's Position
60.5%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random

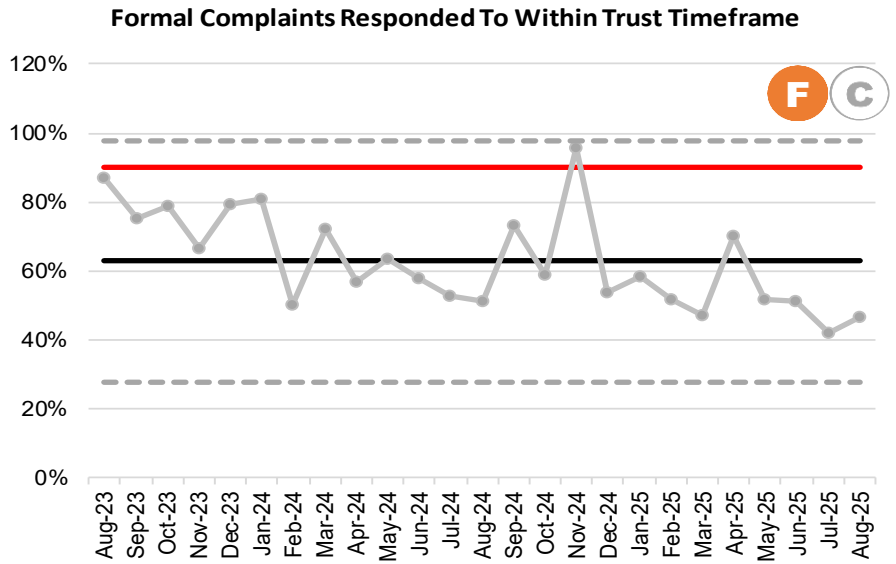
Trust Level Risk
No Trust Level Risk



What does the data tell us?
- Compliance for formal complaints responded to within the agreed timeframe has been below the mean for eight consecutive months. It remains significantly lower than levels seen before March 2025, showing a sustained decline in performance.
- The compliance rate decreased from 65% in August to 60% in September.
- Of the 76 complaints due for response in September, 46 were closed within the agreed timescale, 10 were outside the agreed timescale, and 20 were still open at the time of reporting.
- The ASCR compliance rate (23%) remains considerably lower than the other clinical divisions, which continues to adversely impact the Trust's overall score.

Actions being taken to improve
- A meeting was held between the ASCR Divisional Director of Nursing (DDN), the Director of Nursing, and the Patient Experience Managers to review compliance and opportunities for improvement. The DDN has developing a recovery plan which was submitted to the NBT Director of Nursing mid September 2025, including time frames to recover the overall position, and a clear process to maintain improvements.
- The Complaints & PALS Manager continues to hold weekly meetings with divisional patient experience teams to review upcoming/overdue cases, addressing complexities and agree appropriate resolutions, including proportionate extensions. A weekly tracker is shared with senior divisional leaders to escalate overdue complaints and support timely resolution.

Impact on forecast
Until the recovery plan is fully implemented and there is an improvement within ASCR, the overall compliance rate is likely to remain around a similar level. Compliance scores continue to be monitored across all divisions to understand and address any issues that may impact the compliance scores.



Latest Month
Aug-25
Target
90.0%
Latest Month's Position
46.6%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration.

Corporate Risk
No Corporate Risk

What does the data tell us?
Slight improvement in month. Challenges across the process pathway actively managed to improve performance.
Complaints team reporting an increase in complexity of complaints being made.
The PALS and complaints team have held a varying backlog of complaints for the last 6 years, reaching 400 in October 2024, that has now been resolved completely.
This has meant many complaints being sent to Divisions at once for completion and deadlines not met.
Gaps in Divisional Complaint Co-Ordinators, impacted on process but now resolving.

Actions being taken to improve
Proactively extending complex complaints.
Prompt sending of complaints to Divisions within 72 hours, providing more time for the complaint review and response completion. Currently maintained for 4 weeks.
Central PALS and Complaints team creating teaching pack to support new Divisional Complaint co-ordinators with the complaints process to streamline approach.
Review of final sign off roles and increased to improve efficiencies.

Impact on forecast
Improvement month on month from Dec/Jan onwards once complaints backlog processed by Divisions, then maintained once improvement actions complete.

NHS North Bristol NHS Trust

Our People

Scorecard

NHS University Hospitals Bristol and Weston NHS Foundation Trust

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Well-Led	Workforce Turnover (Rolling 12-month)	NBT	Sep-25	9.8%	11.3%	10.5%	N/A*	N/A*	No Commentary
		UHBW	Sep-25	9.4%	11.1%	9.7%	N/A*	N/A*	No Commentary
Well-Led	Vacancy (Vacancy FTE as Percent of Funded FTE)	NBT	Sep-25	8.4%	5.1%	8.4%	F-	H	Escalation Summary
		UHBW	Sep-25	3.5%	4.0%	3.0%	P	C	Note Performance
Well-Led	Sickness (Rolling 12-month)	NBT	Sep-25	4.7%	4.4%	4.6%	N/A*	N/A*	Commentary
		UHBW	Sep-25	4.4%	4.5%	4.4%	N/A*	N/A*	No Commentary
Well-Led	Essential Training Compliance	NBT	Sep-25	89.3%	85.0%	87.6%	P	C	Note Performance
		UHBW	Sep-25	90.3%	90.0%	90.3%	?	C	Escalation Summary

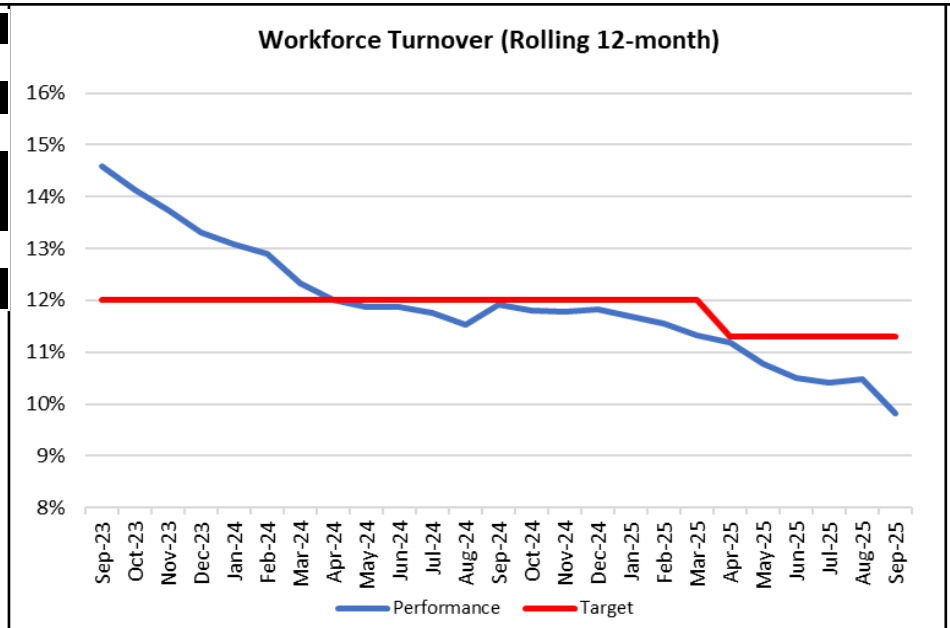
*Cannot generate Assurance and Variation icons as SPC not appropriate for rolling data.

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

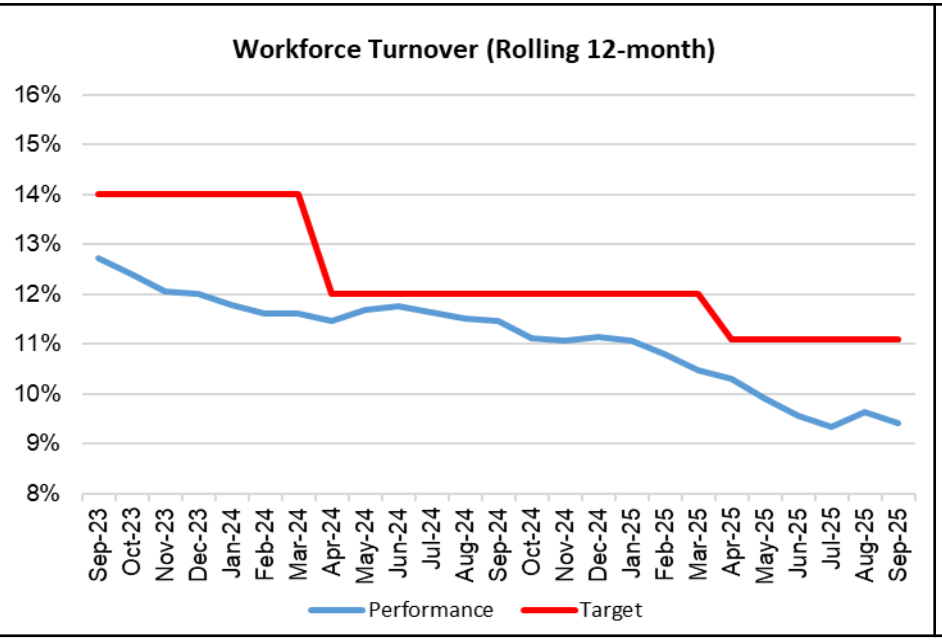
Our People

Retention

Latest Month
Sep-25
Target (Rolling 12-month)
11.3%
Turnover Rate (Rolling 12-month)
9.8%
Trust Level Risk
Risk 1979 -
There is a risk to our clinical teams and services due to the inability to recruit into vacant specialist medical roles (16)



Metric meeting target.



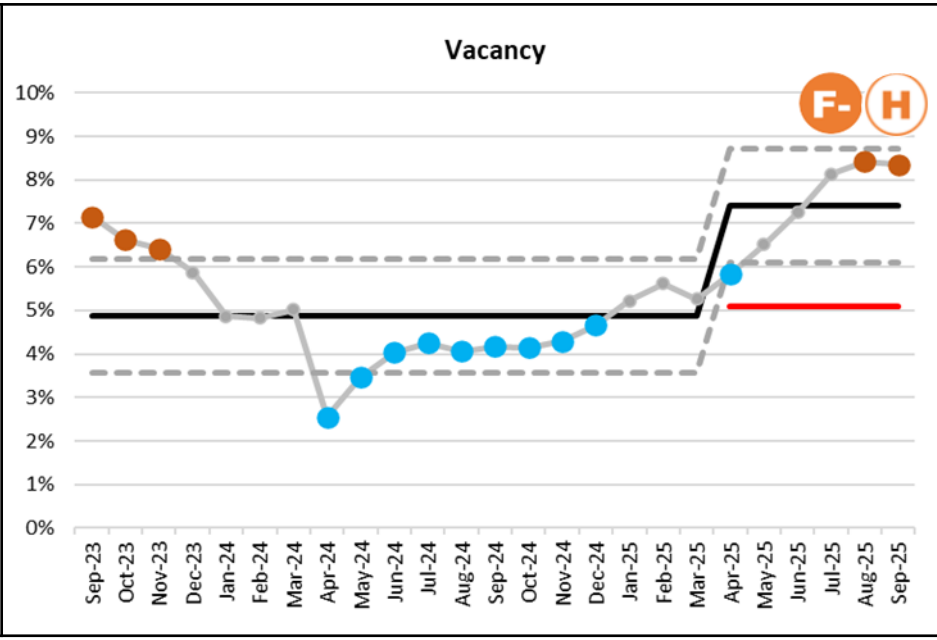
Latest Month
Sep-25
Target (Rolling 12-month)
11.1%
Turnover Rate (Rolling 12-month)
9.4%
Corporate Risk
Risk 8383 - □
Risk that inability to recruit and retain specialist staff continues (16)

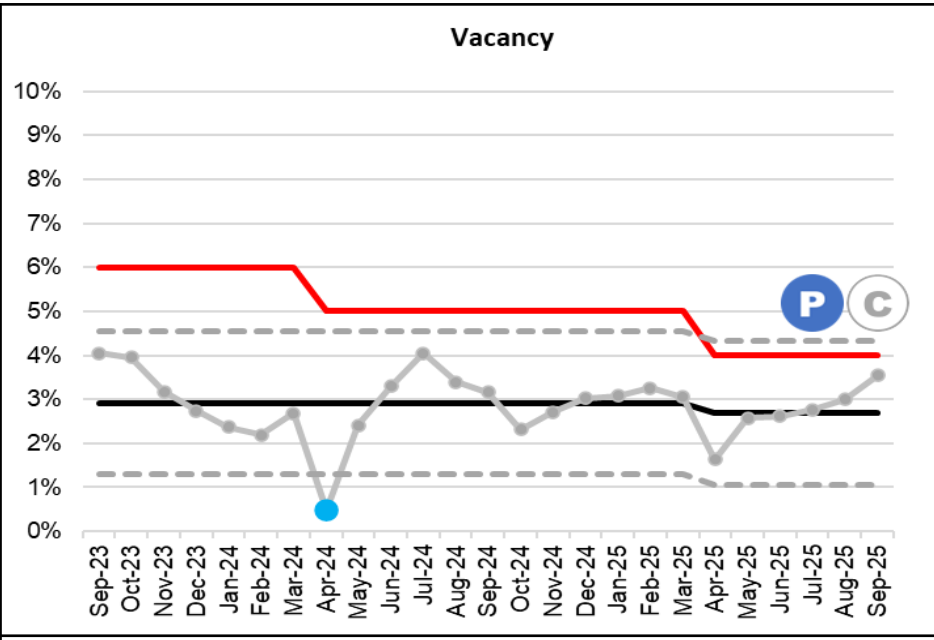
Metric meeting target.

Our People

Vacancies

Latest Month
Sep-25
Year End Target
5.1%
Latest Month's Position
8.4%
Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration
Trust Level Risk
Risk 1979 -
There is a risk to our clinical teams and services due to the inability to recruit into vacant specialist medical roles (16)





Latest Month
Sep-25
Year End Target
4.0%
Latest Month's Position
3.5%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is improvement.
Corporate Risk
Risk 8383 - □
Risk that inability to recruit and retain specialist staff continues (16)

What does the data tell us?
Vacancies reduced by 6.3 wte in September compared to August. Staffing for the new Ward 7b, the autumn intake of newly qualified nurses and an overall reduction in turnover have all contributed. Our position for healthcare support workers (HCSW) remains challenged with an increase in vacancies driven by increased turnover and a net loss of staff in September.

Actions being taken to improve
Staffing our new Ward 7b is in progress with internal bank use enabling ward to be fully operational with all beds open as recruitment progresses with vacancy forecast to reduce reducing from 24 wte to 3 wte
The Talent team are implementing a comprehensive HCSW recruitment campaign. Key initiatives include:

- **Engagement** with individual divisions and recruitment activity planned around need
- **Youth-focused outreach:** Launching a targeted campaign to promote the HCSW career pathway to young people, featuring a recruitment video to be shared with local education providers.
- **Internal career transition promotion:** Developing an internal campaign to encourage career changes for staff currently working in estates and facilities, as well as bank staff seeking permanent roles.
- **Enhanced visibility and engagement:** The creation of a social media campaign to showcase the role of the HCSW and the career pathway available. There will be some clear link to the Y2 commitment to the community action plan to attract diverse candidates into the HCSW pipeline.

No narrative required as per business rules.

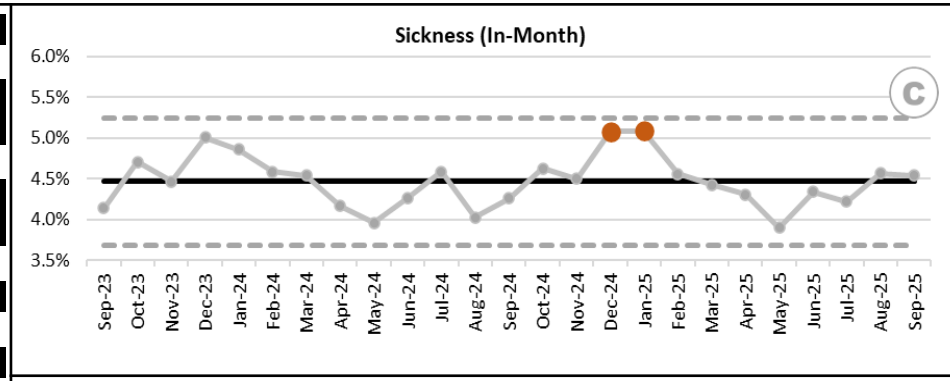
Our People

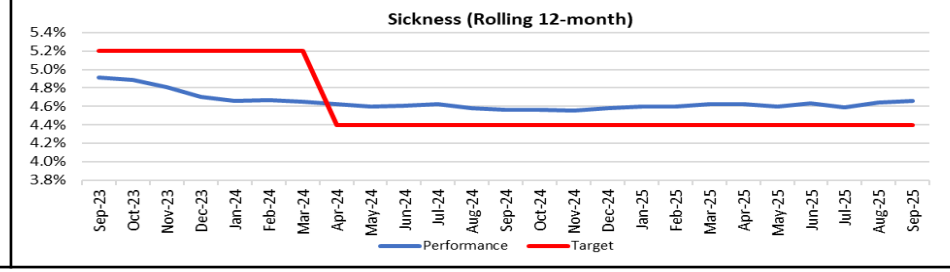
Sickness Absence

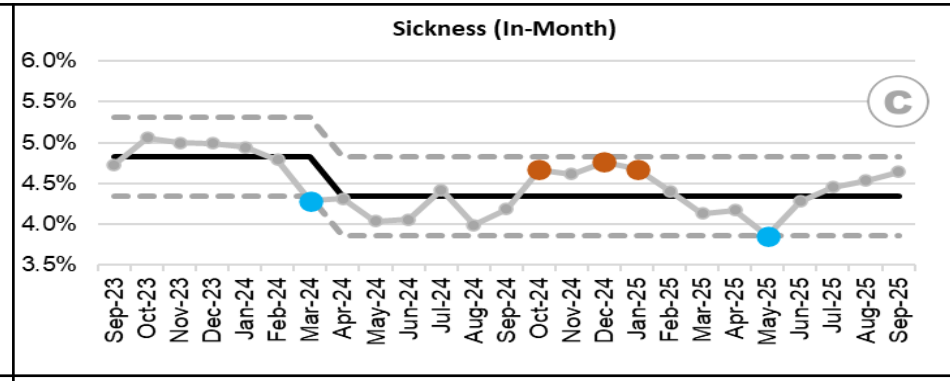
North Bristol NHS Trust

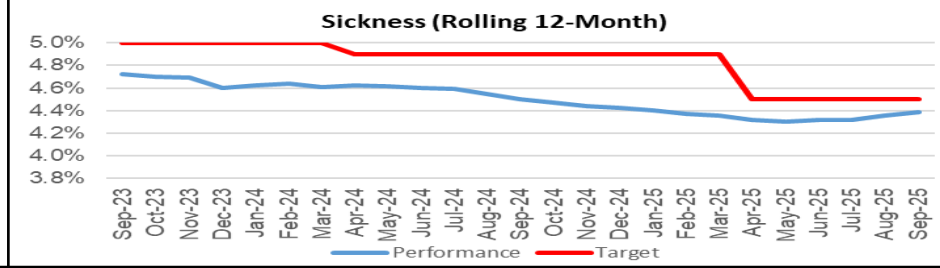
University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Sep-25
Latest Month's Position Rate (In-Month)
4.5%
Latest Month's Position Rate (Rolling 12-Month)
4.7%
Target
4.4%
Trust Level Risk
No Trust Level Risk









Latest Month
Sep-25
Latest Month's Position Rate (In-Month)
4.6%
Latest Month's Position Rate (Rolling 12-Month)
4.4%
Target (Rolling 12-month)
4.5%
Corporate Risk
No Corporate Risk

What does the data tell us?

Our in-month absence for Sep-25 is 4.5% and overall, in the last two years has shown no statistically significant deterioration or improvement hence our rolling 12-month absence position has remained relatively static.

Through operational planning sickness analysis has begun to support 2026/27 target setting. Initial analysis highlighted absence rates for unregistered clinical staff and estates and ancillary staff are higher at NBT and provide an opportunity for improvement. NHS England's Oversight Framework segmentation will provide benchmarking and target setting 'guiderails' with a review of sickness for top performing large acute and acute teaching Trusts in progress.

Actions being taken to improve

People Advice Team working with Divisional People Business Partners to embed a more risk-tolerant approach to case management to resolve complex and long-term sickness absence cases. New review process for longest (100 day+) long term cases incorporated into monthly Divisional Performance Review meeting, to ensure ownership and action to resolve long standing cases.

As part of our Staff Health and Wellbeing Plan there is an Active Care Pilot in NMSK July – October 2025 (EAP Health Assured provides a support call for staff absent due to Stress and Anxiety in first two weeks of absence continuing).

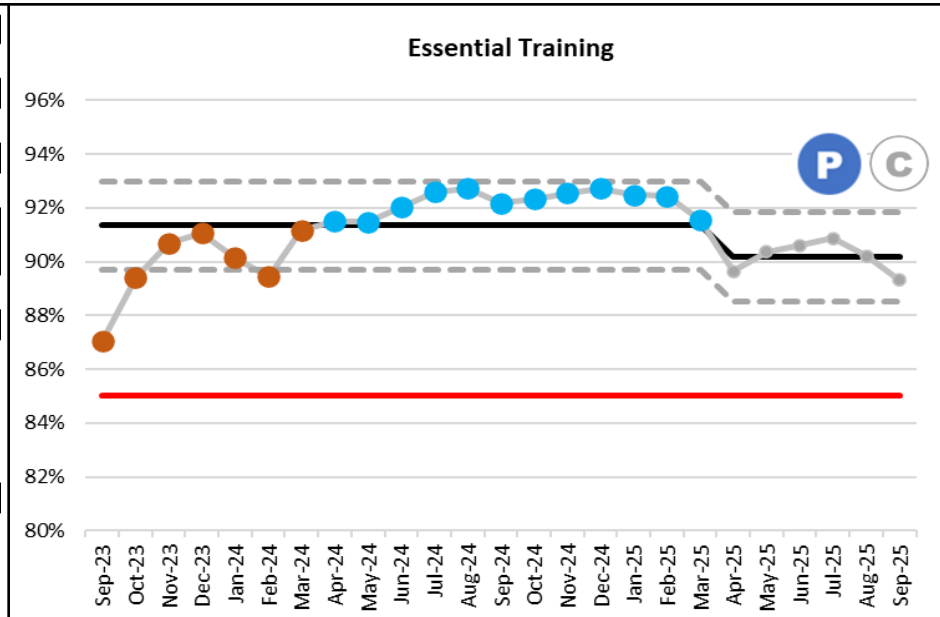
- EAP contract awarded refamiliarization plan to increase awareness and service utilisation.
- HG have been successful in their NHSCT bid for Fatigue Risk Management Project – The project will enable FRM practice to be embedded across the HG. Project planning underway launch anticipated early 2026.
- HG World Menopause day Virtual Conference 17/10/25 over 100 colleagues attended
- NBT Menopause TTT trainers refresh planned for December 25

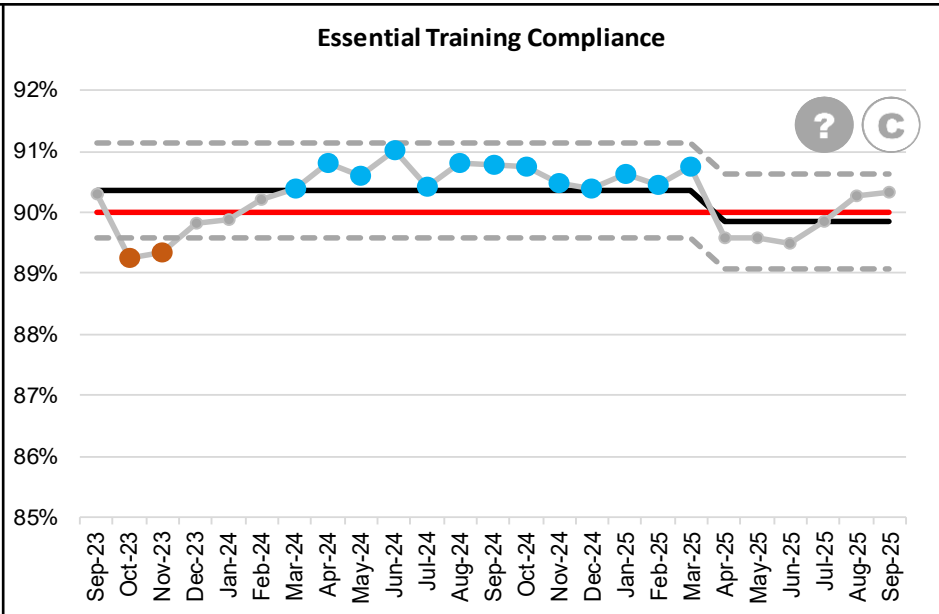
No narrative required as per business rules.

Our People

Mandatory and Statutory Training

Latest Month
Sep-25
Target
85.0%
Latest Month's Position
89.3%
Oliver McGowan Tiers 1 and 2 Virtual / Face to Face
21.0%
Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is improvement
Trust Level Risk
No Trust Level Risk





Latest Month
Sep-25
Target
90.0%
Latest Month's Position
90.3%
Oliver McGowan Tiers 1 and 2 Virtual / Face to Face
35.9%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
No Corporate Risk

What does the data tell us?
Essential Training data definition has changed and now only includes Oliver McGowan (OMMT) eLearning training compliance. This change enables the virtual and face to face aspects of OMMT to be reported separately given the alternate performance target set nationally and the training delivery through ICB.

From next month NBT will move to align with UHBW and set the compliance target for Essential Training (top 11 NHS England recognised core skills topics plus Oliver McGowan eLearning) to 90% (from our current position of 85%).

Compliance for OMMT Level 1 (non-patient-facing staff) e-learning is 85.4%, and the level 1 webinar is 13.65%; level 2 (patient-facing staff), level 2 (patient facing staff) is 26.24% with an overall tier 2 provision Oliver McGowan compliance rate of 21% against an ICB target rate of 66% by March 2026.

What does the data tell us?
As per the narrative for NBT, the change to the reporting of Oliver McGowan level 2 compliance equally applies to UHBW.
UHBW's essential training compliance is 90.3% in Oct-25, marginally above the overall target of 90%. Oliver McGowan Training on Learning Disability and Autism (OMMT) has been disaggregated at level 2; recording eLearning completions only – standing at 83.8% although overall provision (tiers 1 & 2) is 35.9%. Of the other titles, overall compliance is negatively impacted by moving & handling and resuscitation compliance below target. Whilst information governance is not reaching their individualised target of 95%.

Actions being taken to improve.
A risk register entry is in place focusing upon moving & handling compliance, with a subsequent action plan to review manual handling training capacity and utilisation rates across the divisions. Furthermore, Learning and Development is procuring an additional hover-jack piece of equipment to support delivery of manual handling within Weston.

Impact on forecast.
This targeted risk register entry is expected to support improved manual handling compliance and help identify any barriers affecting training utilisation rates.

Income & Expenditure

Actual Vs Plan (YTD)

Latest Month

Sep-25

Year to Date Plan

£(2.9m) deficit

Year to Date Actual

£(2.9m) deficit

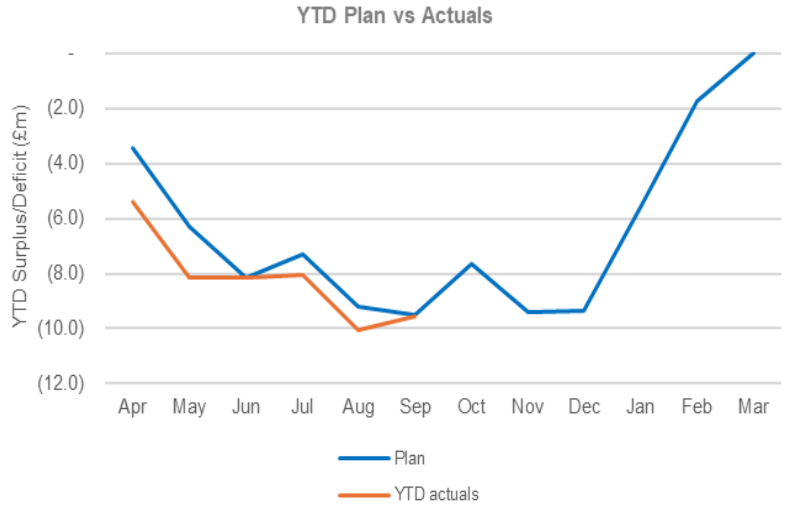
Summary

Summary:

- The financial plan for 2025/26 in Month 6 was a surplus of £0.3m. The Trust has delivered a £0.3m surplus and is on plan. Year to date the Trust has delivered a £2.9m deficit position which is on plan.
- In Month 6, the Trust continues to have higher than planned levels of No Criteria To Reside (NCTR) and high acuity driving pressures on escalation and enhanced care costs. This has led to overspends on nursing of £0.5m in month.
- Elective Recovery Performance in month is driving an adverse position of £1.5m, of which £1.4m relates to ERF activity due to lower than planned activity in NMSK and ASCR Divisions partly driven by the Bristol Surgical Centre underperforming, and further £0.1m for independent sector costs to support delivery of operational performance.
- In month, the Trust under-delivered against the recurrent Month 6 savings target by £0.2m contributing to a shortfall against in month delivery of £2.3m. This was partially offset in month by non-recurrent savings from consultant and AfC vacancies which contributed a £0.8m favourable variance. Further, there were non-recurrent benefits in month of £3.8m, predominantly driven by the closure of old purchase orders following a review.
- Year to date recurrent savings delivery is £13.6m and non-recurrent of £1.6m against a plan of £17.3m.

Key risks

- The Month 6 financial position is dependent on non-recurrent benefits which cannot be assumed to be available throughout the year, in year savings delivery, elective recovery activity and NCTR will therefore need to be addressed if the Trust is to break even at year end, whilst divisions need to deliver within budgets.



Latest Month

Sep-25

Year to Date Plan

£(9.5m) deficit

Year to Date Actual

£(9.5m) deficit

Summary

Summary

- The position at the end of September is a net deficit of £9.5m against a planned deficit of £9.5m. The Trust is, therefore, on plan. This is an improvement of £0.5m from last month.
- Significant variances against plan are higher than planned pay expenditure (£6.1m) and increased non-pay costs (£11.4m). This is offset by higher than planned operating income (£17.0m).
- Total staff in post (substantive, bank and agency) has reduced since March, but staffing levels continue to exceed funded establishment with nursing budgets driving the adverse pay position due to additional use of registered mental health nurses and staffing of bed escalation areas linked to NCTR.
- Overall, agency and bank expenditure was lower in month compared with August, and YTD is broadly as planned. Agency expenditure is 17% lower than plan YTD with expenditure in month of £0.5m, compared with £0.7m in August. Bank expenditure is 3% higher than plan YTD due to the cost of industrial action, with expenditure in month of £3.7m.
- The number of NCTR patients has deteriorated further with a peak of 210 patients in September. This equates to almost 25% of the Trust's bed base being occupied by NCTR patients.

Key risks

- The delivery of elective activity necessary to secure the Trust's planned level of income.
- A shortfall in savings delivery will result in failure to achieve the breakeven plan without a continued step change in delivery within Clinical Divisions and Corporate Services.
- Central mitigations of £25m necessary to support the breakeven plan are not fully identified. However, as at the end of September central mitigations of £20m have been identified.

CIP

Actual Vs Plan (YTD)

Latest Month

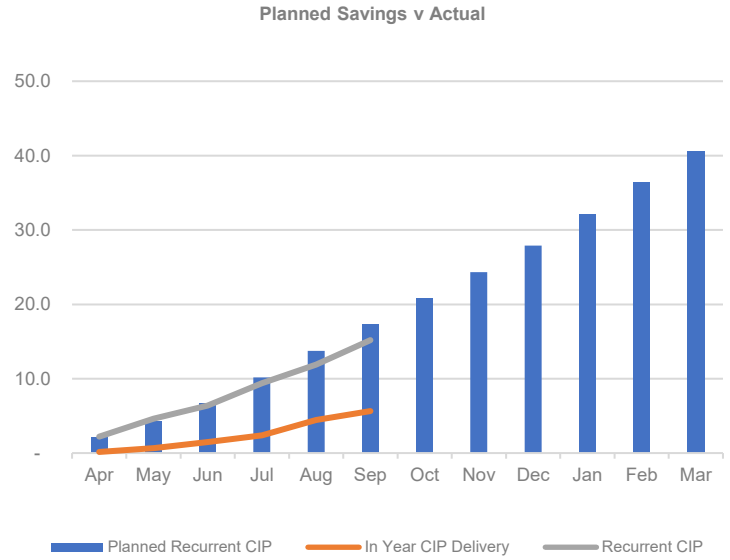
Sep-25

Year to Date Plan

£17.3m

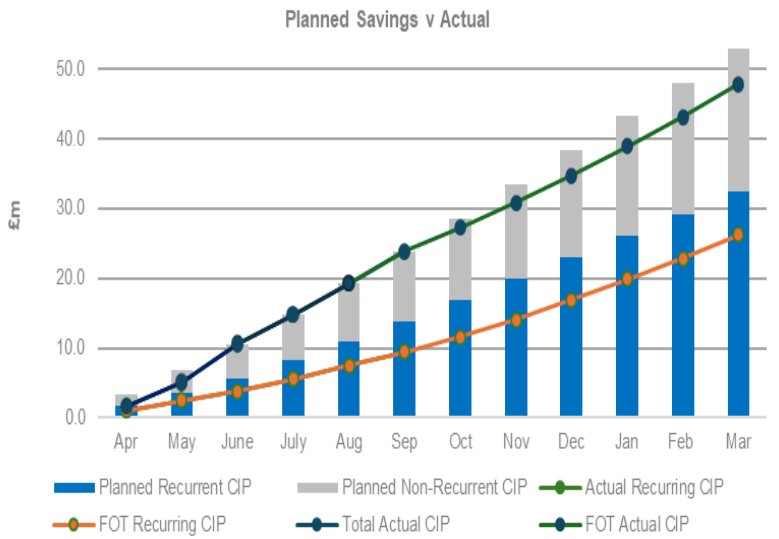
Year to Date Actual

£15.2m



Summary

- The CIP plan for 2025/26 is for savings of £40.6m with £17.3m planned delivery at Month 6
- At Month 6 the Trust has £15.2m of completed schemes on the tracker. There are a further £9.0m of schemes in implementation and planning, leaving a remaining £16.4m of schemes to be developed.
- The CIP delivery is the full year effect figure that will be delivered recurrently. Due to the start date of CIP schemes this creates a mis-match between the 2025/26 impact and the recurrent full year impact. This can be seen on the orange line on the graph above.



Latest Month

Sep-25

Year to Date Plan

£23.9m

Year to Date Actual

£23.9m

Summary

- The Trust's 2025/26 savings plan is £53.0m.
- The Divisional plans represent 70% or £37.1m of the Trust plans. 30% or £15.9m sits centrally with the corporate finance team.
- As at 30th September 2025, the Trust is reporting total savings delivery of £23.9m against a plan of £23.9m, therefore UHBW is currently on plan. The Trust is forecasting savings of £47.9m, a forecast savings delivery shortfall of £5.1m or 10%.
- The full year effect forecast outturn at month 6 is £34.7m, a forecast recurrent shortfall of £18.3m or 34%.

Workforce

Pay Costs Vs Plan Run Rate

Latest Month

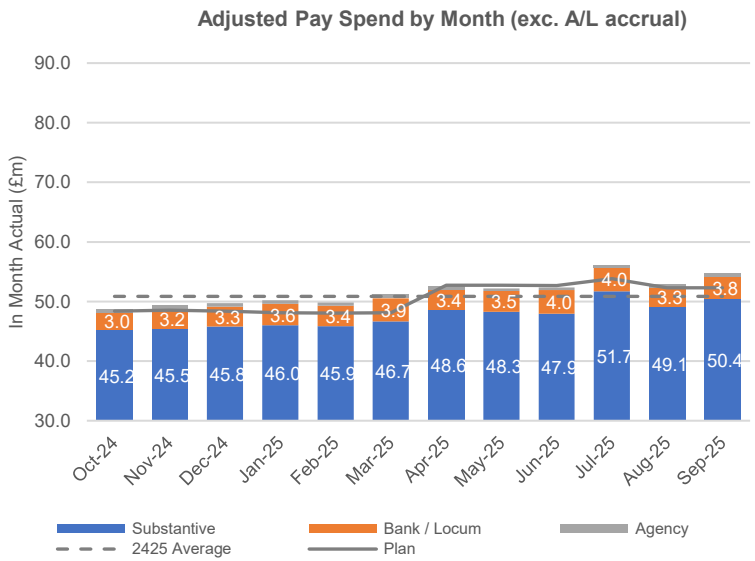
Sep-25

In Month Plan

£52.3m

In Month Actual

£54.7m

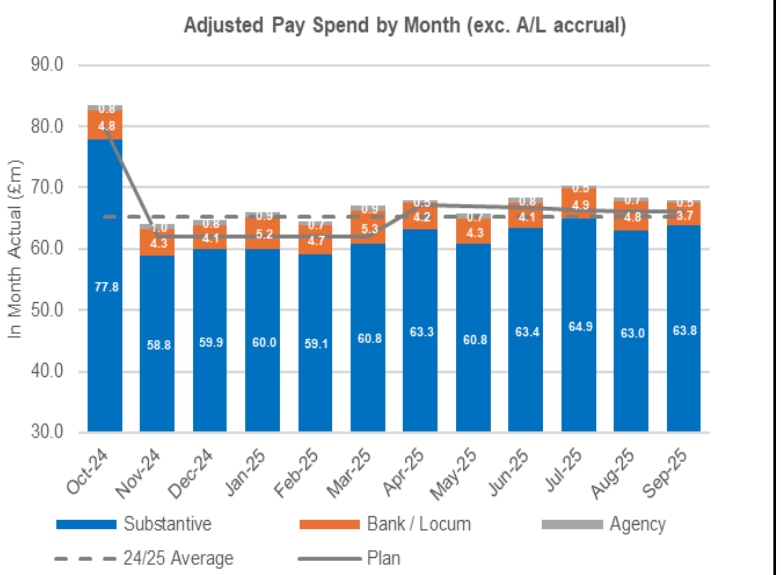


Summary

Summary

Pay spend is £2.4m adverse in month, when adjusted for pass through items, the revised position is £1.1m adverse to plan. The main drivers are:

- In year CIP - £1.1m adverse, in month impact of recurrent CIP delivery.
- Escalation and enhanced care - £0.5m adverse in nursing.
- Vacancies - £0.8m favourable, consultant vacancies in Anaesthetics and Imaging and AfC vacancies in Genetics and Facilities. Facilities and ASCR vacancies relate to Bristol Surgical Centre posts not yet fully recruited.
- Other medical overspends - £0.3m adverse in ASCR and Imaging due to increased recruitment during Resident Doctor rotation. These partly offset vacancies at consultant level to ensure delivery of activity.



Latest Month

Sep-25

In Month Plan

£66.6m

In Month Actual

£68.0m

Summary

Summary

- Total pay expenditure in September is £68.0m, £1.4m higher than plan due higher than planned bank costs and substantive staff in post exceeding establishment.
- Pay costs remain higher than plan YTD mainly due to the cost of nursing staffing levels exceeding planned values with levels of substantive and temporary staffing combined beyond the Trust's funded establishment by an average of 211WTE since April.
- Nursing staffing levels exceed the funded establishment by 188WTE in September. Contributing factors to the ongoing over-establishment are the use of escalation capacity, high levels of acuity requiring additional mental health input and sickness absence.
- Additional workforce controls have been put in place with effect from 1st August and the expected reduction in staff in post back to establishment remains the focus of the Clinical Divisions.

Temporary Staffing

Agency Costs Vs Plan Run Rate

Latest Month

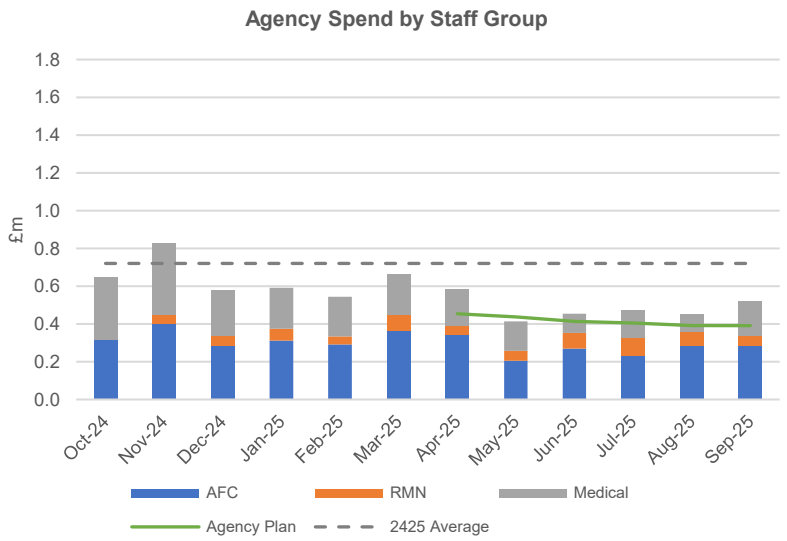
Sep-25

In Month Plan

£0.4m

In Month Actual

£0.5m



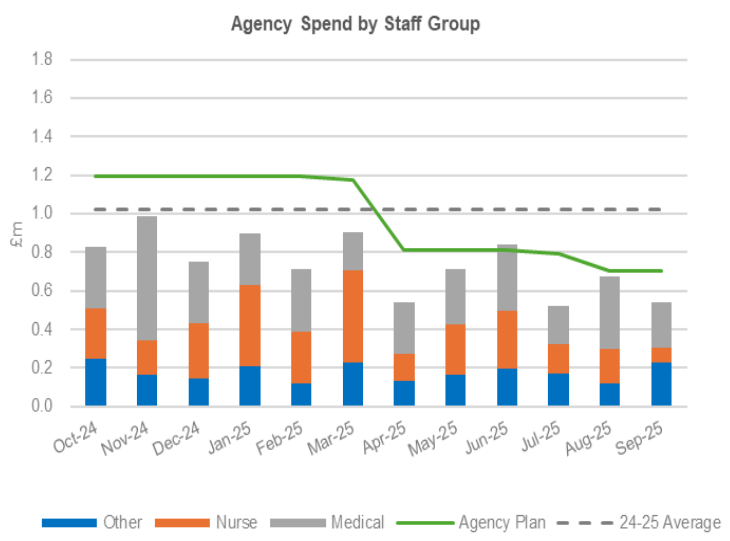
Summary

Monthly Trend

- Agency spend in September has increased compared to August, remaining a reduction on run rate.
- Overall spend in month is driven by consultant agency usage in Medicine and ASCR covering vacancies, nursing agency usage in Critical Care and ED due to increased acuity, as well as Healthcare Scientists in Cardiology to deliver ECHO activity.
- The increase from August has largely been driven by nursing agency in ASCR to cover Critical Care.

In Month vs Prior Year

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



Latest Month

Sep-25

In Month Plan

£0.7m

In Month Actual

£0.5m

Summary

Monthly Trend

- Agency expenditure in September is £0.5m, £0.2m lower than plan and lower than August's agency expenditure of £0.7m. YTD agency expenditure is 17% below plan.
- Agency expenditure is 0.8% of total pay costs.
- Agency usage continues to be largely driven additional escalation bed capacity across nursing and medical staffing due to a deterioration in the NCTR position. The use of registered mental health nurses is also a key driver.
- Nurse agency shifts decreased by 268 or 44% in September compared with August.
- Medical agency expenditure is lower by £0.1m from the previous month. The number of shifts covered has decreased from 293 in August to 245 in September.

In Month vs Prior Year

- Trustwide agency spend in September is £0.4m or c44% lower than September 2024. This is due to increased controls and scrutiny implemented across Divisions with the support Trust's Nurse leadership.

Temporary Staffing

Bank Costs Vs Plan Run Rate

Latest Month

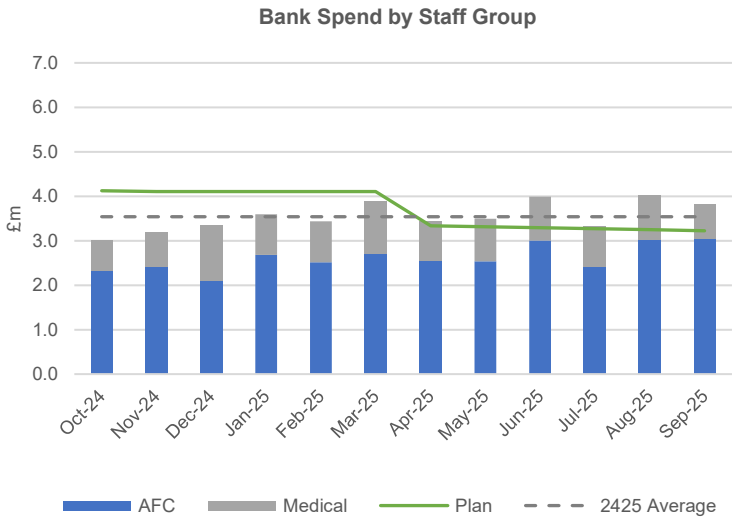
Sep-25

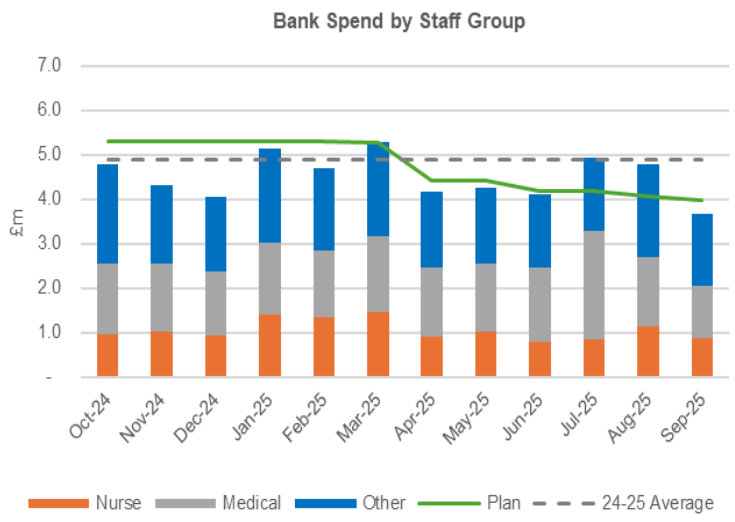
In Month Plan

£3.3m

In Month Actual

£3.8m





Latest Month

Sep-25

In Month Plan

£4.0m

In Month Actual

£3.7m

Summary

Summary

Monthly Trend

- In September, there has been an increase in bank spend compared to run rate. The increase has largely been in nursing, driven by an increase in vacancies being covered by bank staff in the Surgical Centre, Ward 7B and Safer Staffing.

In Month vs Prior Year

- Bank spend in month is higher than 2024/25 spend, however 2024/25 spend reduced significantly in the second half of the year due to additional controls put in place. This month saw additional pressures in enhanced care and escalation costs within Medicine. Compared to last year, the costs will have increased on run rate due to the National Insurance increases brought in from M1.

Summary

Summary

Monthly Trend

- Bank costs in September are £3.7m, a decrease of £1.1m from £4.8m in August. Costs are £0.7m higher than plan YTD, due mainly to costs associated with Industrial Action. Of the £3.7m spent in September, £1.2m relates to medical bank and £0.9m to registered nurse bank.
- Nurse bank expenditure decreased by £0.2m in September from £1.1m in August, whilst shifts decreased by c1,300 or 18%.
- Medical bank decreased in September, reducing by £0.4m to £1.2m .

In Month vs Prior year

- Bank expenditure in September is £0.6m lower than the same period last year.

Capital

Actual Vs Plan

Latest Month

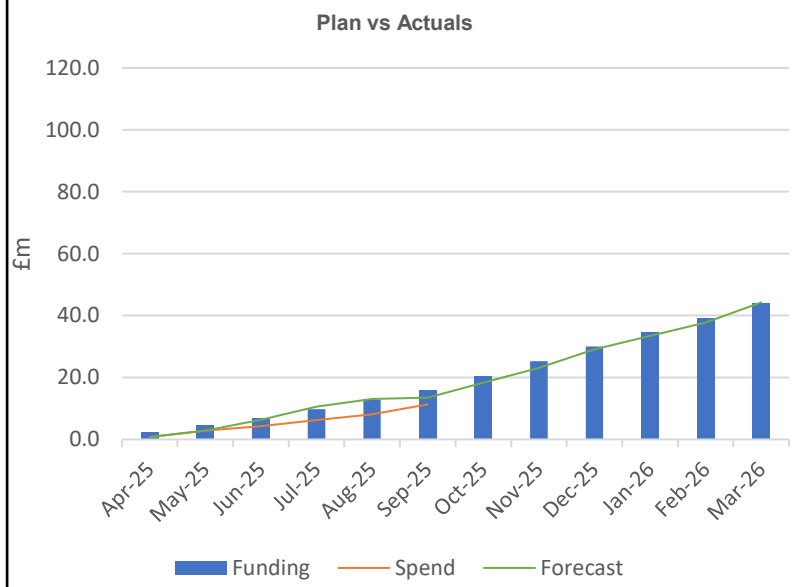
Sep-25

In Month Plan

£3.1m

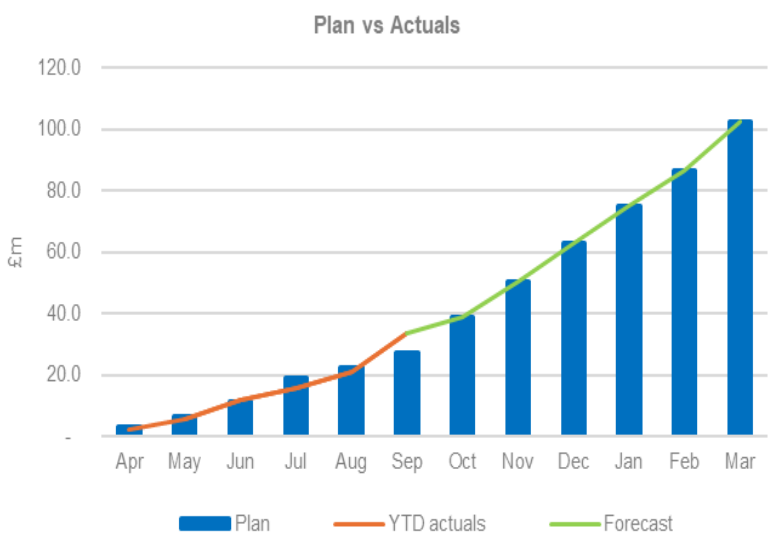
In Month Actual

£2.5m



Summary

- The Trust currently has a system capital allocation of £22.7m for 2025/26. A further £9.9m of projects have been taken forwards for national funding.
- Overall spend in Month 6 was £3.2m, of which £1.5m was against the Bristol Surgical Centre. This takes the overall year to date spend to £11.3m, of which £7.3m is against the Bristol Surgical Centre.
- The year-to-date variance against the forecast is as result of slippage in several projects however the Trust is still forecasting to spend all allocated capital funding in year.
- Overall spend on the Bristol Surgical Centre to date is £49.4m, of which £38.3m relates to the main construction contract.
- The Trust has received approval for a £7.3m Salix grant to be spent on decarbonisation work. This funding will be received throughout the year to match spend.



Latest Month

Sep-25

In Month Plan

£4.8m

In Month Actual

£12.8m

Summary

- Following NHSE confirmation of capital funding allocations of £55.2m, the Trust submitted a revised 2025/26 capital plan to NHSE on 30th April 2025 totalling £102.7m. The sources of funding include:
  - -£40.5m CDEL allocations from the BNSSG ICS capital envelope;
  - -£55.2m PDC matched with CDEL from NHSE including centrally allocated schemes;
  - -£5.5m Right of use assets (leases); and
  - -£1.5m for donated asset purchases.
- YTD expenditure at the end of September is £33.8m, £6.6m ahead of the plan of £27.2m.
- Significant variances to plan include slippage on Major Capital Schemes (£4.7m), offset by ahead of plan delivery against medical equipment, estates works, digital services and right of use assets (IFRS16).
- Management of the delivery of the capital plan has been revised to drive project delivery via the Trust's Capital Group, newly formed Estates Delivery Board and the Capital Programme Board.
- The Trust is currently working through the forecast outturn against the notified CDEL.

Cash

Actual Vs Plan

Latest Month

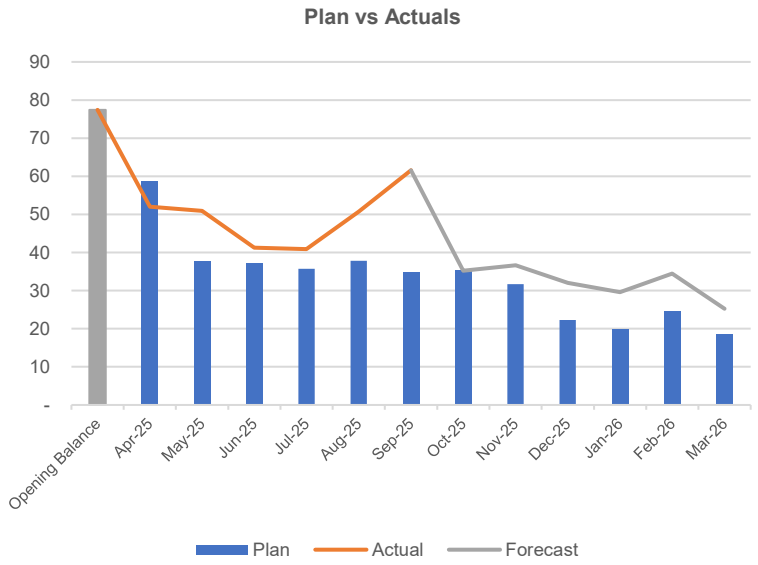
Sep-25

Target

£34.7m

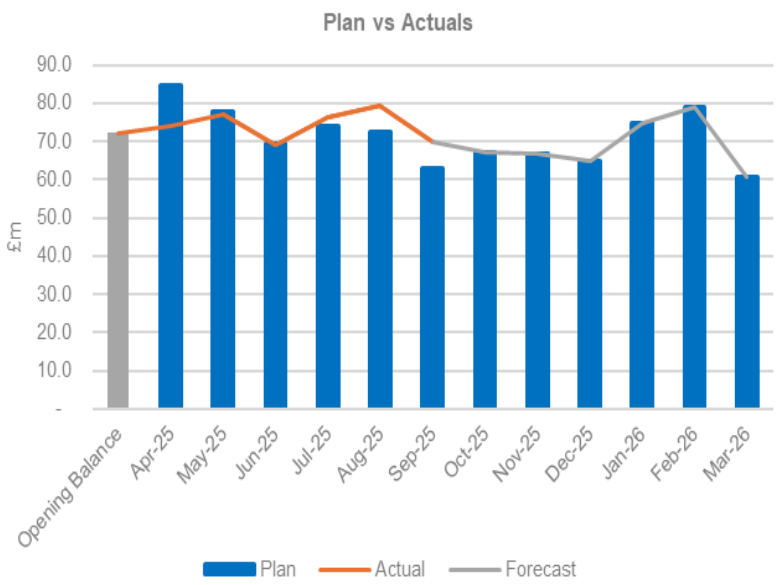
Actual

£61.5m



Summary

- In month cash is £61.5m, which is a £10.8m increase from August.
- The movement in month is driven by £25m pre-payment from BNSSG ICB shown within Payables, offset by a decrease in trade payables due to a reduction in accruals (£9.5m) along with a decrease relating to aged purchase orders from EROS which have now been closed (£3.3m) along with a collection of other smaller movements.
- The cash balance has decreased by £15.9m year to date, driven by the movements in payables due to the high level of capital cash spend linked to items purchased at the end of 2024/25, and the payment of large maintenance contracts.
- Year-to-date cash balances are £26.9m above plan and the year end cash balance is forecast to be £6.8m above plan, primarily driven by lower than forecast capital cash spend.



Latest Month

Sep-25

Target

£63.2m

Actual

£70.0m

Summary

- The closing cash balance of £70.0m, which is a decrease of £9.3m from August.
- The £2.3m decrease from 31st March is due to a net cash inflow from operations of £29.3m, offset by cash outflow of £26.0m relating to investing activities (i.e. capital), and cash outflow of £5.6m on financing activities (i.e. loans, leases & PDC).
- The Trust's total cash receipts in September were £135.9m to cover payroll payments of £73.6m, supplier payments of £65.9m and loan and PDC payments of £5.7m.
- YTD cash balances are £6.8m above plan and the forecast year end cash balance is on plan at £60.2m.

Assurance and Variation Icons – Detailed Description

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

KEY
Note Performance
Constitutional Standards and Key Metrics = Escalation Summary