Meeting in common of the Board of Directors of University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and the Board of Directors of North Bristol NHS Trust (NBT) in Public on Tuesday, 13 May 2025, 14.45 to 16.45.

Virtual meeting only (Microsoft Teams)

AGENDA

NO.	AGENDA ITEM	PURPOSE	PRESENTER	TIMING
Preliminary Business				
1.	Apologies for Absence	Information	Group Chair	14.45 (5 mins)
2.	Declarations of Interest	Information	Group Chair	
3.	Patient Story	Information	NBT Head of Patient Experience	14.50 (25 mins)
4.	Minutes of the last meeting held on 8 April 2025	Approval	Group Chair	15.15 (5 mins)
5.	Matters Arising and Action Logs	Approval	Group Chair	
6.	Questions from the Public	Information	Group Chair	15.20 (10 mins)
Strategic				
7.	Group Chair's Report	Information	Group Chair	15.30 (10 mins)
8.	Group Chief Executive's Report	Information	Group Chief Executive	15.40 (10 mins)
9.	Aligning Group and Trust Strategic Priorities	Information	Group Development SRO	15.50 (15 mins)
Quality and Performance				
10.	Joint Integrated Quality and Performance Report	Information	Hospital Managing Directors and Executive Leads	16.05 (15 mins)
Governance and Risk				
11.	Committee Upward Reports	Information	Committee Chairs	16.20 (15 mins)
12.	Register of Seals	Information	Joint Chief Corporate Governance Officer	16.35 (5 mins)
Concluding Business				
13.	Any Other Urgent Business – *Verbal Update*	Information	Group Chair	16.40
14.	Time and Date of Next Meeting **Tuesday, 8 July 2025**	Information		

Report To:	Meeting in common of the Board of Directors of NBT and the Board of Directors of UHBW held in Public		
Date of Meeting:	13 May 2025		
Report Title:	Patient Story		
Report Author:	Kerry Than, Head of Patient Experience Troy Crompton, Patient Experience Manager		
Report Sponsor:	Steve Hams, Executive Chief Nurse		
Purpose of the report:	**Approval**	**Discussion**	**Information**
		X	
	This report shares a Patient Story from Stephen's experience of care at North Bristol NHS Trust. Stories allow us to gather insights into the care received, which will help us to improve services and the care we provide.		

Key Points to Note

Dr Philip Clatworthy, Consultant Stroke Neurologist provided the link with Stephen to capture his experience in a Patient Story. Troy Crompton, Patient Experience Manager has supported Stephen to record his experience.

Stephen had a haemorrhagic stroke nearly 10 years ago, and since then has been involved in various aspects of work with the hospital and research councils about health and social care.

Stephen is hemiplegic, partly paralysed down the left side and his mobility is constrained by the stroke.

Last year, Stephen became unwell with gastric flu, and he fell over in the bathroom at home. He was admitted via ambulance to the Emergency Department (ED) at Southmead Hospital in April 2024 after a fall at home. Following initial treatment in ED, Stephen was transferred to Ward 31a (Medicine) and then to Ward 6b (Neurosurgery) as a medical outlier.

Stephen highlights areas where we can learn and improve:

- **Person centred care matters:** Every stroke is different, patients have different complications, often invisible, sometimes meaning their individual needs are not met. Staff in general wards can make assumptions about physical and mental capability. Stephen shares that staff spoke to him in a basic manner. This causes frustration when individual needs are not met.
- **Mobility and independence:** Options for providing a bed with partial side rails were not fully understood. Stephen was placed in a bed with full side rails, which limited his ability to manoeuvre independently, use a urine bottle or mobilise safely. As a result, he felt helpless and experienced embarrassment after wetting the bed. He believes this situation led to an avoidable decision to insert a catheter. There is some excellent documentation by nursing staff that shows real consideration for this.
- **Communication and shared decision making:** Stephen felt he was not fully informed about the potential complications of having a catheter, nor adequately involved in the decision-making process. After discharge, he experienced an ongoing urinary sphincter problem.

- **Staff behaviour:** Stephen recalled that staff disagreed about whether a catheter should be fitted, which left him feeling uncertain about the care being provided.

Strategic and Group Model Alignment

The aim of this Patient Story is to highlight learning opportunities in the areas above. Patient Stories align with the Trust's strategic aim for Outstanding Patient Experience and the Trust objective to Deliver Great Care.

This Patient Story also aligns to the Patient and Carer Experience Strategy, 2023-26 and provides an opportunity to learn and consider where we can improve in line with our four commitments to:

1. Listening to what patients tell us
2. Working together to support and value the individual and promote inclusion
3. Being responsive and striving for better
4. Putting the spotlight on patient and carer experience

This patient story will be appropriately shared with colleagues across the Hospital Group and has potential to support collaborative learning around the care of stroke patients to positively impact the 4Ps – Patients, Population, People and Public Purse.

Risks and Opportunities

Since Stephen's experience, he worked in partnership with our Stroke Practice Development Nurse to provide a well-attended training session for staff less accustomed to providing care for long term stroke survivors. There is an opportunity to build on this great work and learn from the feedback received regarding person centred care, shared decision making, keeping patient informed and involved and communicating in a way that recognises people's needs.

The next steps will be to further share Stephen's story with teams, along with consideration of how the film could be used as a training tool. Actions include understanding how to raise awareness amongst staff for requesting specific beds to meet patients' needs.

Recommendation

This report is for **Discussion**

The Boards are asked to discuss Stephen's story.

The Boards are asked to note that this film is being seen for the first time at today's meeting. Whilst Stephen has helped delivery some powerful patient centred training already, further opportunities for learning and improvements will be explored following discussion.

History of the paper (details of where paper has <u>previously</u> been received)

None	

Appendices:	

NHS Bristol NHS Group Bristol | Weston

Meeting in Public

Meeting in-common of:
University Hospitals Bristol and Weston NHS Foundation Trust Board (UHBW) and North Bristol NHS Trust Board (NBT)

Held on 8 April 2025 at 1.15pm to 4.15pm in the Jessop Suite, Gloucestershire County Cricket Club, Seat Unique Stadium, Nevil Road, Bristol, BS7 9EJ

NBT Board members:	
Ingrid Barker	Joint Chair, NBT and UHBW
Sarah Purdy	Non-Executive Director and NBT Vice-Chair
Shawn Smith	Non-Executive Director
Kelly Macfarlane	Non-Executive Director
Jane Khawaja	Non-Executive Director
Kelvin Blake	Non-Executive Director
Richard Gaunt	Non-Executive Director
Maria Kane	Joint Chief Executive, NBT and UHBW
Glyn Howells	Hospital Managing Director, NBT
Peter Mitchell	Chief People Officer
Elizabeth Poskitt	Chief Finance Officer
Neil Darvill	Joint Chief Digital Information Officer
Steve Hams	Chief Nursing Officer
Tim Whittlestone	Chief Medical Officer
UHBW Board members:	
Ingrid Barker	Joint Chair, NBT and UHBW
Martin Sykes	Non-Executive Director and UHBW Vice-Chair
Arabel Bailey	Non-Executive Director
Linda Kennedy	Non-Executive Director
Sue Balcombe	Non-Executive Director
Rosie Benneyworth	Non-Executive Director
Marc Griffiths	Non-Executive Director
Maria Kane	Joint Chief Executive, NBT and UHBW
Stuart Walker	Hospital Managing Director, UHBW
Paula Clarke	Executive Managing Director, Weston General Hospital
Emma Wood	Chief People Officer and Deputy Hospital Managing Director
Neil Darvill	Joint Chief Digital Information Officer
Jane Farrell	Chief Operating Officer
Mark Goninon	Deputy Chief Nurse, UHBW
Neil Kemsley	Chief Financial Officer
Rebecca Maxwell	Chief Medical Officer
Also In attendance (NBT and UHBW colleagues and members of the public):	
Xavier Bell	Director of Corporate Governance, NBT
Eric Sanders	Director of Corporate Governance, UHBW
Richard Gwinnell	Deputy Trust Secretary, NBT (*minutes*)
Mark Pender	Head of Corporate Governance, UHBW

Michele De Deus Silva	Corporate Governance Officer, UHBW
Kelly Jones	Corporate Governance Officer, NBT
Tony Watkin	Patient and Public Involvement Lead, UHBW (for agenda item 3)
Paul Cresswell	Director of Quality Governance, NBT (for agenda item 3)
Jenny and Angela	Former cardiology patients (for the patient story, agenda item 3)
Six other members of the press and public	Observing

01/04/25	**Welcomes and Apologies**	
	Ingrid Barker, Joint Chair of NBT and UHBW, welcomed everyone to this first public "in common" meeting of the two Trust Boards. Apologies for absence had been received from: • Anne Tutt, UHBW Non-Executive Director • Roy Shubhabrata, UHBW Non-Executive Director • Nicholas Smith, NBT Chief Operating Officer • Deirdre Fowler, UHBW Chief Nurse and Midwife. Mark Goninon (UHBW Deputy Chief Nurse) was attending to deputise for Deirdre • Susan Hamilton, Associate Non-Executive Director, UHBW.	
02/04/25	**Declarations of Interest**	
	No interests were declared.	
03/04/25	**Patient Story**	
	Tony Watkin, Patient and Public Involvement Lead, UHBW, introduced Jenny and Angela, who were cardiology patients, receiving care at both the Bristol Heart Institute (BHI) (part of UHBW) and at Southmead Hospital (part of NBT), to share their stories and patient perspectives. The Joint Chair thanked Tony Watkin for all his hard work in promoting patient involvement at UHBW, and wished him well for his retirement. Jenny and Angela informed the Board of their situations, including (key points): • when they stayed at Southmead Hospital or the BHI • for how long and where they stayed in hospital • that they were well cared for and treated, but they both felt they were not given any information about why they were waiting in the hospital for so long for treatment (40 days in Jenny's case) or waiting to go to hospital (8 months in Angela's case) • they both felt, when they were in hospital, that the hospital was incredibly busy and desperate for more beds (with BHI feeling "like a conveyor belt") (Jenny's words), that there were insufficient staff (e.g. cardiologists); and that no one had the	

time to ask them (the patient) how they were feeling or what they thought was wrong with them
- the difference in care was dramatically different at Southmead and the BHI, with doctors on wards at Southmead but not at the BHI and patients able to come and go (e.g. to the coffee shop) at Southmead but not at the BHI for example
- they were visited by different staff every time, with different doctors saying they were trying to get Jenny and Angela in for treatment, but no explanation of why they couldn't
- at Papworth Hospital (Cambridge), Jenny had a very different experience, with staff spending a great deal of time talking to their patients and finding out the patient's views
- other people came into hospital from home and had their operations before Jenny, while she stayed waiting for 40 days
- Jenny felt she must have been more urgent (than others coming in from home), as she was being kept in hospital, but no one explained
- Jenny and Angela both felt that pre-operative and in-hospital communication with patients was the area most lacking
- Jenny had experienced very good communication with her cardiologist since her operation, but not while in hospital
- after-care at Southmead was also "amazing" (Jenny's word) but not the same in the case of the BHI
- the staff and the treatment were "fantastic" (Angela's word), with staff doing everything they possibly could, but staff roles, and the system, needed to be re-designed, in both their views.

Board members commented (key points):

- on the importance of hearing from patients about their experiences, good or bad, and of taking their views on board; Jenny and Angela were thanked for sharing their stories and assured that their experiences would help shape future service planning
- that this was all about culture; patients needed to be listened to and treated as equal partners in decisions about their care
- that the NHS relied heavily on complex technology and systems; there was always a danger of losing focus on patients themselves
- that it was vital to ask every patient; "what is wrong?" and " how can I help you?"
- the delays experienced when Jenny and Angela were in the BHI had been tackled; they would not have the same experience now, and services were improving all the time
- apologising to Jenny and Angela for the issues they had faced
- on the difficulties in deciding which patient was most urgent and of managing all the competing priorities successfully
- on the importance of non-medical priorities (such as the Forest well-being project, which helped patients during their recovery)
- that having such vast differences between the same hospital services was not acceptable and not good for patients or the NHS; the NHS was not valuing patients' time or its' time adequately
- that was partly why NBT and UHBW were now setting up a single managed service (SMS) for cardiology; where previously there were two teams at the two hospitals, completely independent of each

	other, there would now be one team, with one set of policies (not two) and one waiting list (not two); this SMS should ensure services were the same going forward, whether at Southmead or the BHI • this was also why NBT and UHBW had agreed a joint clinical strategy and agreed to form a Hospital Group, with a view to bringing together and improving many more services for patients. The Joint Chair thanked Angela and Jenny for sharing their experiences and for being part of the effort to improve services for patients. Angela and Jenny thanked the Boards for the opportunity. They (and other members of the public attending with them, as well as Paul Cresswell and Tony Watkin) then left the meeting. **RESOLVED: the Boards noted the patient story.**	
04/04/25	**Minutes of previous Board meetings**	
	RESOLVED (by the UHBW Board): that the minutes of the public meeting of the UHBW Board held on 11 March 2025 be approved as a true and accurate record. **RESOLVED (by the NBT Board): that the minutes of the public meeting of the NBT Board held on 27 March 2025 be approved as a true and accurate record.**	
05/04/25	**Action Log and Matters Arising**	
	There were no outstanding actions from previous public meetings of the NBT Board. In relation to action 1 (minute 09/03/25) on the UHBW Public Board action log, Neil Darvill, Joint Chief Digital Information Officer (JCDIO), explained that risk 7, relating to digital and cybersecurity, had been re-scored (with a new score of 9). There were no outstanding records, which had not been migrated from Millenium to Medway, but further checking was required and a report would be submitted to the Digital Committee in the near future. **RESOLVED: the Boards noted the update.**	
06/04/25	**Public Questions**	
	RESOLVED: the Boards noted the public questions received by the UHBW Board and the answers to them (shown below). <u>Questions to the UHBW Board of Directors from Page Nyame in respect of the BRI Pharmacy</u> (Answers are provided in italics below each question). **Is the pharmacy currently meeting its key performance indicators (KPIs), including the average turnaround time for dispensing a prescription and what are the figures for the quarter?**	

We are currently in a three month KPI grace period following the transition of our Outpatient Dispensary service from Lloyds Pharmacy Healthcare Services (LP HCS) to Rowlands on 12th January 2025. We therefore do not have a whole quarter's worth of figures to share, we can however share that the average turnaround time for the Bristol site for w/c 3rd March was 26 minutes and for Weston 29 minutes.

What is the average wait time for a patient depositing a prescription (that is the wait time of the first depositing queue, not the second dispensing queue)? If this is not a KPI, please could you clarify why, and whether it might be considered in the future?

This is not a KPI as there isn't the ability to capture data about when a patient first joins the depositing queue. Deploying a member of staff to record this would increase overall waits within the store as they would be diverted from processing prescriptions or other operational duties.

What are the reasons for the BRI Outpatient Pharmacy coming under new management?

LP HCS Limited is owned by the Halo Healthcare Group which made a corporate decision to re-structure and to exit the provision of outpatient pharmacy services. This affected all its outpatient contracts with hospitals in England. LP HCS sought permission from the Trust to novate the contract to Rowlands. After careful consideration, UHBW determined that Rowlands was a suitable alternative provider. With effect from 12 January 2025, the contract between UHBW and LP HCS was novated to Rowlands. The terms of that contract remained the same.

In the March 2025 Board papers (page 197/347), an individual raised concerns about pharmacy wait times and whether local pharmacy processing was possible. Was this long waiting time referring to the BRI Outpatient Pharmacy? Additionally, is there any provision for prescriptions issued from the BRI to be collected from a local pharmacy, or could more information be provided at the BRI Outpatient pharmacy explaining why this is not possible?

This comment was from the 2024 National Urgent and Emergency Care Survey and is therefore anonymous so it is not possible to say whether it referred to the BRI or Weston outpatient pharmacy. The comment would have been submitted in February 2024, where at that time Boots were our incumbent Outpatient Pharmacy provider. Since April 2024, when LP HCS commenced providing this service, it has been possible to collect prescriptions from the following local pharmacies, as an alternative to waiting at the BRI or Weston Outpatient Pharmacy. This is explained during the outpatient appointment by the patient's clinician:

- *Day Lewis, 6 Arnside Road, Southmead, Bristol, BS10 6AT*
- *Day Lewis, Medical Centre, Love Lane, Burnham-on-Sea, TA8 1EU*
- *Day Lewis, The Square, Axbridge, BS26 2AR*
- *Day Lewis, 3 Broad Street, Congresbury, Bristol, BS49 5DG*

	• *Day Lewis, 493 Bath Road, Saltford, Bristol, BS31 3HQ* • *Day Lewis, 508 Filton Avenue, Horfield, Bristol, BS7 0QE* • *Day Lewis, 1 Trevelyan Walk, Henbury, Bristol, BS10 7NY* **It was previously mentioned that responses to questions submitted for the July 2024 would be made available online. Could you confirm where these are published online please?** *The responses to the questions submitted to the July 2024 Board meeting were appended to the minutes of that meeting, which were published as part of the papers for the following meeting held in September 2024 – please see page 20 of 247 here: https://www.uhbw.nhs.uk/assets/1/v2_public_board_-_10_sep_-_agenda_and_papers.pdf*	
07/04/25	**Joint Chair's Report**	
	The Joint Chair outlined her report, commenting briefly on the visits she had undertaken, as listed in the report, as well as her work with key partners, and national initiatives she was involved with. Ingrid thanked the Vice-Chairs of both Trusts for all their help. **RESOLVED: the Boards noted the Joint Chair's report.**	
08/04/25	**Joint Chief Executive's Report**	
	Maria Kane, Joint Chief Executive, outlined her report, highlighting (key points): • the significant changes taking place in the wider NHS, including the abolition of NHS England and changes in the regional and Integrated Care Board (ICB) landscape, with further details to be expected about required headcount and cost reductions • the key role NBT and UHBW played and could play in future, especially as a Hospital Group • the new performance assessment framework recently introduced, with the level of national oversight of Trusts depending on their performance and outcomes, and leadership capability reflected in the framework • the expected publication in November 2025 of a report of the Thirlwall inquiry • the strategic partnership event held in February, to ask what partners and the public thought about what the hospital of the future might look like and the future direction of the NHS; very useful feedback had been gathered, as shown in the report • various meetings she had attended, including National Improvement Board meetings, where discussion focussed on continuous improvement, and community engagement meetings, including with the Bristol Sports Foundation and the Bristol City Robins Foundation, about reducing youth violence and diverting young people into alternative activities. Comments were made by UHBW Non-Executive Directors (NEDs) about the need for work on the implications for charities such as the	

	Red Cross and Hospices of the recent rise in national insurance rates, and the need for the Boards to remain focussed on the detail of service delivery, in the context of the Thirlwall inquiry and the move to a Hospital Group. **RESOLVED: the Boards noted the Joint Chief Executive's report.**	
09/04/25	**Summary Group Benefits Case**	

	Paula Clarke, Executive Managing Director, Weston General Hospital, introduced her report, which provided an overview of the benefits of forming a Hospital Group, including feedback from the Boards, patient representatives and other stakeholders. Paula highlighted (key points):
	
	• the core vision, framed alongside the joint clinical strategy, to provide high quality, equitable care for patients
	• the main benefits were to patients, and what this meant for them
	• the delivery plan, which was under preparation
	• the significant opportunities and benefits of forming a Hospital Group, including:
	  • Delivering outstanding care for everyone who needs it
	  • Supporting our people to thrive and excel
	  • Getting the most out of our resources for the communities we serve
	  • Excelling in groundbreaking Innovation, Research and Development
	  • Working with our partners as one team.
	
	NEDs welcomed the benefits case and commented on the importance of it being adaptable to the changing circumstances of the wider NHS (e.g. the 10 Year Plan) and of robust organisational development (OD), communication and engagement work.
	
	Paula responded in brief:
	
	• that the key shifts envisaged in the NHS 10 Year Plan (e.g. moving from hospital care to home care and from analogue to digital) were reflected in the ambitions and goals; the benefits case was about how those would be delivered
	• that OD was extremely important; NBT and UHBW were two trusts, with their own identities, histories and ways of working, and bringing them together needed careful work, involving extensive communication and engagement with staff and partners, which was already underway and continuing.
	
	RESOLVED: the Boards approved the Summary Business Case.	

10/04/25	**Group Name**	
	Maria Kane outlined the report, which gave an overview of the engagement undertaken with stakeholders to test the preferred name for the Group (the "Bristol NHS Group"). Maria highlighted (key points):	

	• that most patients referred to “Southmead” [Hospital] or “the BRI” or “Weston General” [Hospital], while most partners referred to NBT or UHBW by their Trust names • extensive engagement had been carried out with stakeholders including staff from both Trusts, patient and carer partnership forum members, ICB system partners such as local authorities and primary care, universities and elected representatives • the need to ensure the name was clear, logical, simple, and aligned with NHS brand guidelines and regulations • the intention to include “Bristol” and “Weston” in the Group logo • the importance of a singe, united, understandable voice. NEDs and Executive Board members commented or asked: • that the name was clear, simple and descriptive • that most people did not recognise or understand the Trusts’ existing names • that some hospitals would need to continue using their own identities (e.g. the “Bristol Eye Hospital”) • whether signage (e.g. location boards) would be changed and whether there would be a cost to this? • whether there would be digital opportunities (e.g. email addresses)? • that moving towards a single email address (instead of @uhbw.nhs or @nbt.nhs) would be beneficial. Maria responded that signage in some locations was many years old and needed replacing in any case; changing the name would not mean extra costs or changing signs, as signs would be changed as part of the normal replacement programme. The Joint Chair concluded that forming the Group was about bringing the best of both Trusts together, for the benefit of all patients. **RESOLVED: the Boards:** **(1) noted the engagement undertaken and feedback obtained during testing of the preferred name for the Group** **(2) approved the name: “Bristol NHS Group”** **(3) approved the NHS logo for the Group, shown in the report** **(4) approved the approach to applying the Group name, as detailed in the report.**	
11/04/25	**Joint Clinical Strategy Update**	
	Tim Whittlestone, Chief Medical Officer, NBT and Rebecca Maxwell, Chief Medical Officer, UHBW, outlined the report and presented slides, giving an update on the implementation of the Joint Clinical Strategy, including the launch of the first Group Clinical Service in Cardiology, and an overview of the wider delivery plan for 2025-26. Tim and Rebecca highlighted (key points): • that, ten years ago, there were four cardiology services in Bristol	

	• that had reduced to three, then two, and now, from next week, there would be one single cardiology service for Bristol • significant organisational development (OD) and stakeholder engagement work had been put into the Joint Clinical Strategy (JCS) over the last year especially • Cardiology would be a new single managed service (SMS); a merged clinical service, with combined assets, providing care for the whole population of Bristol and Weston and highly specialised care for the region and further afield • Cardiology was a pathfinder service, with the intention that other services would learn from the Cardiology SMS experience • the SMS involved bringing together two clinical teams, previously competing but now working together, and breaking down barriers for the benefit of all patients • the challenges of working through organisational barriers, including not having one budget, not having one single workforce with the same terms and conditions, not having the same systems and so on • these challenges had to be worked through, which was not easy, and took time, but the priority was patients • benefits of the SMS would include joint appointments, closing capacity gaps, reduced waiting times for patients, joint protocols (e.g. on triage), redirecting patients to appropriate alternatives such as the Rapid Access Chest Pain Clinic, and freeing up clinic time for other patients, aligned treatment pathways and guidelines and so on • next steps in JCS Phase 1 included establishing SMSs for all 44 duplicated services across both Trusts, over a two year period, the first meeting of the Patient and Carer Partnership Group in July and leading the “left shift” envisaged in the NHS 10 Year Plan • phases 2 and 3 of the JCS would focus on single-site and specialised services, asking what could be done better if done as a Group, and then move on to clustering, reorganising and potentially relocating services where appropriate • the key to success was considering what needed to be done in hospital and what did not; for example, a heart operation should be done in hospital, but could ECG tests be done somewhere else, and did tests need to be performed in the presence of a doctor? Board members commented and questioned (key points): • that this work was inspiring and exciting; all those involved were thanked • how much was being done to improve sustainability and tackle climate change (e.g. encourage patients to use public transport and provide services closer to where people lived)? • on the significant challenges and work involved in bringing together 44 duplicated services across both Trusts • welcoming the many benefits, such as reduced travel time and distance, beds freed up for more essential treatment, faster treatments and so on • on the importance of preventative care and the significant improvements in Cardiology services in Bristol in recent years • on the patient story received earlier and how the SMS would help tackle the issues and delays Angela and Jenny had faced • on many clinicians’ desire to work in centres of excellence	

	• that many other services would learn from the very good work taking place in establishing a Cardiology SMS; the successes needed to be shared and celebrated. Tim and Rebecca responded briefly to questions and comments, particularly: • that a major priority was to improve access to services and remove barriers for patients, e.g. by considering where services were now and might best in future be located across Bristol and Weston • that improving health in a changing climate was one of the biggest challenges facing future generations • on the importance of building relationships between clinicians and teams, removing barriers, dealing with issues (such as different contracts and pay for staff doing the same job in a different place) • on the importance of involving the staff in every aspect of the planning and change process • on the significant preventative work happening, with genomics and scientific research, increasingly involving AI as a significant data source and to analyse where a health intervention might help • on opportunities for efficiency and effectiveness gains in outpatient services for example, with patients perhaps able to be treated as well as tested at the Community Diagnostic Centre (CDC), instead of having to go to the CDC for tests and then a hospital for treatment • that the JCS would not solve every problem, but (referring back to the patient story), it would help reduce Cardiology waiting times for patients, reduce waiting lists, and explain the reasons to patients, when there was a delay. The Joint Chair concluded, commenting on the importance of designing services around the patients who used them, welcoming this very important work, and looking forward to the Patient and Carer Partnership Group meetings. **RESOLVED: the Boards:** **(1) noted the significant milestone that the launch of the Group Cardiac Service represented** **(2) noted the next steps for the 2025-26 delivery plan and** (3) **noted the introduction of the Patient and Carer Partnership Group, which would hold its first meeting in July 2025.**	
	The meeting of the Boards adjourned for a brief comfort break at this point. Paula Clarke left the meeting.	
12/04/25	**UHBW and NBT Operating Plans 2025/26**	
	Stuart Walker, UHBW Hospital Managing Director, outlined the key headlines of the UHBW Operating Plan and gave thanks to everyone concerned for their hard work and contributions to the UHBW plan. Jane Farrell, Chief Operating Officer, UHBW, and Neil Kemsley, Chief Finance Officer, UHBW, outlined the UHBW Operating Plan in detail, highlighting:	

- their thanks for the close working relationships between finance and operational teams
- the ongoing mismatch between supply and demand, exacerbated by high numbers of patients with no criteria to reside and ongoing financial constraints
- the challenges of working with system partners
- that UHBW had submitted a fully compliant operational plan on 27 March
- that the UHBW plan was also a breakeven plan
- Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB) was one of only 11 Integrated Care Boards (ICBs) (out of 42 in the UK) and one of only four in the South-West to submit breakeven plans
- UHBW capital and revenue positions
- the Cost Improvement Programme (CIP) savings requirement of 5%.

Rosie Benneyworth, UHBW NED, asked how the Trust ensured that financial constraints did not impact negatively on quality and patient safety and patient outcomes.

Stuart Walker, UHBW Hospital Managing Director, commented that every Trust and every ICB struggled with this balance, but outcomes would be monitored very closely and reported on throughout the year. Other UHBW Executives referred to the high degree of quality vigilance, the high degree of input to the operational plan from clinical teams and the fact that CIP savings of 5% was low compared to many other Trusts and ICBs. Neil Kemsley referred to further work required to mitigate any gaps and commented that a report would be submitted to the Finance and Estates Committee in future on UHBW CIP maturity ratings.

Glyn Howells, NBT Hospital Managing Director, outlined the key headlines of the NBT Operating Plan and gave thanks to everyone concerned for their hard work and contributions to the NBT plan. Glyn outlined that the NBT plan was fully compliant and that NBT was already compliant with several national targets (e.g. cancer, diagnostics and workforce). The plan for the year ahead included staffing up for the new Bristol Surgical Centre, while implementing the required headcount reductions overall. A key risk to achievement of the plan, particularly the Urgent and Emergency Care (UEC) targets, was reducing the level of patients with no criteria to reside to 15%, which was a system-wide challenge.

Elizabeth Poskitt, NBT Chief Finance Officer, added that the plan had been submitted on 27 March, but business planning took place year-round. She gave further details relating to the NBT 5% CIP target and risks around non-pay inflation, cash and no criteria to reside. Discussions with national partners were taking place about PFI costs.

The Joint Chair congratulated and thanked the teams involved, welcoming the plans and commenting on the significant achievement of delivering breakeven and also meeting challenging national performance targets across the city and across both Trusts. She

	commented on the importance of continuing and re-doubling efforts with system partners to reduce the number of patients with no criteria to reside and the hard work involved in achieving 5% savings, reiterating that safety and outcomes for patients were the number one priority. **RESOLVED: the Boards noted that the UHBW 2025/26 Operating Plan and the NBT 2025/26 Operating Plan had been approved under the relevant delegated powers and had been submitted to NHS England on 27 March 2025.**	
13/04/25	**Group Board Assurance Framework (BAF)**	
	Eric Sanders, Joint Chief Corporate Governance Officer (JCCGO), outlined the report and BAF, giving details of the principal risks facing both Trusts, and highlighting three particular risks, around: • the changing climate and context of the wider NHS and the possibility of further changes ahead, potentially affecting the Trusts' ability to plan and deliver effectively • the high level of patients with no criteria to reside, which may need to be reflected as a distinct risk (separate from other risks) on the BAF • achieving Net Zero Carbon by 2030. Comments were made and questions were asked by UHBW and NBT NEDs and Executives (key points): • about the classification of UHBW fire safety risks and the importance of not losing sight of Trust-specific risks such as this; concern was raised that the Boards may lose oversight and assurance as a result of having a Group BAF • on the need to consider NBT's and UHBW's risk appetites, which may be different • about whether no criteria to reside (NC2R) should be a separate risk and what the mitigations might be; this was debated, with some views that NC2R was a risk which should be flagged in some way, but not as part of the BAF, as the level of NC2R was not within the control of either Trust, it was a system-wide issue and other views that NC2R should be a separate risk on the BAF, because it was so fundamental to achieving the Trusts' plans and because mitigations were outside the Trusts' control • that clinical behaviour and risk-taking (which some considered innovation) was an increasing risk and should be on the BAF • that achievement of the Joint Clinical Strategy was a key challenge and risk. Eric responded that the Boards or their committees could ask for deep-dives into specific risks at any time. The fire safety risk was captured as part of the health and safety/fire compliance risk. Reports were submitted on these to the Finance and Estates Committee. NC2R was also already referenced in principal risk 2 (performance) but not as a risk in itself.	

	RESOLVED: the Boards: **(1) approved the Group Board Assurance Framework (BAF), which consolidated the principal risks from UHBW and NBT into a unified framework, aligned with the Group's strategic priorities, ensuring a consistent and structured approach to risk oversight, enabling the Board to effectively monitor, assess and mitigate strategic risks** **(2) noted the ongoing work to align risk management processes between UHBW and NBT, including a planned review of risk appetite and continued refinement of the BAF to support effective decision-making and assurance** **(3) agreed that a separate risk should be added to the BAF in relation to the level of no criteria to reside and its impact on the Trusts' ability to deliver against the operating plans of both NBT and UHBW.**	JCCGO
14/04/25	**Board Workplan and Committee Terms of Reference**	
	Eric Sanders outlined the report, presenting proposed changes to the Board workplan and committee terms of reference, for the Board's approval. He commented that the Board needed to decide, what was appropriate to come to the Board (or committees) in the future and what the committees' remits and responsibilities should be. The documents attached to the report set out the proposed workplan of the Board, the committee terms of reference, committee membership and so on. In particular, the quorum of committees needed further consideration as it was not consistent or clear (e.g. how many NEDs and Executives should form the quorum of each committee). NED and Executive Board members questioned: • the committee memberships proposed, which were not clear or sensible in some cases • the terms of reference indicated two NEDs from each Trust, with one Chair, but that conflicted with the proposal for Co-Chairs • the role of the NBT Board as Corporate Trustee in relation to Southmead Hospital Charity; this was not reflected in the plans • the Board workplan lacked mention of health inequalities • a finance/productivity day would be helpful for the Board • both Boards needed to spend time doing anti-racism training • the Audit Committee should consist of a NED Chair of each of the other committees • cross-pollination of committee membership was required, to ensure triangulation of business • Hospital Managing Directors were not listed as members of (for example) the Quality and Outcomes Committee or the Finance and Estates Committee, but they had an important role there; the Group structure and hospital structure needed to be reflected • quarterly deep-dives at Board meetings could not be done effectively if given only ten minutes on the agenda • more time and flexibility was required in the Board workplan, to allow for seasonal/unexpected items such as the Winter Plan or time sensitive, high risk and/or high impact issues.	

	Eric commented that more refinement was necessary and that ongoing discussions would be needed between Chairs for example, to determine which "Big Topic Discussions" would be most appropriate. Two NEDs and two Executives from each Trust may be appropriate for committees, subject to further consideration and discussion. A health inequalities session was planned for the informal Board day in June and other sessions would be built into the plan for the rest of the year (e.g. "Our People" or "Patient Experience"). Further details would be submitted to the Board in due course. **RESOLVED: the Boards:** **(1) approved the revised Board workplan in principle, subject to further reports back** **(2) noted the list of issues to be considered elsewhere, which was included in appendix 2 to the report** **(3) agreed to undertake a regular review of the workplan as the Board progressed with meetings in common** **(4) approved the new governance structure shown in the report** **(5) approved the committee terms of reference attached to the report in principle only, subject to further reports back in response to the queries listed above and to clarify committee memberships, quorum and remits** **(6) approved the committee memberships outlined in appendix 10 to the report in principle only at this stage, subject to further reports back.**	JCCGO JCCGO JCCGO
15/04/25	**Key Governance Documents**	
	Eric Sanders outlined the report, presenting the Trusts' Standing Orders and Standing Financial Instructions for approval. Eric responded to questions from NED Board members; that he did not know if the documents met appropriate readability standards; they were highly technical, but he would let NEDs know, and that the schemes of delegated authority for each Trust were yet to be completed. **RESOLVED (by the UHBW Board): to approve the UHBW Standing Orders for the Board of Directors, Standing Orders for the Council of Governors and Standing Financial Instructions.** **RESOLVED (by the NBT Board): to approve the NBT Standing Orders and Standing Financial Instructions.**	
16/04/25	**Committee Upward Reports**	
	The Joint Chair reported that the upward reports of all relevant NBT committees had been submitted to the NBT Board on 27 March 2025, so they were not repeated on the Boards in common agenda. Sue Balcombe, UHBW NED and Chair of the UHBW Quality and Outcomes Committee, presented that Committee's upward report, highlighting the key issues discussed at the Committee's last meeting.	

	Linda Kennedy, UHBW NED and Chair of the UHBW People Committee, presented that Committee's upward report, highlighting the key issues discussed at the Committee's last meeting. Martin Sykes, UHBW NED and Chair of the UHBW Finance, Digital and Estates Committee, presented that Committee's upward report, highlighting the key issues discussed at the Committee's last meeting. **RESOLVED: the Boards noted the UHBW committee upward reports, for assurance purposes.**	
17/04/25	**Joint Integrated Quality and Performance Report (IQPR)**	
	Key highlights of the Quality, Safety, Effectiveness and Patient Experience aspects of the IQPR were presented by Steve Hams, NBT Chief Nursing Officer, Mark Goninon, UHBW Deputy Chief Nursing Officer and Rebecca Maxwell, UHBW Chief Medical Officer. In response to questions from Rosie Benneyworth, UHBW NED: • Steve Hams reported that the NBT Quality and Outcomes Committee was due to receive a report on perinatal mortality at its next meeting • Rebecca Maxwell reported that UHBW was within expected range in relation to VTE assessments and that further improvements were expected when Careflow Medicines Management came onstream. Key highlights of the Operational Performance (Responsiveness) aspects of the IQPR were presented by Jane Farrell, UHBW Chief Operating Officer and Glyn Howells, NBT Hospital Managing Director. Key highlights of the "Our People" aspects of the IQPR were presented by Peter Mitchell, NBT Chief People Officer. In response to a challenge from Shawn Smith, NBT NED, Peter Mitchell agreed to stretch the 85% NBT target for essential training for staff to 90%, as compliance was already exceeding 90% at both Trusts. Key highlights of the Finance aspects of the IQPR were presented by Elizabeth Poskitt, NBT Chief Finance Officer. **RESOLVED: the Boards noted the IQPR for assurance purposes.**	
18/04/25	**Any other urgent business**	
	No further business was raised.	
19/04/25	**Date and time of next meeting: Noted: 13 May 2025 at 10.00am**	

The meeting ended at 4.15pm

Meeting in common of the Board of Directors of University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and the Board of Directors of North Bristol NHS Trust (NBT) in Public on Tuesday, 13 May 2025

Action Log

Outstanding actions from the meeting held in April 2025					
No.	**Minute reference**	**Detail of action required**	**Executive Lead**	**Due Date**	**Action Update**
1.	*13/04/25*	Group Board Assurance Framework (BAF) separate risk should be added to the BAF in relation to the level of no criteria to reside and its impact on the Trusts' ability to deliver against the operating plans of both NBT and UHBW.	Joint Chief Corporate Governance Officer	July 2025	**Action Ongoing.** The Group Board Assurance Framework (BAF) will be updated with the additional risk and will be presented to the Boards in Common at their July meeting.
2.	*14/04/25*	Board Workplan and Committee Terms of Reference Further reports on the Board Workplan and committee terms of reference, quorums, remits and memberships to be submitted to answer Board members' queries.	Joint Chief Corporate Governance Officer	July 2025	**Action Ongoing.** Work is ongoing and will be reported back to the to the Boards in Common at their July meeting.
Action closed at the meeting held in April 2025					
1.	*09/03/25*	Board Assurance Framework Joint Chief Digital Officer to review the score for Risk 7, relating to Digital and Cybersecurity, that patients may not have migrated from Millennium to Medway.	Joint Chief Digital Information Officer	April 2025	**Action Closed.** Risk 7, relating to digital and cybersecurity, had been re-scored (with a new score of 9). There were no outstanding records, which had not been migrated from Millenium to Medway, but further checking was required and a report would be submitted to the Digital Committee in the near future.

Report To:	Meeting in common of the Board of Directors of UHBW and the Board of Directors of NBT held in Public		
Date of Meeting:	8 May 2025		
Report Title:	Group Chair's Report		
Report Author:	Ingrid Barker, Group Chair of North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)		
Report Sponsor:	Ingrid Barker, Group Chair of North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			✓
	The report sets out information on key items of interest to the Trust Board including activities undertaken by the Group Chair, and Vice Chairs.		
Key Points to Note *(Including any previous decisions taken)*			
The Group Chair reports to every Public Board meeting with updates relevant to the period in question. This report covers the period (9 April – 13 May) since the last meeting.			
Strategic and Group Model Alignment			
The Group Chair's report identifies her activities, along with key developments at the Trust and further afield, including those of a strategic nature.			
Risks and Opportunities			
Not applicable.			
Recommendation			
This report is for discussion and information. The Board is asked to note the activities and key developments detailed by the Group Chair.			
History of the paper (details of where paper has <u>previously</u> been received)			
N/A			
Appendices:	N/A		

1. Purpose

1.1 The report sets out information on key items of interest to the Trust Board, including the Group Chair's attendance at events and visits as well as details of the Group Chair's engagement with Trust colleagues, system partners, national partners and others during the reporting period.

2. Background

2.1 The Trust Board receives a report from the Group Chair to each meeting of the Board, detailing relevant engagements she has undertaken and important changes or issues affecting UHBW and NBT and the external environment during the preceding months.

3. Activities across both Trusts (NBT and UHBW)

3.1 The Group Chair has undertaken several meetings since the last report to the Boards in Common report on 8 April 2025:

- Monthly meeting with both organisations' Non-Executive Directors (NEDs)
- Monthly meeting with the Vice-Chairs
- 121 meetings with Lead Governor, Ben Argo
- Group Hospital Development Update Session for Governors on 9 April
- Governor/Non-Executive Director engagement session
- Visit to NBT Theatres
- 1-1s with all Non-Executive Directors at UHBW and NBT
- Regular 3-way touch point meetings with both Vice chairs
- A pre-consultant interview discussion with a candidate for Consultant post
- Visit to Major Trauma Service at NBT
- Research STAR Award Team Party
- Attended the evening dinner to welcome our International visitors from Marengo group, India

4. Communications

The Communications teams of both Trusts have been very helpful in making the above visits more visible to all colleagues and to UHBW Governors. For UHBW this has been through its platform Viva Connect and a newsletter to Governors. I would like to thank both teams for their support in this. For NBT this has been through its weekly staff newsletter, NBT News and intranet platform, LINK. The post Board meeting videos summarising main points from each Board meeting in public that have been taking place at NBT will continue with the new Group Board and the first one was recorded following the 8th May Board and shared with colleagues from both trusts and governors.

5. Connecting with our Partners

5.1 The Group Chair has undertaken several visits and meetings with our partners:

- Attended the City Partners Conference Call
- Panel member for Non-Executive Director interviews for Sirona Care and Health
- Engagement meeting with Kevin Peltonen-Messenger, Chief Executive Officer for Healthwatch
- Introduction meeting with Jos Moule, Chair of Grand Appeal
- Group Chair and Group Chief Executive meeting with Councillor Dyer, Nick Hibberd and Hugh Evans from Bristol City Council
- 1-1 with Jeff Farrar, Chair, BNSSG Integrated Care Board
- Attendance at the BNSSG Integrated Care Partnership Board
- Group Chairs' visit to AWP Callington Road Hospital with Paul Miller, Chair, AWP NHS Trust
- Engagement meeting with Chrissie Thirlwell, Head of Bristol Medical School and Professor Cancer Genomics, University of Bristol

6. National and Regional Engagement

- 1-1 with Sue Doheny
- Catch up meeting with Habib Naqvi MBE, Chief Executive, NHS Race and Health Observatory
- Attended an NHS Confederation Conference webinar with a focus of 'reimagining how we work with our universities, colleges and schools'

7. Vice-Chairs Report

The Vice-Chairs undertook a variety of visits and meetings:

7.1 Vice Chair (UHBW)

- Meeting with Clinical Chair, Women's and Children's Division and visit
- Bi-monthly meetings with site Hospital Managing Director
- Regular meetings with chair and NBT vice chair
- Attendance at Joint Non-Executive Director briefings
- Interview panel for Group Executive roles
- Visit to Estates and Facilities Division
- Visit to Haematology and Oncology Centre
- Attendance at the Finance Digital and Estates Committee and Audit Committee UHBW

7.2 Vice Chair (NBT)

- Visit to Community Diagnostic Centre at Cribbs Causeway
- Regular meetings with chair and UHBW vice chair
- Attendance at Joint Non-Executive Director briefings
- Attendance at Quality and Outcomes Committee NBT
- Visit to NMSK Divisional Tri
- Visit to Ward 34b NBT
- Attendance at the BNSSG Primary Care Committee
- Meetings with site Hospital Managing Director
- Interview panel for Group Executive roles

8. Summary and Recommendations

The Trust Board is asked to note the content of this report.

Report To:	Meeting in common of the Board of Directors of NBT and the Board of Directors of UHBW held in Public		
Date of Meeting:	13 May 2025		
Report Title:	Group Chief Executive Report		
Report Author:	Suzanne Priest, Executive Co-ordinator		
Report Sponsor:	Maria Kane, Group Chief Executive		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	The report sets out information on key items of interest to Trust Board, including engagement with system partners and regulators, events, and key staff appointments.		

Key Points to Note *(Including any previous decisions taken)*

The report seeks to highlight key issues not covered in other reports in the Board pack and which the Boards should be aware of. These are structured into four sections:

- National Topics of Interest
- Integrated Care System Update
- Strategy and Culture
- Operational Delivery
- Engagement & Service Visits

Strategic Alignment

This report highlights work that aligns with the Trusts' strategic priorities.

Risks and Opportunities

N/A

Recommendation

This report is for Information. The Boards are asked to note the contents of this report.

History of the paper (details of where paper has <u>previously</u> been received)

N/A	
Appendices:	N/A

Group Chief Executive's Report

Background

This report sets out briefing information from the Group Chief Executive for Board members on national and local topics of interest that have taken place since the last in common Board meeting held on 8 April.

1. National Topics of Interest

1.1. NHS Leadership Event

I attended a national CEO leadership event held in London at the end of April. The day focused on providing more information around the 10 Year Plan and current transformation across the NHS following the announcements in March.

2. Strategy and Culture

2.1 Group Launch

The Bristol NHS Group was officially launched on 28 April with communications sent to all staff and external stakeholders, as well as press releases. This was an opportunity to share our Group Benefits Case, focused on the "Four Ps", for the benefit of our Patients, our People, the Populations we serve, and the Public Purse. We also launched the Group name and logo. The feedback has been very positive, with great engagement from staff via a joint virtual Town Hall which I led on Wednesday 30 April.

3. Engagement and Visits

3.1 Bristol City Council visit

The Group Chair and I attended a reciprocal visit with Councillor Tony Dyer, Bristol City Council Leader, Nick Hibberd, CEO of Bristol City Council, and Hugh Evans, Director of Adult Social Care. Topics included a Group update, the impact of the NHS changes including at ICB level, an update from the Council on their new corporate strategy and a conversation on the neighbourhood health plans.

3.2 Service Visits

I have visited a number of areas, and met with senior clinical staff across the Trusts including:

- New Elective Centre at NBT
- Education Centre at UHBW

Recommendation

The Board is asked to note the report.

Maria Kane
Group Chief Executive

NHS Bristol NHS Group Bristol | Weston

Report To:	Meeting in common of the Board of Directors of UHBW and the Board of Directors of NBT held in Public		
Date of Meeting:	13 May 2025		
Report Title:	Aligning Group and Trust Strategic Priorities		
Report Author:	Paula Clarke, Group Development SRO		
Report Sponsor:	Paula Clarke, Group Development SRO		
Purpose of the report:	**Approval**	**Discussion**	**Information**
		X	
	The purpose of this paper is to provide the Board-in-common with a proposal for aligned Group and Trust strategic priorities for 2025/26.		

Key Points to Note *(Including any previous decisions taken)*

At the Board-to-Board meeting in February 2025, an approach to developing Group strategic priorities, and ensuring these reflect and inform each Trusts' objectives and improvement priorities, was discussed and supported. Since then, we have refreshed both Trust Patient First objectives for 2025/26, launched the Bristol NHS Group and approved the Group Benefits case. Based on these key strategic plans, a proposal is presented for a coherent approach to how Group and Trust priorities fit together. This has been discussed with the senior leadership teams of NBT and UHBW at a recent joint meeting.

A core principle for our Group operating model is to focus on the things we can do better, once and together. Our Group is the collective of both Trust's as our core operating units, which means we recognise the need to get the right balance between local, operating unit functions and focus, and what we do only once.

There is clear and significant commonality across both Trusts' strategic improvement priorities and also with Group priorities. Senior leaders supported the view that we should move towards aligning these priorities fully but that this should be managed incrementally over 2025/26 to avoid risking the momentum we have gained in deploying Patient First across both organisations. Over the next six months, SROs for current, individual Trust breakthrough and priority projects where there is strong commonality, will work together to test how far these can be further aligned and share learning. The areas of difference will also be explored to better understand why each Trust has selected these, accepting the legitimacy of some difference across two very large and complex organisations.

It is recognised that the proposed priorities for the Bristol NHS Group will need to be reviewed in the context of the NHS 10-year plan to ensure we are using our scale and scope to focus on the key opportunities for the radical transformation the Government expect.

Strategic and Group Model Alignment
The proposed Group Priorities are the strategic themes from our Summary Benefits Case and demonstrate what we want to achieve as a Group for our 4 Ps.
Risks and Opportunities
There is an opportunity to completely align the strategic priorities across NBT and UHBW however this could bring risk if done too rapidly given the depth of engagement in developing priorities and projects through Patient First to date
Recommendation
This paper is for **discussion.** **The Boards are asked to**: a) **Consider and support** the proposal for aligning the Group and Trusts strategic priorities, noting the intent to review Group priorities when the NHS 10 Year Plan is published. b**) Note** the refreshed priority projects for 2025/26 in NBT and UHBW. c) **Note** the intent to continue work over 2025/26 to bring priorities into further alignment.

History of the paper (details of where paper has <u>previously</u> been received)	
Joint Executive Group	23rd April 2025
Appendices:	Appendix A: NBT and UHBW Strategic Priority Grids for 2025/26 Appendix B: Group Priorities 2025/26

Aligning Group and Trust strategic priorities

1. Context:

The Bristol NHS Group, as a partnership between NBT and UHBW, has recently been launched uniting our two organisations behind a shared vision for seamless, high-quality, equitable and sustainable healthcare. The focus behind the Group Benefits Case is to transform our services to make a bigger difference for our patients, our people, the populations we serve, and the public purse (the Four Ps). The priorities for the Group are to:

1. Deliver outstanding care for everyone who needs it
2. Support our people to thrive and excel
3. Get the most out of our resources for the communities we serve
4. Excel in groundbreaking innovation, research and development
5. Work with our partners as one team

NBT and UHBW both adopted a Patient First approach in 2022, identifying organisational-specific objectives and improvement priorities to be delivered over 3-5 years through annual breakthrough objectives, strategic and corporate projects. The ethos of an inch-wide, mile-deep approach to priorities that drive improvement from floor to Board has demonstrated real impact across both Trusts.

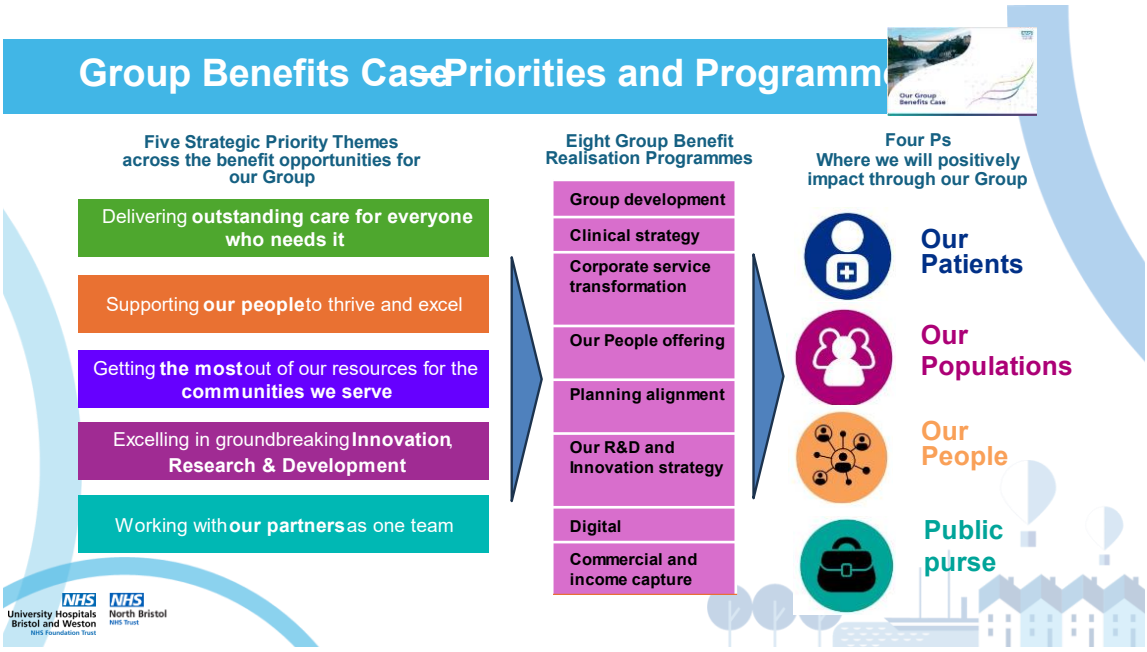
We plan to build on this success, bringing the Patient First approach into the Group Benefits Delivery Plan, and moving to increasingly fully align the priorities across both Trusts and at Group level.

This paper sets out the commonality across Group and Trusts' priorities and proposes an approach to aligned strategic priorities for 2025/26.

2. Group priorities – 2025/26:

The Group Benefits Case defines the benefit opportunities that will be delivered over the next 3 years. This focusses on five strategic priorities that will secure positive impact on our 4 P's – Our Patients, Our People, the Populations we collectively serve, and the Public Purse. Eight Group Delivery Programmes are being established to drive benefits realisation. An overview of the Group Benefits Case and delivery plan is as follows:

Figure 1:

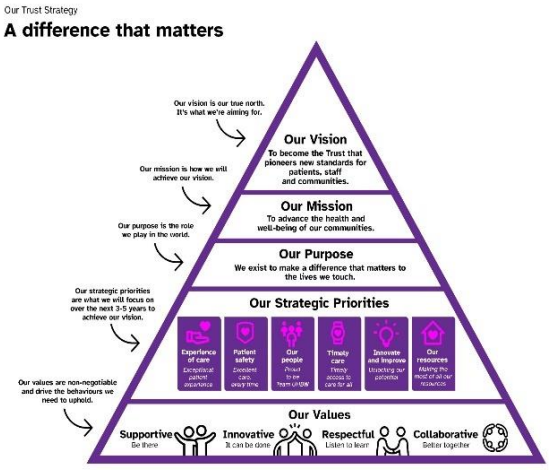


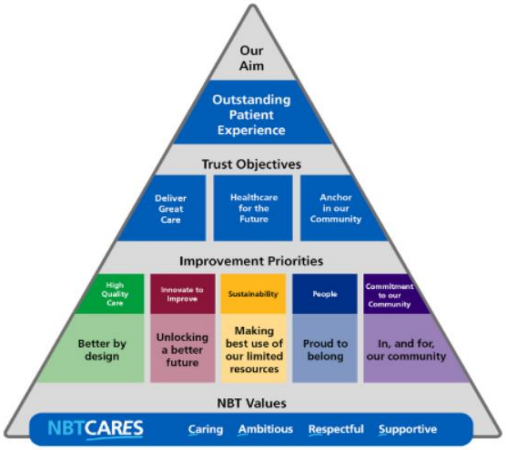
The priority workstreams and key objectives for 2025/26 within the eight delivery programmes are included at Appendix B. A Patient First approach has been adopted to all workstreams, including project charters.

3. Organisational Priorities – 2025/26 :

NBT and UHBW strategies and strategic priorities are communicated through the Patient First Triangles. These priorities are known across teams in each Trust and provide the framework for connecting improvement actions from Board to floor.

Figure 2:





At UHBW, the Executive Team has reviewed the strategic priority projects for 2025/26. Current projects that have reached their improvement target were identified as complete, and key metrics ill remain as " atch" measures to ensure the improvement is sustained. Improvement stories celebrating "turning the dial" ill be added to the Patient First hub.

Projects that will continue into 2025/26, plus new projects, are included in the strategy on a page in Appendix A. Key points to note are:

- Using the Patient First strategic project filter process, new strategic priority projects have been prioritised to commence. A holding list has also been created which will become the pipeline of improvement projects.
- A check was made against the Board Assurance Framework to ensure that the priority projects address the principal risks for the Trust.
- The updated strategic priority projects will be cascaded to divisions in May and delivery will be monitored through the SLT and divisional monthly strategy deployment reviews.

In October 2024, the NBT Executive Team reviewed the Trust Breakthrough objectives, strategic initiatives and corporate projects for 2025/26 to underpin the annual Trust Business Planning process. Breakthrough objectives were reviewed and targets updated accordingly where they had been met or exceeded, or a new national target had been provided. Strategic Initiatives and Corporate Projects remain unchanged.

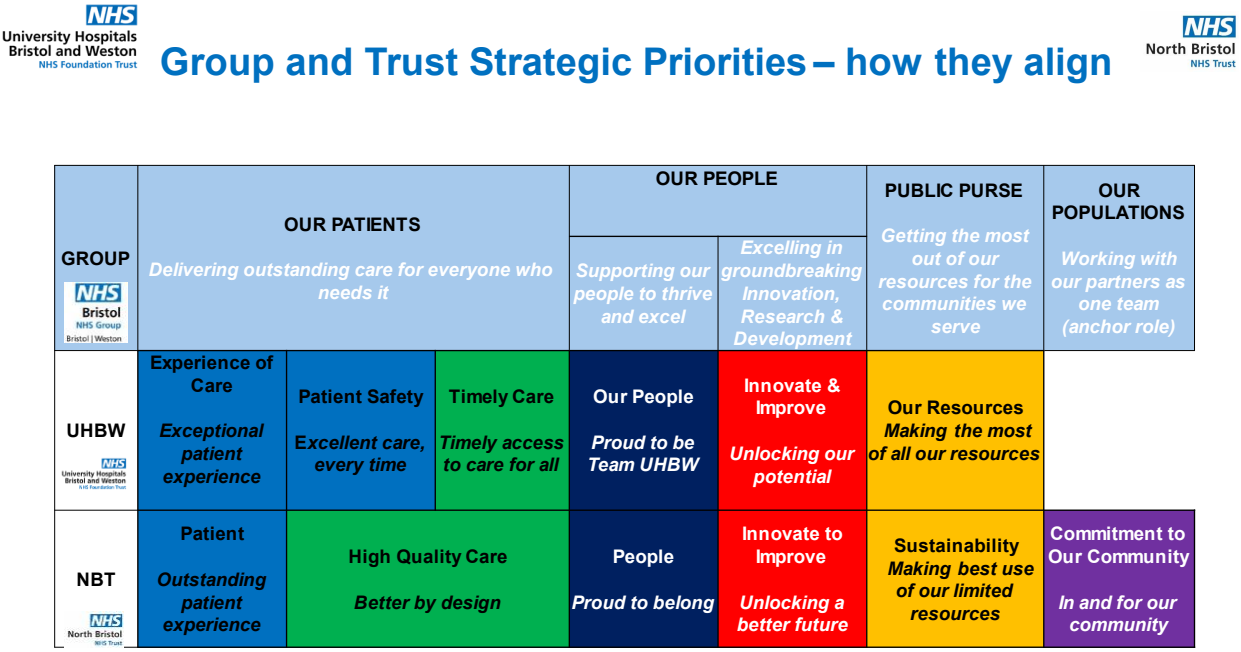
The portfolio for 2025/26 is summarised on the NBT Plan on a Page in Appendix A. Key points to note are:

- All divisions have agreed improvement commitments as an integral part of the normal annual business planning process for 2025/26.
- A review of our Patient Safety improvement priorities is currently in progress and will be discussed as a potential update to the portfolio at May Patient First Steering Group

4. Aligning our Strategic Priorities:

There is clear and significant commonality across both Trusts' strategic improvement priorities and with Group priorities. This is shown in Figure 3 below:

Figure 3:



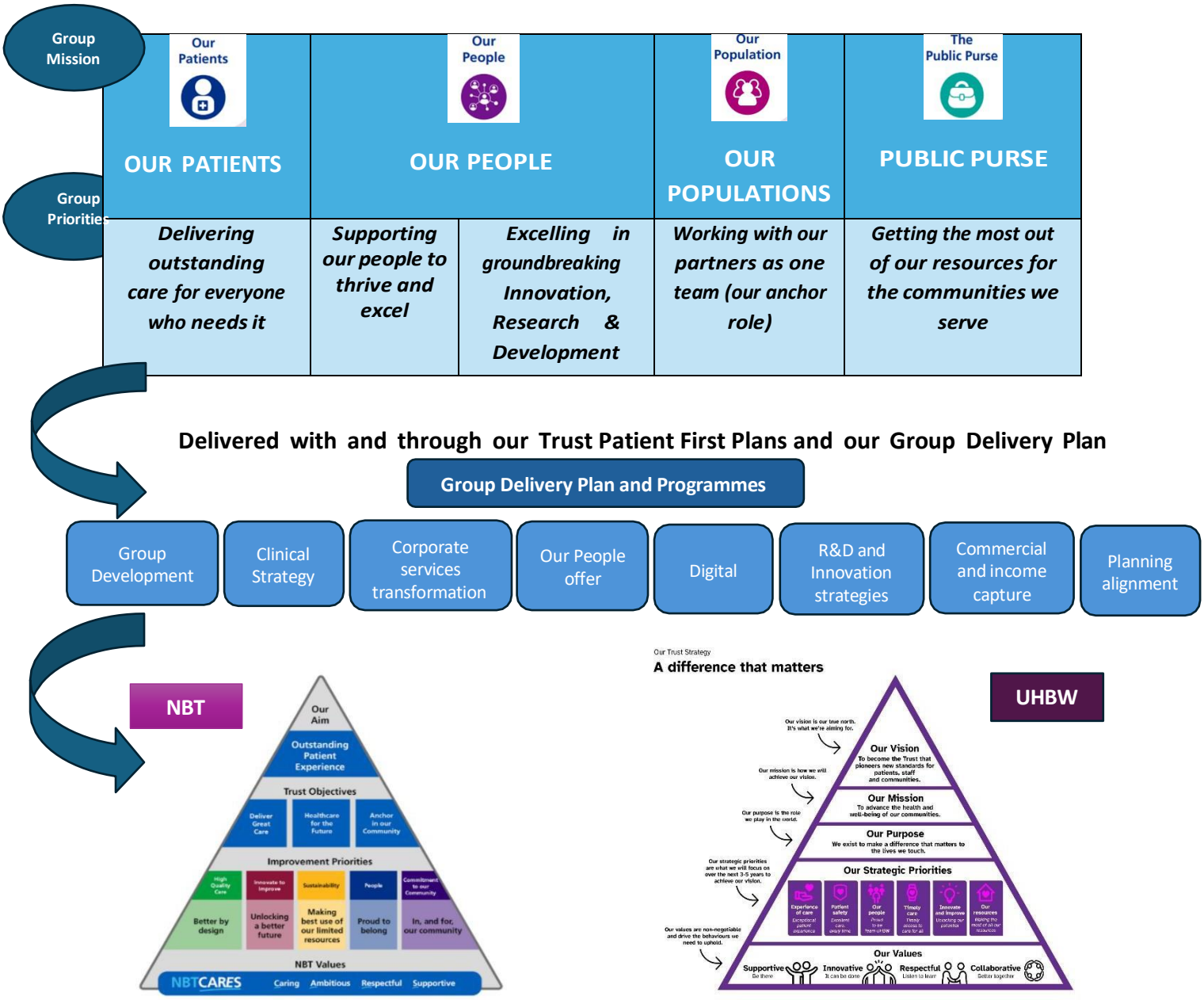
Senior leaders from both Trusts met on 13th April 2025 and discussed the degree of commonality and whether we should move immediately to completely aligned priorities, common language and taxonomy. There was a consensus view that we should move towards this full alignment, but it was recommended that this should be managed incrementally over 2025/26 to avoid risking the momentum we have gained in deploying Patient First across both organisations. This enables us to keep focussed on delivery of priorities within each Trust in the knowledge these support and enable delivery of Group priorities, while beginning to implement our Group governance and operating model, learning from this, and adapting as required.

Over the next six months, it was agreed that SROs for current individual Trust breakthrough and priority projects where there is strong commonality will work together to test how far these can be further aligned and to share learning. The areas of difference will also be explored to better understand why each Trust has selected these, accepting the legitimacy of difference across two very large and complex organisations. In particular, we will explore how to better demonstrate the work that UHBW are undertaking aligned to Our Populations and the Commitment to Communities priorities reflected in the Group and NBT.

5. Proposed Overview of our Group and Trust Priorities Alignment

For 2025/26, Figure 4 sets out how we propose to represent how our priorities align and work together to ensure we put our improvement energy and capacity into delivering the right things, and get the right balance between local, operating unit focus, and what we do only once as Bristol NHS Group.

Figure 4:



6. Recommendation:

This paper is for discussion.

The Boards are asked to:

a) Consider and support the proposal for aligning the Group and Trusts strategic priorities, noting the intent to review Group priorities when the NHS 10 Year Plan is published.

b) Note the refreshed priority projects for 2025/26 in NBT and UHBW.

c) Note the intent to continue work over 2025/26 to bring priorities into further alignment

Appendix A: NBT and UHBW Strategic Priority Grids for 2025/26

NHS North Bristol NHS Trust

NBT: Our Plan on a page

Improvement Priorities	Vision	Our Strategic Goals	Our 3 – 5 Year Targets	Breakthrough Objectives	Corporate Projects	Enabling Programmes
PATIENT *Outstanding patient experience*	We consistently deliver person centred care & ensure we make every contact and interaction count. We get it right first time so that we reduce unwarranted variation in experience, whilst respecting the value of patient time	We have the highest % of patients recommending us as a place to be treated among non-specialist acute hospitals with a response rate of at least 10% in England	Upper decile performance against non specialist acute hospitals with a response rate of at least 10% *(based on June 2022 baseline)*	Improving FFT 'positive' percentage	• Enhancing near 'real time' insight & action • Shared decision making • Mental Health Strategy • Enhancing clinical communication • Patient Safety Incidence Response (inc PSIRP &PSIRF)	• Patient & Carer Experience Strategy • Patient First Delivery Programme
HIGH QUALITY CARE *Better by design*	Our patients access timely, safe, and effective care with the aim of minimising patient harm or poor experience as a result	1. 62 day cancer compliance 2. >15 min ambulance handover compliance	85% of patients will receive treatment for cancer in 62 days Sustain/maintain <70 weekly hrs lost	70% of patients will receive treatment for cancer in 62 days Maintain best weekly delivered position between April 2021 and August 2022 – 141 hrs (w/c 29th Aug 2022)	• Cancer • Urgent & Emergency Care	• Clinical Strategies • Reset & Recovery
INNOVATE TO IMPROVE *Unlocking a better future*	We are driven by curiosity; undertake research and implement innovative solutions to improve patient care by enabling all our people and patients to make positive changes	Increase number of staff able to make improvements in their areas to 75% of respondents by 2028	Increase number of staff able to make improvements in their areas to 63% of respondents by 2026/2027	Increase number of staff able to make improvements in their areas to be 1% point above the benchmark average in 2024/25 (57% based on 2023 staff survey results)	• Staff & Patient Involvement opportunity in research	• Digital Programme
SUSTAINABILITY *Making best use of our limited resources*	Through delivering outstanding healthcare sustainably we will release resources to invest in improving patient care.	To eliminate the underlying deficit by 2026/2027	To deliver at least 1% higher CIP than the national efficiency target	Deliver the planned levels of recurrent savings in 2024/25	• Productivity • Financial Stewardship	• Long Term Sustainability Plan
PEOPLE Proud to belong	Our exceptional people deliver outstanding patient care and experience	Staff turnover sustained at 10% or below by 2029	Staff Turnover sustained at 10.7% or below by Mar 2027	Staff Turnover Sustained at 11.9% or below	• Workforce Retention Plan • Commitment to our Community Plan	• People Strategy • Long Term Workforce Plan
COMMITMENT TO OUR COMMUNITY In, and for, our community	We will improve opportunities that help reduce inequalities and improve health outcomes	Increase NBT employment offers in our most deprived communities and amongst under-represented groups	Increase recruitment within NBT catchment to reflect the same proportion of our community in the most economically deprived wards – increase from 32% to 37% of starters equating to an additional 70 starters per year at current recruitment levels.	Reduce disparity ratio To 1.25 or better 38% employment from our most challenged communities	• Reducing Health Inequalities	• Long Term Workforce Plan

UHBW: Our Plan on a page

These are the six strategic priorities that shape our Trust Strategy, **A difference that matters**

Strategic priority	Vision	Our strategic goals	Our 3-5 year targets	12m breakthrough objectives	12-18m corporate projects	Our strategic initiatives
Experience of care *Exceptional patient experience*	Together, we will deliver person-centred, compassionate and inclusive care every time, for everyone.	We will be in the top 10% of NHS organisations for providing an outstanding experience for all our patients as reported by them and as recognised by our staff.	• 98% or more of inpatient and maternity stays rate their care as good or above. • Feedback is representative of the patients we care for. • We will be in the top 10% of non specialist acute trusts for staff recommending our organisation for treatment of a friend or relative.	• Improve experience of care through better communication.	**Important corporate project:** • Mental Health across UHBW.	**Experience of Care Strategy delivery**
Patient safety *Excellent care, every time*	Together, we will consistently deliver the highest quality, safe and effective care to all our patients.	Building on the many things we do well to keep our patients safe, we will continue to develop a 'no blame' and 'just' culture and make improvements to how care is delivered to make it even safer for patients.	1% year on year increase in staff survey scores for patient safety culture questions.	• Sepsis management (when data available) • Fire evacuation compliance and readiness	**Mission critical project:** • Implementing Careflow Medicines Management. **Important corporate projects:** • Delivering our deteriorating patient programme. • Implementation of Martha's Rule. • Improving medical equipment procurement and management	**Clinical Strategy:** • Single Managed Services **Fire Safety Programme**
Our people *Proud to be #TeamUHBW*	Together, we will make UHBW the best place to work.	We will improve the employment experience of all our colleagues to retain our valuable people.	We will be in the top 10% of NHS organisations for staff recommending us as a place to work, a 5% improvement year-on-year.		**Mission critical project:** • Medical workforce programme **Important Corporate project:** • Delivering the pro-equity promise	Develop the UHBW/ North Bristol Trust Joint People strategy
Timely care *Timely access to care for all*	Together, we will provide timely access to care for all patients, meeting their individual needs.	By streamlining flow and reducing variation, we will eliminate avoidable delays across access pathways.	A 10% year on year improvement in ambulance handover times as a measure of improved patient flow through our hospitals.	• Ready for discharge.	**Mission critical project:** • Proactive Hospital (Patient Flow). **Important corporate projects:** • Improve theatres productivity and efficiency • Improve outpatients productivity and efficiency.	**Communications Strategy:** • Deploy the new intranet • Design the new website
Innovate and improve *Unlocking our potential*	Together, we will drive improvement every day, engaging our staff and patients in research and innovative ways of working to unlock our full potential.	We will be in the top 10% of NHS organisations for our staff stating they can easily make improvements in their area of work.	A 2% improvement year on year in staff reporting they are able to make improvements.			**Patient First deployment:** • Deploy the management operating system through divisions **UHBW Digital Strategy**
Our resources *Making the most of all our resources*	Together, we will reduce waste and increase productivity to be in a strong financial position to release resources and reinvest in our staff, our services and our environment.	To play our part, along with health and care partners across the Bristol, North Somerset and South Gloucestershire Integrated Care System, in restoring financial balance on a sustainable basis.	Year-on-year improvement to deliver a circa £10million income and expenditure surplus for investment in our services.		**Mission critical project:** • Driving productivity & financial improvement. **Important corporate project:** • Major Capital projects	Develop a Joint Estates strategy with NBT

April 2025

Appendix B: Group Priorities 2025/26

Overview of Group programmes, major workstreams and 2025/26 objectives

Programmes	Major workstreams	2025/26 "breakthrough objectives"
1 **Group development**	• Communications & Engagement • Benefit realisation and evaluation • *Executive and Board OD*	*Launch Group* *Establish benefits tracking and commence independent evaluation*
2 **Clinical strategy**	• Single Managed Services (SMSs) • Clinical capacity and productivity 'diagnostic' • JCS Phase 2, 3 and Group Clinical Strategy • Bristol & Weston 'left shift' model	*Accelerate SMS implementation* *Complete diagnostic* *Develop left shift scope and framework*
3 **Corporate service transformation**	• Corporate efficiencies (clinical and non-clinical) • Corporate enablers (for clinical strategy)	*Complete functional design and next steps*
4 **Our People offering**	• Development of Group People Strategy • Organisational Development (OD) and colleague experience • Learning & Workforce Development (L&WD) transformation • Recruitment function expansion (talent acquisition and pipeline) • Corporate service offerings for partners (Phase 1: People services) • People deployment framework (linked to corporate enablers)	*Complete Group People Strategy* *Deliver collaborating teams OD support; One Group L&WD offer; shared culture plan* *Group L&WD Strategy* *Go live for Group pipeline approach* *Secure contract/s with partners* *Change management and deployment aligned framework*

Programmes	Major workstreams	2025/26 "breakthrough objectives"
5 **Planning alignment**	• Strategic medical workforce planning	*Aligned workforce planning approach*
	• Annual planning • Development of Group Estates Strategy	*Fully aligned annual planning process for 26/27* *Baselining for Estates strategy*
6 **Our R&D and Innovation strategy**	• Development of Group R&D Strategy • Creation of the Innovation Hub and Strategy • International health opportunity	*R&D Strategy* *Innovation Strategy* *Strategic vision, roadmap and stocktake for international health*
7 **Digital**	• Development of Group Digital Strategy • Clinical and corporate system convergence • Corporate service offerings for partners (Phase 1: Digital)	*Group Digital Strategy* *Joint roadmap and priority business cases* *GPIT pilot completed*
8 **Commercial and income capture**	• Income capture and clinical activity coding • Private and overseas patients	*Complete diagnostic and training programme* *Private and overseas infrastructure plan and portfolio agreed*

Project charters have been developed for all workstreams[3]

NHS Bristol NHS Group Bristol | Weston

Report To:	Meeting in common of the Board of Directors of UHBW and the Board of Directors of NBT held in Public		
Date of Meeting:	13/05/2025		
Report Title:	Integrated Quality and Performance Report (IQPR)		
Report Author:	David Markwick, Director of Performance James Rabbitts, Head of Performance Reporting Anne Reader/Julie Crawford, Head/Deputy Head Quality (Patient Safety) Alex Nestor, Deputy Director of Workforce Development Laura Brown, Head of HR Information Services (HRIS) Kate Herrick, Head of Finance Cathy Caple, Deputy Director of Improvement & Innovation Melanie Jeffries, Head of Improvement	Lisa Whitlow, Director of Performance Paul Cresswell, Director of Quality Governance Juliette Hughes, Deputy Chief Nursing Officer Benjamin Pope, Associate Director for Workforce Planning, People Systems and Data Simon Davies, Assistant Director of Finance	
Report Sponsor:	Responsive - Jane Farrell, Chief Operating Officer Quality, Safety & Effectiveness – Deirdre Fowler, Chief Nurse and Midwife Becky Maxwell Interim Chief Medical Officer Our People – Emma Wood, Chief People Officer Finance – Neil Kemsley, Chief Financial Officer	Responsive – Nicholas Smith, Interim Chief Operating Officer Quality, Safety & Effectiveness – Steven Hams, Chief Nursing Officer Tim Whittlestone, Chief Medical Officer Our People – Peter Mitchell, Interim Chief People Officer Finance – Elizabeth Poskitt, Interim Chief Financial Officer	
Purpose of the report:	**Approval**	**Discussion**	**Information**
			✓
	To provide an overview of NBT and UHBW's performance across Urgent and Planned Care, Quality, Workforce and Finance domains.		
Key Points to Note *(Including any previous decisions taken)*			
Strategic and Group Model Alignment			
This report aligns to the objectives in the CQC domains of Safe, Effective, Caring, Responsive and Well Led.			
Risks and Opportunities			

Risks are listed in the report against each performance area.	
Recommendation	
This report is for **Information**	
History of the paper (details of where paper has <u>previously</u> been received)	
UHBW Quality and Outcomes Committee received a previous iteration of this paper on 29 April 2025.	N/A
Appendices:	PDF - NBT PQSM data for March-25 PDF – UHBW PQSM data for March-25

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Integrated Quality and Performance Report

Month of Publication May 2025
Data up to March 2025

Contents

North Bristol NHS Trust

Key to KPI Variation and Assurance Icons

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

ED 4-hour performance improved during March despite challenging circumstances at both Trusts, with UHBW reporting 75.4% for all attendance types (71.4% in February and 74.3% for full-year, 2024/25) and NBT reporting 69.5% with footprint uplift. A combination of increasing demand, high bed occupancy, continued high levels of NCTR and rising numbers of patients with infectious disease creating a challenging clinical, operational and performance environment. Thus, impacting on 12-hour total time in the Emergency Department and ambulance handover metrics.

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

Elective Care

In line with national ambitions, no patient was waiting longer than 65 weeks for treatment by the end of March in either Trust, with significant improvement noted across the year. Sustainable recovery is anticipated into 2025/26, noting the continued challenge with national supply of cornea graft material potentially impacting the UHBW position in year.

At UHBW, 52-week waits have reduced further to 603 (1.1%) at the end of 2024/25, against an Operational Planning trajectory of 862 (a reduction of c5,000 in the last 18 months). At NBT, having reached the milestone of reducing 52-week waits to below 1,000 in September, there has been another significant reduction during March, taking the position under 150. 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. In summary, full delivery of the 2024/25 Elective Care standards

Diagnostics

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

Whilst UHBW saw a reduction in waiting list size during March, the Trust continues to experience challenges recovering the position against our aggregate 95% ambition. Suffice to say, targeted diagnostic recovery plans are in place and forecast to deliver incremental improvement through Q1. Whilst no national performance standard expectation was set in the 2025/26 Operational Plan, the organisation aims to recover 95% and sustain thereafter.

Cancer Wait Time Standards

During February, UHBW remains compliant with the FDS-28-Day standard and continues to deliver the 31-Day and 62-Day standards. Sustained delivery against all cancer standards is forecast for March / year end 2024/25, and into Q1 2025/26.

At NBT, the Trust continues to be compliant with the FDS-28-Day standard. For the 62-Day Combined position, the Trust has also reported improvements since September 2024 but deteriorated in January and February 2025, as anticipated. The work previously undertaken has been around improving systems and processes, and maximising performance in the high-volume tumor sites. To achieve the overall 62-Day breach standard in 2025/26, NBT will now focus on improvements in some of the most challenging pathways/backlogs - including the high volume and high-complexity Urology pathway (in particular, robotic prostatectomy). It is anticipated that March-25 performance will be an improvement on the previous month.

Executive Summary – Group Update

Quality, Safety and Effectiveness
Patient Experience

Patient Safety & Clinical Effectiveness

UHBW had no new cases of MRSA in March 2025, and finished 2024/25 with a total of seven cases . MRSA quality improvement work in UHBW is focussing on line care and working with our community partners on reducing risk of MRSA for people who inject drugs as a result of learning from a thematic analysis.

Both Trusts exceeded their respective nationally set 2024/25 trajectories for Clostridium Difficile cases on a background of a regional and national increase in C. Diff. The UK Health Security Agency (UKHSA) has triggered a national incident to increase scrutiny of the national increase. No specific themes have yet emerged, but this may inform a national response. At UHBW, the limited number of cubicles for isolating patients particularly in Weston General Hospital and the Children's Hospital will continue to require dynamic risk-based decision making on patient isolation. Also, quality improvement work continues e.g. improvements in screening for C. Diff, isolating patients who have diarrhoea and clinical equipment cleaning standards.

At UHBW , the rate of falls remains below locally set target of 4.8 falls per 1,000 beddays, although there were three falls with moderate or higher harm, above the locally set target of two. Details of improvement work underway is provided in the subsequent patient safety section of this report. NBT's falls rate decreased in March but within the normal statistical range, with continued improvement focus.

VTE risk assessment compliance at UHBW remains fairly static. The new digital prescribing and medicines administration system (CMM) is due to launch in 2025/26 across both organisations, which is anticipated to significantly increase compliance with the risk assessment completion. A joint VTE working group for both Trusts has been set up to align reporting and processes across both organisations. In UHBW, assurance audits confirm prescribing of VTE prophylaxis is consistently between 90 and 95% and our Hospital Associated VTE's remain at a level in line with national reports.

Both Trusts have identified improving medicines safety as a priority in their current Patient Safety Incident Response Plans and are implementing CMM to help reduce risks in some processes for prescribing and medicines administration. A new joint Hospital Group Medication Safety Officer role is supporting aligned reporting, learning and improvement in response to medication safety incidents working with colleagues across BNSSG ICS. This includes opportunities to share learning via a Medicines Safety Bulletin.

The opening of the elective care centre at Southmead will support UHBW in improving time to theatre for patients with fractured neck of femur, by enabling a significant reduction in ambulatory trauma patients currently being operated on at the Bristol Royal infirmary (BRI) to receive surgery in the new elective care centre. This will facilitate more timely theatre capacity for in-patient trauma in the BRI, the majority of which comprises patients with femoral fragility fractures. Group engagement with the CQC has been undertaken over recent months and the NBT CQC's NBT relationship team visited the centre (for awareness) as part of their quarterly engagement session on 2nd April.

The Summary Hospital Mortality Indicator (SHMI) for both Trusts continues to show special cause improving variation and our Group-wide Mortality Improvement Programme is enhancing our links with Medical Examiner Scrutiny, deepening our insights into our mortality and morbidity surveillance data and supporting specialty led quality improvement initiatives.

Patient & Carer Experience

Both Trusts have been collaborating to align complaints processes and reporting. From 1st April 2025 UHBW has adopted NBT's taxonomy of complaints, so that formal complaints will subsequently be known as 'complaints', whilst informal complaints will become PALS concerns. These changes will be seen in the June IQPR, reporting April data. This is one of a range of 'convergence' workstreams within Patient & Carer Experience as we determine and apply best practice across the group. In UHBW timeliness of formal complaints responses remains below the 90% target at 52.8%. The detailed complaints section outlines several contributory factors which are impacting long term performance. For NBT performance slightly improved to 80% in March and requires continued focus to drive sustainable improvement..

Executive Summary – Group Update

Our People

Finance

Our People

Turnover at NBT is 11.3% in March, remaining below the NBT target of 11.9% for 2024/25, NBT target for 2025/26 in the Long-Term Retention Plan is 11.3% or below and will be the target used to monitor against in 2025/26. For UHBW, turnover reduced to 10.4% in March against a target of 12% and compared to 10.8% in the previous month.

The UHBW vacancy rate has reduced to 3.0% in March (3.3% in February) and the vacancy rate for NBT decreased to 5.3% for March from 5.6% the previous month.

NBT agency spend is 1.4% of total pay spend in March, slightly up on February but remains significantly below the target of 3.2% and is anticipated to reduce further as we continue to focus on temporary staffing use and spend through the Resourcing and Temporary Staffing Oversight group in 2025/26. The UHBW agency rate has increased slightly to 0.7% (from 0.6% in the previous month) against a target of 1.0% maximum and remains a priority focus area as reflected in the UHBW Patient First Corporate Projects, with increased focus on reducing medical usage.

Sickness absence rate at UHBW has reduced to 4.1% against the 4.9% target and comparted to 4.4% in the previous month. For NBT, sickness remains at 4.6% which is above the target of 4.4%. This target will remain in place for 2025/26.

Essential training compliance is >90% at both Trusts.

Finance

In Month 12 (March) both Trusts have delivered a surplus against their plans. NBT delivered a £1.8m surplus, which is £1.0m better than plan. UHBW delivered a £2.5m surplus against the plan of break-even. Year-to-date (YTD), the NBT position is a break-even position against a break-even plan. The overspends on temporary staffing seen from April to July, CIP under-delivery, and non-pay pressures seen in year have been offset by corrective actions seen since August, including reducing temporary staffing run rates, increasing savings, including non-recurrent actions, and by additional contract income.
The cumulative UHBW YTD position at the end of March is a surplus of £43k against a breakeven plan. Significant operating expenditure variances in the year-to-date position include: the shortfall on savings delivery; premium pay pressures and over-establishment mainly relating to nursing and medical staff; higher than planned pass-through costs (matched by additional patient care income) and the impact of unfunded non-pay inflation.

The NBT cash position at Month 12 is £77.4m, an increase of £14.7m from Month 12 2023/24. This is driven by additional PDC cash received in year for national capital schemes for which invoiced spend is not yet due. The Trust has delivered £22.2m of completed cost improvement programme (CIP) schemes at Month 12, an increase of £1.0m from Month 11.

UHBW pay expenditure for the year is c10% higher than plan. Medical staffing costs in the Women's & Children's Division and nursing costs continue to cause significant overspends across Surgery, Specialised and Women's & Children's Division with continuing over-establishment and high nursing pay costs in total across substantive, bank and agency staff.

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	Mar-25	61.3%	72.6%	59.4%	F-	L	Escalation Summary
		UHBW	Mar-25	68.0%	71.8%	63.8%	F	C	Escalation Summary
Responsive	ED % Spending Over 12 Hours in Department	NBT	Mar-25	10.0%	2.0%	12.2%	F-	H	Escalation Summary
		UHBW	Mar-25	5.2%	2.0%	7.4%	F	C	Escalation Summary
Responsive	ED 12 Hour Trolley Waits (from DTA)	NBT	Mar-25	407	0	536	F	H	Escalation Summary
		UHBW	Mar-25	534	0	664	F-	C	Escalation Summary
Responsive	No Criteria to Reside	NBT	Mar-25	21.8%	15.0%	20.7%	F-	L	Escalation Summary
		UHBW	Mar-25	22.3%	13.0%	22.0%	F-	H	Escalation Summary
Responsive	Ambulance Handover Delays (under 15 minutes)	NBT	Mar-25	23.7%	65.0%	19.9%	F-	L	Escalation Summary
		UHBW	Mar-25	33.2%	65.0%	27.0%	F-	C	Escalation Summary
Responsive	Ambulance Handover Delays (under 30 minutes)	NBT	Mar-25	52.0%	95.0%	45.9%	F-	L	Escalation Summary
		UHBW	Mar-25	68.8%	95.0%	56.6%	F-	C	Escalation Summary
Responsive	Ambulance Handover Delays (over 60 minutes)	NBT	Mar-25	655	0	723	F-	H	Escalation Summary
		UHBW	Mar-25	510	0	816	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

North Bristol NHS Trust

Responsiveness

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
Responsive	Total RTT Pathways 52 weeks	NBT	Mar-25	147	528	345	P	N/A	Note Performance
		UHBW	Mar-25	603	862	824	P	N/A	Note Performance
Responsive	Total RTT Pathways 65 weeks	NBT	Mar-25	0	0	4	P	N/A	Note Performance
		UHBW	Mar-25	0	0	26	P	N/A	Note Performance
Responsive	Diagnostics % Over 6 Weeks	NBT	Mar-25	0.57%	0.98%	0.61%	P	L	Note Performance
		UHBW	Mar-25	15.2%	4.8%	13.3%	F-	L	Escalation Summary
Responsive	Cancer 28 Day Faster Diagnosis	NBT	Feb-25	83.3%	77.0%	77.8%	P	H	Note Performance
		UHBW	Feb-25	78.2%	77.0%	77.0%	P	H	Note Performance
Responsive	Cancer 31 Day Diagnosis to Treatment	NBT	Feb-25	92.0%	95.4%	88.1%	?	C	Escalation Summary
		UHBW	Feb-25	98.1%	96.0%	96.4%	P	H	Note Performance
Responsive	Cancer 62 Day Referral to Treatment	NBT	Feb-25	59.1%	70.3%	66.6%	?	C	Escalation Summary
		UHBW	Feb-25	74.6%	70.0%	74.2%	P	C	Note Performance
Responsive	Last Minute Cancelled Operations	NBT	Mar-25	0.6%	0.8%	0.4%	P	C	Note Performance
		UHBW	Mar-25	1.6%	1.5%	2.3%	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

North Bristol NHS Trust

Responsiveness

UEC – Emergency Department Metrics

University Hospitals Bristol and Weston NHS Foundation Trust

ED Percentage Spending Under 4 Hours in Department

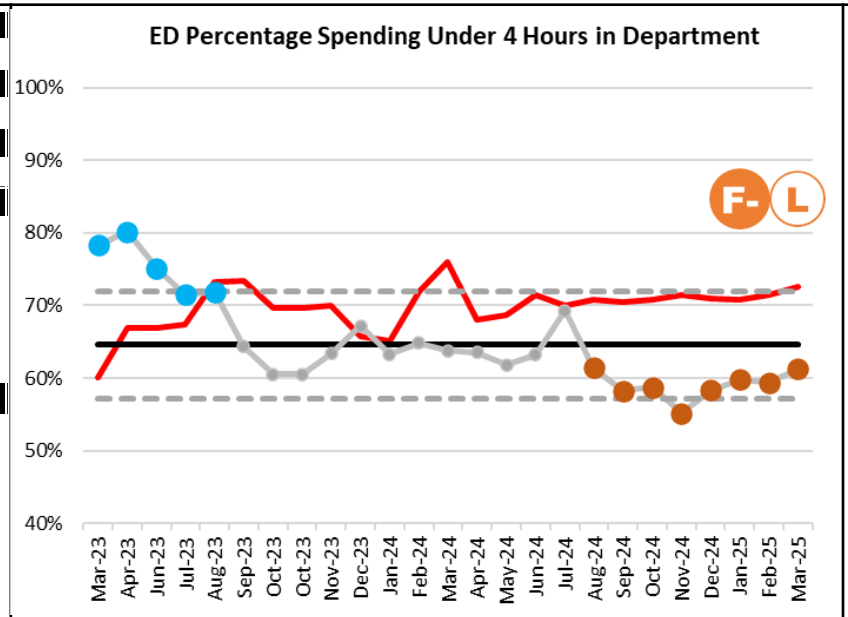
Latest Month
Mar-25

Target
72.6%

Latest Month's Position
61.3%

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

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



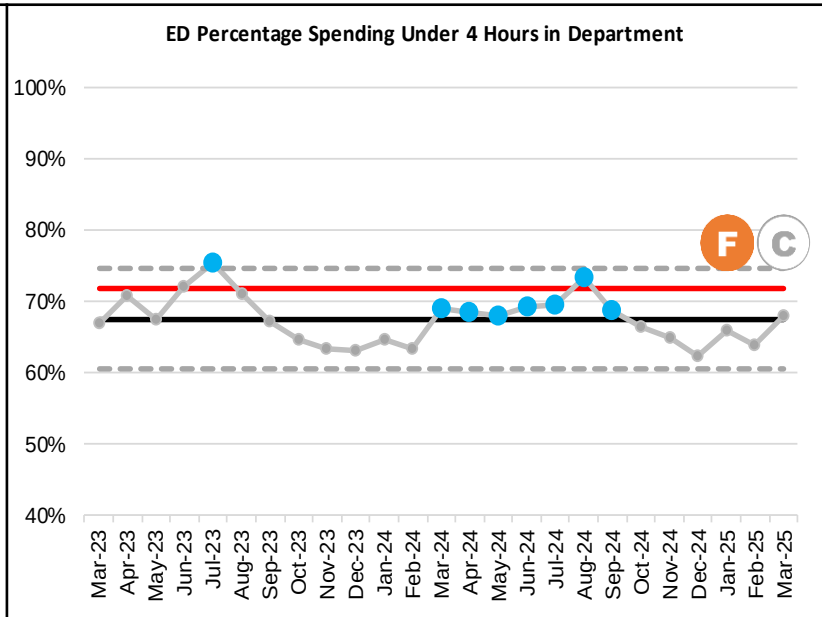
Summary

What does the data tell us?
The percentage of patients spending under 4 hours in ED for the month of March slightly improved on the previous month's position at 61.3%. Year-on-year ED attendances have been increasing; for 2024/25 to-date, attendances have been 1% higher than the same period last year.

Actions being taken to improve
Ongoing implementation of the refreshed UEC plan for NBT 2025/26, which includes six key transformation projects. These projects include work on minors performance, consolidation of admission avoidance work and a review on flow into the medicine bed base. The plan also focuses on delivery of Unified Care Framework standards and implementing an 'Every Minute Matters' approach for NBT, respecting patient and staff time and improving ward-based flow processes. The Trust will continue to work with system partners on a strategic solution to the acute No Criteria to Reside (NCTR) backlog.

Impact on forecast
As yet, no significant progress in reducing NC2R problems against System ambition. Provisional data for April-25 is showing a similar position at 61% (pending validation).

ED Percentage Spending Under 4 Hours in Department



Latest Month
Mar-25

Target
71.8%

Latest Month's Position
68.0%

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

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

Summary

What does the data tell us?
An improvement on the previous month's performance in March against the ED 4-hour standard at 68% (63.8% February and 67.4% full-year, 2024/25), noting that performance is aggregated across the four ED sites, and attendances continue to grow in year; attendances 3.2% higher than Apr-Mar 2023/24. Focussed efforts throughout March have improved flow with a commensurate impact on ED 4-hour performance for BRI at 51% (50.6% full-year 2024/25) and Weston at 71% (67.2% full-year 2024/25).

Actions being taken to improve
Ongoing mobilisation of ED improvement plans across both BRI and Weston. This includes 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 April 25/26.

Responsiveness

UEC – Emergency Department Metrics

ED Percentage Spending Over 12 Hours in Department

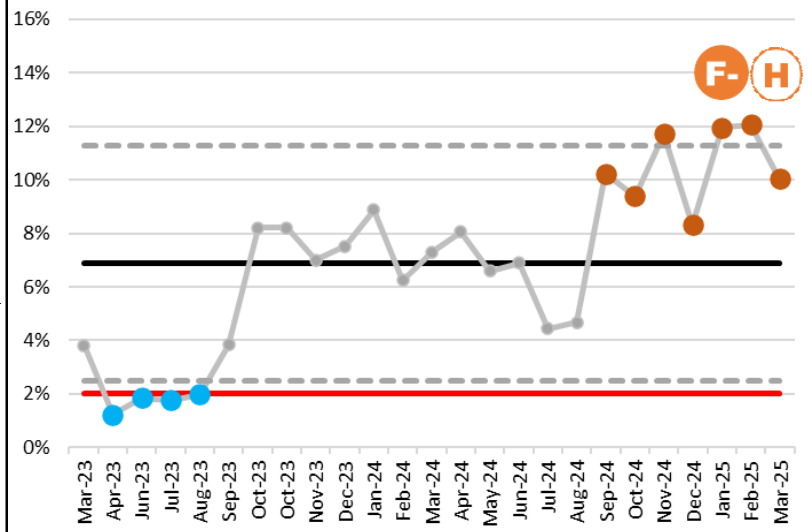
Latest Month
Mar-25

Target
2.0%

Latest Month's Position
10.0%

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

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



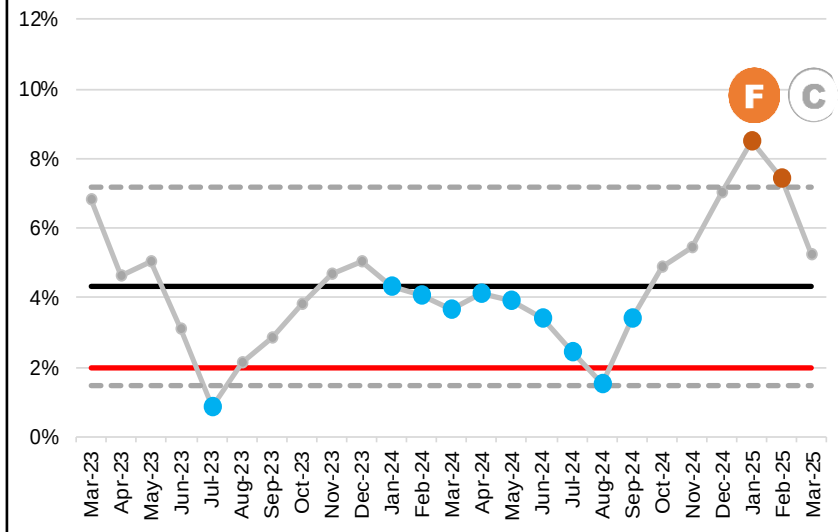
Summary

What does the data tell us?
The percentage of patients spending over 12 hours in ED for the month of March improved on the previous month at 10.0%.

Actions being taken to improve
As well as the actions detailed on the previous slide, we are undertaking specialty level length of stay improvement work as part of our productivity agenda, with the aim of mitigating our modelled bed deficits. Additionally, we are working through a delay related harm plan to improve our operational site management and flow processes.

Impact on forecast
See previous slide. Provisional data for April-25 is showing a marginally improved position at 9.4% (pending validation).

ED Percentage Spending Over 12 Hours in Department



Latest Month
Mar-25

Target
2.0%

Latest Month's Position
5.2%

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

Summary

What does the data tell us?
The percentage of patients spending over 12 hours in ED for the month of March (5.2%) was an improvement on the previous month at 7.4%

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 result in an improved position to c4.8% during April 25/26.

North Bristol NHS Trust

Responsiveness

UEC – Emergency Department Metrics

University Hospitals Bristol and Weston NHS Foundation Trust

ED 12 Hour Trolley Waits

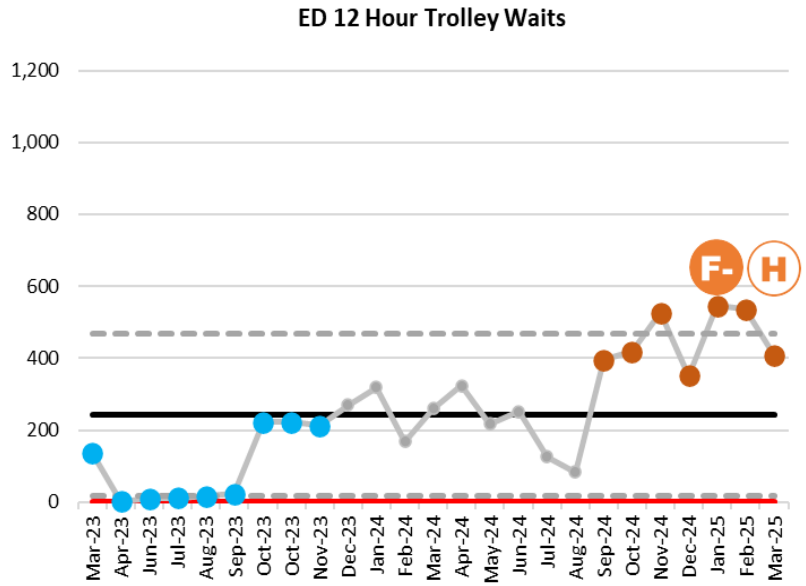
Latest Month
Mar-25

Target
0

Latest Month's Position
407

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

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



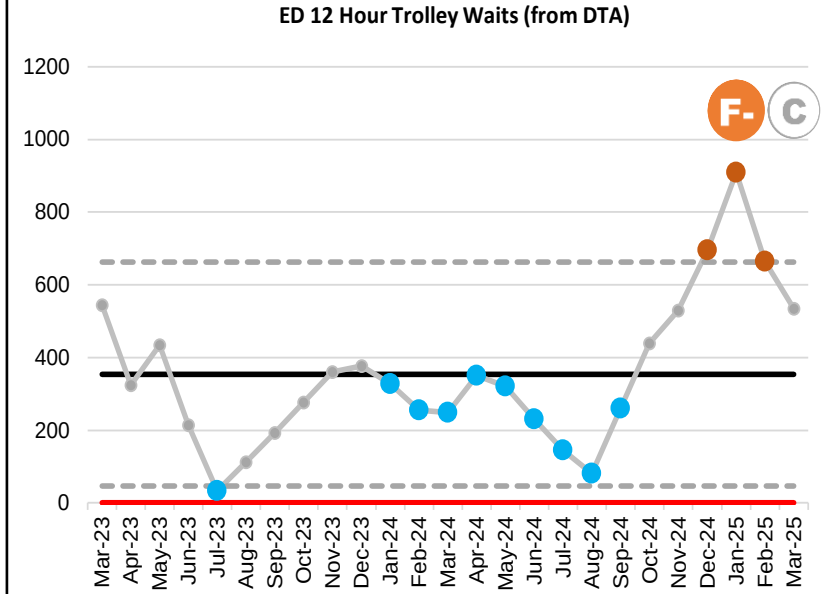
Summary

What does the data tell us?
The number of 12 Hour trolley waits decreased compared to the previous month to 407 but remains high.

Actions being taken to improve
See previous slide.

Impact on forecast
See previous slide.

ED 12 Hour Trolley Waits



Latest Month
Mar-25

Target
0

Latest Month's Position
534

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)

Summary

What does the data tell us?
The number of 12 Hour trolley waits has decreased on the previous month but remains high.

Actions being taken to improve
Note actions from previous two slides.

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

Responsiveness

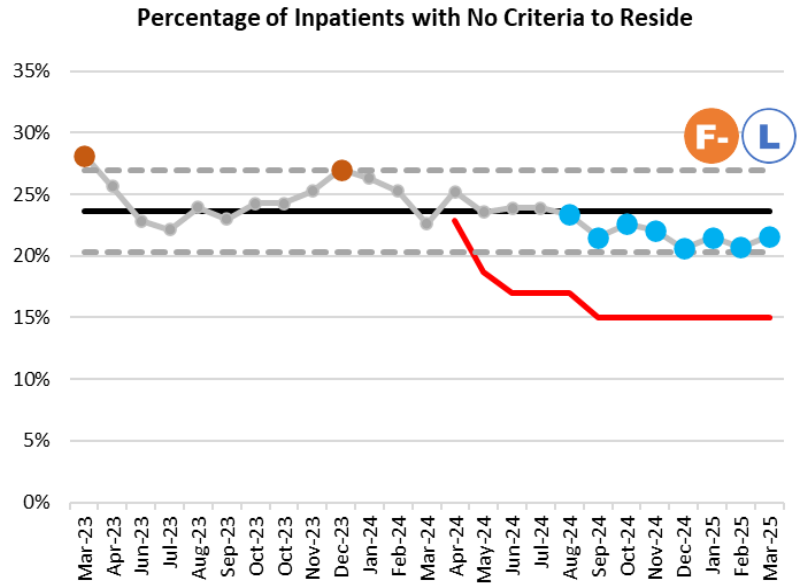
UEC – No Criteria To Reside

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Percentage of Inpatients with No Criteria to Reside

Latest Month
Mar-25
Target
15.0%
Latest Month's Position
21.6%
Performance /
Special Cause Improving Variation Low, where down is improvement but target is less than lower limit
Trust Level Risk
No Trust Level Risk



Summary

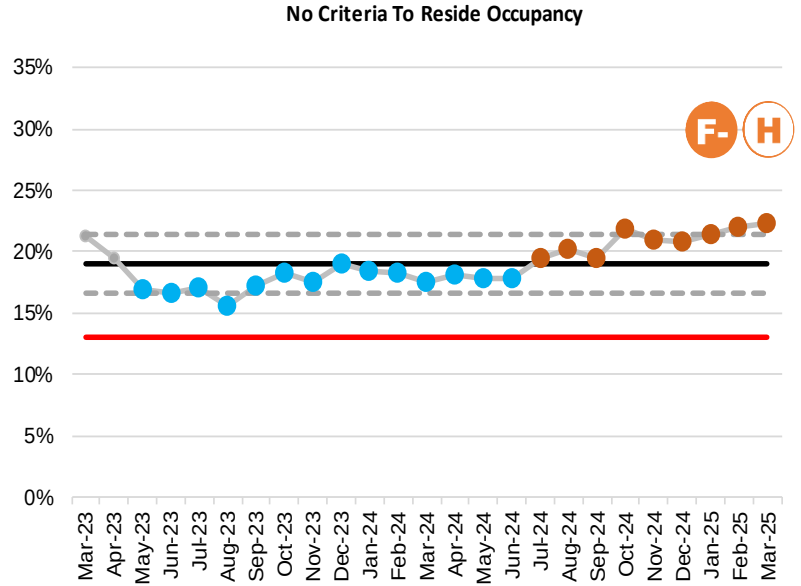
What does the data tell us?
Although there has been an overall downward trend in NC2R since, there has not been progress in reducing this to the 15% System ambition target. There was a slight increase in March 2025 to 21.6%.

Actions being taken to improve
The system-wide ICS discharge plan has been refreshed focusing on key areas of backdoor flow, standardised KPIs for each pathway and improved performance management through Transfer of Care Hubs. There is also a new focus on non-D2A delays, which will particularly support complex discharge from the neuro sub-specialties at NBT.

Impact on forecast
As yet, no significant progress in reducing NC2R problems against System ambition.

No Criteria To Reside - Beds Occupied

Latest Month
Mar-25
Target
13.0%
Latest Month's Position
22.3%
Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit.
Corporate Risk
Corporate Risk 423 - Risk that demand for inpatient admission exceeds available bed capacity (20).
Corporate Risk 2614 Risk that patient care and experience is affected due to being cared for in extra capacity locations (15)



Summary

What does the data tell us?
The No Criteria to Reside (NCTR) position worsened slightly in March (22.3%) compared to the previous month (22%), continuing to impact flow through hospital sites. NB Weston 29.4% (Feb: 30.6%); BRI 20.3% (Feb: 19.4%)

Actions being taken to Improve:
Development of System wide improvement plans to deliver the 15% NCTR position. With particular focus on reduction of Length of Stay within pathway 2 and 3 bedded capacity, benchmarked against national data.
Early supported Discharges, enabling patients to leave hospital ahead of their package of care start date, has supported 105 patents to leave hospital early with 284 bed days saved. In addition, the refreshed Community-led D2A Transformation Programme is underway, and alongside a detailed redesign of the 15% NCTR Ambition Plan being developed in partnership with all system partners.

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

North Bristol NHS Trust

Responsiveness

UEC – Ambulance Handover Delays

University Hospitals Bristol and Weston NHS Foundation Trust

Ambulance Handovers Under 15 Minutes

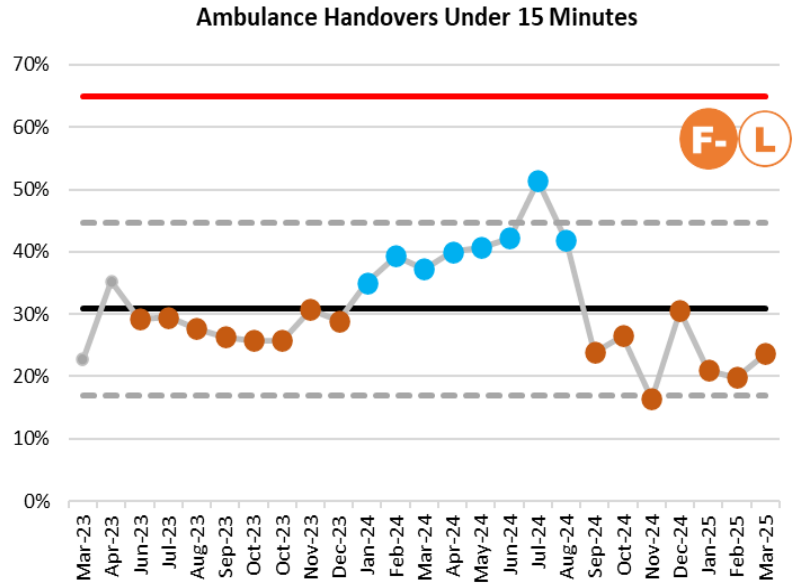
Latest Month
Mar-25

Target
65.0%

Latest Month's Position
23.7%

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

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



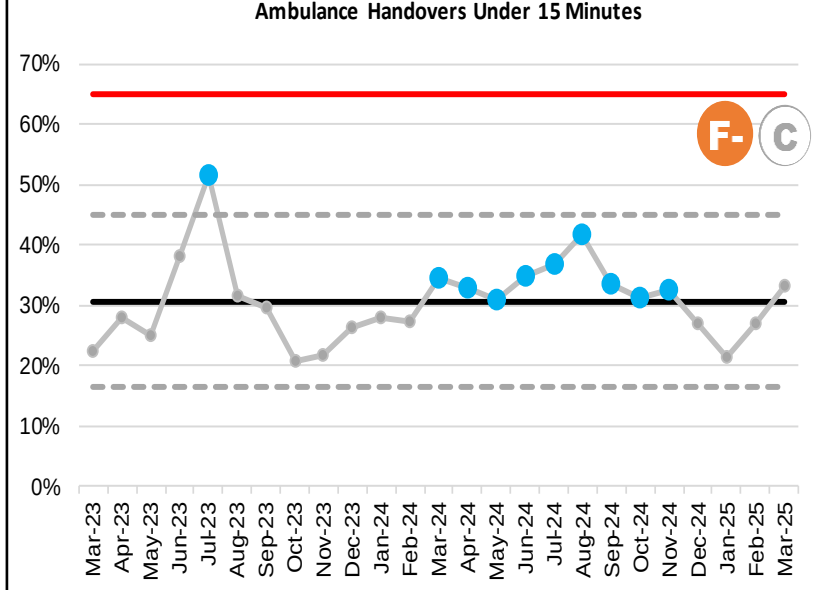
Summary

What does the data tell us?
Year-on-year improvement in lost ambulance handover time – but previous months have proved more challenging.

Actions being taken to improve
Internal UEC programme actions focus on flow measures to facilitate sufficient capacity to manage variability and surge in ambulance arrivals. During May, we are running an improvement workshop with SWAST to produce a prioritised action and delivery plan. Recommendations from a recent audit completed with SWAST, focussing an alternatives to conveyance, are anticipated.

Impact on forecast
As yet, no significant progress in reducing NC2R problems against System ambition.

Ambulance Handovers Under 15 Minutes



Latest Month
Mar-25

Target
65.0%

Latest Month's Position
33.2%

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)

Summary

What does the data tell us?
Whilst UHBW has seen an improved position in March (33% vs 27% in February) and a notable year-on-year improvement, more recent months have been more challenged, largely impacted by lack of physical capacity and staffing numbers available to complete timely handovers.

Actions being taken to improve
The current improvement plan and Standard Operating Procedure for ambulance handover is under review in partnership with SWAST and clinical teams, with the aim of embedding and strengthening those schemes that are adding value – e.g. new cohort plan and rapid handover arrangements - and using a data driven approach to re-evaluating periods when most challenged. NB Largely OOH.

Impact on forecast
Whilst the progress in reducing NC2R remains challenged, it is anticipated that mitigations in place will contribute to an improved position in April.

North Bristol NHS Trust

Responsiveness

UEC – Ambulance Handover Delays

University Hospitals Bristol and Weston NHS Foundation Trust

Ambulance Handovers Under 30 Minutes

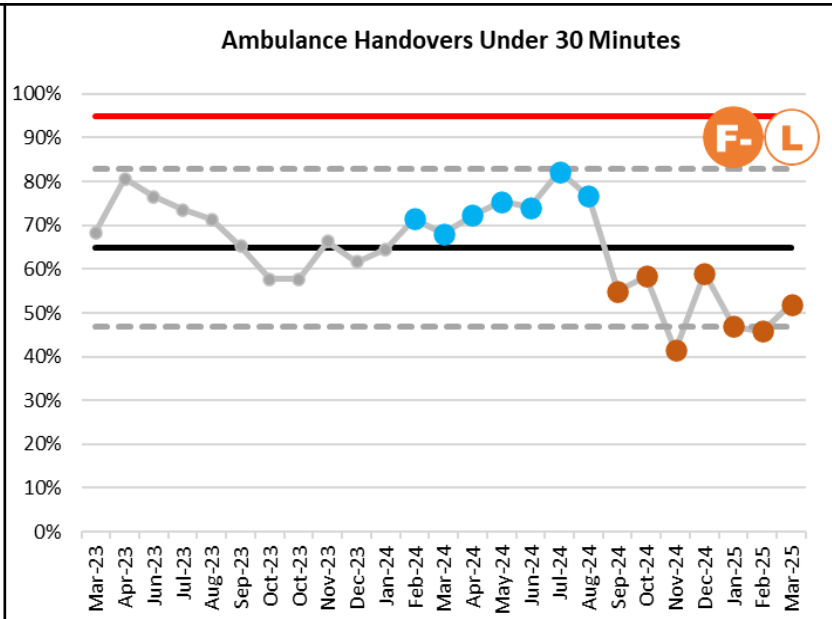
Latest Month
Mar-25

Target
95.0%

Latest Month's Position
52.0%

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

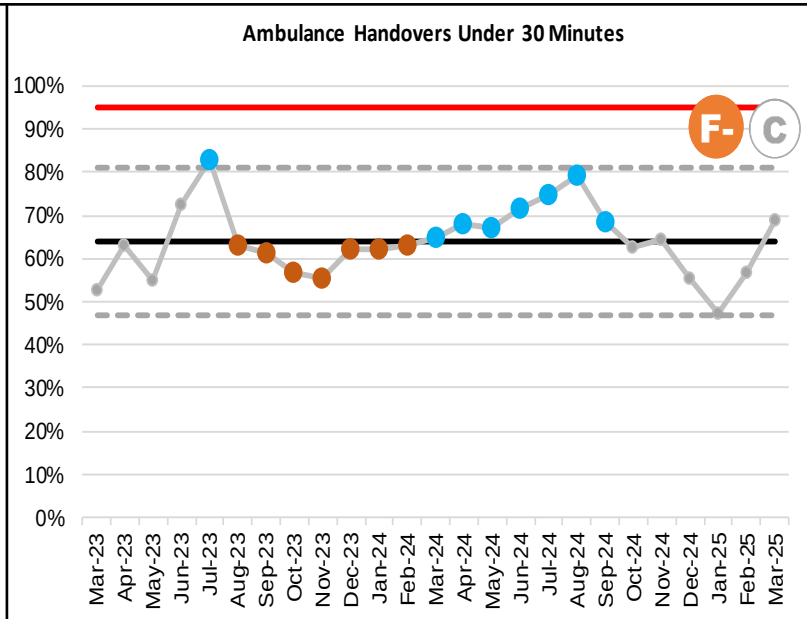
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



Summary

See Previous Slide for Ambulance Handover Summary

Ambulance Handovers Under 30 Minutes



Latest Month
Mar-25

Target
95.0%

Latest Month's Position
68.8%

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)

Summary

See Previous Slide for Ambulance Handover Summary

Responsiveness

UEC – Ambulance Handover Delays

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Ambulance Handovers Over 1 Hour

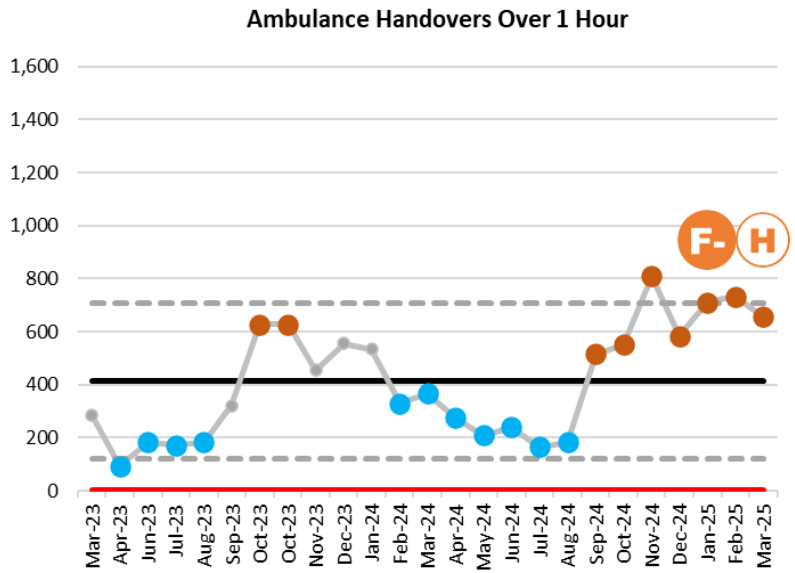
Latest Month
Mar-25

Target
0

Latest Month's Position
655

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

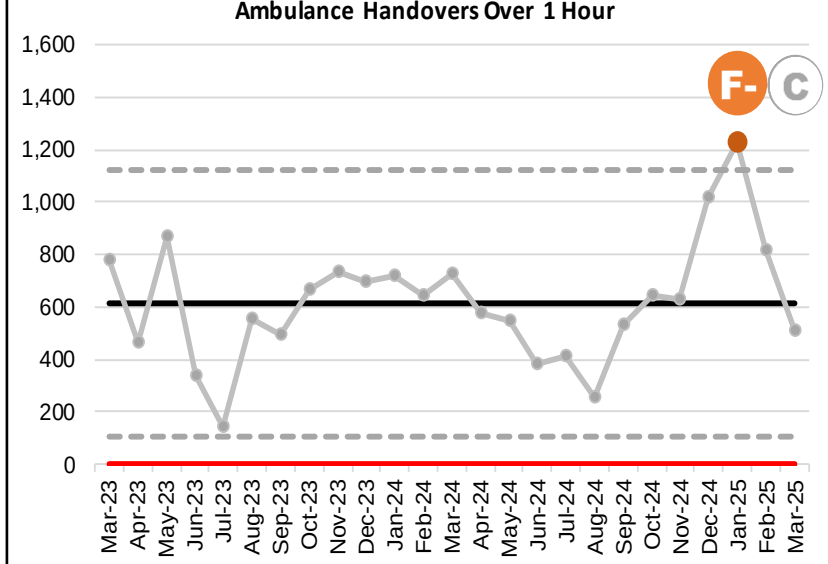
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



Summary

See Previous Slides for Ambulance Handover Summary

Ambulance Handovers Over 1 Hour



Latest Month
Mar-25

Target
0

Latest Month's Position
510

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)

Summary

See Previous Slides for Ambulance Handover Summary

Responsiveness

Planned Care – Diagnostics

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Diagnostics Percentage Over 6 Weeks

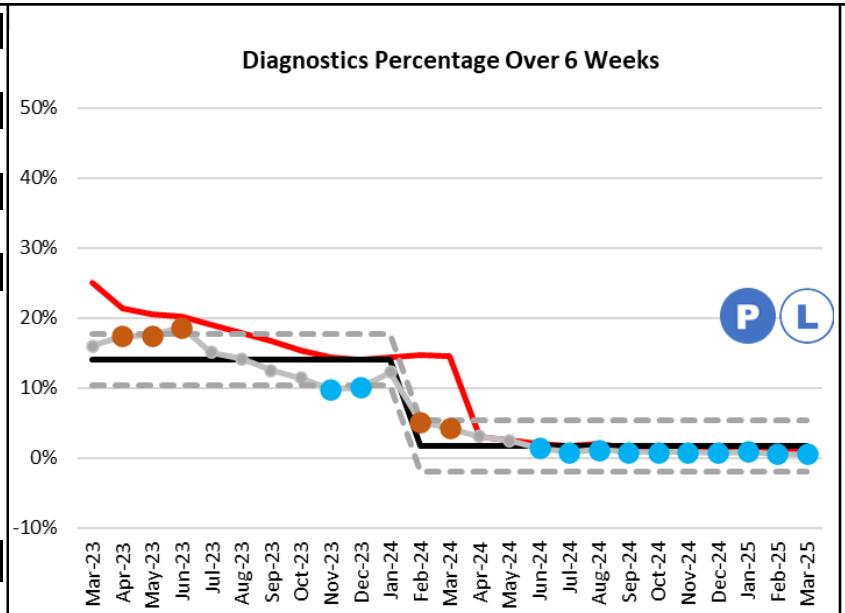
Latest Month
Mar-25

Target
1.0%

Latest Month's Position
0.6%

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

Trust Level Risk
No Trust Level Risk



Summary

No narrative required as per business rules.

Diagnostics Percentage Over 6 Weeks

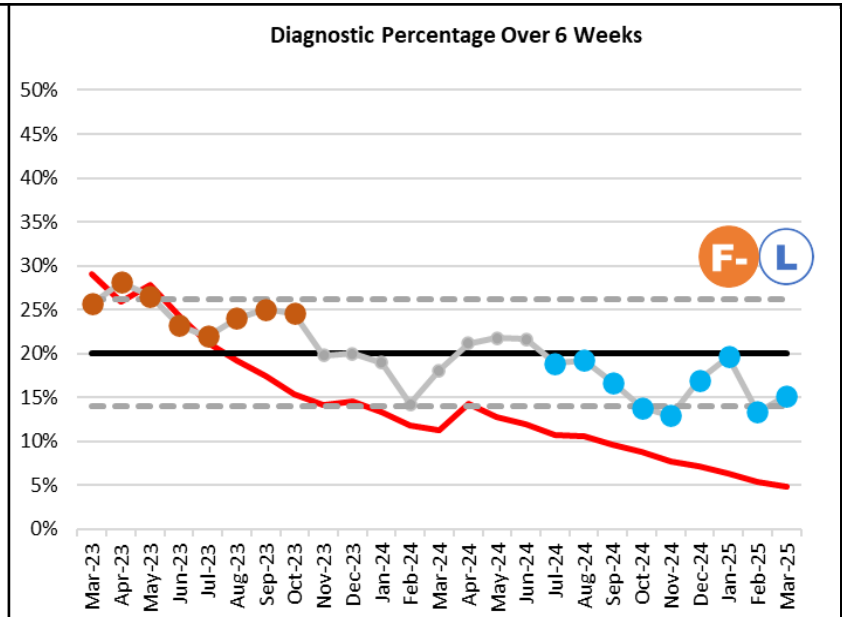
Latest Month
Mar-25

Target
4.8%

Latest Month's Position
15.2%

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

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



Summary

What does the data tell us?

Whilst there has been a 362 reduction in total waiting list size, diagnostic performance against the six-week standard fell from 13.3% in February to 15.2% in March. It is worth noting that the areas which are most challenged are the more specialised / niche modalities not available at NBT or via the Community Diagnostic Centres (e.g. CT Cardiac, Paediatric MRI, Paediatric NOUS).

Actions being taken to improve

- Targeted focus on small number of modalities where patients waiting over 13 weeks remain.
- Procurement process underway to outsource Cardiac MRI capacity in Q2 to support backlog recovery
- Utilisation of Waiting List Initiatives for Paediatric MRI requiring General Anaesthetic (GA). Continue to utilise the MRI "Play Rocket".
- Continue to utilise Community Diagnostic Centre capacity, working with InHealth to ensure agreed uplift in CT and MRI scans.
- Discussions underway regarding additional space for Paediatric NOUS to increase available capacity.

Impact on forecast

The actions above aim to improve diagnostic performance into April 2025. Modalities continue to refine 2025/26 plans to improve productivity, secure funding, and address ongoing capacity shortfalls, ensuring resilience against increasing diagnostic demand.

North Bristol NHS Trust

Responsiveness

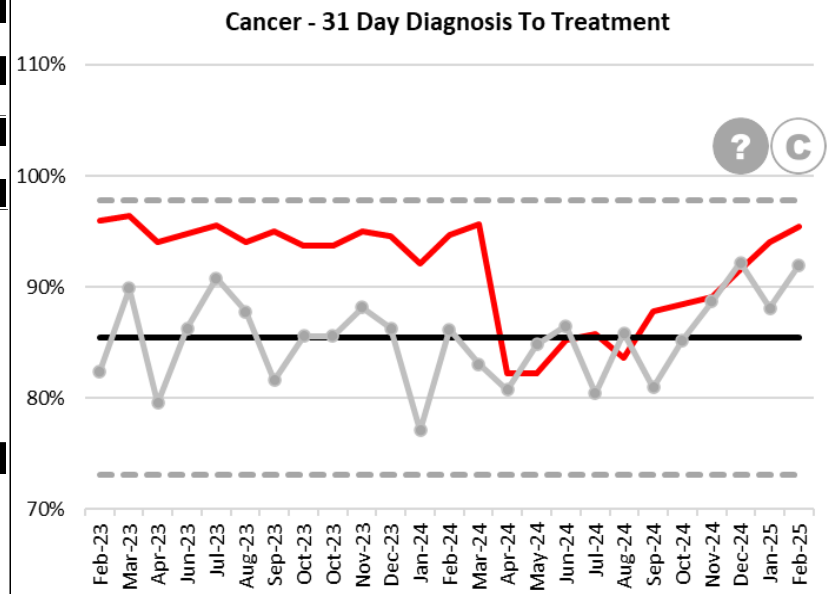
Planned Care – Cancer Metrics

University Hospitals Bristol and Weston NHS Foundation Trust

Cancer – 31 Day Diagnosis to Treatment

Latest Month
Feb-25
Target
95.4%
Latest Month's Position
92.0%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation

Trust Level Risk
988 - There is a risk that cancer patients will not be treated in the required timeframe due to



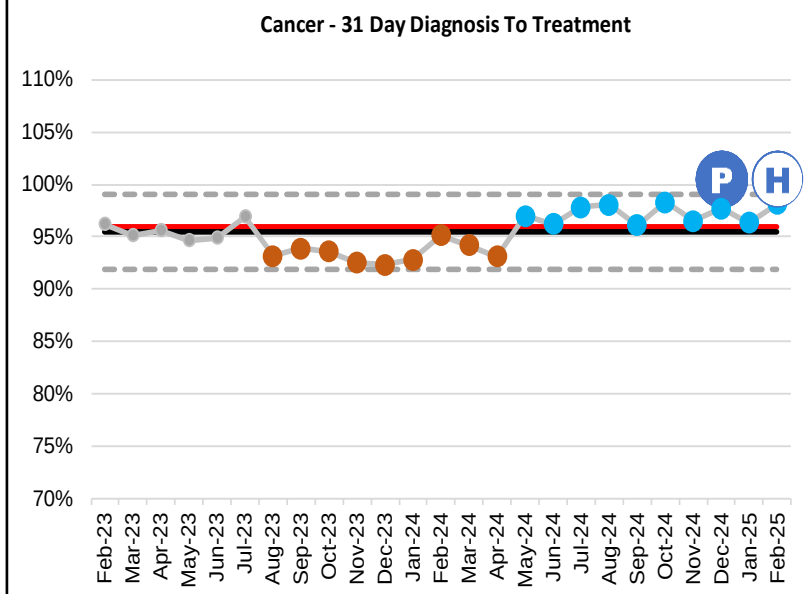
Summary

What does the data tell us?
There was improvement against the 31-Day standard. The Trust delivered less treatments overall with less breaches in both first treatment and subsequent surgery.

Actions being taken to improve
Additionality in Urology Robotic Assisted Laparoscopic Prostatectomy is required to clear local and tertiary workload (first treatment and subsequent treatments).
Additional capacity has reduced the wait from decision-to-treat to surgery in Breast.

Impact on forecast
March is reporting less treatments overall with an increase in breaches, the position is driven by subsequent surgeries in Skin and will negatively impact the combined 31-Day position.

Cancer – 31 Day Diagnosis to Treatment



Latest Month
Feb-25
Target
96.0%
Latest Month's Position
98.1%
Performance / Assurance
Special Cause Improving Variation High, where up is improvement and last six data points are greater than or equal to target.

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

Summary

No narrative required as per business rules.

Responsiveness

Planned Care – Cancer Metrics

Cancer – 62 Day Combined Standard

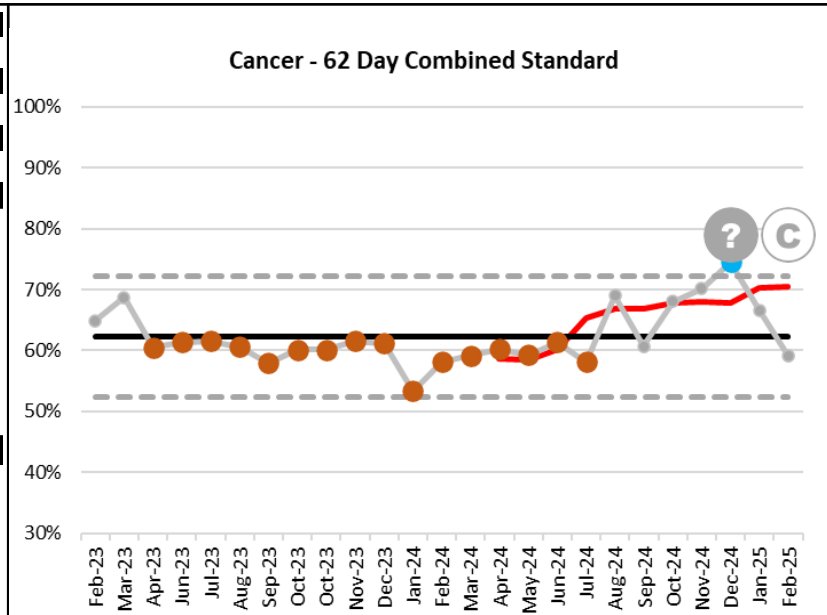
Latest Month
Feb-25

Target
70.4%

Latest Month's Position
59.1%

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



Summary

What does the data tell us?
There was deterioration against the 62-Day standard. The Trust delivered less treatments overall with more reported breaches. This was driven by Breast, LGI and Urology reporting significantly higher breaches. Shortfall in elective capacity to meet backlog clearance of patients who breached in January was a key reason for the deterioration in performance.

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

Impact on forecast
March is reporting an improved position in advance of upload.

Cancer – 62 Day Referral to Treatment

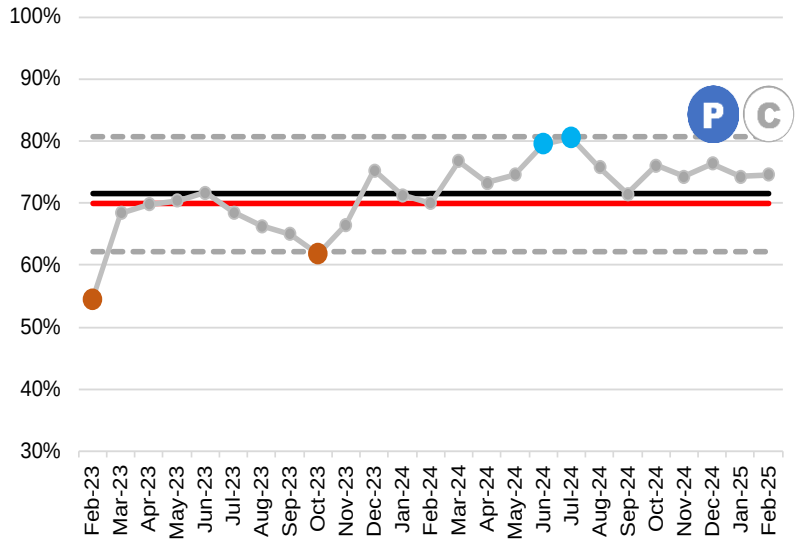
Latest Month
Feb-25

Target
70.0%

Latest Month's Position
74.6%

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

Corporate Risk
No Corporate Risk



Summary

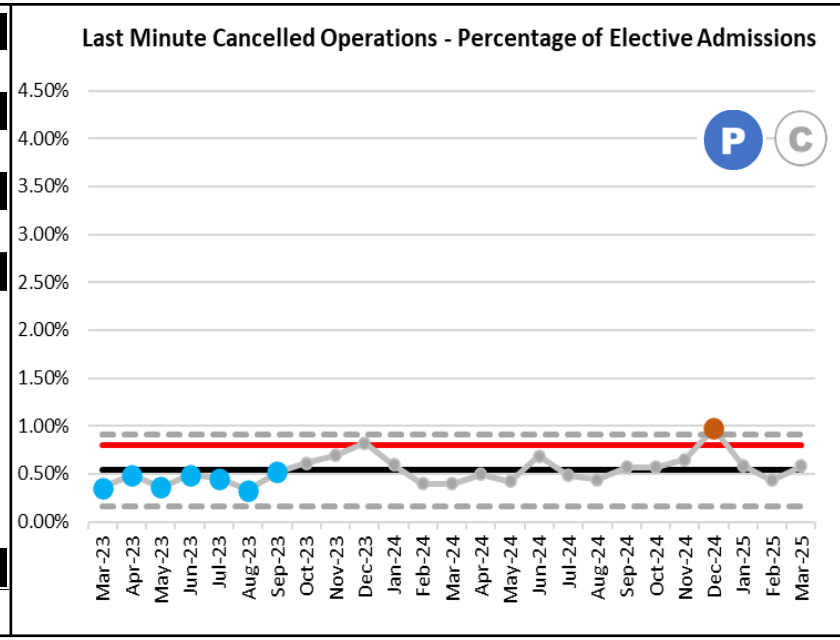
No narrative required as per business rules.

Responsiveness

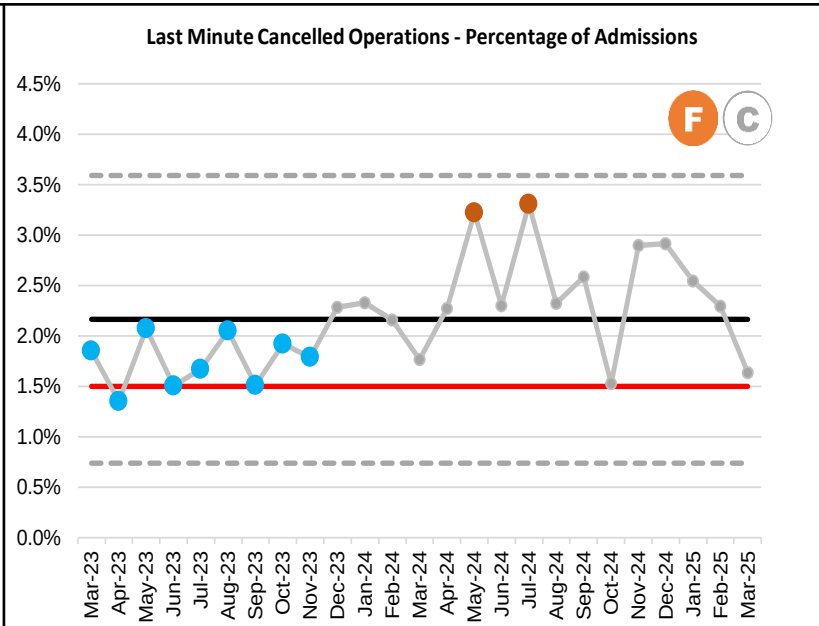
Last Minute Cancelled Operations

Last Minute Cancelled Operations

Latest Month
Mar-25
Target
0.8%
Latest Month's Position
0.6%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random
Trust Level Risk
No Trust Level Risk



Last Minute Cancelled Operations



Last Minute Cancelled Operations - Percentage of Admissions
Latest Month
Mar-25
Target
1.5%
Latest Month's Position
1.6%
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 1035 - Risk that BNSSG and tertiary catchment populations do not have access to sufficient critical care beds (12)

Summary

No narrative required as per business rules.

Summary

What does the data tell us?

Improvements in data quality and a concerted focus within divisions has contributed towards an improved performance across the last four months

During March 2025, there were 132 cancelled operations out of 8,054 total admissions (1.64%); 41 related to non-surgical specialties (primarily due to no ward beds) and 91 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 now available, with data concerning the timeliness of validation at specialty level. The dashboard is in use across divisions and monitored via Planned Care Group.

Impact on forecast

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

North Bristol NHS Trust

Quality, Safety & Effectiveness

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	Mar-25	0.4	No Target	0.3	N/A	C	Note Performance
		UHBW	Mar-25	0.1	0.4	0.2	P*	C	Note Performance
Safe	MRSA Hospital Onset Cases	NBT	Mar-25	0	0	0	F	C	Escalation Summary
		UHBW	Mar-25	0	0	0	F	C	Escalation Summary
Safe	CDiff Healthcare Associated Cases	NBT	Mar-25	7	5.00	8	F	H	Escalation Summary
		UHBW	Mar-25	12	9.08	5	?	C	Escalation Summary
Safe	Falls Per 1,000 Beddays	NBT	Mar-25	6.2	No Target	7.2	N/A	C	Note Performance
		UHBW	Mar-25	4.7	4.8	4.4	?	C	Escalation Summary
Safe	Total Number of Patient Falls Resulting in Harm	NBT	Mar-25	5	No Target	6	N/A	C	Note Performance
		UHBW	Mar-25	3	2	4	F	C	Escalation Summary
Safe	Medication Incidents per 1,000 Bed Days	NBT	Mar-25	4.8	No Target	5.6	N/A	C	Note Performance
		UHBW	Mar-25	7.4	No Target	8.7	N/A	C	Note Performance
Safe	Medication Incidents Causing Moderate or Above Harm	NBT	Mar-25	2	0	0	F	C	Escalation Summary
		UHBW	Mar-25	1	0	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	

North Bristol NHS Trust

Quality, Safety & Effectiveness

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	Adult Inpatients who Received a VTE Risk Assessment	NBT	Feb-25	90.9%	95.0%	91.7%	F-	L	Escalation Summary
		UHBW	Mar-25	75.1%	95.0%	74.3%	F-	L	Escalation Summary
Effective	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	NBT	Nov-24	97.3	100.0	95.5	P*	L	Note Performance
		UHBW	Nov-24	89.1	100.0	89.5	P*	L	Note Performance
Effective	Fracture Neck of Femur Patients Treated Within 36 Hours	NBT	Feb-25	48.8%	No Target	68.6%	N/A	C	Note Performance
		UHBW	Mar-25	58.3%	90.0%	56.9%	F-	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	NBT	Feb-25	92.7%	No Target	87.1%	N/A	C	Note Performance
		UHBW	Mar-25	93.8%	90.0%	90.8%	?	H	Note Performance
Effective	Fracture Neck of Femur Patients Achieving Best Practice Tariff	NBT	Feb-25	43.9%	No Target	58.6%	N/A	C	Note Performance
		UHBW	Mar-25	52.1%	No Target	46.2%	N/A	C	Note Performance
Safe	Staffing Fill Rate	NBT	Mar-25	98.1%	80% - 120%	97.0%	P	C	Note Performance
		UHBW	Mar-25	105.2%	100.0%	107.3%	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

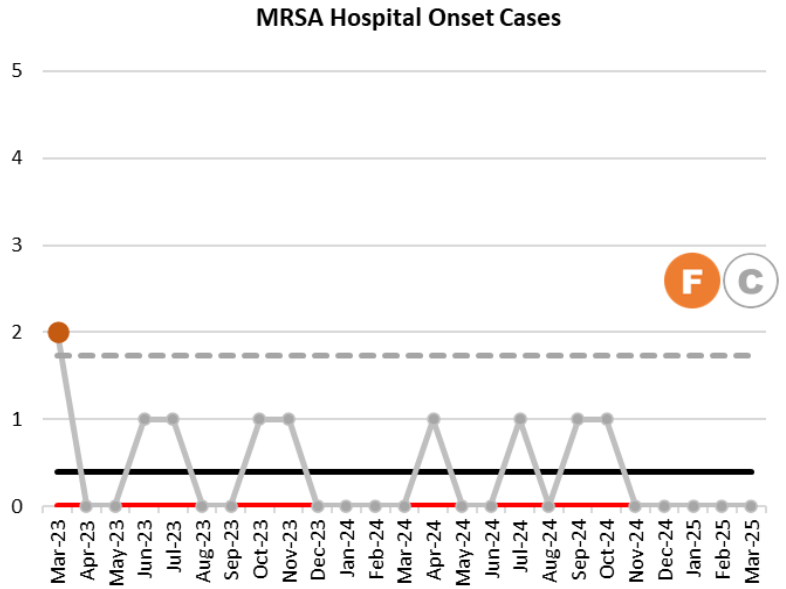
Quality, Safety & Effectiveness

Infection Control

University Hospitals Bristol and Weston NHS Foundation Trust

MRSA Hospital Onset Cases

Latest Month
Mar-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



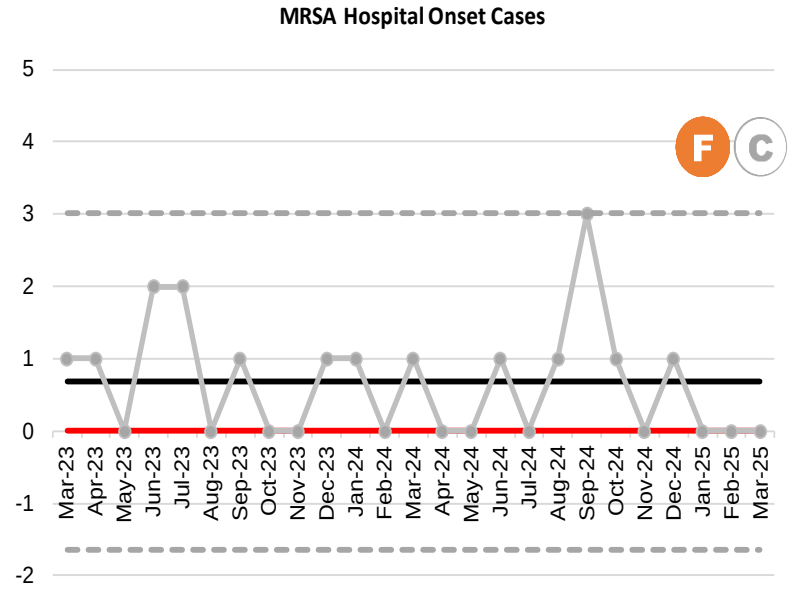
Summary

What does the data tell us ?
End of year position is 4 cases.

What does the data tell us ?
Learning identified for cases embedded in ASCR and NMSK divisions and clinical areas. One case with no focal source confirmed through trust investigation. Ongoing education continues around risk assessments and MRSA screening with digital versions due this month.

MRSA management and decolonisation education continues to be delivered at divisional level. Whilst continuing our education around devise management linked to MSSA reduction. Work will take place re decolonisation and products to use going forward with potential of a Steriwave trial in new elective centre

MRSA Hospital Onset Cases



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

Summary

What does the data tell us?
There were no cases in March 2025. End of year figures for 2024/25 show the trust finished the year with seven cases.

Actions being taken to improve
MRSA quality improvement work continues and going forward into 2025/26 further focused work around line care is planned. Of the UHBW cases during thematic analysis revealed the people who inject drugs, represent a high proportion of the cases, collaborative improvement work is being coordinated community partners.

Impact on forecast
Impact of work to improve line insertion, care and timely removal will reduce risk of in-hospital MRSA and the impact of improvement work with community partners to support people who inject drugs should also reduce risk of MRSA bacteraemia's in this more susceptible group of people.

Quality, Safety & Effectiveness

Infection Control

C.difficile Healthcare Associated Cases

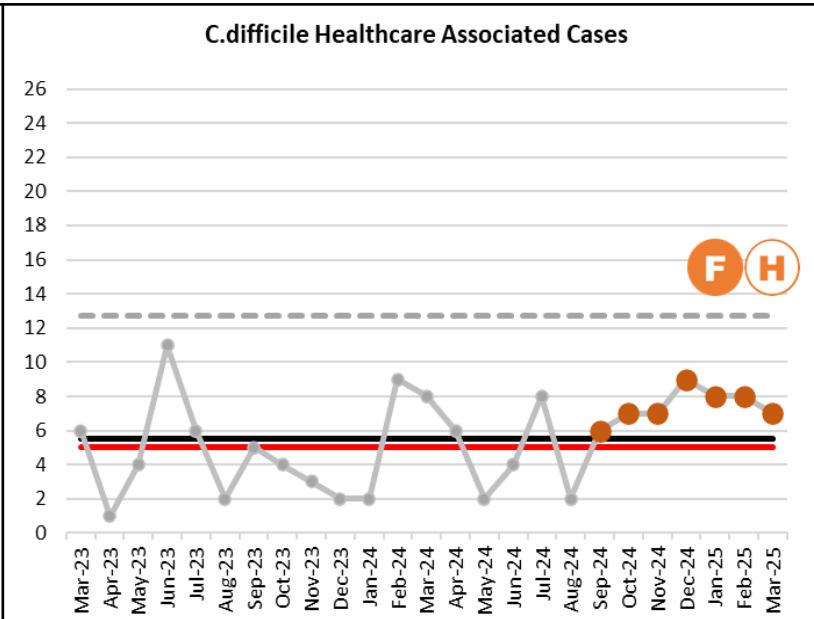
Latest Month
Mar-25

Target
5

Latest Month's Position
7

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

Trust Level Risk
No Trust Level Risk



Summary

What does the data tell us?
End of year cases have reached 117 cases, this above the set trajectory .

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.

Other projects
Wider education for unexplainable diarrhoea , vomiting and associated testing continues .
Twice daily cleaning for C. difficile and enhanced cleaning with collaboration from facilities.

Alcohol free gel – Implementation of Spectrum X alcohol free gel for point of care use being rolled out Trust wide to assist with C. difficile and Norovirus transmission.

C.Difficile Healthcare Associated Cases

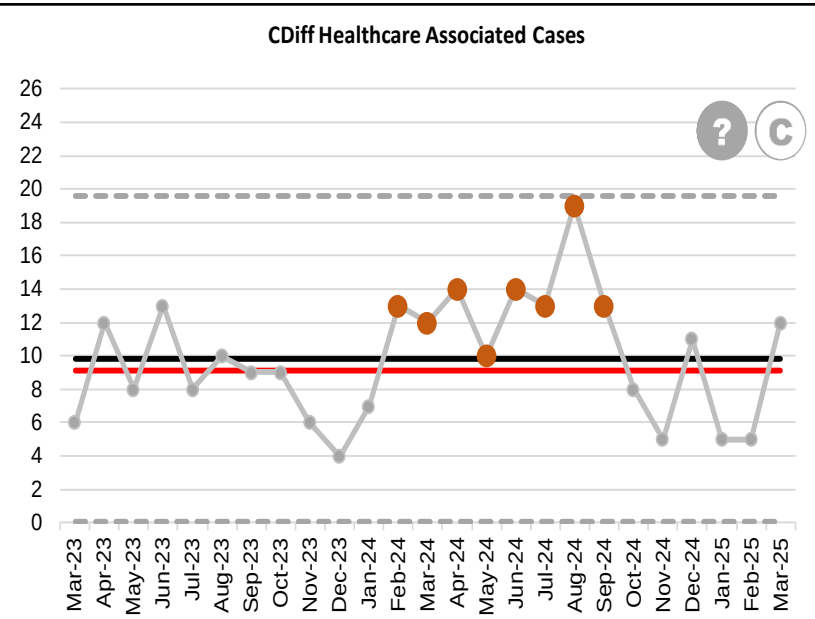
Latest Month
Mar-25

Target
9.08

Latest Month's Position
12

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

Corporate Risk
No Corporate Risk



Summary

What does the data tell us?
UHBW had 12 cases of Clostridium Difficile in March 2025, five Hospital Onset Healthcare Associated (HOHA) and seven Community Onset Healthcare Associated (COHA). Whilst this is an increase from the previous month where there were five cases, the SPC chart is showing common cause variation. The end of year figure for 2024/25 is 129 cases (87 HOHA, 42 COHA). The NHSE limit for UHBW for 2024/25 was set at 109 cases, therefore UHBW has breached this limit by 20 cases. The regional and national C.Diff positions continues to show an increasing trend.

Actions being taken to improve
The UK Health Security Agency (UKHSA) have triggered a national incident to increase scrutiny of the national increase in C Diff. No specific themes have yet emerged, but this may provide some future new insights to inform a national response. The previously reported quality improvement work continues e.g. improvements in screening for C. Diff, isolating patients who have diarrhoea, clinical equipment cleaning standards.

Impact on forecast
The outcome of the UKHSA increased surveillance is awaited. The limited number of cubicles for isolating patients particularly in Weston General Hospital and the Children's Hospital will continue to require dynamic risk-based decision making on patient isolation. The quality improvement work being undertaken within UHBW will reduce risk of patients developing C Diff.

North Bristol NHS Trust

Quality, Safety & Effectiveness

University Hospitals Bristol and Weston NHS Foundation Trust

Falls

Inpatient Falls Per 1000 Bed days

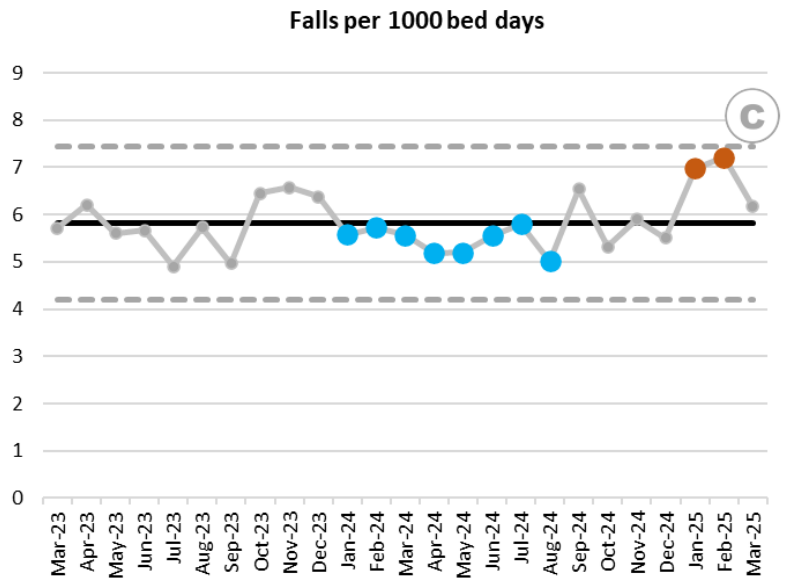
Latest Month
Mar-25

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

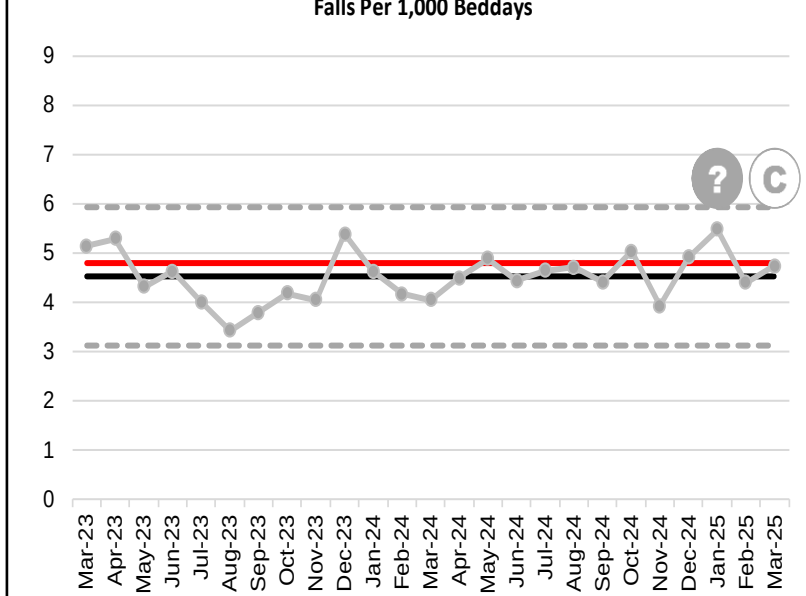
Trust Level Risk
No Trust Level Risk



Summary

No narrative required as per business rules.

Inpatient Falls Per 1,000 Bed days



Latest Month
Mar-25

Target
4.8

Latest Month's Position
4.7

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

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

Summary

What does the data tell us?

There were 165 in March 2025, 23 more than February 2025 (142) but below the locally set target of 4.8 falls per 1,000 beddays. There were three falls with harm in March 2025 above the locally set target of 2. Both indicators are showing within normal variation.

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

Actions being taken to improve

- In March 2025, Weston General Hospital and Women's services shared learning from their analyses of falls incidents at the Dementia Delirium and Falls Steering Group. They shared patient stories and identified themes: falls when mobilising remained most common category related to distance between bed areas and toilets, visibility of side rooms from nurse desk, a high number of patients requiring enhanced care observations and unfilled health care support worker shifts. Learning identified-to increase staff and patient awareness of the risk of fatigue during breast feeding, ensuring patients receive enhanced care observation, correct use of mobility aids and increasing understanding regarding a patient's mental capacity in relation to risk.

Continued on next slide

Quality, Safety & Effectiveness

Falls

Falls Resulting in Harm

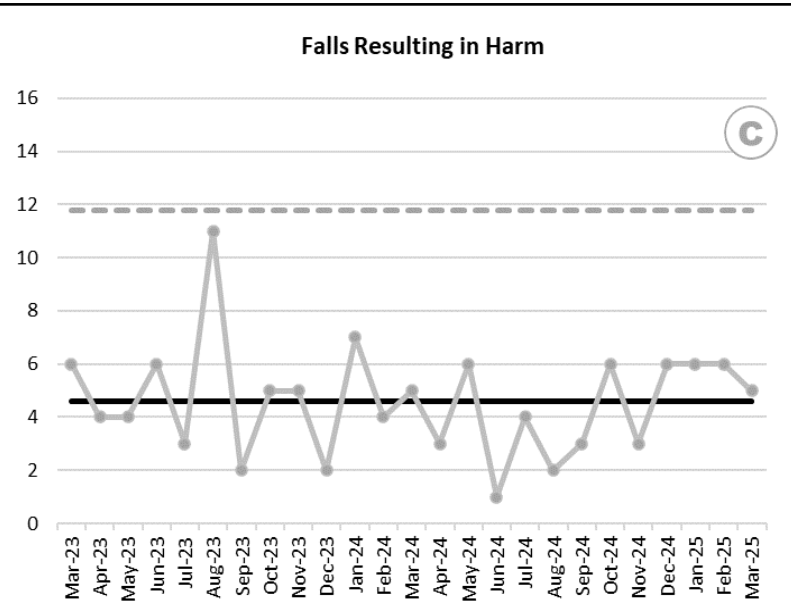
Latest Month
Mar-25

Target
No Target

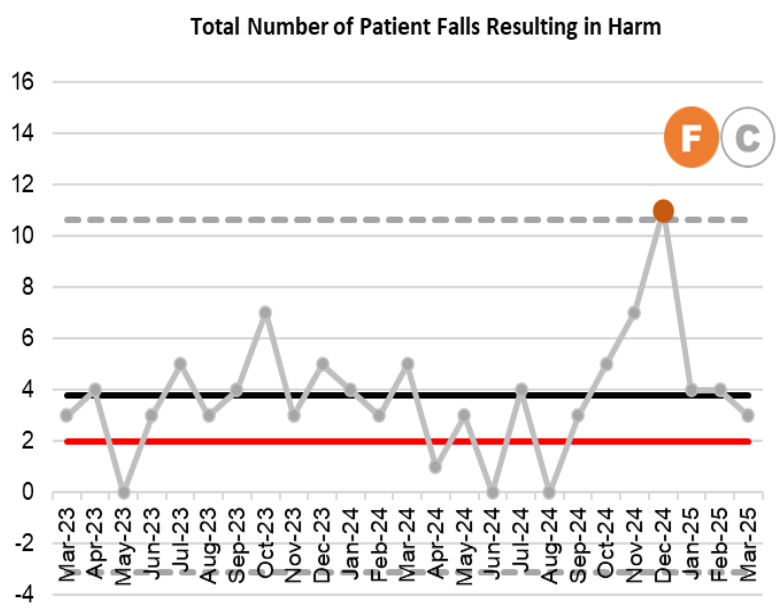
Latest Month's Position
5

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

Trust Level Risk
No Trust Level Risk



Total Number of Inpatient Patient Falls Resulting in Harm



Latest Month
Mar-25

Target
2

Latest Month's Position
3

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

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

Summary

No narrative required as per business rules.

Summary

Actions being taken to improve (continued from previous slide)

- Audit: We are participating in the National Audit of Inpatient Falls, the audit is expanding in 2025 to include hip fractures, head injury, spinal injury or any fracture from an inpatient fall. This may provide new national and local insights to inform areas for improvement.
- Quality Improvement: Improving completion and use of the Multi Factorial Risk Assessment (MFRA) document. Following an update of the MFRA document and education to staff a re-audit has been completed. Audit results are being reviewed to identify areas for improvement. The Multi Factorial Risk Assessment document has been reviewed and updated to embed Personalisation, Prediction, Prevention and Participation in falls prevention and management across the Trust.
- The Dementia Garden Project is embedded in the BRI and Weston hospital sites. The aim of the Dementia Garden project is to promote activity to increase stability and muscle strength, engagement and wellbeing and improve patient experience.
- 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 identifying risks, preventing and managing falls.

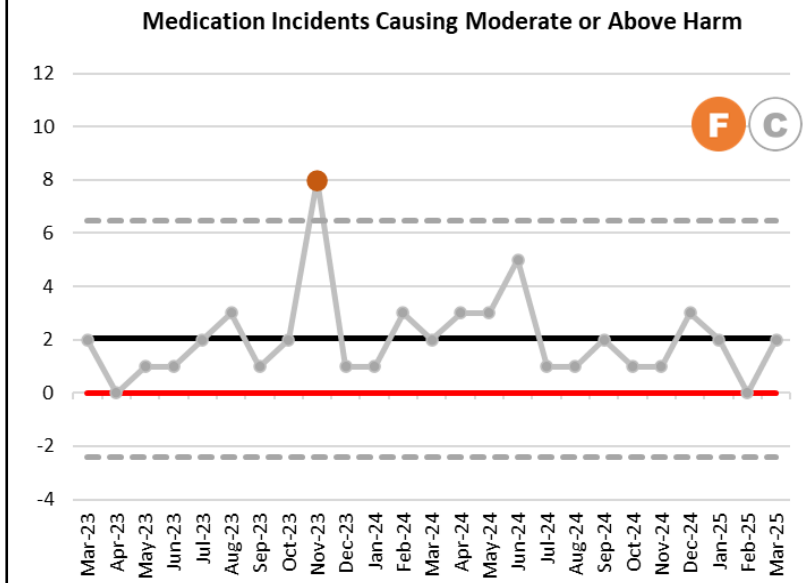
Quality, Safety & Effectiveness

Medication Incidents

Medication Incidents Causing Moderate or Above Harm

Latest Month
Mar-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)



Summary

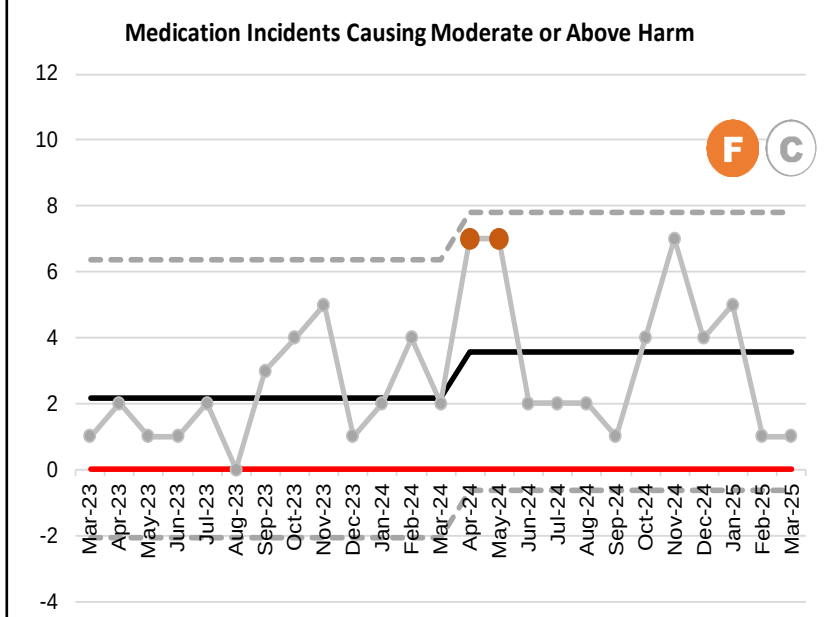
What does the data tell us?
During March 2025, NBT had 157 medication related incidents. Two medication incidents were reported as causing moderate or severe harm or death this month.

Actions being taken to improve
The work of the 'Medicines Safety Forum' continues – this is a multidisciplinary group whose aim is to focus on gaining a better understanding of medicines safety challenges and subsequently supporting staff to address these. This group meets monthly, with a high level of engagement from all Divisions and staff groups. Groups initial workstreams are as follows:

- Formation of a 'Drug Administration' sub-group to discuss the processes around this task and consider improvement initiatives.
- Reviewing the competence assessment process for nursing staff ensuring it is practical, fit for purpose and consistently applied.
- Review of the role of other staff groups e.g registered nursing associates and non-registered staff regarding medicines.

A resource proposal detailing the Pharmacy staffing required to support medicines safety improvement work going forward will be discussed at the DTC in due course.

Medication Incidents Causing Moderate or Above Harm



Latest Month
Mar-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
No Corporate Risk

Summary

What does the data tell us?
The number of medication incidents reported as being associated with moderate or severe harm or death. The harm levels since April 2024 are based on the new harm descriptors for physical and psychological harm in the Learning From Patient Safety Events system (LFPSE). The dataset pre-LFPSE roll out is based on previous harm descriptors in place in the Trust. The data indicates a good reporting culture with a low number of harm incidents compared to number of incidents.

Actions being taken to improve
Medication incidents are reviewed by the UHBW medication safety team. Incidents are identified for enhanced learning response according to the Patient Safety Incident Response Plan. No specific themes have been identified arising from the low number of medication incidents associated with moderate and above harm following review at the multidiscplinary Medicines Governance Group. The implementation of Careflow Medicines Management will help reduce risks in some processes for prescribing and medicines administration.
Specific learning is shared across the Trust via the Medicines Safety Bulletin and with BNSSG system colleagues via system medicines quality and safety meetings. This report has been developed collaboratively by the UHBW and NBT medicines safety teams. This takes advantage of the new joint Hospital Group Medication Safety Officer role.

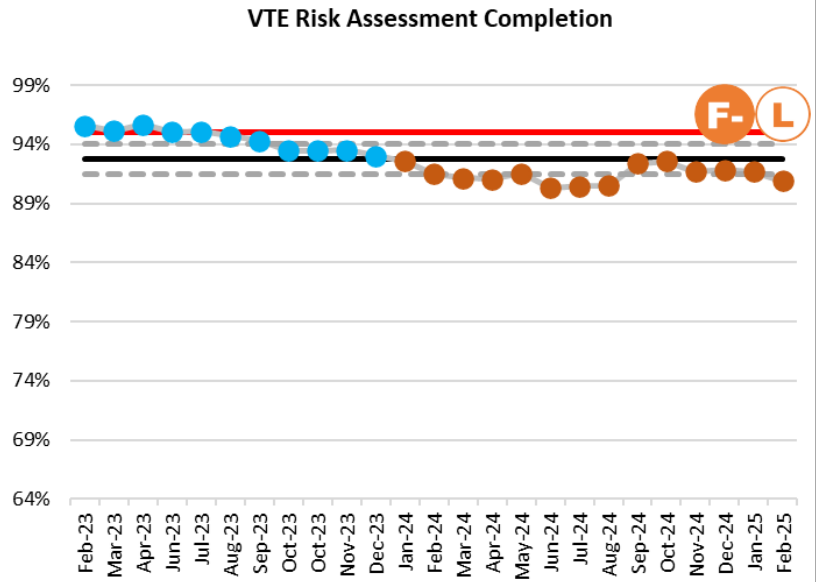
Quality, Safety & Effectiveness

VTE Risk Assessment

VTE Risk Assessment Completion

Latest Month
Feb-25
Target
95.0%
Latest Month's Position
90.9%
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



Summary

What does the data tell us?
VTE risk assessment completion is static for the past three months.

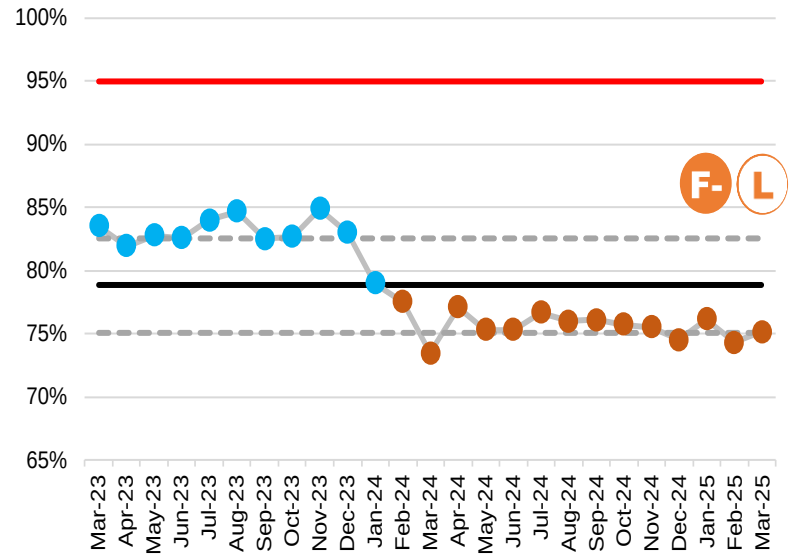
What is being done to improve?
In June 2022 there was a noticeable dip in VTE RA compliance, and action was taken to improve the situation.
An audit of patient notes revealed that VTE forms were not consistently completed.
All clinicians were reminded of the importance of completing VTE RA for all patients, with regular audit and feedback to the teams – this resulted in an overall improvement in VTE RA compliance.
In February 2023, a pilot of a VTE digital assessment took place; this was successful and thus rolled out across the Trust in July 2023. Reasons for the drop in compliance are linked to the hybrid clerking process, with 'main clerking' on paper and VTE RA digital, and we are working towards improving compliance with regular audit, teaching and reminders

Impact on forecast
In September 2025, completion of the VTE RA will become a 'forcing' measure, when the digital prescribing module is initiated, and it is projected that this will improve compliance.
In the meantime, the VTE team are constantly reviewing the requirement for a VTE RA for individual patients, identifying cohorts of patients who do NOT require a VTE RA, and ensuring that the data collection is accurate.

Adult Inpatients Who Received A VTE Risk Assessment

Latest Month
Mar-25
Target
95%
Latest Month's Position
75.1%
Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit.

Corporate Risk
No Corporate Risk



Summary

What does the data tell us?
VTE risk assessment compliance remains static, however data from pharmacy continues to confirm that our prescribing of VTE prophylaxis is consistently between 90 and 95% and our Hospital Associated VTE's remain at a level in line with national reports

Actions being taken to improve
Implementation of Careflow Medicines Management (CMM) from mid- May onwards will include the VTE risk assessment becoming mandatory prior to prescribing in all wards except admissions areas
A joint working group has been set up with NBT to align reporting and processes across organisations
Areas of special interest e.g. maternity and paediatrics have an additional workstream

Impact on forecast
Introduction of CMM is expected to improve performance. The board is asked to note that there will be an interim reporting period where CMM is being introduced where we will need to work with the Business Intelligence Team to understand what data can be pulled and how until CMM implementation is complete.

North Bristol NHS Trust

Quality, Safety & Effectiveness

Neck of Femur

University Hospitals Bristol and Weston NHS Foundation Trust

Fracture Neck of Femur Patients Treated Within 36 Hours

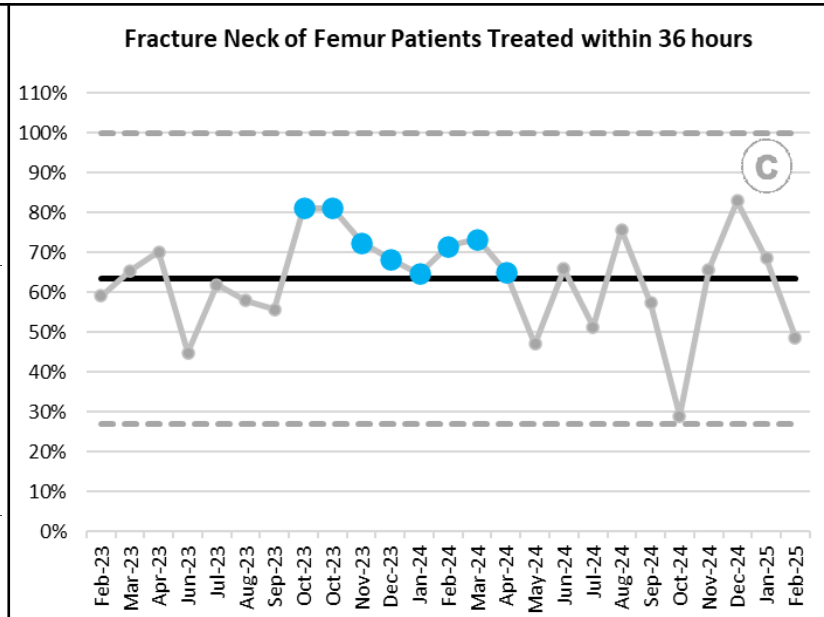
Latest Month
Feb-25

Target
No Target

Latest Month's Position
48.8%

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

Trust Level Risk
No Trust Level Risk



Summary

No narrative required as per business rules.

Fracture Neck of Femur Patients Treated Within 36 Hours

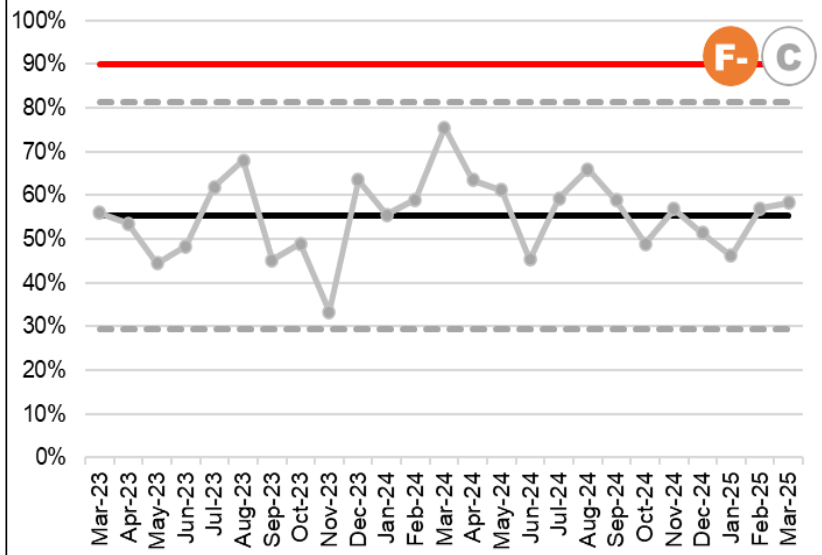
Latest Month
Mar-25

Target
90.0%

Latest Month's Position
58.3%

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

Corporate Risk
No Corporate Risk



Summary

What does the data tell us?
March 2025 data for Bristol and Weston sites combined shows 58.3% (28/48) patients received surgery within 36 hours and 93.8% (45/48) of patients received an ortho-geriatrician review within 72 hours, resulting in an overall Best Practice Tarriff of 52.1% (25/48) for patients treated in Bristol. The graph shows that the time the theatre target is outside of the upper control limit meaning that it is unlikely that the 90% target can be sustainably achieved within the existing processes.

Actions being taken to improve
We have improved our processes for transferring patients and are now working much more efficiently across sites. The elective care centre at Southmead is due to be handed over in June 2025 which is intended to support a significant reduction in ambulatory trauma being operated on at the BRI. This will allow us to utilise a morning trauma list each day for femoral fragility fractures and other in-patient trauma.

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

Caring

Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Caring	Friends and Family Test Score - Inpatient	NBT	Mar-25	92.0%	No Target	92.0%	N/A	C	Note Performance
		UHBW	Mar-25	96.4%	No Target	94.2%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Outpatient	NBT	Mar-25	95.6%	No Target	95.1%	N/A	C	Note Performance
		UHBW	Mar-25	93.6%	No Target	94.2%	N/A	C	Note Performance
Caring	Friends and Family Test Score - ED	NBT	Mar-25	68.3%	No Target	70.3%	N/A	C	Note Performance
		UHBW	Mar-25	83.5%	No Target	87.3%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Maternity	NBT	Mar-25	93.7%	No Target	94.4%	N/A	C	Note Performance
		UHBW	Mar-25	98.3%	No Target	96.5%	N/A	C	Note Performance
Caring	Patient Complaints - Formal	NBT	Mar-25	52	No Target	62	N/A	C	Note Performance
		UHBW	Feb-25	29	No Target	40	N/A	L	Change Summary
Caring	Formal Complaints Responded To Within Trust Timeframe	NBT	Mar-25	80.0%	90.0%	77.8%	F	C	Escalation Summary
		UHBW	Feb-25	51.4%	90.0%	58.3%	F	C	Escalation Summary

North Bristol NHS Trust

Caring

Complaints

University Hospitals Bristol and Weston NHS Foundation Trust

Formal Complaints

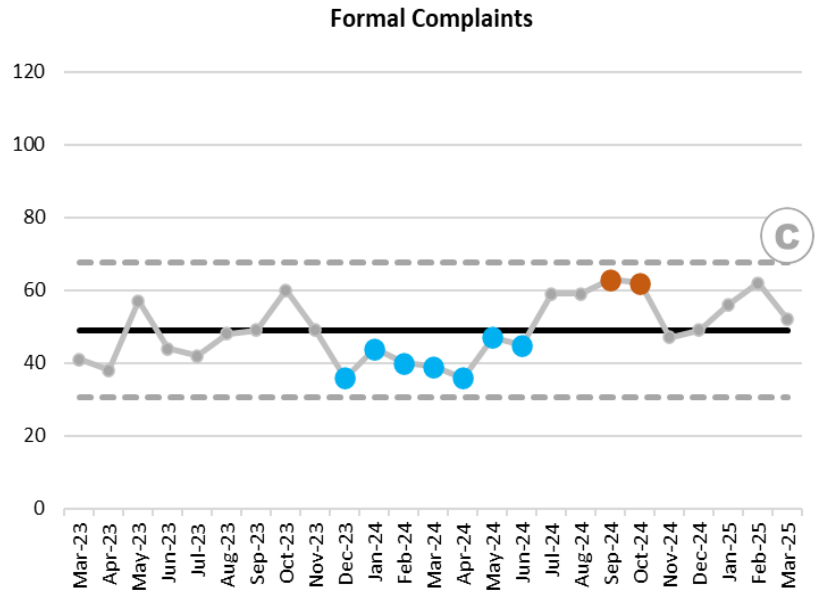
Latest Month
Mar-25

Target
No Target

Latest Month's Position
52

Performance / Assurance
Common Cause (natural/expected) variation where down is improvement

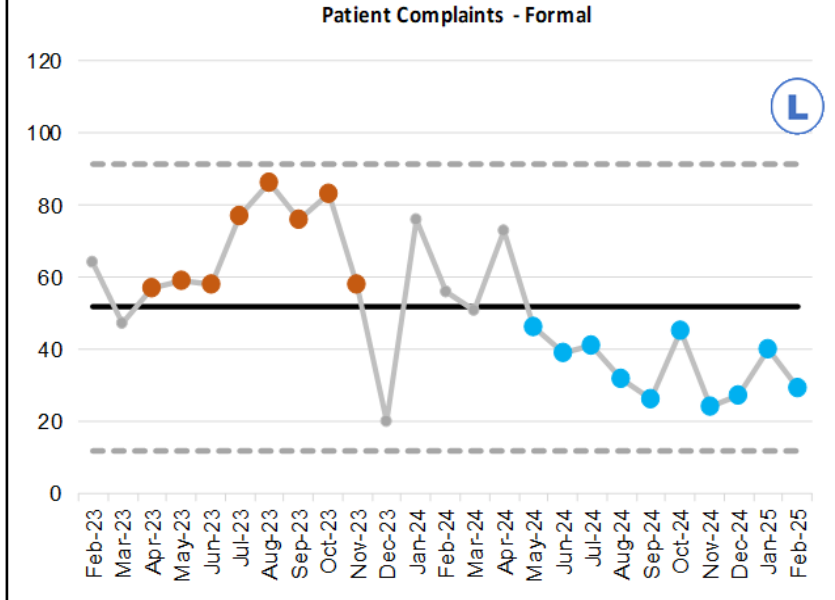
Trust Level Risk
No Trust Level Risk



Summary

No narrative required as per business rules.

Number of Patient Complaints - Formal



Latest Month
Feb-25

Target
No Target

Latest Month's Position
29

Performance / Assurance
Special Cause Improving Variation Low, where down is improvement.

Corporate Risk
No Corporate Risk

Summary

What does the data tell us?
The graph indicates a pattern of reduced numbers of formal complaints since April 2024.
A total of 180 complaints were received by UHBW in January 2025, 29 of which are recorded as formal, 126 as informal and 25 as PALS concerns.

Actions being taken to improve
We are exploring whether the special cause variation shown in the graph could be the result of a coding issue. There is a possibility that some cases initially coded as informal complaints may have subsequently been reassigned as formal complaints and that this has not been identified/corrected in monthly reporting. Monthly totals since April 2024 are therefore being recalculated retrospectively.

From 1st April 2025 UHBW has also adopted NBT's taxonomy of complaints, so that formal complaints will subsequently be known as 'complaints', whilst informal complaints will become PALS concerns. These changes will be seen in the June IQPR, reporting April data.

Impact on forecast
The next monthly IQPR report may therefore show increased numbers of formal complaints.

North Bristol NHS Trust

Caring

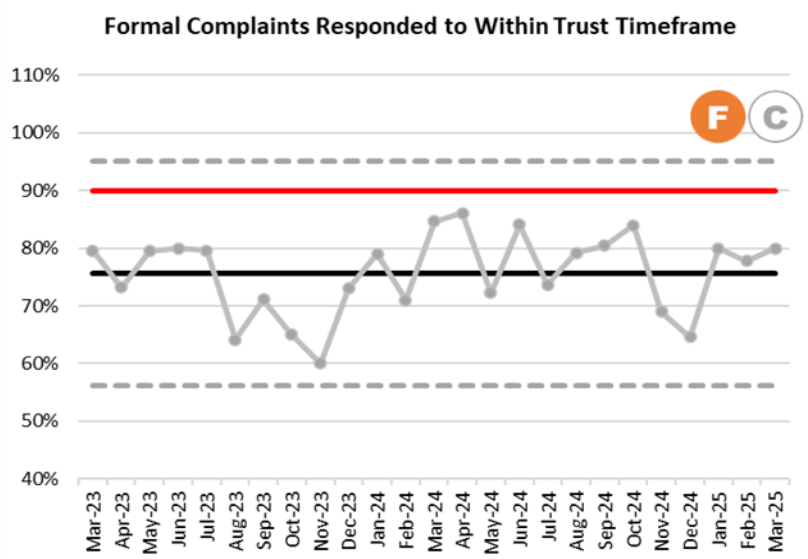
Complaints

University Hospitals Bristol and Weston NHS Foundation Trust

Formal Complaints Responded To Within Trust Timeframe

Latest Month
Mar-25
Target
90.0%
Latest Month's Position
80.0%
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



Summary

What does the data tell us?

- The complaint compliance rate increased slightly from 78% in January to 80% in March, with compliance tracking above the mean for the last three months.
- Out of the 70 formal complaints due for response in March, 56 were closed within the agreed timescale,11 were closed outside the agreed timescale, and 3 remained open at the time of reporting.

Actions being taken to improve

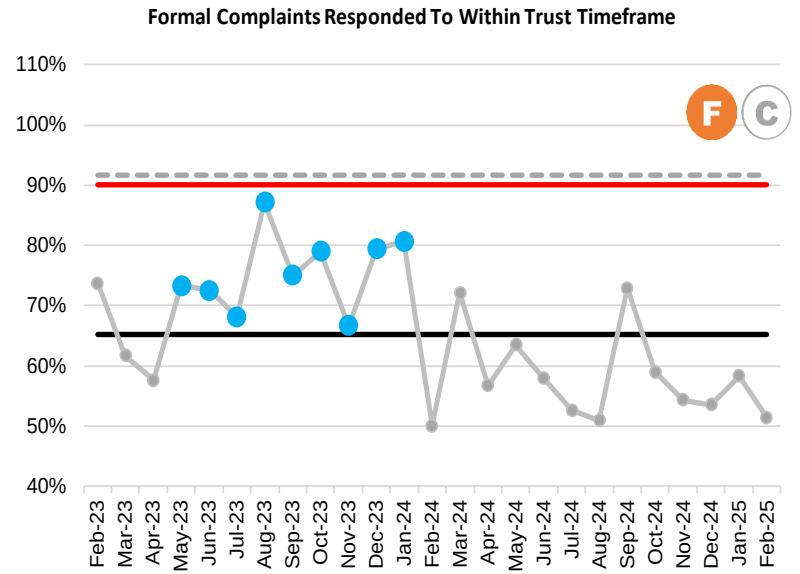
The Complaints & PALS Manager holds weekly meetings with the divisional patient experience teams to review both upcoming and overdue cases. These meetings provide an opportunity to discuss any complexities and agree on appropriate resolutions. Additionally, the Complaints & PALS Manager circulates a weekly complaints tracker to escalate overdue cases to the senior divisional management teams.

Collaborative work continues with UHBW to align complaint and PALS processes and timescales, helping to ensure more uniformed reporting. NBT will retain its 35-day timescale for complaints (to be adopted by UHBW). From 1 April 2025, NBT will adopt UHBW's 10-day timescale for PALS concerns. Further work is needed to update the timescale in Radar and adapt processes.

Formal Complaints Responded To Within Trust Timeframe

Latest Month
Feb-25
Target
90.0%
Latest Month's Position
51.4%
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)



Summary

What does the data tell us?

51.4% of formal complaints sent out in February were responded to within the agreed deadline. However, 83.3% of informal complaints were responded to within the agreed deadline, accounting for the majority of complaints responded to in February.

Actions being taken to improve

Discussions with Divisions have highlighted the challenge of achieving the target for formal complaints and identified a range of factors which are impacting on long-term performance. These include: the increasing complexity of complaints (note: we are consciously handling cases informally where possible – by definition, this means that the remaining formal cases are likely to be complex); potentially unrealistic timescales being set at the outset (the standard 35 working days may be insufficient – benchmarking data to be gathered); lack of clinical time to respond due to operational pressures; gaps in complaints support capacity in Divisions (e.g. due to sickness); in some instances, the need for legal advice; and time taken for final Executive checking and signing (e.g. when amendments are requested from divisions). The proportion of complainants coming back to the Trust to express dissatisfaction with the investigation of their case remains relatively low: of the formal complaints sent out by UHBW in January, three (12.5%) came back dissatisfied.

Impact on forecast

Divisions remain committed to achieving timely resolution of complaints, working within available capacity.

Our People

Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Our People	Workforce Turnover Rate	NBT	Mar-25	11.3%	11.9%	11.6%	P*	L	Note Performance
		UHBW	Mar 25	10.4%	12.0%	10.8%	P*	L	Note Performance
Our People	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	NBT	Mar-25	5.3%	No Target	5.6%	N/A	L	Note Performance
		UHBW	Mar 25	3.0%	5.0%	3.3%	P*	C	Note Performance
Our People	Percentage Agency Usage	NBT	Mar-25	1.4%	3.2%	1.0%	P	L	Note Performance
		UHBW	Mar 25	0.7%	1.0%	0.6%	P*	L	Note Performance
Our People	Sickness Rate	NBT	Mar-25	4.6%	4.4%	4.6%	F-	L	Escalation Summary
		UHBW	Mar 25	4.1%	4.9%	4.4%	P*	C	Note Performance
Our People	Essential Training Compliance	NBT	Mar-25	91.6%	85.0%	92.4%	P	H	Note Performance
		UHBW	Mar-25	90.7%	90.0%	90.4%	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

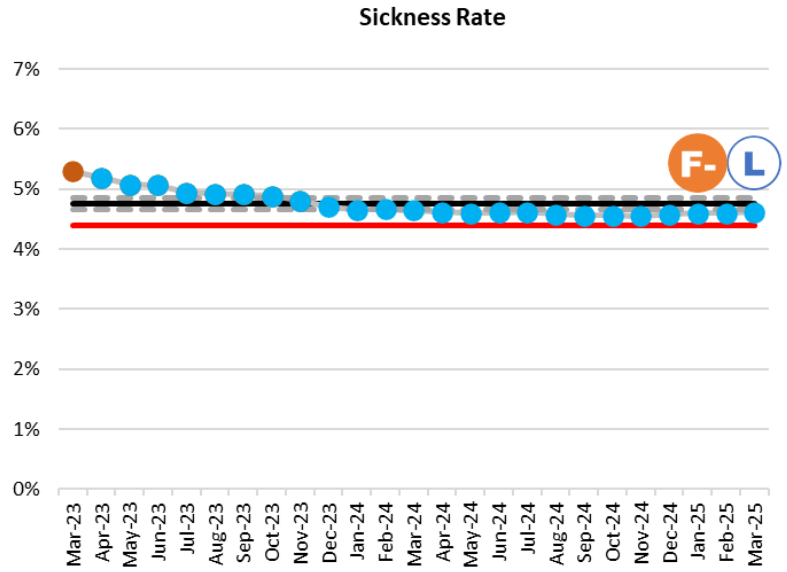
People

Sickness Absence

University Hospitals Bristol and Weston NHS Foundation Trust

Sickness Rate

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

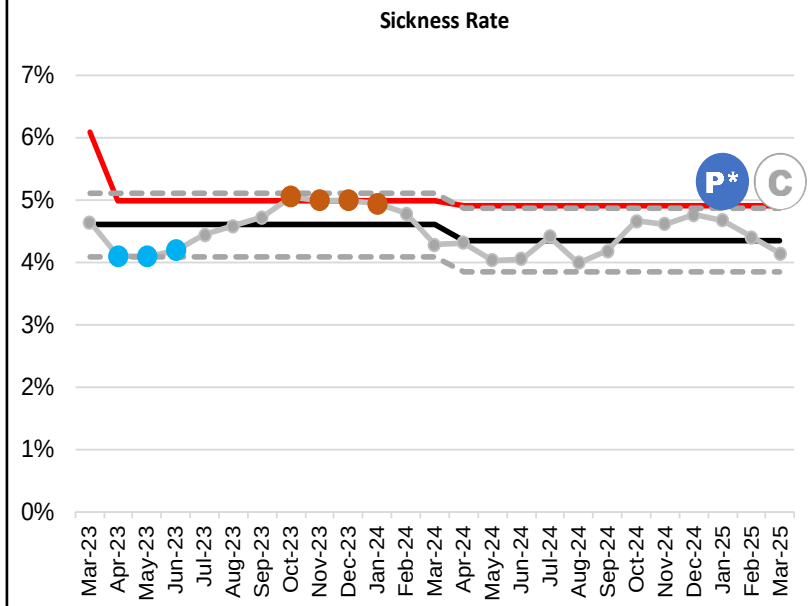


Summary

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 a target for 2024/25 of 4.4%.

Actions being taken to improve
Staff Experience Team delivering wellbeing drop ins taking staff experience offer to teams can be booked via LINK. Staff Health and Wellbeing plan being finalised for launch April 2025. April Stress Awareness month campaign underway with Lunch & Learn webinars, regular communications and resources. 4 weeks of activities including webinars: Living Our Values, What managers need to know When Managing Stress, A Compassion focussed Approach to Managing Stress.

Sickness Rate



Latest Month
Mar-25
Target
4.9%
Latest Month's Position
4.1%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit where down is improvement.
Corporate Risk
No Corporate Risk

Summary

No narrative required as per business rules.

Finance

Position Statement

NBT - Statement of comprehensive income at 31 March 2025

This month the Trust has delivered a delivered a £1.8m surplus, which is £1.0m better than plan. The year-end financial position for March 2025 shows the Trust has delivered a breakeven position, against a breakeven plan.

Contract income is £71.5m better than plan. This is driven by additional pass-through income of £54.2m, of which £37.4m relates to the year-end notional pension adjustment, settlement of prior year contracts has delivered a £4.6m benefit and additional service development funding, £4.7m.

Other income is £57.4m better than plan. The is due to new funding adjustments and pass through items, £49.0m favourable. The remaining £8.4m favourable variance is driven by prior period invoicing and additional activity, £4.0m favourable, and medical education funding, £3.6m favourable.

Pay expenditure is £62.7m adverse to plan. New funding adjustments, offset in income, and year-end adjustments have caused a £58.7m adverse variance, of which £37.4m relates to the notional pension adjustment. Undelivered CIP is £8.5m adverse and there are overspends on medical and nursing pay, £1.6m adverse. This is offset by AfC vacancies, £9.9m favourable.

Non-pay expenditure is £66.2m adverse to plan. Of which £44.9m relates to pass through items. This remaining adverse position is driven primarily by increased medical and surgical consumable spend to deliver activity, £6.8m adverse, and in tariff drugs, £2.7m adverse, which is supporting increased elective and non-elective activity. £10.9m is driven by items such as IT, Bristol Ambulance costs and UKHSA Activity.

	Month 12			Year to date		
	Budget	Actual	Variance	Budget	Actual	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	72.6	121.2	48.6	867.9	939.4	71.5
Income	4.2	15.1	10.9	53.2	110.6	57.4
Pay	(47.7)	(89.9)	(42.2)	(577.8)	(640.5)	(62.7)
Non-pay	(28.3)	(44.6)	(16.3)	(343.3)	(409.5)	(66.2)
Surplus/(Deficit)	**0.8**	**1.8**	**1.0**	**0.0**	**0.0**	**0.0**

UHBW - March 2025

2024/25 YTD Income & Expenditure Position

Net I&E surplus for 2024/25 of £43k against a breakeven plan, an improvement of £2,527k from last month.

Total operating income is £107,263k ahead of plan due to higher than planned income from activities (£96,513k) and other operating income (£10,750k). The higher than planned position is due to income relating to top-up pension costs (£48,040k) and additional income received from ICB Commissioners and NHS England South-West Specialised Commissioning.

Total operating expenditure is £159,609k adverse to plan due to higher than planned non-pay costs of £81,732k and higher than planned pay expenditure of £77,877k. Higher than planned operating expenditure is due to a technical accounting adjustment (impairments £47,665), the inclusion of top-up pension costs (£48,040k), higher than planned staff in post, the impact of non-pay inflation, higher than planned pass-through costs and the shortfall in savings delivery.

Key Financial Issues

Recurrent savings delivery below plan – 2024/25 CIP delivery is £32,495k, behind plan by £8,705k or 21%. Recurrent savings are £19,197k.

Delivery of elective activity below plan – The outturn value of elective activity for 2024/25 is £1,396k behind plan, an improvement of £1,369k in March.

Strategic Risks

The scale of the Trust's recurrent deficit and CDEL constraint presents a significant risk to the Trust's strategic ambitions. Further work is required to develop the mitigating strategies, whilst acknowledging the Systems strategic capital prioritisation process will have a major influence and bearing on how we take forward strategic capital, including, for example, the Joint Clinical Strategy. This risk is assessed as high.

Finance

Position Statement

NBT - Statement of Financial Position at 31 March 2025

Capital spend is £64.9m for the year (excluding leases). This is driven by spend on the Elective Centre and is in line with forecast.

Cash is £77.4m at 31 March 2025, a £14.7m increase compared with Month 12 2023/24. The increase is driven by additional capital PDC income. Cash is expected to reduce significantly in the first months of 2025/26 due to the cash payment of the high level of capital spend incurred in March.

Non-Current Liabilities have decreased by £1.5m in Month 12 as a result of the national implementation of IFRS 16 on the PFI. This has changed the accounting treatment for the contingent rent element of the unitary charge which must now be shown as a liability. This change also accounts for the £69m increase in the Income and Expenditure Reserve for the year.

	23/24 Month 12 £m	24/25 Month 11 £m	24/25 Month 12 £m	In-Month Change £m	YTD Change £m
Non-Current Assets	**538.4**	**552.4**	**580.0**	**27.6**	**41.6**
Current Assets					
Inventories	11.7	11.8	13.3	1.5	1.6
Receivables	49.8	53.7	49.0	(4.7)	(0.9)
Cash and Cash Equivalents	62.7	56.9	77.4	20.5	14.7
Total Current Assets	**124.2**	**122.5**	**139.7**	**17.2**	**15.5**
Current Liabilities (< 1 Year)					
Trade and Other Payables	(100.3)	(93.6)	(126.3)	(32.6)	(26.3)
Deferred Income	(14.4)	(17.7)	(11.7)	5.9	(2.7)
Financial Current Liabilities	(23.6)	(23.6)	(25.1)	(1.5)	1.4
Total Current Liabilities	**(138.3)**	**(134.9)**	**(163.1)**	**(28.2)**	**(24.8)**
Non-Current Liabilities (> 1 Year)					
Trade Payables and Deferred Income	(6.2)	(6.5)	(5.9)	0.6	(0.2)
Financial Non-Current Liabilties	(571.8)	(580.0)	(582.1)	(2.1)	10.3
total Non-Current Liabilities	**(578.0)**	**(586.5)**	**(588.0)**	**(1.5)**	**10.0**
Total Net Assets	**(53.7)**	**(46.5)**	**(31.3)**	**15.2**	**22.4**
Capital and Reserves					
Public Dividend Capital	485.2	516.9	533.7	16.8	48.5
Income and Expenditure Reserve	(541.8)	(610.8)	(610.8)	0.0	(69.0)
Income and Expenditure Account - Current Year	(69.0)	(24.5)	(29.3)	(4.8)	39.7
Revaluation Reserve	71.9	71.9	75.1	3.2	3.2
Total Capital and Reserves	**(53.7)**	**(46.5)**	**(31.3)**	**15.2**	**22.4**

UHBW - Year to Date Financial Position

In March, the Trust delivered a £2,527k surplus against the plan of break-even, bringing the cumulative position for the year to a surplus of £43k against a breakeven plan. The Trust therefore achieved the financial plan for 2024/25.

Significant operating expenditure variances in the year-to-date position include: the shortfall on savings delivery; premium pay pressures and over-establishment mainly relating to nursing and medical staff; higher than planned pass-through costs (matched by additional patient care income) and the impact of unfunded non-pay inflation.

Pay expenditure for the year is c10% higher than plan. Medical staffing costs in the Women's & Children's Division and nursing costs continue to cause significant overspends across Surgery, Specialised and Women's & Children's Division with continuing over-establishment and high nursing pay costs in total across substantive, bank and agency staff.

Agency and bank expenditure increased in month. Agency expenditure in month is £904k, compared with £714k in February. Bank expenditure in month is £5,299k, compared with £4,702k in February and £5,158k in January.

Total operating income is higher than plan by £107,263k. c£48,000k relates to pension costs paid directly to NHS Pensions, the balance due to higher than planned pass-through payments, additional commissioner funding and additional other operating income.

	Month 12			YTD		
	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's	Plan £000's	Actual £000's	Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	92,765	157,634	64,869	1,117,867	1,214,380	96,513
Other Operating Income	10,151	12,872	2,721	121,659	132,409	10,750
Total Operating Income	**102,916**	**170,506**	**67,590**	**1,239,526**	**1,346,789**	**107,263**
Employee Expenses	(62,075)	(117,948)	(55,873)	(748,234)	(826,111)	(77,877)
Other Operating Expenses	(36,033)	(92,562)	(56,529)	(434,483)	(516,122)	(81,639)
Depreciation (owned & leased)	(3,720)	(3,585)	135	(43,713)	(43,806)	(93)
Total Operating Expenditure	**(101,828)**	**(214,095)**	**(112,267)**	**(1,226,430)**	**(1,386,039)**	**(159,609)**
PDC	(1,206)	305	1,511	(14,516)	(12,137)	2,379
Interest Payable	(244)	(255)	(11)	(2,961)	(2,695)	266
Interest Receivable	288	425	137	3,500	5,587	2,087
Net Surplus/(Deficit) inc technicals	**(74)**	**(43,114)**	**(43,040)**	**(881)**	**(48,495)**	**(47,614)**
Remove Capital Donations, Grants, and Donated Asset Depreciation	74	45,641	45,567	881	48,538	47,657
Net Surplus/(Deficit) exc technicals	**0**	**2,527**	**2,527**	**0**	**43**	**43**

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Assurance and Variation Icons – Detailed Description

VARIATION ICON	ASSURANCE ICON	P*	P	?	F	F-	*No icon*
		Consistently Passing target (target outside control limits)	Passing target	Passing and Falling short of target subject to random variation	Falling short of target	Consistently Falling short of target (target outside control limits)	No Target
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

North Bristol NHS Trust

Perinatal Quality Surveillance Matrix (PQSM) Dashboard data

Month of Publication May 2025
Data up to March 2025

Activity	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		Year to date	Trend	SPC Variation	SPC Assurance	Comment
Number of women who gave birth (>=24 weeks or <24 weeks live)	461	440	447	425	459	449	444	444	463	481	397	454	448	394	429		443				
Number of women who gave birth (>=22 weeks)	463	442	448	426	459	448	444	444	463	482	397	455	447	397	429		443				
Number of babies born (>=24 weeks or <24 weeks live)	466	446	449	429	463	456	451	453	472	486	401	460	454	401	433		448				
Number of livebirths 22+0 to 26+6 weeks	0	3	1	3	4	3	5	4	0	2	4	2	0	6	6		3				
Number of live births 24+0 to 36+6 weeks	36	36	24	27	33	34	36	40	28	37	28	41	33	28	35		33				
Number of livebirths <24 weeks	0	1	1	1	0	1	3	2	0	1	3	1	1	3	3		1				
Induction of labour rate %	31.7%	31.4%	34.5%	32.7%	29.8%	30.1%	25.0%	28.8%	33.0%	31.0%	28.2%	30.4%	29.7%	27.9%	30.8%		30.3%				
Unassisted birth rate %	45.6%	43.2%	43.6%	43.1%	45.3%	46.1%	45.5%	45.5%	46.7%	42.2%	45.8%	43.8%	44.9%	40.1%	45.2%		44.4%				
Assisted birth rate %	9.1%	8.9%	11.2%	10.8%	8.5%	9.6%	8.6%	7.9%	8.0%	9.4%	8.3%	10.8%	9.6%	12.9%	12.1%		9.7%				
Caesarean section rate (overall) %	44.9%	47.5%	44.7%	45.9%	46.2%	43.0%	45.0%	46.4%	45.4%	48.4%	45.6%	44.9%	44.6%	46.4%	42.7%		45.4%				
Elective caesarean section rate %	20.6%	21.6%	19.9%	18.8%	17.2%	18.3%	20.5%	23.2%	19.7%	23.1%	21.4%	20.3%	21.4%	23.6%	17.9%		20.5%				
Emergency caesarean section rate %	24.3%	25.9%	24.8%	27.1%	29.0%	24.7%	24.5%	23.3%	25.7%	25.4%	24.2%	24.7%	23.0%	22.8%	24.7%		24.9%				

Safe - Maternity Workforce	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		Year to date average	Trend	SPC Variation	SPC Assurance	Comment
One to one care in labour (as a percentage)* excludes BBAs	99%	100%	99.7%	100%	100%	100%	100%	100%	100.0%	100%	100%	100%	100%	100%	98%		99.9%				
Compliance with supernumerary status for labour ward coordinator	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%%	100%	95%		99.9%				
Number of times maternity unit attempted to divert or on divert	0	1	0	0	0	1	1	1	0	1	1	1	1	0	1		0.6				
Number of obstetric consultant non-attendance to 'must attend' clinical situations	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0				
Consultant Led MDT ward rounds on CDS day	100%	100%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		99.8%				
Consultant Led MDT ward rounds on CDS evening/night	93.0%	96.0%	81%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		96.7%				
Percentage of 'staff meets acuity' - CDS	69%	51%	67%	70%	71%	44%	62%	61%	62%	52%	67%	51%	55%	43%	53%		58.5%				
Percentage of 'up to 3 MWs short' - CDS										44%	29%	45%	41%	45%	36%						
Percentage of '3 or more MW's short' - CDS										4%	4%	5%	3%	12%	11%						
Confidence factor in Birthrate+ (data recording on CDS)	83.3%	89.7%	81.2%	85.0%	80.7%	81.7%	76.9%	78.5%	83.9%	75.8%	81.1%	80.0%	87.1%	77.8%	77.4%		81.3%				

Safe - Maternity Workforce	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		Year to date average	Trend	SPC Variation	SPC Assurance	Comment
Band 5/6/7 Midwifery Vacancy Rate (inclusive of maternity leave) WTEs	5.59%	8.04%	6.17%	3.06%	2.68%	1.43%	-1.25%	-2.19%	-1.17%	-1.23%	-1.45%	-1.12%	-2.14%	-1.64%	-1.53%		0.9%				
Obstetric Consultant Vacancy Rate (inclusive of maternity leave) WTEs									4.76%	4.76%	4.76%	4.76%	0.00%	0.00%	0.00						Calculated using current obs PAs in job plans (154.26, excluding external PAs) / current + FMU post (162) currently being recruited. WTE is shared O&G. Vacances in Gynae with small impact on Obstetric activity
Obstetric Resident Doctor Vacancy Rate (inclusive of maternity leave) WTEs									0%	0%	0%	2%	2%	2%	2%						Locum shifts worked to cover sickness & pregnancy-related on-call changes, not vacancy.
Midwifery Shift Fill Rate (%) - acute services* day					60.1%	55.3%	52.7%	60.4%	51.4%	89.7%	90.3%	92.6%	93.7%	92.7%	90.0%		75.4%				
Midwifery Shift Fill Rate (%) - acute services* night					46.9%	55.8%	50.0%	52.8%	61.0%	98.2%	99.0%	100.7%	103.0%	99.6%	98.9%		78.7%				
Obstetric Shift Fill Rate - acute services* day									100%	100%	100%	100.0%	100.0%	100.0%	100.0%						On-call shifts only.
Obstetric Shift Fill Rate - acute services* night									100%	100%	100%	100.0%	100.0%	100.0%	100.0%						No consultant acting down required

Safe - Neonatal Workforce	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		Year to date average	Trend	SPC Variation	SPC Assurance	Comment
Number of NICU consultant non-attendance to 'must attend' clinical situations	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0				
Band 5/6/7 Neonatal Nursing Vacancy Rate (inclusive of maternity leave) WTEs				18.00%	10.81%	4.58%	6.69%	9.62%	2.77%	3.23%	2.59%	7.70%	9.98%	9.47%	8.70%		7.85%				
Neonatal Nurse Qualified in Speciality establishment rate	35%	52%	54%	59%	59%	59%	55%	55%	43%	56%	56%	55%	52%	52%	52%		53%				
Neonatal Consultant Vacancy Rate (inclusive of maternity leave) WTEs									0%	0%	0%	0%	0%	0%	0%						Ongoing long-term sickness.
Neonatal Resident Doctor Vacancy Rate (inclusive of maternity leave) WTEs									0%	0%	0%	0%	7.60%	7.60%	0%						
Neonatal Nursing Fill Rate (%) - acute services* using BAPM acuity tool									100.0%	96.7%	98.2%	100.0%	98.3%	100.0%	100.0%						
Neonatal Nursing QIS Fill Rate (%) - acute services using BAPM acuity tool									54.2%	49.2%	63.6%	78.0%	73.3%	86.43	75.0%						
Neonatal (Medical) Shift Fill Rate (%) - acute services* day using BAPM acuity tool									100%	100%	100%	100%%	100.0%	100.0%	100.0%						No unsafe shifts – some consultant acting down.
Neonatal (Medical) Shift Fill Rate (%) - acute services* Night using BAPM acuity tool									100%	100%	100%	100%%	100.0%	100.0%	100.0%						No unsafe shifts – some consultant acting down.

Training	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		Year to date average	Trend	SPC Variation	SPC Assurance	Comment
Progress in achievement of CNST	89%	89%	89%	94%	72%	94%	94%	88%	55%	57%	90%	79%	90%	90%	89%		83%				
Training compliance fetal wellbeing day - Other Obstetric Doctors	70%	71%	72%	72%	69%	57%	57%	37%	74%	79%	86%	76%	76%	87%	82%		69%				
Training compliance fetal wellbeing day - Midwives (ALL)	86%	91%	82%	87%	77%	84%	86%	85%	81%	85%	95%	90%	87%	87%	84%		86%				
Training compliance in maternity emergencies and multi-professional training - Obstetric Consultants	95%	95%	89%	94%	89%	89%	89%	94%	60%	60%	100%	95%	90%	90%	90%		88%				
Training compliance in maternity emergencies and multi-professional training - Other Obstetric Doctors	97%	69%	73%	75%	63%	51%	51%	66%	66%	73%	88%	76%	68%	82%	91%		70%				
Training compliance in maternity emergencies and multi-professional training (includes NBLS) - Midwives (ALL)	80%	89%	73%	79%	82%	78%	80%	83%	69%	72%	94%	94%	89%	86%	86%		82%				
Training compliance in maternity emergencies and multi-professional training - Anaesthetic Consultants	75%	72%	62%	59%	66%	79%	65%	70%	78%	81%	93%	90%	90%	91%	91%		75%				
Training compliance in maternity emergencies and multi-professional training - Other Anaesthetic Doctors	100%	74%	73%	60%	64%	40%	79%	77%	62%	74%	100%	91%	95%	73%	61%		76%				
Training compliance in maternity emergencies and multi-professional training - Maternity care assistants - ALL	71%	95%	90%	80%	76%	75%	77%	77%	63%	69%	94%	93%	90%	87%	89%		81%				
Training compliance annual local NBLS - NICU Consultants								50%	74%	92%	92%	94%	94%	94%	92%		80%				
Training compliance annual local NBLS - NICU Resident doctors (who attend any births)								100%	100%	100%	100%	94%	94%	94%	100%		99%				
Training compliance annual local NBLS NICU ANNPs (ALL)								80%	82%	100%	100%	82%	91%	91%	90%		89%				
Training compliance annual local NBLS NICU Nurses (Band 5 and above)								97%	92%	96%	96%	88%	98%	93%	93%		94%				
Training compliance annual local NBLS MSWs, HCAs and nursery nurses (dependant on their roles within the service - for local policy to determine)								80%	81%	91%	91%	88%	90%	86%	87%		86%				

Safe - Delivery Metrics	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		Year to date average	Trend	SPC Variation	SPC Assurance	Comment
Number of shoulder dystocias recorded (vaginal births)	11	5	9	7	8	9	8	9	8	8	9	9	10	6	9		8				
% of women with a high degree (3rd and 4th) tear recorded	2.8%	3.9%	3.6%	4.3%	5.3%	7.1%	5.7%	3.8%	3.6%	6.5%	7.4%	3.2%	5.6%	4.3%	3.7%		4.7%				
Number of women with a retained placenta following birth requiring MROP	6	9	4	8	12	8	11	6	12	13	3	9	9	7	11		9				
Number of babies with an Apgar Score <7 at 5 mins (all gestations)	3	6	11	6	6	11	17	5	10	9	8	7	5	6	14		8				

Infant Feeding & Skin to Skin	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		Year to date average	Trend	SPC		Comment
																			Variation	Assurance	
% of babies where breastfeeding initiated within 48 hours	84.0%	78.9%	82.3%	78.3%	80.9%	81.5%	77.6%	78.0%	84.5%	80.0%	82.5%	79.1%	76.3%	82.3%	76.5%		80.2%				
% of babies breastfeeding on Day 10	76.6%	74.0%	76.6%	76.4%	75.0%	72.3%	72.4%	72.8%	74.5%	76.7%	81.2%	73.5%	73.1%	78.2%	77.4%		75.0%				
% of babies breastfeeding at transfer to community	74.1%	67.8%	65.6%	70.9%	82.0%	69.5%	67.6%	65.9%	68.2%	69.5%	71.2%	66.9%	66.9%	73.3%	68.4%		69.9%				
% of babies where skin to skin recorded within 1st hour of birth	84.0%	83.8%	81.8%	82.8%	91.0%	83.7%	80.2%	81.4%	83.4%	81.1%	85.0%	81.2%	82.4%	81.0%	80.4%		82.9%				

Perinatal Morbidity and Mortality inborn	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		Year to date average	Trend	SPC		Comment
																			Variation	Assurance	
Total number of perinatal deaths (excluding late fetal losses)	2	1	3	1	2	4	1	4	4	0	3	4	6	4	9		2				
Number of late fetal losses 16+0 to 23+6 weeks excl TOP	1	4	0	1	0	0	5	0	3	2	4	1	2	1	0		2				
Number of stillbirths (>=24 weeks excl TOP)	1	0	1	0	1	2	0	2	2	0	1	1	5	0	4		1				
Stillbirths per 1000 live births	2.15	0.00	2.23	0.00	2.16	4.41	0.00	4.42	4.24	0.00	2.49	2.17	11.01	0.00	9.32		2.52				
Number of neonatal deaths : 0-6 Days	1	0	1	1	1	2	1	0	1	0	1	1	0	2	5		1				
Number of neonatal deaths : 7-28 Days	0	1	1	0	0	0	0	2	1	0	0	2	1	2	0		1				
Neonatal Deaths before 28 days per 1000 live births (ALL)	2.15	2.24	4.45	2.33	2.16	4.39	2.22	4.42	4.28	0.00	2.49	6.5	2.2	10.15	11.66		3				
* NND before 28 days per 1000 live births (Inborn babies only)	2.15	0.00	2.23	2.33	2.16	4.39	2.22	4.42	4.28	0.00	2.49	6.5	2.2	10.15	11.66		3				
PMRT grading C or D themes in report	1	2	1	0	1	3	2	1	4	0	0	2	3	3	0		1				
Suspected brain injuries in term (37+0) inborn neonates (no structural abnormalities) (MNSI referral)	0	0	0	1	0	0	0	0	0	0	1	1	3	1	1		1				

Maternal Morbidity and Mortality	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		Year to date average	Trend	SPC		Comment
																			Variation	Assurance	
Number of maternal deaths (MBRRACE)	0	0	0	0	1	1	1	1	0	0	0	0	0	0	0		0				
Direct causes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0				
Indirect causes	0	0	0	0	1	1	1	1	0	0	0	0	0	0	0		0				
Number of women who received enhanced care on CDS (HDU)	22	33	26	29	37	46	41	37	29	36	40	37	32	33	36		34				
Number of women who received level 3 care (ICU)	0	0	0	2	1	3	2	0	0	3	3	1	1	2	1		1				

Insight	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		Year to date average	Trend	SPC		Comment
																			Variation	Assurance	
Number of datix incident reported	100	130	144	95	117	104	125	124	107	110	79	95	99	108	166		111				
Number of datix incidents graded as moderate or above (total) (Physical Harm)	0	2	0	2	0	4	2	3	1	4	0	1	0	0	0		1				
Datix incident moderate harm (not PSII, excludes MNSI)	0	2	0	2	0	4	1	2	1	1	0	0	0	0	0		1				
Datix incident PSII (excludes MNSI)	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0		0				
New MNSI referrals accepted	0	0	0	1	0	1	0	2	0	1	0	1	1	1	2		1				
Outlier reports (eg. MNSI/NHSR/CQC) or other organisation with a concern or request for action made directly with Trust	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1		0				
Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0				
Trust Level Risks (number shared with LMNS)* score 12 or ≥	7	4	3	4	3	3	4	3	3	3	2	3	3	8	8		4				

NICU Data	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		Year to date average	Trend	SPC		Comment
																			Variation	Assurance	
Neonatal Admission to NICU	52	57	51	42	45	42	38	45	48	50	33	55	50	48	59		48				
of which Inborn Babies booked with NBT	37	43	32	32	31	35	26	32	29	32	20	37	34	32	44		33				
of which Inborn Babies -booked elsewhere	1	3	2	6	6	0	4	5	2	2	4	2	0	4	2		3				
of which readmission	4	4	6	0	2	3	5	3	11	8	2	5	3	4	3		4				
of which ex-utero admission	8	7	11	4	3	4	3	3	3	8	6	9	7	7	7		6				
of which source of admission cannot be derived	1	0	0	0	3	0	0	2	3	0	1	2	3	1	2		1				
Neonatal Admission to Transitional Care	42	35	24	31	29	28	37	38	29	32	26	28	40	29	27		32				
Admission rate at term	4.2%	6.4%	5.2%	5.0%	4.2%	4.8%	2.9%	5.1%	3.6%	4.2%	2.7%	4.1%	6.0%	5.7%	7.2%		4.8%				
NICU babies transferred to another unit for higher/specialist care	5	9	6	4	5	4	6	4	6	0	2	4	8	5	3		4.6				
NICU babies transferred to another unit due to a lack of available resources	0	0	0	0	0	0	4	6	1	1	0	3	0	0	2		1.3				
NICU babies transferred to another unit due to insufficient staffing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0				
Attempted baby abduction	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0				

Involvement	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		Year to date average	Trend	SPC		Comment
																			Variation	Assurance	
Friends and family Test score (response rate % who rated 'very good' or 'good') NICU	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	67%	100%	100%		97%				
Friends and family Test score (response rate % who rated 'very good' or 'good') Maternity	92%	91%	93%	90%	93%	92%	89%	91%	89%	92%	91%	90%	87%	95%	94%		91%				
Service User feedback: Number of Compliments (formal)	67	26	110	106	61	96	93	36	37	24	13	14	29	74	37		57				
Service User feedback: Number of Complaints (formal)	5	4	3	1	1	6	3	4	9	3	4	0	11	2	2		4				
Staff feedback from frontline champions and walk-abouts (number of themes)	4	5	0	0	10	0	0	8	0	7	0	0	0	8	7		3				

Telephone Triage											Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		Year to date average	Trend	SPC		Comment
																			Variation	Assurance	
Attendance to triage											820	850	822	791	925		82075%				
BSOTS KPI Initial assessment within 15 minutes											70%	63%	69%	66%	56%		67%				
NICE KPI Initial assessment within 30 minutes											91%	88%	91%	91%	85%		90%				
Calls answered by triage (Day 0730-2000)											907	916	902	857	961		912				
Calls answered by triage (Night 2000-0700)											293	334	291	236	280		314				
Phone calls abandoned on triage (Day 0730-2000)											134	176	146	159	168		152				
Phone calls abandoned on triage (Night 2000-0700)											27	34	22	41	39		28				
Calls answered by other clinical areas (CDS and Mendip - Day + Night)											688	729	726	669	734		714				
Phone calls abandoned in other clinical areas (CDS and Mendip - Day + Night)											23	20	18	23	21		20				

University Hospitals Bristol and Weston NHS Foundation Trust

Perinatal Quality Surveillance (PQSM)

March 2025

UHBW Maternity

Inspected and rated Good

Care Quality Commission

Maternity Workforce & Acuity

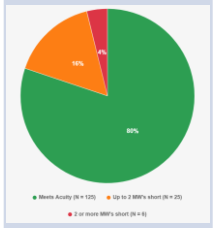
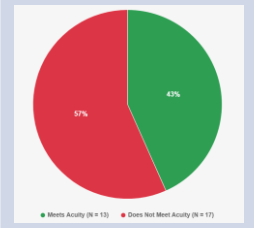
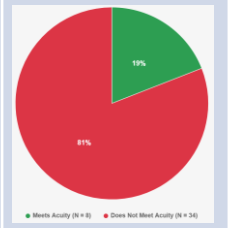
Safe - Maternity Workforce	Target	Local Threshold G	A	R	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Year to date average	Trend	SPC Variation	SPC Assurance	Comment	Countermeasure / Action
One to one care in labour (as a percentage)* excludes BBAs	SBLV3 100%	100%		≤99%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					
Compliance with supernumerary status for labour ward coordinator	SBLV3 100%	100%		≤99%	100%	100%	100%	100%	100%	100%	100.0%					
Number of times maternity unit attempted to divert or on divert	Local	0		≥2	0	0	0	0	0	0	0.3					
Number of obstetric consultant non-attendance to 'must attend' clinical situations	Local	0		≥2	0	0	0	0	0	0	0.0					
Consultant Led MDT ward rounds on CDS day	SBLV3 100%	100%		≤90%	100%	100%	100%	100%	100%	100%	100.0%					
Consultant Led MDT ward rounds on CDS evening/night	SBLV3 100%	100%		≤90%	100%	100%	100%	100%	100%	100%	100.0%					
Percentage of 'staff meets acutity' - CDS	Birthrate+ 100%	≥90%		≤85%	73%	85%	87%	85%	82%	80%	80.5%				Recommended lower target (suggested by Birthrate +) is 85% Local target adjusted from 70% to 85% from January 2025 to reflect this	
Confidence factor in Birthrate+ (data recording on CDS)	Birthrate+ 60%	≥55%		≤45%	79.0%	90.0%	88.2%	87.6%	88.1%	83.9%	71.6%					
Percentage of 'staff meets acutity' - Ward 73	Birthrate+ 100%	≥90%		≤85%	29%	79%	86%	52%	77%	43%					Birthrate+ Accuity Tool for Ward areas released July 2024 insuffient historic data to calculate SPC	
Confidence factor in Birthrate+ (data recording on Ward 73)	Birthrate+ 60%	≥55%		≤45%	13.7%	23.3%	17.7%	20.2%	23.2%	24.2%					Birthrate+ Accuity Tool for Ward areas released July 2024 insuffient historic data to calculate SPC	Action required to improve compliance with completing Birthrate + data submission
Percentage of 'staff meets acutity' - Ward 76	Birthrate+ 100%	≥90%		≤85%	36%	58%	56%	31%	30%	19%					Birthrate+ Accuity Tool for Ward areas released July 2024 insuffient historic data to calculate SPC	
Confidence factor in Birthrate+ (data recording on Ward 76)	Birthrate+ 60%	≥55%		≤45%	17.7%	31.7%	20.2%	25.8%	42.0%	33.9%					Birthrate+ Accuity Tool for Ward areas released July 2024 insuffient historic data to calculate SPC	Action required to improve compliance with completing Birthrate + data submission

Birthrate Plus®

Capture of intrapartum (CDS) data is required 6 times during a 24-hour period (00:30, 04:00, 08:00, 12:00, 16:00 & 20:00), there is an hour's window for entering data: 30 mins before and 30 mins after the scheduled time.

Capture of ward data is required 4 times during a 24-hour period (02:00, 08:00, 14:00 and 20:00) ,there is a window for data entry 30 minutes before the scheduled entry time and 60 minutes afterwards.

Data entered outside of the time window may still be recorded by will not contribute to the overall compliance calculation.

Central Delivery Suite (CDS)	Antenatal & Postnatal Inpatients (Ward 73)	Transitional Care (Ward 76)
		

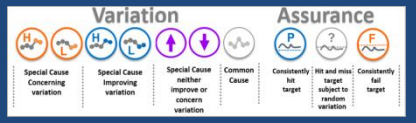
Is the standard of care being delivered?

- **No episodes where the supernumerary status of the CDS coordinator was not maintained**

What are the top contributing factors to over/under achievement?

- **Low compliance with completing Birthrate+ consistently on Ward 73 and Ward 76 impacts the reliability of this data**

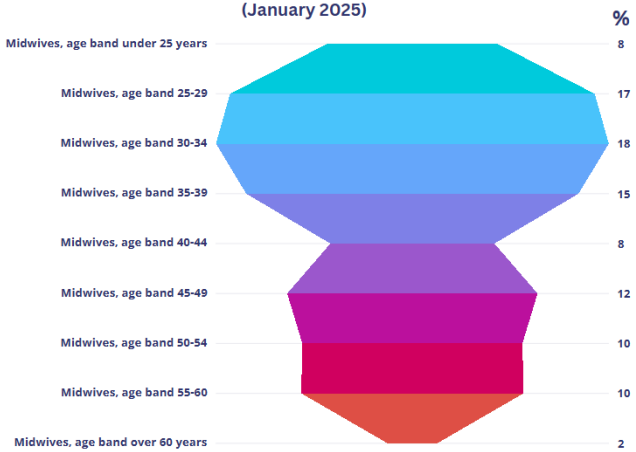
Maternity Workforce & Acuity



Safe - Maternity Workforce	Target	Local Threshold G	A	R	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Year to date average	Trend	SPC Variation	SPC Assurance	Comment	Countermeasure / Action
Band 5/6/7 Midwifery Vacancy Rate (inclusive of maternity leave) WTEs	197.78 WTE 100%	≤5		≥10	2.95	3.16	1.16	0.16	0.16	-3.93	4.21					
Obstetric Consultant Vacancy Rate (inclusive of maternity leave) WTEs		≤1		≥3	0.9	0.9	0.9	0.9	1.0	0.0						
Obstetric Registrar Vacancy Rate (inclusive of maternity leave)WTEs		≤1		≥3	2.4	2.4	2.4	2.4	-1.0	-1.0						
Obstetric SHO Vacancy Rate (inclusive of maternity leave) WTEs		≤1		≥3	-1.0	-1.0	-1.0	-1.0	0	0						
Midwifery Shift Fill Rate (%) - acute services* day		≥97.5%		≤95%	92.3%	102.1%	99.5%	101.1%	87.6%	Data Pending						
Midwifery Shift Fill Rate (%) - acute services* night		≥97.5%		≤95%	88.7%	98.8%	92.5%	95.1%	95.0%	Data Pending						
Obstetric Shift Fill Rate - acute services* day		≥97.5%		≤95%	99.1%	96.7%	99.6%	98.3%	98.1%	Data Pending						
Obstetric Shift Fill Rate - acute services* night		≥97.5%		≤95%	98.9%	100.0%	98.9%	100.0%	100.0%	Data Pending						
Anaesthetic (Obstetric) Shift Fill Rate (%) - acute services* day		≥97.5%		≤95%	100%	98.2%	96.9%	100.0%	100.0%	99.6%						
Anaesthetic (Obstetric) Shift Fill Rate (%) - acute services* night		≥97.5%		≤95%	100%	100%	100%	99%	95.2%	96.8%						

UHBW Midwives in post: demographics

Data Source: NHS Model Health System
(January 2025)



Midwifery Staff currently in the on boarding process:

Band 7 0.0 wte Band 6 0.0 wte Band 5 6.76 wte

UHBW Midwives in post: Ethnicity

Data Source: NHS Model Health System
(January 2025)

Demographic profile of staff in post: Ethnicity	Provider value	Peer average	National value	National value method	Chart
Midwives: Asian/Asian British	2.0%	1.8%	2.4%	Provider median	
Midwives, Black/African/Caribbean/Black British	4.8%	3.4%	5.8%	Provider median	
Midwives: Mixed/Multiple ethnic groups	2.7%	1.8%	2.1%	Provider median	
Midwives: Not stated	1.3%	1.6%	1.7%	Provider median	
Midwives: Other	0.3%	0.6%	0.9%	Provider median	
Midwives: White	88.9%	92.2%	88.9%	Provider median	

March 2025

Midwifery Maternity Rate:

8.0 wte

NICE Midwifery Red Flags

NICE Red Flags, as identified within: Safe midwifery staffing for maternity settings, NG14 published 27/02/2015

NICE Red Flags (as identified within 'Safe midwifery staffing for maternity settings, NG14, published 27/02/2015)

	Data Source	Reliability of Data	Rationalle for current reliability assessment	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Delayed or cancelled time-critical activity	Datix/ BadgerNet/ Birthrate +	Variable	Cat 1 and Cat 2 CS delays captured in BadgerNet. All other delayed or cancelled time-critical activities rely of Datix submission by clinical staff	18	12	15	23	18	26
Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	Datix/ Birthrate +	Variable	Relies on Datix submission by clinical staff	0	0	0	3	0	0
Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	Datix/ Birthrate +	Variable	Relies on Datix submission by clinical staff	4	2	2	2	6	3
Delay of more than 30 minutes in providing pain relief	Datix/ Birthrate +	Variable	Relies on Datix submission by clinical staff	0	0	0	1	0	0
Delay of 30 minutes or more between presentation and triage	BadgerNet/ Birthrate +	Good	Data extracted from BadgerNet	6.56% (40 attendances)	5.29% (32 attendances)	5.06% (29 attendances)	9.66% (64 attendances)	9.57% (56 attendances)	12% (78 attendance)
Full clinical examination not carried out when presenting in labour	BadgerNet/ Birthrate +	Good	Data extracted from BadgerNet	15.9% 65 assessments not completed / partially completed	17.59% 57 assessments not completed / partially completed	16.6% 56 assessments not completed / partially completed	22.8% 85 assessments not completed / partially completed	19.8% 66 assessments not completed / partially completed	22.2% 82 assessments not completed / partially completed
Delay of 2 hours or more between admission for induction and beginning of process	BadgerNet/ Birthrate +	Good	Data extracted from BadgerNet	75.2% 109 admissions for IOL experienced a delay of 2 hours or more from admission to time of first cycle Median time = 352.5 minutes	74.4% 99 admissions for IOL experienced a delay of 2 hours or more from admission to time of first cycle Median time = 201 minutes	73.1% 106 admissions for IOL experienced a delay of 2 hours or more from admission to time of first cycle Median time = 274 minutes	80.15% 105 admissions for IOL experienced a delay of 2 hours or more from admission to time of first cycle Median time = 352 minutes	68.6% 94 admissions for IOL experienced a delay of 2 hours or more from admission to time of first cycle Median time = 230 minutes	81.2% 108 admissions for IOL experienced a delay of 2 hours or more from admission to time of first cycle Median time = 518 minutes
Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	Datix/ BadgerNet/ Birthrate +	Variable	SEPIS trigger data extracted directly from BadgerNet. Recognition of abnormal urine output relies of Datix submission by clinical staff	4	5	5	8	2	8
Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	Datix/ BadgerNet/ Birthrate +	Good	Data extracted from BadgerNet	0	0	0	0	0	0

Neonatal Workforce & Acuity

Safe - Neonatal Workforce	Target	Local Threshold G	A	R	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Year to date average	Trend	SPC Variation	SPC Assurance	Comment	Countermeasure / Action
Number of NICU consultant non-attendance to 'must attend' clinical situations	Local	0		≥2	0	0	0	0	0	0	0.08		L	?		
Band 5/6/7 Neonatal Nursing Vacancy Rate (inclusive of maternity leave) WTEs		≤5		≥10	-7.54	-11.61	-2.91	-0.3	-2.91	-4.83	1.63		L	?		
Neonatal Nurse Qualified in Speciality establishment rate	BAPM 70%	≥70%		≤60%	62.0%	66.0%	61.0%	60.0%	61.0%	61.0%	57.5%		H	F		A3 Project relating to QIS Staffing to be undertaken by NICU Matron and Deputy Director of Midwifery and Nursing
Neonatal Consultant Vacancy Rate (inclusive of maternity leave) WTEs		≤1		≥3	0	0	0	0	0	0				?		
Neonatal Registrar Vacancy Rate (inclusive of maternity leave) WTEs		≤1		≥3	-0.7	-0.7	-0.7	-0.7	0	0.7			H	?		
Neonatal SHO Vacancy Rate (inclusive of maternity leave) WTEs		≤1		≥3	0.9	0.9	0.9	0.9	0	0			L	?		
Neonatal Nursing Fill Rate (%) - acute services* day using BAPM acuity tool		≥97.5%		≤95%	116.3%	100.6%	97.2%	100.8%	113.4%	128.2%				?		
Neonatal Nursing Fill Rate (%) - acute services* night using BAPM acuity tool		≥97.5%		≤95%	102.5%	106.3%	103.4%	105.0%	112.1%	128.1%			H	?		
Neonatal Nursing QIS Fill Rate (%) - acute services* day using BAPM acuity tool		≥70%		≤60%	77.3%	65.0%	58.3%	61.5%	72.1%	83.0%				?		A3 Project relating to QIS Staffing to be undertaken by NICU Matron and Deputy Director of Midwifery and Nursing
Neonatal Nursing QIS Fill Rate (%) - acute services* night using BAPM acuity tool		≥70%		≤60%	63.2%	66.6%	64.7%	60.1%	73.1%	82.6%			H	?		
Neonatal (Medical) Shift Fill Rate (%) - acute services* day		≥97.5%		≤95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			H	?		
Neonatal (Medical) Shift Fill Rate (%) - acute services* Night		≥97.5%		≤95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			H	?		

SONAR Workforce

No delayed / postponed dispatches or other operational impact resulted from gaps in the Middle Tier Rota – related to the resilience we have in the system

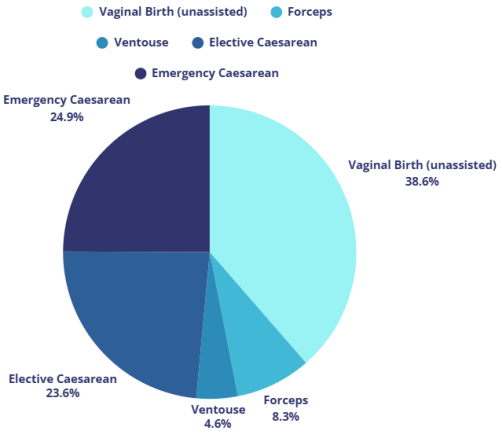
	Staffing (Funded)	Staff in Post	March Uncovered Shifts (North)	March Uncovered Shifts (South)
Nursing Tier	12.0	11.29	5	0
Middle Tier	12.0	10.9	2	4
Consultant	24 hr cover		0	1

Maternity Metrics: March

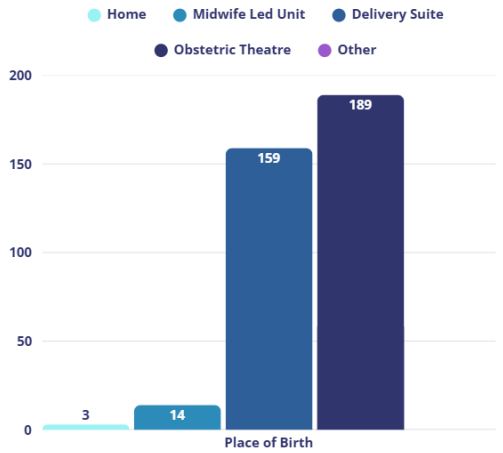
Percentage of Women booked with a Continuity Team (%)

Mode of Birth

373 Registerable Babies born during March 2025



Location of Birth



Induction of Labour Rate

36.2%

VBAC

10.3%

Shoulder Dystocia's (% of vaginal births)

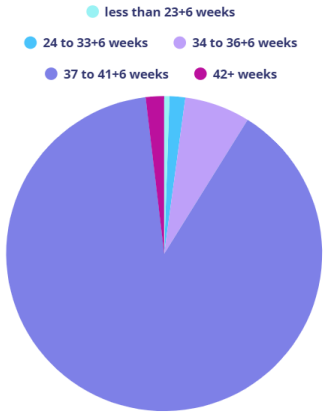
2.0%

% of women commencing vaginal birth sustaining a 3rd/4th degree tear

4.2%

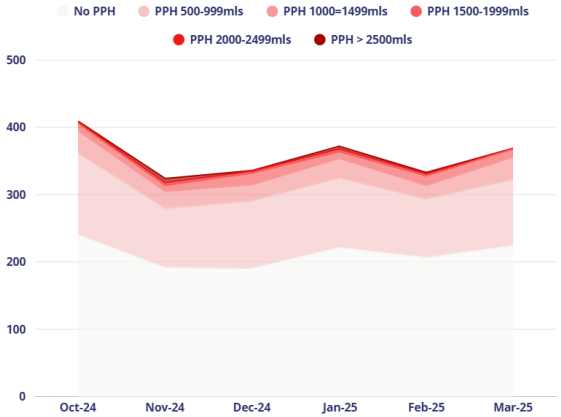
Gestation at Delivery

373 Registerable Babies born during March 2025

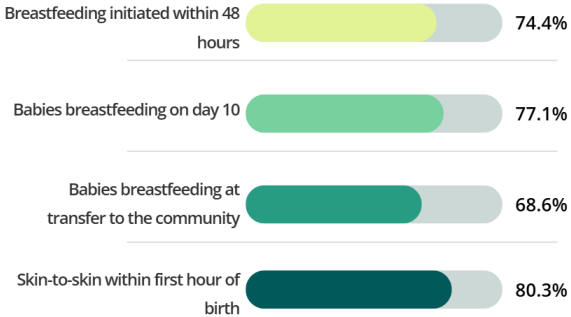


Postpartum Haemorrhage (PPH)

(Count of women)



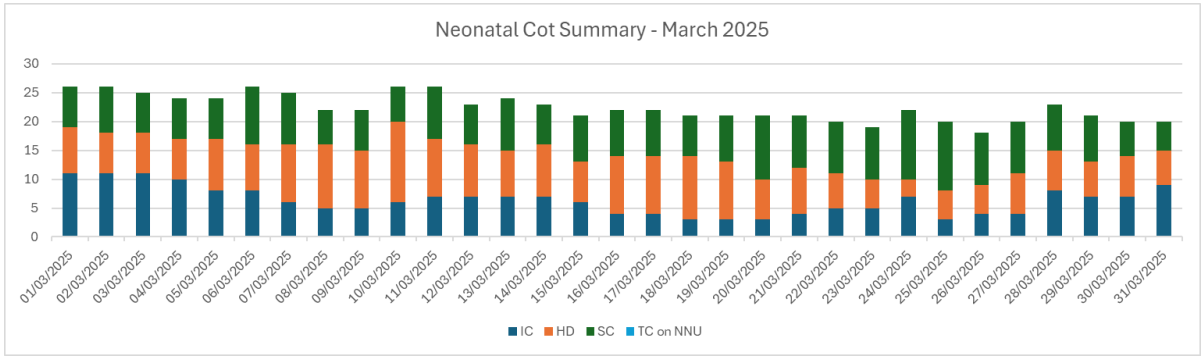
Infant Feeding & skin to skin (%)



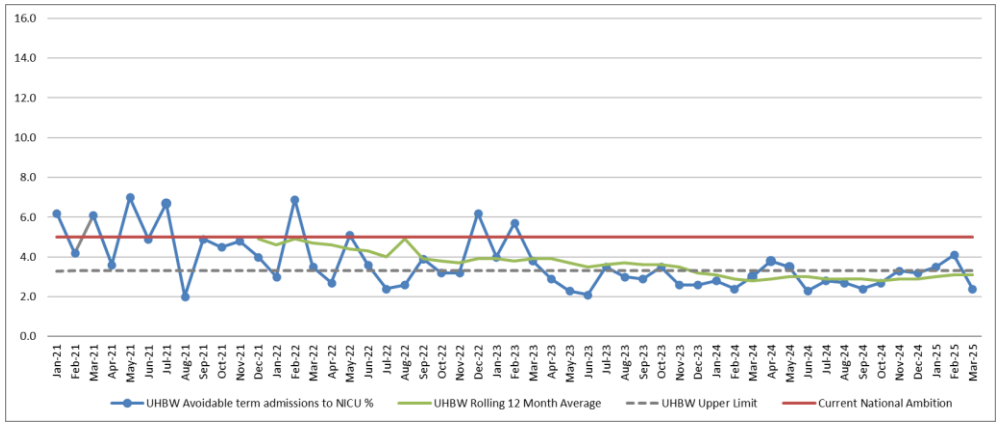
Neonatal Metrics: March

Neonatal Commissioned Cot Summary

Intensive Care (IC) Cots	= 15
High Dependency (HD) Cots	= 8
Special Care (SC) Cots	= 8
Transitional Care (TC) Cots	= 16

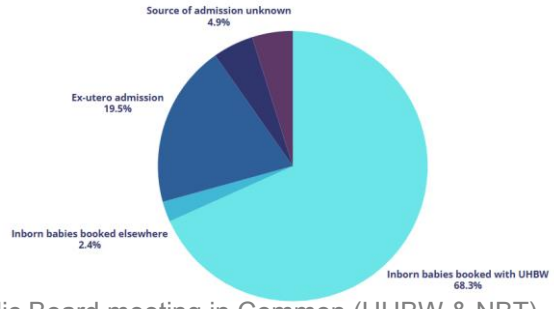


Avoidable Term Admission Rate in NICU (ATAIN)

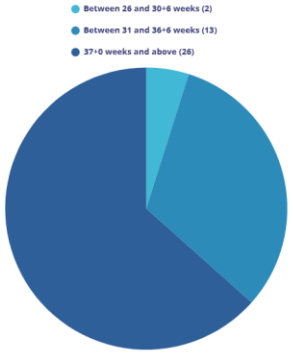


NICU Admission by Source

41 Babies Admitted to NICU in March 2025

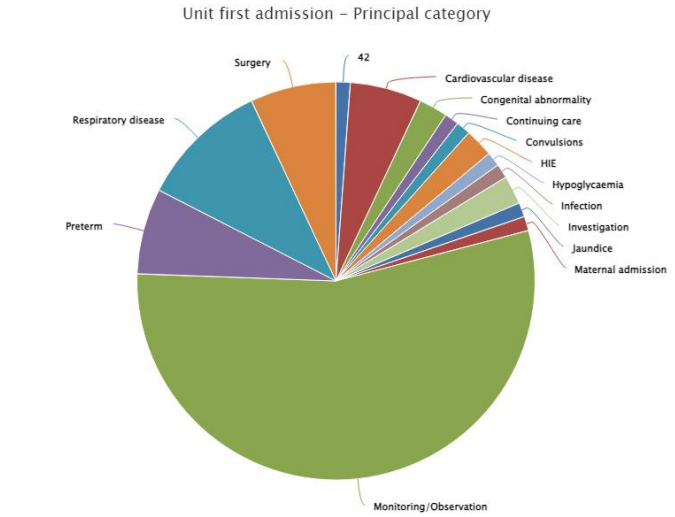


NICU Admission by Gestation

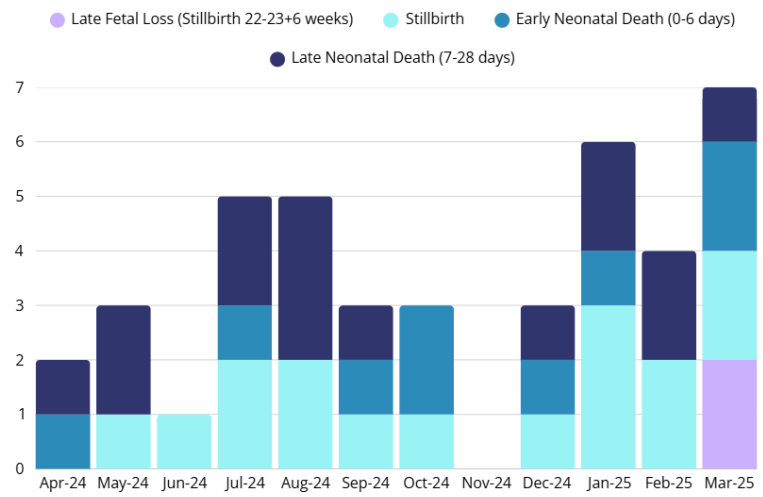


NNU* Principal reason for first admission

***NNU includes babies requiring neonatal care admitted to either NICU, Transitional Care or the Postnatal Ward**



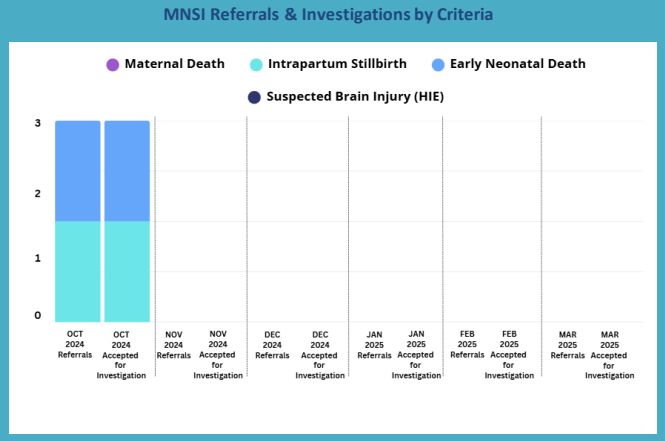
Perinatal Mortality & Morbidity

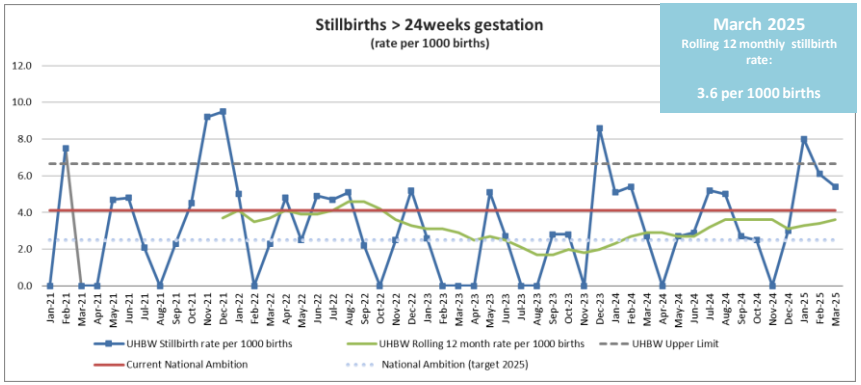


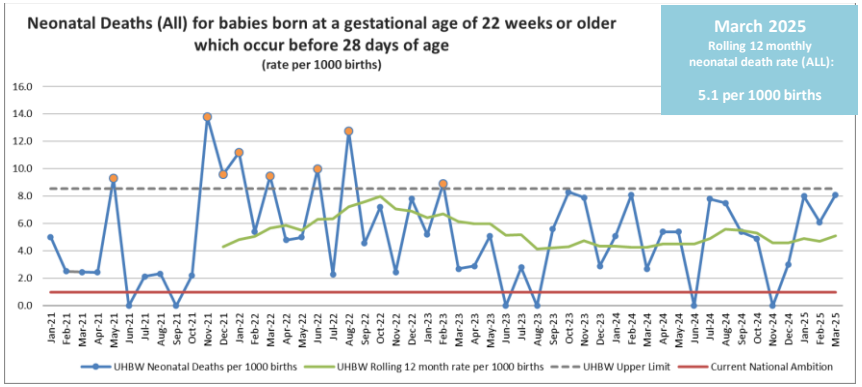
Maternity and Newborn Safety Investigations (MNSI)

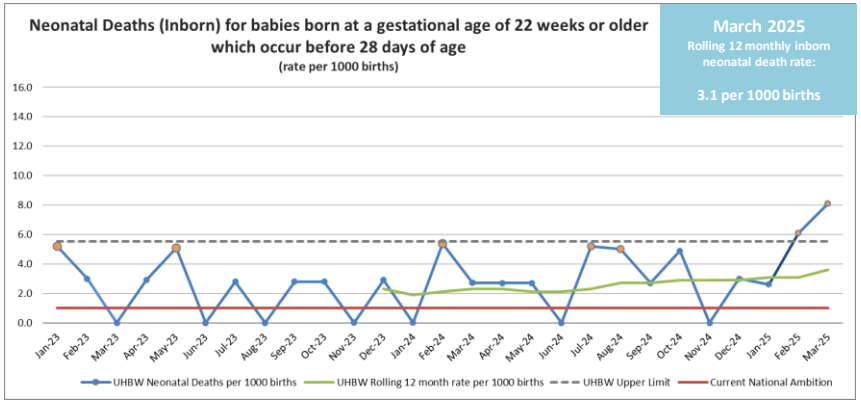
The Maternity and Newborn Safety Investigations (MNSI) programme investigates certain cases of:

- Early neonatal deaths, intrapartum stillbirths and severe brain injury in babies born at term following labour in England
- maternal deaths in England

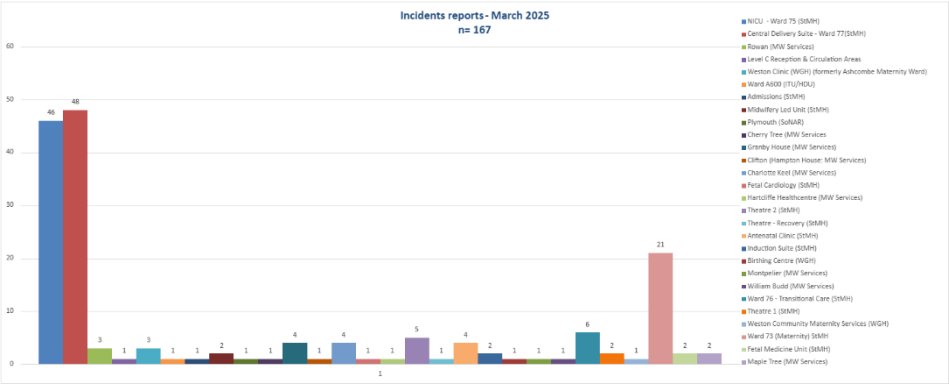


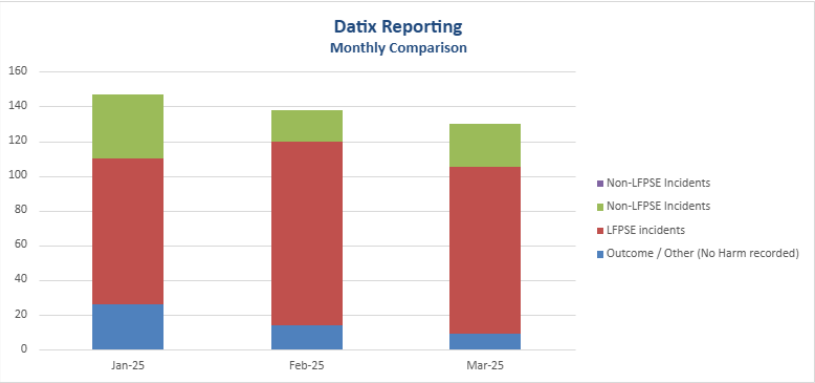






Incident Reporting & Reviews





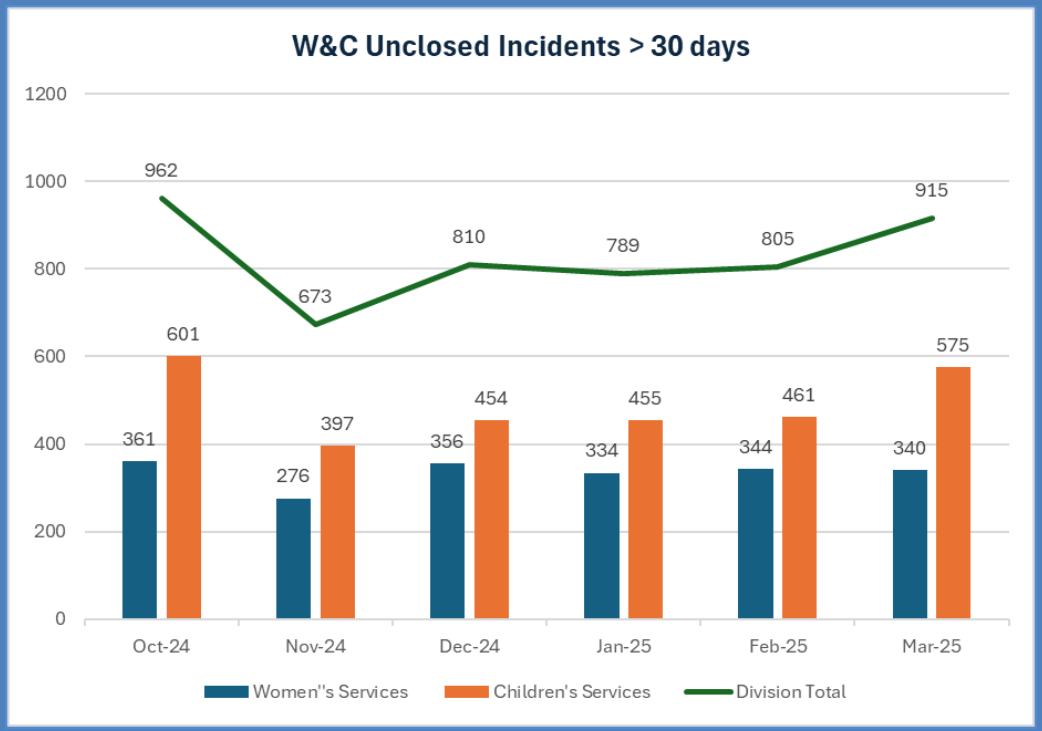
CQC Action Required:
The service must ensure incidents are reviewed in a timely manner.
Regulation 17 (2) (b)

Steady progress, although slower than desirable being made.

The QPS team continues to offer support to Datix / Incident handlers to ensure timely review and closing of incidents.

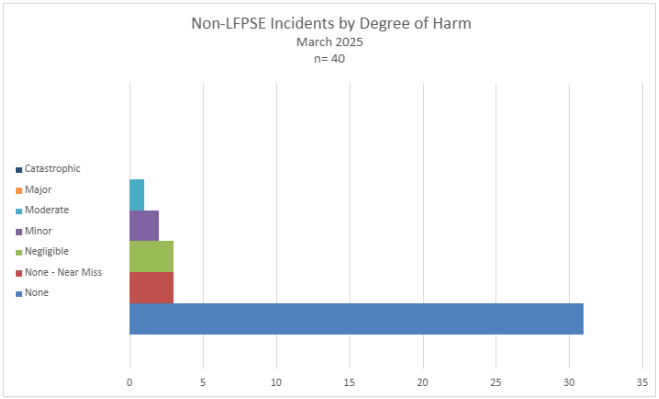
Current Hotspots:
- **NICU**
- **Central Delivery Suite**

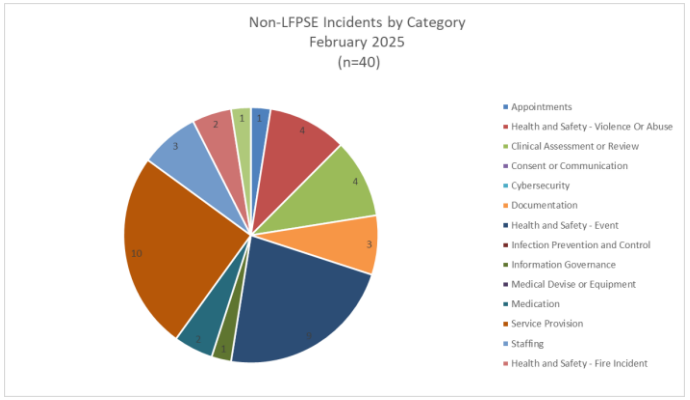
Acuity within these area's continues to impact timely review and closure of Datix / incidents.



Incident Reporting & Reviews

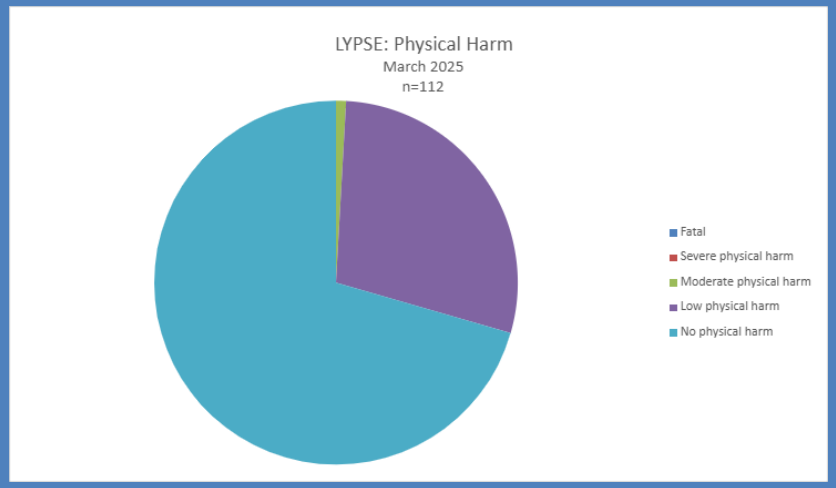
A total of 167 Datix were reported in March 2025, these consisted of 40 non-LFPSE incidents, 112 LFPSE incidents and 15 'other' events

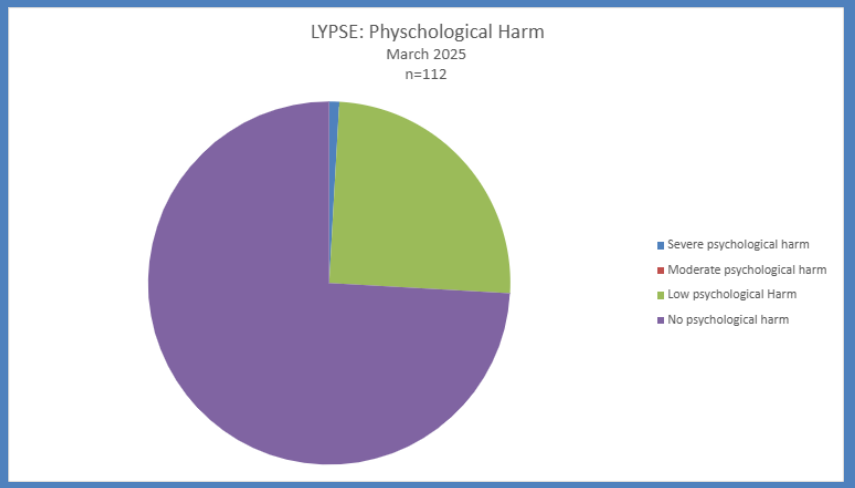




Learning from Patient Safety Events (LFPSE)

112 incidents met the LFPSE criteria in March
Each incident is categorised by Physical and Psychological harm. The breakdown of these is as follows:





Incident Reporting & Reviews

New Cases Reported in March 2025

Datix	Date of Incident	Harm	Incident	Outcome / Learning / Actions	MNSI Reference (If applicable)
289212	26/03/2025	Fatal	Neonatal Death Planned Palliative Care	**Meets criteria for PSIRF Learing Response:** Verbal DOC completed, written DOC to be completed Bereavement support being provided by Charlton Farm team Multi-disciplinary RIR scheduled for 2nd May	N/A
285942	18/03/2025	Moderate Physical Harm Low Psychological Harm	Unplanned ITU Admission for Necrotising pancreatitis post caesarean section	**Meets criteria for PSIRF Learing Response:** Verbal DOC completed, written DOC to be completed Multi-disciplinary RIR scheduled for 2nd May	N/A
285666	13/03/2025	Low Physical Harm Severe Psychological Harm	Antenatal Stillbirth (36 weeks gestation)	**Meets criteria for PSIRF Learing Response:** Verbal DOC completed, written DOC to be completed as part of the PMRT process Bereavement support being provided by the Snowdrop team Referral for psychological services completed	N/A

Incident Reporting & Reviews

Perinatal Mortality Review Meeting Outcomes: March

PMRT Ref No.	Intrauterine Death (IUD) or Neonatal Death (NND)	Datix No.	Date Discussed	PMRT Grading	Issues/ Actions?	Issue (generated by PMRT)	Issue Explaination	Categorisation of Issue	Sub-Category of Issue
96554	NND	277455	19.3.25	1=A 3=A	Issue/ No Action	Infection screening of the mother and baby was not carried out despite it being requested	All infection screening was sent and processed except the Low Vaginal Swab sample as there was not enough of the 'medium' in the bottle. Swabs from the placenta were taken and these showed no infection. Having no result from a low vaginal swab would have had no impact on the outcome.	Quality assurance	Investigations
96382	NND	276126	19.3.25	1=B 2=A C=A	Issue/ No Action	There is no evidence in the notes that this mother was asked about domestic abuse at booking	Unable to ask at booking but asked at next available contact at 16 weeks gestation.	Patient	Communication - Staff
						NICE guidance recommends carbon monoxide testing for all mothers at booking; this mother was not screened	It is documented that equipment was not available.	Omission	Clinical observations
						The glycaemic management and hypoglycaemia prevention of the baby during first 24 hours of arrival on the neonatal unit was not appropriate	Melisa had a one off low blood sugar post delivery. This was discussed at the review group and agreed that was not a care management issue and had no impact on the outcome.	Patient	Neonatal care
						Datix 275128 - On the 17/11/24, Radiographer selected incorrect detector prior to exposure. Radiographer should have used pause and check procedure to ensure correct detector was selected. Resultant mistake cause patient to require an additional exposure of radiation.	Staff have received a reminder of how to correctly select detector in NICU and a reminder about pause and check procedure prior to exposure.	Quality assurance	Investigations
						Datix 275532 - Accidental Extubation	This is a known complication of intubation and not classed as a care management issue. The accidental extubation was managed appropriately and did not have any impact on the outcome.	Patient	Neonatal care
						There was some delay in the burial process.	There was some delay in the burial process.	Delay	Bereavement
					Issue/ Action	This mother met the national guideline criteria for screening for gestational diabetes but was not offered screening	There is no evidence that a glucose tolerance test was booked. Semra delivered her twins at 28+1.	Omission	Investigations
96318	NND	275638	19.3.25	1=NBT/Glos 2=B 3=Glos	Issue/ No Action	UHBW Datix 2791914 - An arterial line was placed in Everlee's right radial artery however this lead to comprimised perfusion of the fingers. There were two attempts at placing an arterial line however making the second attempt was not checked with the consultant.	UHBW Datix 2791914 - An arterial line was placed in Everlee's right radial artery however this lead to comprimised perfusion of the fingers. There were two attempts at placing an arterial line however making the second attempt was not checked with the consultant.	Quality assurance	Neonatal care
					Issue/ Action	UHBW Datix 275051 - Another patient's FBC was incorrectly labelled with Everlee's details. As a result, Everlee incorrectly received and a platelet transfusion for thrombocytopenia.	Another patient's FBC was incorrectly labelled with Everlee's details. As a result, Everlee incorrectly received and a platelet transfusion for thrombocytopenia. This was discussed at the review group and agreed that this had no impact on Everlee as her platelet levels were already on the low side. Learning however has been identified for the Trust.	Quality assurance	Investigations

Incident Reporting & Reviews

Ongoing MNSI Investigations / PSIIs

Datix	Date of Incident	Harm	Incident	Outcome / Learning / Actions	MNSI Reference (If applicable)
254196	25/04/2024	Severe physical harm Moderate psychological harm	Emergency Caesarean for fetal wellbeing Post-operative Illius with conservative manangement Subseqent bowel perforation / ICU admission	**Meets criteria for PSIRF Learing Response:** Verbal DOC completed, written DOC completed in conjuction with Surgical Services Joint RIR Meeting held with Surgical Services Accepted for **Trust PSII** (investigation commence July 2024) Referral for psychological services completed	N/A
265400	22/08/2024	No physical harm Moderate psychological harm	Intrapartum Stillbirth	Ongoing MNSI Investigation Draft Report received - Factual Accuracy Review in progress	MI-038042
269518	03/10/2024	No physical harm Moderate psychological harm	Intrapartum Stillbirth	Ongoing MNSI Investigation Draft Report received - Factual Accuracy Review in progress	MI-038599
279844	16/01/2025	Never Event	Retained Vaginal Swab following Instrumental Delivery	**Meets criteria for PSIRF Learing Response:** Verbal and written DOC completed Accepted for **Trust PSII**	NA

Maternity Safety Support Programme:

N/A

Coroner's regulation 28:

N/A

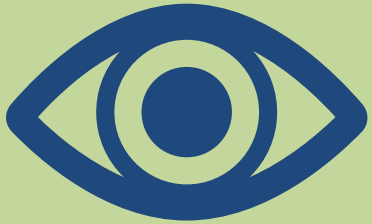
Service Insights: Patient & Staff Engagement

Patient Safety Walk Round

March 2025

Departments: NICU
Ward 76 (Transitional Care)

Date: Wednesday 26th March 2025



Button release for NICU front door stiff

Facilities informed and repairs completed

- Keys for the medicine cupboards (Ward 76) were found to be stored correctly (following issue identified in February 2025)

Discussion with staff on NICU identified current high workload for families with significant Safeguarding issues – Staff shared that additional safeguarding supervision required

Lead Nurse for Safeguarding Informed and additional supervision arranged

Staff shared that staffing feels better at present, although more QIS nurses required.

Compliance with National Directives: Maternity (and Perinatal) Incentive Scheme – Year 6

MIS Safety Actions	Compliance with MIS Actions Year 5	Progress with MIS Actions Year 6
Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?		
Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?		
Can you demonstrate that you have transitional care (TC) services in place and undertaking quality improvement to minimise separation of parents and their babies?		
Can you demonstrate an effective system of clinical workforce planning to the required standard?		
Can you demonstrate an effective system of midwifery workforce planning to the required standard?		
Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version 3?		
Listen to women, parents and families using maternity and neonatal services and coproduce services with users.		
Can you evidence the required elements of local training plans and 'in-house', one day multi professional training?		
Can you demonstrate that there is clear oversight in place to provide assurance to the Board on maternity and neonatal, safety and quality issues?		
Have you reported 100% of qualifying cases to MNSI and to NHS Resolutions Early Notification (EN) Scheme?		

The Maternity Incentive Scheme (MIS) was developed in 2017. The scheme is designed to support safer maternity and perinatal care by driving compliance with ten 'safety actions'. The safety actions are updated annually by a collaborative advisory group, consisting of representatives from NHS Resolution, NHS England, The Royal College of Obstetricians and Gynaecologists (RCOG, the Royal College of Midwives (RCM), Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE-UK), the Royal College of Anaesthetists (RCoA), the Neonatal Clinical Reference Group (CRG), the Care Quality Commission (CQC) and the Maternity Newborn Safety Investigation Programme (MNSI).

MIS Year 6

Compliance Achieved

Key:

Red	Not compliant
Amber	Partial compliance - work underway
Green	Full compliance - evidence not yet reviewed
Blue	Full compliance - final evidence reviewed

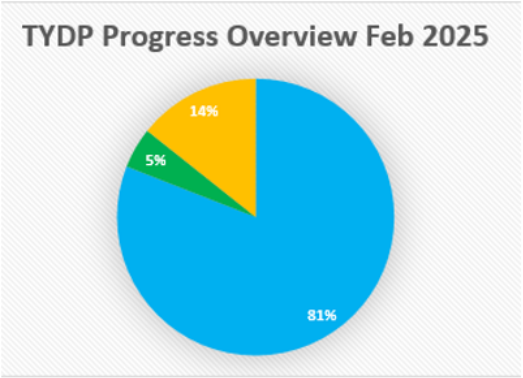
Compliance with National Directives: Three Year Delivery Plan

Entering the third and final year. Progress reviewed jointly with NBT and the LMNS on 17th February. Majority of deliverables/objectives are now BAU or are ready to commence.

The areas of focus for the final year are those deliverables which have not commenced. These are joint, system wide projects:

- **Theme 1**: Joint project with LMNS and UHBW to achieve all personalised care objectives across LMNS and Trust responsibilities in BNSSG
- **Theme 1**: Collect and disaggregate local data and feedback by population groups. LMNS working on dashboard, LMNS to update on plan once dashboard is launched and how the availability of the system dashboard will support this objective
- **Theme 2**: Develop future leaders via succession planning, ensuring this pipeline reflects the ethnic background of the wider workforce. Both Trusts to review workforce data by ethnicity (breakdown of banding and ethnicity) and work with LMNS to.
- **Theme 3**: Consider culture, ethnicity and language when responding to incidents (NHSE 2021). Recording ethnicity of incident data requires improvement. Scoping Joint plan.
- **Theme 4**: Implement version 3 of the Saving Babies' Lives Care Bundle and adopt the national MEWS and NEWTT-2 tools. Awaiting v3.2 of SBL to implement and implementation plan for NEWTT-2 and MEWS needed (system wide)

Joint system level progress review scheduled for September 2025



Compliance with National Directives: Ockenden

The Maternity Incentive Scheme (MIS) was developed in 2017. The scheme is designed to support safer maternity and perinatal care by driving compliance with ten 'safety actions'. The safety actions are updated annually by a collaborative advisory group, consisting of representatives from NHS Resolution, NHS England, e (MNSI).

IEA	Number of Assurance Questions	N/A for UHBW or National Actions	Red	Amber	Green	Blue	Completed and evidenced	% of Compliance
1. Workforce Planning and Sustainability	11	1	0	0	0	0	10	100
2. Safe Staffing	10	2	0	0	0	1	7	88
3. Escalation and Accountability	5	0	0	0	0	0	5	100
4. Clinical Governance and Leadership	7	1	0	0	0	0	6	100
5. Incident Investigations and Complaints	7	0	0	0	0	2	5	71
6. Learning from Maternal Deaths	3	2	0	0	0	0	1	100
7. Multidisciplinary Training	9	0	0	0	0	0	9	100
8. Complex Antenatal Care	5	0	0	0	1	0	4	80
9. Pre-term Birth	4	1	0	0	0	0	3	100
10. Labour and Birth	6	0	0	1	0	0	5	83
11. Obstetric Anaesthesia	5	2	0	0	0	0	3	100
12. Postnatal Care	4	0	0	0	0	0	4	100
13. Bereavement Care	4	0	0	1	0	0	3	75
14. Neonatal Care	8	3	0	1	0	0	4	80
15. Supporting Families	3	0	0	1	0	0	2	67
TOTAL	91	12	0	4	1	3	71	90

	N/A for UHBW or National Action
	Immediate remedial action required to progress
	Action required for successful delivery of this activity
	Activity on target
	Completed activity (evidence sign off required)
	Completed activity (evidence signed off)

Next Steps for Progression:

- IEA10 – Installation of centralised CTG monitoring
- IEA13 – Creation of new ' Bereavement Champion' role to support 7 day bereavement support
- IEA14 – Neonatal Staffing action plan review scheduled
- IEA15 – Improving accessibility to psychological services to ensure equitability for all patients/families

NHS Bristol NHS Group Bristol | Weston

Meeting in common of the Board of Directors of UHBW and the Board of Directors of NBT held in Public
13 May 2025

Reporting Committee	**UHBW Audit Committee – April 2025 meeting**
Chaired By	**Anne Tutt, Non-Executive Director**
Executive Lead	**Neil Kemsley, Chief Financial Officer**

For Information

1. The committee reviewed the Board Assurance Framework (BAF) for quarter one, which contained the Trust's principal risks.

2. The committee reviewed the Information Governance Arrangements and the service realignment. The progress against the Data Security and Protection Toolkit was also reviewed and the committee recognised the improvements made to result in the overall risk across National Cyber Security Centre's Cyber Assessment Framework as low, and the overall high confidence level from ASW Assurance in the veracity of the self-assessment. This was a good result and an improvement on previous years.

3. The committee received the Draft Head of Internal Audit Opinion which stated that "Satisfactory" assurance could be given, and the committee noted that the final opinion would be presented to the Board in June, along with the Annual Report and Accounts. The committee asked the Auditors for where the focus should be to improve this rating. The committee discussed whether the shift in opinion should be referenced within the Annual Governance Statement, and it was agreed to review the statement again once the final opinion had been received.

4. The committee received the following internal audit final review reports:
   - Conflicts of Interest Follow-up – Satisfactory
   - Clinical Contracts Follow-up – Satisfactory
   - Overdue recommendations which had now been reduced to 6 items

5. The committee received and reviewed the following reports:
   - External Audit Progress Reports
   - Review of Losses and Special Payments
   - Review of Single Tender Actions
   - Annual Review of Board Register of Interests
   - Review Counter Fraud Progress Reports. It was noted that the NHSCFA would be visiting the Trust for an engagement visit in May and that the draft Annual Counter-fraud Standard Return was green overall with only 1 item with an amber rating
   - Committee Business Cycle

For Board Awareness, Action or Response
N/A
Key Decisions and Actions
6. The committee received and approved the following reports: • Modern Equivalent Asset Valuation as at 31 March 2025 • Accounting Policies, Critical Judgement and Estimates • Internal Audit Charter 7. The committee approved the Internal Audit Strategy and Final Strategic Audit and Assurance Plan for 2025/26 -2027/28 following input, consideration and approval by the Executive Team. It was noted that the Audit days would reduce to 625 from 700 days & that this was higher than the Peer Group for UHBW. It was also noted that audit commonalities with NBT would be mapped into the audit scope for 25/26 and would focus on the services that would combine in-year.
Additional Chair Comments
Good progress is being made for scrutiny of the assurance so that the Board can sign off the Annual Accounts in June following the next meeting of the Committee.
Update from ICB Committee
The BNSSG Audit Committee met in April. There was a good discussion on system risk & where it should sit. The draft head of internal audit opinion was noted as was the Internal Audit Plan for 2025 /26

Date of next meeting:	**4 June 2025**

Meeting in common of the Board of Directors of UHBW and the Board of Directors of NBT held in Public
13 May 2025

Reporting Committee	**UHBW Quality and Outcomes Committee – April 2025 meeting**
Chaired By	**Sue Balcombe, Non-Executive Director**
Executive Lead	**Deirdre Fowler, Chief Nurse**

For Information

The committee discussed the year end operational performance position and noted achievement of all RTT targets (with agreed exceptions) apart from those relating to Urgent Care. It was however noted that ED performance has improved across all areas including ambulance handovers and 4 hour waits although acknowledging that more work is still to be done.

No Criteria to Reside remains an issue with the target of 15% not achieved at year end. The rate at Weston Hospital remains particularly high at 29% despite the Discharge To Assess Programme being underway in that locality.

The committee was briefed on the significant backlog in processing new as well as updating existing Patient Information Leaflets. A plan was presented to mitigate the risk whilst also reviewing opportunities to redevelop the service with NBT.

Safer Staffing levels were considered, and it was noted that the fill rate remains 105% with no band 5 vacancies and a reduced turnover rate of 9.2%. Maintaining fill rates for Band 2 and 3 staff remains a challenge, however.

The Quarter Four Legal Report highlighted the continued high level of inquests which in line with other Trusts, has doubled in number since 2018/19. The complex discharge advice and support provided by the team to clinical staff continues to be exemplary.

The Quarter Four VTE Improvement Plan advised that local auditing continues to confirm that the provision of VTE prophylaxis is in line with the national standard despite continued issues with the recording of the risk assessment. This should be addressed with the roll out of electronic prescribing.

For Board Awareness, Action or Response

The committee was please to hear confirmation that the planned roll out of electronic prescribing will commence in May in line with the agreed implementation plan. The committee were assured that there is a robust business continuity plan in place to support the process.

Weston Hospital was recently re-visited by NHSE regarding trainee doctors, and the Trust has received overwhelmingly positive feedback. All foundation trainees are now fully rotating across the Trust.

A bid to secure national capital funding to expand capacity for paediatric surgery at Bristol Children's Hospital has been positively received and the Trust awaits confirmation of the funding and operational requirements.

The committee was briefed on the planned CQC visit to the Emergency Department and Appollo ward at Bristol Children's Hospital on the 9th May. This follows increased investment in both areas to improve the patient experience in ED and to also ensure appropriate staffing levels are in place.

Key Decisions and Actions

The committee received a paper which identified a gap in commissioning and, as a result - service provision for children with Learning Disabilities and/or Autism. This had been further highlighted by a recent internal audit of compliance with Learning Disabilities Improvement Standards designed to ensure equity in access and outcomes. As a result, the Trust has developed an improvement action plan part of which includes the recruitment of a Lead Nurse for Learning Disabilities. The committee has asked for a more detailed discussion regarding the commissioned pathway and progress with the implementation of this post in Quarter Four.

Additional Chair Comments

The potential for expanding surgical capacity and equitable service delivery for children across the Trust footprint as well as those specifically with a Learning Disability has highlighted the importance of prioritising the development of a Children's Strategy.

Update from ICB Committee

None

Date of next meeting:	**20th May 2025**

NHS Bristol NHS Group Bristol | Weston

Meeting in common of the Board of Directors of UHBW and the Board of Directors of NBT held in Public
13 May 2025

Reporting Committee	**UHBW Finance, Digital & Estates Committee – April 2025 meeting**
Chaired By	**Martin Sykes, Non-Executive Director**
Executive Leads	**Neil Kemsley, Chief Financial Officer / Neil Darvill, Joint Chief Digital Information Officer**

For Information

Finance

The committee reviewed the Month 12 (March) Finance Report. The Trust had achieved the income and expenditure plan; the capital expenditure plan; and was ahead of plan for cash holding. The committee congratulated the finance team and the wider budget holding community for another year of strong financial performance.

Digital

The committee received an update on the System C contract negotiations where the UHBW contract was likely to be extended to move closer to the end point of the NBT System C contract (although not fully aligned). The committee were content with the progress of the negotiations.

The committee reviewed progress against the key digital work programmes with good progress being made and go-live preparations for Electronic Prescribing (CMM) continuing. Key digital risks were reviewed, and it was noted that good progress had been made with the Data Security and Protection Toolkit.

Estates

The committee received an update on estates fire safety – noting the scale, scope and strategic importance of the fire safety improvement programme as well as the associated risks and dependencies. The lack of decant space to facilitate ward improvements was noted as a key risk.

Key Decisions and Actions

The Digital Enterprise (infrastructure replacement) outline business case was presented and reviewed. This provides for the replacement of key network infrastructure for the Trust and was a key part of the previously approved digital strategy. The committee supported the proposal to move to the Full Business Case stage and agreed to recommend this to the Board.

Date of next meeting:	20th May 2025

NHS Bristol NHS Group Bristol | Weston

Meeting in common of the Boards of Directors of UHBW and NBT held in Public – 13 May 2025

Reporting Committee	**NBT Audit and Risk Committee (ARC)**
Chaired By	**Shawn Smith, Non-Executive Director**
Executive Lead	**Elizabeth Poskitt, Interim Chief Finance Officer**

For Information

1. The Audit and Risk Committee of NBT met on 1 May 2025.

2. The committee reviewed the following internal audit review reports:

   - **Data Security and Protection Toolkit (DSPT)**: an assurance rating for DSPT was not applicable, but Internal Audit had evaluated the effectiveness of the Trust's data security and protection environment, as measured through the toolkit. Internal Audit had evaluated the overall risk across the five Cyber Assessment Framework (CAF) objectives as "very low" and had judged the veracity of the Trust's self-assessment as "high". This was a very positive outcome, with very good engagement and responsiveness from the team.
   - **Data Quality: Migrating the Business Intelligence Platform:** similarly, after positive engagement and responsiveness from the team, Internal Audit had issued a very positive report on the Trust's performance on data quality (and the Trust's migration of its Business Intelligence platform), concluding with a "significant" assurance rating.
   - **Violence and Aggression, including Sexual Safety:** after similarly positive engagement and responsiveness from the team, Internal Audit had issued a positive report on the Trust's management of violence and aggression, including sexual safety, concluding with an assurance rating of "satisfactory". The work taking place to reduce incidents was very good, with some further work to do and hence recommendations relating to manager and staff training in particular.

     The Chair of the People Committee confirmed that the report on the audit of violence and aggression, including sexual safety, correlated with what was known in the People Committee, which was responsible for this area. The committee welcomed the shift of responsibility for these issues to the People Committee and Division, and discussed measures to prevent violence against staff by patients, including increased and improved signage, better communication of positive behaviour values and more consistently applied sanctions, where staff were subjected to abusive or threatening behaviour.

3. The committee reviewed detailed management responses to all three audits, during which they heard more details of the work taking place in each area. The committee noted, welcomed and took assurance from each of the reports.

4. The committee also received and reviewed the following reports:

- **External Audit update:** this was a verbal update on progress with the audit of the 2024/25 accounts. The accounts and annual report had been supplied to the auditors on 26 April 2025, in line with expectations, so the audit was at a very early stage. No issues had been identified to date and none were expected. The only issue of note to report at this point was the increase in the materiality value to £20 million, as a result of the increase in Trust turnover.

- **Internal Audit Progress Report** and action tracker, along with monthly insight reports. The committee noted that progress on all internal audits and audit findings was positive and that only seven target dates were marginally overdue. During this report, the committee heard that the **Draft Head of Internal Audit (HoIA) Opinion** on the internal control, governance and risk management arrangements for NBT at this stage remained; "strongly satisfactory" assurance. Only one audit, of cyber-security, remained to be completed. The Head of Internal Audit also reported that ASW Assurance was in the process of moving to a more automated audit management system.

- **Internal Audit Charter:** the committee approved the Charter, which set out the purpose, authority and responsibilities of the auditor as well as their rights (e.g. to unrestricted access to information). The Charter was required as part of the recently-introduced Public Sector Internal Audit Standards.

- **Counter-Fraud Progress Report:** the committee noted the counter-fraud work undertaken during the last quarter and the draft annual mandatory Counter-Fraud Functional Standard Return, which would need to be signed off by the Chair of the Committee and the Chief Finance Officer by the end of May.

- **Risk Management:** this report included updates on Trust Level Risks and the Board Assurance Framework as well as progress in improving risk management processes across NBT and collaboratively with UHBW. The committee noted and welcomed the report.

- **Bristol and Weston Procurement Consortium (BWPC) Update**: the committee received the regular BWPC dashboard, with data on compliance, single tender actions (STAs), purchase orders (POs) and non-PO spend, along with an update on the various processes and systems involved in contract management. The committee discussed, noted and welcomed the information, and agreed to consider further at a later time, what information it needed to receive in future, in the context of the Hospital Group and alignment with UHBW. In principle, the committee wanted future reports to focus less on the detailed data (which alone had limited value) and more on "maverick spend/key risks/by exception/high value" issues.

- **Draft Annual Governance Statement:** the committee endorsed this.

- **Losses and Overpayments at 31 March 2025**: these were noted and one write-off of unrecoverable debt was approved, in line with the Standing Financial Instructions.

- **Overseas Patient Policy**: the committee received a proposed policy around improving processes and systems relating to charging overseas patients for treatment where appropriate. The intention was to check all patients' eligibility for free treatment before treatment took place, inform overseas patients of the need to pay for elective (not emergency) treatment, before they were scheduled for treatment, and more effectively recover charges. The committee supported and approved the implementation of the policy.

- **Trust-wide policies update**: the committee received and noted an update on progress with Trust-wide policies.

For Board Awareness, Action or Response (including risks)
Nothing specific. No issues were escalated to the Board for consideration or action.
Key Decisions and Actions
The Board is recommended to note this report and note the activities undertaken by the Audit and Risk Committee on behalf of the Board, for assurance purposes.
Additional Chair Comments
It was pleasing to note the strong assurance given by the internal auditors for the areas addressed, particularly in relation to V&A. External audit - no issues have been raised at this time and the process is currently on plan to meet the required deadlines.

Date of next Audit and Risk Committee meeting:	Thursday 19 June 2025 (annual report and accounts meeting).

NHS Bristol NHS Group Bristol | Weston

Meeting in common of the Boards of Directors of UHBW and NBT held in Public – 13 May 2025

Reporting Committee	**NBT Quality and Outcomes Committee (QOC)**
Chaired By	**Sarah Purdy, Non-Executive Director**
Executive Lead	**Steve Hams, Chief Nursing Officer** **Tim Whittlestone, Chief Medical Officer**

For Information

The Committee met on 24 April 2025 and received the following reports:

1. **Terms of Reference: Quality and Outcomes Committee:** this report set out the terms of reference of the committee, which were agreed in principle by the Boards on 8 April 2024. The committee noted the terms of reference and that they were subject to further development, and asked for more consultation with Executives, insofar as the membership, quorum and remit of the committee were concerned, including specifically whether Maternity Safety Champions (and issues) should be listed separately.

2. **Performance Report:** this report updated the committee on the latest Trust performance against a range of key national metrics. It reflected the expanded remit of the committee, whilst recognising that it was a work in progress and future performance reports would include further details e.g. in relation to patient experience, and be more aligned to the reports submitted to the QOC at UHBW. The committee was informed of and discussed performance in diagnostics, cancer, urgent and emergency care (UEC) and referral to treatment (RTT) (waiting times). The Committee welcomed the very good performance in most areas (especially diagnostics and elective care) and agreed to hold a deep-dive into UEC (with focus on quality, safety, patient experience, performance and outcomes) in future, as this was fundamental to overall patient outcomes and experience and was affected by long-standing issues such as no criteria to reside (NC2R).

3. **Risk Report:** this report provided commentary on the risks identified in the Board Assurance Framework (BAF) relating to the committee's expanded remit. The Committee heard about continuing alignment with UHBW in terms of risk management, which included bringing the BAF to committees, instead of the full Trust Level Risk (TLR) Register. The committee was concerned that it may risk losing sight of the detail, if the BAF alone was submitted, and wished to continue receiving the TLRs relating to the committee's remit, to ensure the committee's agenda was driven by and included areas of highest risk.

4. **Quality Priorities 2025/26:** the committee briefly discussed how the Trust's Quality Priorities for the year ahead needed to be dealt with, in the context of forming a Hospital Group. It was recognised that NBT and UHBW would have similar high-level priorities (e.g. high quality patient care and outstanding patient experience) but that NBT's and UHBW's Patient First objectives were different, as were the specific

actions, systems and processes sitting underneath those high-level priorities. The Committee acknowledged that recruitment to the Hospital Group Executive Team was imminent and looked forward to further clarity soon. The Committee heard that it may need an extra brief meeting in June to agree the Quality Priorities alongside the Quality Account, which had to be approved by the end of June in line with statutory timescales and regulations.

5. **Cancer Services Quality**: this report outlined the significant work taking place to continuously improve the quality of cancer services at NBT. The Committee heard details of performance and outcomes by different specialties, pathway improvements, personalised care, the cancer transformation programme, cancer priorities, workforce issues, digital and innovation issues and patient experience. The Committee welcomed the significantly improved performance compared to a few years ago and the resolution of issues for example such as historical staffing shortages. They discussed breaking bad news and health inequalities, as well as the ever-present risk of short-term funding coming to an end.

6. **Perinatal Mortality, January to March 2025**: this report informed the committee of a recent increase of perinatal mortality incidents (neonatal deaths and stillbirths). The trends at NBT were the same as trends at UHBW, Bath, Gloucestershire and across the South-West of England, and reflected that NBT was a centre of regional excellence, with severely high-risk women (e.g. with nano-premature babies with a tiny chance of survival) sent to Bristol from as far away as Devon and Cornwall. The incidents at NBT had been investigated and there were no common themes or connections. Staff were incredibly caring and left no stone unturned, to achieve the best outcomes for women and babies. Nevertheless, every baby lost was a tragedy. There were now concerns around the burden on staff of dealing with bereaved families, the reporting implications in terms of the benchmarking data, which would manifest in 2027 and result in enhanced external scrutiny, and the extensive time taken to deal with investigations and statutory reporting, especially in light of the national shortage of pathologists (and hence delayed post mortems) (PMs). If a PM could not be performed or was significantly delayed, compiling the necessary reports was severely hampered. This could affect Perinatal Mortality Reporting Tool (PMRT), Perinatal Surveillance Quality Matrix (PQSM) and Maternity Incentive Scheme (MIS) outcomes. The Committee expressed its sadness about these incidents, thanked the staff for all their work, welcomed the stabilisation of the position in April, expressed concern at the national shortage of pathologists and implications of delayed PMs and asked the Chief Nursing Officer and the Chief Medical Officer to alert and discuss the ongoing implications with regional/BNSSG colleagues and national MIS partners.

7. **Joint Clinical Strategy – Patient and Carer Partnership Group (P&CPG) and the Patient and Public Engagement and Involvement approach:** this report updated the committee (further to the report submitted to the Boards on 8 April 2025) on the patient and public engagement approach for single managed services and the plans to establish a P&CPG. The committee heard more details of the approach and timelines and welcomed the plans.

8. **Perinatal Surveillance Quality Matrix (PQSM):** the Committee received the PQSM report and associated safety intelligence data for January 2025, which provided assurance about the quality of maternity and neonatal services at NBT. The Committee discussed the data, including the increased term admission rate to NICU, the cases discussed at the PMRT meeting in January, the increase in compliments and decrease in complaints, and the nature of complaints, including the shortage of staff to answer triage telephone calls, especially at night. The need for more investment in staff to answer triage calls and in theatre availability were discussed. The committee noted the report and looked forward to further updates.

9. **Three Year Delivery Plan (TYDP) for Maternity and Neonatal Services**: this report informed the committee of the progress made for years one and two of the TYDP and of the priorities for year three, and how these would be delivered. The committee noted and welcomed the significant progress made, the huge amount of work involved (noting that NBT was ahead of the curve regionally) and the year three priorities.

For Board Awareness, Action or Response (including risks)

The committee asked that the following issues be highlighted for the Board's attention:

- Its concerns around its terms of reference.
- The concerns and potential implications surrounding the increased number of perinatal mortality incidents.
- The concerns around the national shortage of pathologists (described in the meeting as a "national emergency") and the delays in post mortems being carried out, especially regionally.
- Its welcome of the Joint Clinical Strategy patient engagement and involvement approach and the P&CPG.
- Its intention to undertake a deep-dive of UEC in the near future.

Key Decisions and Actions

The Board is recommended to note this report and note the activities undertaken by the Quality and Outcomes Committee on behalf of the Board, for assurance purposes.

Additional Chair Comments

Sarah Purdy was updated after the meeting to confirm that the ICB CNO is aware of and has been sighted on the review process for perinatal deaths and stillbirths. The ICB are content with the process that has taken place and the commitment of the team to appropriate governance and to ensuring that any learning is identified and acted on. Further review will be taking place in a month to include more recent data.

Date of next Quality and Outcomes Committee meeting:	Thursday 29 May 2025

Report To:	Meeting in common of the Board of Directors of UHBW and the Board of Directors of NBT held in Public		
Date of Meeting:	Tuesday 13 May 2025		
Report Title:	UHBW Register of Seals		
Report Author:	Mark Pender, Head of Corporate Governance		
Report Sponsor:	Eric Sanders, Director of Corporate Governance		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	This report provides a summary of the applications of the Trust Seal made since the previous report in March 2025**.**		
Key Points to Note *(Including any previous decisions taken)*			
Standing Orders for the Trust Board of Directors stipulate that an entry of every 'sealing' shall be made and numbered consecutively in a book provided for that purpose and shall be signed by the person who shall have approved and authorised the document and those who attested the seal. A report of all applications of the Trust Seal shall be made to the Board containing details of the seal number, a description of the document and the date of sealing. There has been four sealings since the last report, as per the attached list.			
Strategic Alignment			
N/A			
Risks and Opportunities			
N/A			
Recommendation			
This report is for **Information** The Board is asked to note the Register of Seals report.			
History of the paper (details of where paper has <u>previously</u> been received)			
N/A			
Appendices:	Summary of the applications of the Trust Seal		

University Hospitals Bristol and Weston NHS Foundation Trust

UHBW Register of Seals

March 2025 to May 2025

Reference Number	Document	Date Signed	Authorised Signatory 1	Authorised Signatory 2	Witness
917	Contractors Deed of Warranty relating to development (design and build procurement) at the Bristol Haematology and Oncology Centre, 22 Horfield Road, Bristol BS2 8ED between UHBW and D.D. Porter Ltd.	26/03/25	Stuart Walker	Emma Wood	Mark Pender
918	Deed of Overage, Patchway Health Clinic, Thirlmere Road, Patchway, Bristol BS34 5PD between NHS Property Services Ltd and UHBW.	26/03/25	Stuart Walker	Emma Wood	Mark Pender
919	Land Registry transfer of whole registered title (TR1 Form) – transfer from NHS Property Services Ltd to UHBW in respect of Patchway Health Clinic, Thirlmere Road, Patchway, Bristol BS34 5PD.	26/03/25	Stuart Walker	Emma Wood	Mark Pender
920	Supplemental lease of Eugene Flats and Marlborough Flats, Eugene Street, St James, Bristol BS2 8EU between UHBW and Bristol City Council.	26/03/25	Stuart Walker	Neil Kemsley	Mark Pender