North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Integrated Quality and Performance Report

Month of Publication September 2025

Data up to July 2025

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Contents

Key to KPI Variation and Assurance Icons

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

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

Responsive

Urgent Care

UHBW ED 4-hour performance was ahead of plan improving to 78.7% during July (77% in June) for all attendance types, including type-3 footprint uplift. There continues to be a significant number of patients with no criteria to reside (NCtR) contributing to a high bed occupancy and subsequently impacting flow and performance, notably on the Weston site where NCtR has been as high as 34% during July. ED 12-hour performance also continues to improve at UHBW, reporting 2.5% (3.5% June). For NBT, ED 4-hour performance improved to 63.7% for July 2025 (71.6% 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. This ambition was central to the Trusts being able to deliver the 78% ED 4-hour performance requirement for March 2025. As yet, there is no evidence this ambition will be realised. However, the refreshed ICS discharge programme is underway and alongside a detailed redesign of the 15% NCTR Ambition Plan being developed in partnership with all system partners. In the meantime, internal hospital flow plans continue to be developed and implemented across all sites.

Elective Care

UHBW successfully eliminated 65 week waits by the end of 2024/25 and compliance is forecast for Q2 with the exception of cornea graft due to previously reported national shortage of graft material which has resulted in four patients waiting beyond 65 weeks at the end of July, 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 waiting 52 weeks by the end of March 2026, with NBT already achieving this ambition and UHBW at 1.3%.

Diagnostics

For July, NBT's diagnostic performance met the national constitutional standard, reporting at 0.47%. UHBW position in July improved to 14.1% (16.5% in June) falling slightly short of July target of 13.5%. Diagnostic recovery plans are in place to continue to meet the recovery trajectory, with further improvement in performance expected during Q2.

Cancer Wait Time Standards

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

At NBT, both FDS and the 62-Day Combined position were off plan for the month of June. 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 pathways, 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

At UHBW in July there were two cases of MRSA (three year to date). The two July cases are in unrelated locations. None were seen at NBT (two year to date). There were 14 reported cases of Clostridium Difficile in July, 45 cases year to date. The data is showing some seasonal variation with higher case rates seen during the same period in 2024 (51 cases in April to July 2024). At NBT there were 7 hospital onset hospital acquired and 3 community onset. This brings the NBT total position to 3 cases above the year to date trajectory.

During July 2025, there were 168 falls at UHBW (4.94 per 1,000beddays) which is slightly above the Trust target of 4.8 per 1000 bed days. There were three falls with moderate physical and/or psychological harm. The increase in falls in Weston has been investigated with additional learning around catheter care and supporting patients who present with alcohol withdrawal identified and improvement work is being taken forward.

Since the launch of Careflow Medicines Management (CMM) at UHBW in summer 2025, the VTE risk assessment completion is slowly increasing with July reported at almost 80%. We expect this to continue to rise as staff become familiar with the new system and as more wards adopt a mandatory approach. However, despite the improvement in risk assessment completion, we have observed an unexpected reduction in VTE prophylaxis prescribing. This has emerged as CMM has been rolled out across the organisation. In response, we have raised a new risk (Risk 8448): Risk that VTE prophylaxis is not prescribed when indicated. A human factors analysis has identified key contributing factors, and targeted actions have been developed to address these issues and strengthen existing controls. At NBT VTE risk assessment completion is improving slightly. In October 2025, when the CMM is launched, completion of the VTE RA will become a 'forcing' measure. It is projected that this will improve the position, and the lessons learned from the UHBW CMM implementation are being taken into the NBT go live.

Patient & Carer Experience

51% (23/45) of complaints responses sent out by UHBW in June were within the agreed deadline. 77% (78/101) of responses to PALS concerns sent out by the Trust in June were within the agreed timescale. This category includes cases which until 31/3/25 were categorised by UHBW as informal complaints. Reasons why complaints are not responded to within agreed deadlines are multi-factorial and were explored as part of a 'deep dive' report to the Quality and Outcomes Committee in June. These include clinicians' capacity, the increasing complexity of complaints received, and current gaps in key divisional complaints support roles. Benchmarking also shows that many trusts are working to longer timescale for more complex complaints, typically up to 60 working days. The trust is exploring how digital/AI technology might support complaints resolution in the future. Within NBT 57% complaint responses were achieved within deadline, a further deterioration from previous months. The number of formal complaints being received remains high, with 74 complaints were received in July, 15 more than the same period last year. This particularly applies within ASCR Clinical Division's, where the compliance rate was the lowest and had a significant impact on the overall Trust score. This is the primary area of improvement action.

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
Sickness – NBT report rolling 12-month sickness whereas UHWB report the absence in month
Staff in Post – NBT source this data from ESR and UHBW source this data from the ledger. Vacancy is calculated by deducting staff in post from the funded establishment.
Work is in progress to move towards aligned metrics and where appropriate targets in common.

Turnover at NBT is 10.4% in July, below the NBT target of 11.3% for 2025/26. At UHBW turnover is 9.6% in July and below target.
The vacancy rate at NBT has increased from 7.3% in June to 8.1% in July predominantly driven by increases in establishment associated with the Bristol Surgical Centre. At UHBW the vacancy rate for July is 2.8%, an increase from 2.6% in June but remaining below target.
For NBT, sickness remains at 4.6% which is above the target of 4.4%and for UHBW sickness is at 4.5% which has increased from 4.3% the previous month.

Essential Training
NBT: Overall compliance across staff groups currently stands at 83.4%, just below the Trust 85% target. Areas of particular note include Oliver McGowan training at 51.63%, Resuscitation at 82.22%, and Preventing Radicalisation at 83.98%. Overall compliance for the Oliver McGowan programmes includes eLearning (level 1) at 85%, with level 2 compliance at 25.05% for clinical and 7.2% for non-clinical staff. The ICB continues to increase the capacity and accessibility of the level 2 provision, with additional dedicated sessions running on-site within NBT. Within resuscitation, additional BLS sessions were provided but take-up remained low.
Note: We have 3 years to achieve full Oliver McGowan level 2 compliance so have agreed we will be producing this as separate data and a trajectory against this for both Trusts to ensure that we are on track to meet this.

UHBW: The inclusion of the Oliver McGowan training compliance aggregate rate has impacted overall compliance, resulting in a decrease of -5.3% for the overall core skills rate, now sat at 85.1%, below the target of 90%. Additional core skills titles, information governance, moving and handling, and resuscitation are below target rate, which is 90% for all titles except information governance which has an exception rate of 95%. Oliver McGowan compliance rates continue to rise on a monthly basis, as more staff can access the webinar or face to face training. Of the three Oliver McGowan titles, eLearning compliance sits at 81.1%, tier 1 attendance at 19.5% and tier 2 attendance at 36.8%. Training capacity within the ICB to deliver the Oliver McGowan continues to grow whilst training places are heavily in demand, however there remains a level of DNA's reported within the data (although this is declining). The BNSSG training provider working to increase capacity will support compliance improvements and the target of 30% system compliance for tier 1 and tier 2 compliance is set to hit 30% by the end of August 2025. Including tier 1 and tier 2 compliance in the data will serve to focus on and address areas of low compliance. The tracking and reporting of Oliver McGowan training compliance is now aligned across the Bristol Hospitals Group. This supports the national focus on the subject and on-going reporting of provider compliance. Therefore, the core skills table now includes an aggregate rate for the Oliver McGowan mandatory training titles – eLearning, tier 1 attendance and tier 2 attendance.

Executive Summary – Group Update

Finance

In Month 4 (July) NBT delivered a £0.4m deficit position which is £0.7m adverse to plan. Year to date NBT has delivered a £4.1m deficit position against a £3.5m deficit plan, which is £0.6m adverse to plan.

UHBW delivered a £0.1m surplus in month 4, against a surplus plan of £0.9m. UHBW's year to date deficit is £8.0m, £0.8m adverse to the deficit plan of £7.2m.

The adverse variance for both Trusts is driven by industrial action in month.

Pay expenditure within NBT is £1.7m adverse to plan in month. This is driven by industrial action, 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 agenda for change staff groups.

Pay expenditure in UHBW is £1.8m higher than the plan for July and £3.1m higher year to date. This is due to staffing exceeding budgeted establishments, particularly across nursing budgets and the inclusion of the additional medical costs to cover the resident doctor industrial action. The position is partly offset by higher than planned pay savings.

The NBT cash balance as at the 31 July 2025 is £40.9m, £5.1m higher than planned, a £36.5m reduction from 31 March 2025.

The UHBW cash balance as at the 31 July 2025 is £76.2m, £2.2m higher than planned and a £3.9m increase from 31 March 2025.

Responsiveness

Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	ED % Spending Under 4 Hours in Department	NBT	Jul-25	63.7%	69.3%	62.2%	?	C	Escalation Summary
		UHBW	Jul-25	71.8%	69.3%	70.1%	?	C	Escalation Summary
Responsive	ED % Spending Over 12 Hours in Department	NBT	Jul-25	6.3%	2.0%	8.3%	F-	C	Escalation Summary
		UHBW	Jul-25	2.5%	2.0%	3.5%	F	C	Escalation Summary
Responsive	ED 12 Hour Trolley Waits (from DTA)	NBT	Jul-25	220	0	263	F-	C	Escalation Summary
		UHBW	Jul-25	161	0	137	F-	C	Escalation Summary
Responsive	Ambulance Handover Delays (under 15 minutes)	NBT	Jul-25	32.6%	65.0%	26.6%	F-	C	Escalation Summary
		UHBW	Jul-25	37.2%	65.0%	30.6%	F-	C	Escalation Summary
Responsive	Average Ambulance Handover Time	NBT	Jul-25	33	45	42	?	C	Escalation Summary
		UHBW	Jul-25	26	45	32	?	C	Escalation Summary
Responsive	% Ambulance Handovers over 45 minutes	NBT	Jul-25	22.0%	0.0%	30.1%	F-	C	Escalation Summary
		UHBW	Jul-25	12.2%	0.0%	18.2%	F-	C	Escalation Summary
Responsive	No Criteria to Reside	NBT	Jul-25	21.3%	15.0%	22.3%	F-	L	Escalation Summary
		UHBW	Jul-25	22.4%	13.0%	21.5%	F-	H	Escalation Summary

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

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Responsiveness

Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	RTT Percentage Over 52 Weeks	NBT	Jul-25	0.4%	1.0%	0.4%	P	L	Note Performance
		UHBW	Jul-25	1.3%	1.2%	1.4%	F-	L	Escalation Summary
Responsive	RTT Ongoing Pathways Under 18 Weeks	NBT	Jul-25	65.8%	65.3%	66.1%	F	H	Escalation Summary
		UHBW	Jul-25	65.2%	65.1%	64.9%	F-	H	Escalation Summary
Responsive	RTT First Attendance Under 18 Weeks	NBT	Jul-25	71.2%	70.6%	72.0%	F	H	Escalation Summary
		UHBW	Jul-25	67.1%	67.4%	66.5%	F-	H	Escalation Summary
Responsive	Diagnostics % Over 6 Weeks	NBT	Jul-25	0.5%	1.0%	1.0%	?	L	Note Performance
		UHBW	Jul-25	14.1%	13.5%	16.5%	?	C	Escalation Summary
Responsive	Cancer 28 Day Faster Diagnosis	NBT	Jun-25	78.2%	79.2%	75.0%	?	H	Note Performance
		UHBW	Jun-25	78.2%	77.0%	77.7%	P	C	Note Performance
Responsive	Cancer 31 Day Decision-To-Treat to Start of Treatment	NBT	Jun-25	90.3%	85.9%	86.5%	?	H	Note Performance
		UHBW	Jun-25	96.6%	96.0%	97.4%	P	H	Note Performance
Responsive	Cancer 62 Day Referral to Treatment	NBT	Jun-25	64.8%	70.1%	62.9%	F	C	Escalation Summary
		UHBW	Jun-25	75.0%	73.2%	78.2%	P	H	Note Performance
Responsive	Last Minute Cancelled Operations	NBT	Jul 25	0.4%	0.8%	0.7%	P	C	Note Performance
		UHBW	Jul-25	1.8%	1.5%	1.9%	?	C	Escalation Summary

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

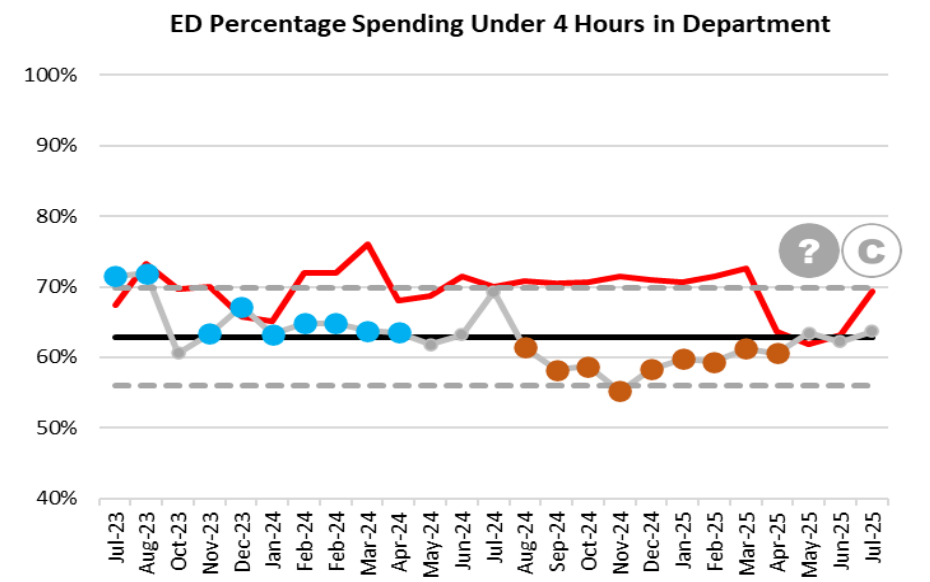
Responsiveness

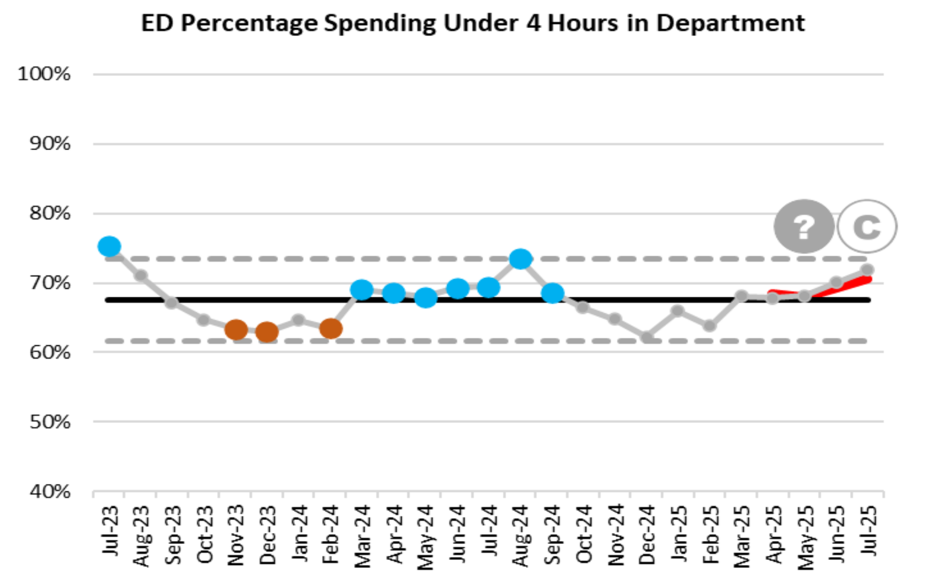
UEC – Emergency Department Metrics

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Jul-25
Target
69.3%
Latest Month's Position
63.7%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).





Latest Month
Jul-25
Target
69.3%
Latest Month's Position
71.8%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.

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

What does the data tell us?
The percentage of patients spending under 4 hours in ED for the month of July improved again to 63.7%

Actions being taken to improve
The ED team are running a "Focus on Four Hours" approach to improving departmental four hour processes, including internal escalation where there is delay. The GIRFT team are supporting this, with national leads shadowing in the ED on 21 August to support identification of opportunities.
The continuous flow model relaunched on 17 July and has supported a more predictable pattern of flow out of ED – as a result admitted performance improved to 40.8%, which is the best since July 2024.
The UEC transformation programme updates include:
1) Minors' relocation to Gate 24 with performance target of 95%. Backfill opportunity will unlock ED SDEC space which will improve non admitted performance which currently operates at c50-60%. There is some risk to the delivery date (was November) of this project associated with the significant decant required for current Gate 24 staff.
2) Medicine bed base review and move into new capacity on 7B – now taking place from early September = additional 16+ medical beds.

Impact on forecast
Month-to-date performance for August shows further improvement at c.66%.

What does the data tell us?
An improved position across the trust against the ED 4-hour standard at 71.8 % in July compared to 70.1% in June and exceeding the target of 69.3%.

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. 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 improve the Trust position; c70% in August 25/26.
The End of Year Target for this measure is 72.3% (78% inclusive of Sirona type-3 uplift)

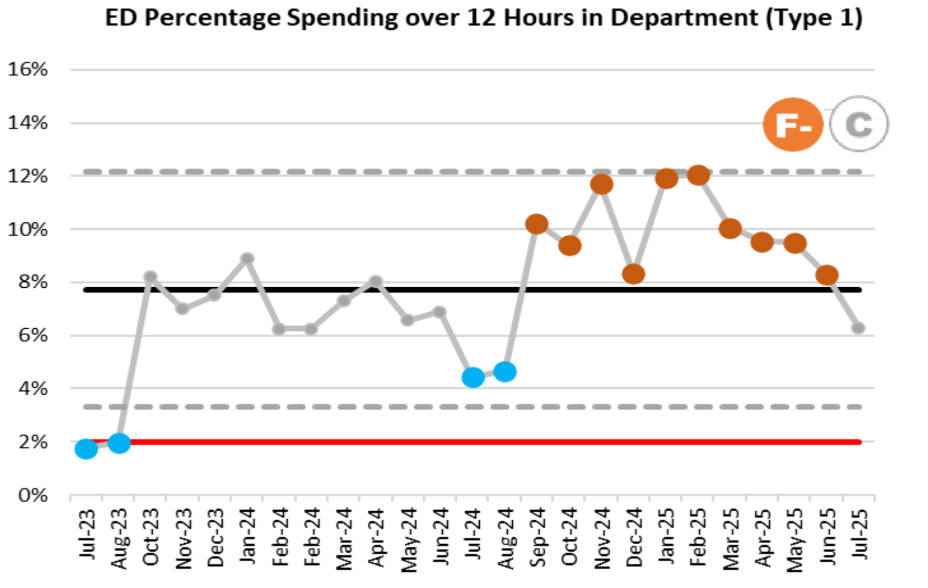
Responsiveness

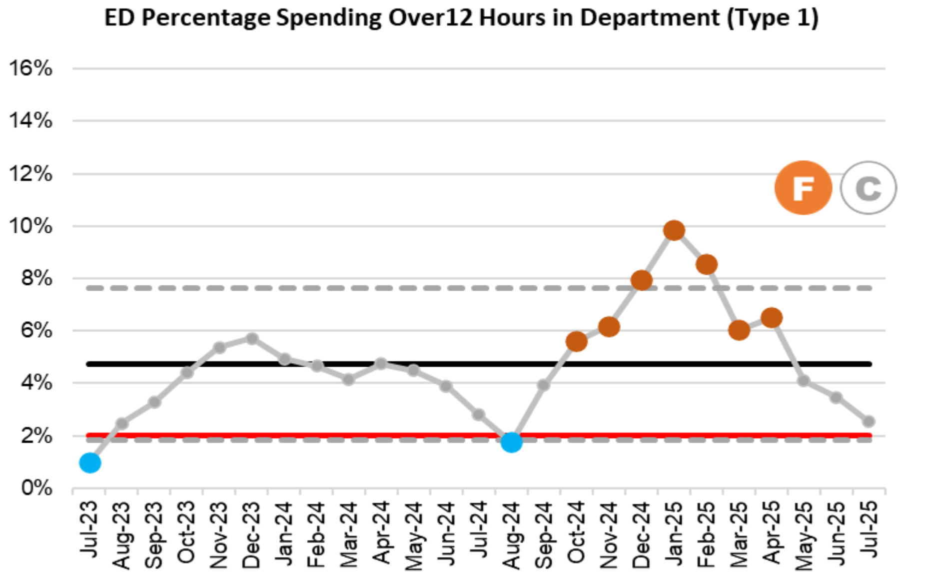
UEC – Emergency Department Metrics

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Jul-25
Target
2.0%
Latest Month's Position
6.3%
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).





Latest Month
Jul-25
Target
2.0%
Latest Month's Position
2.5%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.
Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?
The percentage of patients spending over 12 hours in ED reduced for the fifth month running to 6.3% in July, representing the best performance since August 2024 and now below the mean.

Actions being taken to improve
Continuous flow relaunched mid July and has improved admitted four and 12 hour performance.
The UEC transformation programme focusses through several projects on admitted flow and therefore reduction in 12-hour delays, including:

1) Every Minute Matters – our approach to ward-based flow and discharge processes. Currently focussing on use of the discharge lounge, including 10 by 10am, and new projects on improving discharge letter writing processes and reducing reliance on hospital transport, both of which should improve discharge timeliness.
2) Radiology review – through the work on this review we have mapped the impacts of ambulance cohorting in the x-ray area on scanning turnaround times, and as a result have changed the order in which we cohort to preserve x-ray as much as possible to support x-ray timeliness.

The GIRFT team spent a day with the cardiology team and next steps will be to map out the opportunities to reduce cardiology length of stay and improve pull from AMU into the cardiology ward.

Impact on forecast
Unvalidated data for the first half of August is showing further improvement against this metric.

What does the data tell us?

The percentage of patients spending over 12 hours in ED for the month of July (2.5%) improved again compared to June (3.5%) with consistent improvement observed over the last 3 months.

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

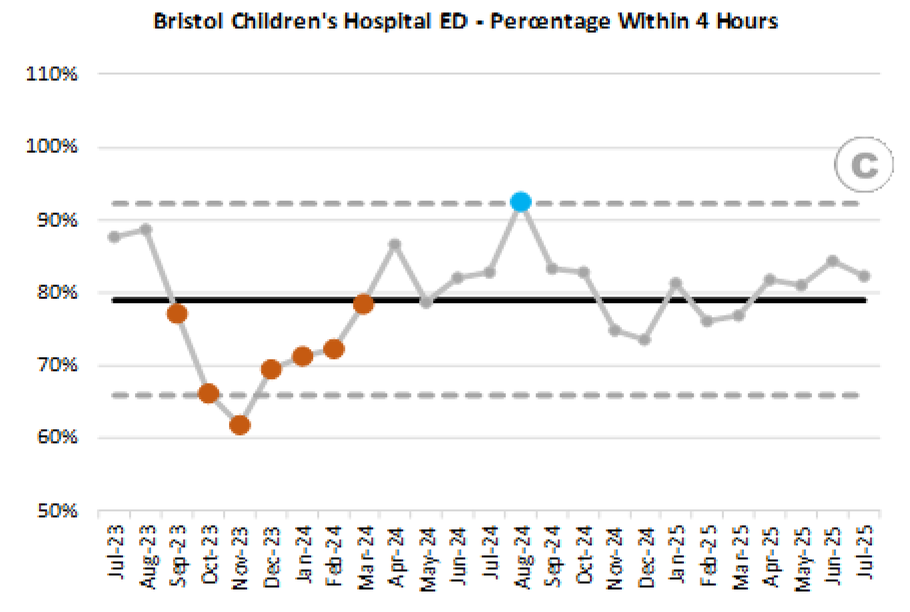
Impact on forecast
The focused improvement efforts described above are anticipated to maintain the improved position at c2.5% during August 25/26

North Bristol NHS Trust

Responsive

UEC – Emergency Department Metrics

University Hospitals Bristol and Weston NHS Foundation Trust



Latest Month

Jul-25

Target

No Target

Latest Month's Position

82.2%

Performance / Assurance

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

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

What does the data tell us?

A very similar position in BRHC performance overall ED 4-hour at 82.2% in July compared to 82.7% in July 2024. A slight deterioration when compared to June 2025, which was 84.4%.

Actions being taken to improve

- Whole hospital review and updated document of escalation plans to improve 4-hour performance.
- The department is working with Brisdoc to fully open our pACE service where GP's and Community Partners can contact a Paediatric clinician to discuss clinical concerns, the aim of the service is to provide advice and guidance to avoid ED attendances.
- BRHC are working with SWAST and wider hospital to improve ambulance handover times and quicker transfer to an inpatient bed.
- BRHC are reviewing process to board and pre-emptive bed utilisation.
- Focused project on Patient Flow Coordinator roles in conjunction with nursing and medical teams to improve patient flow and timely treatment in the department

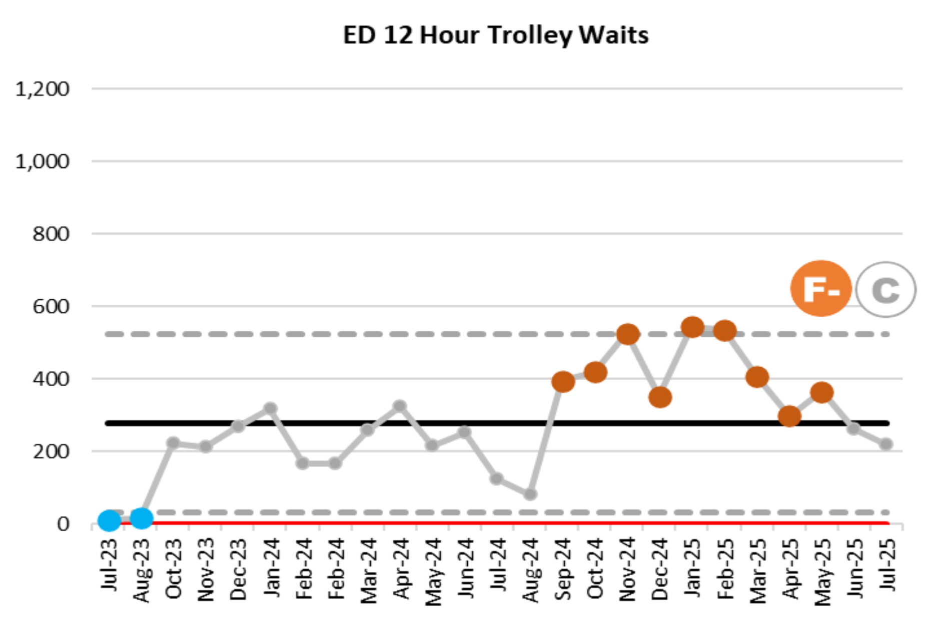
Responsiveness

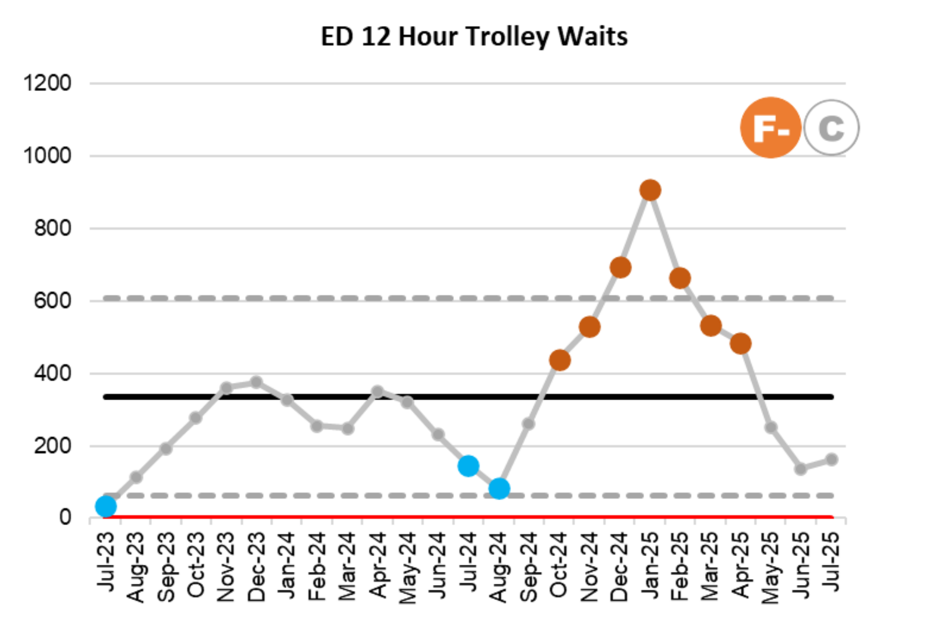
UEC – Emergency Department Metrics

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Jul-25
Target
0
Latest Month's Position
220
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).





Latest Month
Jul-25
Target
0
Latest Month's Position
161
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 decreased compared to the previous month to 220.

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

Impact on forecast
See previous slide.

What does the data tell us?
The number of 12 Hour trolley waits increased slightly throughout July to 161 compared to 137 in June.

Actions being taken to improve
Note actions from previous two slides

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

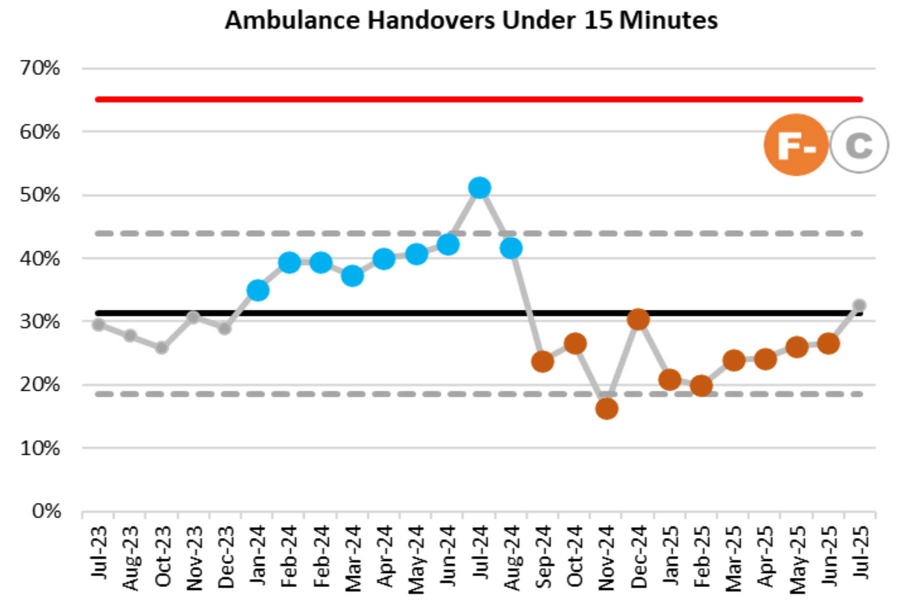
Responsiveness

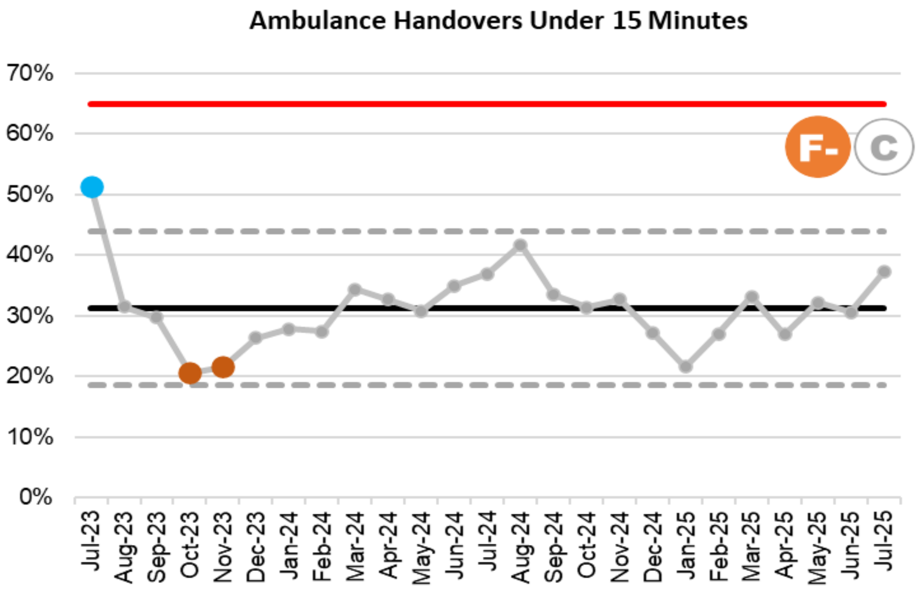
UEC – Ambulance Handover Delays

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Jul-25
Target
65.0%
Latest Month's Position
32.6%
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).





Latest Month
Jul-25
Target
65.0%
Latest Month's Position
37.2%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit and down is deterioration.
Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?
The proportion of handovers completed within 15 minutes has continued to improve over the last five reporting months, with performance now back above the mean.

Actions being taken to improve
A piece of rapid improvement work commenced from 15 July focussing on improving the proportion of handovers within 15 minutes. This work continues during August with a joint session with SWAST focussing on refinement of the handover process to shave off further minutes, and a focus on handovers direct to the stroke team.

Impact on forecast
The work undertaken so far in August has seen the proportion of handovers within 15 minutes increase to c60%.

What does the data tell us?
Ambulance handovers within 15 mins have increased across UHBW throughout July (37.2% compared to 30.6% in June).

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

Jul-25

Target

45.0

Latest Month's Position

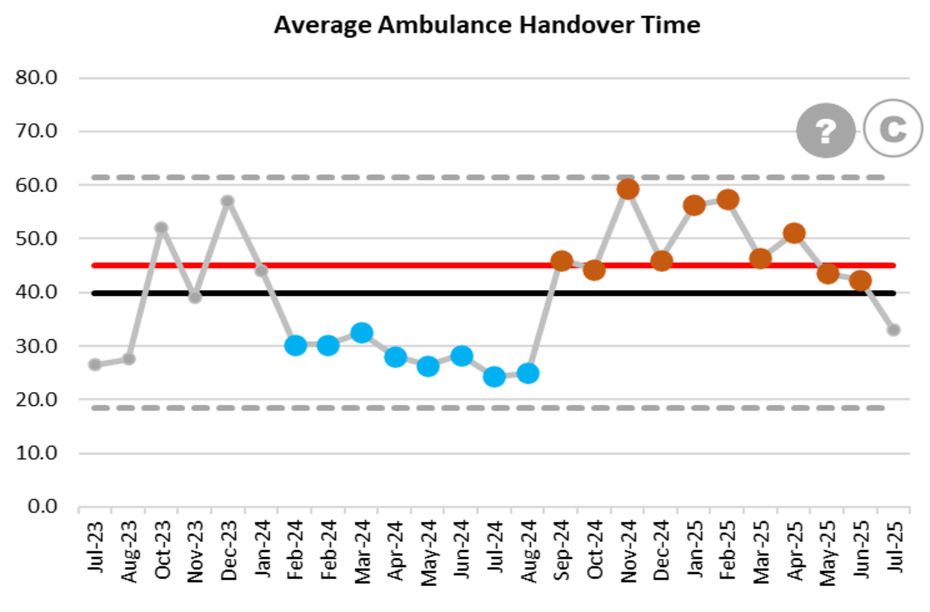
33.1

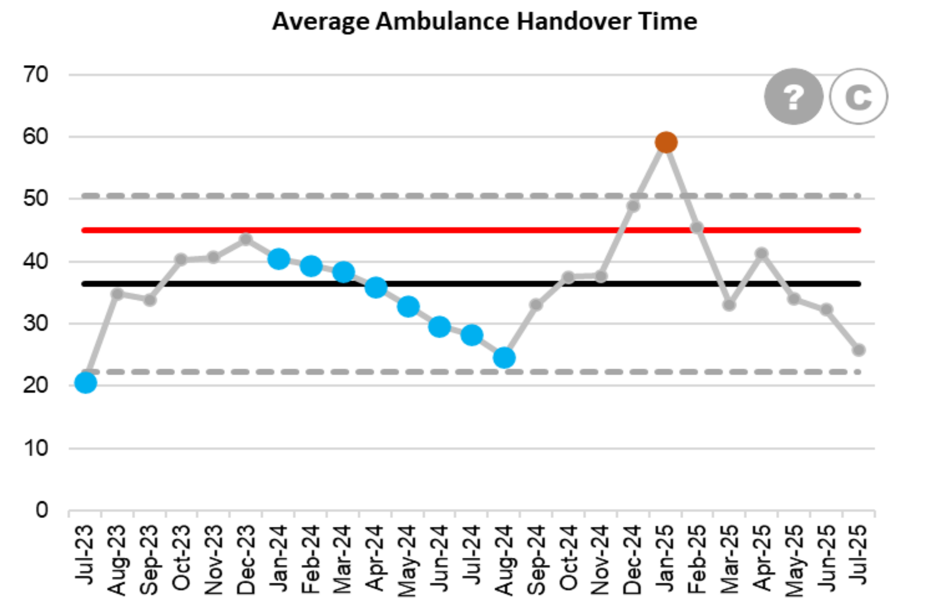
Performance / Assurance

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

Trust Level Risk

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





Latest Month

Jul-25

Target

45

Latest Month's Position

25.8

Performance / Assurance

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

Corporate Risk

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

What does the data tell us?

For July 2025, the average handover time for ambulance conveyances improved to 33.1 minutes, taking this metric back below the mean with best performance since August 2024.

Actions being taken to improve

The rapid improvement work described on the previous slide and the Timely Handover work described on the next slide are both relevant to improving average handover times. In addition to this, direct access for paramedics to medical SDEC goes live from 1 September, with direct access to gynae and surgical SDEC already in place.

The UEC programme work to relocate minors will unlock space within the current ED footprint which will support better handover time adherence. This is by creating an additional nine majors' spaces and two extra ambulance receiving centre spaces. The start date for the relocation is being recalculated due to decant requirements changing.

Impact on forecast

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

What does the data tell us?

Average ambulance handover time across UHBW has improved throughout July at around 26 minutes compared to 34 minutes in June

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

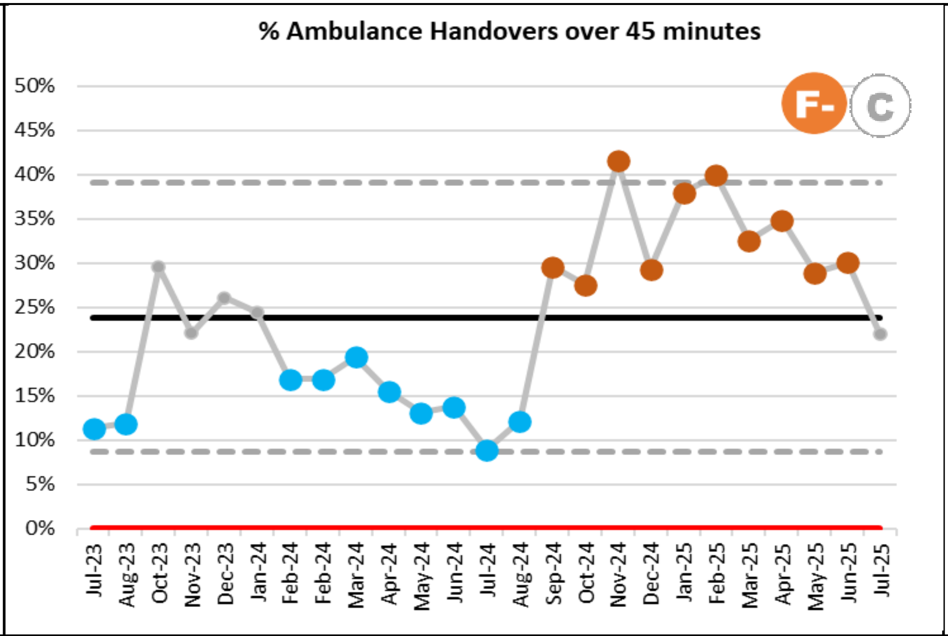
The improvement work outlined above is expected to contribute to the ongoing achievement of the <45- minute average ambulance handover time.

Responsiveness

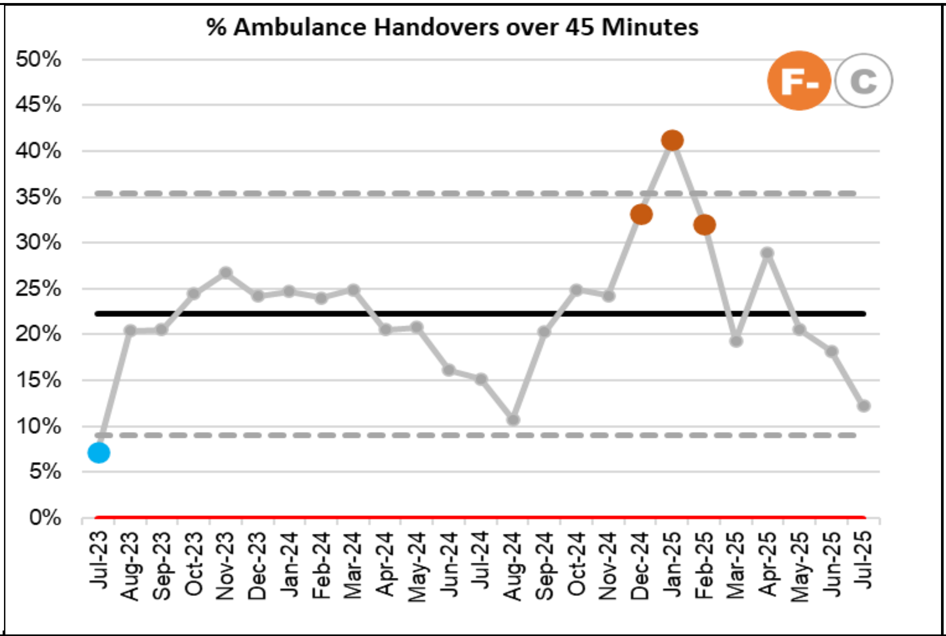
UEC – Ambulance Handover Delays

North Bristol NHS Trust

Latest Month
Jul-25
Target
0.0%
Latest Month's Position
22.0%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



University Hospitals Bristol and Weston NHS Foundation Trust



Latest Month
Jul-25
Target
0%
Latest Month's Position
12.2%
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 proportion of handovers completed within 45 minutes improved significantly in July 2025 to 22.0%, taking this metric back below the mean with the best performance since August 2024.

Actions being taken to improve

In partnership with SWAST NBT implemented the Timely Handover Plan on 30 June 2025. This process sees us using a series of escalation huddles, including very senior Divisional and Operations staff, to unlock actions which create ED exit flow and therefore offloading space. During July we further refined this approach, including huddling earlier to maintain at least two offload spaces at any one time to better manage surges in arrival.

Impact on forecast

Data for August to date shows further significant improvement against this metric at <18%.

What does the data tell us?

Ambulance handover times within 45 minutes have continued to improve across the last three months.

See Previous Slide for Ambulance Handover Summary detail

North Bristol NHS Trust

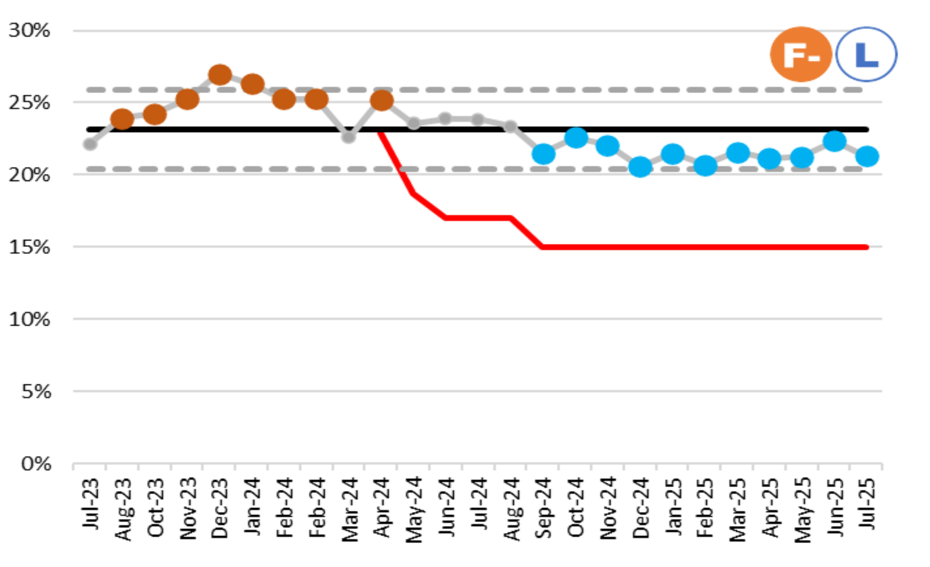
Responsiveness

UEC – No Criteria To Reside

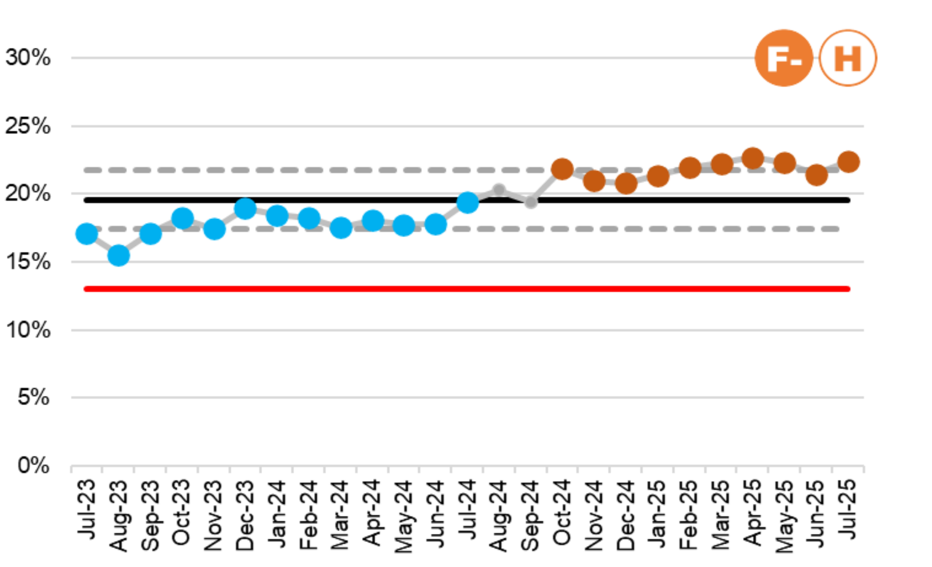
University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Jul-25
Target
15.0%
Latest Month's Position
21.3%
Performance /
Special Cause Improving Variation Low, where down is improvement but target is less than lower limit
Trust Level Risk
No Trust Level Risk

Percentage of Inpatients with No Criteria to Reside



Percentage of Inpatients with No Criteria to Reside



Latest Month
Jul-25
Target
13.0%
Latest Month's Position
22.4%
Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit.
Corporate Risk
Corporate Risk423 - 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?

There has been an overall downward trend in NC2R since the same period last year, with July decreasing on the previous month at 21.3%.

Actions being taken to improve

Towards the end of July NBT started a piece of demand management work across Pathway 1 – this has led to a 66% reduction in Pathway 1 referral, and a reduction in acute NCTR of c 35 patients.

The system-wide ICS discharge plan also continues:

1) Pathway 1 transformation – includes likely national support via the LGA by iMpower.
2) Pathway 2 and 3 bed consolidation – ICS wide work to provide a community bedbase fit for the future, with fewer, larger units all able to take a greater complexity of need.
3) Area performance meetings for each LA hosted in the Transfer of Care Hubs went live in July with the aim of reducing the cycle times for each pathway.

Impact on forecast

The first half of August has seen significant improvement at c185%. The reduction is equivalent to a Brunel ward's worth of patients (c35).

What does the data tell us?

No Criteria to Reside (NCTR) position deteriorated in July 22.4% (vs June 21.5%): Weston 31% (27.7% June); BRI 20% (20.1% June). Poor discharge rates for P3 in WGH impacted performance, escalated at system level.

Actions being taken to improve

- Development of system-wide improvement plans to deliver the 15% NCTR position continues. Focused work on: Pathway 1:
- releasing capacity by reducing demand in Acutes. Quick Wins working party launched in June, exploring various opportunities. 27% reduction in demand in July.
- Pathway 2: increased 4 beds in Orchard Grove. Exploring opportunities to increase bed capacity at SBCH.
- Pathway 2 and 3: reducing overall LoS in Acute and community beds based on nationally benchmarked data. Area Performance Meetings launched to improve performance and drive efficiencies.
- Early Supported Discharges enables patients to leave hospital before their package of care start date, supported 117 patients to leave hospital early saving 338 bed days.

Impact on forecast

System ambition of reducing NCTR to 15% remains (BRI 11%; WHG 19%) remains unmet (however significant improvement in P0 at 15.14% and P1 19.19% against 22/23 baseline).

Responsiveness

Planned Care – Referral to Treatment (RTT)

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month

Jul-25

Target

1.0%

Latest Month's Position

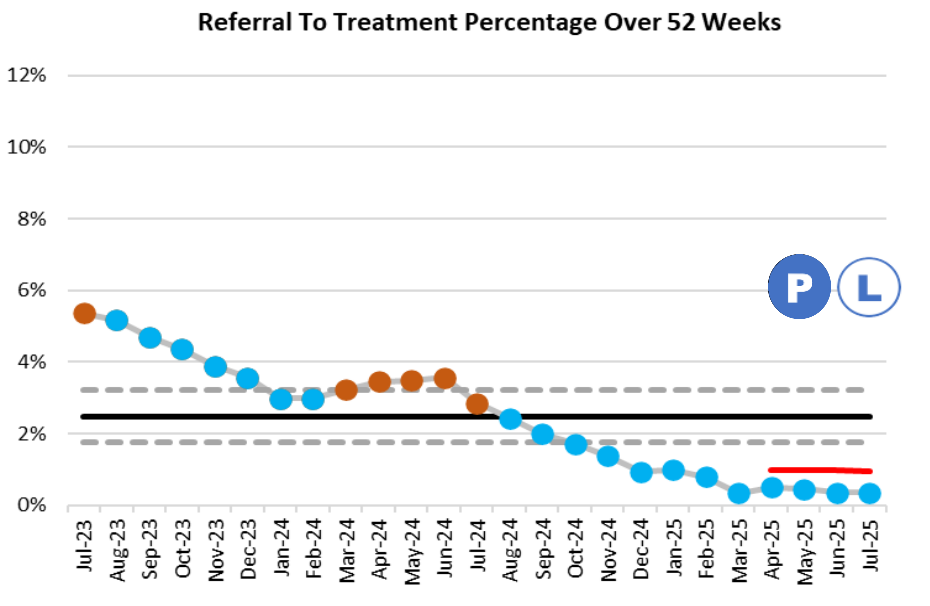
0.4%

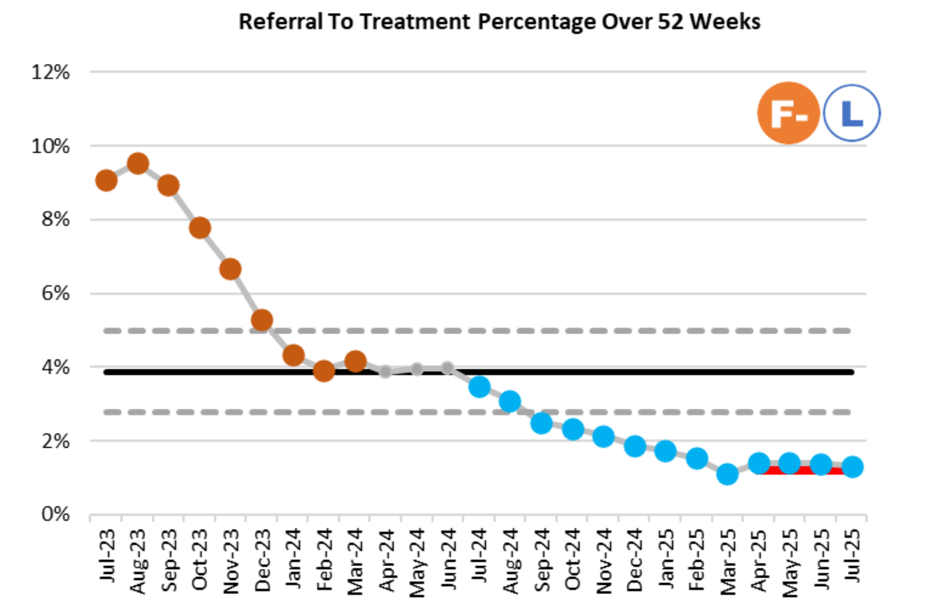
Performance / Assurance

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

Corporate Risk

No Trust Level Risk





Latest Month

Jul-25

Target

1.2%

Latest Month's Position

1.3%

Performance / Assurance

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

Corporate Risk

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

No narrative required as per business rules

What does the data tell us?

At the end of July, 716 were waiting 52 weeks or more for treatment (759 in June), with long waits predominantly noted in dental and paediatric specialties. Against the total waiting list of 54,179 this equates to 1.3% against the 1.2% trajectory set for July 2023 as part of the trust operational planning submission (national target <1% by March 2026). There were four 65-week wait breaches, all of which relate to patients who require cornea graft material and, whilst there is sufficient internal capacity to date these patients, the national shortage of graft material prevented treatment in month.

The overall waiting list size reduced during by 944 when comparing July and June and although this is a reduction, the waiting list size is higher that our set trajectory for July when our waiting list size in the planning submission was set at 51,970.

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.

Impact on forecast

A revised trajectory was issued for Q2 with recovery anticipated at end of Q2.

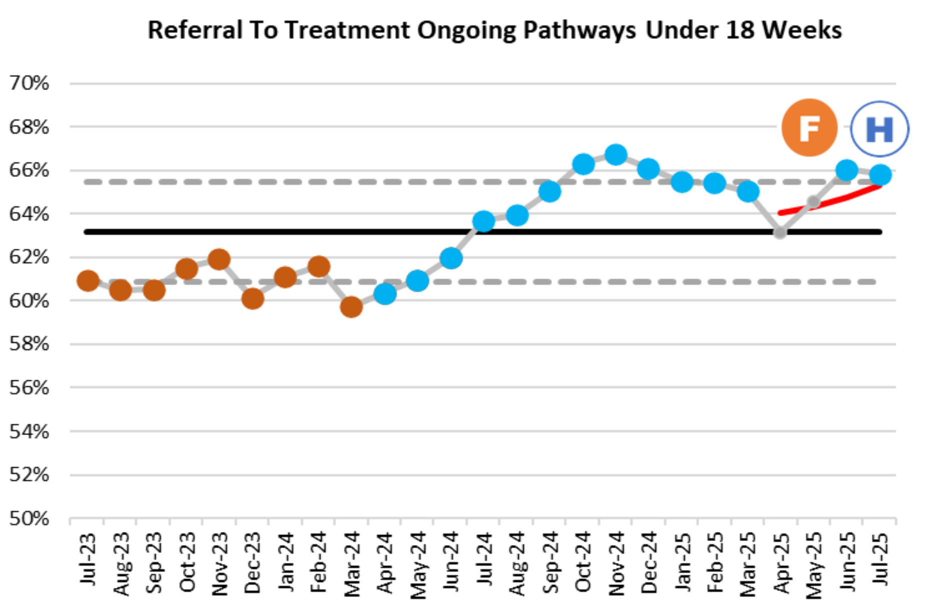
The End of Year Target for this measure is 0.9%

Responsiveness

Planned Care – Referral to Treatment (RTT)

North Bristol NHS Trust

Latest Month
Jul-25
Target
65.3%
Latest Month's Position
65.8%
Performance / Assurance
Special Cause Improving Variation High, where up is improvement but last six data points are less than target
Trust Level Risk
No Trust Level Risk



What does the data tell us?
At the end of July the percentage of patients waiting less than 18 weeks was 65.8%, performing better than the Trust trajectory of 65.3% set as part of the Trust operational planning submission (target of 72% by March 2026).

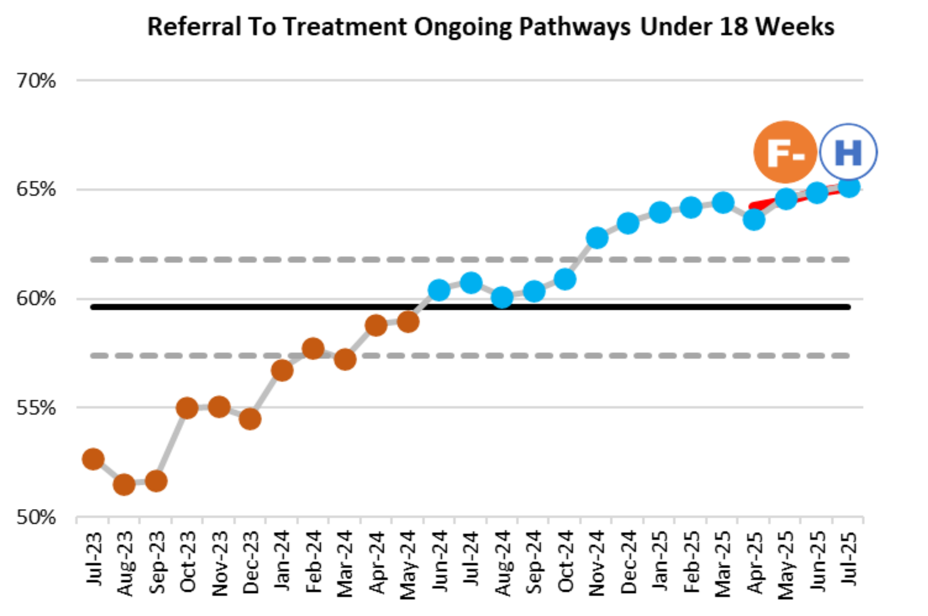
Actions being taken to improve
The 2025/26 delivery plans developed with clinical divisions, incorporate additional resource for some of the services (e.g. neurology and pain specialties) requiring greater support to recover their position.

The Trust are taking part in the NHS England validation sprint, where an additional validation exercise will focus on patients across a broad range of specialties, this has been supported by additional validation resource for select specialties.

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.

University Hospitals Bristol and Weston NHS Foundation Trust



Latest Month
Jul-25
Target
65.1%
Latest Month's Position
65.2%
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 July, the number of patients waiting less than 18-weeks is 35,310 (65.2%) which meets the trust level trajectory on percentage performance for end of July.

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

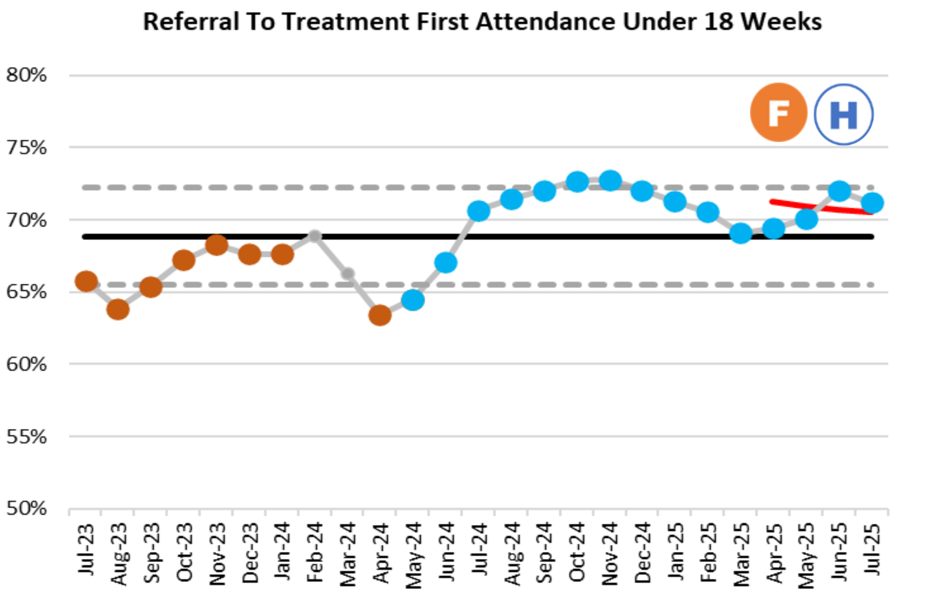
Latest Month
Jul-25

Target
70.6%

Latest Month's Position
71.2%

Performance / Assurance
Special Cause Improving Variation High, where up is improvement but last six data points are less than target

Corporate Risk
No Trust Level Risk



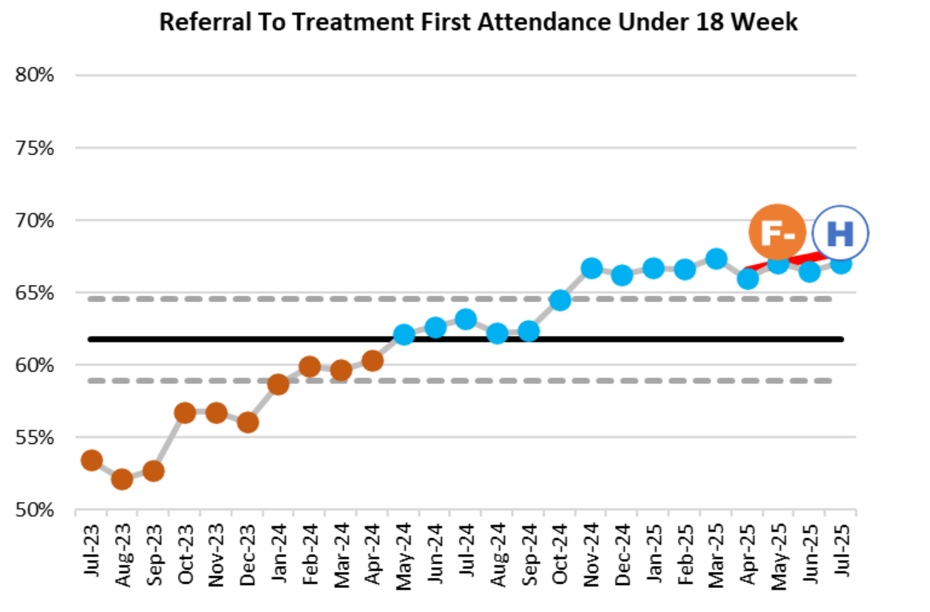
What does the data tell us?
At the end of July, the percentage of patients waiting less than 18 weeks for their first appointment is 71.2%, performing better than the trajectory of 70.6% set as part of the Trust operational planning submission (target of 78% by March 2026)

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.

University Hospitals Bristol and Weston NHS Foundation Trust



Latest Month
Jul-25

Target
67.4%

Latest Month's Position
67.1%

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

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

What does the data tell us?
At the end of July, the percentage of patients waiting less than 18 weeks for their first appointment is 67.1% against the target of 67.4% set for July 2025 as part of the Trust operational planning submission (target of 71.7% by March 2026)

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

Impact on forecast
Continue to monitor the position with the ambition of delivery of the end of year operational planning trajectory
The End of Year Target for this measure is 71.7%

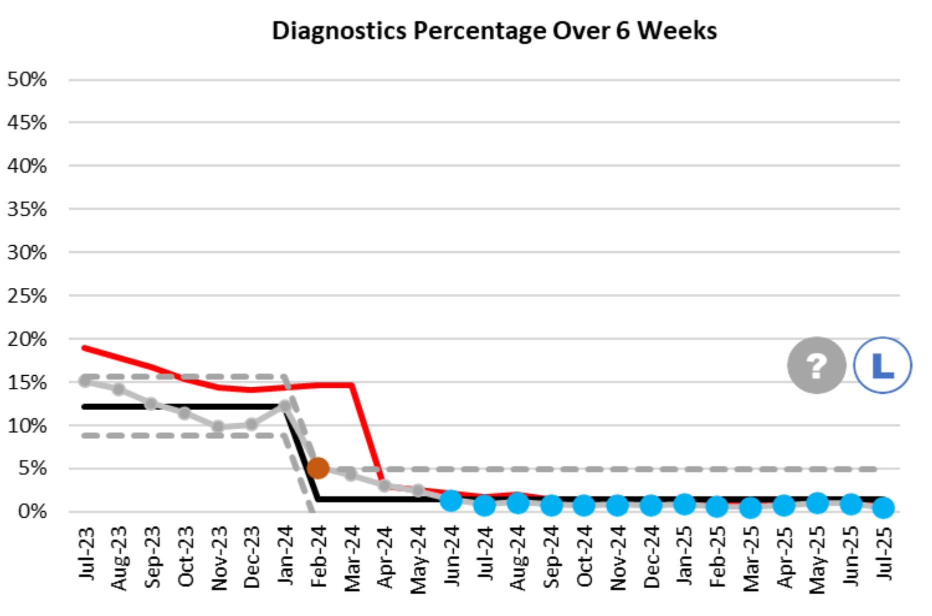
North Bristol NHS Trust

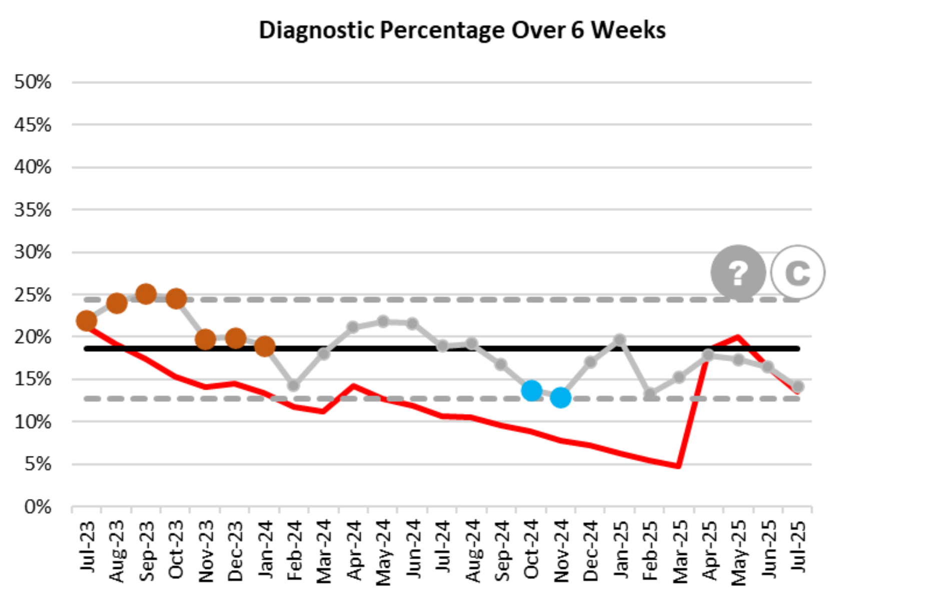
Responsiveness

Planned Care – Diagnostics

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Jul-25
Target
1.0%
Latest Month's Position
0.5%
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
Jul-25
Target
13.5%
Latest Month's Position
14.1%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
Risk 801 - Elements of the NHS Oversight Framework are not met (12)

No narrative required as per business rules.

What does the data tell us?

Overall Trust performance against the DM01 6ww standard improved from 16.5% in June to 14.1% in July. Despite a 2.4% improvement, July 6ww performance is 0.6% above July trajectory of 13.5%.

Actions being taken to improve

- Ongoing review of Non-Obstetric Ultrasound core capacity to quantify capacity shortfalls as part of backlog recovery plans which are sustainable
- Continued outsourcing of Cardiac MRI scans (60 scans per week), coupled with additional weekend sessions to target the longest and most complex longest waiting patients as part of efforts to reduce backlogs.
- Continue to utilise the Weston Community Diagnostic Centre to reap the benefits of faster waiting times. Focus on increasing the referral to activity conversion rate to increase the impact at the Weston Community Diagnostic Centre

Impact on forecast

Current CDC and outsourcing criteria mean longest waiters are often unsuitable, so both <6ww and >6ww patients are treated to maximise capacity utilisation. This drives total list reductions that are disproportionate to 6ww breaches, creating a risk to achieving forecast performance. In parallel to outsourcing arrangements, internal actions are now focused on the most complex, longest waiters to rebalance impact.

The End of Year Target for this measure is 5.0%

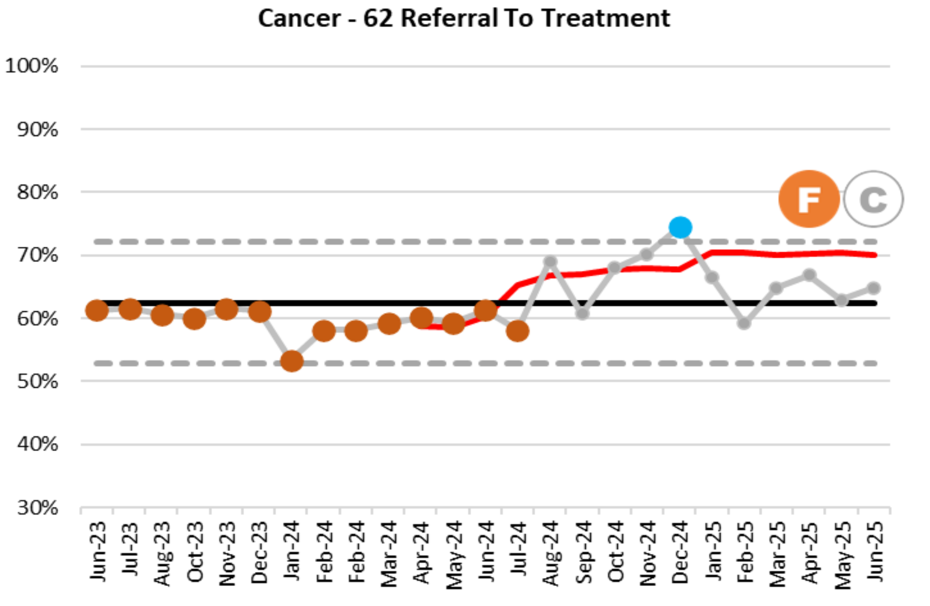
Responsiveness

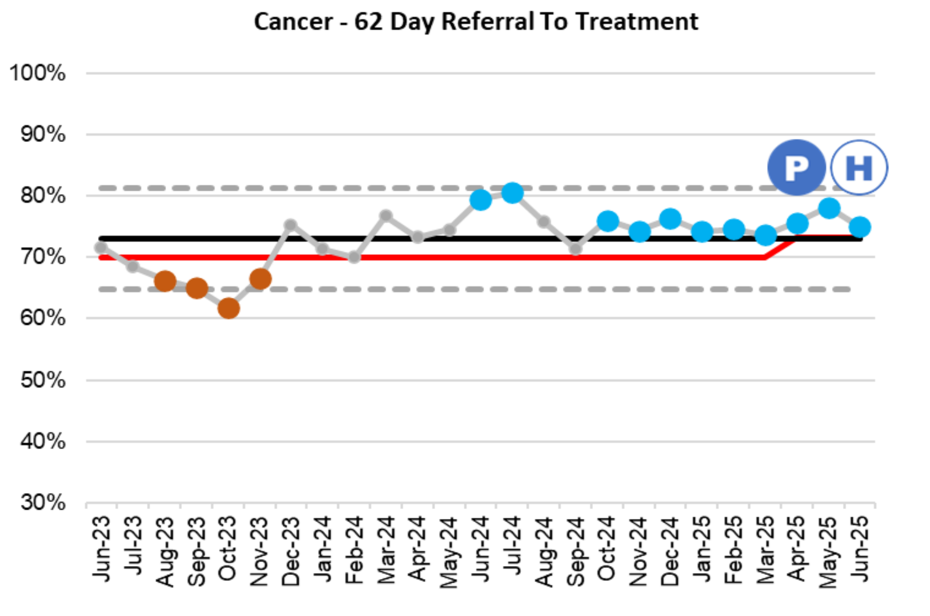
Planned Care – Cancer Metrics

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month	Jun-25
Target	70.1%
Latest Month's Position	64.8%
Performance / Assurance	Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration
Trust Level Risk	988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).





Latest Month	Jun-25
Target	73.2%
Latest Month's Position	75.0%
Performance / Assurance	Special Cause Improving Variation High, where up is improvement and last six data points are greater than or equal to target.
Corporate Risk	Risk 5531 - Non-compliance with the 62 day cancer standard (12)

What does the data tell us?
62-Day performance did not meet the trajectory for June. The overall treatment volume was in line with plan however there were more reported breaches. This was driven by Breast and Urology.

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

Impact on forecast
Breaches remain high for July; it is expected to improve but remain off trajectory.

No narrative required as per business rules.

Responsiveness

Last Minute Cancelled Operations

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month

Jul-25

Target

0.8%

Latest Month's Position

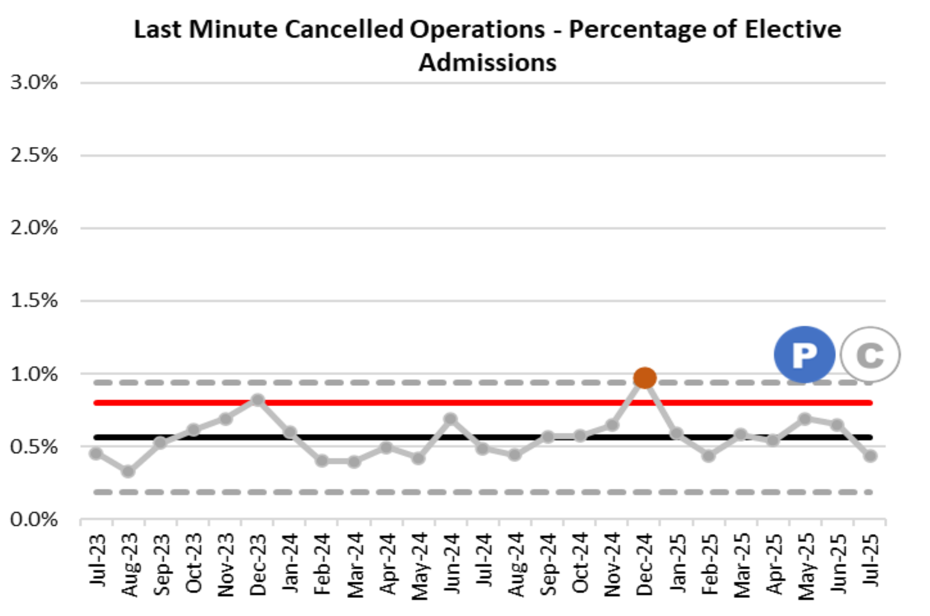
0.4%

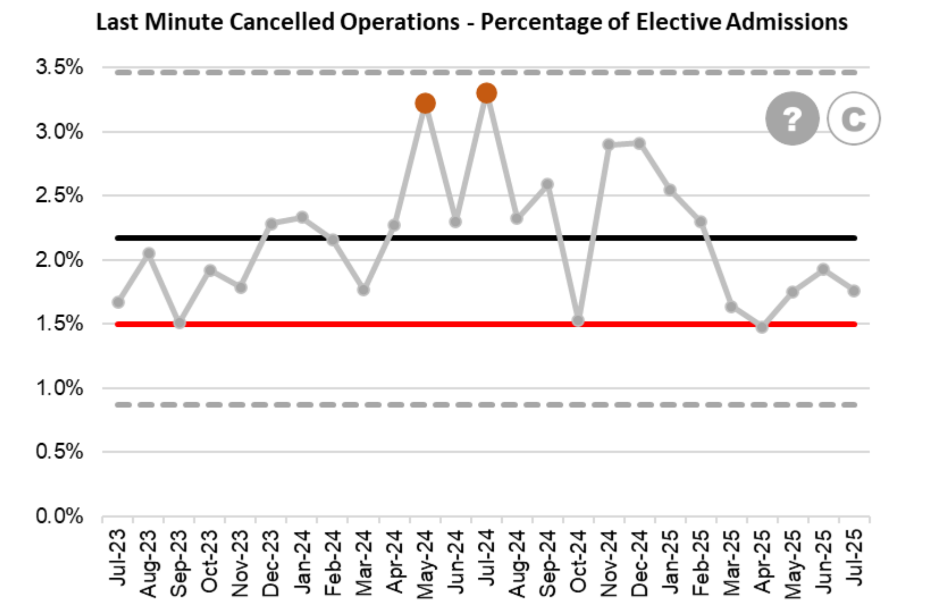
Performance / Assurance

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

Trust Level Risk

No Trust Level Risk





Latest Month

Jul-25

Target

1.5%

Latest Month's Position

1.8%

Performance / Assurance

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

Corporate Risk

No Corporate Risk

No narrative required as per business rules.

What does the data tell us?

Improvements in data quality and a concerted focus within divisions has contributed towards an improved performance since December 2024 with a slight deterioration across the last two months (1.5% April). During July 2025, there were 155 cancelled operations out of 8,802 total admissions (1.76%) against a target of 1.5%;
47 related to non-surgical specialties (primarily due to no ward beds) and 108 to surgical admissions, which were primarily due to available operating time and rescheduling of cases to prioritise clinically urgent patients.

Actions being taken to improve

Actions for reducing last minute cancellations are being delivered by the Trust's Theatre Productivity Programme. As part of this Programme, the Theatre Improvement Delivery Group and Planned Care Group are continuing to work on the data quality associated with this metric. A dashboard is available, with data concerning the timeliness of validation at specialty level. The dashboard is in use across divisions and monitored via Planned Care Group

Impact on forecast

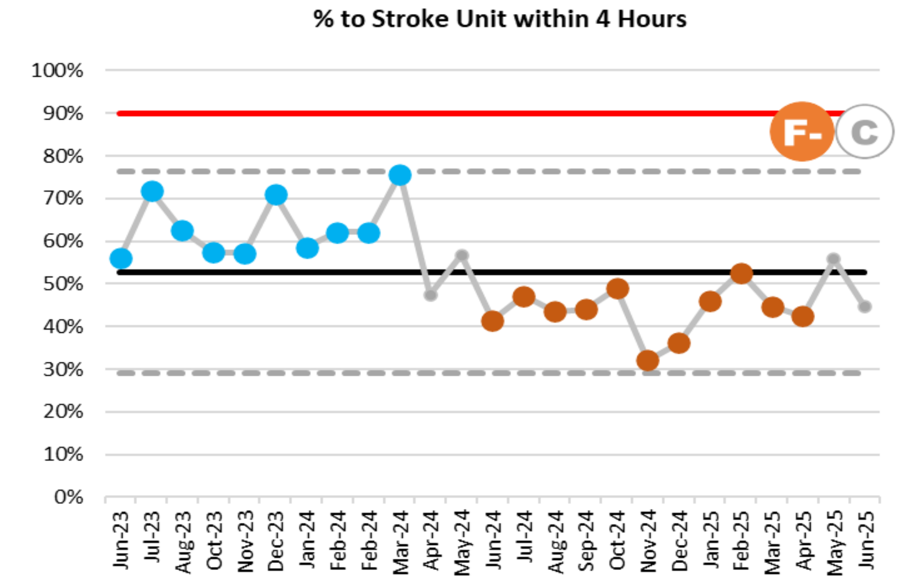
Improvement expected during Q2 2025/26 through focussed management as referenced above.

North Bristol NHS Trust

Responsiveness
Stroke Performance - NBT

Latest Month
Jun-25
Target
90.0%
Latest Month's Position
44.7%
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?
There has been a decline in the percentage of stroke patients being admitted to the stroke unit within four hours of arrival.

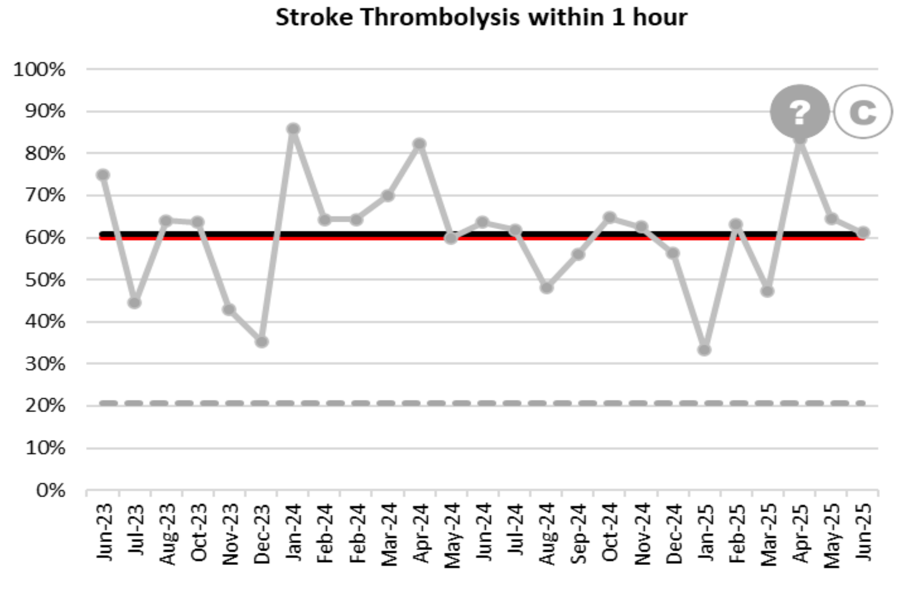
To note, the current national average from the Jan-Mar SSNAP report is 45%.

Actions being taken to improve
The implementation of the revised flow processes to support timely transfers from the Emergency Department to the stroke unit. Additionally in June 2025 there was targeted improvement work within the Stroke Seated Assessment Area to enhance patient flow and reduce delays.

Impact on Forecast
There is ongoing implementation of the improvement plan. High occupancy and ED pressures continue to affect performance.

Latest Month
Jun-25
Target
60.0%
Latest Month's Position
61.1%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation

Trust Level Risk
No Trust Level Risk



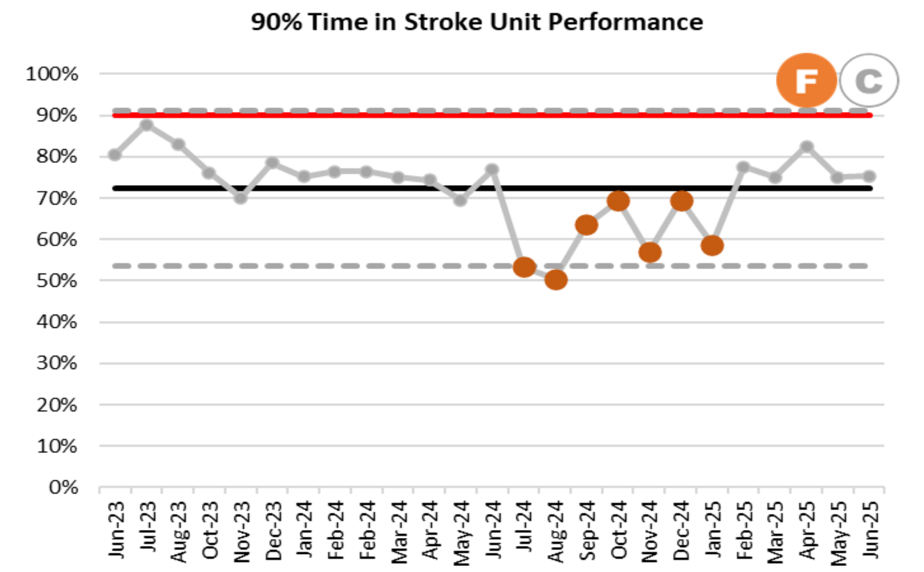
What does the data tell us?
In April there was an improvement in the proportion of stroke patients receiving thrombolysis within one hour of arrival. It is important to note that this data is based on a relatively small number of patients (1-3 per month), and several of the recorded breaches are attributable to valid clinical reasons, such as complex presentations or required diagnostic clarification prior to treatment. June data is slightly reduced but still above the 60% target. Again, noting the low patient numbers.

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.

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
Jun-25
Target
90.0%
Latest Month's Position
75.3%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration
Trust Level Risk
No Trust Level Risk

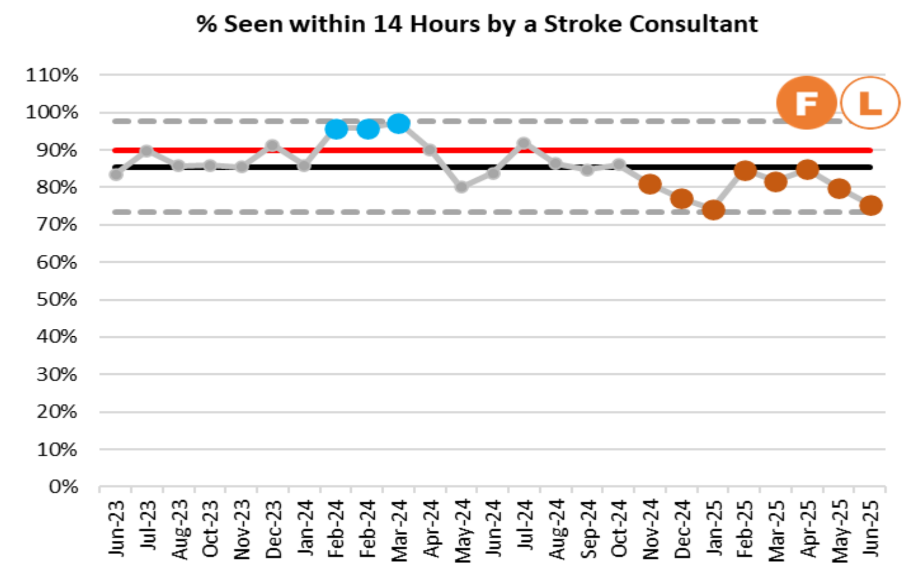


What does the data tell us?
The sustained improvement from February is directly linked to lower, albeit still high stroke occupancy levels, exceeding the modelled bed base of 42. As a result, the number of stroke outliers has decreased, lessening the negative impacts on pathway delivery and specialist care provision.

Actions being taken to improve
Since January 2025, improved flow and fewer NCTR patients have reduced stroke bed occupancy. A contingency plan to cohort outliers was agreed but has not been needed due to sustained improvement.

Impact on Forecast
Current occupancy levels remain at the numbers we have seen since Feb 25' and the sustained improved performance is expected to continue.

Latest Month
Jun-25
Target
90.0%
Latest Month's Position
75.5%
Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration and last six data points are less than target
Trust Level Risk
No Trust Level Risk



What does the data tell us?
There has been a decline in performance in May and June in the percentage of patients reviewed by a stroke consultant within 14 hours of admission.

Actions being taken to improve
Improvements in the sustainability and consistency of the consultant rota have contributed to recent performance gains. From 6/8/25 the HASU board round is moving to a slightly later time to allow earlier PTWR – improving time to consultant reviews for those admitted overnight. Notably, work has been progressed on Careflow proforma development which will better capture data for this metric.

Impact on Forecast
Given current stability in workforce arrangements, and improvements in data capture the strong performance in timely consultant reviews is expected to be maintained.

North Bristol NHS Trust

Quality
Scorecard

University Hospitals Bristol and Weston NHS Foundation Trust

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Safe	Pressure Injuries Per 1,000 Beddays	NBT	Jul-25	0.4	No Target	0.1	N/A	C	Note Performance
		UHBW	Jul-25	0.1	0.4	0.1	P*	C	Note Performance
Safe	MRSA Hospital Onset Cases	NBT	Jul-25	0	0	1	F	C	Escalation Summary
		UHBW	Jul-25	2	0	1	F	C	Escalation Summary
Safe	CDiff Healthcare Associated Cases	NBT	Jul-25	7	5	9	?	C	Escalation Summary
		UHBW	Jul-25	14	9	8	?	C	Escalation Summary
Safe	Falls Per 1,000 Beddays	NBT	Jul-25	6	No Target	6.1	N/A	C	Note Performance
		UHBW	Jul-25	4.9	4.8	3.9	?	C	Escalation Summary
Safe	Total Number of Patient Falls Resulting in Harm	NBT	Jul-25	3	No Target	2	N/A	C	Note Performance
		UHBW	Jul-25	3	2	2	?	C	Escalation Summary
Safe	Medication Incidents per 1,000 Bed Days	NBT	Jul-25	4.2	No Target	5.2	N/A	L	Note Performance
		UHBW	Jul-25	11.0	No Target	9.6	N/A	C	Note Performance
Safe	Medication Incidents Causing Moderate or Above Harm	NBT	Jul-25	2	0	2	F	C	Escalation Summary
		UHBW	Jul-25	1	0	4	F	C	Escalation Summary
Safe	Adult Inpatients who Received a VTE Risk Assessment	NBT	Jul-25	91.1%	95.0%	91.2%	F-	L	Escalation Summary
		UHBW	Jul-25	79.8%	95.0%	74.8%	F-	C	Escalation Summary
Safe	Staffing Fill Rate	NBT	Jul-25	98.6%	No Target	99.9%	N/A	C	Note Performance
		UHBW	Jul-25	105.6%	100.0%	107.1%	P	H	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

North Bristol NHS Trust

Quality
Scorecard

University Hospitals Bristol and Weston NHS Foundation Trust

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Effective	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	NBT	Mar-25	96.6	100.0	97.1	P*	L	Note Performance
		UHBW	Mar-25	88.5	100.0	89.0	P*	L	Note Performance
Effective	Fracture Neck of Femur Patients Treated Within 36 Hours	NBT	Jun-25	52.0%	No Target	47.7%	N/A	C	Note Performance
		UHBW	Jul-25	44.9%	90.0%	37.0%	F-	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	NBT	Jun-25	92.0%	No Target	93.2%	N/A	C	Note Performance
		UHBW	Jul-25	98.0%	90.0%	97.8%	?	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Achieving Best Practice Tariff	NBT	Jun-25	46.0%	No Target	37.3%	N/A	C	Note Performance
		UHBW	Jul-25	38.8%	No Target	37.0%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Inpatient	NBT	Jul-25	91.3%	No Target	91.1%	N/A	C	Note Performance
		UHBW	Jul-25	95.7%	No Target	95.7%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Outpatient	NBT	Jul-25	93.6%	No Target	94.6%	N/A	C	Note Performance
		UHBW	Jul-25	94.2%	No Target	94.7%	N/A	C	Note Performance
Caring	Friends and Family Test Score - ED	NBT	Jul-25	70.5%	No Target	70.3%	N/A	C	Note Performance
		UHBW	Jul-25	88.0%	No Target	85.1%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Maternity	NBT	Jul-25	93.7%	No Target	94.4%	N/A	C	Note Performance
		UHBW	Jul-25	96.8%	No Target	98.0%	N/A	C	Note Performance
Caring	Patient Complaints - Formal	NBT	Jul-25	74	No Target	70	N/A	C	Note Performance
		UHBW	Jun-25	78	No Target	54	N/A	C	Note Performance
Caring	Formal Complaints Responded To Within Trust Timeframe	NBT	Jul-25	56.8%	90.0%	62.2%	F	C	Escalation Summary
		UHBW	Jun-25	51.1%	90.0%	51.6%	F	C	Escalation Summary

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

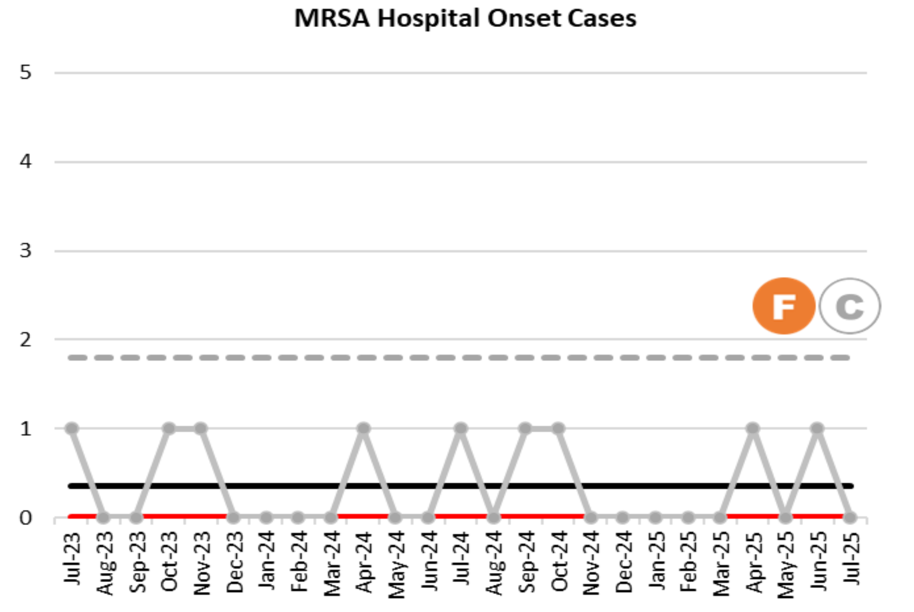
Quality

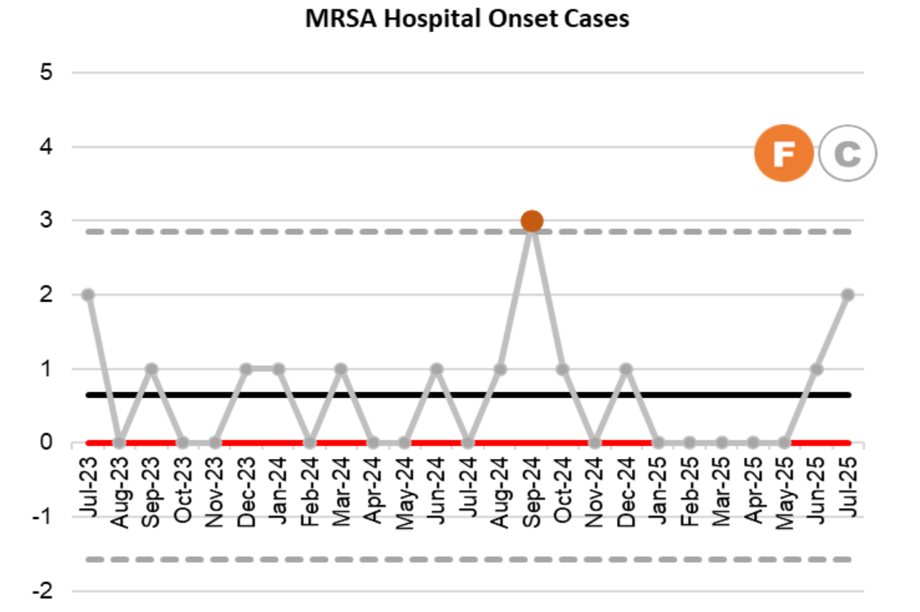
Infection Control

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Jul-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





Latest Month
Jul-25
Target
0
Latest Month's Position
2
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.
Corporate Risk
Risk 6013 - Risk that the Trust exceeds its NHSE/I limit for Methicillin Resistant Staphylococcus aureus bacteraemia's (12)

What does the data tell us?
With no new cases reported in July, 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 will be 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.

What does the data tell us?
In July there were two cases of MRSA (three year to date). The two July cases are in unrelated locations.

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

Jul-25

Target

5

Latest Month's Position

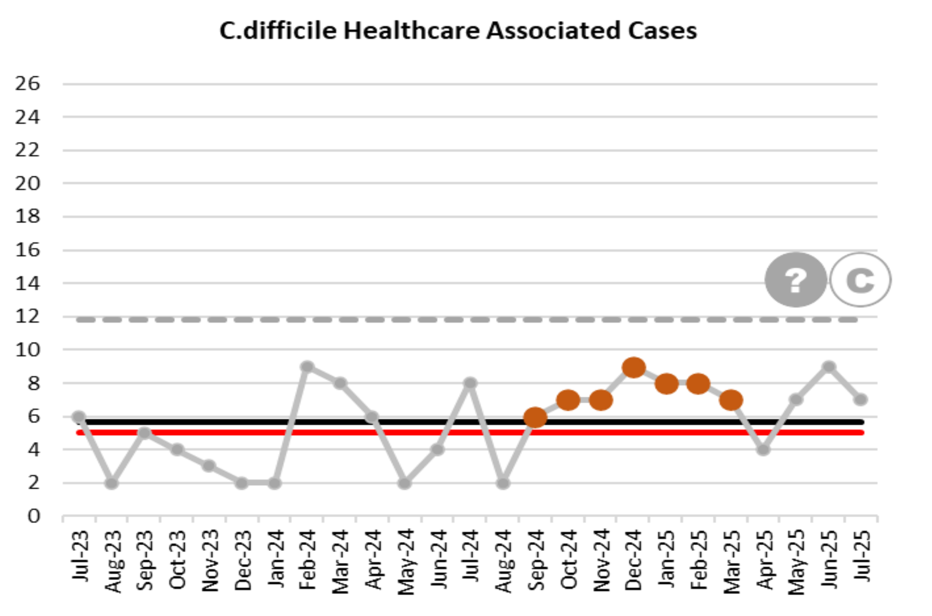
7

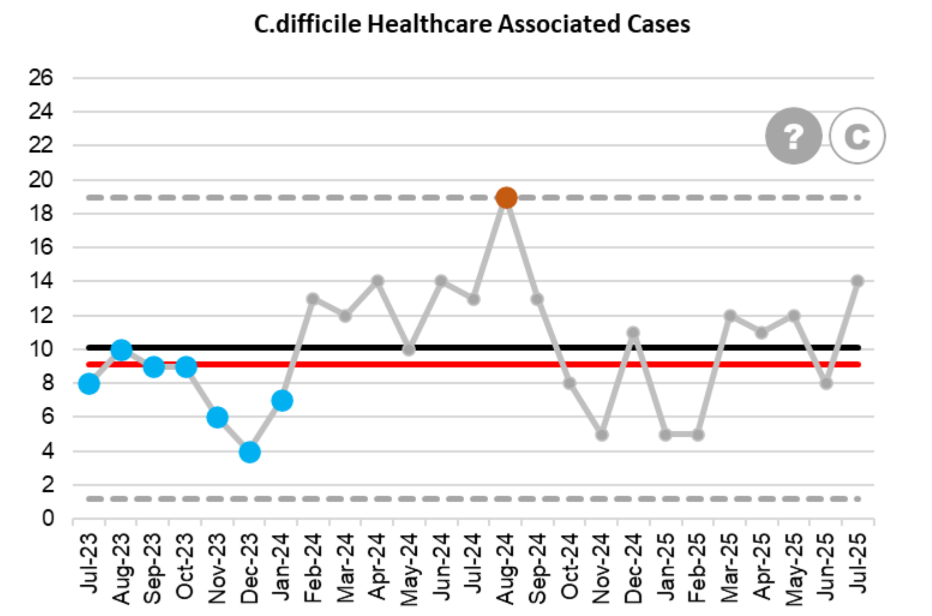
Performance / Assurance

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

Trust Level Risk

No Trust Level Risk





Latest Month

Jul-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?

Cases in July – 7 HOHA and 3 COHA - cases need to trend at 6 or lower monthly to match a trajectory position. The current position is 3 cases above the trajectory .
Total position so far this year being 38 cases of a trajectory of 79.

Actions being taken to improve

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

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

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

What does the data tell us?

There had been 14 reported cases of Clostridium Difficile in July. The breakdown for these is eight HOHA and six COHA giving us a total of 45 year to date. There is some seasonal variation, we had higher case rates during the same period in 2024 with 51 cases in April to July 2024.

Actions being taken to improve

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

Impact on forecast

The UKHSA declared incident relating to a national increases in C. Difficile cases remains, with ICB's having increased scrutiny of community onset cases after acute hospital discharge to improve feedback of learning to acute trusts and better inform actions for improvement. There continues to be an upward trend across the southwest.

Quality

Falls

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

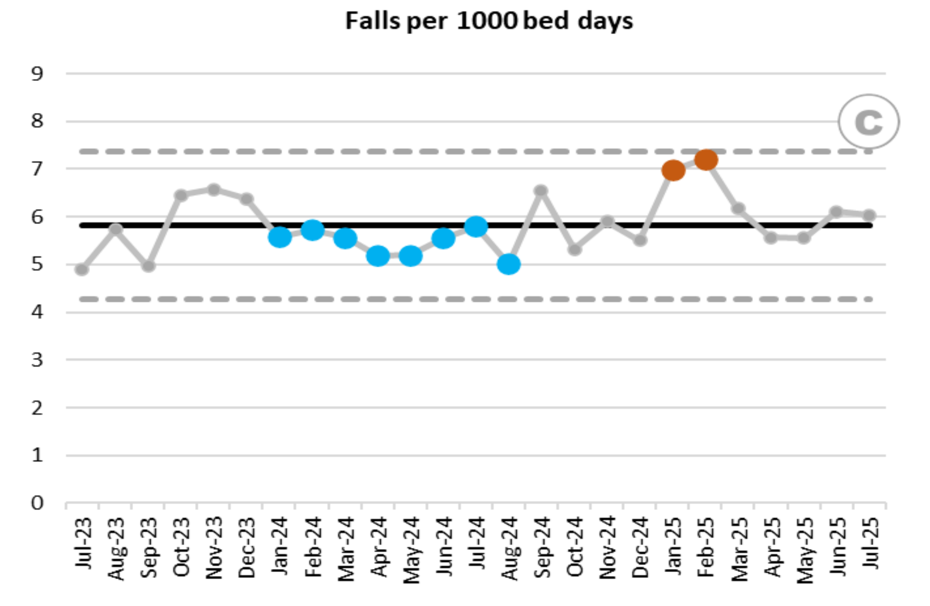
Latest Month
Jul-25

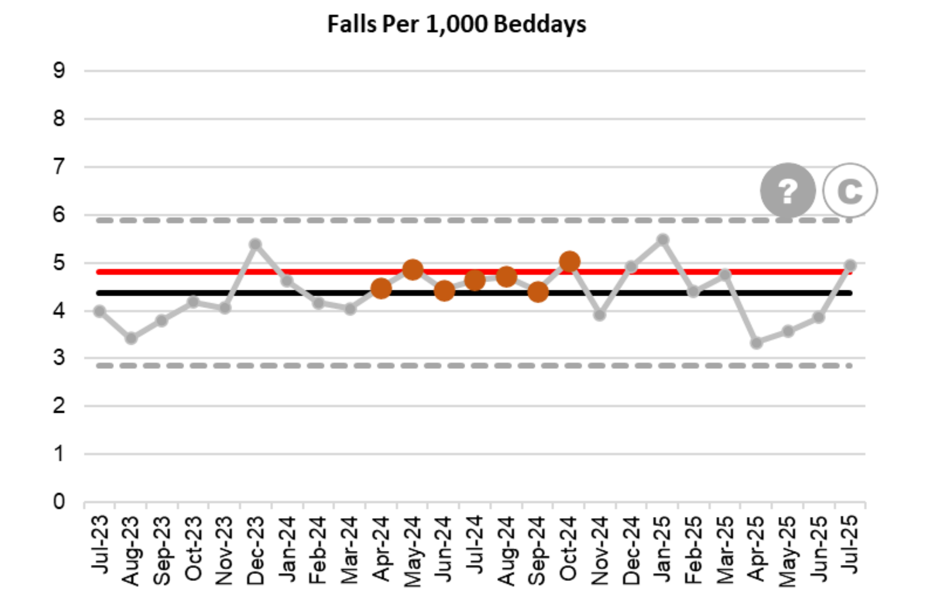
Target
No Target

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
Jul-25

Target
4.8

Latest Month's Position
4.9

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

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

No narrative required as per business rules.

Performance:

During July 2025: there have been 168 falls at UHBW (4.94 per 1,000beddays) which is slightly higher than the Trust target of 4.8 per 1000 bed days. There were 108 falls at the Bristol site and 60 falls at the Weston site. There were three falls with moderate physical and/or psychological harm.

What does the data tell us:

- The number of falls in July 2025 (168) is slightly more than June 2025 (127). There are three falls with harm in July 2025, this is higher than the previous month (2).
- Risk of falls continues to remain on the divisions' risk registers as well as the Trust risk register. Actions to reduce falls, all of which have potential to cause harm, is provided below.

Continued on next slide…

Quality

Falls

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month

Jul-25

Target

No Target

Latest Month's Position

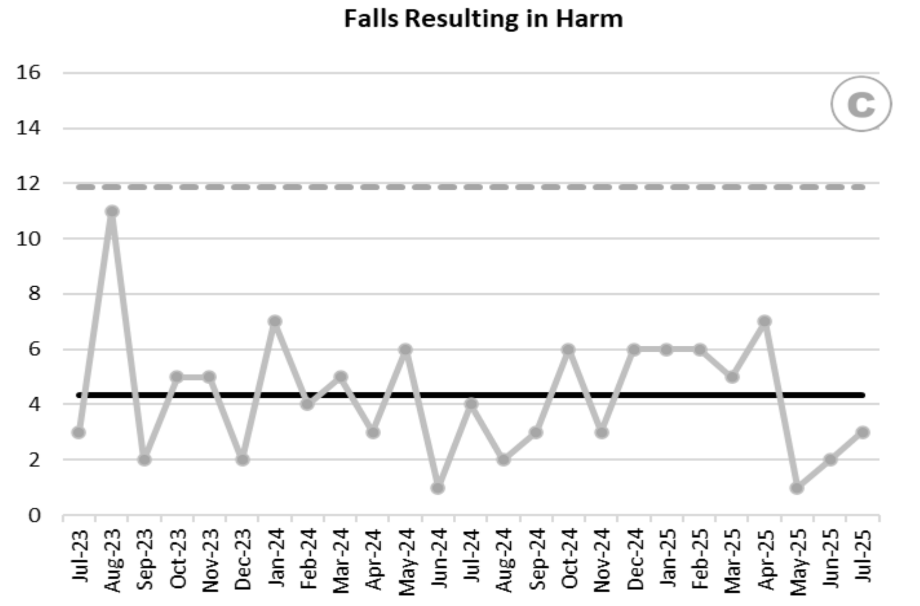
3

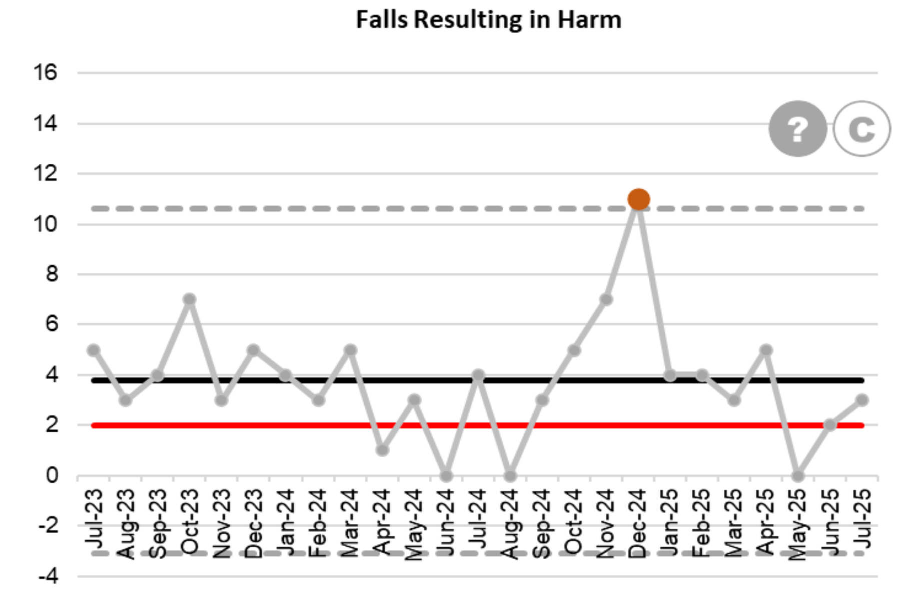
Performance / Assurance

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

Jul-25

Target

2

Latest Month's Position

3

Performance / Assurance

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

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:

- An increase in falls in Weston has been investigated and additional learning around catheter care, continued completion of Multi-Factorial Risk Assessment and supporting patients who present with alcohol withdrawal has been identified.
- Audit: We are participating in the National Audit of Inpatient Falls, the audit is expanding to include hip fractures, head injury, spinal injury or any fracture from an inpatient fall. This may provide new national and local insights for improvement.
- NICE have published NG249 - Falls; assessment and prevention in older people and people 50 and over at higher risk. A compliance self-assessment report has been completed. Gap analysis was shared at the Trust Clinical Effectiveness Group and projects around identified gaps will be implemented over the next 12 months.
- Training -The DDF Steering Group provides an education component, bitesize education sessions are delivered to the group on relevant topics. The DDF team continue to deliver education sessions and simulation-based training.

Impact on forecast.

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

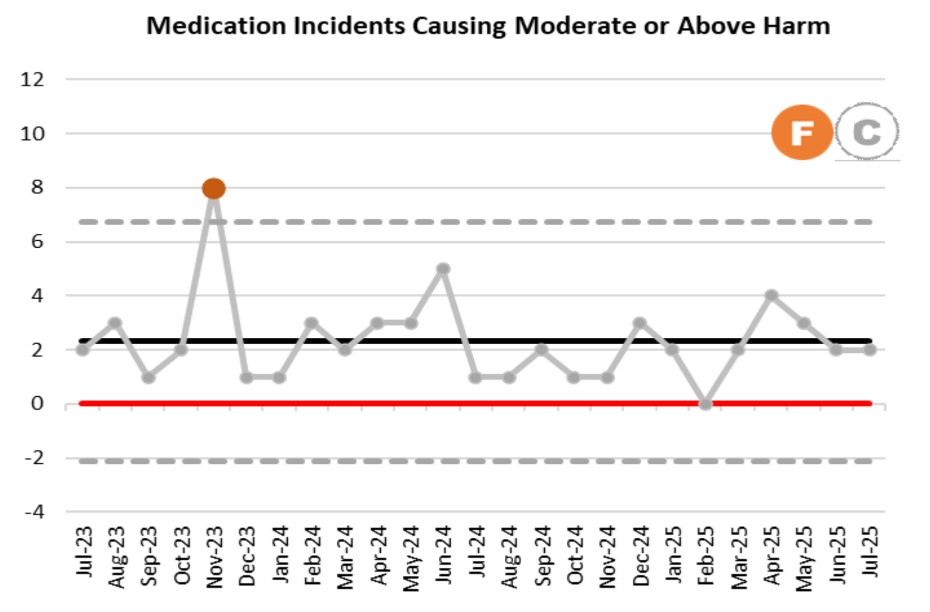
North Bristol NHS Trust

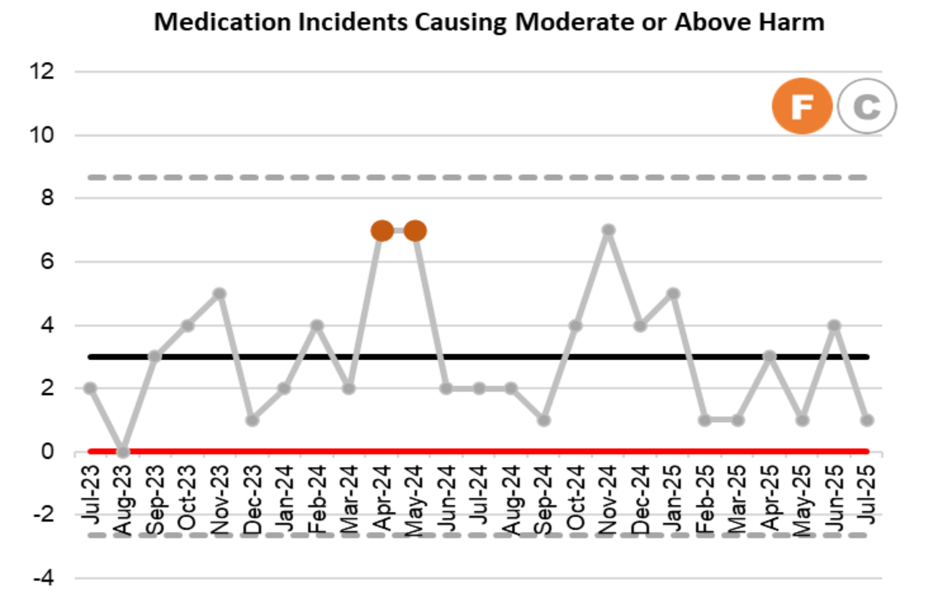
Quality
Medication Incidents

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Jul-25
Target
0
Latest Month's Position
2
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration

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





Latest Month
Jul-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 7633 - Reliance on paper-based medication prescribing and administration (16)

What does the data tell us?
During July 2025, NBT recorded 132 medication incidents. Two medication incidents were reported as causing moderate or above harm.

The move from Radar to Datix for incident reporting during July may have an impact on incident reporting and data analysis. This may limit ability to identify trends for July.

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. At present the monthly meetings have been paused to reflect on the learning to date, gather feedback from group members and senior Trust staff and to agree a strategy moving forward which harnesses the enthusiasm of group members and allows us to focus on a streamlined set of agreed priorities. An initial meeting with senior stakeholders has taken place and actions from this are currently being undertaken.

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

What does the data tell us?
During July 2025, UHBW recorded 375 medication related incidents. One medication incident was recorded as causing moderate, or above harm.
Following additional harm validation, the number of incidents causing moderate or above harm in June was increased from three to four. This is reflected in the graph above.
The dataset pre-April 2024 is based on previous harm descriptors in place in the Trust. The data indicates a good reporting culture with a low percentage of harm incidents (0.97%) compared to number of incidents.

Actions being taken to improve
- Medication incidents are reviewed by the UHBW medication safety team. Incidents are identified for enhanced learning response according to the Patient Safety Incident Response Plan. No specific themes have been identified 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 some risks 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. This takes advantage of the new joint Hospital Group Medication Safety Officer role.

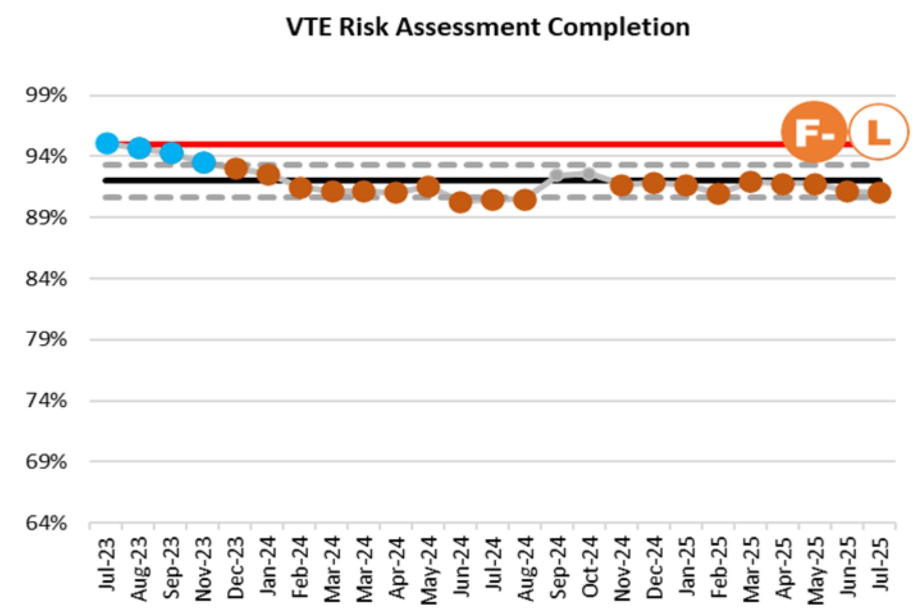
North Bristol NHS Trust

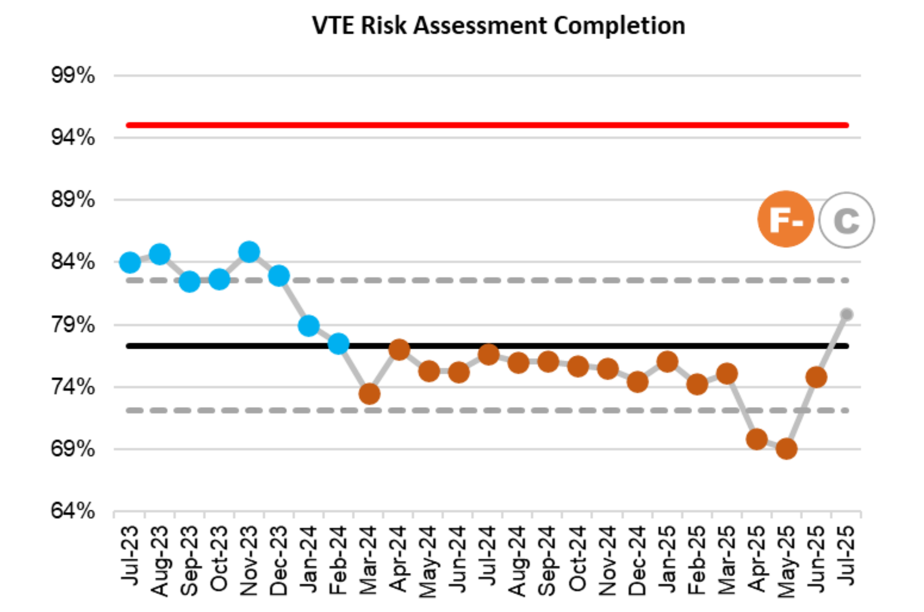
Quality
VTE Risk Assessment

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Jul-25
Target
95.0%
Latest Month's Position
91.1%
Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit

Trust Level Risk
No Trust Level Risk





Latest Month
Jul-25
Target
95%
Latest Month's Position
79.8%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration.

Corporate Risk
No Corporate Risk

What does the data tell us?
VTE risk assessment completion is improving slightly. In June 2022, there was a noticeable dip in VTE RA compliance. An audit of patient notes revealed that VTE forms were not consistently completed.

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

Impact on forecast
In October 2025, when the Careflow Medicine Management Programme (CMM, e-prescribing) is launched, completion of the VTE RA will become a 'forcing' measure. It is projected that this will improve compliance.
In the meantime, the VTE team constantly reviews the requirements for a VTE RA for individual patients, identifies cohorts of patients who do not require a VTE RA, and ensures that the data collection is accurate.

What does the data tell us?
Since the launch of Careflow Medicines Management (CMM) at UHBW in summer 2025, VTE risk assessment completion is slowly increasing with July reported at almost 80%. We expect this to continue to rise as staff become familiar with the new system and as more wards adopt a mandatory approach. However, despite the improvement in risk assessment completion, we have observed an unexpected reduction in VTE prophylaxis prescribing. This has emerged as CMM has been rolled out across the organisation. In response, we have raised a new risk (Risk 8448): *Risk that VTE prophylaxis is not prescribed when indicated*. A human factors analysis has identified key contributing factors and targeted actions have been developed to address these issues and strengthen existing controls.

Actions being taken to improve
Human factors analysis of the contributing factors to this new risk has identified key actions are to close the gaps in controls related to the new VTE prescribing risk have been identified. These have been worked through and presented to Patient Safety Group,
Additional work is being undertaken with the BI team in order to target interventions

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

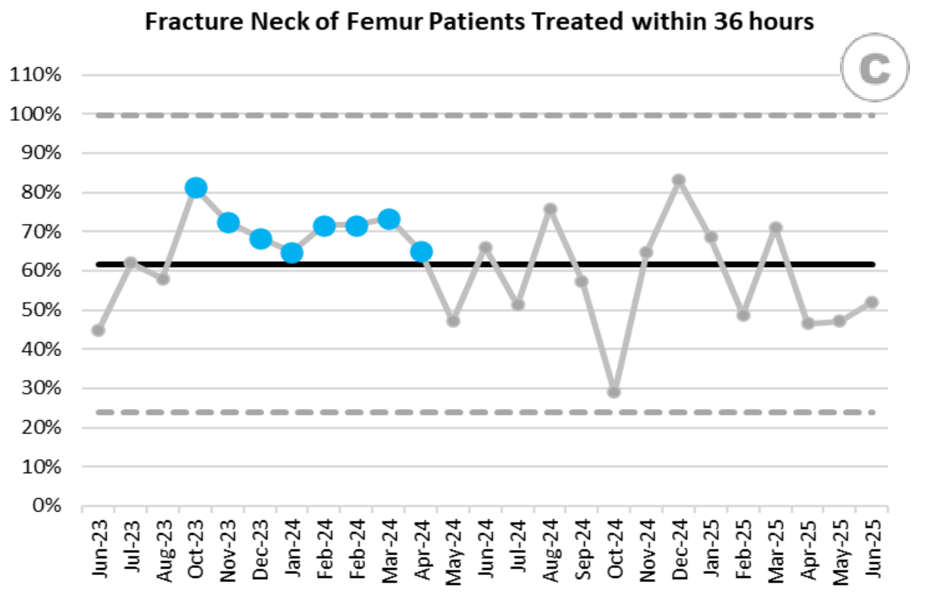
Quality

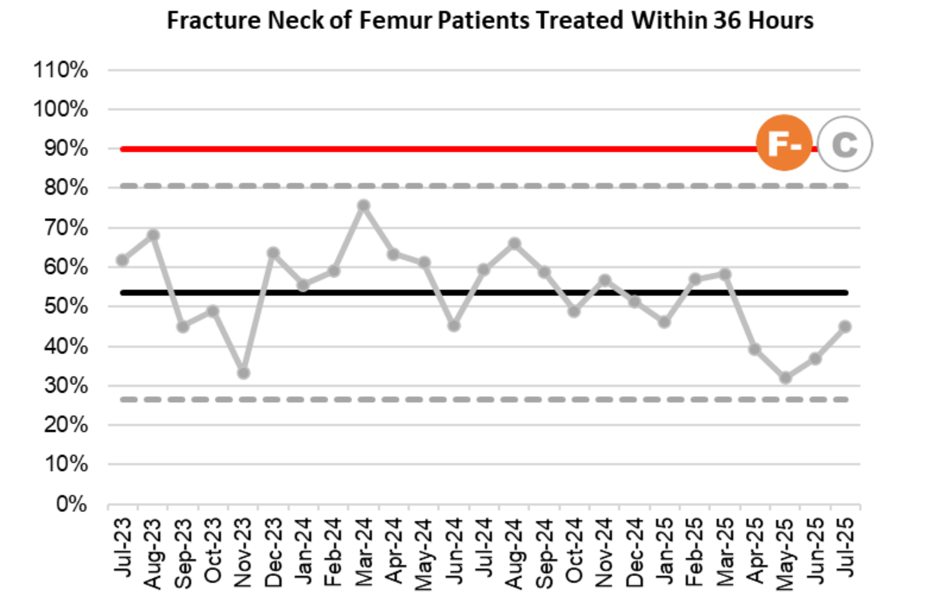
Neck of Femur

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Jun-25
Target
No Target
Latest Month's Position
52.0%
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
Jul-25
Target
90.0%
Latest Month's Position
44.9%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit and down is deterioration.

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

No narrative required as per business rules.

What does the data tell us?
Weston / BRI July Best Practice Tarriff (BPT) Data (Fractured Femur): 49 patients eligible for Best Practice Tariff (BPT) of which 38% (19/49) met all BPT criteria, 45% (22/49) underwent surgery within 36 hours of admission, 98% (48/49) received ortho-geriatric assessment within 72 hours.
The reason for the missed target include: 24 patients missed the 36-hour surgery target due to a lack of theatre space and additionally due to clinical delays- medical optimisation(1) , diagnostic clarification (1), DOAC-related anaesthetic delay (1) and documentation gaps (3 missing pre-operative 4AT assessments).

Actions being taken to improved
- Clinical pathways reviewed in governance meetings to streamline pre-operative optimisation and imaging decisions.
- Anaesthetic protocols being updated to better manage patients on anticoagulants.
- Theatre scheduling - extra theatre space is created where possible to reduce delays.
- Staff education to ensure consistent completion of pre-operative 4AT assessments

Impact on forecast
Documentation improvements alone could immediately boost compliance by ~19% (3 patients).
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

Jun-25

Target

No Target

Latest Month's Position

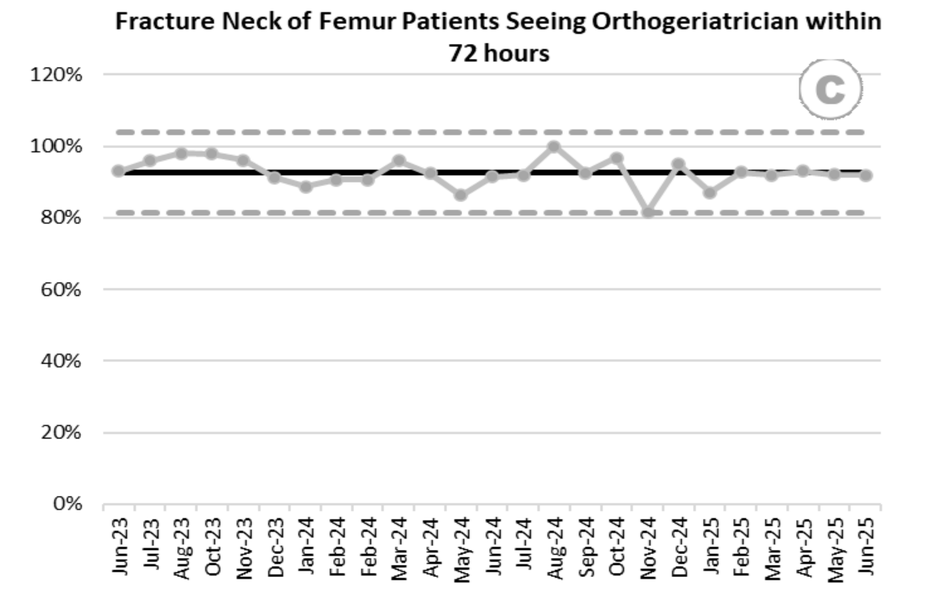
92.0%

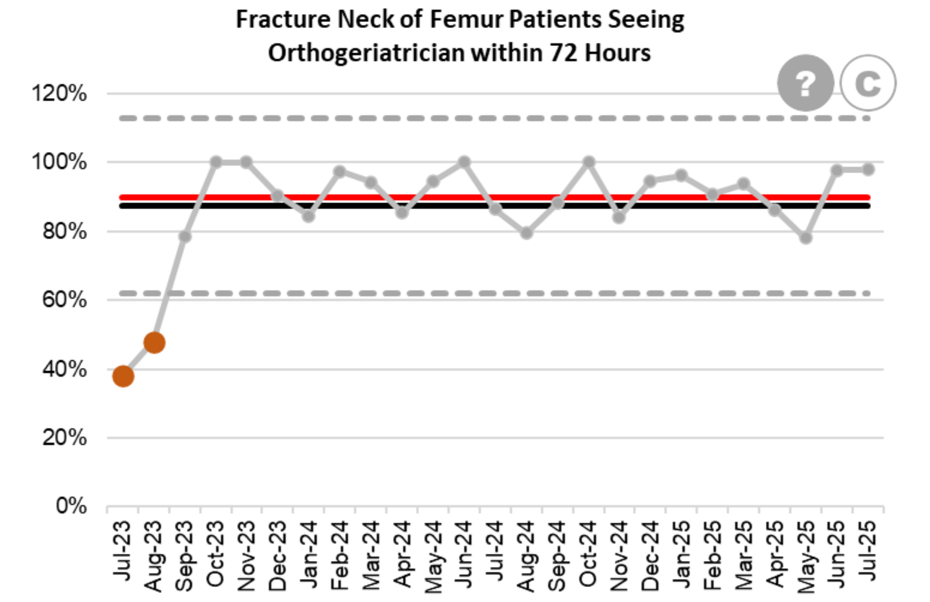
Performance / Assurance

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

Corporate Risk

No Trust Level Risk





Latest Month

Jul-25

Target

90%

Latest Month's Position

98.0%

Performance / Assurance

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

Corporate Risk

No Corporate Risk

No narrative required as per business rules.

What does the data tell us?

- There has been an increase in the percentage of patients reviewed by an ortho-geriatrician with 72 hours to 98% (48/49 patients) above the 96% standard in June.
- One patient at the BRI missed time to Ortho-geriatrician review due to the bank holiday weekend when they were first admitted in May.

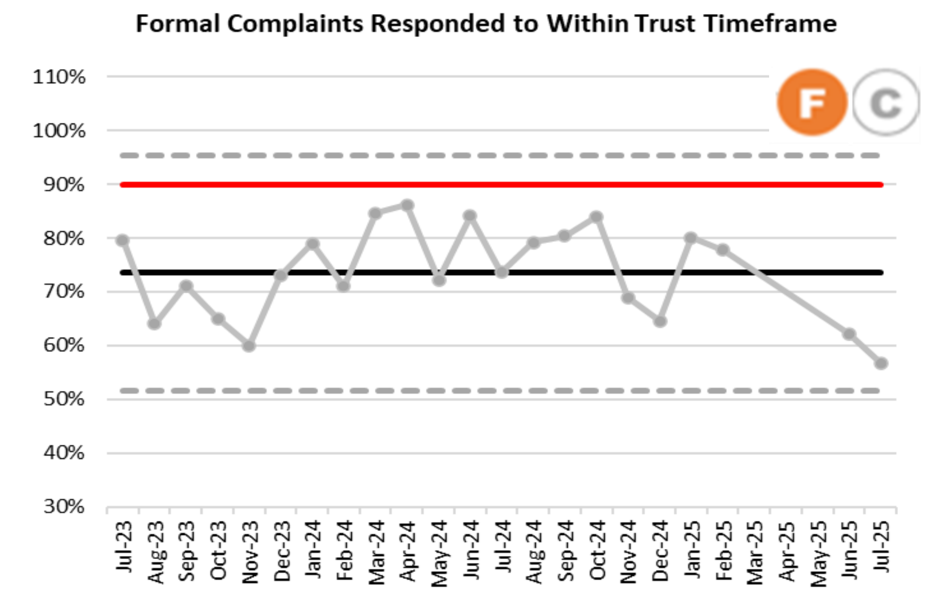
Quality

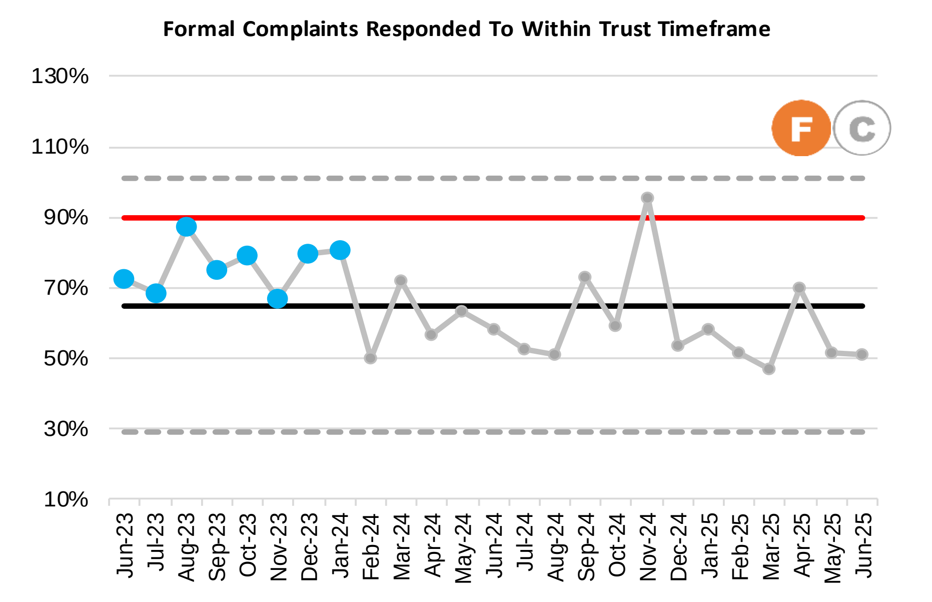
Complaints

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Jul-25
Target
90.0%
Latest Month's Position
56.8%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
Trust Level Risk
No Trust Level Risk





Latest Month
Jun-25
Target
90.0%
Latest Month's Position
51.1%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration.
Corporate Risk
Risk 2680 - Complainants experience a delay in receiving a call back (12)

What does the data tell us?

- The compliance rate for formal complaints responded to within the agreed timeframe is below the 90% target, with a decrease from 62% in June to 57% in July.
- Of the 74 complaints due for response in July, 42 were closed within the agreed timescale, 18 were outside the agreed timescale and 14 were still open at the time of reporting.
- ASCR's compliance rate was notably the lowest across all divisions, which had a significant impact on the overall Trust score. If ASCR's performance had matched that of the next lowest division, the overall Trust score would have risen to around 77%.
- The number of formal complaints being received remains high. 74 complaints were received in July, which is 15 more than the same period last year.

Actions being taken to improve

- A meeting has been arranged with the ASCR senior team to discuss compliance and how this can be improved.
- The Complaints/PALS Manager continues to hold weekly meetings with divisional patient experience teams to review upcoming and overdue cases, addressing complexities and agreeing appropriate resolutions, including proportionate extensions where appropriate. A weekly complaints tracker is shared with senior divisional leaders to escalate overdue complaints and support timely resolution.

Impact on forecast

Divisions continue to prioritise timely complaint resolution, balancing this with the limits of available capacity. We will continue to closely monitor compliance scores across all divisions to understand any issues which may impact the compliance score returning to above the mean.

What does the data tell us?

51% (23/45) of complaints responses sent out by UHBW in June were within the agreed deadline.

Actions being taken to improve

77% (78/101) of responses to PALS concerns sent out by the Trust in June were within the agreed timescale. This category includes cases which until 31/3/25 were categorised by UHBW as informal complaints. UHBW actively encourages informal resolution, where appropriate, to provide enquirers with faster responses to their questions. Reasons why complaints are not responded to within agreed deadlines are multi-factorial and were explored as part of a 'deep dive' report to the Quality and Outcomes Committee in June. These include clinicians' capacity, the increasing complexity of complaints received, and current gaps in key divisional complaints support roles. Benchmarking also shows that many trusts are working to longer timescale for more complex complaints, typically up to 60 working days. The trust is exploring how digital/AI technology might support complaints resolution in the future.

Impact on forecast

Based on the current standard timescale of 35 working days, it is likely that in the short term the timeliness of complaints responses will remain below target due to the stated challenges.

North Bristol NHS Trust

Our People

Scorecard

University Hospitals Bristol and Weston NHS Foundation Trust

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Well-Led	Workforce Turnover Rate	NBT	Jul-25	10.4%	11.3%	10.5%	P	L	Note Performance
		UHBW	Jul-25	9.3%	11.1%	9.6%	P*	L	Note Performance
Well-Led	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	NBT	Jul-25	8.1%	5.1%	7.3%	F-	C	Escalation Summary
		UHBW	Jul-25	2.8%	4.0%	2.6%	P	C	Note Performance
Well-Led	Sickness Rate	NBT	Jul-25	4.6%	4.4%	4.6%	F-	L	Escalation Summary
		UHBW	Jul-25	4.5%	4.5%	4.3%	P	C	Note Performance
Well-Led	Essential Training Compliance	NBT	Jul-25	84.3%	85.0%	83.6%	?	C	Escalation Summary
		UHBW	Jul-25	85.1%	90.0%	85.1%	F-	C	Escalation Summary

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

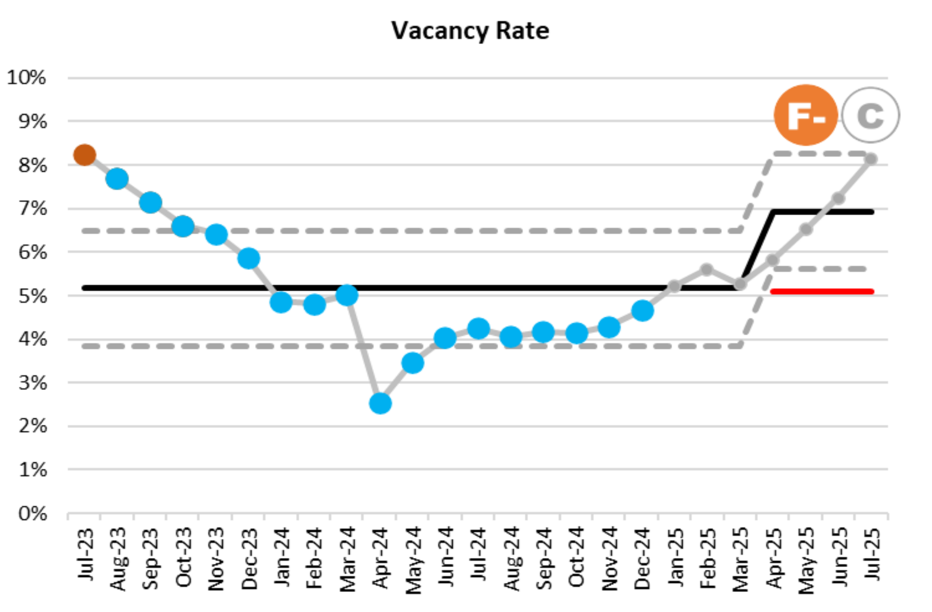
NHS North Bristol NHS Trust

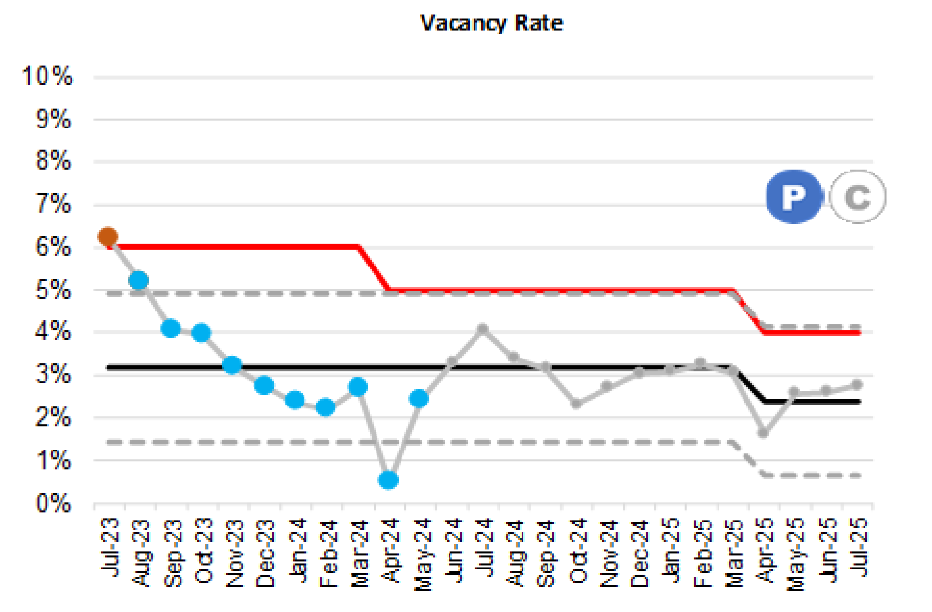
Our People

Vacancies

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Jul-25
Target
5.1%
Latest Month's Position
8.1%
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





Latest Month
Jul-25
Target
4.0%
Latest Month's Position
2.8%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is improvement.
Corporate Risk
No Corporate Risk

What does the data tell us?

The vacancy factor is in exception based on the SPC business rules as the target position represents our Mar-26 year-end position which balances out Bristol Surgical Centre and Headcount Reduction changes which will impact throughout the year. Overall vacancies have increased in June by 94 wte predominantly in Nursing and Midwifery, Allied Health Professionals, Healthcare Scientists and Estates and Ancillary relating to funded establishment increased associated with Safe Staffing, Bristol Surgical Centre and Business Cases.

Actions being taken to improve

For registered nursing and midwifery work is in progress to receive our intake of undergraduate newly qualified nurses in September along with other work streams to strengthen our registered and unregistered pipelines. Bristol Surgical Centre working group and resourcing plans remain in place to deliver resource required .

No narrative required as per business rules.

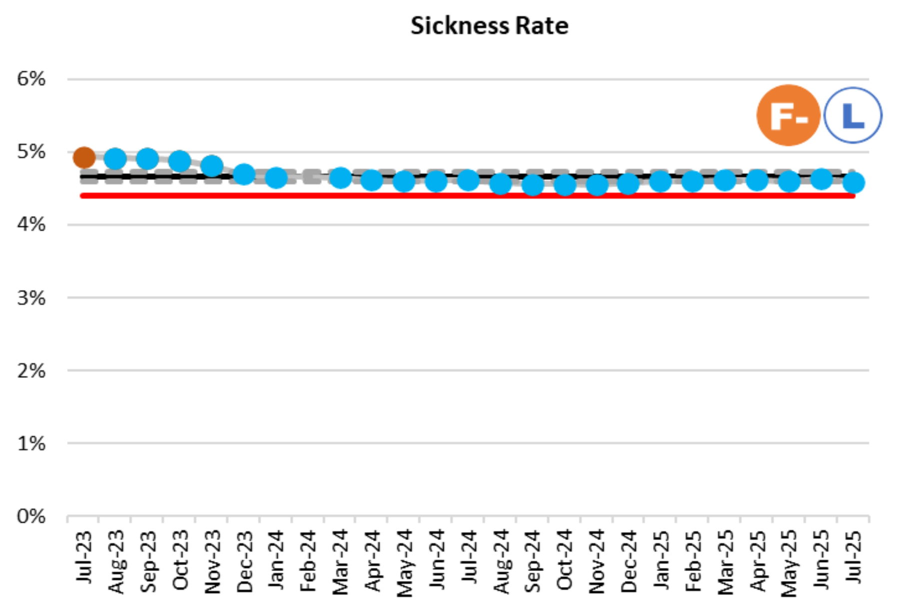
Our People

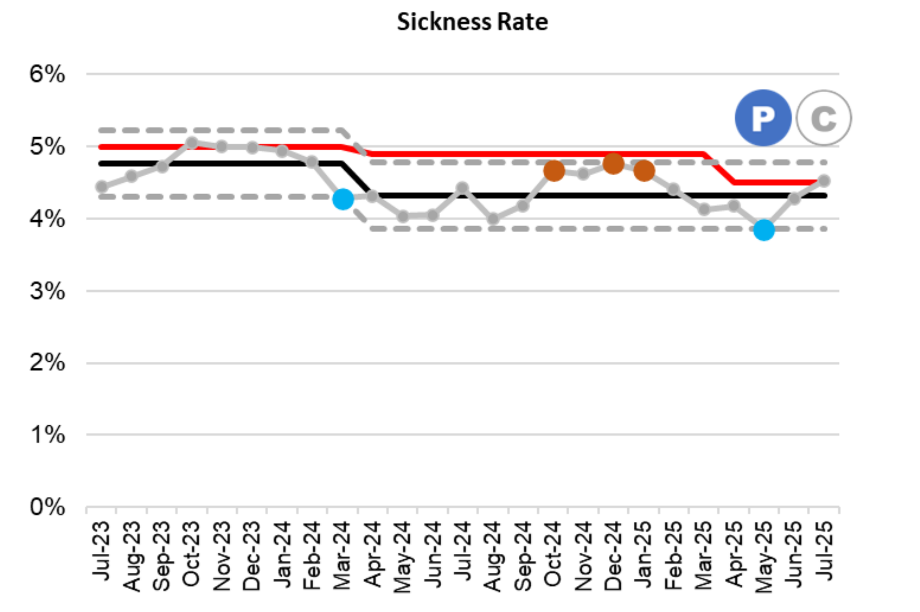
Sickness Absence

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month	Jul-25
Target	4.4%
Latest Month's Position	4.6%
Performance / Assurance	Special Cause Improving Variation Low, where down is improvement but target is less than lower limit
Trust Level Risk	No Trust Level Risk





Latest Month	Jul-25
Target	4.5%
Latest Month's Position	4.5%
Performance / Assurance	Common Cause (natural/expected) variation where last six data points are less than target where down is improvement.
Corporate Risk	No Corporate Risk

What does the data tell us?
The Trust rolling 12-month sickness absence rate has shown statistically significant improvement but have plateaued at 4.6% against an ongoing target of 4.4%. Our in-month position for Jul-25 is 4.2%.

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. Redeployment and Pay Protection policies to be aligned across the Group to provide further avenue for resolution of cases. New review process for longest (100 day+) long term cases to be stood up between People Advice Team and Divisional Management, to ensure all avenues explored.

NBT Staff Health and Wellbeing Plan launched 14th July with trust wide communications. Active Care Pilot in NMSK July – September – EAP Health Assured provides a support call for staff absent due to Stress and Anxiety in first two weeks of absence continuing.

- EAP contract conducted a full procurement process new KPI's introduced including increase in utilisation rates from 9% to 15% in the next 12 months.
- Two new quick reference guides presenting mental health support offer in 3 categories: Proactive Preventative Responsive supporting managers to identify appropriate support for colleagues.

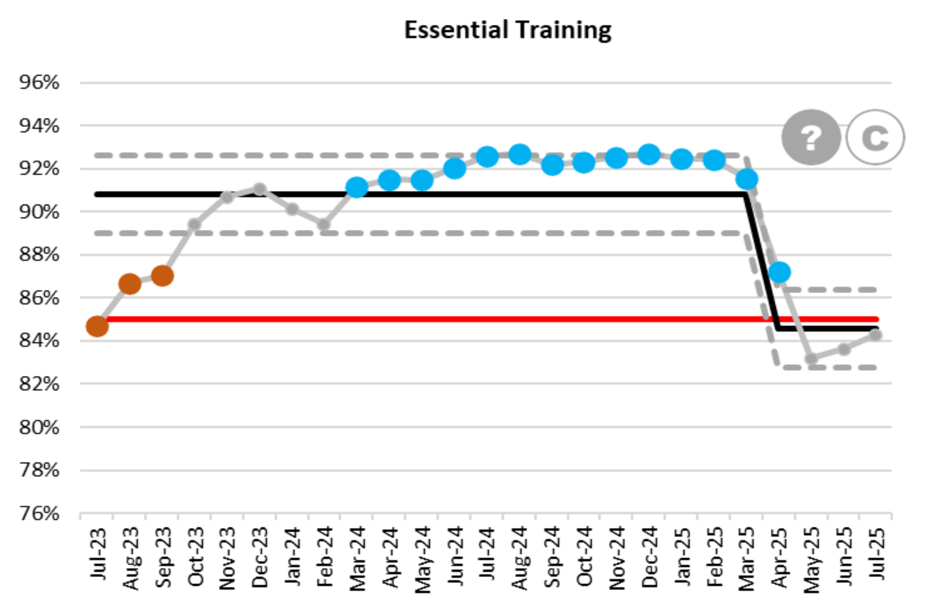
The impact of these interventions will start to be analysed through our Operational Planning Process for 2026/27 which will begin in Autumn 2025.

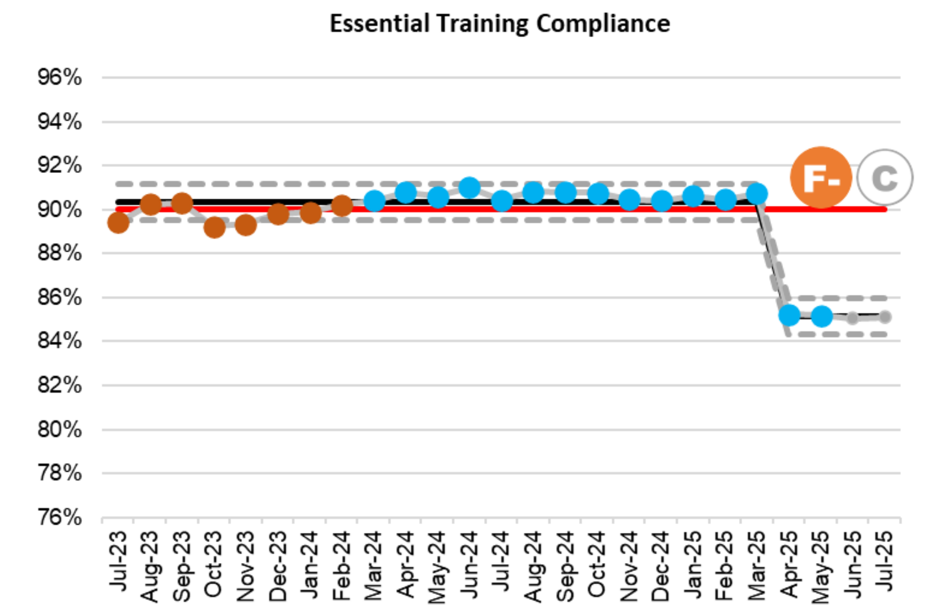
No narrative required as per business rules.

Our People

Mandatory and Statutory Training

Latest Month
Jul-25
Target
85.0%
Latest Month's Position
84.3%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
Trust Level Risk
No Trust Level Risk





Latest Month
Jul-25
Target
90.0%
Latest Month's Position
85.1%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration.
Corporate Risk
No Corporate Risk

What does the data tell us?

Overall compliance is below the 85% target at 83.4% (87.01 permanent staff, 64.73% fixed-term temp, and 75.7% other staff). Subjects negatively impacting our compliance rates are: Oliver McGowan at 51.63%, Resuscitation at 82.22%, Preventing Radicalisation at 83.98%, and Information Governance at 84.15%. Staff absences, reduced training releases, and OPEL 4 escalations have impacted compliance. Despite offering three extra BLS sessions, only five staff attended. Resus team does not currently deliver Level 2 Paediatric BLS course.

Aggregate compliance for Oliver McGowan is 51.63%, below our target of 85%. Level 1 e-learning is 85.01%, level 2 is 25.05%, and the level 1 webinar is 7.2%. Resuscitation compliance is low at 82.22% (81.84% level 2 adult, 80.41% level 3 newborn, 57.14% level 1, 41.27% level 2 paediatric.

Actions being taken to improve

Compliance rates for Oliver McGowan Mandatory Training are steadily increasing, driven by access to Tier 1 webinars and Tier 2 face-to-face sessions. While BNSSG ICB works to expand capacity, but system capacity remains sufficient to meet NHSE KPIs by March 2026. From September, more sessions will be held locally, with Tier 1 webinars increasing to three per day. Efforts continue to address barriers and boost uptake, including collaboration with the BNSSG ICB training team for bespoke and face-to-face Tier 1 sessions and ringfenced on-site Tier 2 spaces at NBT. Commitment to expanding training access and increasing participation remains a priority in 2025/26.

Resuscitation - Request support from Directors of Nursing for frontline staff to attend under-capacity training. Offer courses to non-attendees from previous BLS courses, and who are now >6 months overdue. Ascertain training facilitators and barriers to Level 2 Paediatric BLS provision.

Recommendation

Align the Trust level compliance targets across the group – this will be presented in a wider paper on IQPR metrics to the September Group People Committee

What does the data tell us?

The inclusion of the Oliver McGowan training compliance aggregate rate has impacted overall compliance, resulting in a decrease of -5.3% for the overall core skills rate, now sat at 85.1%, below the target of 90%. Additional core skills titles, information governance, moving and handling, and resuscitation are below target rate, which is 90% for all titles except information governance which has an exception rate of 95%

Actions being taken to improve

Oliver McGowan compliance rates continue to rise on a monthly basis, as more staff can access the webinar or face to face training. Of the three Oliver McGowan titles, eLearning compliance sits at 81.1%, tier 1 attendance at 19.5% and tier 2 attendance at 36.8%. Training capacity within the ICB to deliver the Oliver McGowan continues to grow whilst training places are heavily in demand, however there remains a level of DNA's reported within the data (although this is declining).

Impact on forecast

The BNSSG training provider working to increase capacity will support compliance improvements and the target of 30% system compliance for tier 1 and tier 2 compliance is set to hit 30% by the end of August 2025. Including tier 1 and tier 2 compliance in the data will serve to focus on and address areas of low compliance.

Income & Expenditure

Actual Vs Plan (YTD)

North Bristol NHS Trust

Latest Month

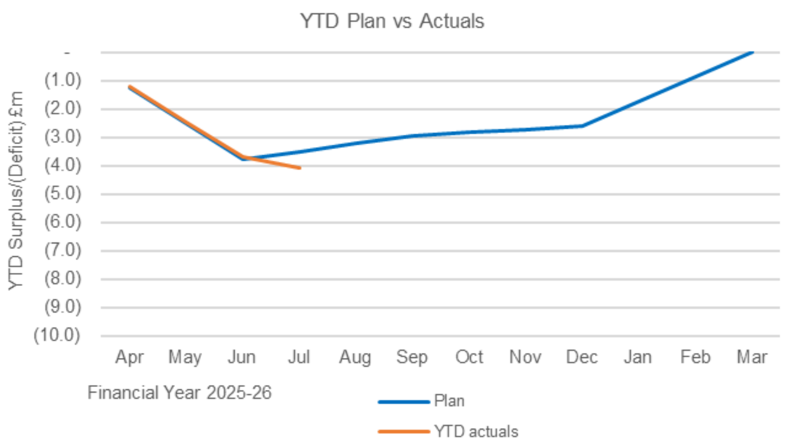
Jul-25

Year to Date Plan

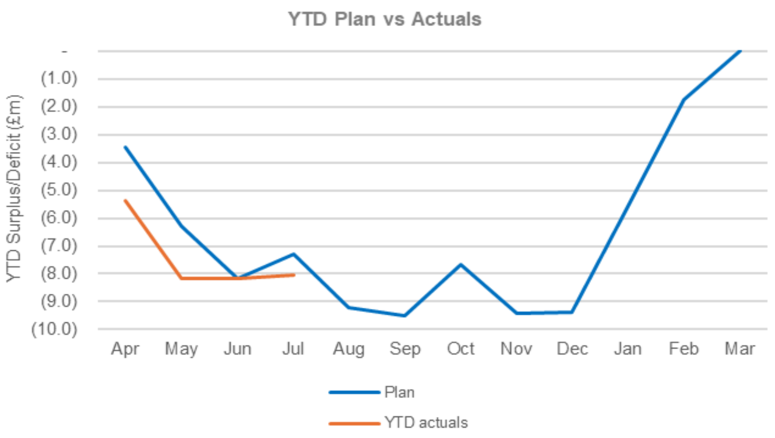
£(3.5m) deficit

Year to Date Actual

£(4.1m) deficit



University Hospitals Bristol and Weston NHS Foundation Trust



Latest Month

Jul-25

Year to Date Plan

£(8.0m) deficit

Year to Date Actual

£(7.2m) deficit

Summary

Summary:

- The financial plan for 2025/26 in Month 4 was a surplus of £0.3m. The Trust has delivered a £0.4m deficit and is £0.7m adverse to plan. Year to date the Trust has delivered a £0.6m adverse position to a £3.5m deficit plan.
- The Trust saw additional costs of £0.6m in Month 4 in relation to the Resident Doctor industrial action for five days. The Trust does not expect to receive further funding from NHSE to offset these costs, hence, this is driving an adverse variance to the position.
- In Month 4, 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 £0.6m in month.
- Performance in Elective Recovery activity in month is driving a favourable income variance of £2.2m, of which £0.6m relates to the catch up in coding from previous months.
- In month, the Trust marginally under-delivered against the recurrent Month 4 savings target by £0.5m. There was also a shortfall against in month delivery of £2.6m. This was partially offset in month by non-recurrent savings from consultant and AfC vacancies contributing a £1.4m favourable variance.
- Year to date recurrent savings delivery is £9.4m against a plan of £10.2m.

Key risks

- The Month 4 financial position is dependent on non-recurrent benefits which cannot be assumed to be available throughout the year, in year savings delivery 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.

Summary

Summary

- The position at the end of July is a net deficit of £8.0m against a planned deficit of £7.2m. The Trust is, therefore, adverse to plan by £0.8m. This is due to the estimated pay costs of industrial action at £0.8m in July.
- Significant variances to plan are higher than planned pay expenditure (£3.1m) and increased non-pay costs (£5.4m) linked to pass-through costs and activity. This is largely offset by higher than planned operating income (£7.4m).
- Total staff in post (substantive, bank and agency) has reduced since March, but staffing levels continue to exceed the funded establishment primarily within nursing linked to increased use of registered mental health nurses and increased staffing of escalation capacity resulting from higher than planned NCTR. The estimated cost impact of industrial action of £0.8m also contributes to the adverse position.
- Overall, agency and bank expenditure increased by c£0.5m in July compared with June but YTD remains below plan. Agency expenditure is 19% lower than plan YTD with expenditure in month of £0.5m, compared with £0.8m in June. Bank expenditure is now 2% higher than plan YTD due to the costs of industrial action in July.
- The number of NCTR patients has increased from 161 to 175 in July. This equates to 22.4% of the Trust's bed base being occupied by NCTR patients.

Key risks

- 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 July central mitigations of £20m have been identified.

CIP

Actual Vs Plan (YTD)

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month

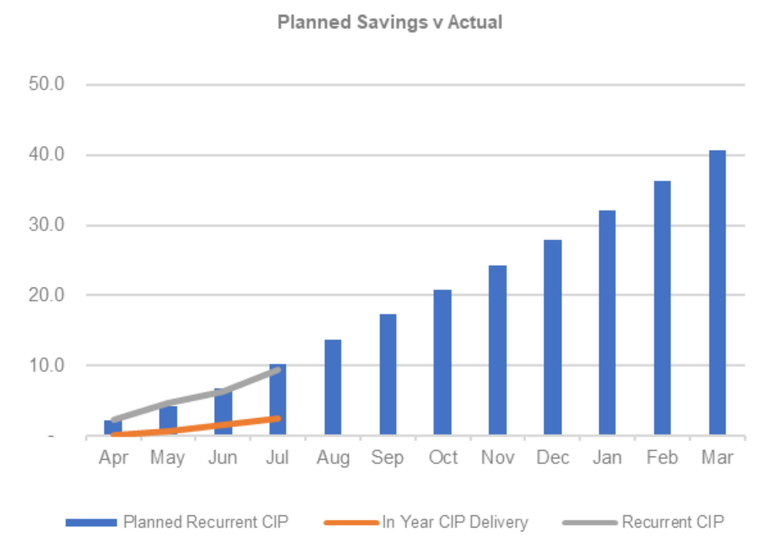
Jul-25

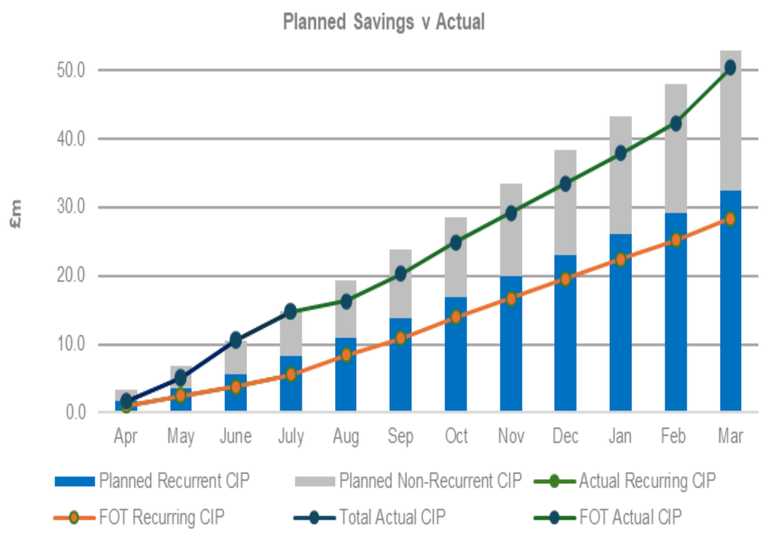
Year to Date Plan

£10.2m

Year to Date Actual

£9.4m





Latest Month

Jul-25

Year to Date Plan

£14.8m

Year to Date Actual

£14.8m

Summary

Summary

- The CIP plan for 2025/26 is for savings of £40.6m with £10.2m planned delivery at Month 4.
- At Month 4 the Trust has £9.4m of completed schemes on the tracker. There are a further £11.7m of schemes in implementation and planning, leaving a remaining £19.5m of schemes to be developed.
- The total identified CIP schemes on the tracker, with pipeline included, would deliver £0.4m more than the target.
- The table above reflects the delivery to date of £9.4m of savings in 2025/26. This is the full year effect figure that will be delivered recurrently. Due to the start date of CIP schemes this creates a mis-match between the 2025/26 impact and the recurrent full year impact.

Summary

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 31st July 2025, the Trust is reporting total savings delivery of £14.8m against a plan of £14.8m, therefore UHBW is currently on plan. The Trust is forecasting savings of £50.4m, an improvement of £0.7m on last month. However, the improved forecast outturn entirely relates to additional non-recurrent savings. Against the annual savings plans of £53.0m, the current forecast savings delivery shortfall is £2.6m or 5%.
- The full year effect forecast outturn at month 4 is £35.2m, a forecast recurrent shortfall of £17.8m or 34%.

Workforce

Pay Costs Vs Plan Run Rate

NHS North Bristol NHS Trust

Latest Month

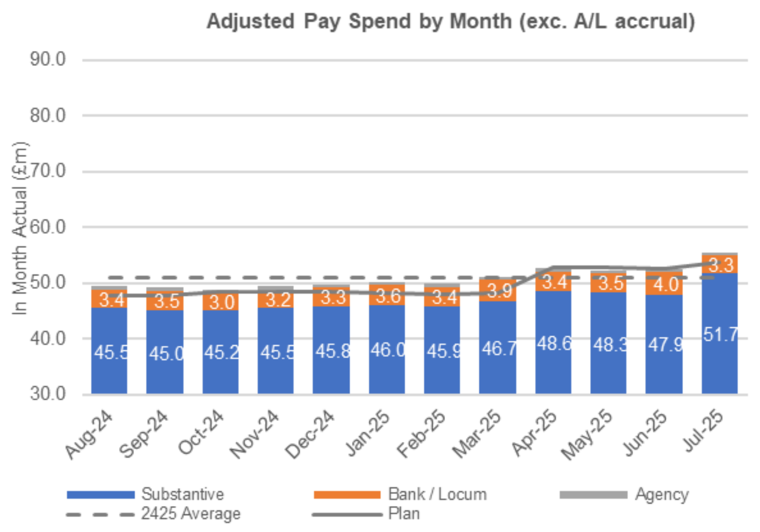
Jul-25

In- Month Plan

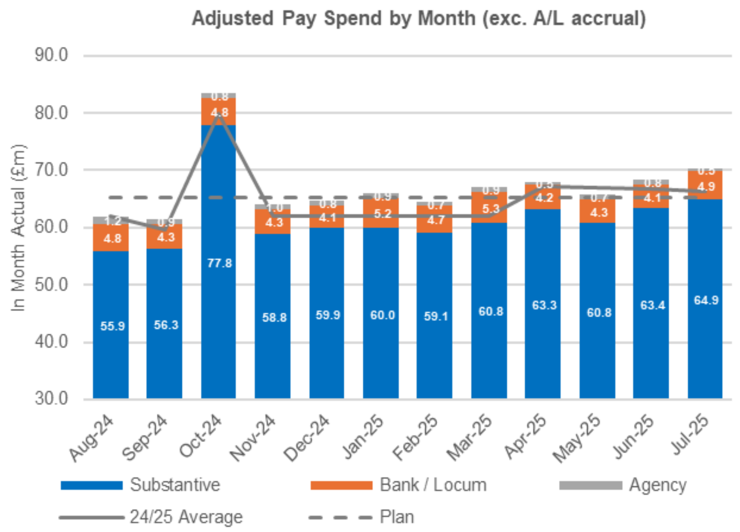
£53.8m

In-Month Actual

£55.5m



NHS University Hospitals Bristol and Weston NHS Foundation Trust



Latest Month

Jul-25

In-Month Plan

£68.6m

In-Month Actual

£70.4m

Summary

Summary

Pay spend is £1.7m 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 - £1.3m adverse, in month impact of recurrent CIP delivery.
- Escalation and enhanced care - £0.6m adverse in nursing.
- Industrial action - £0.6m adverse due to costs for Consultants to cover Resident Doctor strikes.
- Vacancies - £1.4m 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.
- In month agency spend is £0.5m and bank/locum spend is £3.3m.

Summary

Summary

- Total pay expenditure in July is £70.4m, £1.8m higher than the plan for July primarily due staff in post exceeding funded establishment (primarily nursing) and industrial action costs.
- Pay costs are 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 248wte in July.
- Nursing staffing levels exceed the funded establishment by 276wte linked to higher registered mental health usage and staffing of escalation capacity linked to NCTR.
- Additional workforce controls have been put in place with effect from 1st August and the expected reduction in staff in post back to establishment remains the focus of the Clinical Divisions

Temporary Staffing

Agency Costs Vs Plan Run Rate

North Bristol NHS Trust

Latest Month

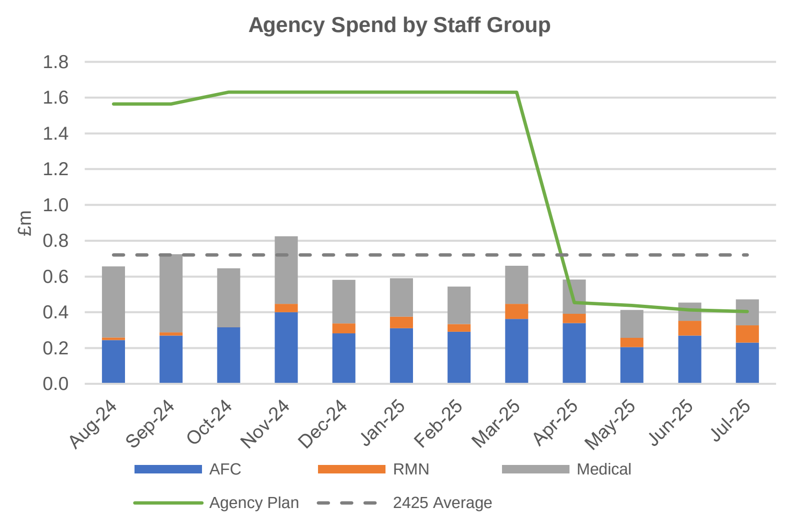
Jul-25

In-Month Plan

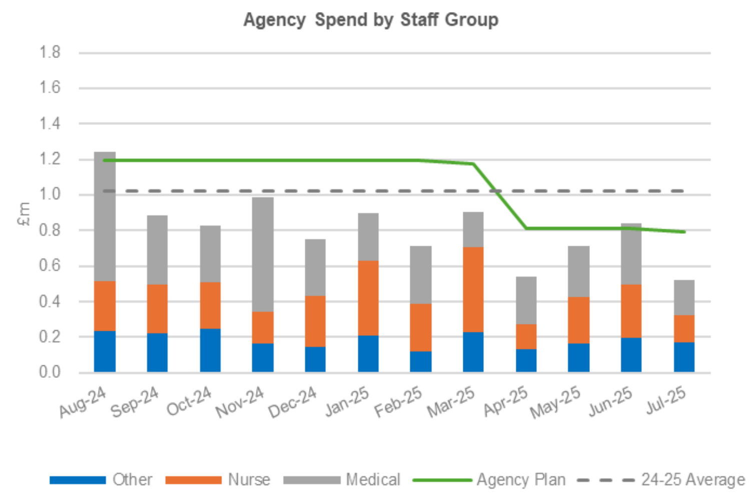
£0.4m

In-Month Actual

£0.5m



University Hospitals Bristol and Weston NHS Foundation Trust



Latest Month

Jul-25

In-Month Plan

£0.8m

In-Month Actual

£0.5m

Summary

Summary

Monthly Trend

- Agency spend in July has increased compared to June but remains a reduction on run rate. The decrease in AFC is driven by a £45k VAT rebate relating to Nursing, and Consultants has returned to run rate having been lower in June due to one-off benefits.
- Overall spend in month is driven by consultant agency usage in Medicine and ASCR covering vacancies, Nursing agency usage in Critical Care and ED due to increased acuity, as well as Healthcare Scientists in Cardiology to deliver ECHO activity.

In Month vs Prior Year

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

Summary

Summary

Monthly Trend

- Agency expenditure in July is £0.5m, £0.3m lower than plan and lower than June's agency expenditure of £0.8m. YTD agency expenditure is 19% below plan.
- Agency expenditure is 0.7% of total pay costs.
- Agency usage continues to be largely driven by absence and additional escalation bed capacity across nursing and medical staffing due to no improvement in the NCTR position. Use of registered mental health nurses is also a key driver.
- Nurse agency shifts increased by 93 or 22% in July compared with June.
- Nurse agency spend is £0.1m lower than June due mainly to a decrease in the average cost per shift.
- Medical agency expenditure is lower by £0.1m from the previous month. The number of shifts covered has increased from 261 in June to 313 in July.

In Month vs Prior Year

- Trustwide agency spend in July of £0.5m is below July 2024 spend of £1.2m. 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

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month

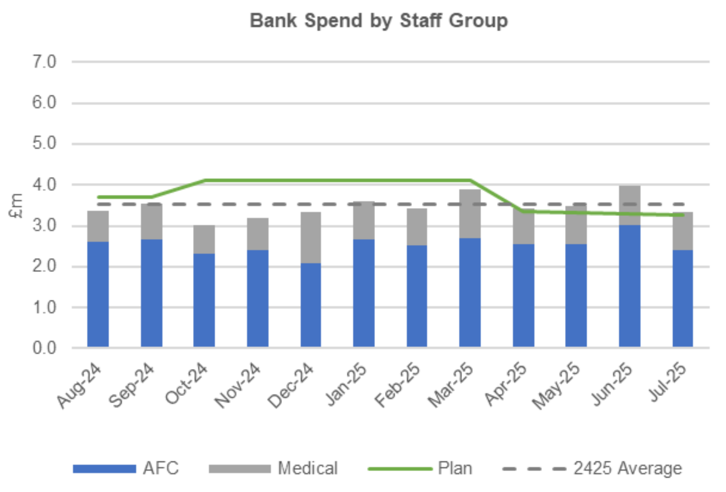
Jul-25

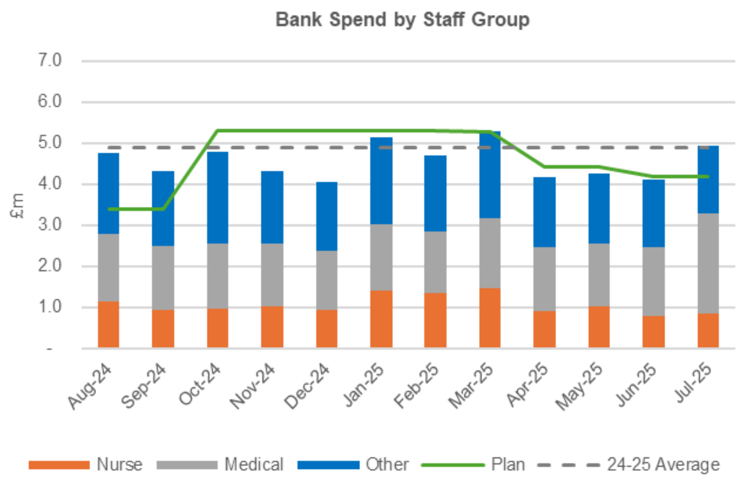
In-Month Plan

£3.3m

In-Month Actual

£3.3m





Latest Month

Jul-25

In-Month Plan

£4.2m

In-Month Actual

£4.9m

Summary

Summary
Monthly Trend

- In July, there has been a decrease in bank spend with this returning to being consistent with run rate. The decrease has largely been in nursing due to June being a 5 week month as well as containing enhanced payments from the May bank holidays.
- Included in Other is the impact of Locums Nest arrangements and the UHBW collaborative bank, where the Trust’s doctors and nurses work shifts for other local providers. These costs are recharged and so do not represent additional cost to the Trust.

In Month vs Prior Year

- Bank spend in month is lower than 2024/25 spend, however 2024/25 spend reduced significantly in the second half of the year due to additional controls put in place. Against the post-control run rate July is broadly in line.

Summary

Summary
Monthly Trend

- Bank costs in July are £4.9m, an increase of £0.8m from £4.1m in June. Excluding industrial action costs (£0.8m), costs are similar to June and in line with plan. Of the £4.9m spent in July, £2.4m relates to medical bank and £0.8m to registered nurse bank.
- Nurse bank expenditure remained the same in July as June at £0.8m, whilst shifts decreased by c700 or 10% . The average cost per shift increased by 31% compared with the previous month.
- Medical bank increased in July by £0.8m to £2.4m as a result of industrial action.

In Month vs Prior year

- Bank expenditure in July (excluding industrial action) is £0.8m lower than the same period last year, due to increased nursing controls and scrutiny introduced during 204/25.

Capital

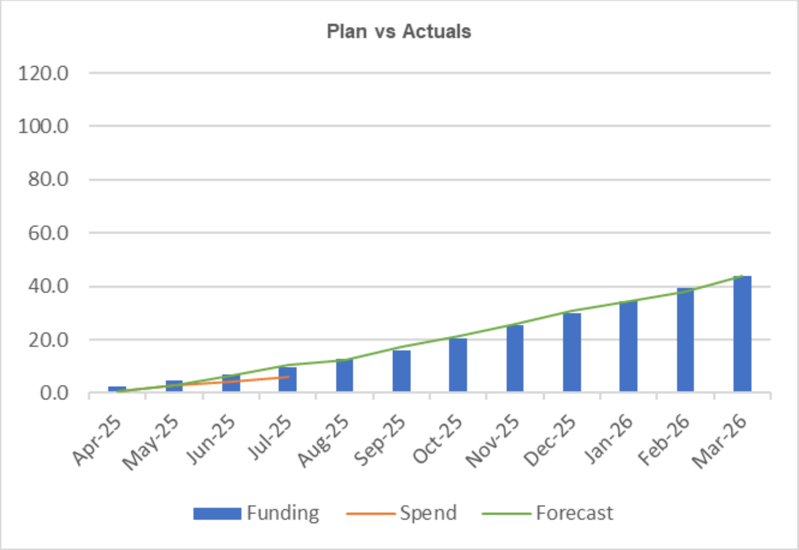
Actual Vs Plan

North Bristol NHS Trust

Latest Month
Jul-25

In-Month Plan
£2.1m

In-Month Actual
£1.9m



Summary

- The Trust currently has a system capital allocation of £22.7m for 2025/26. A further £9.6m of projects have been taken forwards for national funding.
- Overall spend in Month 4 was £1.9m, of which £1.7m was against the Bristol Surgical Centre. This takes the overall year to date spend to £6.3m, of which £5.3m is against the Bristol Surgical Centre.
- The year to date variance against the forecast is related to spend on the Surgical Centre, but is not expected to impact either the full year spend or forecast completion date.
- Following a system prioritisation process, a further £3.3m of system funding has been secured to support previously identified and unfunded risks.
- Overall spend on the Bristol Surgical Centre to date is £47.4m, of which £38.0m 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.

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Jul-25

In-Month Plan
£7.9m

In-Month Actual
£3.7m

Summary

- Following NHSE confirmation of capital funding allocations of £55.2m, the Trust submitted a revised 2025/26 capital plan to NHSE on 30th April 2025 totalling £102.7m. The sources of funding include:
  - -£40.5m CDEL allocations from the BNSSG ICS capital envelope;
  - -£55.2m PDC matched with CDEL from NHSE including centrally allocated schemes;
  - -£5.5m Right of use assets (leases); and
  - -£1.5m for donated asset purchases.
- YTD expenditure at the end of July is £15.7m, £3.5m behind the plan of £19.2m.
- Significant variances to plan include slippage on Major Capital (£8.0m), offset by ahead of plan delivery against Estates Schemes (£1.4m) and Right of Use assets (£2.1m).
- 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 Program Steering Group.

Risks

- The Trust is unable to utilise its full CDEL without the support of brokerage via either system partners or NHSE South West.

Cash

Actual Vs Plan

North Bristol NHS Trust

Latest Month

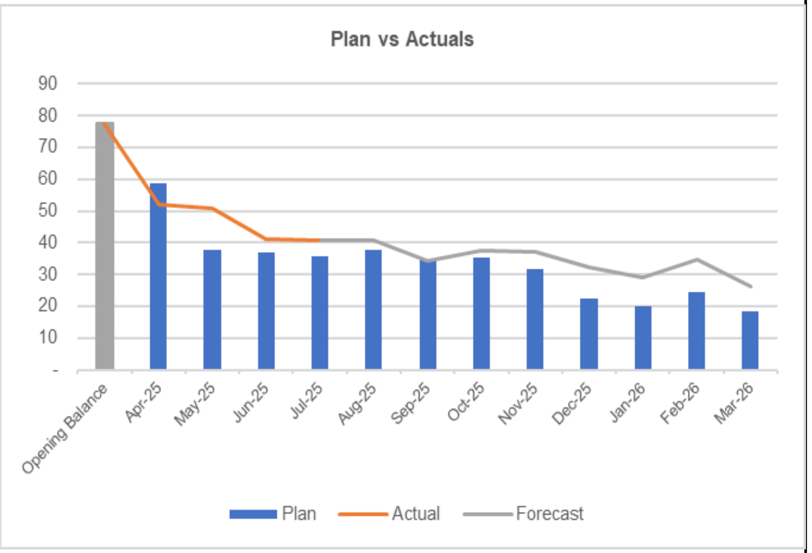
Jul-25

Target

£35.8m

Actual

£40.9m

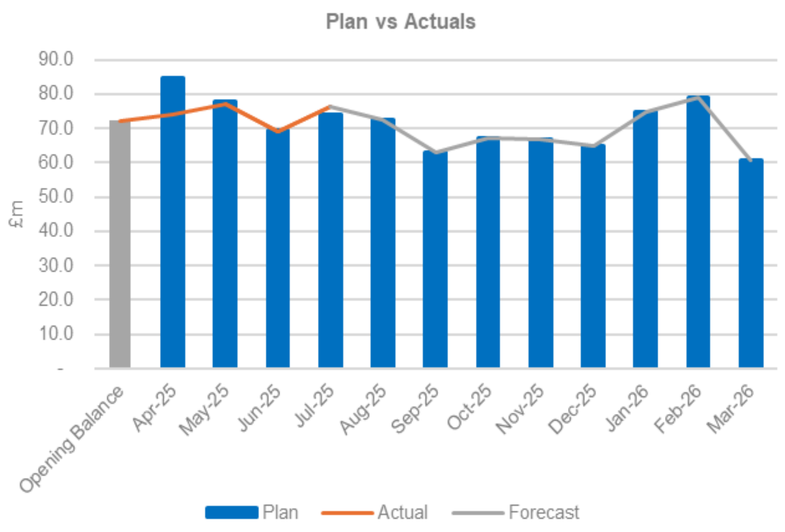


Summary

Summary

- In month cash is £40.9m, which is a £0.4m decrease from June.
- The payables movement in month is driven by £4.5m deferred income for Education and CPD & a £3.0m cost accrual for the 25/26 pay award, which is offset in receivables.
- The receivables movement in month is driven by £3.0m accrued income for the 25/26 pay award funding, which is offset in payables and a £3m increase in invoiced debtors.
- The cash balance has decreased by £36.5m year to date, driven by the movements in payables due to the high level of capital cash spend linked to items purchased at the end of 2024/25, and the payment of large maintenance contracts.
- YTD cash balances are £5.1m above plan and the year end cash balance is forecast to be £7.7m above plan, primarily driven by lower than forecast capital cash spend.

University Hospitals Bristol and Weston NHS Foundation Trust



Latest Month

Jul-25

Target

£73.9m

Actual

£76.2m

Summary

Summary

- The closing cash balance of £76.2m is a £6.9m increase since June.
- The £3.9m increase from 31st March 2025 is due to a net cash inflow from operations of £25.9m, offset by cash outflow of £17.5m relating to investing activities (i.e. capital), and cash outflow of £4.5m on financing activities (i.e. loans, leases & PDC).
- Working capital movements YTD are:
  - for assets, an increase in receivables of £13,364k and an increase in inventories of £393k; and
  - for liabilities, an increase in trade and other payables of £12,916k and deferred income of £14,869k.
- The Trust's total cash receipts in July were £118.3m offset by payroll payments of £65.8m and supplier payments of £45.6m.
- YTD cash balances are £2.3m above plan and the forecast year end cash balance is on plan at £60.8m.

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Assurance and Variation Icons – Detailed Description

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

KEY
Note Performance
Constitutional Standards and Key Metrics = Escalation Summary