

Public Group Board Meeting
Held on Tuesday, 11 November 2025, 10:00 to 12:25
in Room 1, BAWA Leisure, 589 Southmead Rd, Bristol BS34 7RG

AGENDA

NO.	AGENDA ITEM	PURPOSE	PRESENTER	TIMING
Preliminary Business				
1.	Apologies for Absence	Information	Group Chair	10:00 (30 mins)
2.	Declarations of Interest	Information	Group Chair	
3.	Patient Story	Information	NBT Head of Patient Experience	
4.	Minutes of the last meeting held on 9 September 2025	Approval	Group Chair	10:30 (5 mins)
5.	Matters Arising and Action Log	Approval	Group Chair	
6.	Questions from the Public	Information	Group Chair	10:35 (5 mins)
Strategic				
7.	Group Chair's Report	Information	Group Chair	10:40 (10 mins)
8.	Group Chief Executive's Report	Information	Group Chief Executive	10:50 (10 mins)
9.	Merger Update	Information	Group Chief Executive	11:00 (10 mins)
10.	Innovation Strategy	Discussion	Group Chief Medical and Innovation Officer	11:10 (10 mins)
11.	Group Approach to Anti-Racism	Discussion	Group Chief People and Culture Officer	11:20 (25 mins)
BREAK – 11:45 to 11:55				
Quality and Performance				
12.	Group Integrated Quality and Performance Report	Information	Hospital Managing Directors and Executive Leads	11:55 (15 mins)
Governance				
13.	Integrated Governance Report including Committee Chairs' Reports	Information	Committee Chairs	12:10 (10 mins)
Concluding Business				
14.	Any Other Urgent Business – Verbal Update	Information	Group Chair	12:20 (5 mins)
15.	Date of Next Meeting: Tuesday 13 January 2025	Information	Group Chair	-

Report To:	Group Public Board Meeting		
Date of Meeting:	11 November 2025		
Report Title:	Patient Story - Sarah's Story		
Report Author:	Emily Ayling, Head of Patient Experience, North Bristol NHS Trust		
Report Sponsor:	Professor Steve Hams, Group Chief Nursing and Improvement Officer		
Purpose of the report:	Approval	Discussion	Information
		X	
	Sarah will attend the Board meeting in person. Sarah lives in Bristol and is a Movement Psychotherapist by background. Sarah has recent experience of receiving treatment at the Bristol NHS Group hospitals and will talk about her personal experience and what we can learn from this.		
Key Points to Note <i>(Including any previous decisions taken)</i>			
- Sarah will be interviewed by the Head of Patient Experience. She will be sharing what she has discovered from her personal experience receiving cancer treatment between 2018-2023 and her work with people in hospice care. - Sarah's experience showed that the psychological impact of illness and treatment can be as bad or worse than physical symptoms. Humanity and emotional intelligence in healthcare where the person is put before their symptoms, can act as treatment to restore people's psychological, as well as physical health. - Sarah would like to work with Bristol NHS Group to ensure that the person and human connection are at the forefront and heart of patient interactions and pathways to ensure an outstanding patient experience. - The British Medical Journal have published two articles sharing Sarah's learning from her experiences. Links to these will be shared.			
Strategic and Group Model Alignment			
This story aligns with NBT's strategic aim for Outstanding Patient Experience and supports the Patient and Carer Experience Strategy 2023-2026. Learning from Sarah's story is applicable across the Bristol NHS Group, with potential to positively impact our Patients across all hospital sites in the Group.			
Risks and Opportunities			
Opportunities To help enhance the experience of our patients by ensuring we treat them as a person, not a disease or set of symptoms. This costs nothing and can act as treatment for their mental health			

and wellbeing, may reduce readmissions, improve staff experience and ensure we are helping restore people to good mental as well as physical health.

Recommendation

This report is for Discussion

The Board is asked to discuss Sarah's story and consider how the learning and approaches could be implemented across the Bristol NHS Group to enhance the patient experience and their psychological wellbeing.

History of the paper (details of where paper has previously been received)

N/A

N/A

Appendices:

None

Minutes of a Public Group Board Meeting

Held on Tuesday, 9 September 2025 at 10.00am
at St James Court, St James Parade, Bristol

Present

Joint Members of both Boards:

Ingrid Barker	Group Chair
Maria Kane	Group Chief Executive Officer
Paula Clarke	Group Formation Officer
Neil Darvill	Group Chief Digital Information Officer
Richard Gaunt	Group Non-Executive Director
Marc Griffiths	Group Non-Executive Director
Steve Hams	Group Chief Medical and Innovation Officer
Neil Kemsley	Group Chief Finance and Estates Officer
Sarah Purdy	Group Non-Executive Director and NBT Vice-Chair
Roy Shubhabrata	Group Non-Executive Director
Martin Sykes	Group Non-Executive Director and UHBW Vice-Chair
Tim Whittlestone	Group Chief Medical and Innovation Officer
NBT Board members:	
Glyn Howells	Hospital Managing Director, NBT
Shawn Smith	Non-Executive Director (NBT)
UHBW Board members:	
Sue Balcombe	Non-Executive Director (UHBW)
Stuart Walker	Hospital Managing Director, UHBW

Also In Attendance:

Xavier Bell	Joint Chief of Staff
Richard Gwinnell	Deputy Trust Secretary, NBT
Mark Pender	Head of Corporate Governance, UHBW
Emma Bedggood	Assistant Chief Nursing Officer, Cancer Services, NBT (for item 3 only)
Arthur Quinn	Manager, Macmillan NGS Wellbeing Centre, Southmead Hospital (for item 3 only)
Liz	Craft Volunteer, Macmillan NGS Wellbeing Centre (for item 3 only)
Dr. Joydeep Grover	Medical Director, Patient Safety & Quality (NBT) (for item 12 only)
Dr. Karin Bradley	Associate Medical Director (UHBW) (for item 12 only)
Paul Cresswell	Director of Quality Governance (NBT) (for item 12 only)

The Chair opened the meeting at 10.00am

Minute Ref.	Item	Actions
01/09/25	Welcomes and Apologies for Absence	
	Ingrid Barker, Chair, welcomed members of the Board to the meeting. Apologies for absence had been received from Linda Kennedy, UHBW Non-Executive Director.	
02/09/25	Declarations of Interest	
	No interests were declared.	
03/09/25	Patient Story	
	Steve Hams, Group Chief Nursing and Improvement Officer, introduced the patient story, and welcomed Emma Bedggood (Assistant Chief Nursing Officer, Cancer Services, NBT), Arthur Quinn (Manager, Macmillan NGS Wellbeing Centre, Southmead Hospital) and Liz (volunteer) to the meeting to present their story. This story took the form of a slide presentation about the work of the Macmillan NHS Wellbeing Centre, which was open to people in the BNSSG system who had been affected by cancer, and provided support and information as well as the opportunity to meet and spend time with others. A video was also played to the meeting which featured four patients talking about the impact of the craft sessions they had attended at the Centre, which were supported by Liz. During the ensuing discussion, the following points were made: • Board members commented on how powerful and moving this staff story was. It was asked if learning from the experiences of the work of the wellbeing centre was being shared, and it was confirmed that this was something the team always tried to do, and they were looking to take this to the next stage and share learning across the group. • The contribution of volunteers, who were embedded throughout the work of the wellbeing centre, was noted as being extremely valuable, particularly in respect of frailty care. • The value of the work undertaken was acknowledged, and given the ongoing financial pressures on the NHS, the team was asked how the Board could support the continuation of this service. Steve Hams reported that the service had been running for some time and made effective use of the voluntary sector. Building capacity in the service was key to its ongoing success. • The holistic approach taken at the centre, which addressed people's emotional needs as well as their physical wellbeing, was welcomed, as was the work to encourage and facilitate men to share their feelings and experience of prostate cancer.	

Minute Ref.	Item	Actions
	It was suggested that nursing students could undertake placements at the wellbeing centre, which would be mutually beneficial and a powerful example of partnership working. In conclusion, the Chair thanked the team for sharing the story of their inspirational work and for the positive impact they had on people's lives. RESOLVED that the staff story be noted. Emma, Arthur, and Liz then left the meeting.	
04/09/25	Minutes of the previous meeting	
	The Board reviewed the minutes of the meeting of the Boards in Common held in public on 8 July 2025. RESOLVED that the minutes of the meeting of the Boards in Common held in public on 8 July 2025 be approved as a true and accurate record of that meeting.	
05/09/25	Matters Arising and Action Log	
	Items on the action were considered as follows: <u>13/04/25 - Group Board Assurance Framework (BAF)</u> <i>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.</i> It was reported that the updated Group Board Assurance Framework (BAF) would be presented to the Group Board at its November meeting. Action ongoing. <u>14/04/25 - Board Workplan and Committee Terms of Reference</u> <i>Further reports on the Board Workplan and committee terms of reference, quorums, remits, and memberships to be submitted to answer Board members' queries.</i> It was reported that a report on the revised terms of reference and membership, which covered quorums and committee remits, was on the agenda for today's meeting. Action closed. RESOLVED that the action log be noted and approved.	
06/09/25	Questions from the Public	
	No questions from the public were received for this meeting.	
07/09/25	Group Chair's Report	
	Ingrid Barker, Group Chair, summarised her report and highlighted the following to the Board: Ingrid congratulated the Group Non-Executive Directors who had been appointed during the summer and also thanked the departed Non-Executive Directors (Anne Tutt, Arabel Bailey, Kelly Macfarlane, Kelvin Blake, and Jane Khawaja) for the enormous contribution to the work of both trusts.	

Minute Ref.	Item	Actions
	• Ingrid had supported the Walkerbot appeal at NBT, which used robotic limbs and virtual reality exercises to revolutionise stroke rehabilitation. Ingrid encouraged those present to donate to this appeal. • The Community Partnership had recently held its first meeting at the Watershed, which was a positive session about enabling the trusts to respond to what matters most to the people they serve. • Ingrid had also met with local MPs, Susan Hamilton, CEO of St Peters Hospice, and hosted a visit to UHBW from Barbara Brown, the Chair of Sirona. RESOLVED that the Group Chair's report be noted.	
08/09/25	Group Chief Executive's Report	
	Maria Kane, Group Chief Executive, introduced her report and highlighted the following key points: • NHSE's new provider capability assessment process had just been launched, which would sit alongside the National Oversight Framework segmentation process. As of today, UHBW was in segment 1 (13th in England) and NBT was in segment 2 (24th in England), which demonstrated that people in the BNSSG area were receiving good services from the trusts. It was noted that NBT had been moved to tier 2 due to a deteriorating performance in cancer. • At a system level, the new ICB configurations had been approved, with BNSSG partnering with Gloucestershire, with the aim of merging by 2027 and the possibility of a further review of these arrangements beyond that date. Maria congratulated Jeff Farrar on his appointment as Chair of the new ICB for BNSSG and Gloucestershire. • NHSE had recently published a 10 point plan to improve resident doctors' working lives, details of which could be found here: https://www.england.nhs.uk/long-read/10-point-plan-to-improve-resident-doctors-working-lives/ • A ballot by the BMA on consultant industrial action was now likely. • The Group had recently taken possession of the new elective surgical centre on the Southmead site, and this was now receiving patients. During the ensuing discussion the excellent segmentation rankings of both trusts was welcomed, and it was also queried what the trusts could do to improve the working lives of doctors. Maria responded that issues such as training and providing discounts had been highlighted as possible areas where the trusts could help in this regard. Richard Gaunt, Group Non-Executive Director, noted NBT's deteriorating performance in cancer and asked if this was an area of concern. Glyn Howell, NBT Hospital Managing Director, reported that the trust was currently slightly behind the plan it had set itself for 28 and 62 day waits, but that a recovery plan was in place and it was expected to be back on track by	

Minute Ref.	Item	Actions
	the end of the calendar year. It was suggested that learning could be shared between UHBW and NBT to support the recovery, and it was confirmed that this was already taking place. RESOLVED that the report be noted, for information.	
09/09/25	Group Benefits Realisation Report (including JCS update)	
	Paula Clarke, Group Formation Officer, introduced a report which set out the proposed approach to benefits realisation as part of the Group Delivery Programme, and a progress update on the Joint Clinical Strategy implementation. Shawn Smith, NBT Non-Executive Director asked about the financial savings of a merger versus the planned CIP savings saving each Trust were targeting. Neil Kemsley, Group Chief Finance and Estates Officer, replied that the CIP savings for 2025/26 were already set, and there was a distinction between this and what would happen in 2026/27, when the merger savings would come first and form part of one single savings plan. Richard Gaunt, Group Non-Executive Director, asked about the impact of the NHS 10 Year Plan on the plans, and Paula responded that the 'left shift' in the 10 Year Plan would result in changes to clinical services, and all workstreams would factor in the impact of the 10 Year Plan and merger planning as part of their work. The biggest changes would be in enablers such as estates, working practices and digital. Roy Shubhabrata, Group Non-Executive Director, noted that the forecast group savings were relatively modest and asked if they would meet the expectations of NHSE. Neil Kemsley responded that the group had set itself realistic saving targets which were informed by Model Hospital metrics. Further benefits were apparent should the two trusts merge to become one organisation. During further discussion board members expressed support for the approach outlined in the report. It was suggested that the Commercialisation element needed to be an enabler as economic growth was key, as was engagement with clinicians in partner organisations in respect of the Joint Clinical Strategy. After further discussion it was RESOLVED that the following be noted: • The approach to developing financial and non-financial benefits realisation across all eight Group Delivery workstreams, including Board Joint Committees scrutiny. • Progress to date and timescales to the first fully populated Benefits Realisation Plan. • progress on Joint Clinical Strategy implementation and next steps.	

10/09/25	Winter Plan Board Assurance Statement 2025/26	
	The Board considered a paper which presented the Winter Plan Board Assurance Statement for 2025/26. This was due to be submitted to NHSE by 30 September 2025. Glyn Howells, NBT Hospital Managing Director, reported that work was still ongoing on the Board Assurance Statement, and that there would be further discussions with the NHSE regional team the following day. It was therefore suggested that the Assurance Statement be subject to further review and scrutiny by the Quality and Outcomes Committee at the end of September, and that subject to this, authority be delegated to the Group Chair to approve the Board Assurance Statement on behalf of the Board. During the ensuing discussion, the No Criteria to Reside (NCTR) numbers, which had not improved over the past 2 years, were identified as a key issue, and there was little confidence that the system target of 15% NCTR would be achieved this winter. This represented a significant gap which would need mitigation if the winter plan were to be successfully delivered. The system had an operational group looking at this issue, but from a Bristol NHS Group perspective this was a difficult problem to resolve as much of it was outside of its control. During the ensuing discussion, the following points were made: • It was suggested that targeted areas in both trusts where NCTR was a particular problem should be investigated. • The role of Sirona in addressing the NCTR issue was discussed, and it was confirmed that were involved in discussions at system level. • It was agreed that the winter panning process should be used as a way of highlighting the need for extra capacity within the system to address NCTR, which reflected a population-based need in the BNSSG system. RESOLVED that: • The current position in respect of discussions around the Winter Plan Board Assurance Statement be noted. • That this be subject of further review and scrutiny at the meeting of the Quality and Outcomes Committee at the end of September; and • Delegated authority be given to the Group Chair to approve the Board Assurance Statement on behalf of the Board, subject to the Quality and Outcomes Committee's deliberations.	
11/09/25	Group Integrated Quality and Performance Report	
	The Boards considered the Joint Integrated Quality and Performance Report for July 2025. <u>Performance</u> Stuart Walker and Glyn Howells presented the performance update for UHBW and NBT. It was reported that at UHBW there had been good performance in respect of urgent care, despite real pressure at the front	

	door. Elective care performance remained satisfactory, and all cancer standards were being met. Overall UHBW was in a good position and doing well. Glyn Howells reported that at NBT the cancer performance was improving but still falling short of national standards, and the expectation was that performance would continue on an improving trajectory. Ambulance handovers were down to 33 minutes in July and further improved to 25 minutes in August. This position was however fragile as the volume of patients being seen at ED remained extremely high. Richard Gaunt noted that NBT's four-hour performance was ranked 109th out of 124 trusts nationally, and Glyn responded that this might have been the case in July but that the position had improved since then. <u>Quality, Safety and Effectiveness</u> Steve Hams reported that there had been further deterioration in complaints performance, and there was corporate transformation work ongoing to bring together the two complaints teams at UHBW and NBT. Tim Whittlestone reported that stroke performance was being closely monitored, and demand for stroke services was now much higher than forecast and the service was becoming overwhelmed. This was in part due to NCTR and rehabilitation issues, but performance did need to improve at what was now the largest stroke centre in England. <u>People</u> Stuart Walker reported that for UHBW, there had been dip in essential training compliance due to the inclusion of the recently launched Oliver McGowan tier 2 training. However, appraisal compliance had improved and now stood at 91.6%. Glyn Howells reported that the NBT vacancy rate had risen, but this was due to the elective surgical centre coming online in July. <u>Finance</u> It was reported that NBT was now back on track and that UHBW was £0.8m adverse to plan, which was equal to the cost of industrial action in July. NCTR remained a cost pressure across the system and would result in a £10m financial hole if not improved. RESOLVED that the Group Integrated Quality and Performance Report	
12/09/25	Learning from Deaths Annual Reports	
	Dr. Joydeep Grover, Medical Director, Patient Safety & Quality (NBT), Dr. Karin Bradley, Associate Medical Director (UHBW) and Paul Cresswell, Director of Quality Governance (NBT) attended the meeting to present the Learning from Deaths (LFD) annual reports for NBT and UHBW. It was reported that the framework for the LFD reports for each Trust was fully aligned, paving the way for a future combined reporting. This had been delivered by the Joint Mortality Improvement programme – a collaboration that was formally established as a jointly resourced initiative in February 2025. Each report met all statutory requirements under NHS Quality Account Regulations and National Quality Board Guidance, and the collaboration	

	between the two trusts was already contributing towards both preventing avoidable harm and promoting dignity in the last phase of life. During the ensuing discussion, the following points were made: • Roy Shubhabrata, Group Non-Executive Director, asked if there was any learning from the experiences of bereaved families and how this had been used. In response it was reported that all feedback was fed back into the appropriate process, and if meaningful was then shared with those involved and then into the steering group. Positive as well as negative feedback was shared to re-enforce confidence in what was being provided. • Sue Balcombe, UHBW Non-Executive Director, asked how assured the team was around embedded learning, and whether trend data would be available in the future. It was reported that this was the biggest challenge as this relied on a lot of manual processes, and a quality management system was required to fully address this issue. • Ingrid Baker asked what whether there was a focus on learning disability in the process, and it was confirmed that because these patients were known to experience poorer health outcomes due to healthcare inequalities, every death was subject to an enhanced review process to identify any learning and common themes. Further work was ongoing this area. RESOLVED that the Board noted the Annual Learning from Deaths Annual Reports for assurance and endorsed the ongoing alignment work at a critical time of organisational change.	
13/09/25	UHBW & NBT Annual Medical Revalidation and Appraisal Reports	
	The Board received the UHBW & NBT annual medical revalidation and appraisal reports, which provided assurance that both NBT and UHBW were compliant with the NHSE Framework for Medical Revalidation and Appraisal. The Board was asked to approve the annual submission of these reports to NHSE. It was reported that a single process had been used across both trusts, and that the figures were exceptionally good, with lots of activity in the group space. Sarah Purdy, Group non-Executive Director, commented on the 10% unapproved missed appraisals, and it was confirmed that this was an automated process, and reminders were being sent in advance to address this. RESOLVED that UHBW & NBT annual medical revalidation and appraisal reports be approved for submission to NHSE under its Framework for Medical Revalidation and Appraisal Framework.	
14/09/25	Integrated Governance Report including Committee Chairs' Reports / Register of Seals	
	The Board received the following reports: Committee Chairs' Reports from the July 2025 meetings of: • Audit Committee in Common • Digital Committee in Common	

	• Finance & Estates Committee in Common • People Committee in Common • NBT Quality and Outcomes Committee • UHBW Quality and Outcomes Committee Register of Seals – July to September 2025 RESOLVED that the reports as listed above be noted.	
15/09/25	Group Scheme of Delegation and Standing Financial Instructions	
	The Board considered a report which presented the draft Group Scheme of Delegation (SoD) for approval, which had been developed using the current approved documents at each Trust. Where delegations were not previously noted within the individual SoDs these have now been included in the group model. Most of the group SoD was aligned between both trusts, but where there were differences, these were highlighted in green (UHBW) and yellow (NBT) in the SoD. The aligned Standing Financial Instructions (SFIs) had been approved by the Group Board in April, and minor updates had been required to reflect the new Group Executive titles and to align the SoD. The updated SFI's were also presented for approval. It was noted that the Finance and Estates Committee had reviewed these documents and recommended their approval. During the ensuing discussion, Neil Darvill, Group Chief Digital Information Officer, commented that there were still significant differences in the business case approval processes used by both trusts, and further alignment in this area would be welcomed. RESOLVED that revised Scheme of Delegation and Standing Financial Instructions be approved.	
16/09/25	Committee Terms of Reference and Membership	
	The Board received a report which set out the draft terms of reference and memberships for the Board committees. These had been agreed in principle on 8 April 2025 and had been the subject of further review and consultation with Group Non-Executive Directors and Executive Directors. It was noted that these documents would be kept under regular review, and any further proposed amendments would be submitted to the Board to ensure they remained effective and up to date. RESOLVED that: • the revised terms of reference of the Board committees as set out in Appendices A to E to the report be approved. • The revised membership of the committees set out in Appendix F to the report be approved.	
17/09/25	Any Other Business	
	There were no further items of business.	
18/09/25	Date of Next Meeting - Tuesday, 11 November 2025	

The meeting concluded at 12.50pm.

Public Group Board Meeting held in Public on Tuesday, 11 November 2025

Action Log

Outstanding actions from the meeting held on 9 September 2025					
No.	Minute reference	Detail of action required	Executive Lead	Due Date	Action Update
1.	13/04/25	<u>Group Board Assurance Framework (BAF)</u> 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.	Joint Chief Corporate Governance Officer	November 2025	<u>November 2025 update</u> This item is on the agenda of today's meeting. Suggest action is closed. <u>September 2025 update</u> This will now come to the November 2025 meeting. <u>July 2025 update</u> The updated BAF is due to be reported to the Boards in September, and this change will be reflected at that time. <u>May 2025 update</u> 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.
Actions closed at meeting held on 9 September 2025					
2.	14/04/25	<u>Board Workplan and Committee Terms of Reference</u> 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	September 2025	<u>September 2025 update</u> A report on the revised terms of reference and membership, which covers quorums and committee remits, is on the agenda for today's meeting. Action closed. <u>July 2025 update</u>

					This has been deferred to the September meeting of the Boards to allow time for further consultation on these documents. <u>May 2025 update</u> Work is ongoing and will be reported back to the to the Boards in Common at their July meeting.
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Report To:	Public Group Board Meeting		
Date of Meeting:	11 November 2025		
Report Title:	Group Chair’s Report		
Report Author:	Bejide Kafele, EA to Group Chair of Bristol NHS Group		
Report Sponsor:	Ingrid Barker, Group Chair of Bristol NHS Group		
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 September to 10 November 2025.			
Strategic and Group Model Alignment			
The Group Chair’s report identifies her activities throughout the preceding months and those of the Vice Chairs, providing an opportunity for Board discussion and triangulation. Where relevant, the report also covers key developments at the Trust and further afield, including those of a strategic nature.			
Risks and Opportunities			
Not applicable.			
Recommendation			
This report is for 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 and the Vice-Chairs have undertaken.

3. Activities across both Trusts (UHBW and NBT)

3.1 The Group Chair has undertaken several meetings and activities since the last report to the Group Board on 9 September 2025:

- Completed annual appraisals with all Non-Executive Directors (NED) which included a review of the past year, and jointly agreeing objectives for the next 12 months. Appraisals were submitted to the NHSE by the end of October, in line with NHSE guidance
- Attended monthly check-in meetings with the Lead Governor
- Attended the opening of the Same Day Emergency Care facility (SDEC) at Weston General hospital
- Delivered the opening speech at the Bristol NHS Groups Annual General Meeting (AGM), the first joint AGM for the Group which was preceded by an annual health fair event with partners from local groups including the Chinese Wellbeing society, Bristol Rovers football club, and the African Voices forum.
- A member of the judging panel for the Bristol Children's Hospital's annual fancy dress competition
- Participated in the interview and selection process for a further Non-Executive Director which was advertised externally, focussing on candidates who could help to strengthen community partnership links
- Participated in the interview panel for the Group Director of Governance
- Attended a Quality and Outcomes Committee meeting to support the team as we finalise winter plans in conjunction with the ICB
- Attended the Governor/NED engagement session
- Attended Governors' Nominations and Appointments Committee meetings
- Chaired monthly Vice Chair touchpoint meetings
- Visited the 3D Medical Centre in Frenchay to learn more about the innovative and trailblazing techniques being used to improve lives
- Delivered the closing speech for Black History Month, marking the last day of events that have taken place at UHBW and NBT throughout October
- Attended the annual NBT Staff Awards, an annual event to celebrate our colleagues across the Trust
- Visited colleagues in Dermatology
- Met with Lisa Galvani, Divisional director for Medicine for UHBW to discuss her work as co-Chair of South Bristol Locality Partnership, which is a national pilot for neighbourhood working
- Met with Dr Sophy Gretton, consultant in palliative care medicine, to discuss the End of Life Matters Health Integration Team project

4. Connecting with our Partners

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

- Chaired the second Bristol NHS Group Community Partnership Group meeting
- Attended the Joint Clinical Strategy refresh partnership event
- Undertook a joint visit with Gyn Howells, Managing Director of NBT, to CAAFI health's wellbeing clinic

- Visited Jessie May Children's hospice
- Attended the strategy launch for Bristol and Weston Hospital charity

4.2 National and Regional Engagement

The Chair attended several meetings including:

- BNSSG ICP Board
- NHS Confed all member chairs group
- NHS Providers Chair and Chief Exec Network meeting
- Gave evidence as part of the NHS Providers team to the Senior Salaries Review body which is considering recommendations to the government on Very Senior Managers' Pay

5. Vice-Chairs Report

5.1 This report details activities undertaken by the Vice-Chairs in their capacity as Vice Chairs for the individual Trusts.

5.2 Vice Chair (UHBW):

The Vice Chair for UHBW undertook a variety of activities including:

- Undertook a tour of NBT with the Managing Director
- Chaired the Finance and Estates Committee
- Visited the Weston Same Day Emergency Care facility (SDEC)
- Attended the Governors strategy group and NED engagement session
- Participated in the interview and selection process for the Group Director of Corporate Governance role
- Visited Weston General Hospitals Emergency Department
- Attended regular meetings with the Trust Managing Director
- Touchpoint meetings with the Group Chair, and Vice Chair for NBT

5.3 Vice Chair (NBT):

The Vice Chair for NBT undertook a variety of activities including:

- Attendance at the Bristol NHS Group AGM
- Participated in the interview and selection process for a Consultant Cardiologist
- Undertook a visit to the Brunel building at NBT
- Delivered the opening address at the Group-wide Workplace Menopause conference
- Undertook a tour of UHBW with the Managing Director
- Attended a faculty catch up with the University of Bristol's Head of the Bristol Medical school, and the Pro Vice-Chancellor for the Faculty of Health and Life Sciences
- Attended the NBT Staff awards event
- Attended the Joint Clinical Strategy partnership event
- Attended the UHBW Research showcase
- Attended an introductory meeting with the Chair and CEO of the Bristol and Weston hospitals charity

5.4 The Vice Chair also attended the following meetings during this period:

- BNSSG Integrated Care Partnership meeting
- BNSSG Primary Care meeting
- Touchpoint meeting with the Group Chair, and Vice Chair for UHBW
- Extraordinary Primary Care committee
- Merger committee
- BNSSG Outcomes, Quality and Performance committee
- Finance and Estates committee
- Quality and Outcomes committee
- Quality focus group
- Charity community

6. Summary and Recommendations

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

Report To:	Public Group Board Meeting		
Date of Meeting:	11 November 2025		
Report Title:	Group Chief Executive Report		
Report Author:	Xavier Bell, Group Chief of Staff		
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 Boards, including engagement with system partners and regulators, events, and key staff appointments.		
Key Points to Note <i>(Including any previous decisions taken)</i>			
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.

1. National Topics of Interest

1.1. Government to tackle antisemitism and other racism in the NHS

In October the Government announced an [urgent review of antisemitism and all forms of racism in the health service](#). All Trusts and ICBs have received a communication setting out expectations. The Bristol NHS Group is well positioned in this regard, having already initiated an extensive anti-racism agenda. The Board will be considering the proposed Group approach to Anti-racism later on today's Board agenda.

1.2. Medium Term Planning Framework

NHS England have issued the [Medium-Term Planning Framework](#) (2026/27-2028/29) which sets out a bold and ambitious strategic roadmap, aiming to restore the health service to a more sustainable and responsive footing. It focuses on dramatically reducing waiting times, improving access to local care, and cutting unnecessary bureaucracy to reinvest savings into frontline services. The framework aligns with the NHS 10 Year Plan and empowers local systems to lead change by resetting the NHS's operating foundations, fostering community engagement, and enabling more responsive, locally driven transformation.

The framework also outlines performance trajectories across elective, urgent, primary, mental health, and community services, with a strong emphasis on productivity, financial discipline, and patient experience:

Elective, Cancer and Diagnostics

- 92% of patients treated within 18 weeks by 2028/29
- Faster diagnosis and improved cancer treatment standards
- Diagnostic wait times reduced to 1% waiting over six weeks

Urgent and Emergency Care

- Four-hour target achieving 85% by 2028/29
- Ambulance category 2 response of 18 minutes average
- Expansion of UTCs and mental health emergency centres

Primary and Community Care

- 90% same-day appointments for urgent cases
- 700,000 additional urgent dental appointments annually
- 80% of community health activity within 18 weeks

Mental Health, Learning Disabilities and Autism

- Full coverage of mental health support teams in schools by 2029
- Reduction in out-of-area placements and inpatient stays.

2. Integrated Care System Update

2.1. BNSSG ICB

The BNSSG ICB continues to progress plans to cluster with Gloucestershire ICB, as part of a nationally driven programme to reduce running costs and streamline strategic commissioning with the two Boards having met together in October 2025.

Following the appointment of Jeff Farrar as the Cluster Chair of the NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board (ICB) and the NHS Gloucestershire ICB Cluster, Shane Devlin has now been appointed as Cluster Chief Executive. Shane is well known to the Boards, and we wish him every success in this new and enhanced role.

3. Operational Delivery

3.1. Operational Pressures in Urgent and Emergency Care

Both Trusts have seen sustained operational pressures over October and early November, particularly within the Urgent and Emergency Care Zones. This has been driven largely by higher than usual emergency department attendances, which has combined with difficulties in discharging patients, and low bed availability. Both organisations have declared critical incidents during October, which has allowed additional measures to be taken to respond to extraordinary pressures and maintain patients' safety. Mutual support and aid have been provided where appropriate, with support from system partners, for which we are extremely grateful.

3.2. 10 Point Plan to improve resident doctor's lives

Over the summer NHS England wrote to all trusts setting out a 10-point plan to improve the working lives of resident doctors, including a number of [key actions](#) that must be implemented, and which will be incorporated into the National Oversight Framework:

1. Trusts should take action to improve the working environment and wellbeing of resident doctors
2. Resident doctors must receive work schedules and rota information in line with the Code of Practice
3. Resident doctors should be able to take annual leave in a fair and equitable way which enables wellbeing
4. All NHS trust boards should appoint 2 named leads: one senior leader responsible for resident doctor issues, and one peer representative who is a resident doctor. Both should report to trust boards.
5. Resident doctors should never experience payroll errors due to rotations
6. No resident doctor will unnecessarily repeat statutory and mandatory training when rotating
7. Resident doctors must be enabled and encouraged to Exception Report to better support doctors working beyond their contracted hours
8. Resident doctors should receive reimbursement of course related expenses as soon as possible
9. We will reduce the impact of rotations upon resident doctors' lives while maintaining service delivery

- | |
|--|
| 10. We will minimise the practical impact upon resident doctors of having to move employers when they rotate |
|--|

Together with the Group Chief Medical and Innovation Officer I will be meeting with our resident doctors across both Trusts, to ensure that I hear firsthand about their experiences and feedback on the actions being taken by the organisations in line with this plan.

3.3. Industrial Action

Following a ballot undertaken over July and October, the BMA have confirmed that they will be calling on their resident doctor members to take industrial action (strike action) over the period of 14-19 November 2025.

Both Trusts will manage any associated disruption via the usual operational escalation mechanisms, with the aim of maintaining safe patient care and the minimum impact on operational performance.

3.4. Same Day Emergency Care at Weston General Hospital

On 15 September 2025, the Group Chair and I were pleased to attend and speak at the official opening of the newly expanded Same Day Emergency Care (SDEC) unit at Weston General Hospital. The expanded unit now sees around 800 patients each month, significantly reducing unnecessary inpatient admissions and improving patient flow across the hospital. This development, supported by nearly £5 million in national funding, reflects our continued commitment to delivering high-quality, responsive care for the local community and enhancing urgent and emergency services at Weston.

4. Strategy and Culture

4.1. Bristol NHS Group Partnership Event

On 4 November 2025 the Group Chair and I hosted a second Bristol NHS Group Partnership Event: Delivering Our Clinical Strategy Together. We were joined by delegates from across the local system and region. This was an opportunity to explore key themes including population health and the three shifts set out in the NHS 10-Year Plan (Sickness to Prevention, Hospital to Community, Analogue to Digital) and how our Joint Clinical Strategy will help us respond to associated opportunities and challenges.

I'm extremely grateful to all those who participated, and in particular to those of our partners who contributed to the event as speakers and facilitators. We will use the information and insights shared to help inform our future plans and continue to engage with partners and stakeholders over the coming months as we progress our NHS Group and move towards being a merged organisation.

4.2. Joint Senior Leadership Meeting (SLM)

In October we brought together senior hospital, divisional, and corporate leaders from both Trusts as part of our quarterly joint SLM programme. We were joined by Peter Landstrom, Chief Executive of the Royal Free Group in North London, who shared insights into his organisation's journey towards merger, and spent time discussing our Joint Clinical Strategy, emerging Joint Digital Strategy, as well as hearing from colleagues on Trauma Informed Care.

4.3. Bristol Health Partners Conference

As Chair of Bristol Health Partners, I was pleased to welcome over 200 delegates to our largest annual conference to date, held on 22 October 2025 at Bristol's science centre, We The Curious. The event brought together partners from across the region and internationally, including representatives from Denmark and Norway. The day featured impactful presentations from Health Integration Teams, showcasing innovative approaches to improving health and care, and fostering collaboration across sectors. The conference highlighted the strength of our partnership and our shared commitment to addressing health inequalities and driving system-wide improvement.

4.4. Association of Groups

On 2 October 2025, along with other members of the Group Executive, I attended the Association of Groups Annual Summit in London. The event brought together leaders from across the NHS to explore collaborative approaches under the new emerging NHS operating model, share learning from member Trusts, and hear national updates from NHS England leadership. The day included valuable sessions on sector-wide transformation, sub-network discussions, and innovative pilot projects. It was a highly informative and engaging event, offering important insights to support our ongoing strategic group development.

4.5. Allied Health Professionals (AHP) Awards and Conference

As part of AHP week celebrations during October, we hosted our first ever Bristol NHS Group AHP awards and conference. It was an honour to be able to personally thank and celebrate the contributions of NBT and UHBW colleagues together during the event. This coming together of our AHPs from across Bristol NHS Group showed the depth and range of skills across our Group. I was impressed hearing about the impact those nominated have had on the communities we serve in Bristol, Weston and the wider region.

4.6. NBT Annual Staff Awards

The 2025 NBT Staff Awards were held on 31 October bringing together over 270 colleagues to celebrate a year of outstanding achievements. Hosted by Bristol broadcasters Patrick Hart and Sherrie Eugene-Hart, the evening was a memorable tribute to colleagues working at NBT. With 575 nominations, the event showcased the pride, dedication, and compassion of our workforce. More information on the winners can be found [here](#). Sincere thanks to our sponsors and Southmead Hospital Charity for making the celebration possible.

4.7. Liaison Psychiatry Service

I am pleased to report that the NBT and UHBW Liaison Psychiatry services have both achieved PLAN (Psychiatric Liaison Accreditation Network) re-accreditation with the Royal College of Psychiatrists. This achievement positions us as regional leaders in specialised mental health care and is testament to the teams within our Group. I am very grateful to the clinical teams for showcasing our commitment to providing sustainable and equitable mental health support at our sites.

4.8. NBT Finance Team of the Year

Board will join me in congratulating the NBT Finance Team who have won the Finance Team of the Year at the HFMA South West Awards. Huge congratulations to the whole team and thank you for all your hard work.

4.9. NBT Stroke Team – National Thrombolysis in Acute Stroke Collaborative (TASC) Update

Over the past year, the NBT Stroke Team has actively participated in the national TASC quality improvement initiative aimed at increasing thrombolysis rates, which have historically remained static. Through committed team-wide changes, including cultural shifts, governance enhancements, and the adoption of Tenecteplase as the first-line thrombolytic agent, NBT has significantly improved its thrombolysis rates. The team's efforts were recognised nationally, with NBT being one of only nine centres in England to achieve an A or B rating in the SSNAP reperfusion domain, which represents a fantastic achievement.

5. Engagement and Visits

5.1. Cossham Hospital MP Visit

On 31 October 2025, I joined Damien Egan, MP for Bristol North East (formerly Kingswood) and Steve Hams, Group Chief Nursing and Improvement Officer on a visit to the Cossham Hospital site.

We were able to meet with a number of the clinical teams who are based there, including members of the NBT Women and Children's Division, where we discussed the changing maternity landscape and the services we run from Cossham, the team who operate the recently refurbished radiography scanning facilities on site, and met the Cossham Dialysis team.

5.2. Service Visits

Since our last Group Board meeting, I have visited a number of areas, and met with senior clinical staff across the Trusts including:

- Visiting the UHBW Transfer of Care Hub
- Visiting the Weston Pharmacy
- One-to-one meetings with Consultants from:
 - UHBW Intensive Care Speciality
 - UHBW Pre-Operative Care Clinic
 - UHBW Emergency Medicine Specialty
 - UHBW Dermatology Specialty
 - NBT Gastroenterology Specialty

Recommendation

The Boards are asked to note the report.

Maria Kane
Group Chief Executive

Report To:	Public Group Board Meeting		
Date of Meeting:	11 November 2025		
Report Title:	Merger Update		
Report Author:	Paula Clarke, Group Formation Officer		
Report Sponsor:	Maria Kane, Group Chief Executive		
Purpose of the report:	Approval	Discussion	Information
			X
	This report provides an update on key aspects of the programme of work underway to complete the formal merger assessment and assurance processes required to support the Boards’ intent to pursue a merger.		
Key Points to Note (Including any previous decisions taken)			
The proposed merger of North Bristol and University Hospitals Bristol and Weston NHS Trusts’ is focussed on delivering better care for patients, more opportunities for our people, improved services for the populations we serve and the best value for the public purse – our Four P’s. It represents a build on the significant progress we have made as Bristol NHS Group, and the feedback and learning from clinical and corporate teams driving delivery of our Joint Clinical Strategy and Benefits Plan. No final decision has been taken as this will be informed by a rigorous assurance and assessment. This work is well underway with key areas of progress including: • Strategic Case approval from NHS England who reviewed and supported the Strategic Case for Merger, allowing progression to the Full Business Case (FBC) stage, with recommendations for further work. • A decision on the statutory framework for merger which will proceed under Section 56A of the NHS Act 2006, ensuring robust governance and public accountability while integrating services for better patient care. • Establishment of strong governance and completion of Due Diligence - A Merger Programme Board and statutory Merger Committees are in place, alongside a comprehensive due diligence process covering clinical, financial, legal, and operational domains to ensure safety and viability. • Development of Communications and Engagement plan – This is structured around our Four Ps - Patients, People, Population and Public Purse. A dedicated Special Projects Team is driving internal and external engagement, including CEO newsletters, leadership cascades, town halls, stakeholder updates, and community participation events to maintain transparency and confidence. The Communication and Engagement Plan will be embedded in our Organisational Development (OD) and Culture plan, currently under development, to ensure key dependencies are managed. The Group aims to take a final decision on merging by summer 2026, following completion of the FBC, Post-Transaction Implementation Plan (PTIP), and NHS England’s assurance process.			
Strategic and Group Model Alignment			
This paper supports the intent of the Bristol NHS Group to pursue a merger and become a single organisation.			

Risks and Opportunities	
Progressing to merger provides an opportunity to simplify and streamline our Group Model and allows us to better respond to emerging national expectations around financial savings and the transformational changes in the NHS 10-year Plan. A full review of merger risks has taken place and includes delivering the Group benefits case opportunities and maintaining operational grip and performance while completing a transaction process; ensuring the right engagement and cultural development for creating a new organisation; and completing a TUPE process.	
Recommendation	
This report is for Information. The Board is asked to: • Note the updates on progress with the merger programme.	
History of the paper (details of where paper has <u>previously</u> been received)	
NA	NA
Appendices:	N/A

1. Introduction

- 1.1. Bristol NHS Group is bringing together the best of both North Bristol and University Hospitals Bristol and Weston to deliver better care for patients, more opportunities for our people, improved services for our communities, and the best value for the public purse. On 17 July 2025, we made a public announcement of our intent to pursue becoming a single merged organisation. This builds on the significant progress we have made as Bristol NHS Group, and the feedback and learning from clinical and corporate teams driving delivery of our Joint Clinical Strategy and Benefits Plan.
- 1.2. We made it clear that no final decision has been taken and signalled that we are beginning a formal process to assess and assure that merger is the right option for further, faster delivery of benefits for our Four Ps – our People, our Patients, the Populations we serve and the Public Purse.
- 1.3. This report provides an update on key aspects of the programme of work underway to complete that formal merger assessment and assurance process.

2. Statutory Merger Process

- 2.1. Our teams have told us that operating as two separate legal entities makes it harder to deliver seamless, equitable and sustainable care. To address this and bring our two organisations together, we have explored the full range of options. Following legal advice, the Group Board has agreed to apply Section 56A of the NHS Act 2006 as the legal framework for organisational merger. This is not about one Trust absorbing the other. It is about creating a single organisation with parity of esteem across all sites and services. Both Trusts bring strengths: world-class research, national surgical leadership, specialist

services, and community connections. A merger is about combining those strengths to deliver more consistent and higher-quality care for patients.

- 2.2. The statutory process requires formal approval from both Trusts' Boards of Directors and from the UHBW Council of Governors. The provision ensures that mergers are subject to robust governance and public accountability, while supporting the integration of services to improve patient care and operational efficiency. Applications under Section 56A are overseen by NHS England, which applies assurance processes to confirm that the transaction is safe, sustainable, and in the best interests of patients and staff.

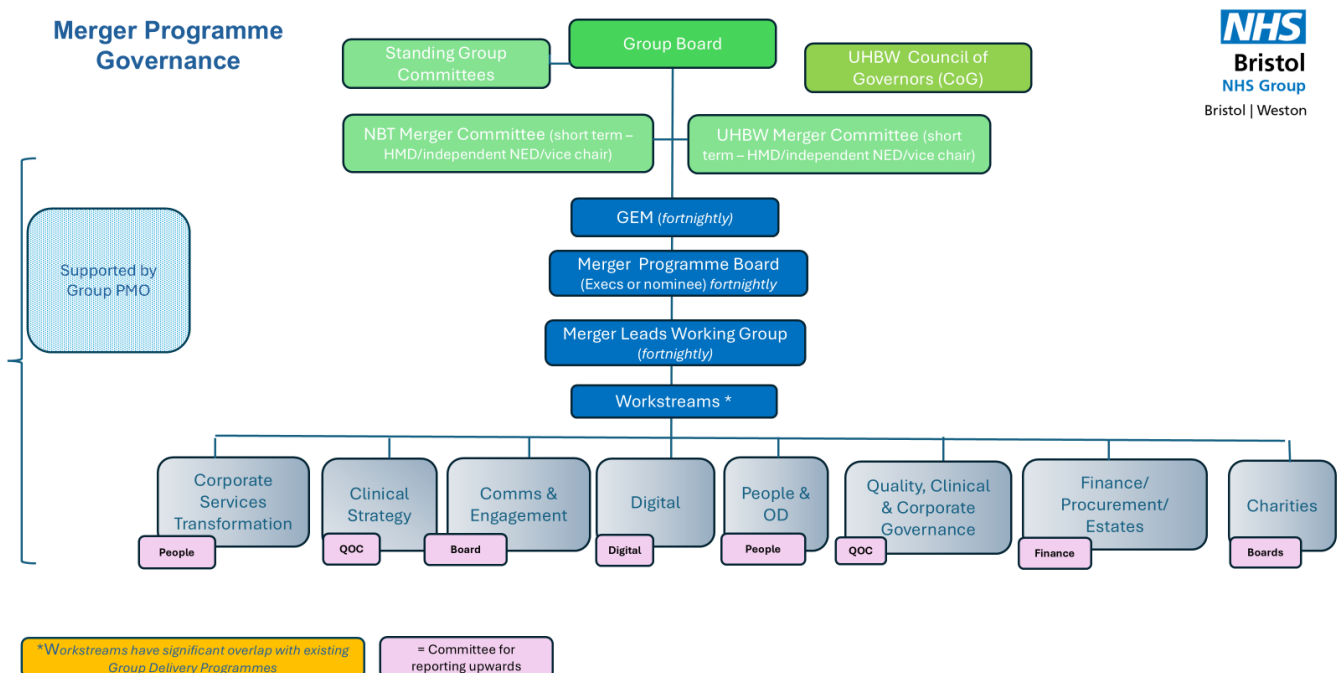
3. Merger Programme – Key Updates

3.1. Strategic Case for Merger

- 3.1.1. In August 2025, a Strategic Case for Merger was developed and shared with NHS England. This built on the Group Benefits case approved by the Board in April 2025 which set out the detailed improvements we can deliver across our 4 P's. NHS England has completed its detailed review and advised that it supports the Group proceeding to Full Business Case (FBC) stage.

3.2. Merger Governance

- 3.2.1. Robust merger programme governance has been established to oversee the process of merger. This includes an Executive-led Merger Programme Board reporting through the Group Executive into the Group Board.
- 3.2.2. Each statutory Board (NBT and UHBW) also has a Merger Committee with a majority of organisation-specific directors. This committee will review the merger transaction case and make independent recommendations to the Group Board, providing assurance on the independence of decision-making of the individual Trusts' Boards.



3.3. Due Diligence

- 3.3.1. A due-diligence exercise has been undertaken to provide a structured and comprehensive assessment of both organisations to identify risks, validate assumptions, and ensure compliance before any transaction is approved. It covers clinical, financial, legal, and operational domains to confirm that the merger is viable, safe, and aligned with strategic objectives.
- 3.3.2. This process helps the Boards to make informed decisions, mitigates potential liabilities, and builds confidence among regulators, staff, and stakeholders that patient care, workforce stability, and public resources will be protected throughout integration.

3.4. Full Business Case (FBC) and Post-Transaction Implementation Plan (PTIP)

- 3.4.1. The next stage of the process is development of a Full Business Case (FBC) and a Post Transaction Implementation Plan (PTIP). The FBC will set out the detailed case for change, including the benefits expected from the merger, key risks, and the resources and processes required to ensure a safe and effective transition.
- 3.4.2. The PTIP will set out the detailed integration plans and provide assurance on the process of bringing the Trusts together from current state to a single integrated entity post-transaction.
- 3.4.3. These documents will be considered by the Group Board before March 2026 before recommending them to NHS England for external review and approval. When NHS England have provided a transaction rating, further consideration will be undertaken by the Board, including assurance on readiness for Day one of the new merged organisation, prior to a final decision on merging.

3.5. Governors

- 3.5.1. UHBW, as a Foundation Trust, has a Council of Governors who play a vital role in ensuring that the merger process is carried out transparently and in the best interests of patients, staff, and local communities. They act as a bridge between the Trust and the public, representing members' views and holding the Board to account for its decisions.
- 3.5.2. Specifically, the Governors have four roles:

- **Statutory Approval** – Governors must formally approve any merger under the Health and Social Care Act 2012.
- **Public Accountability** – Act as a bridge between the Trust and its members, ensuring decisions reflect patient, staff, and community interests.
- **Scrutiny and Assurance** – Review the rationale, benefits, and risks of the merger and hold the Board to account for transparency and compliance.
- **Continuous Engagement** – Governors are engaged throughout planning to maintain confidence and provide informed approval.

We are working closely with governors throughout the planning and approvals stages to ensure they the relevant assurances and are fully engaged in the process.

4. Merger – Target Timeline

- 4.1. Following the accelerated step-up of the merger programme, a detailed assessment has been undertaken of the potential timelines and key milestones to enact the merger. We are working towards taking a decision on merging by summer 2026, subject to the satisfactory completion of the NHS England reviews and approvals process.

5. Communications and Engagement, Organisational Development and Culture Plans

- 5.1. Keeping internal and external stakeholders informed and engaged in our plans to merge and what that means for them is a central aspect of our merger planning. A Bristol NHS Group Communications and Engagement Plan is in place with activity structured around our Four Ps - Patients, People, Population and Public Purse.
- 5.2. To support delivery, a dedicated Special Projects Team has been established within Communications and Engagement, providing ring-fenced capacity focused on the merger, Corporate Services Transformation and Joint Clinical Strategy workstreams.
- 5.3. An internal communications rhythm has been embedded, including fortnightly CEO Newsletters, monthly Leadership Cascades and quarterly Town Halls. External transparency is maintained through quarterly stakeholder updates, regular attendance at local scrutiny and ICB meetings and regular engagement with elected representatives.
- 5.4. The Community Participation Group and the Joint Clinical Strategy Partnership Event (4th November 2025) have strengthened engagement with staff, patients, partners and system leaders, helping shape shared priorities around digital access, prevention and the Group's role as an anchor institution in the communities we serve. Continued engagement will inform our plans for priorities for the merger and how we would operate as a single organisation.
- 5.5. Building deeper understanding of the similarities and differences in the cultures we have across our hospitals and teams is another key aspect of our merger plans. We want to build on the diversity of experience we have and consider how, should we decide to merge, we create one organisation that maintains equal value and recognition for all of our sites.
- 5.6. An Organisational Development (OD) and Culture plan is currently under development for agreement at Merger Programme Board in early December and assurance at People Committee in January 2026. It will include details of what to focus on and when, covering the following areas: People Vision & Priorities, Celebrating Legacy and Developing Shared Values, Communication and Engagement, Leadership Capability, Team Cohesion, Training and Development, Supporting Wellbeing and Resilience and Inclusion, Equality and Belonging. The Communications and Engagement plan has already been agreed by Group Executive Meeting (GEM) and will be an item at People Committee on 27th November 2025. It is included in the overall OD and Culture plan to ensure key dependencies are managed.

6. Conclusion and Recommendations

- 6.1. Significant progress is being made in the merger programme while maintaining focus on delivering the benefits of the Group.
- 6.2. Over the coming months we will continue to develop the Full Business Case and PTIP as part of the merger approvals process, working in partnership with NHS England and ICB colleagues.
- 6.3. We will also continue to engage proactively with our Governors, staff and key stakeholders to ensure transparency and confidence throughout.
- 6.4. The Board is asked to:
 - **Note** the updates on progress in the merger programme.

Report To:	Public Group Board Meeting		
Date of Meeting:	11 November 2025		
Report Title:	Innovation Strategy Development		
Report Author:	Tim Keen, Associate Director of Strategy NBT Cathy Caple, Deputy Director of Improvement and Innovation UHBW		
Report Sponsor:	Tim Whittlestone, Group Chief Medical and Innovation Officer		
Purpose of the report:	Approval	Discussion	Information
	X	X	
	This report sets out the proposed approach to developing the Bristol Group innovation strategy and provides the milestones to achieve this.		
Key Points to Note (Including any previous decisions taken)			
Our Joint Clinical Strategy and Group benefits case set out our ambitions and high-level actions to develop and grow our Group innovation offer. This paper sets out how we are approaching these ambitions and developing our innovation strategy. Through this strategy we are seeking to agree our approach to innovation, confirm our ambitions to establish the Bristol Innovation Hub to develop the innovation capability and capacity of our staff, to drive both commercial and altruistic value, and to position the Group to provide leadership and momentum for our innovation ecosystem. The innovation strategy will build upon the work undertaken by the two trusts over the past year to assess our current innovation offer, identify the barriers experienced by our innovators, and evaluate the opportunities available at local, regional, national and international levels. Through this approach, we will position the Group to realise its full potential as a leader in innovation and ensure that innovation is embedded as a core principle across all aspects of our work.			
Strategic Alignment			
This report aligns with the Joint Clinical Strategy and sets out how the high-level actions will deliver the Group benefits case. It links to the Trusts’ strategic priorities of Innovate to Improve/Innovate and Improve.			
Risks and Opportunities			
The development of our innovation strategy will enable the Group to realise the following ambitions within the Joint Clinical Strategy, namely: - Realise our potential to be world-class for innovation and modern health and care; - To become national and international leaders in the development and early adoption of innovation. It will also enable us to deliver the agreed Group benefits case, establishing a commercial income stream for the Trust and building a reputation as being a leader in innovation that will attract and retain high calibre staff.			

Recommendation	
This report is for Approval and Discussion .	
Board is asked to:	
a) Approve the milestones and timeline to develop the Group strategy for approval by the Group Board of Directors in March 2026. b) Discuss and endorse the strategic direction and principles outlined in the document.	
History of the paper (details of where paper has <u>previously</u> been received)	
Group Executive Meeting	11 th September 2025
Appendices:	Appendix 1: Innovation team Appendix 2: Innovation Strategy Slides

Innovation Strategy development

1. Purpose

- 1.1 We aspire to be leaders and pioneers in the innovation ecosystem, driving forward new ideas and approaches that improve outcomes for our patients, empower our people, serve our population, and deliver value for the public purse.
- 1.2 This is underpinned by our Joint Clinical Strategy, which sets out our ambitions for innovation, namely to:
 - *realise our potential to be world-class for innovation and modern health and care;*
 - *become national and international leaders in the development and early adoption of innovation.*

And makes the commitment that:

- *we will make Bristol and Weston great places to train clinicians, explore new healthcare horizons and trial innovation.*
- 1.3 Our Bristol Group Benefits case sets out a number of actions to enable us to excel in innovation, including:
 - *Development of a joint innovation strategy for the Group;*
 - *Development of a Group Innovation Hub, investing in the expertise and resources required to kick-start our innovation journey;*
 - *Ensuring that innovation is central to everything we do, helping us recruit and retain the brightest minds;*
 - *Maximising income generation from innovation, to reinvest in patient services.*
 - 1.4 This paper sets out how we are approaching these ambitions and developing our innovation strategy. Through this strategy we are seeking to agree our approach to building our staff capability and capacity to innovate, confirm our ambitions to drive both commercial and altruistic value, and to position the Group to provide leadership and momentum for our innovation ecosystem.

2. Strategic Vision and Principles

- 2.1 Our Group ambition is to be leaders in health and care innovation in the West of England. We want to promote and support a culture of curiosity and design, permission to innovate, collaboration with partners and the expectation that all staff can contribute ideas.
- 2.2 This means within the Group we will develop three pathways for innovation:
 - **Home grown innovators:** we will develop and grow our staff to be innovators, encouraging and supporting them to share their new ideas big and small, and we will have the infrastructure to prioritise and develop the best ideas for the benefit of our patients, people, population and public purse. We will support the development of innovation and entrepreneurial capability across the innovation life cycle.
 - **Innovation through partnerships:** we will drive innovation through purposeful partnerships with universities, industry, incubators, and accelerators – collaborating to co-design, test, and scale solutions of innovations in clinical and non-clinical services that deliver measurable impact across the health and care ecosystem.

- **Adoption and spread:** we will be amongst the early and fast adopters of proven technology and products that are effective in improving care for patients and/or the productivity of services, supported by the rigour of the high quality standards for our patients.
- 2.3 We will have the commercial framework and enabling infrastructure to facilitate our work with partners on a sustainable basis and to ensure that where we have contributed to the development of an innovation, we have the opportunity to share in the commercial success (for example through equity share, commission on future sales or discounted access to innovations).
 - 2.4 We will leverage the commercial benefits arising from the NHS 10-year plan's focus on innovation and the Government's Life Sciences Industrial Strategy 2025 to attract regional and Government funding. One pillar of our innovation strategy will be to develop strong and meaningful international collaborations, linked to our Group International Strategy, enabling us to develop strong clinical and commercial partnerships with global innovators and Sovereign Wealth funders.
 - 2.5 Through successful delivery of the above, the Bristol Group will enhance its reputation as an employer of choice and a centre for professional development, thereby strengthening our ability to attract, develop, and retain high-calibre clinical and non-clinical staff. All 28,000 staff will have the opportunity to be innovators, and we will celebrate and share their achievements through dedicated innovation events and annual awards.

3. Key Themes of the Strategy

The innovation strategy will be set out under four themes:

- 3.1 **Culture & Permission:** fostering an environment where curiosity and innovation is encouraged, supported, and celebrated.
- 3.2 **Framework:** developing clear, accessible processes for idea submission, evaluation and support for clinical effectiveness, including intellectual property, digital, and ethical considerations.
- 3.3 **Prioritisation:** establishing transparent criteria for selecting and supporting innovation projects, focusing on a manageable number of high-impact themes aligned to our joint clinical strategy.
- 3.4 **Benefits Realisation:** defining how success will be measured including patient outcomes, commercial returns, staff engagement.
- 3.5 We will ensure these themes are communicated widely across the Group and to our partners, embedding innovation as a shared priority and engaging all stakeholders in its delivery.

4. Current Position and Achievements

- 4.1 In the past year UHBW and NBT have come together to consider how to accelerate and support innovation across the two Trusts and to collate the innovation activity currently being undertaken, with the aim of gaining intelligence on the barriers to innovation for internal and external entrepreneurs.
- 4.2 There is a breadth of innovative ideas currently in development to address clinical pathway and operational problems, from digital/AI to practical tools.
- 4.3 We have started to assess the innovation landscape across the UK and will continue to engage with successful innovation hubs nationally and internationally to draw on

valuable learning and insight. This will enable us to benchmark our approach, adopt proven best practice, and identify opportunities to collaborate, ensuring that our innovation hub is informed by the most effective models and avoids unnecessary duplication of effort.

- 4.4 UHBW has established an Innovation Support Group to proactively help navigate innovators at any stage of their innovation journey and support innovators to find opportunities to test their innovation within the Trust. This approach will be spread to NBT.
- 4.5 To develop a pipeline of clinical and non-clinical entrepreneurs the innovation infrastructure established over the past year requires progression from a nascent 'cottage industry' approach to a professionalised, strategic, and properly resourced function.

5. Gaps and Requirements

- 5.1 The experience of working with innovators over the last year has highlighted a number of limitations in being able to proactively support and accelerate innovation:
 - Dedicated commercial expertise is essential to ensure that innovation projects are commenced with a strong understanding of market potential, intellectual property, regulatory requirements, and pathways to adoption, maximising return on investment. This will need to be supported by legal advice with commercial expertise.
 - The development of a Group intellectual property policy is needed to provide certainty in individual and Trust rights associated with ownership and the distribution of benefits that may originate from an innovation.
 - The Group innovation strategy and digital strategy must work hand in hand to deliver high quality seamless and sustainable care.
 - There is a lack of a budget code to provide seed funding to innovators where grant funding is not available (this could build on the recent Bright Ideas and Next Big Thing approaches in the Trusts).
 - Supporting all our staff to have the opportunity to innovate requires the provision of protected time. Relying on discretionary effort to deliver innovations that benefit our services risks excluding those without the capacity to contribute additional time.
 - To support our new innovators and those already on their innovation journey we need to provide mentorship and support, and access to high quality training and development in disciplines such as design thinking methodology, sources of funding, market insights, and commercialisation of products.
- 5.2 We currently have a small task group (appendix 1) who have laid the foundations for our innovation work. While this has enabled valuable early progress, their capacity is limited. To achieve the step-change required to accelerate progress and deliver innovation at scale across the Group, we will need to establish a professional innovation support service. This will require investment subject to an approved business case.

6. Benefits realisation

- 6.1 The realisation of benefits from focusing on innovation and investing in capacity to support innovation will be realised in several ways:
 - a) **Supports and enables the delivery of our Strategy**
 - Clinical strategy – continually improve the care we provide, including addressing inequalities
 - Research – translation of research into service delivery

- Anchor in our community – contribute to regional economic growth
- People – enable our staff to develop and thrive

b) **Operational improvements** from the rapid adoption of impactful innovations are expected to include:

- Improved patient experience of care
- Better clinical outcomes
- Increased clinical productivity
- Cost reduction

c) **Additional revenue generation** will be developed in the following areas:

- Grants and private investment
- Commercialisation of innovations

d) **Enhanced reputation** of the Group at regional, national, and international levels:

- Retention and recruitment of talented staff
- Access to additional investment streams
- Enhanced influence – for example, on policy and strategy

e) **Contribution to the UK's broader economic growth strategy**

- Aligned to UK growth strategy
- Improved Group productivity
- Enabling more UK innovations to reach and succeed in the market

6.2 By explicitly linking these benefit areas, we demonstrate how a strengthened reputation, investment, and recruitment reinforce each other, accelerating our progress toward organisational goals and the delivery of better outcomes for our patients and community.

7. Next Steps

7.1 The current small innovation task group will support the Chief Medical and Innovation Officer to develop the Group innovation strategy to the following timeline:

Milestone	Timeline
Group Strategy paper to Board in Common	11th November 2025
Draft Group Strategy produced	Mid November 2025
Engagement in Draft Group Strategy	November 2025 – January 2026
Business Case for Group Innovation to GEM	December 2025
Extend UHBW innovation support group to NBT	January 2026
Board approval of Group Strategy	March 2026
Draft Group Strategy launched	April 2026
Group Innovation Team established	April 2026

8. Recommendations

This report is for **Approval** and **Discussion**.

Board is asked to:

- a) Approve the milestones and timeline to develop the Group strategy for approval by the Group Board of Directors in March 2026.
- b) Discuss and endorse the strategic direction and principles outlined in the document.

Appendix 1: Innovation task group

The following individuals are members of a small task group playing key roles in guiding and supporting the organisation's innovation strategy and initiatives:

Cathy Caple, Deputy Director of Improvement & Innovation, UHBW

Scott Deacon, Clinical Lead for Innovation and Improvement, UHBW

Rosie Gregory, Improvement Partner, UHBW

Tim Keen, Associate Director of Strategy Clinical Strategy and Partnerships, NBT

Sanjoy Shah, Trust Medical Director, NBT



Bristol NHS Group Innovation Strategy 2026-2028

A partnership between: North Bristol NHS Trust, and University Hospitals Bristol and Weston NHS Foundation Trust

DRAFT for discussion

Vision

We're open for innovation

**Redefining healthcare through
bold innovation and collaboration.**

**Igniting Ideas.
Transforming Care.**

We will foster a culture of curiosity and innovation by growing our own talent, adopting great ideas from others, and curating the most promising solutions with purpose and clarity. Through structured support, mentoring and evaluation, we will see innovation through to measurable improvement in care, experience, and outcomes.

Where we are now – internal

Strengths

- 28,000 staff, ca 4 million patient contacts per annum
- Clinical expertise in local and tertiary services
- Data – Secure Data Environment / system wide data set
- Clinical robotics expertise
- Genomics Lab
- 3D centre
- Clinical Research Capacity
- Training environment

Weaknesses

- Limited innovation function
- Complex to navigate and take decisions
- Lack of strategic vision
- Risk averse culture
- No seed funding
- No IP policy
- No commercial function

Where we are now – external

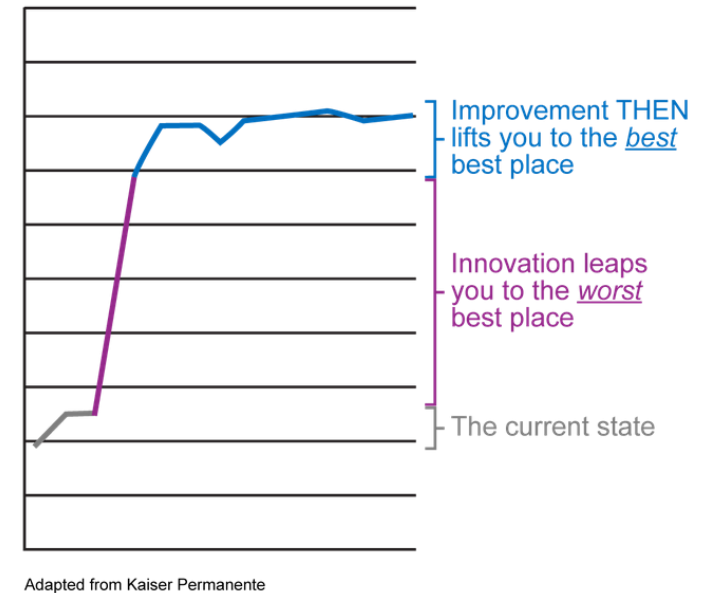
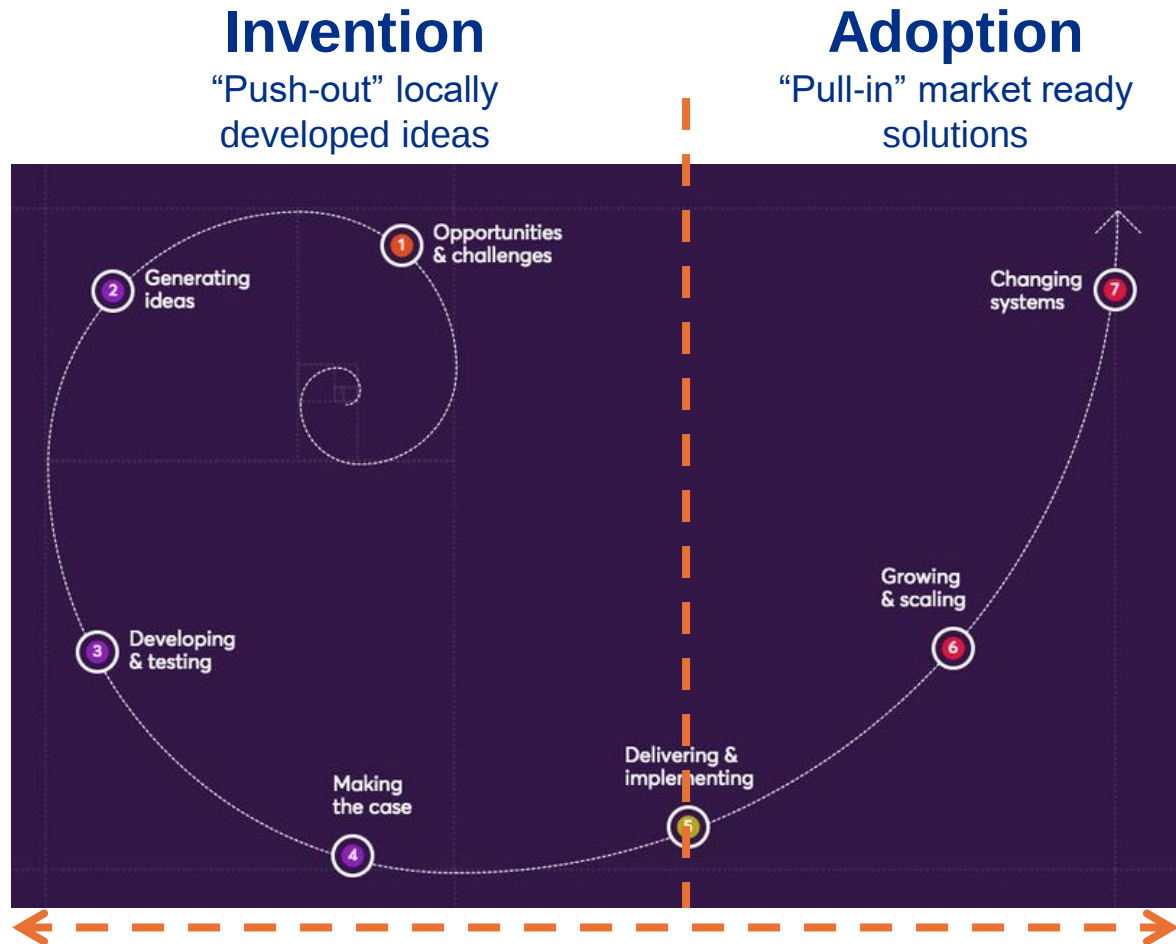
Strengths

- Strong universities with joint posts
 - AI / Robotics
 - Life science
 - Healthcare education and training
- Incubator, accelerator and start up space / support
- Cluster of Health & Med Tech & Life Science start ups
- Diverse population
- Proximity to wider region – Bath, Exeter, Cardiff and London
- Building international collaborations

Weaknesses

- No front door into Group for innovators
- Fragmented partners working in silos
 - Limited infrastructure to coordinate and support life science sector in region
- Low profile of region's capabilities
- Limited pharma manufacturing capabilities
- Limited access to investment in region

Focus areas



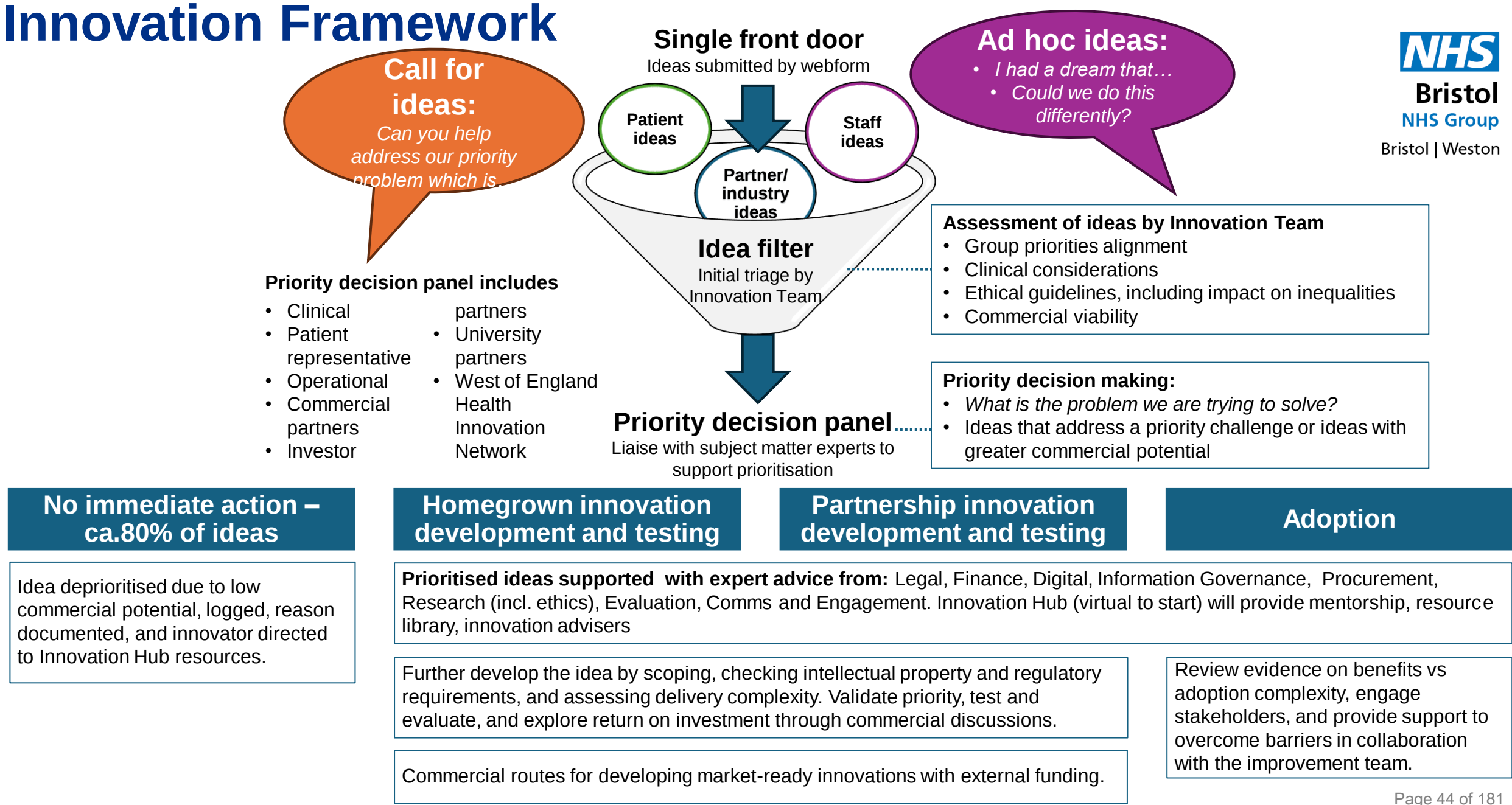
Invention (1-5): Innovation team identifies, develops, tests and evidences new ideas including commercial arrangements and plans for benefits realisation.

Adoption (5-6): Improvement team transforms them into sustainable change through pathway redesign and change management, measuring benefits.

Developing our innovation offer

- What will the BNG 'Dept of Innovation' do?
 - It will reset the organisations appetite for change and foster the **culture** of innovation.
 - We will create the **Innovation Hub**, our front door and shop window, our triage and alignment facility and our portal for expert advice.
 - It will ensure that the most appropriate ideas are **supported** financially and with technical expertise.
 - We will ensure that the **NHS shares in the success** of home-grown invention.
 - It will promote Bristol and Weston as a place to do business in health and life science.

Innovation Framework



Measuring the change

	What will be different?	Benefit	Potential Metrics
Patients	- Improving experience and outcomes through innovation - Patient-led innovations, co-production, patients as partners	- Patient Experience - Clinical outcomes	- PREMs - PROMS / EQ5D / Project specific clinical outcome measures
People	- Empowering staff and building innovation capability - Clear process and guidance for staff, with support from central team - Peer support networks and communities of practice - Recognition and celebration	- Reputation - Staff engagement - Retention and attraction of talent	- Staff survey – recommend Trust to Friends/family - Staff survey engagement score / “I can make improvements in my area of work” - Publications and conferences and awards - IP volume - Number of ideas submitted
Population	- Anchor role, partnerships across Bristol and the South West ecosystem, global partnerships - Addressing health inequalities	- Public engagement in innovation priorities - Addressing inequalities	- Feedback from Public Engagement group - Access times / outcomes for Core20+
Public purse	- Maximising value for money - Income generation through commercialisation and IP development	- Efficiency and productivity of services - Commercial income - Employment in Med Tech, Health Tech and Life Sciences sector	- Clinician/patient time saved, cost reduction - consultancy income, product discounts, share of sales, equity stakes - New jobs created in region, investment into region, grants secured

Milestones

Milestone	Timeline
Group Innovation Strategy paper to Board in Common	11th November 2025
Draft Group Strategy produced	Mid November 2025
Engagement in Draft Group Innovation Strategy	November, December, January
Business Case for Group Innovation to GEM	December 2025
Make Innovation a Group Function	January 2026
Board approval of Group Innovation Strategy	March 2026
Group Innovation Strategy launch	April 2026
Group Innovation Team established	April 2026

Report To:	Public Group Board Meeting		
Date of Meeting:	11 November 2025		
Report Title:	Group Anti-Racism Approach and Model		
Report Author:	Caroline Hartley, Associate Director of Culture and Staff Experience Sam Chapman, Associate Director of OD and Wellbeing		
Report Sponsor:	Jenny Lewis, Group Chief People and Culture Officer		
Purpose of the report:	Approval	Discussion	Information
		X	
	The purpose of this report is to share with the Board, for discussion, our proposed approach to anti-racism supporting our ambition to be an anti-racist Hospital Group.		
Key Points to Note (Including any previous decisions taken)			
In August 2024 there was an NBT/UHBW Board-to-Board agreement to facilitate joint work on anti-racism. This led to the development of joint anti-Racism action plan in November 2024, with some immediate and short-term deliverables. It was agreed that a key output from this Plan would be the development of a joint anti-racism strategic framework which would describe the model and approach we wished to take going forward, which would frame our work in this area. Our recommended approach is set out in this paper and the accompanying slides.			
Strategic and Group Model Alignment			
This report and its recommendations align with our strategic aim to be an anti-racist organisation and to be a role model for best practice as a lead employer in the South-West. This paper positively impacts the 4Ps. By taking actions to become an anti-racist Hospital Group, we will provide a more compassionate and inclusive environment for both our patients and our people. This will impact positively on the local population and the diverse communities we serve. Being anti-racist has the potential to save money through reduced turnover, sickness absence, litigation and loss of productivity – all of which can result if we do not treat our staff and patients in a way that is fair, equitable, compassionate and free from racial discrimination.			
Risks and Opportunities			
There is the opportunity to lead the way on anti-racism in the South-West by developing a truly transformational approach to this issue. In doing this there is also the opportunity to engage further with our staff as well as local and external partners and stakeholders, building a programme of work which embeds long-term, positive and sustainable change.			
Recommendation			
This report is for Discussion The Board is asked to: 1. Discuss and support our proposed approach to anti-racism as a Hospital Group 2. Discuss the use of the R.A.C.E Model, underpinned by the golden thread of Trauma Informed practice.			

3. Support the plan of work for next 6 months	
4. Discuss our over-arching anti-racism aim: <i>To eradicate racism within our organisations.</i>	
History of the paper (details of where paper has <u>previously</u> been received)	
Trust Management Teams	29 th October 2025
Group Executive Meeting	5 th November 2025
Appendices:	Appendix 1: Joint Approach to Anti-racism across the Hospital Group

1. Purpose

- 1.1 The purpose of this report is to share with the Board, for discussion, our proposed approach to anti-racism, supporting our ambition to be an anti-racist Hospital Group.

2. Background

- 2.1 In August 2024 there was an NBT and UHBW Board-to-Board agreement to facilitate joint work between our two organisations on anti-racism. This led to the development of joint anti-Racism action plan in November 2024.
- 2.2 It was agreed that a key output from this Plan would be the development of a joint anti-racism framework which would describe the model and approach we wished to take and which would frame our work in this area. It is this approach which is set out in this paper.
- 2.3 It should be noted that the anti-racism work to date, and this proposed programme of work sits within each organisation's over-arching equality and cultural improvement plans. While there may be some synergies with other work in this space, particularly when we consider intersectionality, anti-racism is recognised as a distinct and standalone work programme.

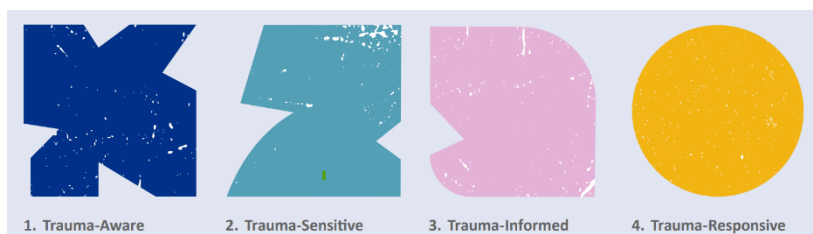
3. Proposed approach and model

- 3.1 Our guiding principles (slide 15) reflect what we have heard from our staff. Our suggested aim is ambitious: *To eradicate racism within our organisations.*
- 3.2 When considering how to frame this work and which anti-racism model might be most appropriate, we researched the approach of other organisations and partners, and found there to be clear similarities in terms of the steps which could help us achieve our aim.
- 3.3 From the options considered, it was agreed to use the 4-step R.A.C.E model developed by Shereen Daniels, (*'The Anti-racist Organisation'*). The Four-factor RACE Model provides a structured anti-racism framework focusing on:
 - (1) Rationale - clarifying the purpose and ethical basis for anti-racist action.
 - (2) Actions - explicit, practical steps to reduce racism across policy, practice, and relationships.
 - (3) Context - recognizing historical, social, and institutional environments that shape racism; and
 - (4) Evaluation - systematic assessment of outcomes and impact to ensure accountability and continuous improvement.
- 3.4 This aligns with and builds on the learning and approach which underpinned the anti-racism training provided by Black Maternity Matters (BMM), across both our Trusts over the last 2 years. It also offers the potential to continue working with our partners from BMM and Health Innovation West of England and engage with the BMM Community of Practice.

- 3.5 Underpinning the R.A.C.E model approach we propose to take a trauma-informed approach to this work. This means that we will be working to the trauma informed principles of safety, trustworthiness and transparency, choice and clarity, collaboration and empowerment.
- 3.6 Experiences of trauma and adversity can have a profound and wide-reaching impact on the lives of individuals, families and communities. These experiences can influence people's interactions and how they interpret the world and their surroundings. Trauma-informed practice helps us understand and therefore better respond to the wider impact of discrimination, exclusion and power imbalances on people and communities.

It is an approach to care, communication and relationships that recognises how stress, adversity and trauma (past or present) can affect people's wellbeing and actions. Being trauma-informed can help us meet our pro-equity and anti-racist commitments for patients, families, and colleagues.

Trauma informed practice has 4 steps as follows:



- **Trauma Aware**
Recognise that trauma is widespread and can affect anyone. Begin to understand its impact on individuals, teams, and systems, and acknowledge the need for a compassionate approach.
- **Trauma Sensitive**
Notice signs of trauma and adapt interactions to reduce distress. Prioritise emotional safety, respect, and trust in everyday practice.
- **Trauma Informed**
Embed trauma understanding into organisational policies, procedures, and culture. Ensure systems promote empowerment, choice, and collaboration.
- **Trauma Responsive**
Take proactive steps to prevent re-traumatisation. Design services and environments that support healing, resilience, and equity.

- 3.7 We will measure the success of taking a trauma-informed approach through:

- The feedback from our colleagues in the staff survey, including our WDES and WRES indicators
- The collective engagement and ownership with our plans at a local level
- The participation and involvement of our networks
- Building on our listening events to create safer spaces for colleagues to share their experiences and for us to learn and grow together.

4. Summary and Recommendations

- 4.1 It is recommended that the Board **discuss** the approach outlined above, and specifically:
- Their commitment and support of our anti-racism approach
 - The use of the R.A.C.E Model, underpinned by Trauma Informed Practice.
 - The plan of work for next 6 months.
 - Our over-arching anti-racism aim: *To eradicate racism within our organisations*

Pre-reading: Our journey so far

Pre-reading summary

- NBT and UHBW work pre-April 2025
- Joint work April 2025 – September 2025
- Data Update WRES and WDES
- Listening event updates
- BNSSG Trauma Informed Approach

NBT'S ANTI-RACISM JOURNEY

Autumn/winter 2023

- 3-year EDI Plan developed
- Positive Action in Recruitment launched
- 2nd Cohort of Accelerate Positive Action Training programme

Spring 2024

- Board Development sessions (Diverse Matters)
- Diverse Recruitment panels launched
- Board objectives: Increase no. global majority staff at 8A/above; anti-racism training; quality appraisals for global majority staff

Summer 2024

- Racial Equity Psychologist appointed
- Anti-racism training partners identified and training commissioned
- NBT all staff on-line event in response to protests

Autumn/winter 2024

- Roger Kline speaks at SLG
- Anti-racism training commenced
- Quarterly '*Too hot to handle*' (R Kline) deep dive sessions established (HR/TUs)

Spring 2025

- DRPs embedded into Divisions
- Anti-racism listening events with staff
- Anti-racism reflective spaces established
- Violence and Aggression SOP work commenced

Summer 2025

- Anti-racism pledge developed from listening events
- Anti-racism training evaluation
- Development of joint anti-racism framework
- Living our Values programme launched

Autumn 2025

- Black History Month celebrations
- Launch of revised SOP, inc. new resources and scripts to help staff respond to racist events
- Launch of new, Anti-racism Peer Supporter Pathway and role

Proposed Winter 2025

- Actions arising from 2025 WRES reporting (joint with UHBW)
- Continue Reflective spaces
- Establish Anti-racism Steering Group
- Commission training for Group Exec Team

UHBW's Anti-racism and Pro-equity Journey

2022 November 2023

- Board and SLT development on Racism with Eden Charles
- Respecting Everyone approach and toolkits developed to support colleagues

Spring 2024

- Board signed off pro-equity approach
- 2024-25 EDI Strategic Plan launched
- Full hearted care communication strategy launched

Summer 2024

- Divisional pro-equity breakthrough objectives agreed
- Launched pro-Equity communication and engagement plan
- Produced our annual Equality Report

Autumn/winter 2024

- Anti-racism and anti-ableism listening events.
- Co-production and launch of anti-racism statement.
- Launch of Pro-equity advocates
- Inclusive Teaching in Practice (ITP) Project launch

Spring 2025

- Pro-equity assurance group and 5 pro-equity subgroups established.
- Co-creation and launch of 2-year pro-equity action plan based on colleague lived experience of racism, ableism and sexual safety.
- Reframe diverse images project launched

Summer 2025

- ITP Anti-racism train the trainer programme with Dr Toyin Agbetu
- Launch of ITP implicit Bias and Intercultural communication training on Kallidus
- Development of joint anti-racism framework with NBT
- Produced annual DEI Data report

Autumn 2025

- Launch of 'Introduction to Pro-equity' and 'Introduction to trauma-informed approach' e-learning.
- Black History Month celebrations – launch of Global Majority Hall of Fame.
- Co-creation of 'introduction to anti-racism' e-learning with community partners and REIN Staff Network.

Proposed Winter 2025

- Launch of 'introduction to anti-racism' e-learning.
- Design in-person anti-racism training for teams (on hold)

A reminder – key elements of our joint anti-racism framework

Joint work agreement

- NBT & UHBW Board-to-board agreement to facilitate joint work between on anti-racism – August 2024.
- Development of Joint Anti Racism Action Plan November 2024.

**Develop an anti-racist
hospital group statement**

**Co-creating our anti-
racism approach &
framework**

**Racism from patients:
lined up process across
both organisations**

**Develop a single
approach to allyship**

**Consistent and equitable
anti-racism training offer
across the group /
system.**

The next 6 months: EDI Lead Collaboration

NBT

UHBW

Joint
work

Activity	Apr	May	Jun	Jul	Aug	Sep - Nov
Statement and Action Plan	Listening events being held				Outputs from listening and training drawn together in summer to make recommendation on framework (Board decision required)	Present joint anti-racism approach and framework to Group Executive and Board for approval
	Pro-Equity action plan launch. Anti-racism statement externally launched		Living our Values Launch			
Anti-racism Training	Training pilot concludes	Evaluate, summarise and draw outputs to make an action plan.		Compare anti-racism training offer to determine whether we take the same approach across both trusts or an equitable approach across both Trusts		
	E-learning training pilot	Anti-racism train the trainer course ends				

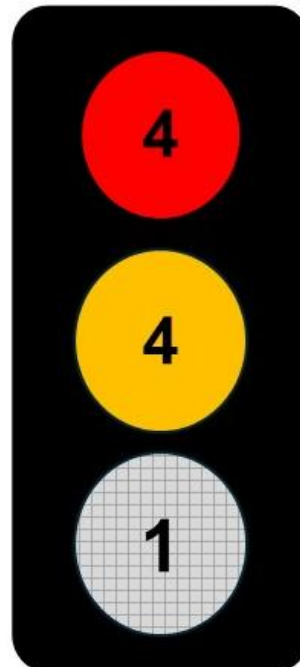
Page 56 of 181

Our current Workforce Race Equality Standard position

We have applied a methodology to measure the gap in experience of colleagues from these protected groups which is essentially our DEI 'hotspots.' This data is presented as red, amber, or non-priority and positioned as 'areas of focus' rather than better/worse or the year-on-year comparison which limits the meaning of the data and how we translate this into action.

WRES Summary

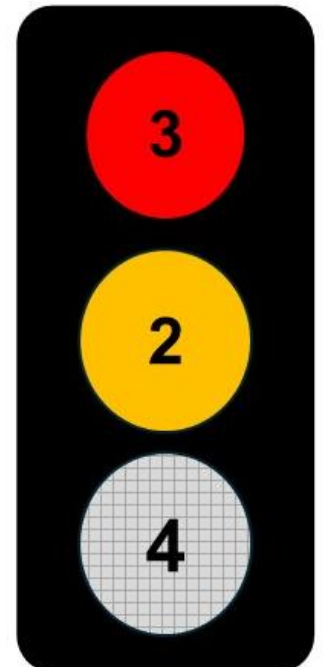
UHBW



Shared Red Priorities

- Applicants being appointed from shortlisting.
- Career progression or promotion.
- Experiencing discrimination.

NBT



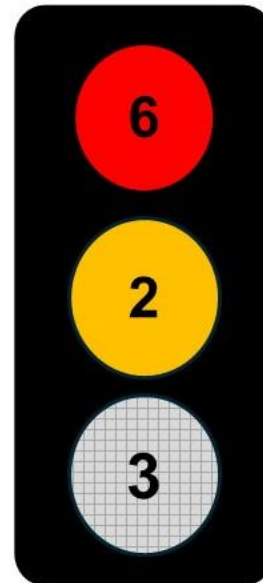
Group people committee have approved and agreed DEI must be broader than anti-racism

Agreed group priorities

- Addressing institutional ableism across both Trusts.
- Career progression and Promotion of minoritised colleagues.
- Aligning organisational reporting styles.

WDES Summary

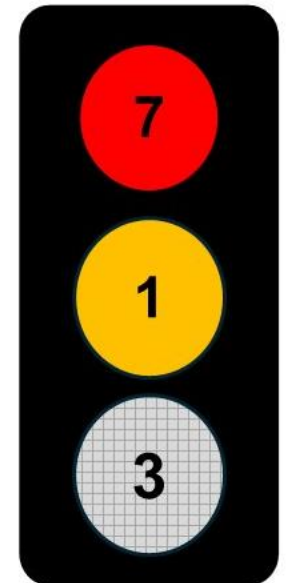
UHBW



Shared Red Priorities

- Representation.
- Harassment, bullying or abuse.
- Career progression or promotion.
- Come to work when not well enough to.
- Organisation values their work.
- Staff engagement score.

NBT



Listening events at NBT

Numbers = total incidents times that theme came up at the listening events.

What does Anti-Racism mean to you?

Inclusive culture and open communication	84
Addressing bias in society, systems and ourselves	52
Training, education & tools	38
Actively challenging racism, not passive	36
Safe reporting & clear processes for addressing concerns	18

What should anti-racism look like at NBT?

Safe reporting & clear processes for addressing concerns	94
Inclusive culture and open communication	79
Training, education & tools	69
Leadership and accountability	36
Patient interactions and public messaging	33
Supportive allyship and mentoring	33

What support do you and your colleagues need?

Training, education & tools	54
Support structures and safe spaces	48
Safe reporting & clear processes for addressing concerns	41
Inclusive culture and open communication	36
Leadership and accountability	22

UHBW Anti-Racism Listening Events Themes

Numbers = total incidents times that theme came up at the listening events.

What does Anti-Racism Mean to you?

Having Intent, taking this seriously, not just providing lip service	31
Acknowledging racism exists in the trust	28
Taking action and being pro-active rather than just non-racist	27
Being a unified community within society	21
White allyship and ownership	17
Seeing people equally and treating them with equity	17

What should we do to tackle racism?

Training and development	102
Understanding cultural differences	72
Reporting racism	63
Supporting colleagues experiencing racism	60
Recruitment practices	60
Speaking up	44
Manager accountability and engagement	32

These priorities made [UHBW’s Anti-racism Community Commitment](#)

These priorities, along with the outcomes from the anti-ableism and sexual safety listening events made the [UHBW Pro-equity Action Plan](#)

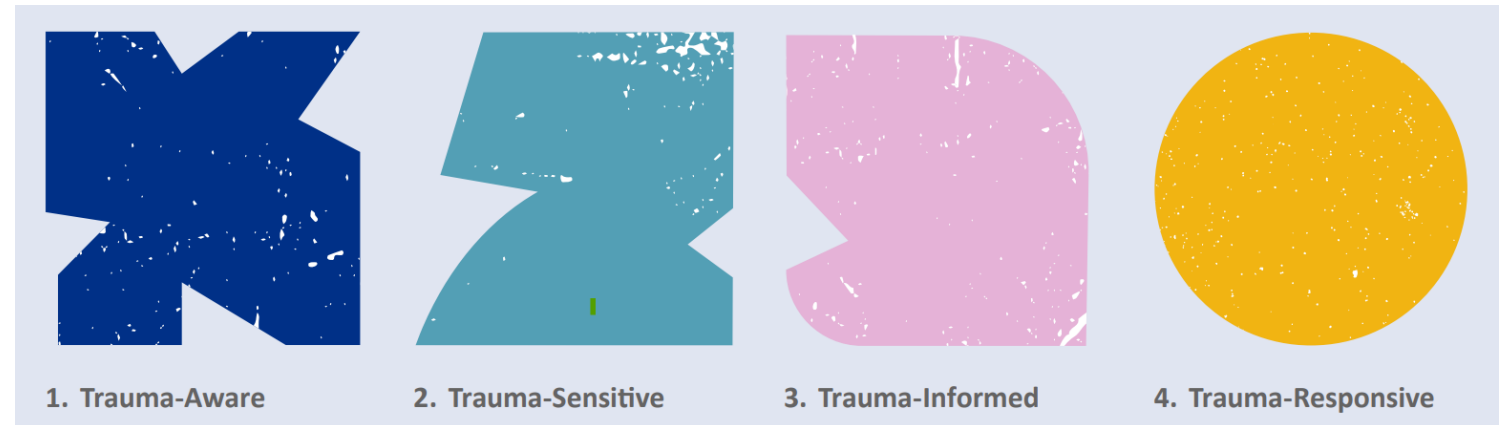
The golden thread - our Trauma Informed Approach BNSSG

You cannot have compassionate and personalised care without being Trauma Informed, and you cannot be Trauma Informed without taking a compassionate and personalised approach to care, policy and leadership.

As Trusts we have signed up to the Bristol, North Somerset & South Gloucestershire **Trauma-Informed Practice Framework**.

BNSSG, Black Maternity Matters, UHBW (including the Pro-equity approach) and NBT are applying this model.

Trauma Informed Practice Framework



Trauma Informed Practice Principles





Update to the Board on our Joint Anti-racism Approach

April – October 2025

NBT: Caroline Hartley and Adrian Brown; UHBW: Sam Chapman and Frances Bathurst

A partnership between: North Bristol NHS Trust, and University Hospitals Bristol and Weston NHS Foundation Trust

Reminder of pre-reading

- NBT and UHBW work pre-April 2025
- Joint work April 2025 – September 2025
- Data Update WRES and WDES
- Listening event updates
- BNSSG Trauma Informed Approach

Where we are culturally

Doing the same things but in different ways:

- Living Our Values and Pro-equity.
- See anti-racism as a standalone programme that is embedded into wider DEI and OD work.

NBT

- Covert racism between colleagues
- Apathy “why should I share my story, nothing will change”
- Majority of racism in Trust comes from patients to staff, generally from an older demographic.

UHBW

- Overt racism and ableism
- Frustration and anger “how many times do we have to share our stories to make change?”
- Cultural differences between Weston and Bristol (previous merger)

Our guiding principles

From colleague voice

- Acknowledge that racism exists in our organisations and causes harm.
- Moving from tokenistic and performative action to transformational cultural change.
- This can't be lip service – we must act, and colleagues must see change
- Adopting trauma informed practice as our common approach.
- Understanding that being anti-racist is a collective responsibility.
- Recognition that this is the beginning of our anti-racism journey as an organisation.
- Developing a culture that celebrates difference, where everyone truly belongs.

Aim: To eradicate racism within our organisations.

Developing our approach

- Shereen Daniels: The Four-factor Race Model (SD)
- BNSSG Trauma Informed Practice Framework (TI)
- Nursing and Midwifery Council anti-racism resource framework (NMC)
- North West Black, Asian and Minority Ethnic Assembly Anti-Racist Framework (NWA)
- NHS Confederation (NHSC)

Recognition that there are similarities across all approaches.

Stage 1:

Recognise the problem (SD)
Trauma-aware (TI)
Challenging racism (NMC)
Fear (NWA)
Commit (NHSC)

Stage 2:

Analyse impact of racism (SD)
Trauma-sensitive (TI)
Caring and belonging (NMC)
Learning (NWA)
Understand (NHSC)

Potential Anti-Racism Frameworks

Stage 3:

Commit to action (SD)
Trauma-informed (TI)
Challenging leadership (NMC)
Growth (NWA)
Act (NHSC)

Stage 4:

Empower for change (SD)
Trauma-responsive (TI)
Authentic inclusion (NMC)

The Four-factor RACE Model, our chosen anti-racism model

Recognise the problem

Take the time to understand the issues in the organisation and what we are trying to fix. Recognise that we can't resolve something if we are not willing to talk about it.

Analyse the impact

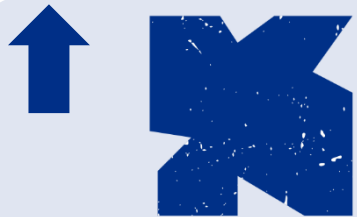
Recognise that systemic racism manifests differently for every person, system or organisation. Conduct qualitative and quantitative data analysis. Centre the voices of those affected and repeat.

Commit to action

Develop a strategy, incorporated into organisational objectives and values, where everyone in the organisation holds accountability for its success.

Empower for change

Empower all colleagues to understand their role in this journey and create safe spaces for education and learning where they can practice new behaviours and explore their discomfort without perpetuating further trauma through ignorance or fear.



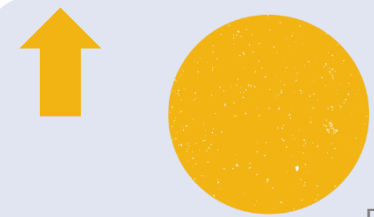
Trauma-Aware



Trauma-Sensitive

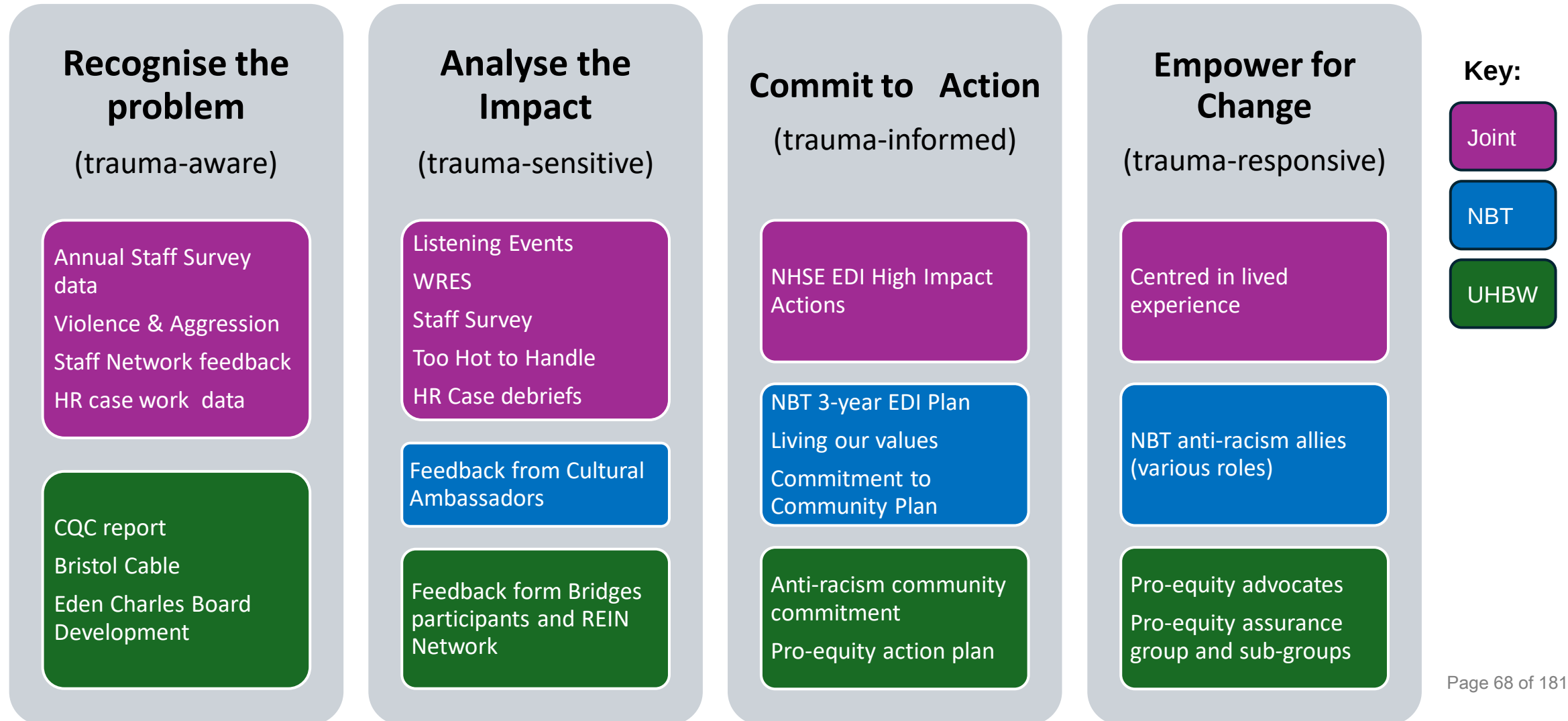


Trauma-Informed



Trauma-Responsive

RACE Model early mapping



Likely areas of focus aligned to Model

This will be determined by the research and learning stages of our work

Activity	Early thinking and work currently underway	Drivers
Single approach to allyship and safe community spaces.	- Expansion of EDI advocate/champion roles across the hospital group. - Review of Cultural Ambassador and Diverse Recruitment Panel programmes. - Consistent approach to Staff Equality Networks.	Board-to-board objectives
Addressing racism from patients.	- Joint Standard Operating Procedures for Violence & Aggression. - Communications campaign directed at patients and members of the public.	Board-to-board objectives
Joint anti-racism training and education programme.	- Develop 2 distinct training programmes and educational resources, one based on all staff and the other on leaders, managers and those in support roles. - The training will likely adopt a modular approach from different partners including, in-house, UWE, NHSE and Black Maternity Matters.	Board-to-board objectives
Raising and reporting racism.	- Clearer reporting guidance for staff. - Integration of RADAR / DATIX	Listening event
Supporting colleagues affected by racism.	Development and expansion of racial trauma peer support pathway.	Listening event
Leadership and accountability.	- Board visibility and ownership of plan. - Embedding inclusive decision making. - Training and development of leaders in anti-racism as standard, with Executive Team a priority.	Listening event
Recruitment and career progression.	- Development of inclusive recruitment practices for all recruiting managers. - Embed diverse recruitment panels as standard. - Addressing disparity ratio and ethnicity pay gap. - Development of positive action programmes (Accelerate & Bridges) - Improving quality of appraisals.	Listening event

Proposed joint next steps

Anti-racism project	September '25	October '25	November '25	December '25	January '26	February '26	March '26
Group anti-racism training and education offer	Anti-racism and anti-ableism e-learning created by UHBW: explore embedding as part of the Group training.						
	Exploratory phase – design anti-racism training and education framework including in-person learning. Commission anti-racism training for Group Executive Team				Business case, procurement and launch. Explore growing Black Maternity Matters community of practice across the group.		
Aligning best practice	Take NBT priorities from listening events and identify areas for collaboration.			Align anti-racism practices in 3 areas: Recruitment, Learning and development and HR. Embed System approach to racism (inc. leadership competency)			
Governance and allyship	Identify and map multiple touch points where anti-racism allies and pro-equity advocates can feed into existing governance. Explore lived experience consultancy / working assurance / challenge group.				Work with key stakeholders, those with lived experience and external partners to determine single approach to DEI, taking learnings from Pro-equity and Living Our Values programmes.		

Our next steps

- Actions for the Committee:
 - Agree proposed RACE Model supported with the Golden Thread of Trauma Informed practice.
 - Agree Board and Committee commitment to anti-racism.
 - Support plan of work for next 6 months.
 - Agree our anti-racism aim: *‘To eradicate racism within our organisations’*

Report To:	Public Group Board Meeting		
Date of Meeting:	11 November 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) Emma Harley, Head of Strategic Workforce Planning, Laura Brown, Head of HR Information Services (HRIS) Kate Herrick, Head of Finance	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:	Responsiveness - Emilie Perry, Trust, Chief Operating Officer Quality – Sarah Dodds, Trust Director of Nursing, Becky Maxwell Trust Medical Director Our People – Alex Nestor, Trust Director of People Finance – Jeremy Spearing, Trust Director of Finance	Responsiveness – Nicholas Smith, Trust Chief Operating Officer Quality - Mark Goninon, Trust Director of Nursing, Sanjoy Shah, Trust Medical Director Our People – Sarah Margetts, Interim Director of People Finance – Elizabeth Poskitt, Trust Director of Finance	
Purpose of the report:	Approval	Discussion	Information
			X
	To provide an overview of NBT and UHBW's performance across Urgent and Planned Care, Quality, Workforce and Finance domains.		
Key Points to Note <i>(Including any previous decisions taken)</i>			
This report provides an overview of NBT and UHBW's performance across Urgent and Planned Care, Quality, Workforce and Finance domains.			
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)			
N/A		N/A	
Appendices:	Appendix 1: NBT PQSM Appendix 2: UHBW PQSM		

Integrated Quality and Performance Report

Month of Publication November 2025
Data up to September 2025

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

Responsive	Scorecards	9
UEC – Emergency Department Metrics	Summary	11
UEC – Ambulance Handover Delays	Summary	15
UEC – No Criteria to Reside	Summary	18
Planned Care – Referral to Treatment	Summary	19
Planned Care – Diagnostics	Summary	22
Planned Care – Cancer Metrics	Summary	23
Planned Care – Last Minute Cancellations	Summary	25
Stroke Performance (NBT)	Summary	26

Quality	Scorecard	28
Pressure Injuries	Summary	30
Infection Control	Summary	31
Falls	Summary	33
Medication Incidents	Summary	35
VTE Risk Assessment	Summary	36
Neck of Femur	Summary	37
Complaints	Summary	39

Our People	Scorecard	40
Retention	Summary	41
Vacancies	Summary	42
Sickness Absence	Summary	43
Essential Training	Summary	44

Finance		45
Assurance and Variation Icons	Detailed Description	52

Key to KPI Variation and Assurance Icons

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

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

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

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

Further Reading / Other Resources

The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes 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%			Escalation Summary

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

The actual performance for the most recent month.

The actual performance for the previous month.

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

Business Rules and Actions

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

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

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

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

Executive Summary – Group Update

Responsiveness

Urgent Care

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

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

Elective Care

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

Diagnostics

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

Cancer Wait Time Standards

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

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

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

Executive Summary – Group Update

Quality

Patient Safety

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

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

Falls per 1000 bed days remains below the UHBW target at 4.33. There were seven falls with moderate harm in September 2025, this is higher than the previous month (1). Details of action being taken is provided on the relevant slide.

For NBT an increasing trend in pressure injuries has been identified with a 68% increase in Grade 2s compared to same period in 24/25 and one Grade 4. The Tissue Viability Steering Group (TVSG) has convened to discuss current challenges and implement strategies for improvement.

Since the launch of Careflow Medicines Management (CMM) at UHBW in summer 2025, the VTE risk assessment completion is slowly increasing to 82.8% in September. For NBT VTE risk assessment stands at 90.7% and this is anticipated to improve with CMM now live across Brunel, Elgar, and Rosa Burden and Women & Children's locations.

Patient & Carer Experience

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

Executive Summary – Group Update

Our People

Please note the following variance in metric definitions:

Turnover – NBT report turnover for Permanent and Fixed Term staff (excluding resident Drs) whereas UHBW calculate turnover based on Permanent leavers only

Staff in Post – NBT source this data from ESR and UHBW source this data from the ledger. Vacancy is calculated by deducting staff in post from the funded establishment. Work is in progress to move towards aligned metrics and where appropriate targets in common.

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

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

Vacancy Rate

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

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

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

Essential Training

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

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

Executive Summary – Group Update

Finance

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

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

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

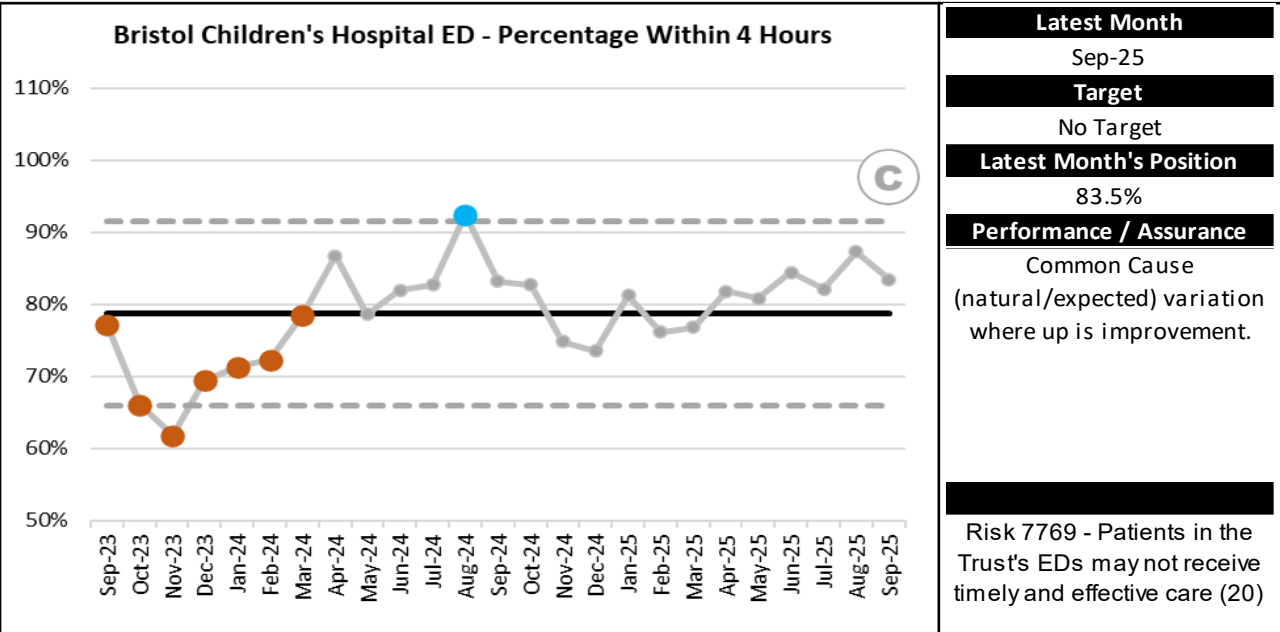
Pay expenditure in UHBW is £1.4m adverse to plan in month. This is driven by staffing exceeding budgeted establishments, particularly across nursing budgets due to escalation and enhanced care plus additional medical costs. The position is marginally offset by higher than planned pay savings.

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

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

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

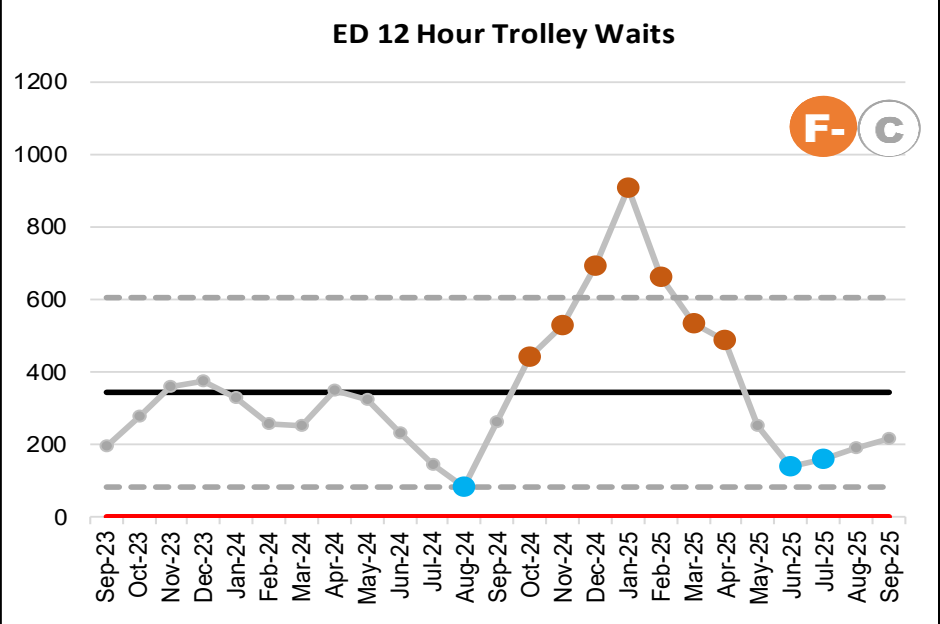
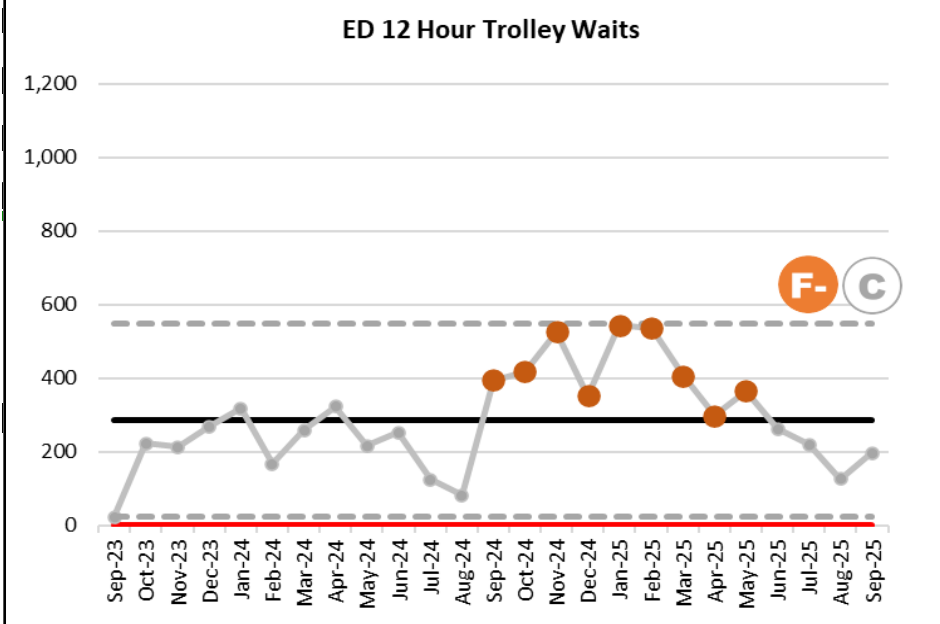
Assurance						Variation			
					No icon				
Consistently Passing Target	Meeting or Passing Target	Passing and Falling Short of Target	Falling Short of Target	Consistently Falling Short of Target	No Specified Target	Improving Variation		Common Cause (natural) Variation	Concerning Variation



Responsiveness

UEC – Emergency Department Metrics

Latest Month
Sep-25
Target
0
Latest Month's Position
197
Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



Latest Month
Sep-25
Target
0
Latest Month's Position
213
Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration.
Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20) Risk 2614 - Risk that patient care and experience is affected due to being cared for in extra capacity locations

What does the data tell us?

The number of 12 hour trolley waits increased compared to the previous month to 197.

Actions being taken to improve

See previous slides – all actions are relevant to 12-hour DTA reduction.

Impact on forecast

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

What does the data tell us?

The number of 12 Hour trolley waits increased slightly throughout September to 213 compared to 188 in August.

Actions being taken to improve

Note actions from previous two slides

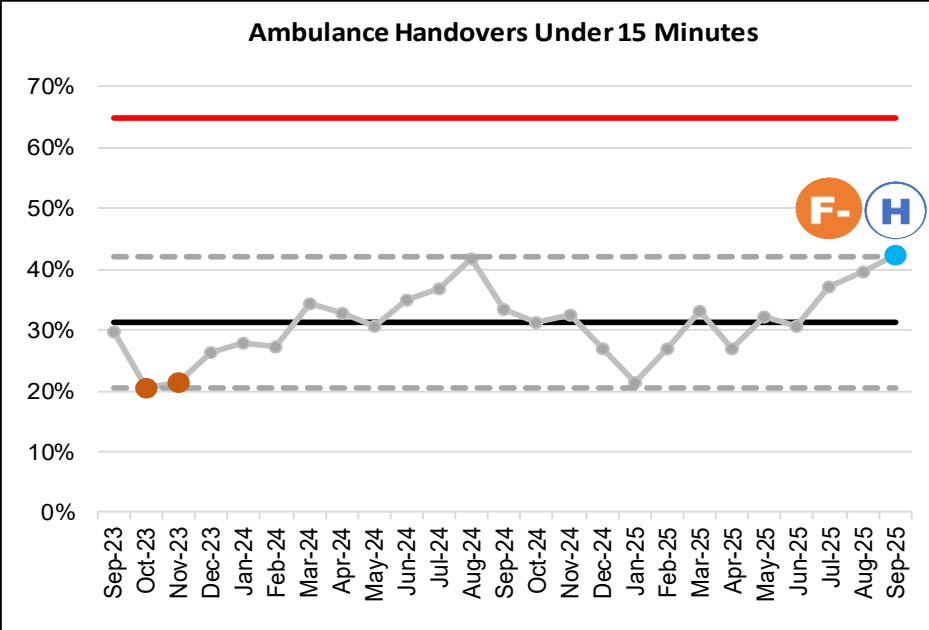
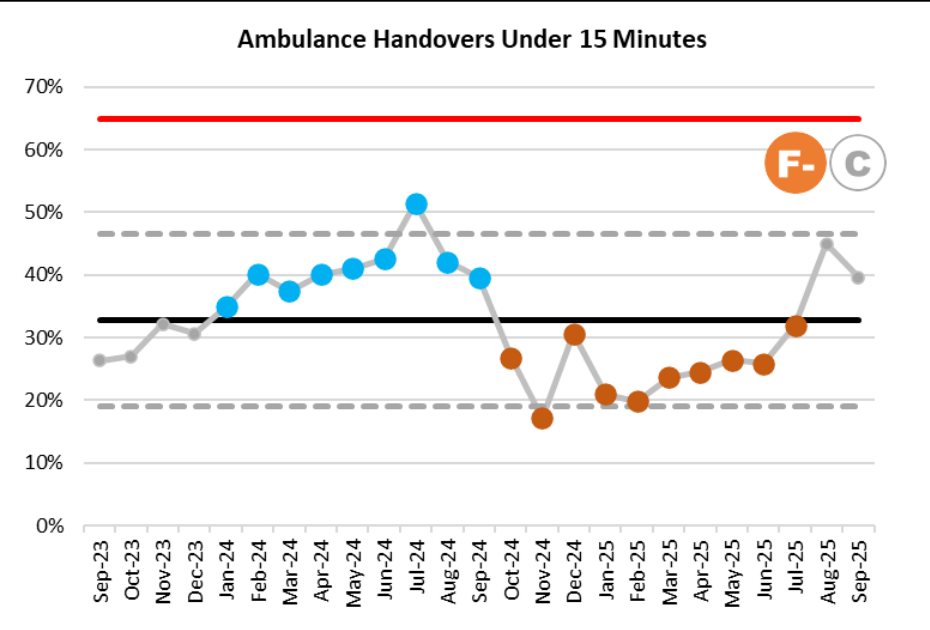
Impact on forecast

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

Responsiveness

UEC – Ambulance Handover Delays

Latest Month
Sep-25
Target
65.0%
Latest Month's Position
39.6%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



Latest Month
Sep-25
Target
65.0%
Latest Month's Position
42.5%
Performance / Assurance
Special Cause Improving Variation High, where up is improvement but target is greater than upper limit.
Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?

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

Actions being taken to improve

Our daily validation process for ambulance handover shows the key areas of focus as follows:

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

Impact on forecast

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

What does the data tell us?

Ambulance handovers within 15 mins have improved across UHBW throughout September at 42.5% compared to August at 39.5%. Notable improvement observed at WGH from 33% to 45%

Actions being taken to improve

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

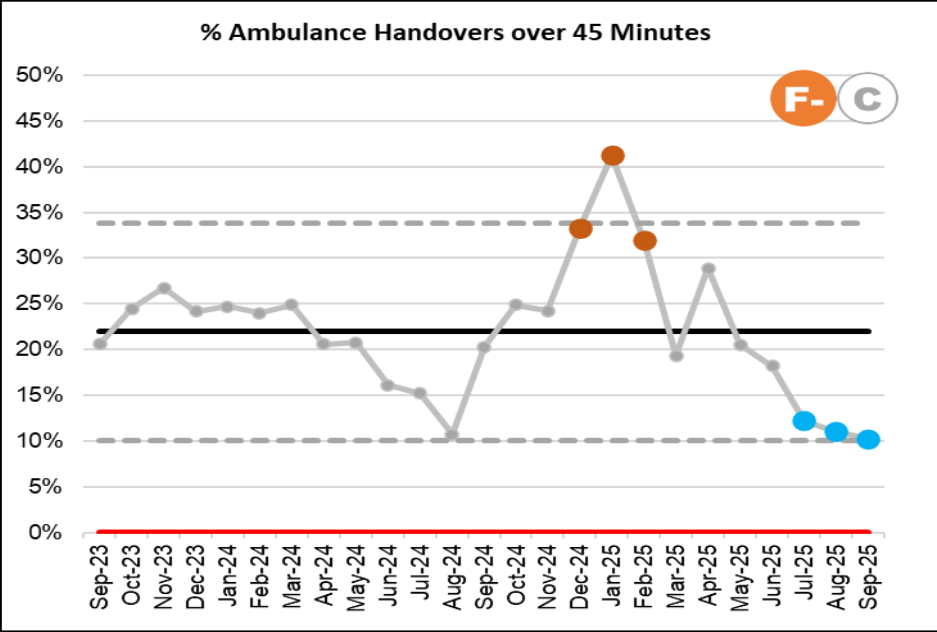
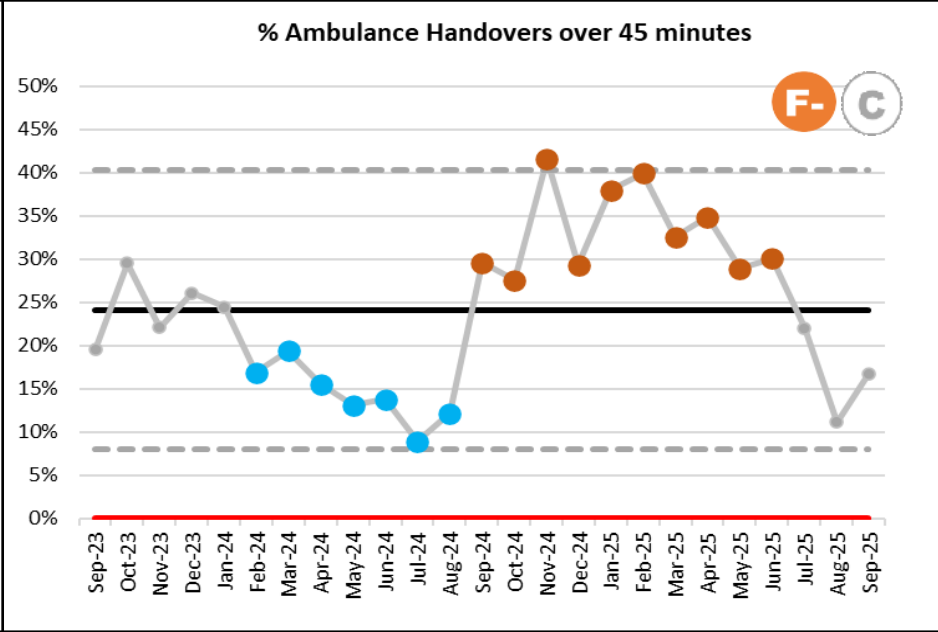
Impact on forecast

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

Responsiveness

UEC – Ambulance Handover Delays

Latest Month
Sep-25
Target
0.0%
Latest Month's Position
16.7%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



Latest Month
Sep-25
Target
0%
Latest Month's Position
10.3%
Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration.
Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?

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

Actions being taken to improve

There are two main areas of focus to further reduce handovers over 45 minutes:

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

Impact on forecast

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

What does the data tell us?

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

Actions being taken to improve

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

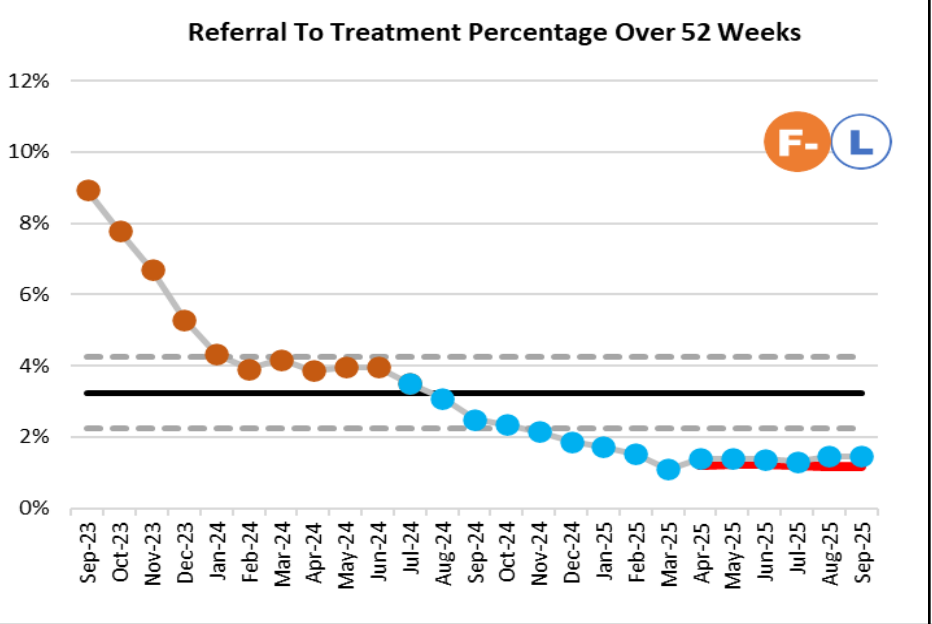
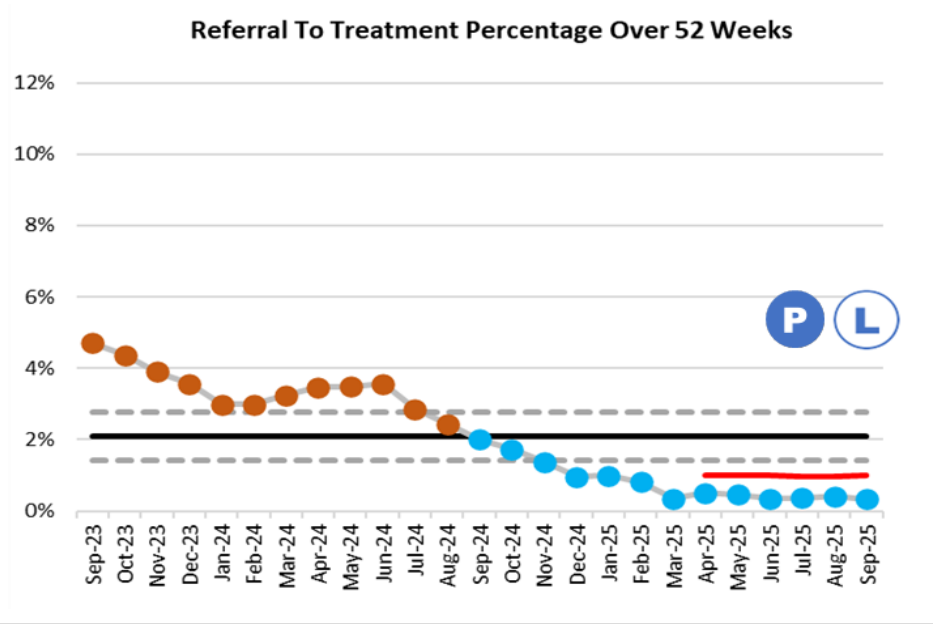
Impact on forecast

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

Responsiveness

Planned Care – Referral to Treatment (RTT)

Latest Month
Sep-25
Target
1.0%
Latest Month's Position
0.3%
Performance / Assurance
Special Cause
Improving Variation
Low, where down is improvement but target is less than lower limit
Corporate Risk
No Trust Level Risk



Latest Month
Sep-25
Target
1.2%
Latest Month's Position
1.5%
Performance / Assurance
Special Cause Improving Variation where Down is Improvement, but target is less than lower limit
Corporate Risk
Risk 801 - Elements of the NHS Oversight Framework are not met (12)

No narrative required as per business rules

What does the data tell us?

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

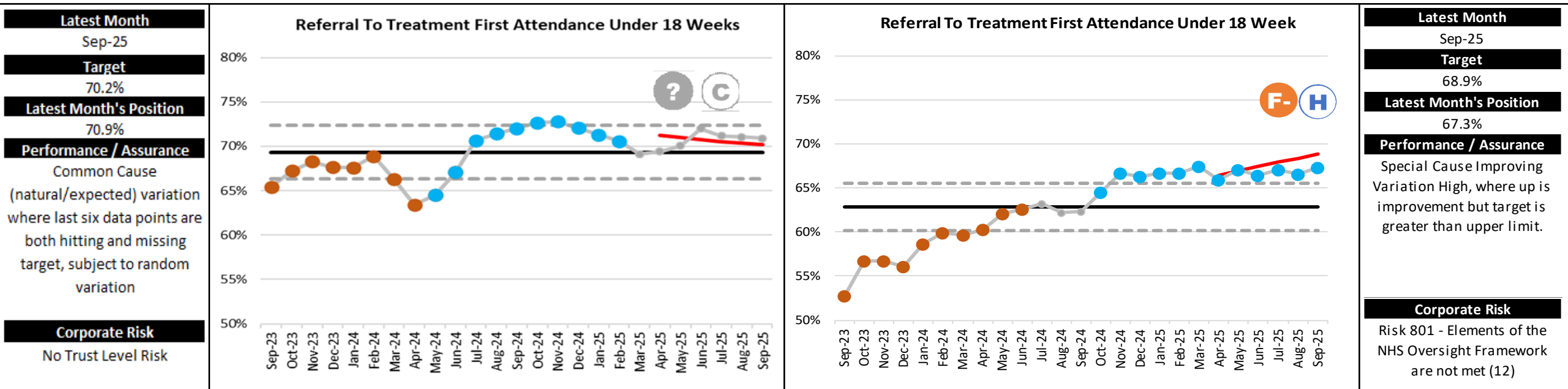
Actions being taken to improve

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

Impact on forecast

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

The End of Year Target for this measure is 0.9%



What does the data tell us? At the end of September, the percentage of patients waiting less than 18 weeks for their first appointment was 70.9%, performing better than the trajectory of 70.2% set as part of the Trust operational planning submission (target of 78% by March 2026) Actions being taken to improve Actions align with previous slide, noting the focus on divisions booking patients earlier to ensure the first attendance is undertaken as soon as possible. This also includes 'booking in order' where clinically appropriate, utilisation of available clinic slots to see a greater number of new patients, running additional clinics via waiting list initiatives, increased use of insourcing arrangements and the use of digital solutions to reduce the number of patients who do not attend their appointments. Impact on forecast Ongoing work to undertake actions and recover to the trajectory for year-end target.	What does the data tell us? At the end of September, the percentage of patients waiting less than 18 weeks for their first appointment is 67.3% against the target of 68.9% set for September 2025 as part of the Trust operational planning submission (target of 71.7% by March 2026) Actions being taken to improve Actions align with previous slide, noting the focus on divisions booking patients earlier to ensure the first attendance is undertaken as soon as possible. Actions to improve include the use of 'booking in order' reporting tools, utilisation of available clinic slots to see a greater number of new patients, running additional clinics via waiting list initiatives and increased use of insourcing arrangements. Oversight meetings are in play with the most challenged specialties to ensure that all plans for additional activity is exploited. Impact on forecast Continue to monitor the position with the ambition of delivery of the end of year operational planning trajectory The End of Year Target for this measure is 71.7%
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Responsiveness

Planned Care – Cancer Metrics

Latest Month

Aug-25

Target

79.9%

Latest Month's Position

75.6%

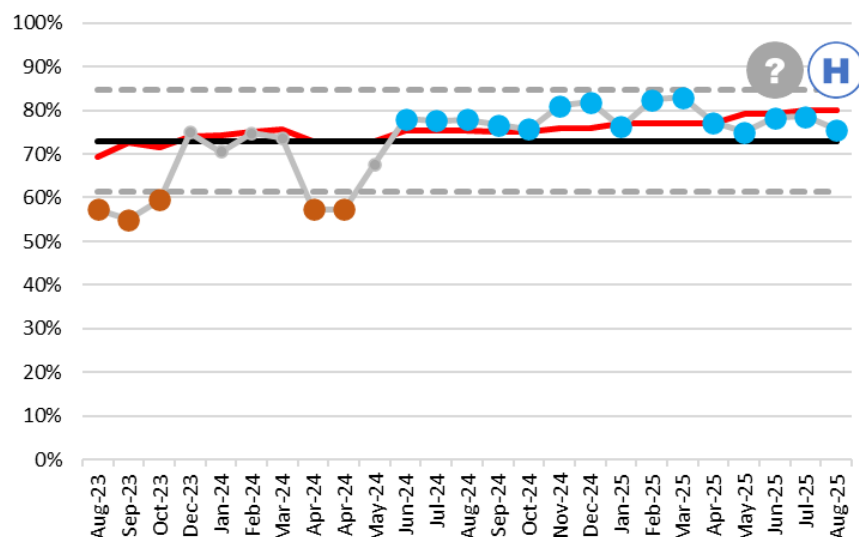
Performance / Assurance

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

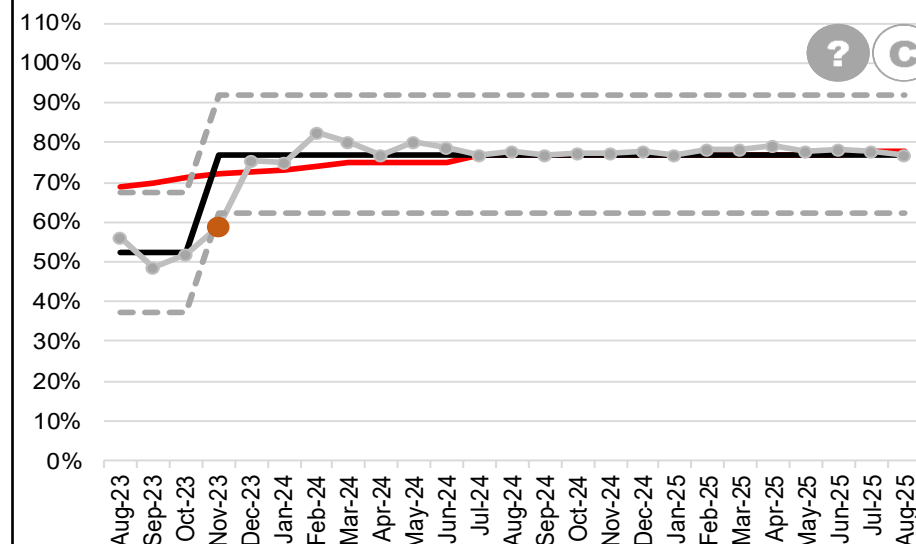
Trust Level Risk

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

Cancer - 28 Day Faster Diagnosis



Cancer - 28 Day Faster Diagnosis



Latest Month

Aug-25

Target

78.0%

Latest Month's Position

76.9%

Performance / Assurance

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

Corporate Risk

Risk 6782 - Non-compliance
with the 28 day Faster
Diagnosis cancer standard
(16)

No narrative required as per business rules.

What does the data tell us?

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

Actions being taken to improve

The highest impact improvements are:

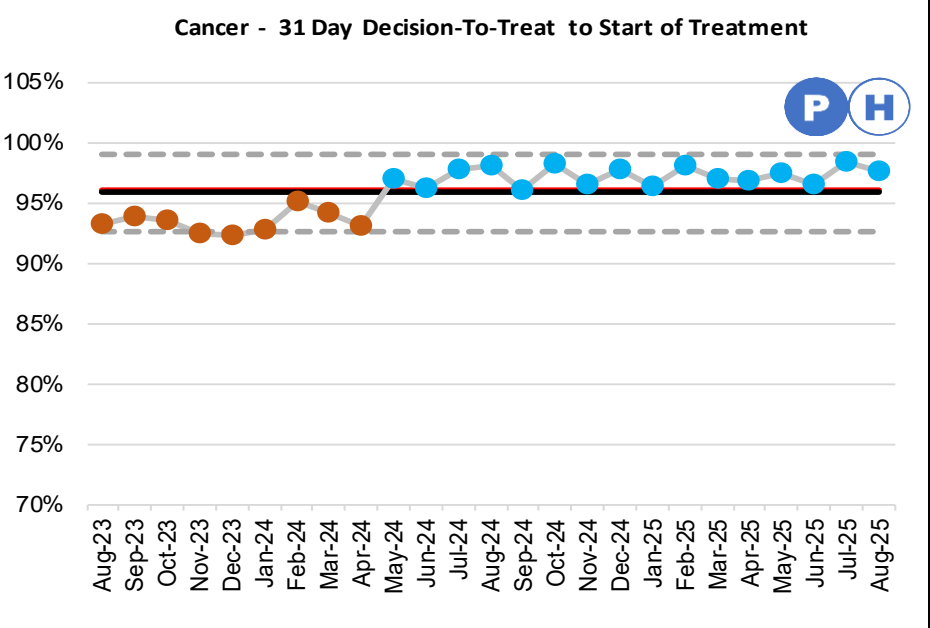
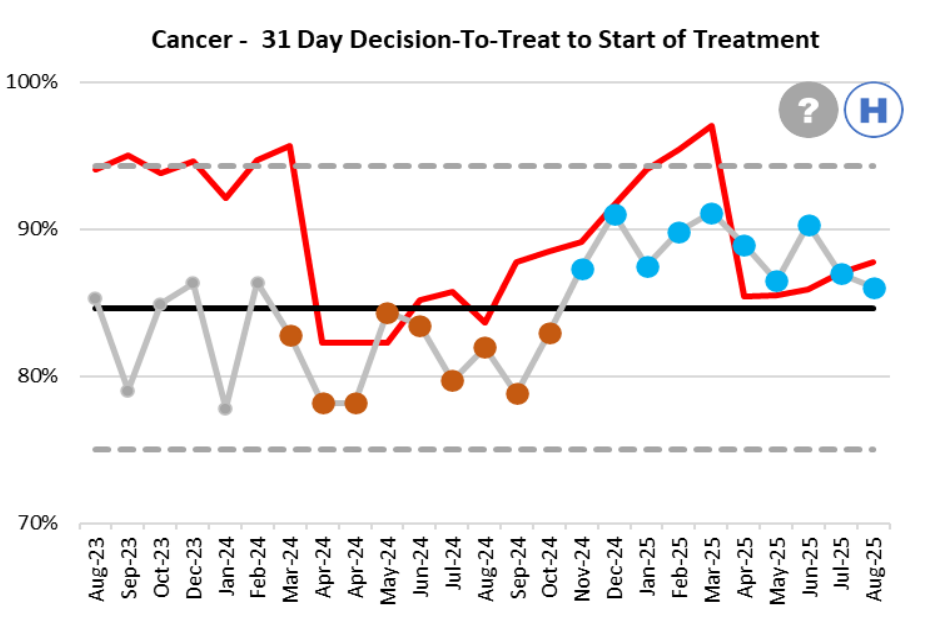
- additional gynaecology oncologist starting December 2025;
- hysteroscopy one-stop clinics started end of September 2025;
- five additional middle grade doctors in ENT starting October-November.

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

Responsiveness

Planned Care – Cancer Metrics

Latest Month
Aug-25
Target
87.8%
Latest Month's Position
86.0%
Performance / Assurance
Special Cause Improving Variation High (where up is improvement) and last six data points are hitting and missing target, subject to random variation
Trust Level Risk
988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).



Latest Month
Aug-25
Target
96.0%
Latest Month's Position
97.7%
Performance / Assurance
Special Cause Improving Variation High, where up is improvement and last six data points are greater than or equal to target.
Corporate Risk
Risk 5532 - Non-compliance with the 31 day cancer standard (12)

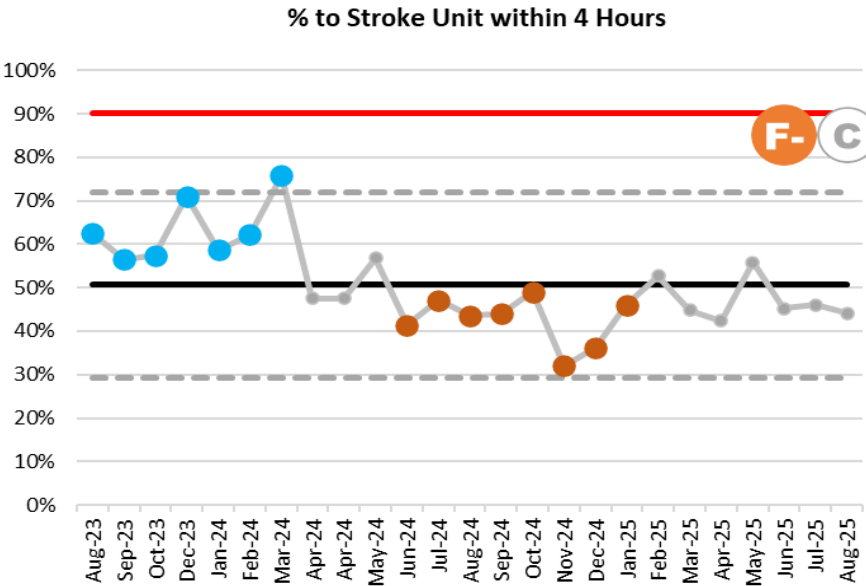
No narrative required as per business rules.

No narrative required as per business rules.

Responsiveness

Stroke Performance - NBT

Latest Month
Aug-25
Target
90.0%
Latest Month's Position
44.2%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
No Trust Level Risk



What does the data tell us?

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

Actions being taken to improve

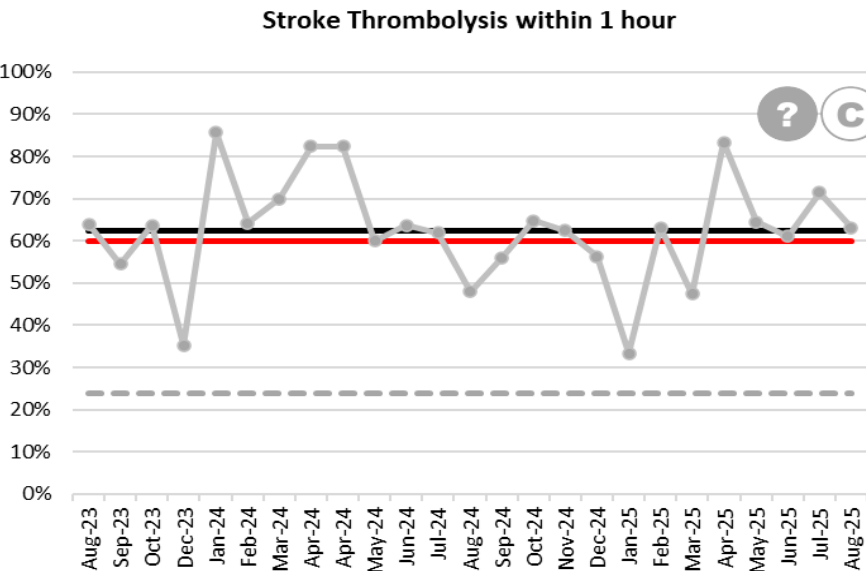
The implementation of the revised flow processes to support timely transfers from the Emergency Department to the stroke unit. Ongoing targeted improvement work within the Stroke Assessment Area and the wards to enhance patient flow and reduce delays.

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

Impact on Forecast

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

Latest Month
Aug-25
Target
60.0%
Latest Month's Position
63.2%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random
Trust Level Risk
No Trust Level Risk



What does the data tell us?

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

Actions being taken to improve

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

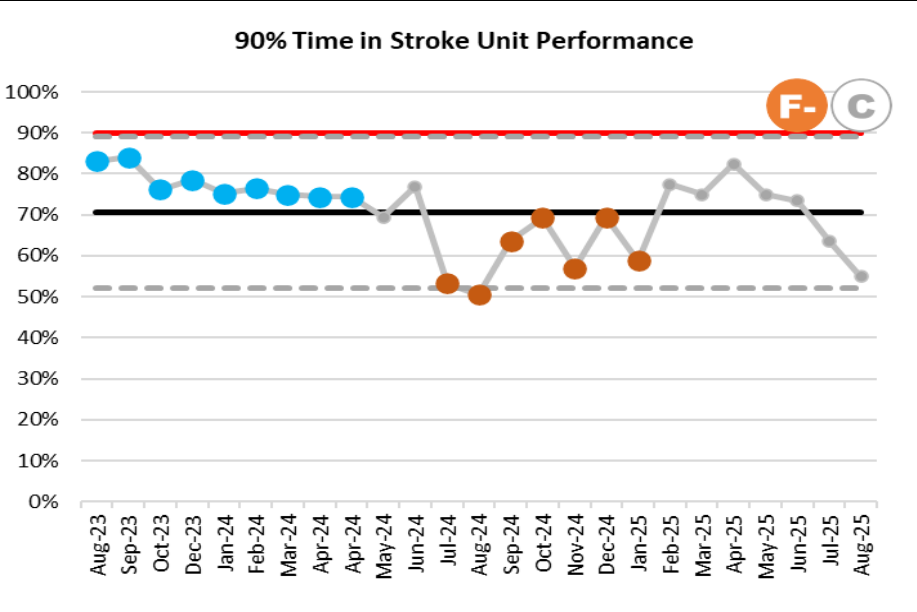
Impact on Forecast

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

Responsiveness

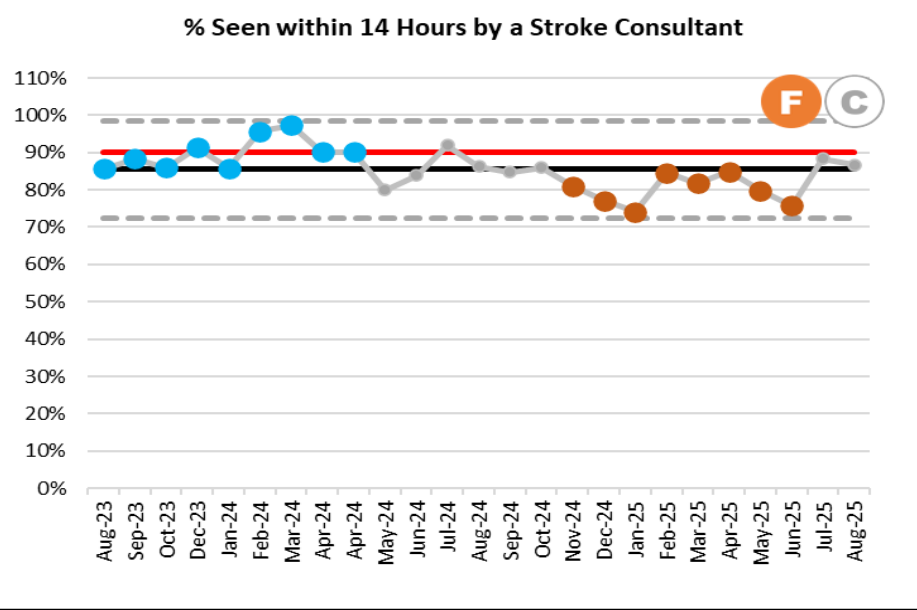
Stroke Performance - NBT

Latest Month
Aug-25
Target
90.0%
Latest Month's Position
55.0%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
No Trust Level Risk



What does the data tell us? Performance has declined from improvements made in Feb-Jun, primarily due to high stroke bed occupancy. As a result, some NCTR patients are being accommodated outside the Stroke Unit, which is negatively affecting this metric. Stroke Unit within 4 hours also impacts this metric. Overall stroke occupancy correlates with 90% in stroke unit. We expect a slight improvement in Aug data when all submissions are complete. The challenge is with community provision and this has been escalated through the ODG and HCIG through a review of service against the original business case. <i>Please note that July/August submissions to SSNAP are currently ongoing, dataset is not complete.</i>
Actions being taken to improve Actions already described in Stroke unit within 4 hours metric – including the Hot bed SOP which is finalised and going through governance process. System level work commenced to assist in reducing occupancy levels, this involves engagement from ICB with view to enhancing community provision and releasing acute capacity.
Impact on Forecast Current occupancy levels remain high with a spike in Sept further impacting performance.

Latest Month
Aug-25
Target
90.0%
Latest Month's Position
86.7%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration
Trust Level Risk
No Trust Level Risk



What does the data tell us? There has been a continued improvement in performance in Aug for the percentage of patients reviewed by a stroke consultant within 14 hours of admission. <i>Please note that July/August submissions to SSNAP are currently ongoing.</i>
Actions being taken to improve Recent performance improvements have been supported by a more sustainable and consistent consultant rota. From August, the timing of the HASU board round was adjusted to start slightly later, enabling earlier PTWR and improving consultant review times for patients admitted overnight. Additionally, progress has been made on enhancing documentation processes: updates to the paper admission proforma and the Careflow narrative form are underway to improve the accuracy and completeness of data capture for this metric.
Impact on Forecast With current workforce stability and enhanced data capture processes, strong performance in timely consultant reviews is expected to continue.

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

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

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

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

Assurance

P*

P

?

F

F-

No icon

H

L

C

H

L

Consistently Passing Target

Meeting or Passing Target

Passing and Falling Short of Target

Falling Short of Target

Consistently Falling Short of Target

No Specified Target

Improving Variation

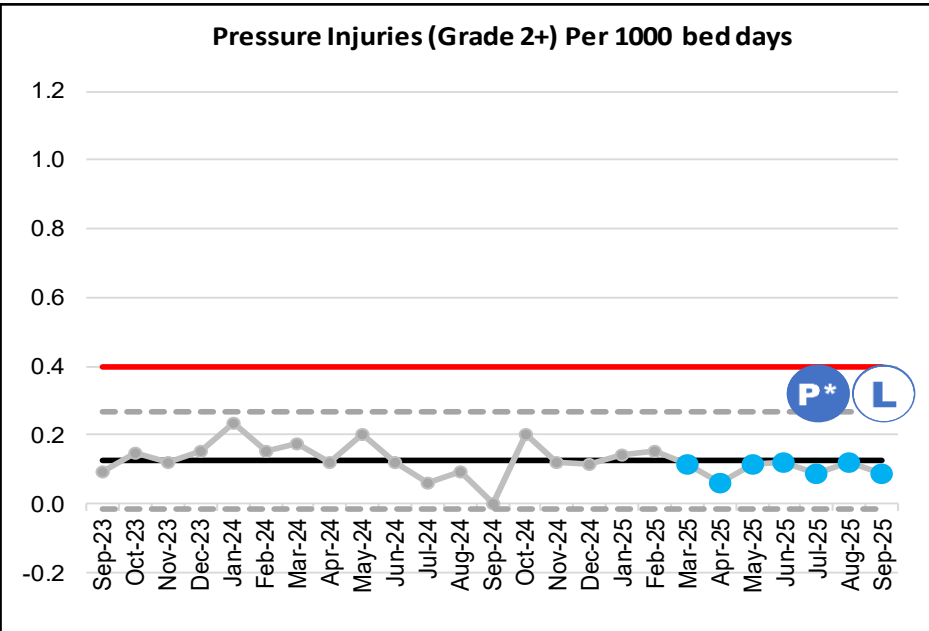
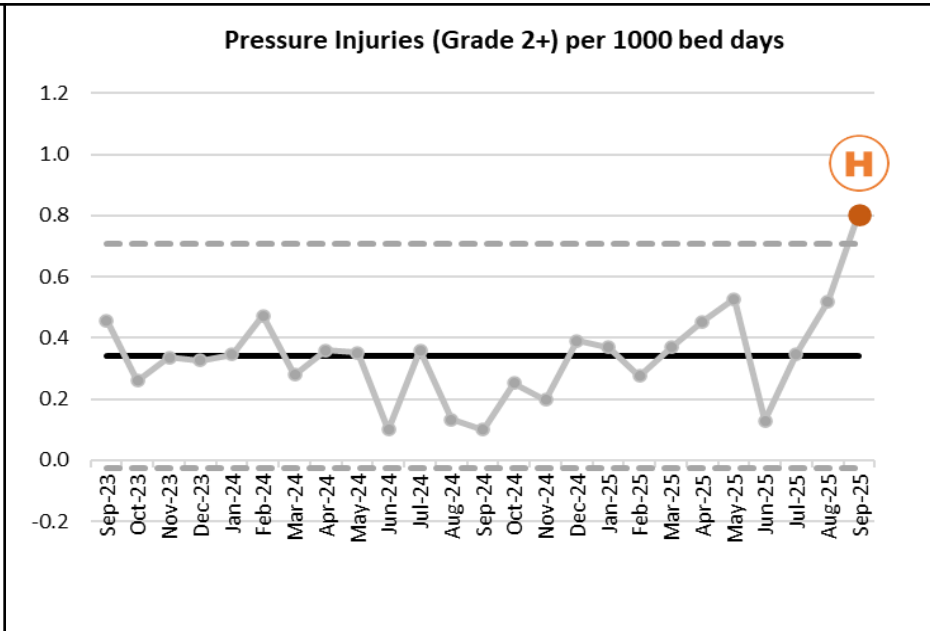
Common Cause (natural) Variation

Concerning Variation

Quality

Pressure Injuries

Latest Month
Sep-25
Target
No Target
Latest Month's Position
0.80
Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration but target is greater than upper limit
Trust Level Risk
No Trust Level Risk



Latest Month
Sep-25
Target
0.4
Latest Month's Position
0.09
Performance / Assurance
Special Cause Improving Variation Low , where down is improvement and target is greater than upper limit.
Corporate Risk
No Corporate Risk

What does the data tell us?

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

Actions taken to improve

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

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

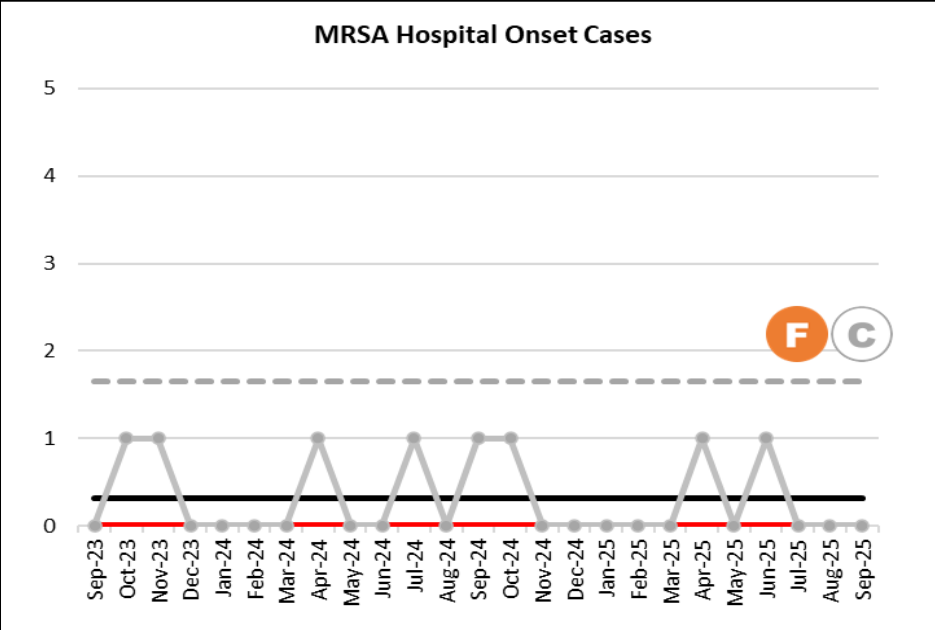
Impact on forecast – The above actions anticipate that there will be a reduction in PU incidents.

No narrative required as per business rules.

Quality

Infection Control

Latest Month
Sep-25
Target
0
Latest Month's Position
0
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration
Trust Level Risk
No Trust Level Risk

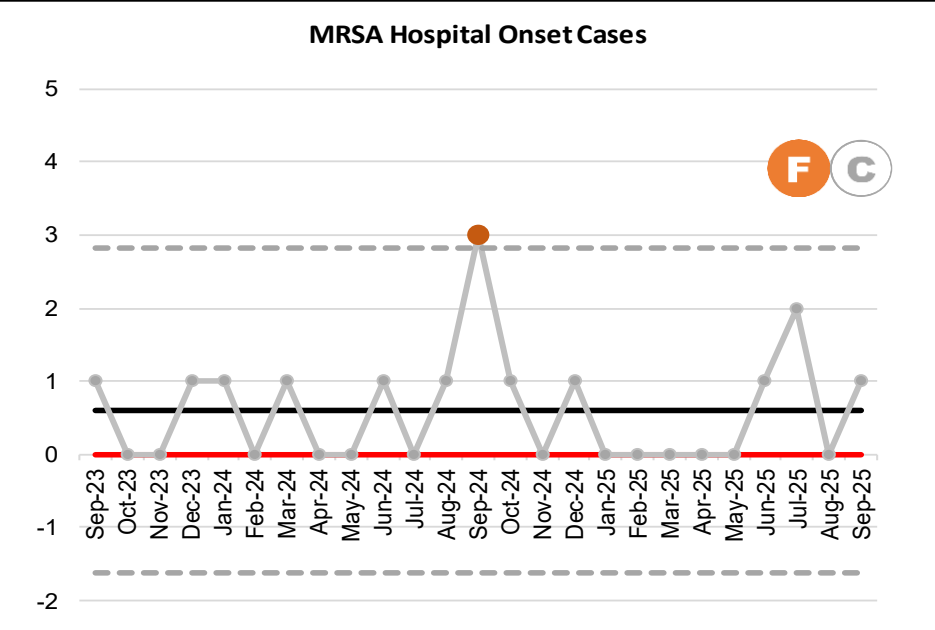


What does the data tell us?
With no new cases reported in September this totals two this year to date.

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

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

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



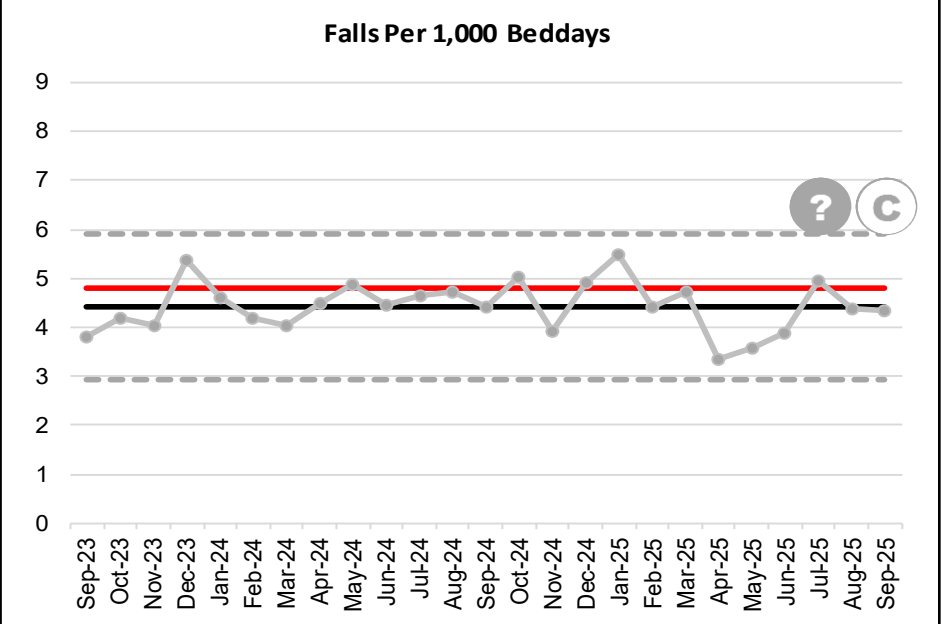
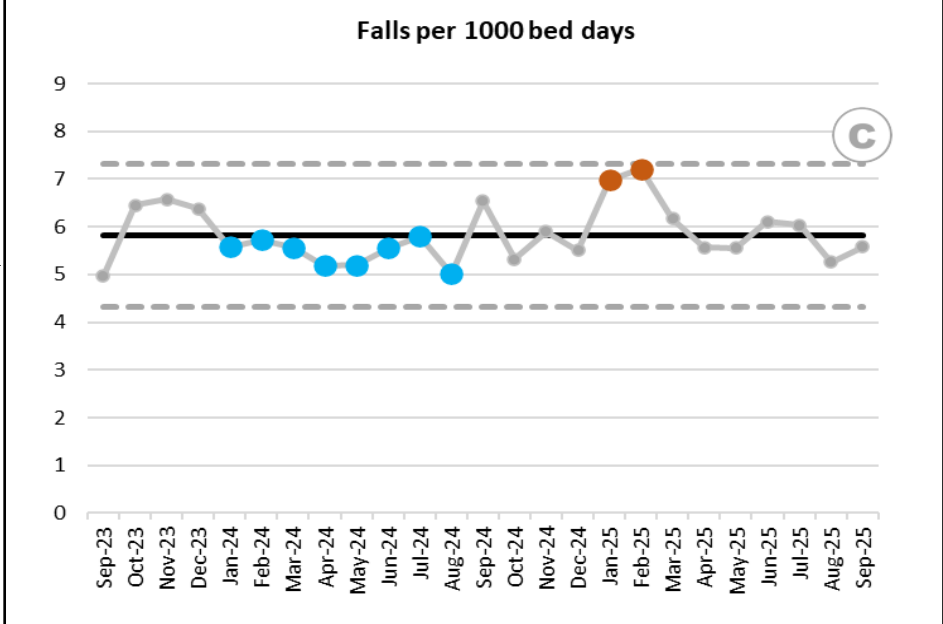
What does the data tell us?
UHBW has had one case of MRSA in September we are now at four cases year to date. NHSE comparative data published September 2025 ranked UHBW 132nd out of 134 other hospitals nationally.

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

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

Latest Month
Sep-25
Target
0
Latest Month's Position
1
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.
Corporate Risk
Risk 6013 - Risk that the Trust exceeds its NHSE/I limit for Methicillin Resistant Staphylococcus aureus bacteraemia's (12)

Latest Month
Sep-25
Target
No Target
Latest Month's Position
6
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit where down is improvement
Trust Level Risk
No Trust Level Risk



Latest Month
Sep-25
Target
4.8
Latest Month's Position
4.3
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
Risk 1598 - Patients suffer harm or injury from preventable falls (12)

No narrative required as per business rules.

What does the data tell us

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

The number of falls in September 2025 (143) is fewer than August 2025 (147). There were seven falls with moderate harm in September 2025, this is higher than the previous month (1).

Divisional falls leads review falls with harm in their areas and report to the Dementia Delirium and falls steering group in November 2025.

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

Latest Month

Sep-25

Target

0

Latest Month's Position

3

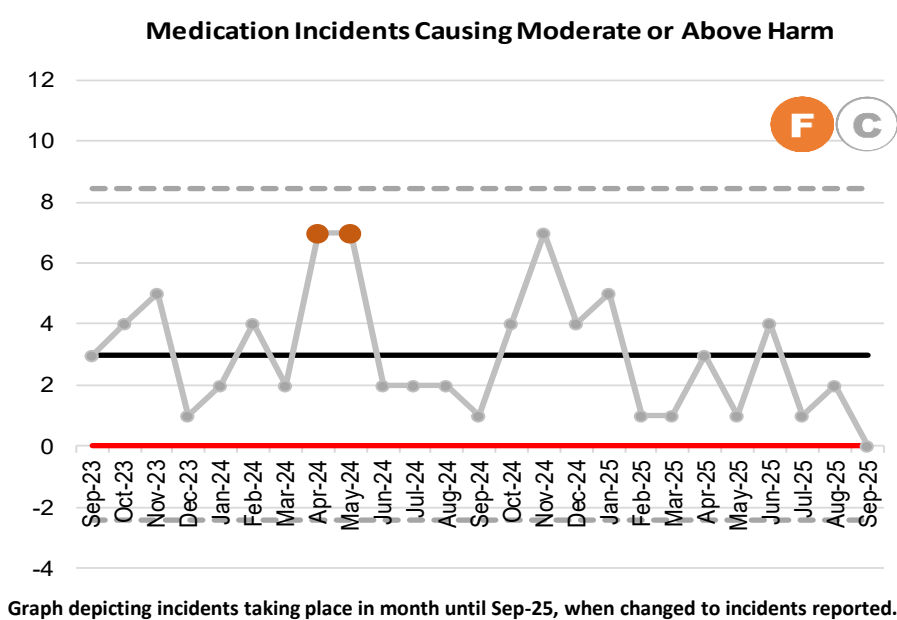
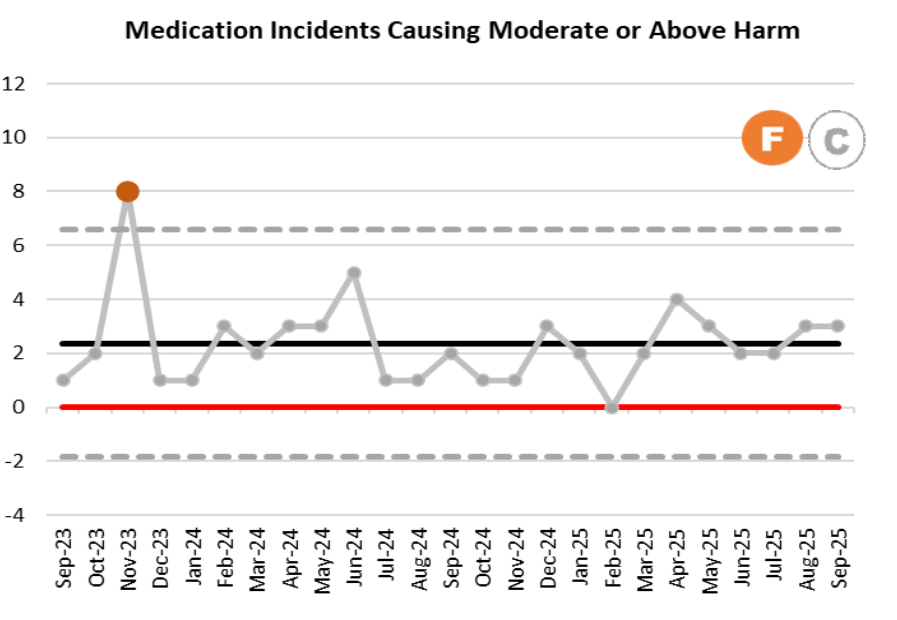
Performance / Assurance

Common Cause

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

Trust Level Risk

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



Latest Month

Sep-25

Target

0

Latest Month's Position

0

Performance / Assurance

Common Cause

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

Corporate Risk

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

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

What does the data tell us?

During September 2025, NBT recorded 137 medication incidents. Three medication incidents were reported as causing moderate harm to a patient.

Actions being taken to improve

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

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

What does the data tell us?

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

Actions being taken to improve

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

Specific learning is shared across the Trust via the Medicines Safety Bulletin and with BNSSG system colleagues via system medicines quality and safety meetings. This report has been developed collaboratively by the UHBW and NBT medicines safety teams.

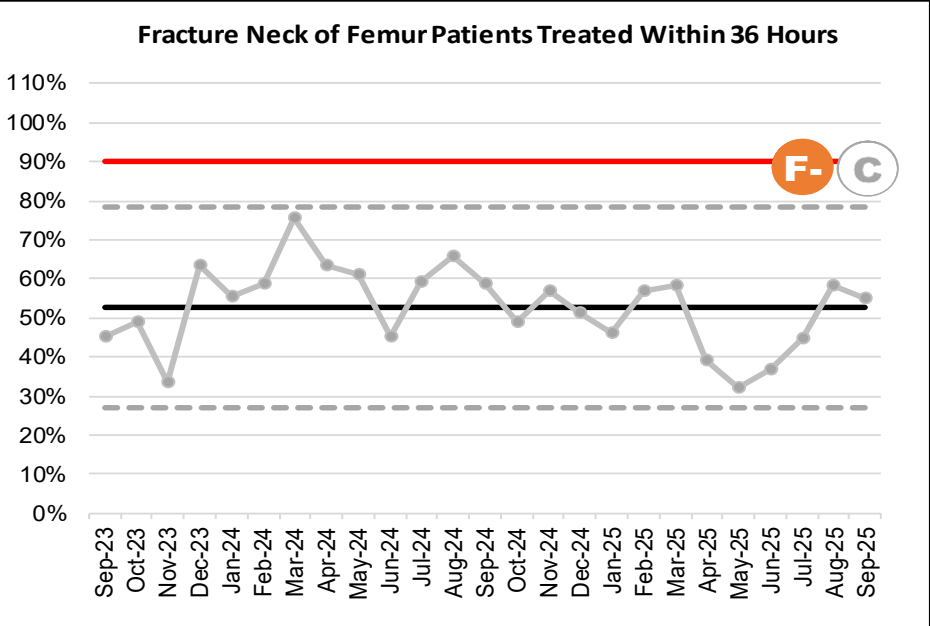
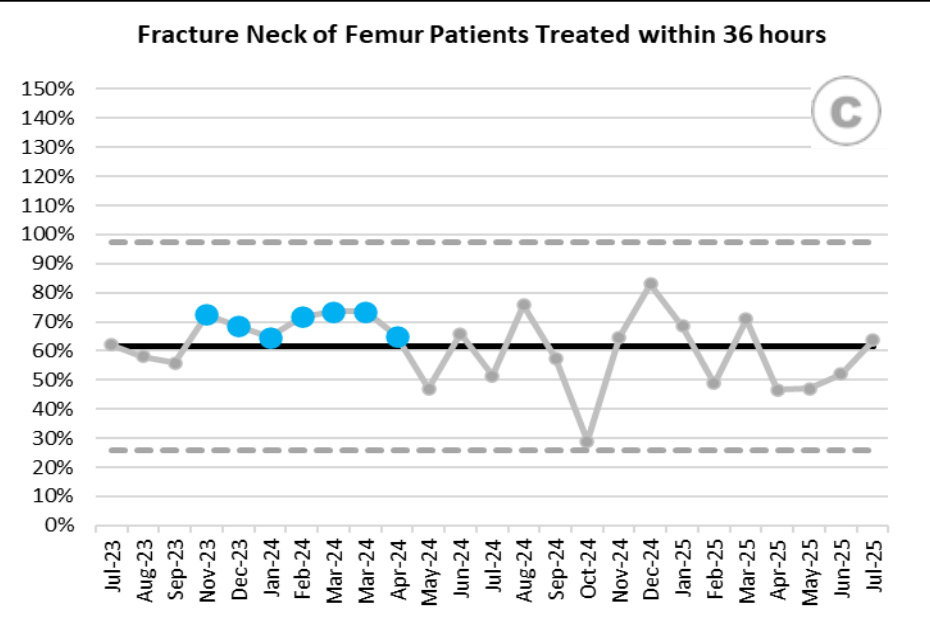
Latest MonthJul-25

TargetNo Target

Latest Month's Position63.6%

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

Trust Level RiskNo Trust Level Risk



Latest MonthSep-25

Target90.0%

Latest Month's Position55.1%

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

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

No narrative required as per business rules.

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

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

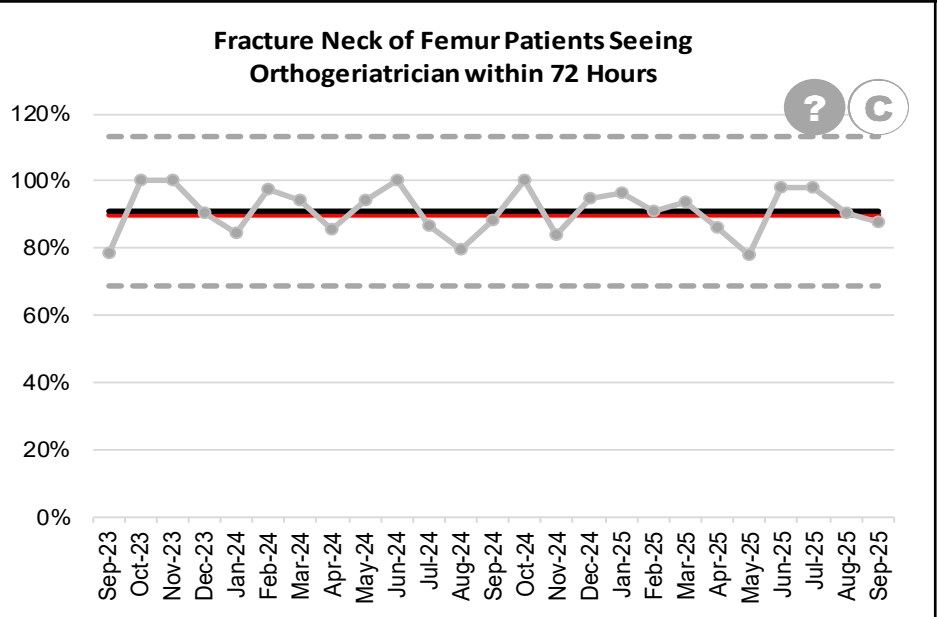
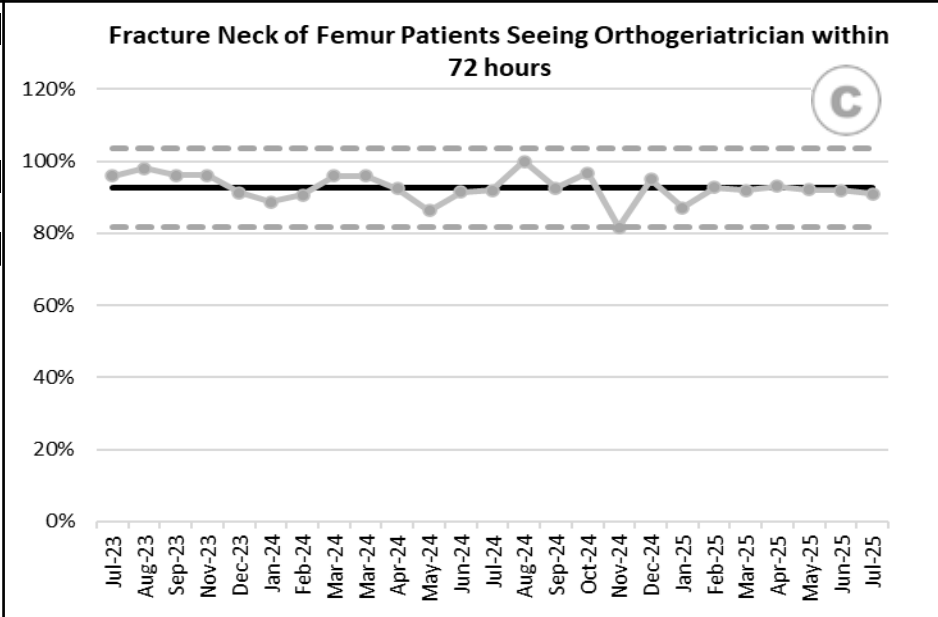
Actions being taken to improved
Theatre scheduling - extra theatre space is created where possible to reduce delays.

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

Quality

Neck of Femur

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



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

No narrative required as per business rules.

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

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

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

Latest Month

Sep-25

Target

90.0%

Latest Month's Position

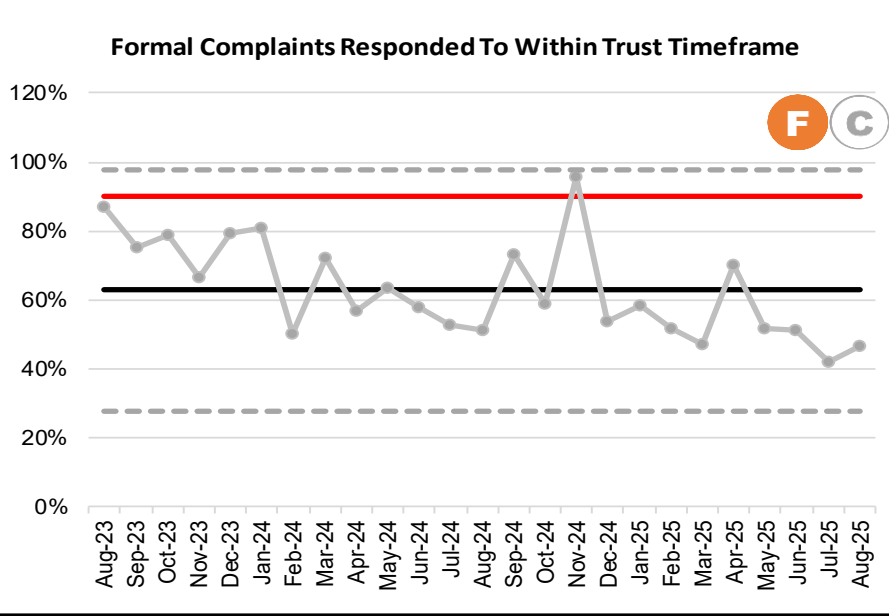
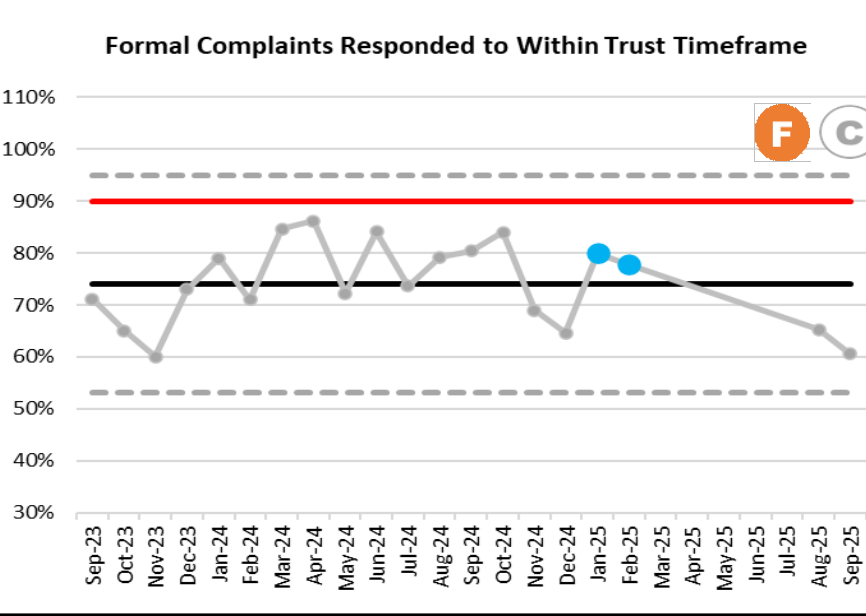
60.5%

Performance / Assurance

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

Trust Level Risk

No Trust Level Risk



Latest Month

Aug-25

Target

90.0%

Latest Month's Position

46.6%

Performance / Assurance

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

Corporate Risk

No Corporate Risk

What does the data tell us?

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

Actions being taken to improve

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

Impact on forecast

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

What does the data tell us?

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

Actions being taken to improve

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

Impact on forecast

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

Our People

Scorecard

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

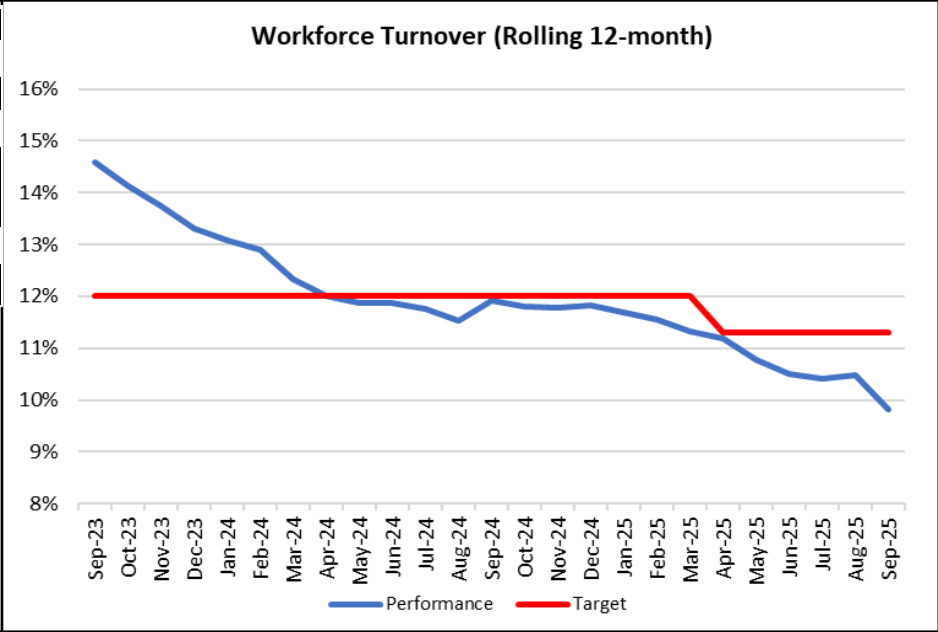
*Cannot generate Assurance and Variation icons as SPC not appropriate for rolling data.

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

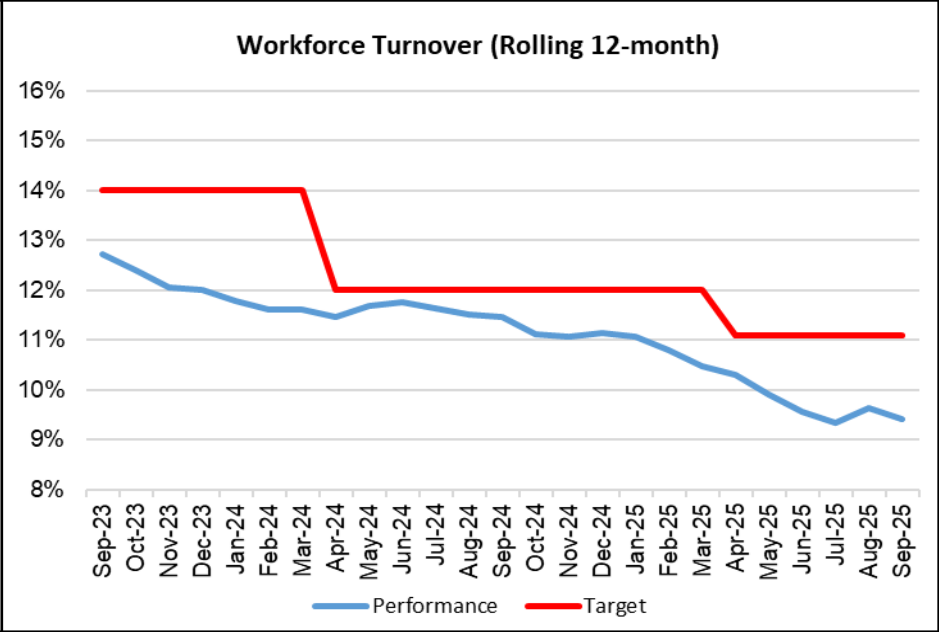
Our People

Retention

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



Metric meeting target.

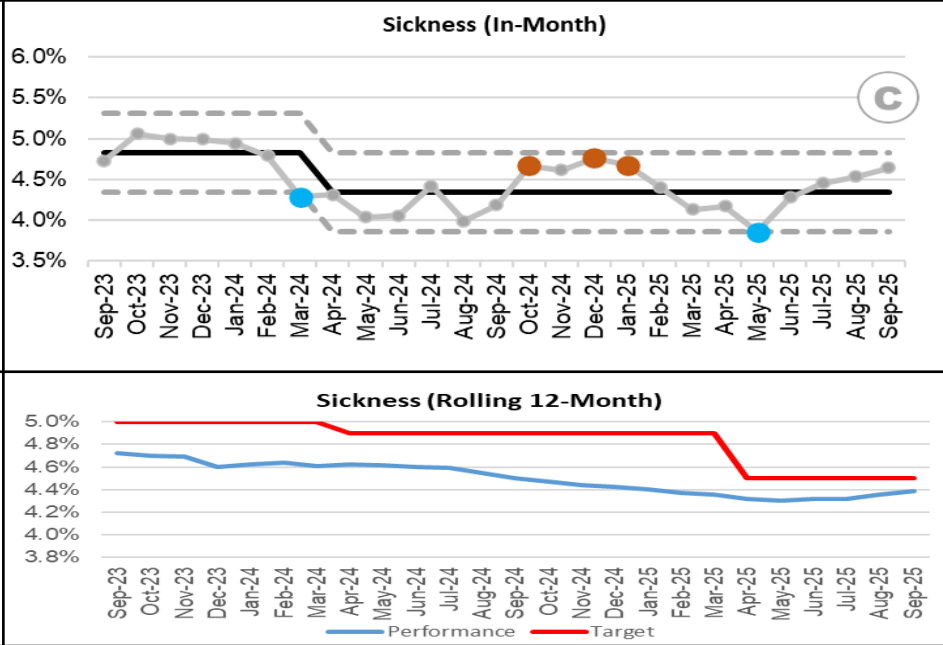
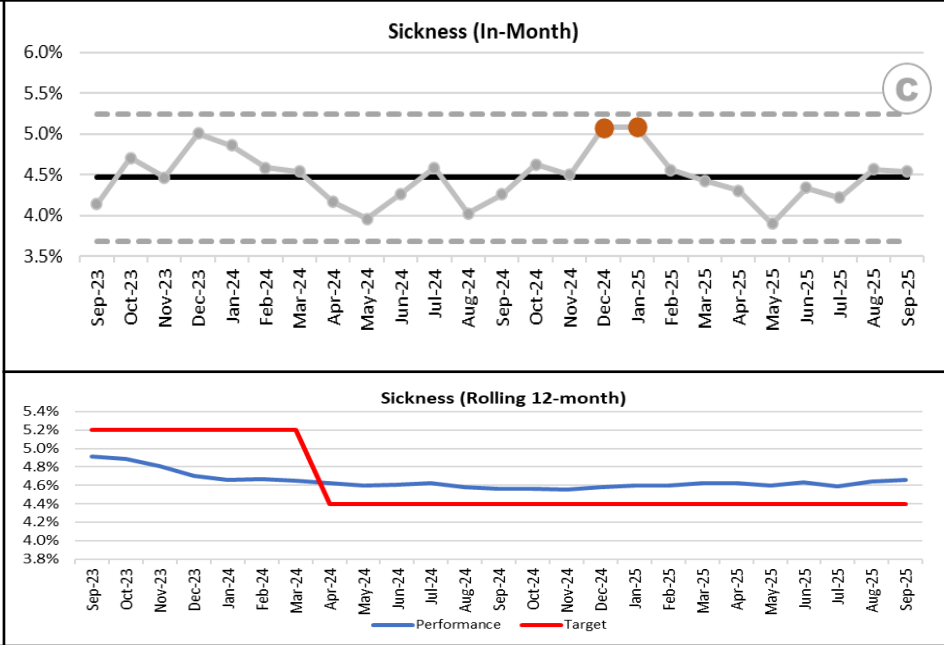


Metric meeting target.

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

Our People
Sickness Absence

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



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

What does the data tell us?

Our in-month absence for Sep-25 is 4.5% and overall, in the last two years has shown no statistically significant deterioration or improvement hence our rolling 12-month absence position has remained relatively static. Through operational planning sickness analysis has begun to support 2026/27 target setting. Initial analysis highlighted absence rates for unregistered clinical staff and estates and ancillary staff are higher at NBT and provide an opportunity for improvement. NHS England's Oversight Framework segmentation will provide benchmarking and target setting 'guiderails' with a review of sickness for top performing large acute and acute teaching Trusts in progress.

Actions being taken to improve

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

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

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

No narrative required as per business rules.

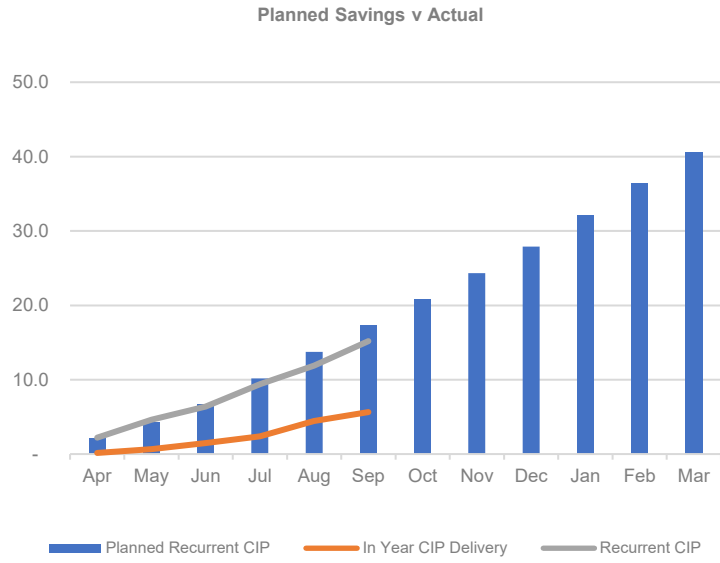
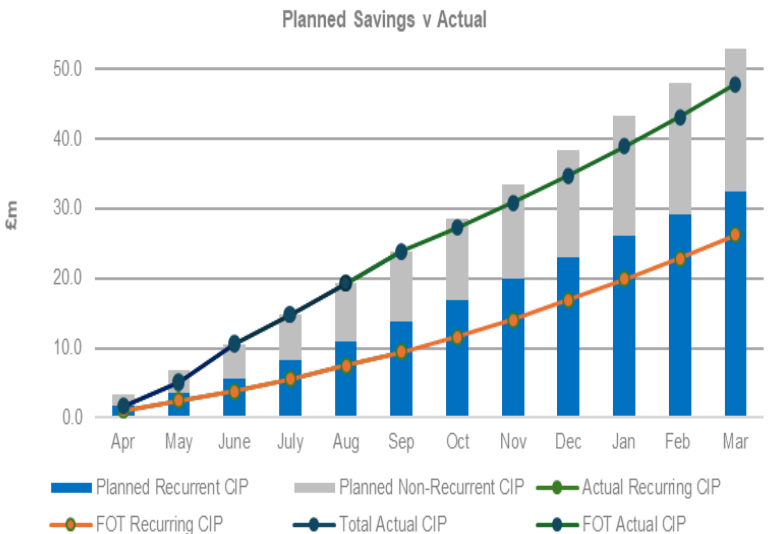
Income & Expenditure

Actual Vs Plan (YTD)

	Latest Month Sep-25 Year to Date Plan £(2.9m) deficit Year to Date Actual £(2.9m) deficit	YTD Plan vs Actuals <table><tr><th>Month</th><th>Plan (£m)</th><th>YTD actuals (£m)</th></tr><tr><td>Apr</td><td>2.0</td><td>2.0</td></tr><tr><td>May</td><td>3.0</td><td>3.0</td></tr><tr><td>Jun</td><td>4.0</td><td>4.0</td></tr><tr><td>Jul</td><td>4.2</td><td>4.0</td></tr><tr><td>Aug</td><td>3.5</td><td>3.5</td></tr><tr><td>Sep</td><td>3.0</td><td>2.9</td></tr><tr><td>Oct</td><td>2.5</td><td></td></tr><tr><td>Nov</td><td>2.5</td><td></td></tr><tr><td>Dec</td><td>2.5</td><td></td></tr><tr><td>Jan</td><td>1.5</td><td></td></tr><tr><td>Feb</td><td>0.5</td><td></td></tr><tr><td>Mar</td><td>0.0</td><td></td></tr></table>	Month	Plan (£m)	YTD actuals (£m)	Apr	2.0	2.0	May	3.0	3.0	Jun	4.0	4.0	Jul	4.2	4.0	Aug	3.5	3.5	Sep	3.0	2.9	Oct	2.5		Nov	2.5		Dec	2.5		Jan	1.5		Feb	0.5		Mar	0.0		
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Summary	Summary: - The financial plan for 2025/26 in Month 6 was a surplus of £0.3m. The Trust has delivered a £0.3m surplus and is on plan. Year to date the Trust has delivered a £2.9m deficit position which is on plan. - In Month 6, the Trust continues to have higher than planned levels of No Criteria To Reside (NCTR) and high acuity driving pressures on escalation and enhanced care costs. This has led to overspends on nursing of £0.5m in month. - Elective Recovery Performance in month is driving an adverse position of £1.5m, of which £1.4m relates to ERF activity due to lower than planned activity in NMSK and ASCR Divisions partly driven by the Bristol Surgical Centre underperforming, and further £0.1m for independent sector costs to support delivery of operational performance. - In month, the Trust under-delivered against the recurrent Month 6 savings target by £0.2m contributing to a shortfall against in month delivery of £2.3m. This was partially offset in month by non-recurrent savings from consultant and AfC vacancies which contributed a £0.8m favourable variance. Further, there were non-recurrent benefits in month of £3.8m, predominantly driven by the closure of old purchase orders following a review. - Year to date recurrent savings delivery is £13.6m and non-recurrent of £1.6m against a plan of £17.3m. Key risks - The Month 6 financial position is dependent on non-recurrent benefits which cannot be assumed to be available throughout the year, in year savings delivery, elective recovery activity and NCTR will therefore need to be addressed if the Trust is to break even at year end, whilst divisions need to deliver within budgets.	Summary Summary - The position at the end of September is a net deficit of £9.5m against a planned deficit of £9.5m. The Trust is, therefore, on plan. This is an improvement of £0.5m from last month. - Significant variances against plan are higher than planned pay expenditure (£6.1m) and increased non-pay costs (£11.4m). This is offset by higher than planned operating income (£17.0m). - Total staff in post (substantive, bank and agency) has reduced since March, but staffing levels continue to exceed funded establishment with nursing budgets driving the adverse pay position due to additional use of registered mental health nurses and staffing of bed escalation areas linked to NCTR. - Overall, agency and bank expenditure was lower in month compared with August, and YTD is broadly as planned. Agency expenditure is 17% lower than plan YTD with expenditure in month of £0.5m, compared with £0.7m in August. Bank expenditure is 3% higher than plan YTD due to the cost of industrial action, with expenditure in month of £3.7m. - The number of NCTR patients has deteriorated further with a peak of 210 patients in September. This equates to almost 25% of the Trust's bed base being occupied by NCTR patients. Key risks - The delivery of elective activity necessary to secure the Trust's planned level of income. - A shortfall in savings delivery will result in failure to achieve the breakeven plan without a continued step change in delivery within Clinical Divisions and Corporate Services. - Central mitigations of £25m necessary to support the breakeven plan are not fully identified. However, as at the end of September central mitigations of £20m have been identified.																																								

CIP

Actual Vs Plan (YTD)

	Latest Month Sep-25 Year to Date Plan £17.3m Year to Date Actual £15.2m	Planned Savings v Actual <table border="1"><thead><tr><th>Month</th><th>Planned Recurrent CIP (£m)</th><th>In Year CIP Delivery (£m)</th><th>Recurrent CIP (£m)</th></tr></thead><tbody><tr><td>Apr</td><td>2.0</td><td>0.0</td><td>2.0</td></tr><tr><td>May</td><td>4.0</td><td>1.0</td><td>5.0</td></tr><tr><td>Jun</td><td>6.0</td><td>2.0</td><td>8.0</td></tr><tr><td>Jul</td><td>10.0</td><td>3.0</td><td>13.0</td></tr><tr><td>Aug</td><td>14.0</td><td>5.0</td><td>19.0</td></tr><tr><td>Sep</td><td>17.3</td><td>15.2</td><td>15.2</td></tr><tr><td>Oct</td><td>21.0</td><td>-</td><td>-</td></tr><tr><td>Nov</td><td>24.0</td><td>-</td><td>-</td></tr><tr><td>Dec</td><td>28.0</td><td>-</td><td>-</td></tr><tr><td>Jan</td><td>32.0</td><td>-</td><td>-</td></tr><tr><td>Feb</td><td>37.0</td><td>-</td><td>-</td></tr><tr><td>Mar</td><td>41.0</td><td>-</td><td>-</td></tr></tbody></table>	Month	Planned Recurrent CIP (£m)	In Year CIP Delivery (£m)	Recurrent CIP (£m)	Apr	2.0	0.0	2.0	May	4.0	1.0	5.0	Jun	6.0	2.0	8.0	Jul	10.0	3.0	13.0	Aug	14.0	5.0	19.0	Sep	17.3	15.2	15.2	Oct	21.0	-	-	Nov	24.0	-	-	Dec	28.0	-	-	Jan	32.0	-	-	Feb	37.0	-	-	Mar	41.0	-	-	Latest Month Sep-25 Year to Date Plan £23.9m Year to Date Actual £23.9m	Planned Savings v Actual <table border="1"><thead><tr><th>Month</th><th>Planned Recurrent CIP (£m)</th><th>Planned Non-Recurrent CIP (£m)</th><th>Actual Recurring CIP (£m)</th><th>FOT Recurring CIP (£m)</th><th>Total Actual CIP (£m)</th><th>FOT Actual CIP (£m)</th></tr></thead><tbody><tr><td>Apr</td><td>2.0</td><td>2.0</td><td>4.0</td><td>2.0</td><td>4.0</td><td>4.0</td></tr><tr><td>May</td><td>4.0</td><td>3.0</td><td>7.0</td><td>3.0</td><td>7.0</td><td>7.0</td></tr><tr><td>June</td><td>6.0</td><td>4.0</td><td>10.0</td><td>4.0</td><td>10.0</td><td>10.0</td></tr><tr><td>July</td><td>8.0</td><td>6.0</td><td>14.0</td><td>6.0</td><td>14.0</td><td>14.0</td></tr><tr><td>Aug</td><td>10.0</td><td>9.0</td><td>19.0</td><td>8.0</td><td>19.0</td><td>19.0</td></tr><tr><td>Sep</td><td>15.9</td><td>15.9</td><td>23.9</td><td>23.9</td><td>23.9</td><td>23.9</td></tr><tr><td>Oct</td><td>17.0</td><td>11.0</td><td>28.0</td><td>28.0</td><td>28.0</td><td>28.0</td></tr><tr><td>Nov</td><td>20.0</td><td>13.0</td><td>33.0</td><td>33.0</td><td>33.0</td><td>33.0</td></tr><tr><td>Dec</td><td>23.0</td><td>15.0</td><td>38.0</td><td>38.0</td><td>38.0</td><td>38.0</td></tr><tr><td>Jan</td><td>26.0</td><td>17.0</td><td>43.0</td><td>43.0</td><td>43.0</td><td>43.0</td></tr><tr><td>Feb</td><td>29.0</td><td>19.0</td><td>48.0</td><td>48.0</td><td>48.0</td><td>48.0</td></tr><tr><td>Mar</td><td>32.0</td><td>21.0</td><td>53.0</td><td>53.0</td><td>53.0</td><td>53.0</td></tr></tbody></table>	Month	Planned Recurrent CIP (£m)	Planned Non-Recurrent CIP (£m)	Actual Recurring CIP (£m)	FOT Recurring CIP (£m)	Total Actual CIP (£m)	FOT Actual CIP (£m)	Apr	2.0	2.0	4.0	2.0	4.0	4.0	May	4.0	3.0	7.0	3.0	7.0	7.0	June	6.0	4.0	10.0	4.0	10.0	10.0	July	8.0	6.0	14.0	6.0	14.0	14.0	Aug	10.0	9.0	19.0	8.0	19.0	19.0	Sep	15.9	15.9	23.9	23.9	23.9	23.9	Oct	17.0	11.0	28.0	28.0	28.0	28.0	Nov	20.0	13.0	33.0	33.0	33.0	33.0	Dec	23.0	15.0	38.0	38.0	38.0	38.0	Jan	26.0	17.0	43.0	43.0	43.0	43.0	Feb	29.0	19.0	48.0	48.0	48.0	48.0	Mar	32.0	21.0	53.0	53.0	53.0	53.0	
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Summary	Summary - The CIP plan for 2025/26 is for savings of £40.6m with £17.3m planned delivery at Month 6 - At Month 6 the Trust has £15.2m of completed schemes on the tracker. There are a further £9.0m of schemes in implementation and planning, leaving a remaining £16.4m of schemes to be developed. - The CIP delivery is the full year effect figure that will be delivered recurrently. Due to the start date of CIP schemes this creates a mis-match between the 2025/26 impact and the recurrent full year impact. This can be seen on the orange line on the graph above.	Summary	Summary - The Trust’s 2025/26 savings plan is £53.0m. - The Divisional plans represent 70% or £37.1m of the Trust plans. 30% or £15.9m sits centrally with the corporate finance team. - As at 30th September 2025, the Trust is reporting total savings delivery of £23.9m against a plan of £23.9m, therefore UHBW is currently on plan. The Trust is forecasting savings of £47.9m, a forecast savings delivery shortfall of £5.1m or 10%. - The full year effect forecast outturn at month 6 is £34.7m, a forecast recurrent shortfall of £18.3m or 34%.																																																																																																																																																	
				Page 118 of 181																																																																																																																																																

Workforce

Pay Costs Vs Plan Run Rate

Latest Month

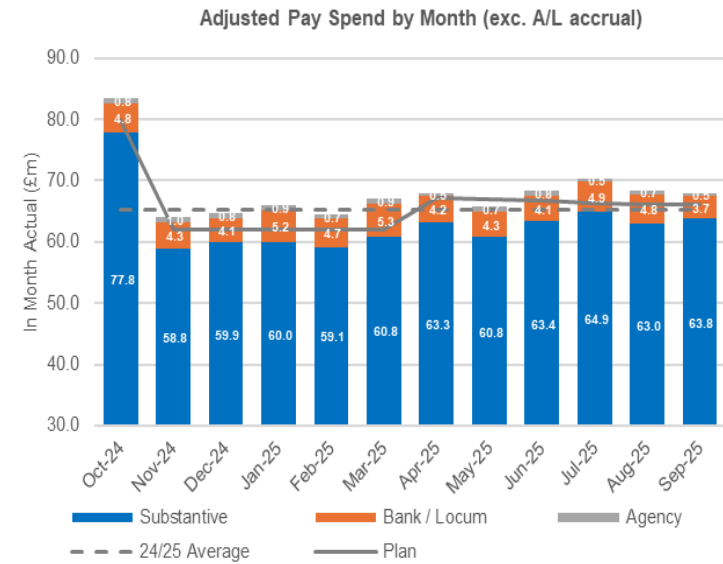
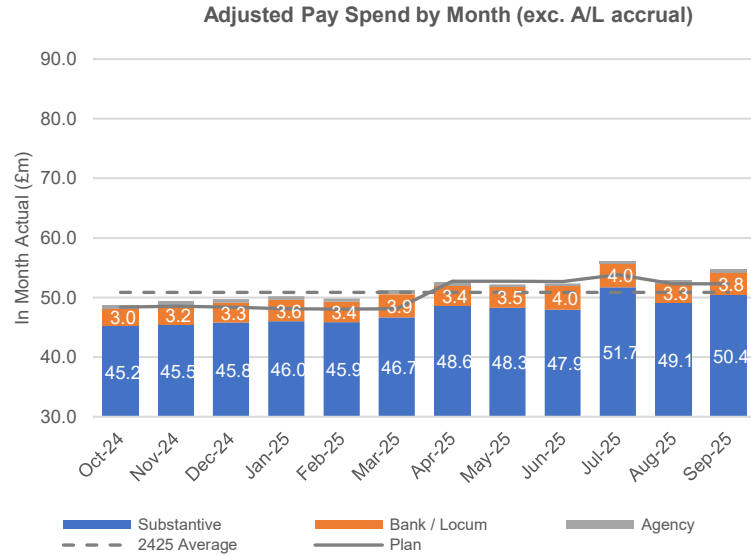
Sep-25

In Month Plan

£52.3m

In Month Actual

£54.7m



Latest Month

Sep-25

In Month Plan

£66.6m

In Month Actual

£68.0m

Summary

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

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

Summary

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

Temporary Staffing

Agency Costs Vs Plan Run Rate

	Latest Month Sep-25 In Month Plan £0.4m In Month Actual £0.5m	Agency Spend by Staff Group <table><caption>Agency Spend by Staff Group (Estimated £m)</caption><tr><th>Month</th><th>AFC</th><th>RMN</th><th>Medical</th><th>Agency Plan</th><th>24/25 Average</th></tr><tr><td>Oct-24</td><td>0.30</td><td>0.10</td><td>0.25</td><td>0.45</td><td>0.70</td></tr><tr><td>Nov-24</td><td>0.40</td><td>0.10</td><td>0.35</td><td>0.45</td><td>0.80</td></tr><tr><td>Dec-24</td><td>0.30</td><td>0.10</td><td>0.25</td><td>0.45</td><td>0.70</td></tr><tr><td>Jan-25</td><td>0.30</td><td>0.10</td><td>0.25</td><td>0.45</td><td>0.70</td></tr><tr><td>Feb-25</td><td>0.30</td><td>0.10</td><td>0.25</td><td>0.45</td><td>0.70</td></tr><tr><td>Mar-25</td><td>0.30</td><td>0.10</td><td>0.25</td><td>0.45</td><td>0.70</td></tr><tr><td>Apr-25</td><td>0.30</td><td>0.10</td><td>0.25</td><td>0.45</td><td>0.70</td></tr><tr><td>May-25</td><td>0.20</td><td>0.10</td><td>0.15</td><td>0.45</td><td>0.70</td></tr><tr><td>Jun-25</td><td>0.20</td><td>0.10</td><td>0.15</td><td>0.45</td><td>0.70</td></tr><tr><td>Jul-25</td><td>0.20</td><td>0.10</td><td>0.15</td><td>0.45</td><td>0.70</td></tr><tr><td>Aug-25</td><td>0.20</td><td>0.10</td><td>0.15</td><td>0.45</td><td>0.70</td></tr><tr><td>Sep-25</td><td>0.30</td><td>0.10</td><td>0.15</td><td>0.45</td><td>0.70</td></tr></table>	Month	AFC	RMN	Medical	Agency Plan	24/25 Average	Oct-24	0.30	0.10	0.25	0.45	0.70	Nov-24	0.40	0.10	0.35	0.45	0.80	Dec-24	0.30	0.10	0.25	0.45	0.70	Jan-25	0.30	0.10	0.25	0.45	0.70	Feb-25	0.30	0.10	0.25	0.45	0.70	Mar-25	0.30	0.10	0.25	0.45	0.70	Apr-25	0.30	0.10	0.25	0.45	0.70	May-25	0.20	0.10	0.15	0.45	0.70	Jun-25	0.20	0.10	0.15	0.45	0.70	Jul-25	0.20	0.10	0.15	0.45	0.70	Aug-25	0.20	0.10	0.15	0.45	0.70	Sep-25	0.30	0.10	0.15	0.45	0.70	Agency Spend by Staff Group <table><caption>Agency Spend by Staff Group (Estimated £m)</caption><tr><th>Month</th><th>Other</th><th>Nurse</th><th>Medical</th><th>Agency Plan</th><th>24/25 Average</th></tr><tr><td>Oct-24</td><td>0.25</td><td>0.25</td><td>0.30</td><td>1.20</td><td>1.00</td></tr><tr><td>Nov-24</td><td>0.15</td><td>0.20</td><td>0.55</td><td>1.20</td><td>1.00</td></tr><tr><td>Dec-24</td><td>0.15</td><td>0.25</td><td>0.35</td><td>1.20</td><td>1.00</td></tr><tr><td>Jan-25</td><td>0.20</td><td>0.40</td><td>0.30</td><td>1.20</td><td>1.00</td></tr><tr><td>Feb-25</td><td>0.10</td><td>0.30</td><td>0.35</td><td>1.20</td><td>1.00</td></tr><tr><td>Mar-25</td><td>0.20</td><td>0.50</td><td>0.25</td><td>1.20</td><td>1.00</td></tr><tr><td>Apr-25</td><td>0.10</td><td>0.15</td><td>0.30</td><td>0.80</td><td>1.00</td></tr><tr><td>May-25</td><td>0.15</td><td>0.25</td><td>0.35</td><td>0.80</td><td>1.00</td></tr><tr><td>Jun-25</td><td>0.15</td><td>0.30</td><td>0.35</td><td>0.80</td><td>1.00</td></tr><tr><td>Jul-25</td><td>0.10</td><td>0.20</td><td>0.30</td><td>0.80</td><td>1.00</td></tr><tr><td>Aug-25</td><td>0.10</td><td>0.20</td><td>0.35</td><td>0.70</td><td>1.00</td></tr><tr><td>Sep-25</td><td>0.20</td><td>0.10</td><td>0.25</td><td>0.70</td><td>1.00</td></tr></table>	Month	Other	Nurse	Medical	Agency Plan	24/25 Average	Oct-24	0.25	0.25	0.30	1.20	1.00	Nov-24	0.15	0.20	0.55	1.20	1.00	Dec-24	0.15	0.25	0.35	1.20	1.00	Jan-25	0.20	0.40	0.30	1.20	1.00	Feb-25	0.10	0.30	0.35	1.20	1.00	Mar-25	0.20	0.50	0.25	1.20	1.00	Apr-25	0.10	0.15	0.30	0.80	1.00	May-25	0.15	0.25	0.35	0.80	1.00	Jun-25	0.15	0.30	0.35	0.80	1.00	Jul-25	0.10	0.20	0.30	0.80	1.00	Aug-25	0.10	0.20	0.35	0.70	1.00	Sep-25	0.20	0.10	0.25	0.70	1.00	Latest Month Sep-25 In Month Plan £0.7m In Month Actual £0.5m
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Summary	Summary Monthly Trend - Agency spend in September has increased compared to August, remaining a reduction on run rate. - Overall spend in month is driven by consultant agency usage in Medicine and ASCR covering vacancies, nursing agency usage in Critical Care and ED due to increased acuity, as well as Healthcare Scientists in Cardiology to deliver ECHO activity. - The increase from August has largely been driven by nursing agency in ASCR to cover Critical Care. In Month vs Prior Year - Trustwide agency spend in September is below 2024/25 spend. This is due to increased controls being implemented across divisions from November last year, and their continued impact.	Summary	Summary Monthly Trend - Agency expenditure in September is £0.5m, £0.2m lower than plan and lower than August’s agency expenditure of £0.7m. YTD agency expenditure is 17% below plan. - Agency expenditure is 0.8% of total pay costs. - Agency usage continues to be largely driven additional escalation bed capacity across nursing and medical staffing due to a deterioration in the NCTR position. The use of registered mental health nurses is also a key driver. - Nurse agency shifts decreased by 268 or 44% in September compared with August. - Medical agency expenditure is lower by £0.1m from the previous month. The number of shifts covered has decreased from 293 in August to 245 in September. In Month vs Prior Year - Trustwide agency spend in September is £0.4m or c44% lower than September 2024. This is due to increased controls and scrutiny implemented across Divisions with the support Trust’s Nurse leadership.																																																																																																																																																													

Temporary Staffing

Bank Costs Vs Plan Run Rate

Latest Month

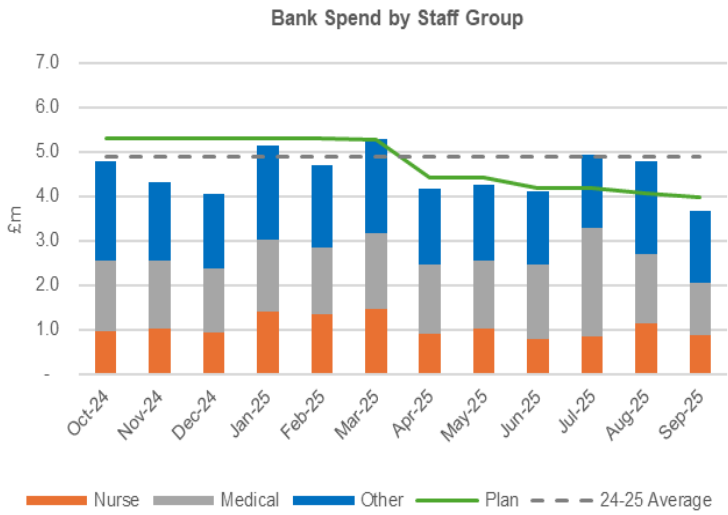
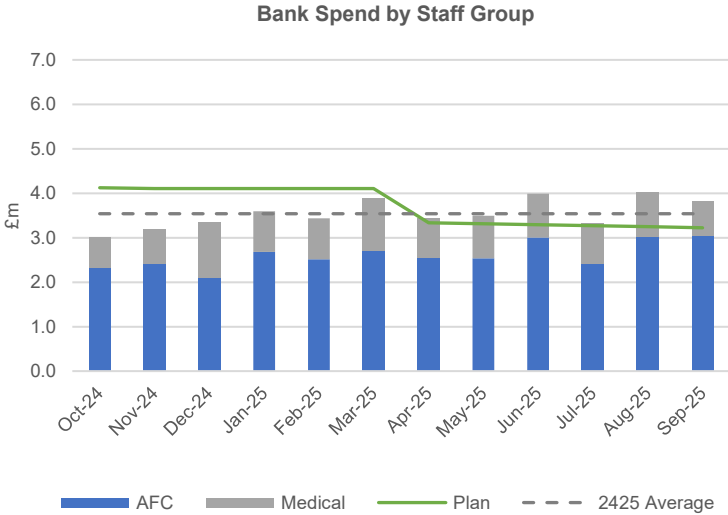
Sep-25

In Month Plan

£3.3m

In Month Actual

£3.8m



Latest Month

Sep-25

In Month Plan

£4.0m

In Month Actual

£3.7m

Summary

Summary

Monthly Trend

- In September, there has been an increase in bank spend compared to run rate. The increase has largely been in nursing, driven by an increase in vacancies being covered by bank staff in the Surgical Centre, Ward 7B and Safer Staffing.
- In Month vs Prior Year
- Bank spend in month is higher than 2024/25 spend, however 2024/25 spend reduced significantly in the second half of the year due to additional controls put in place. This month saw additional pressures in enhanced care and escalation costs within Medicine. Compared to last year, the costs will have increased on run rate due to the National Insurance increases brought in from M1.

Summary

Summary

Monthly Trend

- Bank costs in September are £3.7m, a decrease of £1.1m from £4.8m in August. Costs are £0.7m higher than plan YTD, due mainly to costs associated with Industrial Action. Of the £3.7m spent in September, £1.2m relates to medical bank and £0.9m to registered nurse bank.
 - Nurse bank expenditure decreased by £0.2m in September from £1.1m in August, whilst shifts decreased by c1,300 or 18%.
 - Medical bank decreased in September, reducing by £0.4m to £1.2m .
- In Month vs Prior year
- Bank expenditure in September is £0.6m lower than the same period last year.

Capital

Actual Vs Plan

Latest Month

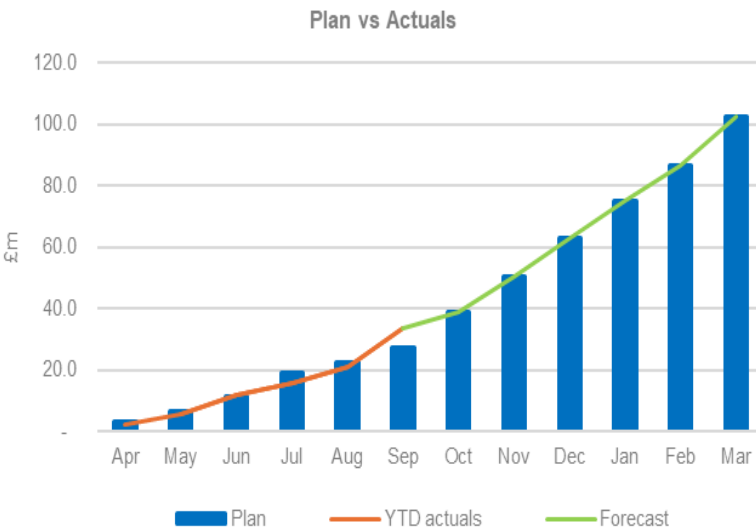
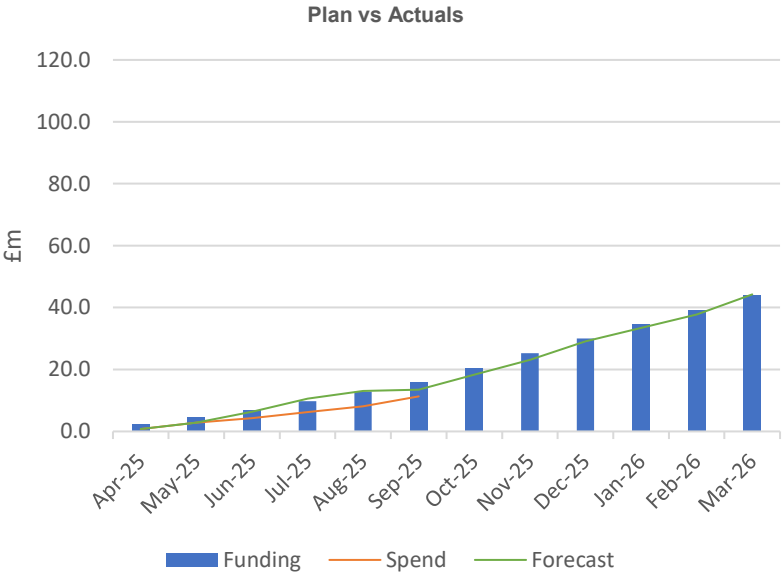
Sep-25

In Month Plan

£3.1m

In Month Actual

£2.5m



Latest Month

Sep-25

In Month Plan

£4.8m

In Month Actual

£12.8m

Summary

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

Summary

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

Cash

Actual Vs Plan

	Latest Month Sep-25 Target £34.7m Actual £61.5m Plan vs Actuals <table><tr><th>Month</th><th>Plan</th><th>Actual</th><th>Forecast</th></tr><tr><td>Opening Balance</td><td>78</td><td>78</td><td>78</td></tr><tr><td>Apr-25</td><td>58</td><td>52</td><td>52</td></tr><tr><td>May-25</td><td>38</td><td>51</td><td>51</td></tr><tr><td>Jun-25</td><td>38</td><td>41</td><td>41</td></tr><tr><td>Jul-25</td><td>36</td><td>41</td><td>41</td></tr><tr><td>Aug-25</td><td>38</td><td>48</td><td>48</td></tr><tr><td>Sep-25</td><td>35</td><td>61</td><td>61</td></tr><tr><td>Oct-25</td><td>35</td><td>35</td><td>35</td></tr><tr><td>Nov-25</td><td>31</td><td>37</td><td>37</td></tr><tr><td>Dec-25</td><td>22</td><td>32</td><td>32</td></tr><tr><td>Jan-26</td><td>20</td><td>30</td><td>30</td></tr><tr><td>Feb-26</td><td>25</td><td>35</td><td>35</td></tr><tr><td>Mar-26</td><td>19</td><td>25</td><td>25</td></tr></table>	Month	Plan	Actual	Forecast	Opening Balance	78	78	78	Apr-25	58	52	52	May-25	38	51	51	Jun-25	38	41	41	Jul-25	36	41	41	Aug-25	38	48	48	Sep-25	35	61	61	Oct-25	35	35	35	Nov-25	31	37	37	Dec-25	22	32	32	Jan-26	20	30	30	Feb-26	25	35	35	Mar-26	19	25	25	Latest Month Sep-25 Target £63.2m Actual £70.0m Plan vs Actuals <table><tr><th>Month</th><th>Plan</th><th>Actual</th><th>Forecast</th></tr><tr><td>Opening Balance</td><td>72</td><td>72</td><td>72</td></tr><tr><td>Apr-25</td><td>85</td><td>75</td><td>75</td></tr><tr><td>May-25</td><td>78</td><td>78</td><td>78</td></tr><tr><td>Jun-25</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Jul-25</td><td>75</td><td>78</td><td>78</td></tr><tr><td>Aug-25</td><td>73</td><td>80</td><td>80</td></tr><tr><td>Sep-25</td><td>63</td><td>70</td><td>70</td></tr><tr><td>Oct-25</td><td>68</td><td>68</td><td>68</td></tr><tr><td>Nov-25</td><td>67</td><td>67</td><td>67</td></tr><tr><td>Dec-25</td><td>65</td><td>65</td><td>65</td></tr><tr><td>Jan-26</td><td>75</td><td>78</td><td>78</td></tr><tr><td>Feb-26</td><td>79</td><td>79</td><td>79</td></tr><tr><td>Mar-26</td><td>61</td><td>61</td><td>61</td></tr></table>	Month	Plan	Actual	Forecast	Opening Balance	72	72	72	Apr-25	85	75	75	May-25	78	78	78	Jun-25	70	70	70	Jul-25	75	78	78	Aug-25	73	80	80	Sep-25	63	70	70	Oct-25	68	68	68	Nov-25	67	67	67	Dec-25	65	65	65	Jan-26	75	78	78	Feb-26	79	79	79	Mar-26	61	61	61
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Summary	Summary - In month cash is £61.5m, which is a £10.8m increase from August. - The movement in month is driven by £25m pre-payment from BNSSG ICB shown within Payables, offset by a decrease in trade payables due to a reduction in accruals (£9.5m) along with a decrease relating to aged purchase orders from EROS which have now been closed (£3.3m) along with a collection of other smaller movements. - The cash balance has decreased by £15.9m year to date, driven by the movements in payables due to the high level of capital cash spend linked to items purchased at the end of 2024/25, and the payment of large maintenance contracts. - Year-to-date cash balances are £26.9m above plan and the year end cash balance is forecast to be £6.8m above plan, primarily driven by lower than forecast capital cash spend.	Summary - The closing cash balance of £70.0m, which is a decrease of £9.3m from August. - The £2.3m decrease from 31st March is due to a net cash inflow from operations of £29.3m, offset by cash outflow of £26.0m relating to investing activities (i.e. capital), and cash outflow of £5.6m on financing activities (i.e. loans, leases & PDC). - The Trust's total cash receipts in September were £135.9m to cover payroll payments of £73.6m, supplier payments of £65.9m and loan and PDC payments of £5.7m. - YTD cash balances are £6.8m above plan and the forecast year end cash balance is on plan at £60.2m.																																																																																																																

Page 123 of 181

Assurance and Variation Icons – Detailed Description

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

KEY
Note Performance
Constitutional Standards and Key Metrics = Escalation Summary

North Bristol NHS Trust

Perinatal Quality Surveillance Matrix (PQSM) Dashboard data

Month of Publication November 2025
Data up to September 2025

Activity	Target	Local Threshold		
		G	A	R
<u>Number of women who gave birth (>=24 weeks or <24 weeks live)</u>				
<u>Number of women who gave birth (>=22 weeks)</u>				
<u>Number of babies born (>=24 weeks or <24 weeks live)</u>				
<u>Number of livebirths 22+0 to 26+6 weeks</u>				
<u>Number of livebirths 24+0 to 36+6 weeks</u>				
<u>Number of livebirths <24 weeks</u>				
<u>Induction of labour rate %</u>				
<u>Unassisted birth rate %</u>				
<u>Assisted birth rate %</u>				
<u>Caesarean section rate (overall) %</u>				
<u>Elective caesarean section rate %</u>				
<u>Emergency caesarean section rate %</u>				

Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
481	397	454	448	394	429	435	456	453	467	439	460
482	397	455	447	397	429	436	456	455	467	439	460
486	401	460	454	401	433	442	464	463	473	444	466
2	4	2	0	6	6	4	3	4	1	9	1
37	28	41	33	28	35	36	40	32	33	43	27
1	3	1	1	3	3	0	0	1	0	3	2
31.0%	28.2%	30.4%	29.7%	27.9%	30.8%	31.7%	31.6%	32.7%	29.1%	33.3%	30.0%
42.2%	45.8%	43.8%	44.9%	40.1%	45.2%	42.3%	42.1%	41.5%	45.4%	44.2%	46.7%
9.4%	8.3%	10.8%	9.6%	12.9%	12.1%	9.9%	14.0%	9.3%	8.8%	9.8%	8.0%
48.4%	45.6%	44.9%	44.6%	46.4%	42.7%	47.6%	43.2%	49.0%	45.6%	46.0%	45.0%
23.1%	21.4%	20.3%	21.4%	23.6%	17.9%	22.1%	20.4%	22.3%	22.7%	22.1%	22.4%
25.4%	24.2%	24.7%	23.0%	22.8%	24.7%	25.5%	22.8%	26.7%	22.9%	23.9%	22.6%

Safe - Maternity Workforce	Target	Local Threshold			Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
		G	A	R												
One to one care in labour (as a percentage)* excludes BBAs	MIS 100%	100%		≤99%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
Compliance with supernumerary status for labour ward coordinator	MIS 100%	100%		≤99%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
Number of times maternity unit attempted to divert or on divert	Local	0		≥2	1	1	1	1	0	1	0	0	1	1	0	1
Number of obstetric consultant non-attendance to 'must attend' clinical situations	Local	0		≥2	0	0	0	0	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%	100%	100%	100%	100%	100%
Consultant Led MDT ward rounds on CDS evening/night	SBLV3 100%	100%		≤90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Percentage of 'staff meets acuity' - CDS	Birthrate+ 100%	≥90%		≤70%	52%	67%	51%	55%	43%	53%	64%	65%	52%	65%	72%	45%
Percentage of 'up to 3 MWs short' - CDS					44%	29%	45%	41%	45%	36%	31%	45%	44%	33%	25%	50%
Percentage of '3 or more MW's short' - CDS					4%	4%	5%	3%	12%	11%	5%	8%	5%	2%	3%	6%
Confidence factor in Birthrate+ (data recording on CDS)	Birthrate+ 60%	≥55%		≤45%	75.8%	81.1%	80.0%	87.1%	77.8%	77.4%	82.8%	82.3%	73.9%	87.1%	84.4%	86.6%

<u>Safe - Maternity Workforce</u>	Target	Local Threshold			Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Band 5/6/7 Midwifery Vacancy Rate (inclusive of maternity leave) WTEs	0%	≤5%		≥10%	-1.23%	-1.45%	-1.12%	-2.14%	-1.64%	-1.53%	-1.56%	-0.87%	0.77%	2.22%	4.53%	4.60%
Obstetric Consultant Vacancy Rate (inclusive of maternity leave) WTEs	0%	≤5%		≥10%	4.76%	4.76%	4.76%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Obstetric Resident Doctor Vacancy Rate (inclusive of maternity leave) WTEs	0%	≤5%		≥10%	0%	0%	2%	2%	2%	2%	2%	2%	2%	2%	0%	0%
Midwifery Shift Fill Rate (%) - inpatient services day	100%	≥97.5%		≤95%	96.4%	95.9%	96.9%	98.8%	97.1%	95.7%	96.7%	100.1%	94.5%	94.0%	95.5%	93.6%
Midwifery Shift Fill Rate (%) - inpatient services night	100%	≥97.5%		≤95%	98.2%	99.0%	100.7%	103.0%	99.6%	98.9%	99.5%	100.1%	103.6%	99.8%	97.7%	95.5%
Obstetric Shift Fill Rate - acute services* day	100%	≥97.5%		≤95%	100%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	98.0%
Obstetric Shift Fill Rate - acute services* night	100%	≥97.5%		≤95%	100%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Safe - Neonatal Workforce	Target	Local Threshold			Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
		G	A	R												
Number of NICU consultant non-attendance to 'must attend' clinical situations	0	0		≥2	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	0%	≤5%		≥10%	3.23%	2.59%	7.70%	9.98%	9.47%	8.70%	10.99%	12.23%	10.79%	13.72%	14.71%	16.94%
Neonatal Nurse Qualified in Speciality establishment rate	BAPM 70%	≥70%		≤60%	56%	56%	55%	52%	52%	52%	52%	52%	54%	63%	63%	63%
Neonatal Consultant Vacancy Rate (inclusive of maternity leave) WTEs	0%	≤5%		≥10%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	5%	5%
Neonatal Resident Doctor Vacancy Rate (inclusive of maternity leave) WTEs	0%	≤5%		≥10%	0%	0%	0%	7.60%	7.60%	0%	0%	0%	8%	8%	8%	8%
Neonatal Nursing Fill Rate (%) - acute services* using BAPM acuity tool	100%	≥97.5%		≤95%	96.7%	98.2%	100.0%	98.3%	100.0%	100.0%	98.3%	91.8%	96.6%	100.0%	88.5%	86.0%
Neonatal Nursing QIS Fill Rate (%) - acute services using BAPM acuity tool	70%	≥70%		≤60%	49.2%	63.6%	78.0%	73.3%	66.43	75.0%	74.6%	49.2%	55.2%	50.0%	37.7%	28.3%
Neonatal (Medical) Shift Fill Rate (%) - acute services* day using BAPM acuity tool	100%	≥97.5%		≤95%	100%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	97.8%	97.8%
Neonatal (Medical) Shift Fill Rate (%) - acute services* Night using BAPM acuity tool	100%	≥97.5%		≤95%	100%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	95.7%	95.0%	94.6%	94.0%	93.3%

Training	Target	Local Threshold			Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
		G	A	R												
Training compliance fetal wellbeing day - Obstetric Consultants	MIS Y6 90%	≥90%		≤80%	57%	90%	79%	90%	90%	89%	94%	90%	80%	80%	43%	46%
Training compliance fetal wellbeing day - Other Obstetric Doctors	MIS Y6 90%	≥90%		≤80%	79%	86%	76%	76%	87%	82%	82%	85%	81%	78%	80%	58%
Training compliance fetal wellbeing day - Midwives (ALL)	MIS Y6 90%	≥90%		≤80%	85%	95%	90%	87%	87%	84%	80%	85%	81%	81%	82%	67%
Training compliance in maternity emergencies and multi-professional training - Obstetric Consultants	MIS Y6 90%	≥90%		≤80%	60%	100%	95%	90%	90%	90%	94%	85%	90%	90%	90%	100%
Training compliance in maternity emergencies and multi-professional training - Other Obstetric Doctors	MIS Y6 90%	≥90%		≤80%	73%	88%	76%	68%	82%	91%	94%	100%	96%	97%	69%	81%
Training compliance in maternity emergencies and multi-professional training (includes NBLS) - Midwives (ALL)	MIS Y6 90%	≥90%		≤80%	72%	94%	94%	89%	86%	86%	89%	92%	91%	92%	93%	82%
Training compliance in maternity emergencies and multi-professional training - Anaesthetic Consultants	MIS Y6 70%	≥70%		≤60%	81%	93%	90%	90%	91%	91%	66%	69%	62%	63%	63%	70%
Training compliance in maternity emergencies and multi-professional training - Other Anaesthetic Doctors	MIS Y6 70%	≥70%		≤60%	74%	100%	91%	95%	73%	61%	66%	77%	75%	86%	87%	88%
Training compliance in maternity emergencies and multi-professional training - Maternity care assistants - ALL	MIS Y6 90%	≥90%		≤80%	69%	94%	93%	90%	87%	89%	87%	84%	87%	91%	90%	77%

Safe - Delivery Metrics	Target	Local Threshold		
		G	A	R
Number of shoulder dystocias recorded (vaginal births)				
% of women with a high degree (3rd and 4th) tear recorded				
Number of women with a retained placenta following birth requiring MROP				
Number of babies with an Apgar Score <7 at 5 mins (all gestations)				

Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
8	9	9	10	6	9	7	11	6	10	5	4
6.5%	7.4%	3.2%	5.6%	4.3%	3.7%	5.7%	5.0%	3.5%	5.5%	5.9%	2.8%
13	3	9	9	7	11	8	9	9	8	9	9
9	8	7	5	6	14	13	13	12	4	10	8

Infant Feeding & Skin to Skin	Target	Local Threshold		
		G	A	R
% of babies where breastfeeding initiated within 48 hours	80%	≥80%		≤70%
% of babies breastfeeding on Day 10	80%	≥80%		≤70%
% of babies breastfeeding at transfer to community	80%	≥80%		≤70%
% of babies where skin to skin recorded within 1st hour of birth	80%	≥80%		≤70%

Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
80.0%	82.5%	79.1%	76.3%	82.3%	76.5%	88.2%	81.0%	80.2%	84.7%	82.7%	83.2%
76.7%	81.2%	73.5%	73.1%	78.2%	77.4%	76.3%	70.9%	75.5%	76.3%	78.5%	70.5%
69.5%	71.2%	66.9%	66.9%	73.3%	68.4%	71.8%	67.1%	70.3%	72.9%	75.7%	72.2%
81.1%	85.0%	81.2%	82.4%	81.0%	80.4%	82.7%	83.1%	82.6%	84.9%	83.5%	83.4%

<u>Perinatal Morbidity and Mortality inborn</u>	Target	Local Threshold		
		G	A	R
<u>Total number of perinatal deaths (excluding late fetal losses)</u>				
<u>Number of late fetal losses 16+0 to 23+6 weeks excl TOP</u>				
<u>Number of stillbirths (>=24 weeks excl TOP)</u>				
<u>Stillbirths per 1000 live births</u>	2.6	≤2.6		≥3
<u>Number of neonatal deaths : 0-6 Days</u>				
<u>Number of neonatal deaths : 7-28 Days</u>				
<u>Neonatal Deaths before 28 days per 1000 live births (ALL)</u>	1.5	≤1.5		≥2
<u>* NND before 28 days per 1000 live births (Inborn babies only)</u>	1.5	≤1.5		≥2
<u>PMRT grading C or D themes in report</u>	0	≤0		≥2
<u>Suspected brain injuries in term (37+0) inborn neonates (no structural abnormalities) (MNSI referral)</u>	0	≤0		≥2

Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
0	3	4	6	4	9	2	2	4	3	4	1
2	4	1	2	1	2	0	3	5	4	0	5
0	1	1	5	0	4	2	2	3	3	0	0
0.00	2.49	2.17	11.01	0.00	9.32	4.52	4.31	6.48	6.34	0.00	0.00
0	1	1	0	3	5	0	0	0	0	2	1
0	0	2	1	1	0	0	0	1	0	2	0
0.00	2.49	6.5	2.2	10.15	11.66	0.00	0.0	2.2	0.0	4.5	2.1
0.00	2.49	2.2	0.0	7.48	8.93	0.00	0.0	2.2	0.0	4.5	4.6
0	0	2	3	3	0	0	2	2	1	0	0
0	1	1	3	1	1	0	0	1	0	0	0

<u>Maternal Morbidity and Mortality</u>	Target	Local Threshold		
		G	A	R
<u>Number of maternal deaths (MBRRACE)</u>	TBC			
<u>Direct causes</u>	TBC			
<u>Indirect causes</u>	TBC			
<u>Number of women who received enhanced care on CDS (HDU)</u>				
<u>Number of women who received level 3 care (ICU)</u>				

Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
0	0	0	0	0	0	0	0	0	1	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	1	0	0
36	40	37	32	33	36	32	33	39	39	23	30
3	3	1	1	2	1	1	1	1	1	0	0

Insight	Target	Local Threshold			Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
		G	A	R												
Number of incident reported					110	79	95	99	108	166	99	106	124	56	113	100
Number of incidents graded as moderate or above (total) (Physical Harm)					4	0	1	0	0	0	3	0	1	0	6	4
incident moderate harm or above (not PSII, excludes MNSI)					1	0	0	0	0	0	3	0	1	4	6	4
incident PSII (excludes MNSI)					0	0	1	0	0	0	0	1	0	0	0	0
New MNSI referrals accepted					1	0	1	1	1	2	0	0	1	0	0	0
Outlier reports (eg. MNSI/NHSR/CQC) or other organisation with a concern or request for action made directly with Trust	0	≤0		≥1	0	0	0	0	0	1	0	0	0	0	1	0
Coroner Reg 28 made directly to Trust	0	≤0		≥1	0	0	0	0	0	0	0	0	0	0	0	0
Trust Level Risks					3	2	3	3	3	3	3	3	4	5	5	5

NICU Data	Target	Local Threshold		
		G	A	R
<u>Neonatal Admission to NICU</u>				
<u>of which Inborn Babies booked with NBT</u>				
<u>of which Inborn Babies -booked elsewhere</u>				
<u>of which readmission</u>				
<u>of which ex-utero admission</u>				
<u>of which source of admission cannot be derived</u>				
<u>Neonatal Admission to Transitional Care</u>				
<u>Admission rate at term</u>	ATAIN <5%	≤4%		≥5%
<u>NICU babies transferred to another unit for higher/specialist care</u>				
<u>NICU babies transferred to another unit due to a lack of available resources</u>	0	≤0		≥1
<u>NICU babies transferred to another unit due to insufficient staffing</u>	0	≤0		≥1
<u>Attempted baby abduction</u>	0	≤0		≥1

Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
50	33	55	50	48	59	41	46	52	48	52	37
32	20	37	34	32	44	31	33	33	29	38	26
2	4	2	0	4	2	0	3	4	5	4	1
8	2	5	3	4	3	3	5	6	3	2	4
8	6	9	7	7	7	4	4	9	8	5	3
0	1	2	3	1	2	2	1	0	1	1	3
32	26	28	40	29	27	39	36	35	36	40	40
4.2%	2.7%	4.1%	6.0%	5.7%	7.2%	4.0%	4.8%	3.9%	5.8%	5.9%	3.9%
0	2	4	8	5	3	4	4	5	2	1	4
1	0	3	0	0	2	0	2	3	0	0	4
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0

Involvement	Target	Local Threshold		
		G	A	R
<u>Friends and family Test score (response rate % who rated 'very good' or 'good') NICU</u>	90%	≥90%		≤80%
<u>Friends and family Test score (response rate % who rated 'very good' or 'good') Maternity</u>	90%	≥90%		≤80%
<u>Service User feedback: Number of Compliments (formal)</u>				
<u>Service User feedback: Number of Complaints (formal)</u>				
<u>Staff feedback from frontline champions and walk-about (number of themes)</u>				

Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
100%	100%	100%	67%	100%	100%	100%	100%	100%	100%	100%	100%
92%	91%	90%	87%	95%	94%	94%	91%	92%	94%	93%	92%
24	13	14	29	74	37	59	78	61	79	69	63
3	4	0	11	2	2	2	9	2	6	16	3
7	0	0	0	8	7	Walk-about minutes	Meeting	Walk-about minutes	Meeting	Walk-about minutes	Meeting

Telephone Triage	Target	Local Threshold		
		G	A	R
Attendance to triage	90%	≥90%		≤80%
BSOTS KPI Initial assessment within 15 minutes	90%	≥90%		≤80%
NICE Safer Staffing Red Flag Initial assessment within 30 minutes	90%	≥90%		≤80%
Calls answered by triage (Day 0730-2000)				
Calls answered by triage (Night 2000-0700)				
Phone calls abandoned on triage (Day 0730-2000)				
Phone calls abandoned on triage (Night 2000-0700)				
Calls answered by other clinical areas (CDS and Mendip - Day + Night)				
Phone calls abandoned in other clinical areas (CDS and Mendip - Day + Night)				

	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
	820	850	822	791	925	939	943	888	996	880	963
	70%	63%	69%	66%	56%	58%	63%	66%	65%	64%	56%
	91%	88%	91%	91%	85%	85%	91%	91%	93%	90%	86%
	907	916	902	857	961	947	1711	1693	1525	1637	1857
	293	334	291	236	280	272	291	352	368	323	354
	134	176	146	159	168	182	301	154	149	207	347
	27	34	22	41	39	29	26	37	36	25	24
	688	729	726	669	734	606	522	522	536	484	493
	23	20	18	23	21	12	22	28	30	28	14

Perinatal Quality Surveillance (PQSM)

September 2025
UHBW Maternity

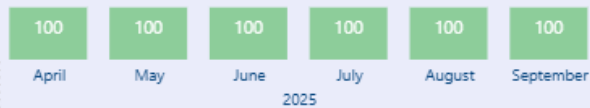


Perinatal Quality Surveillance Matrix (PQSM)

September 2025

Maternity Workforce & Acuity

Compliance with supernumerary status for labour ward coordinator (%)



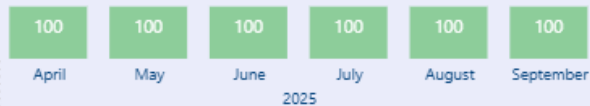
6 monthly average



Trend



One to one care in labour * excludes BBAs (%)



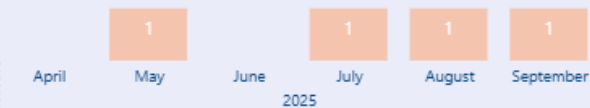
6 monthly average



Trend



Number of times maternity unit attempted to divert or on divert

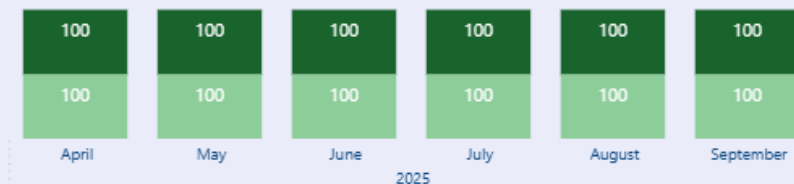


Trend



Consultant Led MDT Ward Rounds on CDS (%)

● Day Shift ● Night Shift



6 monthly average - Day Shift



Trend - Day Shift



6 monthly average - Night Shift



Trend - Night Shift



Number of obstetric consultant non-attendance to 'must attend' clinical situations (rolling 6 months)

0

Page 139 of 181

Is the standard of care being delivered?

- No episodes where the supernumerary status of the CDS coordinator was not maintained
- One to One care in Labour is consistently achieved
- Consultant Led MDT ward rounds are conducted consistently for both day and night shifts on CDS

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

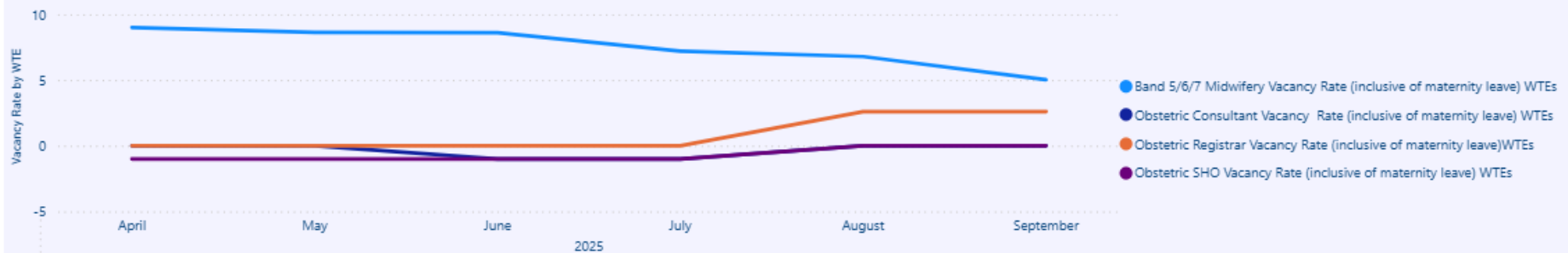
- **May 26** - Closure of CDS
High CDS acuity - exceeding capacity. Escalation protocol followed and NBT able to assist on a case by case basis, redistribution of staffing to ensure 1 to 1 care provided
- **Jul 17** - Attempted closure of maternity unit
High CDS acuity and cardiac in utero transfer en route from Torbay, reduced NICU staffing and no on-call midwifery staff - **No admissions impacted**
- **Aug 21** - Attempted closure of CDS.
CDS at capacity with no ante/post natal beds availability - **No admissions impacted**
- **Sep 23** - Attempted closure of CDS.
Acuity on CDS, redistribution of staffing to ensure 1 to 1 care provided . **No admissions impacted.**

Perinatal Quality Surveillance Matrix (PQSM)

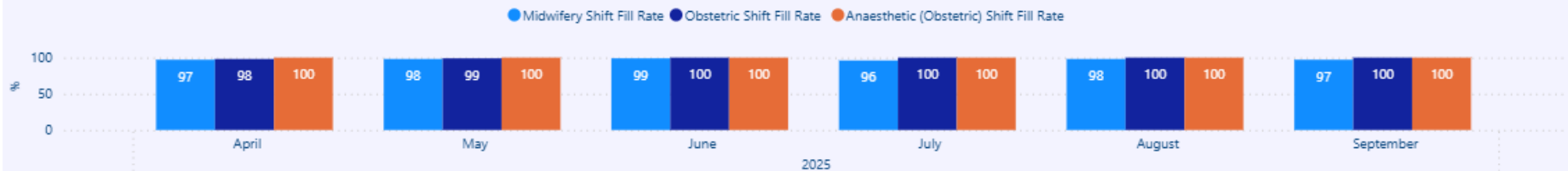
September 2025

Maternity Workforce & Acuity

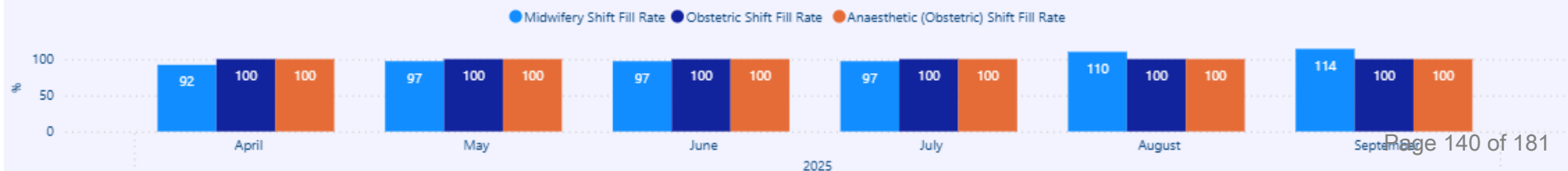
Obstetric and Midwifery Vacancy Rates



Day Shift Fill Rate - Acute services - Actual



Night Shift Fill Rate - Acute services - Actual

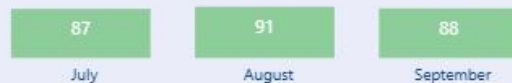


Perinatal Quality Surveillance Matrix (PQSM) September 2025

Maternity Workforce & Acuity

Central Delivery Suite (CDS)

Confidence factor in Birthrate + (Central Delivery Suite)



Trend



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 but will not contribute to the overall compliance calculation.

CDS Acuity Summary - July

● % of 'staff meets acuity' ● Up to 2 MW's short ● 2 or more MW's short



CDS Acuity Summary - August

● % of 'staff meets acuity' ● Up to 2 MW's short ● 2 or more MW's short



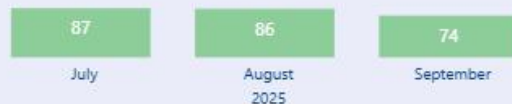
CDS Acuity Summary - September

● % of 'staff meets acuity' ● Up to 2 MW's short ● 2 or more MW's short



Transitional Care (TC)

Confidence factor in Birthrate + (Transitional Care)



Trend



TC Acuity Summary - July

● % of 'staff does not meet acuity' ● % of 'staff meets acuity'



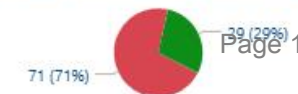
TC Acuity Summary - August

● % of 'staff does not meet acuity' ● % of 'staff meets acuity'



TC Acuity Summary - September

● % of 'staff does not meet acuity' ● % of 'staff meets acuity'

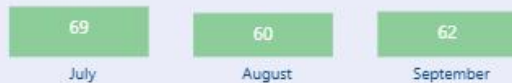


Perinatal Quality Surveillance Matrix (PQSM) September 2025

Maternity Workforce & Acuity

Ante / Post Natal Ward (Oak)

Confidence factor in Birthrate + (Oak Ward)



Trend



Birthrate Plus®

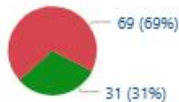
Capture of intrapartum (CDS) data is required 6 times during a 24-hour period (00:30, 04:00, 08:00, 12:00, 16:00 & 20:00), there is an hour's window for entering data: 30 mins before and 30 mins after the scheduled time.

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 but will not contribute to the overall compliance calculation.

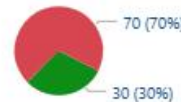
Oak Acuity Summary - July

● % of 'staff meets acuity' ● % of 'staff does not meet acuity'



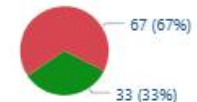
Oak Acuity Summary - August

● % of 'staff meets acuity' ● % of 'staff does not meet acuity'



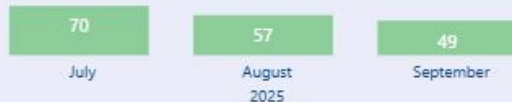
Oak Acuity Summary - September

● % of 'staff meets acuity' ● % of 'staff does not meet acuity'



Ante / Post Natal Ward (Willow)

Confidence factor in Birthrate + (Transitional Care)



Trend



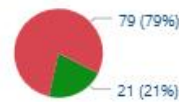
TC Acuity Summary - July

● % of 'staff meets acuity' ● % of 'staff does not meet acuity'



TC Acuity Summary - August

● % of 'staff meets acuity' ● % of 'staff does not meet acuity'



TC Acuity Summary - September

● % of 'staff meets acuity' ● % of 'staff does not meet acuity'

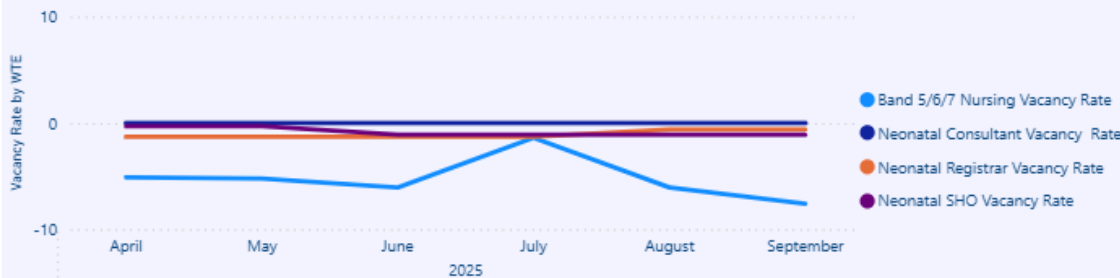


Perinatal Quality Surveillance Matrix (PQSM)

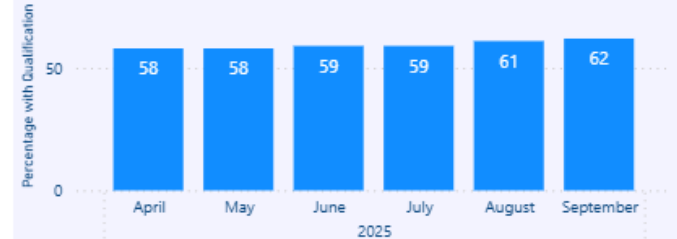
September 2025

Neonatal Workforce & Acuity

Neonatal Medical and Nursing Vacancy Rates

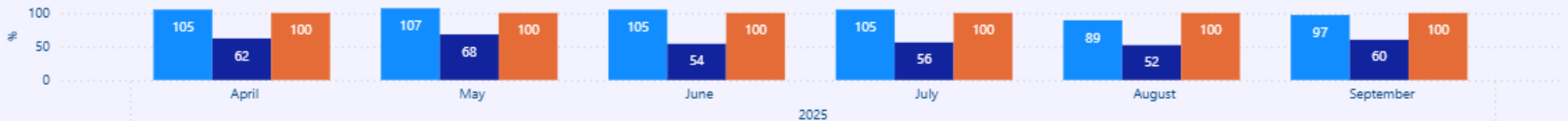


% of Neonatal Nurses with Qualified in Speciality (QIS) Certification (Target 70%)



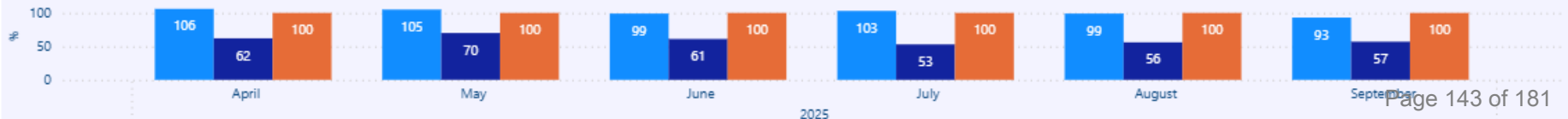
Day Shift Fill Rate - Acute services - Actual

● Neonatal Nursing Fill Rate (%) - acute services* day using BAPM acuity tool ● Neonatal Nursing QIS Fill Rate (%) - acute services* day using BAPM acuity tool ● Neonatal (Medical) Shift Fill Rate (%)



Night Shift Fill Rate - Acute services - Actual

● Neonatal Nursing Fill Rate (%) - acute services* night using BAPM acuity tool ● Neonatal Nursing QIS Fill Rate (%) - acute services* night using BAPM acuity tool ● Neonatal (Medical) Shift Fill Rate (%)



Perinatal Quality Surveillance Matrix (PQSM)

September 2025

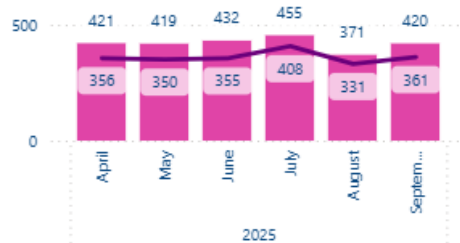
Maternity Metrics

420

Number of Women Booked for Maternity Care

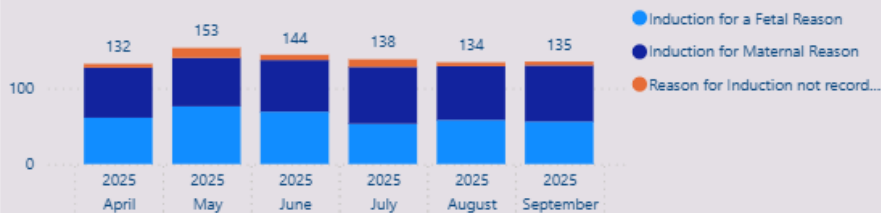
361

Number of Women Booked Before 13 weeks Gestation



Number of Women Booked Booked prior to 13 weeks

Number of Inductions: Breakdown by Primary Indication

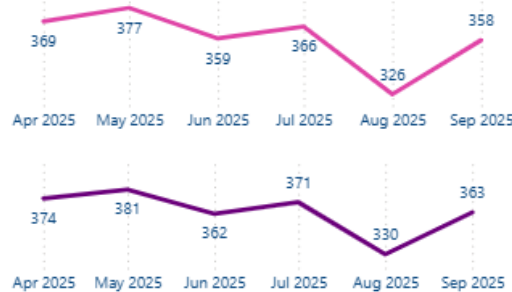


358

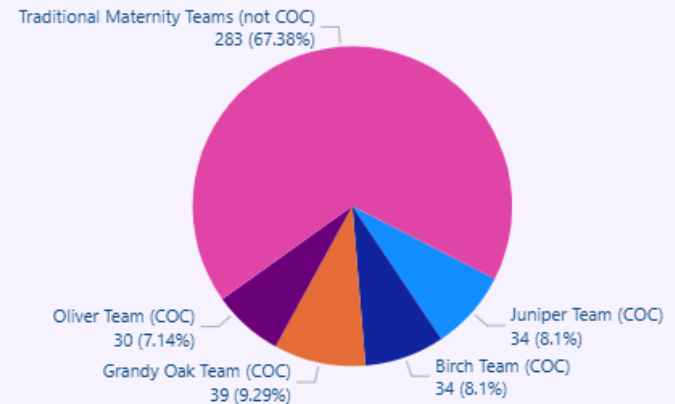
Number of Registerable Births (Women)

363

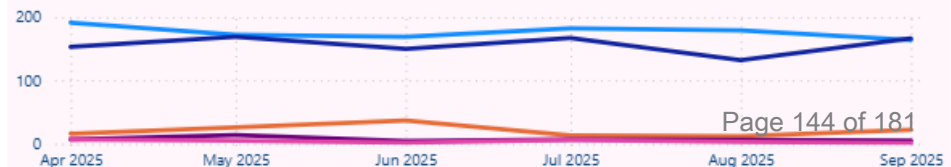
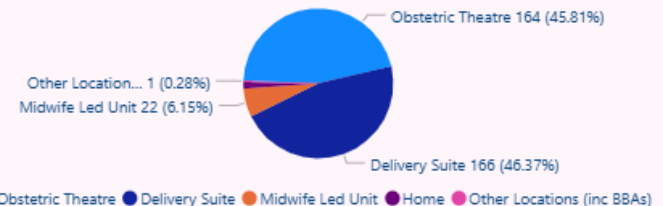
Number of Registerable Births (babies)



Maternity Bookings: Traditional 'v' Continuity Teams



Location of Birth

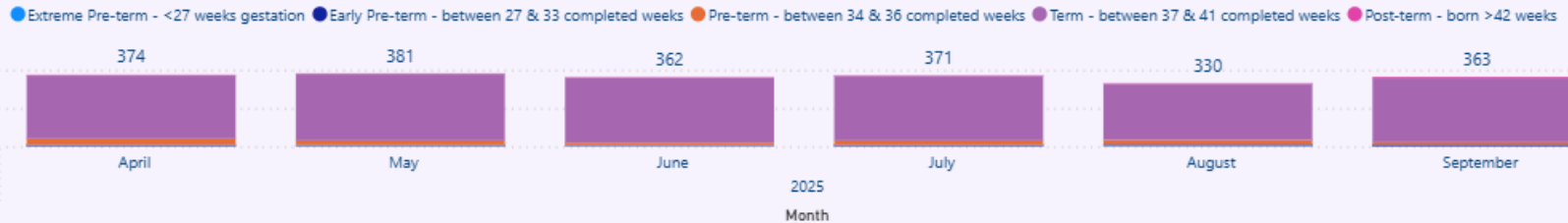


Perinatal Quality Surveillance Matrix (PQSM)

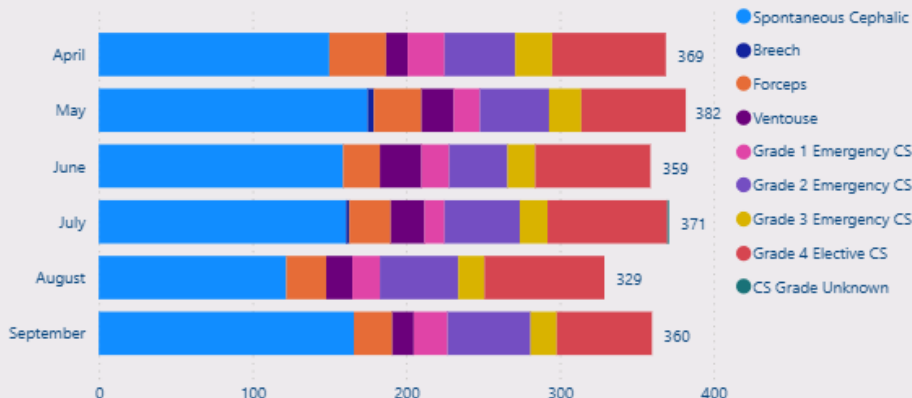
September 2025

Maternity Metrics

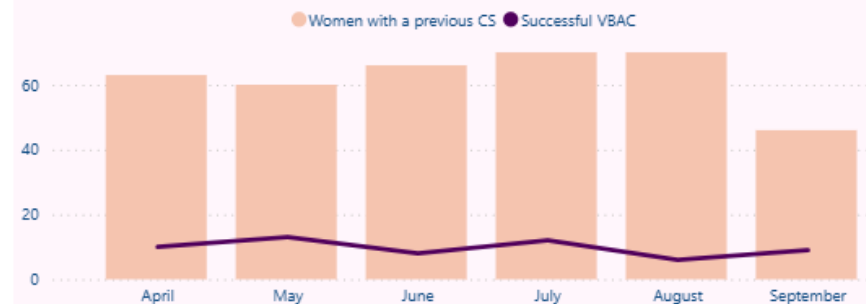
Gestation at Birth



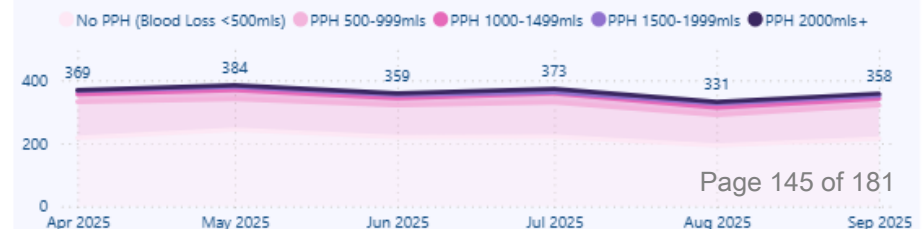
Mode of Birth



Vaginal Births after Previous Caesarean



Postpartum Haemorrhage (PPH)



6

Number of Grade 1 CS
delivered outside of
30 minutes

18

Number of Grade 2 CS
delivered outside of
75 minutes

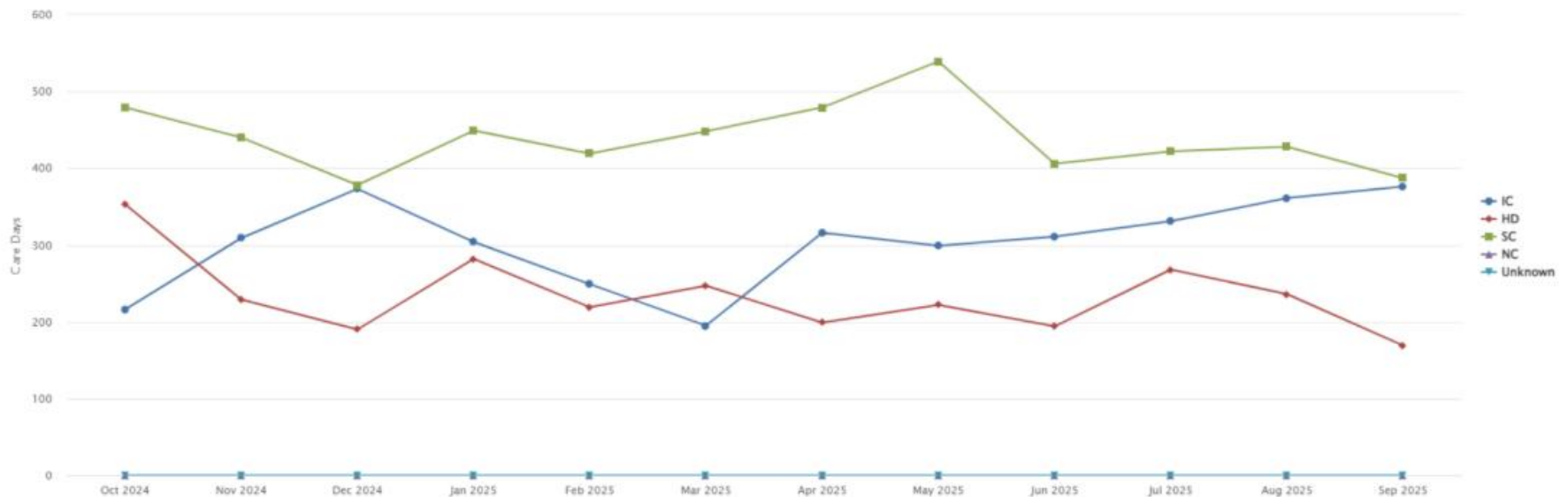
Perinatal Quality Surveillance Matrix (PQSM)

September 2025

Neonatal Metrics

NNU activity BAPM 2011

BAPM 2011 Monthly Activity



Neonatal Cot Summary

IC HD SC TC on NNU



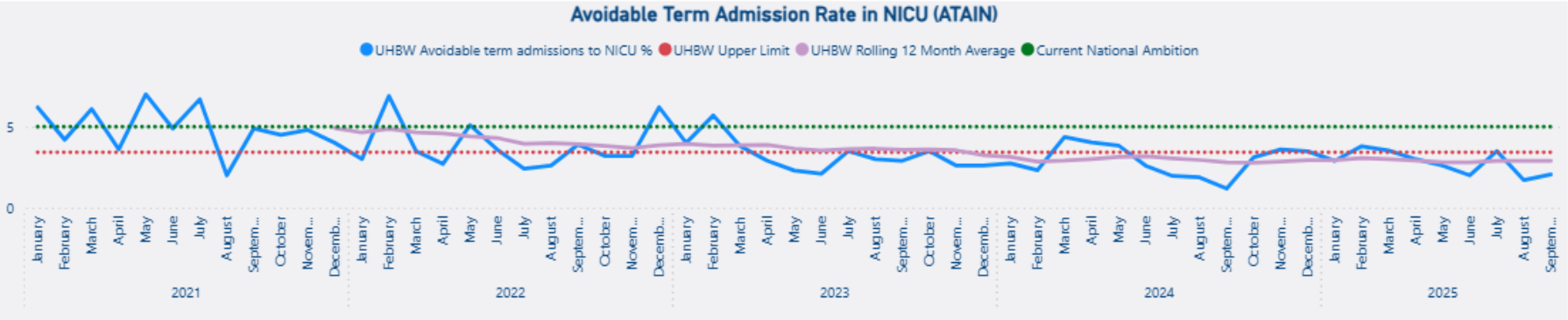
Neonatal Commissioned Cot Summary

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

Perinatal Quality Surveillance Matrix (PQSM)

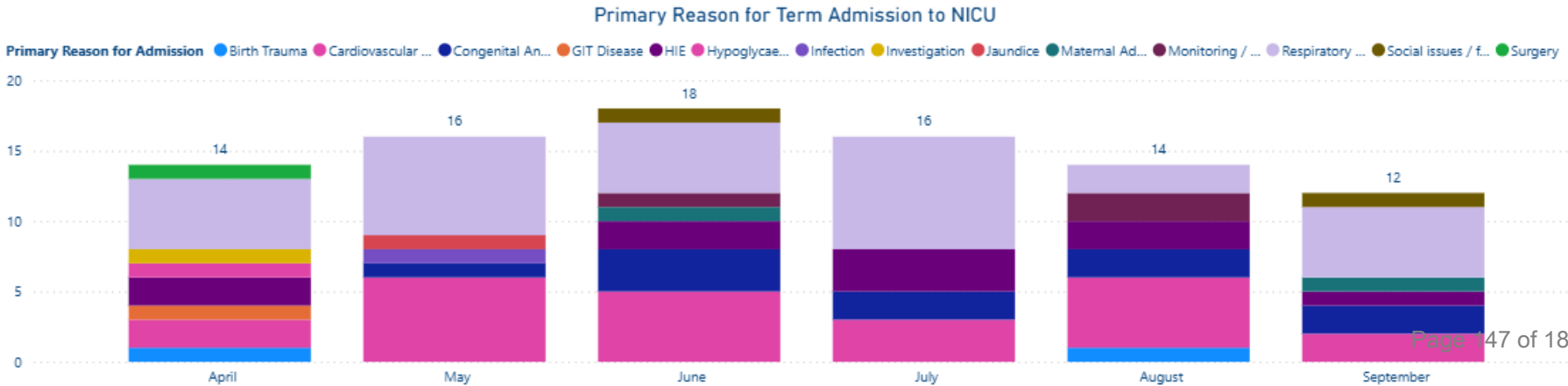
September 2025

Neonatal Metrics - Avoidable Term Admission Rate in NICU (ATAIN)



September 2025
UHBW Avoidable term Admission Rate 2.05%

As of End September 2025
UHBW Rolling 12 Month Average 2.90%



Perinatal Quality Surveillance Matrix (PQSM)

September 2025

Perinatal Mortality Overview (up to end September 2025)

UHBW Breakdown of Stillbirths and Neonatal Deaths (All)

Timing of death ● Antepartum stillbirth ● Early neonatal death ● Intrapartum stillbirth ● Late neonatal death ● Stillbirth of unknown timing

Trust/health board of birth

All

Trust/health board of death

All

UHBW Perinatal Mortality Rates per 1000 births

● UHBW Stillbirth rate per 1000 births ● Sum of UHBW Neonatal Deaths per 1000 births ● UHBW Perinatal Mortality Rate per 1000 births ● UHBW Rolling 12 month perinatal mortality rate ● National Perinatal Mortality Rate Ambition

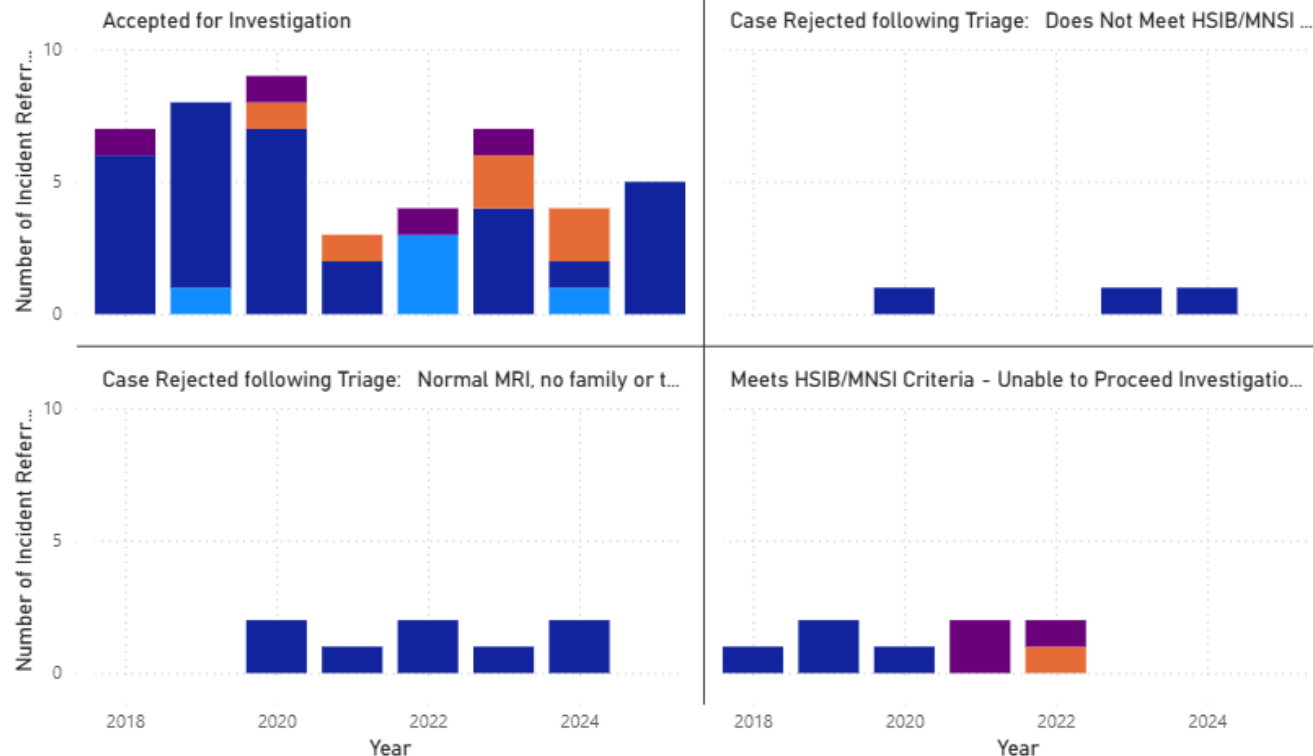
Perinatal Quality Surveillance Matrix (PQSM)

September 2025

Perinatal Mortality & Morbidity - MNSI

Breakdown of HSIB/MNSI Referrals, by Year, Referral Criteria and Investigation Status

HSIB/MNSI Referral Criteria ● Early Neonatal Death ● HIE / Therapeutic Cooling ● Intrapartum Stillbirth ● Maternal Death



The Maternity and Newborn Safety Investigations (MNSI) programme is part of a national strategy to improve maternity safety across the NHS in England.

All NHS trusts are required to inform MNSI about certain patient safety incidents that happen in maternity care where an independent investigation may be beneficial.

Where identified MNSI may make safety recommendations which aim to improve services at local level and across the whole maternity healthcare system in England.

Date of Incident

17/08/2018

09/09/2025

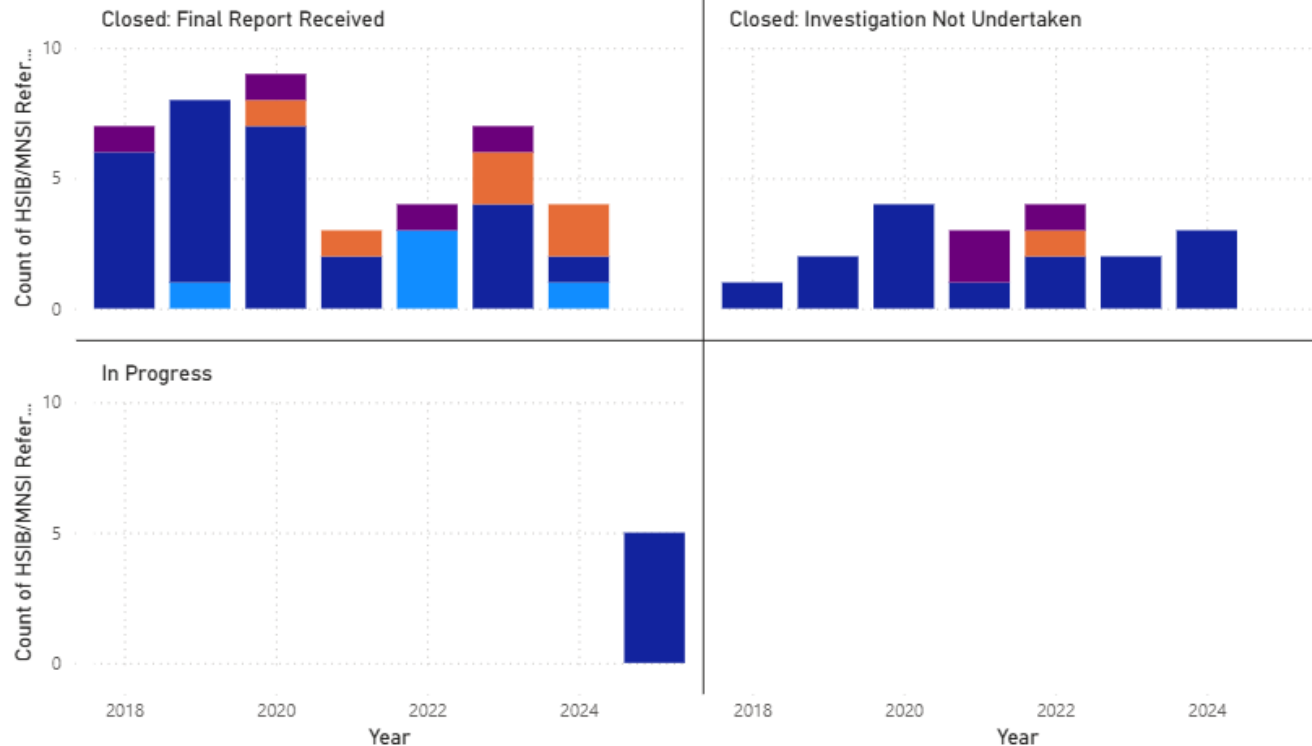
Perinatal Quality Surveillance Matrix (PQSM)

September 2025

Perinatal Mortality & Morbidity - MNSI

HSIB/MNSI Case Status

HSIB/MNSI Referral Criteria ● Early Neonatal Death ● HIE / Therapeutic Cooling ● Intrapartum Stillbirth ● Maternal Death



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Date of Incident

17/08/2018

09/09/2025

Perinatal Quality Surveillance Matrix (PQSM)

September 2025

Incident Reporting & Reviews: Ongoing MNSI Investigations

MNSI Reference	Year	Quarter	Month	Incident Location	Description	Investigation Status	Investigation Update
MI-0403517	2025	Qtr 2	June	UHBW	Spontaneous onset of labour, Progressed to full dilation. CTG concerns, transferred to theatre. Forceps delivery. Baby born in poor condition, requiring full resuscitation. Transferred to NICU.	In Progress	MNSI Referral: Therapeutic Cooling / HIE Baby admitted to NICU following birth, sadly passed away at 9 days of age Physical harm updated to 'Fatal' MNSI Investigation in Progress PMRT Review in Progress
MI-044717	2025	Qtr 3	July	UHBW	Low risk labour, transferred from MLU during labour. Forceps delivery for pathological CTG. Baby born in poor condition and required resuscitation. Baby responded well to initial resuscitation and neurological assessment at 30 mins of age NAD. Transferred to Ward 76 with mother. Deterioration noted at approximately 5 1/2 hours of age - escalated for neonatal review - query seizures - transferred to NICU.	In Progress	MNSI Referral: Therapeutic Cooling / HIE MRI - No signs of HIE, MNSI case progressing due to family concerns Physical harm reduced to 'Low' MNSI Investigation in Progress
MI-045188	2025	Qtr 3	August	UHBW	Spontaneous onset of labour, rapid labour and spontaneous vaginal delivery. Baby born in poor condition and required resuscitation. Thick meconium at time of birth. Transferred to NICU for ongoing support.	In Progress	MNSI Referral: Therapeutic Cooling / HIE MRI - Evidence of prolonged partial HIE
MI-046240	2025	Qtr 3	September	UHBW	Failed trial of forceps in delivery room Transferred to theatre for Cat 1 Section Baby born in poor condition, requiring resuscitation Transferred to NICU Further deterioration of Baby's condition - Family decision to reorientate care	In Progress	Baby Admitted to NICU for Therapeutic Cooling MNSI - Referral Submitted QPS Review - Completed MNSI Investigation in progress PMRT Review in Progress - following Baby's subsequent death
MI-046241	2025	Qtr 3	September	UHBW	Baby delivered via EMCS for delay in progress following induction of labour Born in moderate condition, respiratory support provided in theatre. Difficulty in weaning O2 requirements so decision to transfer to NICU Abnormal neurological assessment	In Progress	Baby Admitted to NICU for Therapeutic Cooling MNSI - Referral Submitted QPS Review - Completed MNSI Investigation in progress

Perinatal Quality Surveillance Matrix (PQSM)

September 2025

New Incidents / Events of Significance

Excludes incidents accepted by MNSI
(see previous slide)

Datix	Year	Month	Day	Incident / Outcome	Sub Category	Description	Primary Patient Preliminary Physical Harm	Primary Patient Preliminary Psychological Harm	Investigation Update
307283	2025	September	28	Outcome	Maternal Death	31 year old admitted to ED via ambulance following overdose taken at home. Resuscitation carried out by ambulance team in community prior to admission. ROSC obtained, high levels of support required and patient transferred to ICU Condition deteriorated whilst in ICU and decision to withdraw care agreed Event reported to coroner and MBBRACE as death occurred within 1 year of pregnancy	Fatal		MBBRACE Notification in progress Location of ED records required in order to complete
302847	2025	September	2	Incident	Term Baby Admitted to NICU	Baby born unexpectedly in poor condition at ELCS Normal CTG prior to transfer to theatre Significant delay in siting epidural Baby transferred to NICU and Therapeutic Cooling commenced	Low	No	Baby born in poor condition following ELCS, transferred to NICU and Therapeutic Cooling commenced DOES NOT MEET MNSI CRITERIA Family meeting planned with obstetric and anaesthetic consultants
305470	2025	September	29	Outcome	Stillbirth > 500g - Antenatal	Delivery of IUD 29/9 SVD at 06:35 IUD confirmed 24/9 Anecephaly diagnosed in pregnancy at 10+3	No	Psychological Trauma associated with Pregnancy Loss	PMRT Review in Progress
305055	2025	September	24	Outcome	Stillbirth > 500g - Antenatal	Vaginal delivery of a stillbirth baby at 34+3. Baby identified as IUD on 21/9/25 following admission to triage for reduced movements.	No	Psychological Trauma associated with Pregnancy Loss	PMRT Review in Progress

Perinatal Quality Surveillance Matrix (PQSM)

September 2025

PMRT Reviews

What is PMRT?

The **Perinatal Mortality Review Tool (PMRT)** is a systematic framework developed to conduct reviews of perinatal deaths, which include stillbirths and neonatal deaths. Launched in early 2018, the PMRT aims to provide bereaved parents with answers regarding the care their baby received and to identify areas for improvement in healthcare practices.

Grading of Care

The PMRT includes a grading system to evaluate the quality of care provided to mothers and babies. The grading typically follows these categories:

- Grade A: No issues with care identified.
- Grade B: Care issues identified that would not have affected the outcome.
- Grade C: Care issues identified that may have affected the outcome.
- Grade D: Care issues identified that likely made a difference to the outcome.

PMRT ID	Month reviewed	Date of Incident	Incident	Grading of care	Agreed Grading	Outcome/ Learning/ Actions
97965	Sep-25	26-Mar-25	Neonatal Death	Grading of care of the mother and baby up to the point of birth of the baby.	A	
				Grading of care of the baby from birth up to the death of the baby.	A	
				Grading of care of the mother following the death of her baby.	A	
98737	Sep-25	25-May-25	Stillbirth	Grading of care of the mother and baby up to the point of birth of the baby.	B	
				Grading of care of the mother following the death of her baby.	B	

Perinatal Quality Surveillance Matrix (PQSM)

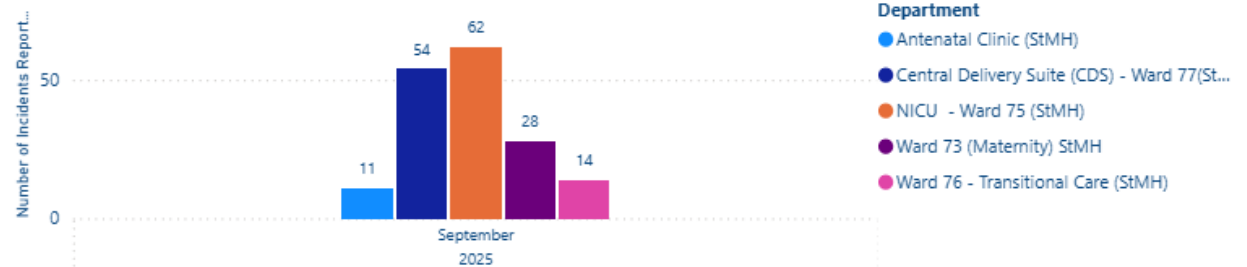
September 2025

Incident Reporting & Reviews

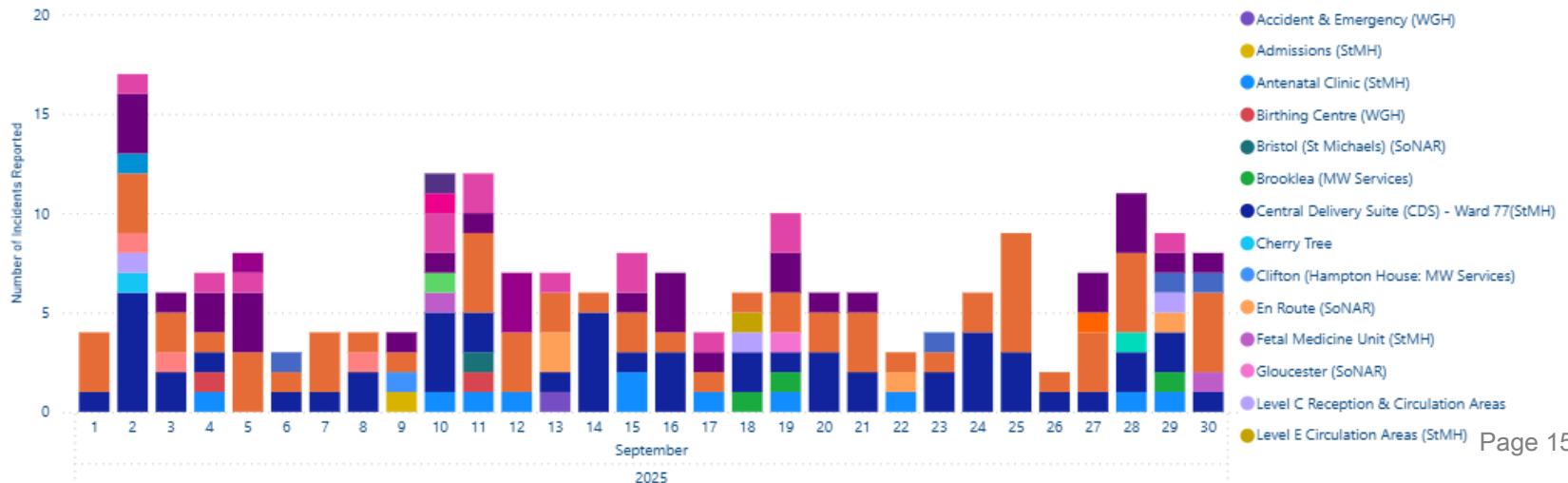
207

September 2025: Total Number of Datix
Incidents Reported

September 2025 Incidents - Top 5 Ward/Area



September 2025 Incidents Reported by Date and Ward/Area

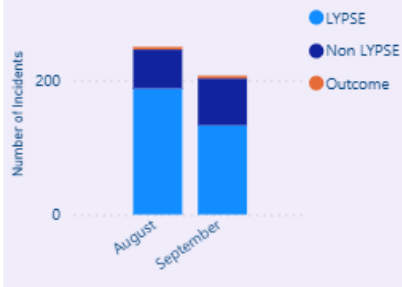


Perinatal Quality Surveillance Matrix (PQSM)

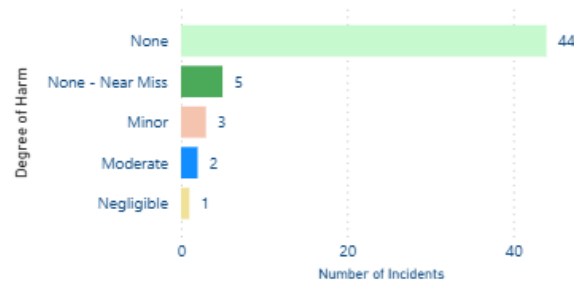
September 2025

Incident Reporting & Reviews

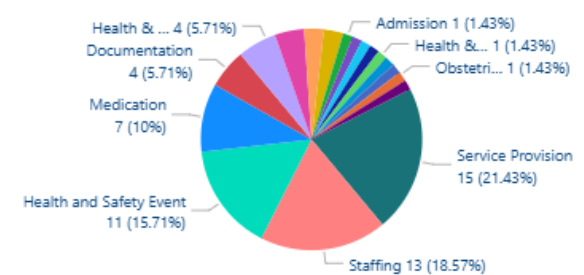
Breakdown of Incidents by Type



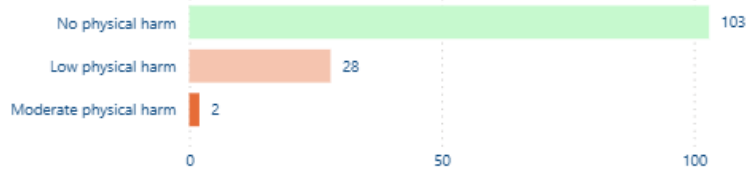
Non-LYPSE Incidents by Degree of Harm, September 2025



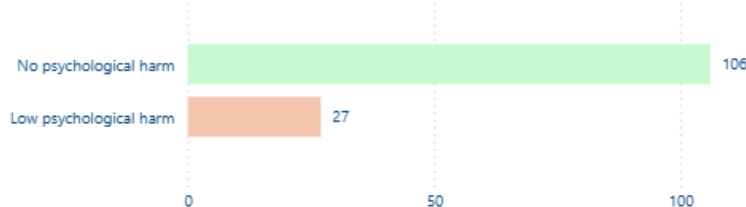
Non-LYPSE Incidents by Category, September 2025



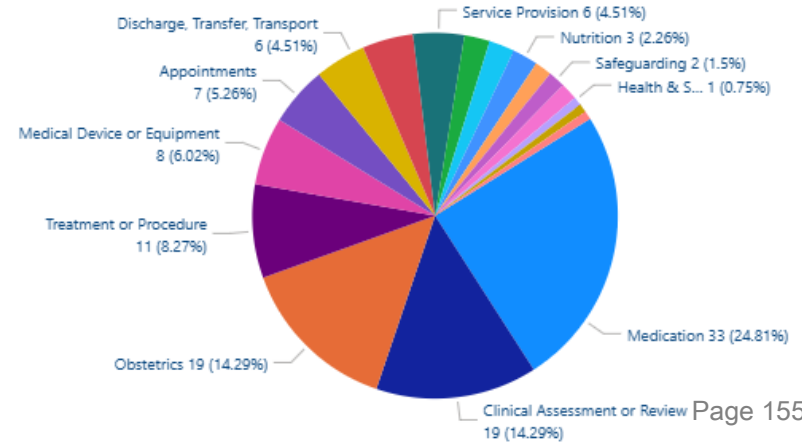
September 2025: LYPSE Incidents by Physical Harm Breakdown



September 2025: LYPSE Incidents by Psychological Harm Breakdown



LYPSE Incidents by Category, September 2025

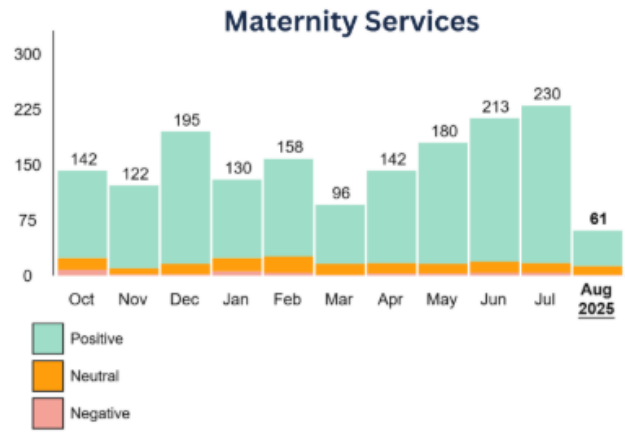
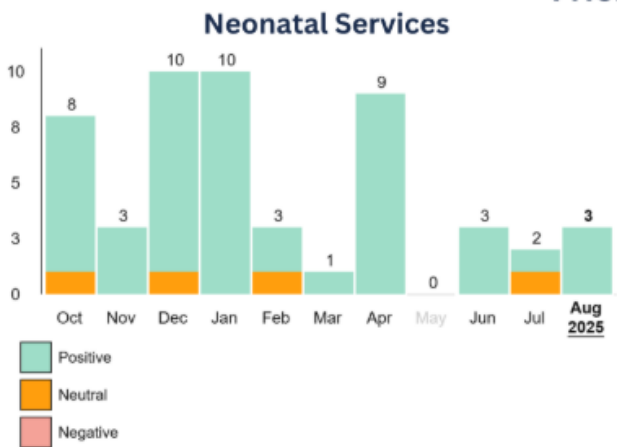


Perinatal Quality Surveillance Matrix (PQSM)

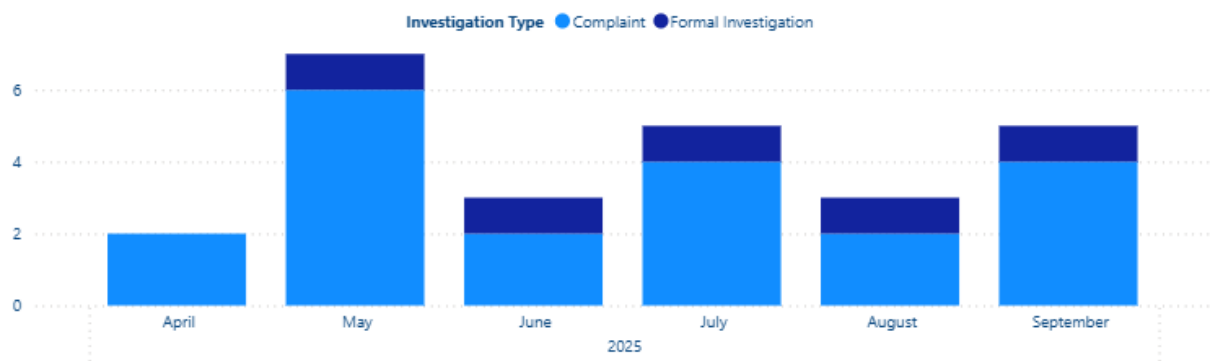
September 2025

Patient Experience

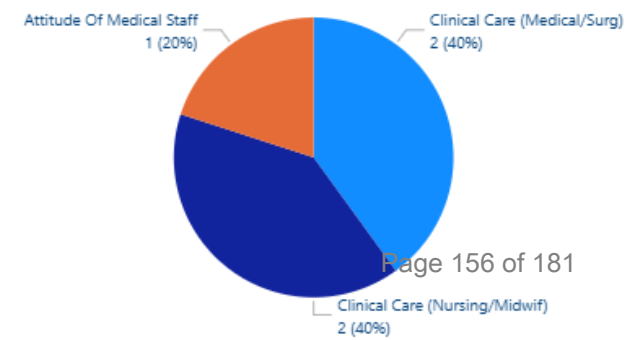
Friends & Family Test Survey



Maternity and Neonatal Complaints by Month First Received



September 2025 Complaints by Sub-Category



Perinatal Quality Surveillance Matrix (PQSM)

September 2025

Compliance with National Directives: Maternity Incentive Scheme - Year 7

MIS Safety Action

	Compliance with MIS Actions Year 5	Compliance with MIS Actions Year 6 ▲	Progress with MIS Actions Year 7
Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	PASSED	PASSED	ON TRACK
Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?	PASSED	PASSED	ON TRACK
Can you demonstrate an effective system of clinical workforce planning to the required standard?	PASSED	PASSED	ON TRACK
Can you demonstrate an effective system of midwifery workforce planning to the required standard?	PASSED	PASSED	ON TRACK
Can you demonstrate that the service listens to women, parents and families using maternity and neonatal services and coproduce services with users?	PASSED	PASSED	ON TRACK
Can you demonstrate that there is clear oversight in place to provide assurance to the Board on maternity and neonatal safety and quality issues?	PASSED	PASSED	ON TRACK
Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version 3?	PASSED	PASSED	ON TRACK
Can you demonstrate that you have transitional care (TC) services in place and undertaking quality improvement to minimise separation of parents and their babies?	PASSED	PASSED	ON TRACK
Can you evidence the required elements of local training plans and 'in-house', one day multi professional training?	PASSED	PASSED	AT RISK
Have you reported 100% of qualifying cases to MNSI and to NHS Resolutions Early Notification (EN) Scheme?	PASSED	PASSED	ON TRACK

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).

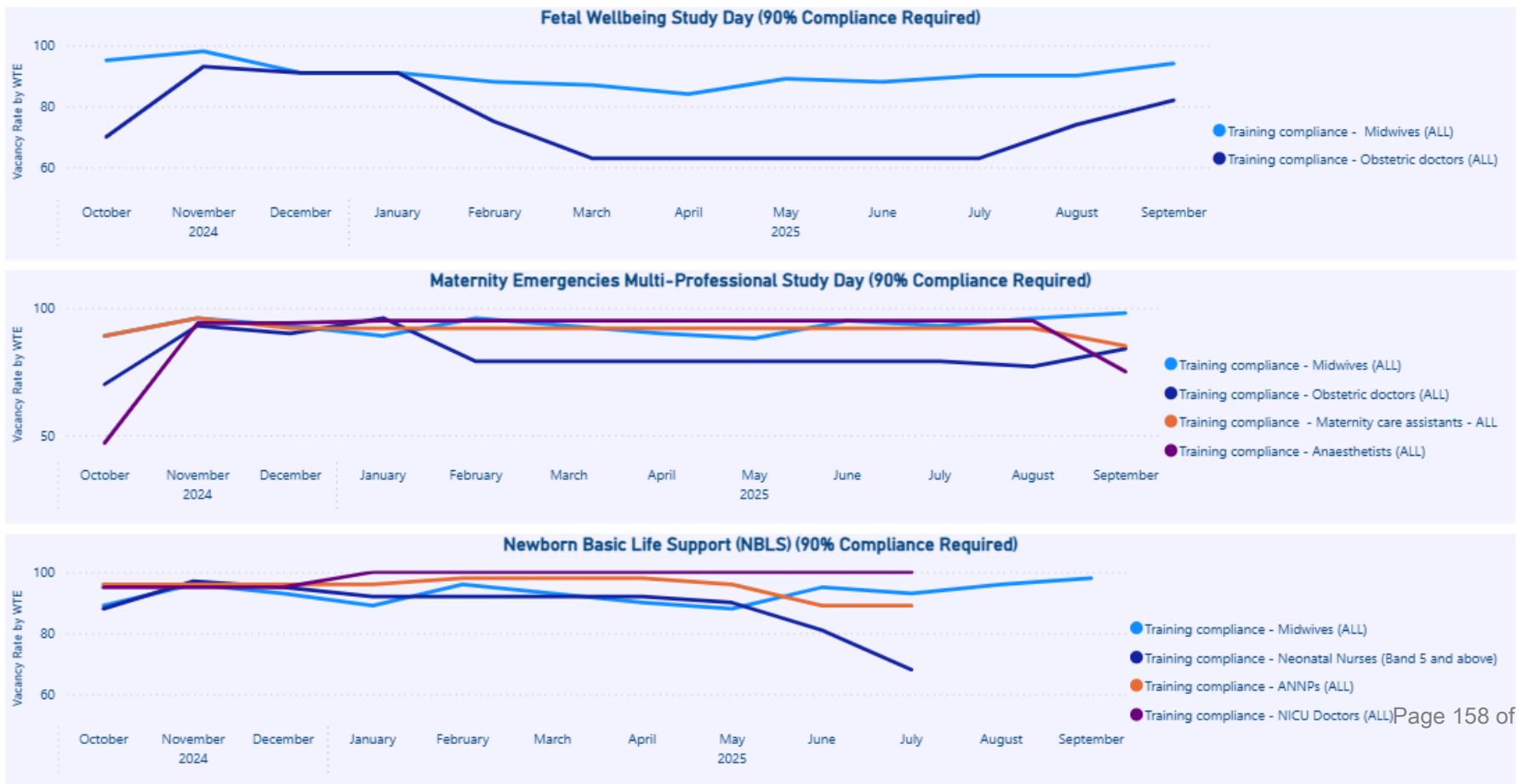
**MIS Year 7 Guidance
published 2 April 2025**

**Compliance Submission
Deadline: 3 March 2026**

Perinatal Quality Surveillance Matrix (PQSM)

September 2025

Compliance with National Directives: Mandatory Training (MIS Year 7)



Perinatal Quality Surveillance Matrix (PQSM)

September 2025

Compliance with National Directives: Three Year Delivery Plan

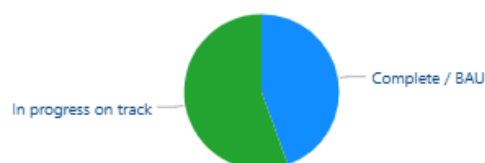
Theme 1

Milestones / Targets	Work completed Q1	Work Scheduled
Birth Choices	NBT established. UHBW set up a pilot personalised clinic system	Review September 2025
Commence NBT/UHBW Equity in Pain Management Q1 Project	First meeting held 29/04/2025	Literature review in progress
Commission Real Birth Company	Funding approved at LMNS Board 15/05/2025	Date to be agreed for training to commence and go live
Commission and implement community perinatal mental health service	Both Trusts have established services. VCSE offer is being re-commissioned	Award contract and ensure oversight from LMNS
Completed MNVP self assessment tool and develop action plan	Self assessment took place 19/05/2025	This will be completed quarterly
Define and agree Personalised Care Workstreams across LMNS, UHBW and NBT	LMNS Programme Manager appointed, draft action plan and ToR developed. Task group for patient communication/patient leaflet set up.	First meeting scheduled for September
Share LMNS Equity and Equality Plan Highlight report with Trusts	Shared with Trusts	Explore whether this can be made a live document and whether we can create a one page infographic

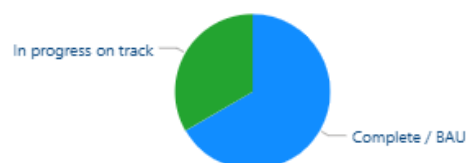
Theme 2

Milestones / Targets	Work completed Q1	Work Scheduled
Agree staffing levels	LMNS have developed a workforce tool, shared regionally - positive feedback	Take to D&T in July for full discussion and sign off
Retention issues and improvement plans	Review of retention by staff group completed and sharing of good practice via COP once established	LMNS to feed back to Trusts LMNS rep to attend COP once established
Student placement capacity	Interviews concluded with MNVP rep. 2 places awarded per Trust for MSW to attend midwifery apprenticeships September 2025	Support MSW on their courses

Theme 1



Theme 2



Perinatal Quality Surveillance Matrix (PQSM)

September 2025

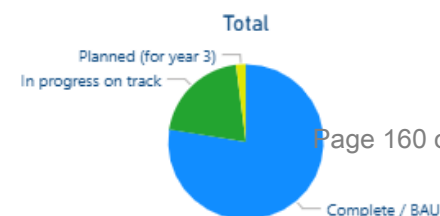
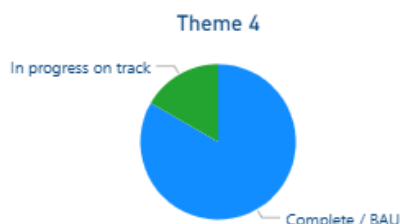
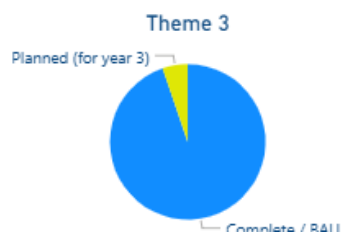
Compliance with National Directives: Three Year Delivery Plan

Theme 3

Milestones / Targets	Work completed Q1	Work Scheduled
Escalation of clinical concerns	Build into the MNVP staff engagement plans (staff Survey)	Create staff survey re culture and include raising clinical concerns
Escalation of clinical concerns	LMNS Programme Manager in post	Will review technical guidance
Ethnicity and incident data		Gather feedback from previous engagement sessions as this was around escalation
Monitor the impact of work to improve culture	Staff surveys reviewed by MNVP	MNVP to create a staff survey to review culture and safety
Production of local quality dashboard that brings together intelligence from Trusts	Draft dashboard developed	Agree and implement

Theme 4

Milestones / Targets	Work completed Q1	Work Scheduled
Commission care with due regard to NICE	Programme Manager in post	Programme manager to review technical guidance. Escalate to regional team for guidance re evidence.
System wide meeting to discuss the launce of SBLv3.2	Meeting held in May and reporting schedule planned	Complete reporting schedule
System wide meeting to discuss the launch of MIS Year 7	All system partners attended NHSE launch event	



Perinatal Quality Surveillance Matrix (PQSM)

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 and MNSI.

Description	Number of Assurance Questions	N/A for UHBW or National Actions	Red	Amber	Green	Blue	Completed and Evidenced	% of Compliance
Workforce Planning and Sustainability	11	1	0	0	0	0	10	100.00
Supporting Families	3	0	0	0	0	0	3	100.00
Safe Staffing	10	2	0	0	0	0	8	100.00
Pre-term Birth	4	1	0	0	0	0	3	100.00
Postnatal Care	4	0	0	0	0	0	4	100.00
Obstetric Anaesthesia	5	2	0	0	0	0	3	100.00
Neonatal Care	8	3	0	1	0	0	4	87.50
Multidisciplinary Training	9	0	0	0	0	0	9	100.00
Learning from Maternal Deaths	3	2	0	0	0	0	1	100.00
Labour and Birth	6	0	0	0	0	0	6	100.00
Incident Investigations and Complaints	7	0	0	0	0	0	7	100.00
Escalation and Accountability	5	0	0	0	0	0	5	100.00
Complex Antenatal Care	5	0	0	0	0	0	5	100.00
Clinical Governance and Leadership	7	1	0	0	0	0	6	100.00
Bereavement Care	4	0	0	0	1	0	3	75.00
	91	12	0	1	1	0	77	97.80

Next Steps for Progression:

- IEA13 – Expansion of new 'Bereavement Champion' role to support 7 day bereavement support
- IEA14 – Neonatal Staffing

	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)

Report To:	Public Group Board Meeting		
Date of Meeting:	11 November 2025		
Report Title:	Integrated Governance Report		
Report Author:	Mark Pender, Head of Corporate Governance Richard Gwinnell, Deputy Trust Secretary		
Report Sponsor:	Xavier Bell, Group Chief of Staff		
Purpose of the report:	Approval	Discussion	Information
			X
	To present the integrated governance report, which brings together the Committee Chairs' upwards reports and other governance related items. The register of seals will be presented at the January Board meeting.		
Key Points to Note <i>(Including any previous decisions taken)</i>			
Attached are the following Committee Upward Reports for the Board's information: - Digital Committee in Common: 18 September 2025 (Appendix A) - People Committee in Common: 25 September 2025 (Appendix B) - Quality and Outcomes Committee in Common: 30 September 2025 (Appendix C) - Finance and Estates Committee in Common: 30 September and 28 October 2025 (Appendix D) - Audit Committee in Common: 28 October 2025 (Appendix E) - Quality and Outcomes Committee in Common: 30 October 2025 (Appendix F). The dates and times of Committee meetings for 2026/27 have recently been published to Convene (alongside the existing meetings for 2025/26) and are in the Document Library for all Board members' convenience. Invitations to relevant meetings will be sent out in the days and weeks ahead.			
Strategic and Group Model Alignment			
These documents directly support the Board's ambition to form a Group, and these documents support the new governance model being implemented.			
Risks and Opportunities			
None.			
Recommendation			
This report is for Information . The Boards are asked to note the Committee Upward Reports attached to this report.			
History of the paper (details of where paper has <u>previously</u> been received)			
N/A			
Appendices:	See list above		

Public Group Board Meeting held in public on 11 November 2025

Reporting Committee	Digital Committee in Common
Chaired By	Roy Shubhabrata, Group Non-Executive Director
Executive Lead	Neil Darvill, Group Chief Digital Information Officer

For Information

The Committee met on 18 September 2025 and received the following reports:

- 1. Group Board Assurance Framework (BAF):** The Committee received the Group BAF, which provided an overview of the digital risks facing the organisations. Individual risks were closed following successful mitigation, and there was no change to the overarching principal digital risk. The Committee discussed the risks associated with mixed paper and digital systems, highlighting the need for triangulation and quality oversight. The Committee was assured that digital risks were being actively managed.
- 2. Hospital Group Digital Systems, Policy and Operational Performance Update:** The Committee received updates on technology services, clinical systems, project management, information governance, and business intelligence across both Trusts. Key progress included:
 - Near-completion of the Windows 11 upgrade
 - Major server migrations
 - Improved cyber security
 - Continued Electronic Prescribing and Medicines Administration (EPMA) rollout
 - Network upgrades supporting the move to a unified Electronic Patient Record (EPR)
 - Preparations for Careflow Medicines Management (CMM)
 - Approval of the Information Sharing Charter.

The Committee discussed digital challenges in paediatrics and cardiology, emphasised the need for system consolidation, and agreed to review CMM progress and coding alignment in future meetings.
- 3. Artificial Intelligence (AI) Update:** The Committee discussed the challenges of adopting AI technologies, particularly around information governance and the absence of a formal review and prioritisation process. Given the legal and ethical complexities, members supported establishing a governance forum reporting into the Digital Committee to oversee AI initiatives, ensuring clinical safety and strategic alignment.
- 4. Cyber Security Report:** The Committee received an update on the Group's cyber security strategy, which strongly aligned with Bristol, North Somerset and South Gloucestershire (BNSSG) and national strategies. Key highlights included assigning cyber responsibilities to all Technology Services staff, establishing a centralised Cyber Security Hub, and aligning tools across organisations.
- 5. Digital Strategy and Operational Business:** The Committee received assurance on the development of the Group-wide digital strategy and oversight of operational business across NBT Information Management and Technology (IM&T) and UHBW Digital Services. Key areas included progress

on strategy alignment and engagement activities, with publication expected in Q1 and approval in Q4. Financial pressures were noted, with plans to consolidate digital teams into a single enterprise group, and an external assessment of digital project maturity was underway.

- 6. Hospital Group e-Rostering Solution Recommendation:** The Committee endorsed the recommendation to pursue a unified e-Rostering solution across the Group and agreed to requiring that shifts must be recorded on the e-Rostering system as a condition for payment (except for doctors whose job plans cannot be accommodated by a fixed digital model).
- 7. Ambient Voice Recommendation:** The Committee reviewed and approved the recommendation for implementing Ambient Voice Technology to support clinical documentation and savings delivery. The committee discussed governance, patient experience, and benefits realisation as key considerations, with progress updates expected at the January meeting.

The Committee also reviewed its work plan and received updates on the following areas:

- Health Records Deep Dive, which provided an update on the Health Records Transformation progress and the key deliverables planned.
- West of England Image Sharing Business Case, including the ongoing challenges and the newly procured single radiology solution for the Southwest region.

For Board Awareness, Action or Response (including risks)

The Committee took assurance from all the above items, on behalf of the Board.

Key Decisions and Actions

- Endorsed the Group e-Rostering solution recommendation.
- Approved the Ambient Voice recommendation.
- Agreed to see the IT work plan for the Group merger at the next meeting.

Additional Chair Comments

N/A

Date of next meeting: Thursday 20 November 2025

Public Group Board Meeting held in Public on 11 November 2025

Reporting Committee	People Committee in Common – 25 September 2025
Chaired By	Linda Kennedy, Non-Executive Director
Executive Lead	Jenny Lewis, Group Chief People & Culture Officer

For Information

September's People Committee was attended by Jenny Lewis as Group Chief People and Culture Officer Designate and focussed on Group development and learning.

Group Development

There was currently a focus on aligning the trusts' policies, practices and data, although it was noted that completing alignment tasks had to be balanced with capacity constraints. Given the number of tasks which needed IT input, it was acknowledged that assurance needed to be given that progress was being made against timelines. It was agreed that the Group Chief People and Culture Officer would present a proposal on how reporting and assurance across the People portfolio would be achieved.

Strategic Update

A joint strategic update covered shared challenges, opportunities and activities in the Group. These included:

- Recruitment of several HR Business Partners to support the Corporate Services Transformation Plan and the merger.
- Development of the Merger Communication Plan.
- Alignment of practices in the Learning and Workforce Development Team.
- Agreement for a second round of MARS at both Trusts.
- Strong likelihood of further resident doctor industrial action; robust plans were in place.
- A joint NBT/UHBW working group to formulate a collective response to the Leng Review into the scope of practice and title of physician associates.
- Introduction of a new process to manage violence and aggression following last year's Staff Survey results highlighting a large increase in staff experiencing incidents, particularly from patients. Various support and engagement work was envisaged to support staff experiencing racial trauma under a new Joint Antiracism Framework.
- Increasing staff concern about safety on journeys to and from work. Members noted the active involvement of Maria Kane in initiatives to prevent knife crime and UHBW in City Partners. Measures to keep staff safe included overnight car parking, transport to take staff to their cars, and a pilot project between Avon and Somerset Police and UHBW on safe routes home.
- Annual appraisal compliance of more than 90% at NBT and 92% at UHBW following alignment of UHBW with NBT's annual appraisal window.
- Ambitious response-rate targets for the NHS Annual Survey, which had just gone live. Both trusts traditionally had higher than average response rates.
- A successful joint bid for £250,000 for staff fatigue research.

Performance

Key metrics for both Trusts were shared. Metrics were currently measured differently but work was underway to align these:

- NBT vacancy levels of 8.1% (5.1% target) due to opening of Bristol Surgical Centre. Mitigations to support the financial position included workforce controls and holding vacancies not affecting patient care.
- NBT in-month sickness absence rate of 4.2%; NBT was not a national outlier. Focussed work was underway to support staff on long-term sick leave.
- Oliver McGowan mandatory and statutory training at exception levels in both trusts due to introduction of Level 2 training; compliance was being monitored.
- An early deadline for sign-off of this year's operational plan.

There was discussion about the timeline for alignment of the two IQPRs.

The Committee received a presentation on ongoing alignment of the Bristol Hospital Group joint workforce metrics and targets and discussed the importance of the measures/definitions matching the national performance management framework. Members discussed whether assumptions in the NHS 10-year plan might affect the Group in terms of its workforce but expressed high confidence in the trusts' robust workforce planning process. Nevertheless, potential difficulties were envisaged in balancing the plan, given the national push to eliminate use of high-cost agency staff and the ability to fill gaps

Board Assurance Framework

- The Quarter 3 Group Board Assurance Framework (BAF) was presented.
- Key changes to the principal workforce risk included escalation of the risk of immigration law changes, re-escalation of the industrial action risk and de-escalation of the employment rights legislation risk.
- It was acknowledged that development of the Group People Strategy would be essential for alignment with the wider System.
- Gaps included forecasting future workforce supply, reducing reliance on agency staffing and ensuring staff experience was consistent across all sites.
- Committee executives agreed to work together on managing the change-management risk in the current context of the Group/merger programme.

Safer Learning Environment Charter

A deep dive on the NHSE Safe Learning Environment Charter and the Educator Workforce Strategy was presented. The trusts were collaborating with University of Bristol to develop a platform to triangulate and use data more effectively. Progress had been made on developing the Group's Educator Workforce Strategy, although full implementation would take several years. The formation of the Group provided many opportunities for joint working that would not have been possible in isolation. Challenges included navigating governance arrangements. Consideration was given to capturing clinical supervisory job planning as a specific risk.

For Board Awareness, Action or Response

Nothing arising from this report.	
Key Decisions and Actions	
- The Committee discussed whether to amend its terms of reference to accommodate the transition from sovereign to merged organisations. Rather than doing so, it was decided to manage Group work via active agenda management. - It was noted that there was no Board-level role supporting education, although several non-executive directors were well qualified to undertake this.	
Additional Chair Comments	
None.	
Update from ICB Committee	
- The ICB People Committee supported a proposal to increase joint working and share best practice on antiracism and tackling violence and aggression. - There was uncertainty about the future form of the ICB People Committee.	
Date of next meeting:	27 November 2025

Public Group Board Meeting held on 11 November 2025

Reporting Committee	Quality and Outcomes Committee in Common (QOC)
Chaired By	Sue Balcombe, Non-Executive Director
Executive Lead	Professor Steve Hams, Group Chief Nursing and Improvement Officer Tim Whittlestone, Group Chief Medical and Innovation Officer

For Information
The Committee met on 30 September 2025 and received the following reports: 1. Terms of Reference: the Committee received and noted its terms of reference, as agreed by the Group Board on 9 September 2025. The Committee considered that further changes would be needed to its terms of reference in the near future, to clarify which NED Champion roles were statutorily required and relevant to this Committee, and to adjust the list of who may be invited to attend meetings, to reflect changing job titles and roles. 2. Integrated Quality and Performance Report (IQPR): This report updated the committee on the latest performance by both Trusts against a range of key national quality and responsiveness metrics. The Committee was informed of and discussed performance at NBT and UHBW in diagnostics, cancer, urgent and emergency care (UEC), and referral to treatment (RTT), as well as in patient and carer experience. The committee was assured that performance overall was good, with most areas on or above trajectory and most areas improving, and some challenges being addressed with robust plans. Committee members questioned the sustainability of these plans and the impact of recent interventions and were assured, albeit recognising that some issues (e.g. delays in discharging patients with no criteria to reside due to the lack of community bed provision, e.g. stroke “step-down” beds) were outside the control of the Trusts. The Committee noted particular performance highlights in terms of (at UHBW) clearing complaints backlogs and as a result of improved processes at both Trusts (including the recent roll-out of Careflow Medicines Management). 3. Winter Plan: The Committee received Board Assurance Statements from NBT and UHBW, alongside NBT’s Winter Plan, UHBW’s Winter Plan and the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board’s (ICB’s) Winter Plan. The Committee heard from the Group Chair and the Group Chief Executive, as well as from others, about progress with discussions with the ICB and other system partners about funding and about out-of-hospital bed provision. Concerns were expressed about the system ability to deliver admission-avoidance initiatives, the lack of consideration of the risks of industrial action and the Committee’s lack of confidence or assurance that sufficient out-of-hospital provision had been commissioned and would be available to manage surges in demand, specifically in community bed base. The Committee concluded that they did not have sufficient confidence or assurance that adequate out-of-hospital provision was being

made by other partners in the BNSSG system, to facilitate a reduction in the number of patients with no criteria to reside in hospital to acceptable levels, or that sufficient funding would be available. The Committee was reminded that the Trusts' operational plans were predicated on no more than 15% of patients having no criteria to reside. They noted that the Trusts themselves were implementing mitigation schemes to manage bed deficits and had very limited additional capacity internally to manage the expected winter demand growth, without extra support from ICB partners. The Committee (on behalf of the Board) decided that it could not therefore agree to the Winter Plans presented, pending further assurance being received from the ICB, as there remained significant quality and safety risks, as well as financial risks, at the present time. The Committee noted that the Group Board meeting on 14 October would be the next available opportunity for the Group Board to consider the Winter Plans and agree them, if, by that time, the Group Board was sufficiently assured about provision across the whole BNSSG system.

4. **Upward report of the Clinical Quality Group (CQG) (UHBW) and Quality Escalation (NBT):** This was an upward report from the UHBW CQG and a verbal report on progress with establishing a CQG at NBT (which would be up and running by December 2025). The Committee noted and welcomed both reports.
5. **Patient Safety Quarter 1 report (UHBW and NBT) and proposal for a single Patient Safety Incident Response Plan (PSIRP) for both Trusts:** This report provided quarterly overviews of patient safety insights at both Trusts and updates on key workstreams of national priority or local improvement; highlighting risks, issues, actions and learning; provided assurance that the NHSE Patient Safety Strategy and the Patient Safety Incident Response Framework was being implemented effectively across the Group; and proposed a joint PSIRP for both Trusts in future. The Committee welcomed the report and the progress being made and actions being taken, discussed highlights and approved the proposal for a single joint PSIRP, to be developed by 31 March 2026.
6. **Maternity and Neonatal Champion verbal report:** the Executive Champion (the Group Chief Nursing and Improvement Officer) reported on increasing alignment between the Trusts' maternity and neonatal services and on increasing alignment of maternity and neonatal reports to this Committee. The Committee noted that Sarah Purdy had recently been chosen as the Non-Executive Director Maternity and Neonatal Champion (as well as Chair of this Committee).
7. **Maternity report, UHBW:** This report provided data on nationally and locally agreed measures to monitor maternity and neonatal safety, including Perinatal Quality Surveillance Matrix (PQSM) data for June and July 2025, information on safety risks or concerns, Perinatal Mortality rate data, Perinatal Mortality Review Tool (PMRT) information, key performance indicators and learning, information on Maternity and Newborn Safety Investigations (MNSI) and serious incidents, Avoidable Term Admissions into Neonatal Units (ATAIN) data, training compliance, Champion Walk-arounds, a Maternity Incentive Scheme update, and information on risks, complaints, compliments and other relevant matters, including a triangulation report. The

Committee noted and welcomed the report, discussing the extent of learning from incidents, complaints and claims in particular.

8. **Maternity report, NBT:** This report presented June 2025 PQSM data as part of the regular reporting mechanisms already established, to ensure safety intelligence is shared between frontline staff, Board Champions, the Board, and other local, regional and national groups and stakeholders. The report included data and insights in respect of PMRT, MNSI, ATAIN, workforce, midwifery fill rate, training, staff and service user feedback and other relevant matters. The Committee welcomed the report, discussing fill rates, training rates, the PMRT grading system and a recent medication incident in particular.
9. **CQC Assurance report:** this report provided assurance on the Group's actions to be "CQC ready" in line with the regulatory inspection regime and Single Assessment Framework. It provided commentary on alignment work being carried out at both Trusts and an update from a recent CQC/NHS Providers Well Led Reference Group. The Committee welcomed the Group's readiness, its good relationships with the CQC and its innovative approach. The Committee agreed to sign off previously-outstanding CQC inspection actions (at UHBW) and discussed the "come and see" approach in relation to Weston General Hospital in particular.
10. **Regulation 28: Prevention of Future Deaths report:** this report outlined the Regulation 28 report issued by the Coroner, following the inquest into the death (in Bristol, in 2024) of Sarah-Jayne Lewis. Sarah-Jayne had taken her own life at home. The Committee expressed their deep sadness at Sarah-Jayne's death and the circumstances surrounding it. The Coroner had issued the report to the Secretary of State for Health and Social Care, raising concerns about (1) the inconsistency of provision of ME services nationwide, meaning patients in many areas could not get a service or even receive a diagnosis, or validation of their suffering (2) the lack of research into ME (3) the lack of understanding of ME, or education and training about ME and (4) the inconsistency of application nationwide of the NICE guidance about ME. The Committee noted the Coroner's report. They noted that the Coroner was complimentary about the care provided to Sarah-Jayne by the Bristol ME Service, including her Hospital Passport, and that the report was not directed at NBT. They were, in any case, deeply saddened about Sarah-Jayne's death.
11. **Infection Prevention and Control (IPC) report 2024/25 (both Trusts), Joint IPC Annual Workplan 2025/26 and Tissue Viability Annual Report 2024/25 (NBT):** this report provided a summary and oversight of 2024/25 IPC activity at both Trusts, including an appraisal of organisational IPC performance, a joint plan for 2025/26 and a Tissue Viability Annual report. The Committee noted and welcomed the significant work in this area and the successes (e.g. procuring new mattresses and reducing pressure ulcers as a result at NBT), whilst recognising the ongoing challenges (e.g. with C.Diff rates). They noted the annual report.
12. **Bristol and Weston Pharmacy and Medicines Optimisation Report 2024/25:** this report provided a summary and assurance about the different aspects of the safe and effective use of medicines by UHBW Pharmacy Services. The Committee discussed the significant cost to the Trusts of medicines (approx. £190m for UHBW and £70m

for NBT) and the significant contribution of Electronic Prescribing and Medicines Administration systems (e.g. Careflow Medicines Management) going forward. They also discussed commercial growth opportunities and welcomed and noted the annual report.

- 13. Community Partnership Group (CPG) Update:** The Committee was informed of the recent first meeting of the CPG and welcomed progress in bringing patient voices into the delivery of the Joint Clinical Strategy.

For Board Awareness, Action or Response (including risks)

The Board's attention is drawn to the committee's decision not to approve the Winter Plans, and that the Board will need to give attention to this matter. The Committee was satisfied with and assured by all the other reports it received.

Key Decisions and Actions

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

Additional Chair Comments

None

Date of next Quality and Outcomes Committee in Common meeting:

Thursday 30 October 2025

Public Group Board Meeting held on 11 November 2025

Reporting Committee	Group Finance and Estates Committee in Common • 30 September 2025 meeting • 28 October 2025 meeting (extraordinary)
Chaired By	Martin Sykes, Group Non-Executive Director
Executive Lead	Neil Kemsley, Group Chief Finance & Estates Officer

For Information

September 2025 meeting

- The Committee received the Financial Recovery Plans and Forecast Outturns for both trusts.
 - UHBW was making progress in mitigating several risks to reach its forecast target. It had had a valid plan at the start of the financial year, which included risks it was cognisant of, and was now pushing all divisions to meet CIP targets. The deteriorating no-criteria-to-reside (NCTR) position within the BNSSG System was noted, as was the forecast outturn (FOT). Another extraordinary meeting would be held in October to update the Committee on the latest FOT.
 - NBT was making good progress in deploying mitigations to achieve its break-even plan. It had requested support from NHS England to resolve a PFI issue relating to the public dividend capital calculation.
- The Committee received Trust Finance Performance Reports for Month 5 (1 April 2025 to 31 August 2025):
 - UHBW had had a disappointing month for elective activity, particularly in the Division of Surgery, although wider elective recovery, savings delivery and routes to mitigating overspends were moving in a positive direction in other divisions. UHBW's cash position was better than planned and capital investment had increased in August 2025. Capital incentives were being used to incentivise divisions where there was the potential to underspend against budget.
 - NBT's finances were on plan in the year to date and were favourable in month. In-year CIP adverse variance was offset by vacancies. ERF was below projection due to a small delay in the full opening of the Bristol Surgical Centre but was offset by non-recurrent income from Wales. The NCTR situation and non-pay challenges in Core Clinical Services were pressures this month. Capital spend was slightly behind plan but was being monitored monthly.
- A PFI Refinancing Plan for NBT was presented. The Committee noted the risks and opportunities and recommended support for the proposal.

4. The Committee reviewed the Board Assurance Framework for Quarter 3 2025/26. There were no changes to the finance and estates principal risks, controls or gaps other than a downgrading of the UHBW fire risk. Alignment of the trusts' policies, frameworks and procedures was continuing. The Committee agreed that risks should be expressed in terms of the underlying financial deficit and adjusted accordingly. NCTR was a principal and corporate risk and its knock-on effect on Trust finances should be reflected in the NCTR principal risk.
5. A report on the UHBW Fire Audit of Wards A522 and A609 was presented.
6. The Committee received the NBT Health and Safety Committee Upward Report.
7. The Committee approved a revised proposal for the Enterprise Network Business Case, initially presented at the extraordinary Committee meeting of 2 September.
8. The Committee approved an NBT business case to upgrade boilers.

October 2025 Meeting

9. The Committee received an update on UHBW's Financial Recovery Plan (FRP) and FOT, in the context of the overall financial position of the BNSSG System. Progress was being made in deploying further mitigations and divisions facing greater challenges were receiving extra support from the Trust Management Team.
10. At the same meeting, the Committee gave approval for NBT's PFI Refinancing proposal to proceed to the next stage.

For Board Awareness, Action or Response

11. At the 30 September 2025 meeting, the approach to developing the Group Business Plan for 2026/27 was approved. The Committee noted the shorter than usual timeframe for submission and discussed options for sign-off.
12. A briefing to the Board on UHBW fire issues was recommended.
13. No further amendments to the Committee's terms of reference were proposed.

N/A

Additional Chair Comments

There were no other matters that the Committee wished to bring to the attention of the Board.

Update from ICB Committee

N/A

Date of next meeting:	25 November 2025
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Public Group Board Meeting held on 11 November 2025

Reporting Committee	Audit Committee in Common – 28 October 2025
Chaired By	Richard Gaunt, Group Non-Executive Director
Executive Lead	Neil Kemsley, Group Chief Finance & Estates Officer

For Information

1. The Committee received an overview of arrangements for the Combined Risk Management Policy, noting that a joint policy would be brought to Committee in February 2026 with a view to implementation at the end of Quarter 4 2025/26. The Committee noted the need for the Board to revisit the vision, strategic priorities and BAF in light of the merger, together with the revised Group risks following the recent risk exercise and the short timeframes involved.
2. The Committee reviewed the Board Assurance Framework (BAF) for Quarter 3 2025/26. There was discussion about the relationship between principal risks and risk appetite domains, and which committees should have oversight and control of certain risks. The Committee received assurance that sub-groups of Board-level committees were scrutinising risks and that there were similar processes in place in both UHBW and NBT.
3. The Committee received the following internal audit final review reports and discussed the assurance ratings:
 - UHBW Cyber Security (Vulnerability and Change Management) and NBT Cyber Security (Vulnerability and Change Management) – limited assurance for both. It was noted that the audits had considered a specific subset of cybersecurity domains but that both trusts had passed recent cybersecurity toolkit assessments and therefore overall cybersecurity strength and resilience remained high.
 - UHBW Contract Management - satisfactory assurance (Patient Transport Service Contract/limited assurance (overall management of Trust contracts)
The Trust had found the audit helpful, accepted the findings and had set up a working group to address actions.
 - UHBW Clinical Accreditation – satisfactory assurance (Design of Controls)/limited assurance (Operation of Controls)
The audit findings were very helpful. Limited assurance related to capacity to deliver the programme. The need to balance quality of programme with successful delivery was acknowledged, together with resource implications.
 - UHBW Payroll – significant assurance, which was an excellent outcome on such a large and key area of the business.
 - UHBW Quality Improvement (Bereavement Service) – satisfactory assurance. There was discussion about alignment of bereavement teams on all sites across both UHBW and NBT, although it was decided to wait until post merger to review the position.

- UHBW Management of Agency Staff – satisfactory assurance
- NBT FOI Requests – satisfactory assurance.

It was reported that the audit plan was proceeding according to schedule. There was a total of ten overdue recommendations for UHBW and six for NBT none of which were more than six months overdue.

4. The Counter Fraud Progress Reports for each trust were received. It was noted that referral rates to Counter Fraud were relatively low at UHBW; measures were planned to increase awareness.
5. The Committee reviewed the Losses and Special Payments reports for both trusts for Quarter 2 2025/26.
6. A report on Single Tender Actions at both trusts was received.
7. The Committee received a combined post-submission report on the National Cost Collection 2025/26 showing that the indices for both Trusts were worse than average. It was noted that the return was submitted on time. The data would be used to inform the five-year plan and would be overseen by the Group Finance and Estates Committee.
8. The Committee reviewed its business cycle for 2025/26 and agreed that no amendments were necessary.

For Board Awareness, Action or Response

10. The Committee considered the tender process for appointing joint external auditors, noting the timeframe and governance considerations.
11. The Committee considered its terms of reference and requested that they be amended to move oversight of clinical audit from this Committee's remit to that of the Quality and Outcomes Committee.

Key Decisions and Actions

N/A

Additional Chair Comments

The Committee highlighted the need for Board time and space to consider the BAF and strategic priorities, particularly any new risks arising on merger, left shift, etc. All these will potentially need to feed into a revised set of Group risks on which next year's internal audit programme can then be based.

The bereavement report highlighted the potential for consolidation of services across UHBW and NBT and the Committee wondered whether there was a mechanism to track such opportunities and ensure they remained on the radar post merger.

Update from ICB Committee

N/A

Date of next meeting:	17 February 2026
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Public Group Board Meeting held on 11 November 2025

Reporting Committee	Quality and Outcomes Committee in Common (QOCIC)
Chaired By	Sarah Purdy, Non-Executive Director and NBT Vice-Chair
Executive Lead	Professor Steve Hams, Group Chief Nursing and Improvement Officer (CNIO) Tim Whittlestone, Group Chief Medical and Innovation Officer (CMIO)

For Information

The Committee met on 30 October 2025 and received the following reports:

- 1. Merger Update:** the Committee received a verbal update from the Group CNIO, informing them of the key role that the Committee would have in the merger process, ensuring that quality and patient safety issues and key risks, and the impact on patients, was appropriately considered in the due diligence and merger process. The Committee noted that further reports would be submitted in due course.
- 2. Joint Clinical Strategy Update:** the Committee received a verbal update from the Group CMIO, informing them of the role of the Committee in receiving and challenging information about Group clinical services (e.g. cardiology) and outcomes. The Committee would receive appropriate data and reports at future meetings.
- 3. Integrated Quality and Performance Report (IQPR):** This report started with a verbal update from the UHBW Hospital Managing Director (HMD) on UHBW estates issues. The Committee also heard from the Deputy Chief Operating Officer of NBT and the HMD of UHBW about the latest performance by both Trusts against a range of key national quality and responsiveness metrics. The Committee was informed of and discussed performance at NBT and UHBW in relation to diagnostics, cancer, urgent and emergency care (UEC), and referral to treatment (RTT), as well as in relation to infection prevention and control, maternity and neonatal services, and patient and carer experience. At NBT, the significant increase in the number of patients attending and their acuity, and the Ambulance Service's "timely handover" process changes were noted, as well as the extensive transformation and flow work taking place. Discussion took place about the high number of patients with no criteria to reside, stroke bed numbers, and the need for more help with community bed provision from system partners. The committee noted the slight slippage in cancer diagnosis and waiting times at NBT and UHBW, as well as the increase in the use of corridors and other spaces. They were assured that mitigation plans were in place and every possible effort was being made to address the challenges. They were keen to see progress in discussions with system partners, including the South-West Ambulance Service Trust, and to receive further information on what UHBW could learn from NBT in terms of infection prevention and control practices.
- 4. Upward report of the Clinical Quality Group (CQG) (UHBW) and Quality Escalation (NBT):** This was an upward report from the UHBW CQG and a verbal report on progress

with establishing a CQG at NBT (which would be up and running by December 2025). The Committee noted both reports. They noted in particular that it was not always possible to make NICE-recommended medications available to all patients, but that decisions were based on clinical need and robust decision-making and oversight by the Clinical Effectiveness Group.

5. **Group Board Assurance Framework:** This report provided the Committee with information on the principal risks within its areas of responsibility and the mitigations in place or planned. The Committee discussed the risks and were assured that the various Trust Risk Registers and the Board Assurance Framework (which is on the Board agenda) were used to inform decision-making and resource prioritisation. The Committee were also assured that the Group's most significant risks relating to the quality and safety of patient care were being effectively identified, monitored, and managed.
6. **Safeguarding Annual Report for NBT and UHBW:** This report provided an overview of safeguarding activity at both Trusts and provided assurance and insight from the previous financial year. The report highlighted the good practice, the challenges, the complexity experienced across the safeguarding systems, and the future direction of travel. It also provided information on statutory and mandatory responsibilities and duties. The Committee heard about the exponential growth in demand for safeguarding services, and the increase in neglect and domestic abuse in particular, often as a result of economic factors. The Committee welcomed and was assured by the excellent work of the team to help keep patients and communities safe, and to help tackle health inequalities.
7. **Annual Human Tissue Authority (HTA) Compliance and Mortuary Assurance Report, incorporating compliance against the recommendations of the Fuller Inquiry Phase 2 (NBT and UHBW):** This report informed the Committee of the many mortuary and body store services provided across various sites by NBT and UHBW. The Committee welcomed the news that the major building works had been completed at the NBT mortuary external compound, following the recommendations of the Fuller report, principally to improve security, and that the building would be open again in the next few days. They heard details of further actions necessary and being taken as a result of previous inspections and the Fuller report, alongside details of further estates improvement plans (e.g. at Weston and at the Bristol Children's Hospital). The Committee discussed the need for further potentially significant work and capital spending, when the Fuller Inquiry recommendations were finalised, and the opportunity presented by the Group and merger to simplify licensing arrangements. They asked for an update in January on timelines for the further work and actions necessary, particularly around estates, and noted the risks of non-compliance with HTA or Fuller Inquiry requirements.
8. **Organ Donation (OD) Annual Report (UHBW):** This report updated the Committee on the deceased organ activity at UHBW during the 2024-25 year. The Committee heard about the 43 life-saving transplants made possible as a result of organ donation at UHBW (with the Bristol Children's Hospital accounting for 20% of national paediatric organ donations) and discussed the importance of spreading the organ donation message as much as possible. The Committee, on behalf of the Board, noted and welcomed the exceptional, life-changing, work, affecting individuals and families, being done by the OD service, and its attempts to engage with different communities and religious organisations,

to increase OD even further. The Committee asked that a future Board Patient Story be based on organ donation.

9. **Children and Young People Survey 2024 (UHBW):** This report provided a summary and analysis of the results of the national children and young people's survey 2024. The Committee heard that UHBW performed among the top 10% of trusts nationally in this survey, with an average score of 9.1 out of 10 given by parents and carers (and in line with national average scores given by children and young people themselves). Sleep quality at night and facilities (e.g. wi-fi) were among issues raised by young people and these were being addressed. The results of the national survey were also supplemented by monthly local surveys, and the results led directly to service improvements. The Committee welcomed and noted the report, noting that assurance would in future be provided through the Clinical Quality Group.
10. **Cancer Patient Experience Survey 2024 (NBT and UHBW):** This report provided a joint analysis of the results of the 2024 National Cancer Patient Experience Survey relevant to UHBW and NBT. The Committee heard about the improvements year-on-year in patient feedback about both Trusts, and that patients scored UHBW 9.1 out of 10 and scored NBT 8.9 out of 10 for 'overall experience of care'. The Committee heard about planned next steps and welcomed and were assured by the report. The full results can be seen on Convene or provided on request.
11. **Maternity and Neonatal Safety Champion verbal report:** the Executive Champion and NED Champion updated the Committee on recent activity and developments, including the recent decant from the NICU at NBT, the Trusts' involvement in national improvement work, the launch of the new national perinatal quality oversight model and the interest from Gloucestershire in joining the BNSSG maternity and neonatal system. The Champions thanked staff and emphasised the extensive collaboration taking place between NBT and UHBW maternity and neonatal services teams.
12. **Maternity report, UHBW:** This report incorporated (among other things):
 - (a) Maternity Incentive Scheme (MIS) safety standards for Clinical Negligence Scheme for Trusts (CNST) - Year Seven Board Oversight / Progress Update
 - (b) Quality improvement project update
 - (c) Short-term and long-term locum and consultant attendance audits
 - (d) Neonatal nursing staffing action plan
 - (e) Midwifery staffing oversight reports (Q1 and Q2)
 - (f) An establishment review and
 - (g) A culture improvement plan.

The Committee heard about the significant successes and areas of compliance with MIS standards, as well as some of the challenges, for example with the number of 'neonatal nurses qualified in speciality' (due to the insufficiency of training places available). The appendix to this report sets out the Committee's decisions (which it made on behalf of the Board) in full.

13. **Maternity report, NBT:** This report incorporated:

- (a) Maternity Incentive Scheme Year 7 Safety Action 4: Clinical Workforce Summary for Trust Board – careful minuting
- (b) Midwifery Safer Staffing Oversight Report – again careful minuting
- (c) Perinatal Culture and Leadership Programme update:

Similarly to the UHBW report, the Committee heard about the significant successes and areas of compliance with MIS standards, as well as some of the challenges, for example in terms of workforce vacancies and training compliance. The 2025 Birthrate Plus report was due to be received and provided to the Committee in the near future. The recent additional funding for triage was highlighted, as were risks, for example in terms of inadequate funding for training and the increase in the number of C-sections (with limited theatre capacity, and a business case recently approved). The appendix to this report sets out the Committee's decisions (which it made on behalf of the Board) in full. In addition to those decisions (listed in appendix A attached), the Committee also noted the quadrumvirate update for the Perinatal Culture and Leadership programme and the ongoing commitment to the programme.

For Board Awareness, Action or Response (including risks)

The Board's attention is particularly drawn to the Committee's consideration of the:

- (a) HTA compliance and Fuller Inquiry compliance reports and the Committee's call for detailed action plans in the near future
- (b) Organ Donation report
- (c) Safeguarding report
- (d) maternity and neonatal reports for NBT and for UHBW and the decisions made by the Committee on behalf of the Board (as listed in the attached appendix).

The Committee was satisfied with and assured by all the reports it received.

Key Decisions and Actions

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

Additional Chair Comments

A common theme raised during the meeting was the extensive amount of information and data reported to the Committee, and how the Committee could effectively scrutinise and be assured on the vast array of data and information reported across its various responsibilities, in sufficient depth. The Committee asked for "key highlight summaries" of various reports in future, including in relation to risks within its remit and maternity and neonatal issues, where the level of detail was particularly extensive.

Date of next Committee meeting:

Thursday 25 November 2025

Appendices:

Appendix A: Maternity and Neonatal decisions

Appendix A

Decisions made by the Quality and Outcomes Committee on behalf of the Board in relation to UHBW:

- (1) The Committee noted on behalf of the Board that UHBW were projecting that it would achieve full compliance with MIS Year 7.
- (2) The Committee noted on behalf of the Board that assurance in relation to safety action 8 (training) was currently in the process of being verified and, as a precautionary measure, the Committee on behalf of the Board confirmed that a lower training compliance would be accepted for rotational staff joining the Trust after 1 July 2025, should this be required, under the understanding that recovery of compliance to a position of 90% would be within a maximum 6-month period from their individual start dates with the Trust.
- (3) The Committee on behalf of the Board formally recognised:
 - Safety Action 3: Transitional Care at UHBW is in line with BAPM Transitional Care Framework for Practice.
 - Safety Action 4: UHBW's neonatal unit meets the British Association of Perinatal Medicine (BAPM) national standards for medical staffing.
 - Safety Action 4: UHBW's neonatal unit does not currently meet the British Association of Perinatal Medicine (BAPM) national standards for nursing staffing.
- (4) The Committee on behalf of the Board reviewed and agreed the following:
 - Safety Action 4: the Neonatal Nursing Action Plan (in Appendix 5 to the report).

Decisions made by the Quality and Outcomes Committee on behalf of the Board in relation to NBT:

- (1) The Committee on behalf of the Board noted that they had received the position on the obstetric medical workforce and that the service is compliant with MIS Year 7 standards including short term locum RCOG criteria and consultant non-attendance audits.
- (2) The Committee on behalf of the Board formally recognised that NBT are compliant with the BAPM recommendations for the neonatal medical workforce.
- (3) The Committee on behalf of the Board formally recognised that NBT are not compliant with the BAPM neonatal nurse staffing standards, however remained compliant with this MIS Year 7 standard through the neonatal nursing workforce action plan, which demonstrates progress made compared to year 6.

- (4) The Committee on behalf of the Board formally recognised that the midwifery staffing budget reflects the establishment as calculated in the North Bristol NHS Trust Birthrate Plus Report July 2022.
- (5) That the Committee on behalf of the Board has received the bi-annual midwifery staffing oversight report that covers staffing and safety issues (in line with NICE midwifery staffing guidance) during the Maternity Incentive Scheme (MIS) Year 7 reporting period (1st May to 30th November 2025).
- (6) The Committee noted on behalf of the Board that the midwifery workforce was recruited to establishment as recommended in BR+ 2022 report.
- (7) The Committee noted on behalf of the Board that a Birthrate Plus whole service review was underway, and the final report was expected in Autumn 2025. The outcome of the whole service review would determine if a business case would be developed in order to reflect the recommended establishment for midwifery staffing.