NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Meeting in common of the Board of Directors of University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and the Board of Directors of North Bristol NHS Trust (NBT) in Public on Tuesday, 08 April 2025, 13.00 to 16.00 at The Jessop Suite, Gloucestershire County Cricket Club, Seat Unique Stadium, Nevil Road, Bristol, BS7 9EJ

AGENDA

NO.	AGENDA ITEM	PURPOSE	PRESENTER	TIMING
1.	Apologies for Absence	Information	Joint Chair	13.00 (5 mins)
2.	Declarations of Interest	Information	Joint Chair	
3.	Patient Story	Information	UHBW Patient & Public Involvement Lead	13.05 (20 mins)
4.	Minutes of the last meetings **UHBW: 11 March 2025** **NBT: 27 March 2025**	Approval	Joint Chair	13.25 (5 mins)
5.	Matters Arising and Action Logs	Approval	Joint Chair	
6.	Questions from the Public	Information	Joint Chair	13.30 (10 mins)
7.	Joint Chair's Report	Information	Joint Chair	13.40 (10 mins)
8.	Joint Chief Executive's Report	Information	Joint Chief Executive	13.50 (10 mins)
Strategy and Planning				
9.	Summary Group Benefits Case	Approval	Joint Chief Executive	14.00 (15 mins)
10.	Group Name	Approval	Joint Chief Executive	14.15 (15 mins)
BREAK – 14.30 TO 14.40				
11.	Joint Clinical Strategy Update	Information	Chief Medical Officers	14.40 (10 mins)
12.	UHBW & NBT Operating Plans 2025-2026	Approval	Hospital Managing Directors	14.50 (10 mins)
Governance and Risk				
13.	Group Board Assurance Framework	Approval	Chief Corporate Governance Officer	15.00 (10 mins)
14.	Board Workplan and Committee Terms of Reference	Approval	Chief Corporate Governance Officer	15.10 (10 mins)
15.	Key Governance Documents	Approval	Chief Corporate Governance Officer	15.20 (10 mins)
16.	Committee Upward Reports	Information	Committee Chairs	15.30 (10 mins)

NO.	AGENDA ITEM	PURPOSE	PRESENTER	TIMING
	• UHBW Quality & Outcomes Committee • UHBW People Committee • UHBW Finance, Digital & Estates Committee			
Quality and Performance				
17.	Joint Integrated Quality and Performance Report	Information	Hospital Managing Directors and Executive Leads	15.40 (15 mins)
Concluding Business				
18.	Any Other Urgent Business – *Verbal Update*	Information	Joint Chair	15.55 (5 mins)
19.	Time and Date of Next Meeting **Tuesday, 13 May 2025**	Information		

Report To:	Meeting in common of the Board of Directors of UHBW and the Board of Directors of NBT held in Public
Date of Meeting:	08 April 2025
Report Title:	What Matters to Me – a Patient Story
Report Author:	Tony Watkin – Patient and Public Involvement Lead
Report Sponsor:	Deirdre Fowler – Chief Nurse and Midwife UHBW

Purpose of the report:	Approval	Discussion	Information
			Yes

Patient stories reveal a great deal about the quality of our services, the opportunities we have for learning, and the effectiveness of systems and processes to manage, improve and assure quality.

The purpose of presenting a patient story to Board members is:

- To set a patient-focussed context for the meeting.
- For Board members to understand the impact of the lived experience for patients and for Board members to reflect on what the experience reveals about our staff, morale and organisational culture, quality of care and the context in which clinicians work.

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

This experience of care story introduces Angela and Jenny, who are cardiology patients receiving care at University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and North Bristol NHS Trust (NBT). Angela and Jenny have recently participated in patient focus groups as part of the Acute Provider Collaborative programme to develop a 'Single Managed Service' in Cardiology.

In sharing their experiences, Angela and Jenny will draw on their observations about some of the transactional and relational aspects of their care. This will include reference to how hospital processes sometimes cause uncertainty and distress, and how the behaviours and attitudes of staff may unintentionally impact on care.

The Board will hear what it felt like being "held for several weeks" at Southmead Hospital awaiting a bed at the Bristol Heart Institute; how the physical environment of a hospital plays an important role in well-being and the overall satisfaction of care; how the personal qualities of staff can stand out and offer reassurance; how such reassurance can be undone on receiving contradictory information; and, how the little things matter at a time of vulnerability.

By way of additional context:

Angela's journey began in Easter 2023 when she first visited her GP having experienced prolonged episodes of breathlessness. She was referred for an appointment to Southmead

Hospital which she received for January 2024. There followed an appointment with a Cardiologist at the Bristol Heart Institute in November 2024. At the time of writing, Angela is awaiting the fitting of a pacemaker to regulate her heart rhythm prior to undergoing an AV node ablation later in the year.

Jenny's journey started in April 2024. Having arrived by ambulance at Southmead Hospital's Emergency Department she was admitted to Ward 27 where she received care until she was transferred in June 2024 to the Bristol Heart Institute where she underwent a triple heart by-pass operation.

Angela and Jenny have consented to their names being shared and are active participants in cardio rehabilitation and well-being programmes.

Strategic and Group Model Alignment
This story aligns to the UHBW Experience of Care strategy, the Joint Clinical Care Strategy and the Acute Provider Collaborative.

Risks and Opportunities
By listening to and working with patients and community partners we are better able to design and deliver services that better meet their needs and in doing so improve health care outcomes, tackle health inequalities and deliver better value for money.

Recommendation
This report is for **INFORMATION.** The Board is asked to **NOTE** the report **.**

History of the paper (details of where paper has <u>previously</u> been received)
Not applicable.

Appendices:	**None.**

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NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

BOARD OF DIRECTORS (IN PUBLIC)

Minutes of the meeting held on Tuesday 11 March 2025 from 13:15 to 16:30 in the Clifton and Hotwells Meeting Rooms, St James' Court, Bristol

Present

Board Members

Name	Job Title/Position
Ingrid Barker	Joint Chair
Sue Balcombe	Non-Executive Director
Rosie Benneyworth	Non-Executive Director (*online*)
Paula Clarke	Executive Managing Director, Weston General Hospital
Neil Darvill	Joint Chief Digital Information Officer
Jane Farrell	Chief Operating Officer
Deirdre Fowler	Chief Nurse and Midwife
Marc Griffiths	Non-Executive Director
Susan Hamilton	Associate Non-Executive Director
Maria Kane	Joint Chief Executive for UHBW and NBT
Neil Kemsley	Chief Financial Officer
Linda Kennedy	Non-Executive Director
Rebecca Maxwell	Interim Chief Medical Officer
Roy Shubhabrata	Non-Executive Director
Martin Sykes	Vice Chair, Non-Executive Director
Anne Tutt	Non-Executive Director
Stuart Walker	Hospital Managing Director, UHBW
Emma Wood	Chief People Officer & Deputy Chief Executive

In Attendance

Mark Graham	Chief Executive For All Healthy Living Company *(For Patient Story, item 3)*
Tina Johnson	Deputy Divisional Director of Nursing *(For item 13)*
Emily Judd	Corporate Governance Manager *(Minutes)*
Jenny Kerridge	Health Equity Lead, Weston General Hospital
Mark Pender	Head of Corporate Governance
Joanna Poole	Weston General Hospital
Sazia Salim	Community Development Worker For All Healthy Living Company (For Patient Story, item 3)
Eric Sanders	Director of Corporate Governance
Bethany Shirt	Deputy Head of Nursing Quality *(For item 13)*
Chris Swonnell	Associate Director of Quality and Compliance *(For item 13)*
Tony Watkin	Patient Story *(For item 3)*

The Chair opened the Meeting at 13.15pm

Minute Ref.	Item	Actions
01/03/25	**Welcome and Apologies for Absence**	
	Ingrid Barker, Joint Chair welcomed members of the Board and all those in attendance to the meeting. It was noted that apologies of absence had been received from Arabel Bailey, Non-Executive Director.	

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02/03/25	**Declarations of Interest**	
	There were no new declarations made.	
03/03/25	**Patient Story**	
	Tony Watkin, Patient and Public Involvement Lead introduced Mark Graham and Saz Salim, of the For All Healthy Living Company (FAHLC). Tony explained that the patient story would explore the value of collaborating with healthcare partners to advance the experience of care and clinical outcomes for people. Mark Graham, FAHLC Chief Executive explained that the charity represented an under resourced area of Weston-Super-Mare through a not-for-profit charity, which aimed to promote and work in partnership with local people and partners in order to increase access and ensure local residents were key partners in the design and delivery of local services. Saz Salim, FAHLC Community Development Worker provided an example of a community service user that had attended Weston General Hospital for a surgical procedure and after a short stay in the hospital their care was transferred to the community. Saz provided further context around the patient's specific safeguarding issues which the charity had identified and improved, for example by providing the patient's family access to the company's food bank. It was noted that UHBW had not been aware of the safeguarding issues on discharge from hospital, and so this was where the charity attempted to provide the link between healthcare providers to better support patients. Mark provided further information around the work of the charity, including a process called tribal mapping which aimed to provide better insight into a patient's private life to start joining up the dots within the system to ensure patients were discharged to a safe home or community environment. He said that work would progress with the Health Equity Lead at Weston General Hospital to improve access and flow throughout the hospital and into the community, seeking to support the management of patients with No Criteria to Reside. He added that a local network, referred to as a "squad" had been established to work with other local agencies to support people in their homes to ensure they were safe. During the ensuing discussion, the following points were made: • Maria Kane, Joint Chief Executive noted how the charity had strong community ties and that it was a hub for the people of Weston-Super-Mare, making it a model anchor institution. Maria said there would be much to think about in terms of people going in and out of hospital and what more could be done within the community to support their care. • Susan Hamilton, Associate Non-Executive Director, asked for a reflection on how the hospital's ways of working was supporting the facilitation of the project. Mark said at the Health and Wellbeing Board meetings there was a genuine joint understanding developing and noted that trauma informed practice and shared learning were fundamental elements that were being undertaken by the hospital and charity.	

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	• Marc Griffiths, Non-Executive Director, asked whether there was an opportunity for student placements at the charity. Mark agreed this would be a good initiative and there was discussion around how going back to the educational setting would bring in more trauma informed research. • Paula Clarke, Executive Managing Director, Weston General Hospital noted how there would be some people that would not want to put their trust into the hospital services and suggested there was more work to do to build a bridge to these people. Paula said the next steps would be to scale up the "squad" charity support workers within the community by opening educational opportunities and by broadening the model out to other organisations within the Integrated Care System. • Deirdre Fowler, Chief Nurse and Midwife echoed Paula's comments and said the Trust should be open and humble enough to be trained by the charity and communities to share lived experiences. Deirdre said she would contact Paul to develop this idea. • Martin Sykes, Non-Executive Director asked the Board whether there had been any progress with discussions held with the Locality Partnerships to increase the support for this type of community initiative. The Board agreed that there had been a recent shift and acknowledged that now was the time to learn from local experiences. • Sue Balcombe, Non-Executive Director referred to the success of the community improvements at Bourneville Estate which the charity had directed, and she asked what FAHLC needed from the Board to do the same for other communities. Mark said by inviting FAHLC into these conversations was already making an important, positive difference. Ingrid and the Board thanked Paul and Saz for their story, and they then left the meeting. **RESOLVED that the Patient Story be received and noted for information.**	
04/03/25	**Minutes of the Last Meeting – 14 January 2025**	
	The Board reviewed the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust Board held in public on 14 January 2025. **RESOLVED that the minutes of the meeting of the University Hospitals Bristol and Weston NHS Foundation Trust Board held in public on 14 January 2025 be approved as a true and accurate record.**	
05/03/25	**Matters Arising and Action Log**	
	Ingrid Barker, Chair noted that there were no outstanding actions from the previous meeting. *04/01/25 Minutes of the Last Meeting* *Trust Secretariat to update the previous set of Public Board minutes from November 2024 to reflect the comments made.* The minutes from November's Public Board meeting had been updated to reflect the comments made. **Action closed** *04/01/25 Minutes of the Last Meeting T*	

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Minute Ref.	Item	Actions
	Trust Secretariat to add a sustainability update to a future meeting agenda of the Board. An item on sustainability would be added to the forward planner to be discussed by the Board at its meeting in April. **Action closed** _08/01/25 Joint Chair's Report Director of Corporate Governance/ Trust Secretariat to include visits to South Bristol Community Hospital and the Unity Sexual Health Services on the NED Site Visit schedule._ These would be offered to NEDs as options for visits. **Action closed** **RESOLVED that the updates to the action log be approved.**	
06/03/24	**Questions from the Public**	
	One question had been received from a member of the public which Ingrid asked Neil Darvill, Joint Digital Officer to respond to. _"What preparations is the Trust making to address Microsoft ending Windows 10 support in October 2025, particularly for equipment that may not be compatible with Windows 11?"_ Neil explained that support for Windows 10 would elapse in October 2025, and it would then become a significant cyber vulnerability if it continued to be used by the Trust. Neil confirmed that within the existing plan of digital work, all software would be replaced with Windows 11 by October, and all incompatible devices will be upgraded to comply with the new software. Neil assured the Board that there was a good programme of work in place and flagged one minor risk which was that some of the machines were compatible with Windows 11 but might suffer performance issues with the new software, and he assured the Board that support would be provided to any users experiencing issues. Subsequently, the formal response was provided as the following: _"In response to your question regarding the upcoming end of support for Windows 10 and the Trust's transition to Windows 11. As previously stated, Microsoft's support for Windows 10 will cease in October 2025, continuing to use the operating system beyond this date would present a significant cybersecurity risk to the Trust._ _We can confirm that, as part of the existing digital transformation plan, all software on end user devices will be upgraded to Windows 11 by October 2025. Additionally, any devices incompatible with Windows 11 will be upgraded or removed from service to ensure compliance with the new system._ _There is a risk concerning some devices that, whilst technically compatible with Windows 11, may experience performance issues once upgraded. To address this, support will be provided to staff encountering difficulties. Capital funding may be sought to replace any equipment where performance is deemed unacceptable."_	
07/03/25	**Joint Chair's Report**	
	Ingrid Barker, Joint Chair introduced the Chair's activity report which was presented for information. Key points to note were as follows:	

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	• A reciprocal tour with Non-Executive Directors from both Trusts to Weston General Hospital had taken place. • The Health Equity Delivery Group held an inspiring meeting to discuss some of the equitable challenges patients were faced with. • Paul Miller, Chair, Avon and Wiltshire Mental Health Partnership NHS Trust had visited UHBW. • A meeting with the Patient Carer Partnership Group at North Bristol NHS Trust (NBT) had taken place to hear what 'good' would look like from the patient's point of view. • An update on the group development was included within the report and it was noted that the next Board meeting in Public in April would be held jointly with North Bristol NHS Trust (NBT). Ingrid also reported that meetings with the Council of Governors had taken place to discuss the draft benefit realisation case and the new operational model. • An introductory meeting with Stephen Peacock, Chief Executive of the West of England Combined Authority, had been held. • A Chairs Reference Group had been established within the Bristol, North Somerset and South Gloucestershire (BNSSG) system. **RESOLVED that the Joint Chair's report be received and noted for information**.	
08/03/25	**Joint Chief Executive's Report**	
	Maria Kane, Joint Chief Executive introduced her report to the Board and highlighted the following points: • The first Strategic Partnership Event had taken place in February to bring together key stakeholders from across the city, system and region. The focus was to engage partners in interactive sessions, sharing the development of the group and the joint clinical strategy, and to gain their input and insights to support the design for the hospitals and community resources of the future. • Maria noted the recent leadership changes going on at national level with NHS England and it was reported that locally, Sarah Truelove, Chief Finance Officer and Deputy Chief Executive of the BNSSG Integrated Care Board (ICB) would take over as the Chief Executive of Gloucestershire ICB later this year. • The Trust assisted His Majesty's Assistant Coroner at the Second Inquest into the death of Ben Condon during February 2025. Evidence was heard from clinicians involved in Ben's care in 2015 and two experts instructed by the assistant coroner. The coroner recorded a narrative conclusion, and the full details were outlined within the full Joint Chief Executive report. Maria noted how the Trust remained deeply sorry that Ben died whilst in its care and noted the significant learning and reflection in the ten years since then. Stuart Walker, Hospital Managing Director added that the clinical governance processes in place had been through an independent assurance review, and he assured the Board that he had full confidence in the clinical teams running the Paediatric Intensive Care Unit (PICU). • Maria had hosted a visit to the North Bristol Community Diagnostic Centre from Darren Jones, MP for North West Bristol. Maria noted other visits from Kerry McCarthy, MP for Bristol East to discuss the hospital group model general service developments, and a visit from	

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	the Prime Minister, Sir Keir Starmer which had coincided with the announcement on elective recovery commitments by the government. • One-to-one meetings continued with consultants of the Trust to discuss the group model and clinical service developments. Maria commended the clinicians for their hard work on driving forward the joint clinical strategy. **RESOLVED that the Joint Chief Executive's report be received and noted for information.**	
09/03/25	**Board Assurance Framework**	
	Eric Sanders, Director of Corporate Governance, introduced to the Board the Board Assurance Framework (BAF) and highlighted the following key points: • There had been no overall change to the strategic risk profile for the Trust. • There were two proposed changes to the risk descriptions for Risk 4, Estate Infrastructure, and Risk 8, Change Management because of a recent quarterly review by Executives. • The movement in the corporate risks had been outlined within the report. • Looking forward, a BAF was being created to suit both Trusts in line with the group model and a Task and Finish Group had been established with members from both Trust Boards to explore the format in more detail. A first draft of this framework would be presented to the first joint Board meeting in Common in April. During the ensuing discussion, the following points were made: • In response to a query from Rosie Benneyworth, Non-Executive Director, relating to the decreasing score of Risk 528 on preventable pressure damage, Deirdre Fowler, Chief Nurse and Midwife said the pressure ulcer performance had remained on or below the threshold, therefore presenting a downward trend. Deirdre assured Rosie that the peak shown within the Integrated Performance Report was because of winter pressures and was an exception on this occasion. It was suggested that more detail on pressure ulcers would be provided to the Quality and Outcomes Committee. • Rosie also requested that thought to be given by the Board on how the BAF was presented for next year, considering the tight financial situation and the potential impact on quality and safety of care. Eric responded that it would be front and centre of the Task and Finish Group's thinking to factor in that connection with the quality and safety agenda. The BAF would also be reviewed regularly by the Board going forward to ensure financial constraints and risks were being captured effectively. • Maria Kane, Joint Chief Executive asked whether the Board could quickly identify an overall sense of what the main risks were from the report and asked if there was a new way the Board could see the risks. Eric responded that at the last Well Led Review, a process was conducted with the Board to determine the top risks for the organisation, and he noted that this could be refreshed due to the changing picture to ensure it was still the risk profile of the Trust and	

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	to engineer the process so that it highlighted opportunities in line with Patient First. • Roy Shubhabrata, Non-Executive Director referenced Risk 7, relating to Digital and Cybersecurity, and asked whether the risk that patients might not have migrated from Millenium to Medway was still relevant. Neil Darvill, Joint Chief Digital Officer confirmed it was still a risk and agreed to re-evaluate the scoring of the risk. **Action – Joint Chief Digital Officer to review the score for the risk that patients may not have migrated from Millennium to Medway.** **RESOLVED that the Board Assurance Framework be received for information.**	Joint Chief Digital Information Officer
10/11/24	**Quality and Outcomes Committee – Chair's Report**	
	Sue Balcombe, Chair of the Quality and Outcomes Committee, presented her Chair's report from January's and February's meetings of the Committee. Key points from these meetings included: • The Committee received feedback after the clinical risk summit and the Committee remained concerned around the number of No Criteria to Reside patients and the impact this was having on clinical pressures and patients. • The Committee heard that Martha's Rule has been successfully launched in Bristol Children's Hospital. • The Committee was briefed on the delay in implementing the Careflow Vitals Sepsis Module which would not be available until 2026. The actions to manage and mitigate the clinical risk were discussed. • The Committee received the Safeguarding Service Review following the implementation of the safeguarding service joint leadership pilot with NBT. The review had identified a number of issues, and a detailed plan would come to the Committee on a quarterly basis to track progress. • The Committee reviewed progress against the Trust's Health Equity Delivery Plan where it was agreed to extend the programme until March 2026 in order to allow time to work more closely with NBT, to deliver the objectives and to commence the co-design of future priorities with patients and communities. During the ensuing discussion, the following points were made: • In response to a query from Linda Kennedy, Non-Executive Director, on the support provided at system level to tackle No Criteria to Reside, Sue explained that it was a national issue and being discussed as a priority by the wider system. Jane Farrell, Chief Operating Officer added that a local transformation programme was being refreshed to review the patient pathway, and it had been recognised nationally that this area was under-performing. Jane added that the Trust remained under quarterly review with the Department of Health and Deirdre noted that both Trusts had	

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	escalated concerns to the Integrated Care Board (ICB) following a review, the outcome of which was awaited. • Stuart Walker, Hospital Managing Director, noted the launch of Martha's Rule in Children's and reported that the initial outcome of analysis of the early learning was showing very positive results. He added that Martha's Rule was also being rolled out for adults. **RESOLVED that the Quality and Outcomes Committee Chair's Report be noted for information.**	
11/03/25	**Integrated Quality and Performance Report**	
	The Board received an update on the Trust's performance on quality, access and workforce standards, incorporating an update against the Patient First Strategic Priorities. The following points were highlighted: Deirdre Fowler, Chief Nurse and Midwife provided an overview on quality: • During January 2025 there were 195 falls (5.549 per 1000 bed days) which was above the Trust target of 4.8 per 1000 bed days. A high proportion of these occurred in outpatient settings and improvement work was being explored to address this rise. A detailed update would be presented to the Quality and Outcomes Committee. Rebecca Maxwell, Interim Medical Officer provided an update on quality: • To support improvements to sepsis screening, new sepsis medical and nursing posts were being recruited. Emma Wood, Chief People Officer provided a workforce update: • Appraisal compliance had reduced to 80.4% in January compared to 81.0% in December. Work was ongoing to explore the reasons for this in line with the Staff Survey results and going forward the process would be amalgamated with NBT's appraisal procedures. • As part of the Pro Equity Corporate Project all Divisions now had a Pro-Equity plan in place and work was ongoing to launch into the public domain from April to share what the Trust was doing against the equality agenda. It was expected for NBT to launch their pro-equity statement in the summer which would open the gate to working collaboratively to produce an anti-racist framework as a group. Jane Farrell, Chief Operating Officer provided an overview on timely care: • The hospitals had seen increased pressure during December and January, due to the winter pressures and the peak of influenza and norovirus. • During January, the average daily number of patients in hospital with No Criteria to Reside increased but an improvement had been seen since then and was currently being reported as 105 beds being occupied. • Performance against the 12-hour standard had deteriorated to 5.9. • Performance against the 4-hour standard was being reported as 73.3% against a system and NHSE ambition of 78% and was an improved picture compared to the previous year. The Trust was participating in daily review meetings to monitor the performance due to the tiering system. Overall, the performance going into March was	

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	improving but it was unclear whether the Trust would meet the target of 78%. • Against elective national priorities, the Trust continued to deliver Referral-to-Treatment (RTT) for 52 and 65 Week Waits. • It was noted that all cancer targets were being met and sustained. During the ensuing discussion, the following points were made: • Rosie Benneyworth, Non-Executive Director asked for an indication of the number of sepsis incidents occurring due to delayed diagnosis. Rebecca said this data could be collated and assured the Board that performance issues were not because of delayed diagnosis. • Marc Griffiths, Non-Executive Director asked about the downward trend relating to patient complaints and if there was anything the Board could do to improve this picture. Deirdre explained that process issues were being looked at to align with NBT and noted that cultural issues within the team were also being addressed. • Roy Shubhabrata, Non-Executive Director asked for the process in place to ensure that Venous Thromboembolism (VTE) risk assessments were being carried out and Rebecca responded that the rollout of electronic prescribing would address this, as currently two systems were being used which was having a detrimental impact on the performance. Rebecca assured the Board that a manual audit had demonstrated that the Trust was compliant and that nationally it was not an outlier. • Marc Griffiths, Non-Executive Director said the pro-equity work was excellent and asked what support might be available for people who were reading it for the first time. Emma said this would need to be explored with the Diversity and Inclusion Manager to see where lessons could be learned from The University of the West of England. **RESOLVED that the Integrated Quality and Performance Report be received and noted for information.**	
12/03/25	**Learning from Deaths Quarter 3 report**	
	Rebecca Maxwell, Interim Chief Medical Officer introduced the Learning from Deaths Quarter 3 report to the Board. The following key points were noted: • There were no major concerns to flag to the Board in Q3 report. • The volume of Medical Examiner (ME) referrals into UHBW appeared to be rising from the previous two reports, however the Q3 report showed a decrease. This would continue to be monitored. • The previous reports highlighted the number of Structured Judgement Reviews (SJRs) triggered for potential care concerns (corrected for number of deaths) was considerably higher in Weston in-patients, as compared to the Bristol Royal Infirmary in-patients. This discrepancy was no longer seen within the data for Q3.	

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	• It was noted that since the ME went statutory, the Trust was seeing more concerns from the discharge process and pathways outside of the hospital within the community which was a shift, and it was complex to work with these referrals. It was noted that work was ongoing regarding how best to target queries and concerns to the correct organisation best placed to address and provide assurance. • A ReSPECT Learning Disability and Autism audit had been completed at UHBW for 10 patients. The audit findings had been disseminated into Divisions via the Mortality Surveillance Group and the End-of-Life Steering Group. During the ensuing discussion, the following points were made: • Rosie Benneyworth, asked for more details about the ReSPECT process and whether the Trust ensured people were given sufficient time to have these conversations at the end of their life and whether the Board should have a closer look at how it was managed. Rebecca assured the Board that Learning Disability and Autism was a mandatory SJR category which was being monitored and reported as being stable with no care concerns. It was noted that the Trust no longer had a ReSPECT lead, as this was something that should be everyone's responsibility. Work was now ongoing to develop that responsibility and to track compliance against the Oliver McGowan essential training module. • Susan Hamilton, Associate Non-Executive Director, asked about the processes associated with the duplication of Patient Safety Incident Response Framework (PSIRF) reviews and Learning from Deaths reviews, and how it may evolve with learning. Rebecca said the Task and Finish Group would be meeting for the first time to see whether the two should be linked together and how reports should be shared with the coroner. **RESOLVED that the Learning from Deaths Quarter 3 report be received and noted for information.**	
13/03/25	**Surveys: Under 16 Cancer Experience Survey and National Urgent & Emergency Care Survey reports**	
	Chris Swonnell, Associate Director of Quality and Compliance, Beth Shirt, Deputy Head of Nursing Quality, and Tina Johnson, Deputy Divisional Director of Nursing presented the surveys to the Board. Chris Swonnell and Bethany Shirt highlighted the following key points to the Board for the results of the Under 16 Cancer Experience Survey from 2023: • The 2023 survey involved 13 Principal Treatment Centres (PTCs), composed of 16 NHS Trusts. UHBW had 62 respondents to the survey out of a total of 216 eligible patients which equated to a 29% response rate, which was above the national average. UHBW scored above the national average on 12 questions. • Picker recommended that PTCs should take caution when benchmarking their results against those of other PTCs due to several reasons including small response numbers and results not being adjusted for patient profile differences across PTCs.	

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	• Overall, 77% of children, and 80% of adults felt they had received good care with 100% of children saying their outreach nurses were friendly at home or school, and nobody feeling that they could not access help when they needed it.	
	• The shortfalls demonstrated that 30% of respondents said there wasn't enough to do in terms of distraction in hospital, only 56% of the respondents were offered a referral to psychology, and 27% patients were offered contact with other families which was a reduction since the pandemic.	
	• The ambition going forward was to improve the response rates by sending the survey link directly to families and improving the response rates for more vulnerable groups of patients.	
	• It was noted that a project was ongoing to improve the communication between UHBW and the non-operational delivery network partners.	
	• The end of treatment offer would be reviewed to make improvements.	
	• Work was ongoing with the development team at Picker to explore the quality of the questions within the survey and to see how they could be improved so that the data at the end was better informed.	
	During the ensuing discussion, the following points were made:	
	• Linda Kennedy, Non-Executive Director noted the variety of the feedback received within the report and asked how the team would prioritise the areas for improvement, and furthermore how the Board could support those areas. Beth said the conversations with families would help identify the areas to tackle first by seeing what was most important to them. Deirdre Fowler, Chef Nurse and Midwife, noted the difficulties in identifying which organisation was being discussed through the survey feedback which made it challenging to focus on improvements. Deirdre added that it would be important to move together, as treatment centres, and to keep sharing learning.	
	• In response to a query from Sue Balcombe, Non-Executive Director, Beth confirmed that the actions within the report were for UHBW and noted that the improvements would be made across all the providers within the network so that it moved forward together.	
	• Susan Hamilton, Associate Non-Executive Director, recognised the work ongoing with Picker to refine the survey questions to create more precise data and she asked whether more statistics and feedback could be triangulated from other surveys to add to the intelligence. The Board decided that it was challenging to evaluate the data effectively from the survey due to the outdated feedback from 2023 and acknowledged that the triangulation of data from other surveys was vital in being able to progress improvements.	
	Chris Swonnell and Tina Johnson highlighted the following key points to the Board for the results of the National Urgent and Emergency Care Survey from 2024:	
	• UHBW ranked 13th out of 120 Trusts nationally and the Trust was in the top 10% for overall experience. The BRI Emergency department	

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Minute Ref.	Item	Actions
	(ED) ranked 10th out of 175 ED sites nationally, again in the top 10%, and WGH ED ranked 35th place nationally which was in the top 20%. • UHBW performed above the national average in all sections of the survey. The highest performing sections included 'Respect and dignity', 'Tests', 'Support and care after leaving A&E' and 'Overall experience'. The lowest performing sections were 'Waiting' and 'Information to support recovery' which aligned to the national results. • It was noted this was the first time that WGH ED was included in the sample for the survey following agreement with the Care Quality Commission (CQC) that the hospital met the eligibility criteria for inclusion. It was therefore not possible to compare the results for UHBW with previous years because of the new data set. • Tina reported that much work had been completed to improve the dementia areas of the ED with two unique cubicles for patients, the teenage ED units had been upgraded to make the transition from children's services to adult's easier, and there was a new sensory suite in the fast-flow area that was located away from the main waiting area and therefore quieter. Other highlights worth noting were the installation of new artwork on ceiling tiles within the resuscitation area to inform patients where they were, as well as new signage being used at WGH in multiple languages making the entrance to the hospital more accessible. The Board commended the results and congratulated the teams for the innovative improvements which humanised the overall patient experience. **RESOLVED that the surveys be received noted, for information.**	
14/03/25	**Finance, Digital & Estates Committee Chair's Report**	
	Martin Sykes, Non-Executive Director and Chair of the Finance, Digital & Estates Committee, presented his report from the last meeting of the Committee held in January and February 2025 and highlighted the following: • The Committee discussed how whole-time equivalents (WTEs) had risen significantly in excess of the budgeted establishment and had asked for more detail to demonstrate whether these were being driven by escalation capacity. • The Committee reviewed the operations plans for the next financial year which presented a challenging situation, and the Committee would continue to monitor the position in order to deliver the financial targets. • In terms of digital, the Committee heard that work was progressing on the medical records transformation project. • An update was going to the Committee every month on the progress of the electronic prescribing (CMM) project which remained on track, and it was hoped that the improvements would positively impact on patient discharge.	

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Minute Ref.	Item	Actions
	• The Committee discussed the capital programme for the next financial year and heard about the green programme. **RESOLVED that the Finance, Digital and Estates Committee Chair's Report be received and noted for information.**	
15/03/25	**Monthly Finance Report**	
	Neil Kemsley, Chief Financial Officer, informed the Board of the Trust's overall financial performance for from 1st April 2024 to 31st January 2025 (month 10). Key points included: • Neil was able to bring the Board up to date on the current position for month 11 and reported that improvements had been made from a £6.1m deficit to a £2.5m deficit for the year-to-date position. It was expected that UHBW would break-even at year-end. • The Cost Improvement Programme (CIP) was projected to end the year having delivered £32m against a £41m target. • In terms of the elective recovery fund, this month there was a £300k improvement which was expected to be £2.9m under target for the year to date. • The Divisions continued to hit or out-perform the trajectories set in September. Specialised Services, Estates and Facilities, Weston, and Medical were all under-spent which was recognised as outstanding financial performance. • Over the next month, the capital needed to be landed to fully utilise the capital limit of £15m. • The actual establishment was currently over-funded due to the high level of bank staff usage which needed to be brought back into budget. During the ensuing discussion, the following points were made: • Anne Tutt, Non-Executive Director noted the positive financial position and the work of the Divisions to out-perform their set trajectories. Anne went on to ask whether there were any incorporated significant one-off benefits within the finance report, and Neil said in terms of setting the operation plan for the financial year, within the savings plan there was a non-recurring item of £7m which had always been part of the plan. The broader plan included £14m of technical savings that were also classed as one-off. It was noted that these were not part of the savings delivery but formed part of the financial plan and could therefore not be relied on for 2025/26. • Furthermore, Anne asked about the capital spend and noted that it would be important for this spend to not have any impact on the accounting treatments. Neil agreed and explained that part of the way to land the capital spend within this financial year was vesting equipment that has been accounted for as an only-asset and Neil noted that the external auditors were aware of this arrangement. **RESOLVED that the Monthly Finance Report be received and noted for information.**	
16/03/25	**People Committee Chair's Report**	

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Minute Ref.	Item	Actions
	Linda Kennedy, Chair of the People Committee, introduced the report from the meeting of the People Committee held during January 2025 and highlighted the following: • The Committee heard about the work associated with Optimising the Medical Workforce which included details of a review of the Resident Doctor rotas, the roll out of e-job planning and e-rostering solutions. • The Committee discussed the development of a funded strategic long term medical workforce plan. • The Committee received an update on the Joint Resourcing Programme which was the first corporate function to engage in service collaboration as part of the group model with NBT. • The Committee discussed the national violence prevention and reduction standard and the areas of focus going forward which included the embedding of the trust wide policy, embedding the pro-equity campaign, monitoring the results from quarterly scorecards, and the establishment of a new Security Assurance Group. • The Committee heard the preliminary 2024 Staff Survey results and it was noted that the response rate was up and above the Picker average. • The Committee Chairs had been invited to observe the meetings at the Royal Free London NHS Foundation Trust and Linda had attended their People Committee. Deirdre Fowler, Chief Nurse and Midwife, informed the Board that there had been a recent increase in patient on staff violence and aggression which appeared to be linked to patients lacking in capacity, which triangulated with No Criteria to Reside patient statistics. She noted the importance of reducing these numbers. **RESOLVED that the People Committee Chair's Report be received and noted for information.**	
17/03/25	**Annual Safe Working Hours Guardians' Reports**	
	Rebecca Maxwell, Interim Chief Medical Officer introduced the Annual Safe Working Hours Guardians' Reports to the Board for both Bristol and Weston sites up until July 2024, and noted the following key points: • The Guardian of Safe Working reports highlighted an increase in establishment and proportional fall in locum hours. Rebecca noted that the ongoing rota review would help to unpick this data and said that some of the reasons behind it was related to different training regimes and having less full-time equivalent doctors. • Divisions now received a monthly report which was supporting the progression of key issues. • In terms of the Weston report, exception reporting was at a level that did not raise any concerns and there was a reduction in exception reporting over the 12-month period which was testament to the additional workloads staff were achieving.	

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Minute Ref.	Item	Actions
	• It was noted that both sites continued to hold Junior Doctor Forums. • Guardian fines were levied at Bristol and funding from the Guardian fines account, was provided for breakfast clubs in Oncology and Trauma and Orthopaedics plus pizza for Foundation trainee induction to support staff wellbeing. Rosie Benneyworth, Non-Executive Director asked about the study budget for locally employed doctors and whether the Trust understood the impact on patient safety if this was not being used to support the development of the staff. Rebecca explained this was complex as the headcount had increased by 300 locally employed doctors and the study budget had not changed in line with this. It had been decided to use the money to fund an International and Guardian Lead. Furthermore, divisions were now asked to specify their training budget of £500 per doctor within their financial plans. Emma Wood, Chief People Officer added that other initiatives, such as rotations and career pathways, were ongoing to develop this staff group and assured the Board that the data demonstrated good retention rates within this area. **RESOLVED that the Annual Safe Working Hours Guardians' Reports be received and noted for information.**	
18/03/25	**Audit Committee Chair's Report**	
	Anne Tutt, Non-Executive Director and Chair of the Audit Committee introduced the report from the meeting of the Audit Committee in January 2025 meeting and highlighted the following key points: • The Committee reviewed the counter fraud progress reports for the Trust. • The Committee considered various internal audit review reports and members of the executive team attended to discuss the issues raised for those with limited assurance, and whether reports to committees on these areas would be useful. • The Draft Strategic Audit and Assurance Plan (2025/2026-2027/2028) was considered by the Committee. • The Committee signed off a letter to its auditors to discuss the processes for fraud and bribery. • Anne was pleased to see the overdue audit actions being reduced and thanked everyone for making the effort to work on those. Ingrid Barker, Joint Chair asked about the learning audit and whether it would be discussed by the Quality and Outcomes Committee. Deirdre Fowler, Chief Nurse and Midwife said that action had been taken to address the issues and that updates would go to Care Quality Group and escalated to the Committee via that route. **RESOLVED that the Audit Committee Chair's Report be received and noted for information.**	
19/03/25	**Well Led Action Plan**	
	Eric Sanders, Director of Corporate Governance, presented an update on the Well Led Review action plan since March 2024 for the Board's	

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Minute Ref.	Item	Actions
	consideration and said that Board agreement was sought after in order to close the action plan. Eric noted that all actions had now either been completed, had moved into business-as usual processes, or were incorporated into the group development work. In response to a query from Marc Griffiths, Non-Executive Director, relating to the actions being reviewed and monitored, Eric confirmed that the Board would be sighted, and the actions were being reported under business as usual. Roy Shubhabrata, Non-Executive Director, asked what would happen with Well Led Reviews as a Board in common and Eric explained that there would be a point in time where an external viewpoint would be brought in. He also suggested that the Board needed to determine what the value would be, as the current reviews tended to focus on individual organisations. **RESOLVED that the Well Led Action Plan be received and APPROVED.**	
20/03/25	**Register of Seals**	
	Eric Sanders, Director of Corporate Governance, presented the Register of Seals report for the information of the Board and said there had been one sealing since the previous report. **RESOLVED that the Register of Seals be received and noted for information.**	
21/03/25	**Governors' Log of Communications**	
	Eric Sanders, Director of Corporate Governance, presented the Governors' Log of Communications for the information of the Board and highlighted that the questions outstanding were with the communications team for approval and would be followed up in order to be closed. **RESOLVED that the Governor's Log of Communications be received and noted for information.**	
22/03/25	**Any Other Urgent Business**	
	Ingrid Barker, Chair, noted that the nomination period had closed for this year's Governor elections at UHBW, and reported that a total of 25 candidates had applied for the 15 seats available. Ingrid reported that voting would go live on 24 March and all our Foundation Trust Members, and UHBW colleagues, within the relevant constituencies would have a chance to vote.	
23/03/25	**Date of Next Meeting:** Tuesday, 08 April 2025	

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NHS
North Bristol
NHS Trust

DRAFT Minutes of the Public Trust Board meeting held on Thursday 27 March 2025 at 10.00am in Seminar Room 4, Learning and Research Building, Southmead Hospital and virtually via Microsoft Teams

Present (Board members):			
Ingrid Barker	Joint Trust Chair and Non-Executive Director (NED)	Maria Kane	Joint Trust Chief Executive
Sarah Purdy	Vice Chair and Non-Executive Director	Glyn Howells	Hospital Managing Director
		Neil Darvill	Joint Chief Digital Information Officer
Kelvin Blake	Non-Executive Director	Steve Hams	Chief Nursing Officer
Richard Gaunt	Non-Executive Director	Sarah Margetts	Deputy Chief People Officer
Jane Khawaja	Non-Executive Director	Elizabeth Poskitt	Chief Finance Officer
Kelly Macfarlane	Non-Executive Director	Nick Smith	Chief Operating Officer
Shawn Smith	Non-Executive Director	Tim Whittlestone	Chief Medical Officer

Also in attendance:			
Elliot Nichols	Director of Communications	Richard Gwinnell	Deputy Trust Secretary *(minutes)*
Xavier Bell	Director of Corporate Governance and Trust Secretary	Kelly Jones	Corporate Governance Officer *(shadowing)*

Presenters:			
Kerry Than	Head of Patient Experience *(present for minute items TB/25/03/03 to 03/11)*	Kathryn Tudor-Thomas	Volunteer Service Manager *(minute items TB/25/03/03 to 03/11)*
Paul Cresswell	Director of Quality Governance *(minute items TB/25/03/03 to 03/11)*	Bwalya Treasure	Volunteer Service Manager – Operations *(minute items TB/25/03/03 to 03/11)*
Helen Lewis-White	Deputy Director of Research and Development *(minute item 25/03/13)*	Caroline Hartley	Associate Director of Culture and Staff Experience *(minute item TB/25/03/12)*

Guests:
Yogi Ragoo – CQC Operational Manager
2 colleagues (Consultants)
1 member of the public

TB/25/03/01	Welcomes and apologies for absence	ACTION
	Ingrid Barker, Joint Chair of North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW), welcomed everyone to the meeting, including members of the public and staff who were observing. Ingrid reminded everyone that the meeting would be recorded, and the recording placed on the Trust's website after the meeting. Apologies were received from Peter Mitchell, Chief Officer, for whom Sarah Margetts was deputising. Ingrid also reminded the Board that this was the last meeting of the Board of NBT on its own; the next meeting (8 April 2025) and future meetings would be held jointly with the UHBW Board. The agenda for this meeting did not therefore include the Integrated Performance Report (which was traditionally a standing item) as that would be submitted on 8 April.	

TB/25/03/02	**Declarations of Interest**	
	No interests were declared in items on the agenda, nor any changes made to the Trust Board register of interests currently published on the NBT website and annexed to the Board papers. Kelvin Blake (NED) reminded the Board during agenda item 9 (see minute 25/03/09 below) that he was a Trustee on the Bristol City FC Robins Foundation.	
TB/25/03/03	**Volunteer Story**	
	Paul Cresswell, Director of Quality Governance, introduced Kerry Than, Interim Head of Patient Experience, Kathryn Tudor-Thomas, Volunteer Service Manager and Bwalya Treasure, Volunteer Service Manager - Operations. The Board watched a video introduced by Emily Ayling, Head of Patient Experience, in which Stewart, a Volunteer Befriender at NBT, told his story of being a volunteer, what his role involved, why he started it, what the main challenges were and what was most rewarding about the role. Stewart had been a patient for five months at NBT and had received no visitors, apart from his wife, which had been very difficult for him at the time. When Stewart was well again, he decided to become a volunteer and visit wards (neurosurgery and neurology) to befriend patients, who may also lack visitors and need someone to talk to. Stewart had been a volunteer for two years, enjoyed the role, was well supported by the Volunteer Services team and colleagues, and made a real difference to patients, who may also be lonely, isolated and "in a dark place", as he had once been. The role could be challenging at times, when patients did not want to talk, or were experiencing severe illness, but was also very rewarding to him and important to those he visited. Volunteers were an extra pair of eyes on the ward and could highlight previously unknown issues to staff. They could also resolve "minor" issues at times, such as patient car parking. Paul, Kerry, Kathryn and Bwalya outlined the importance of the volunteer role and of having the right volunteer in the right place at the right time. They outlined the diverse range of backgrounds of the volunteers at NBT and the recruitment and suitability considerations for volunteers (which involved DBS checks, application forms, interviews, probation periods, shadowing and regular support and supervision sessions) and the wide range of roles played by volunteers at NBT (including Volunteer Befrienders, Move Makers, Ward Support Volunteers, Patient and Carer Partners, and Purple Butterfly Volunteers, who supported patients who were approaching the end of their lives). Board members congratulated the team for all their inspiring work and referred to the vital role played by volunteers, including the NHS Cadets, who were young people, allied to St John Ambulance, learning about future roles they might play and career opportunities in the NHS. It was recognised that the volunteering service was a key part of NBT's commitment to the community. The huge impact of volunteers, their vital and selfless work, their key role and their successes were emphasised and celebrated. **RESOLVED: the Board welcomed the volunteer story and the work being done at NBT to better engage with patients through the work of volunteers.**	
TB/25/03/04	**Questions from the Public**	
	No public questions were received.	

TB/25/03/05	**Minutes of the previous Public Trust Board Meeting**	
	RESOLVED: the minutes of the Public Trust Board meeting held on 30 January 2025 were approved as a correct record of proceedings.	
TB/25/03/06	**Action Log**	
	RESOLVED: the Action Log updates were noted.	
TB/25/03/07	**Matters arising from the previous meeting**	
	No matters were raised.	
TB/25/03/08	**Joint Chair's Report**	
	Ingrid Barker presented her report, highlighting: • a recent visit she had undertaken with Tim Whittlestone, Chief Medical Officer, to a children's hospital transport service, and the vital service they provided, saving children's lives • her recent joint visits with the Chair of Avon and Wiltshire Mental Health Partnership (AWP) to 136 suite, the Mum and Baby Unit and the Drug and Alcohol Service, all of which played a vital role in physical and mental health; further joint visits were planned • her recent meeting with the Patient and Carer Partnership Group and the heartwarming enthusiasm they displayed; their work was also vital and further developments were planned to ensure they remained at the heart of NBT decision-making, when the Patient and Carer Experience Committee was disbanded as part of the move to a Hospital Group • Non-Executive Directors' (NEDs) recent visit to Weston Hospital, where she and other NEDs had witnessed inspiring work, connecting with local communities and working in partnership • a number of recent VIP visits to NBT, including a visit by HRH The Princess Royal, to the wards at NBT where she had been treated after her accident at Highgrove in 2024, and the visit of the Prime Minister Sir Kier Starmer to the Community Diagnostic Centre at Cribbs Causeway • a recent visit by the "Metro Mayor" of the West of England Combined Authority (WECA) to celebrate and recognise NBT's signing of the Good Employment Charter • that 28,000 employees (1 in 10 of the population) in the WECA region were now covered by the Charter; others were encouraged to join up, including employers in the aerospace industry • her continuing meetings with councillors, MPs, partner organisations, the Integrated Care Board (ICB) Chair and others and • the extensive work and visits undertaken by the Vice-Chair, Sarah Purdy. **RESOLVED: the Board noted the activities and key developments reported by the Joint Chair.**	
TB/25/03/09	**Joint Chief Executive's Report**	
	Maria Kane presented her report, commenting specifically on: • the earlier issue of operational planning guidance this year • that NBT and UHBW had submitted fully compliant operational plans to NHS England, earlier today (which was a significant achievement compared to many other NHS Trusts), enabling a breakeven position at NBT and UHBW (and the Bristol, North Somerset and South Gloucestershire (BNSSG) ICB) • her thanks to the Chief Finance Officer and the Chief Operating Officer and their teams for all their hard work on the NBT operational plan	

- the current period of instability and anxiety in the wider NHS, with the recent announcement by the Prime Minister of the abolition of NHS England and the requirement for a 50% headcount reduction at all ICBs
- leadership changes at the BNSSG ICB and early plans emerging around the potential future of NHS corporate services
- NBT and UHBW's positive position, given their move to a Group model and commitment to joined-up services and productivity gains
- the very positive staff survey results at NBT, particularly the response rate, and the high confidence among staff that they would recommend NBT to their relatives; she thanked everyone involved in the People Team and wider NBT for their efforts
- performance; with continuing challenges in urgent and emergency care, particularly caused by the ongoing high rate of patients with no criteria to reside (NCTR) (currently 23%), meaning approximately 200 people per day were in hospital beds when they need not be
- a number of Executive-to-Executive meetings held with other system partner organisations including AWP and Sirona to discuss issues of common interest
- the significant public engagement carried out on the NHS 10-year plan
- the very successful Cancer Alliance conference she had attended recently
- NHS Impact meetings she had been involved in, with discussions focussed particularly on productivity, continuous improvement and good practice, training being planned on leadership and psychological safety for clinical and operational colleagues nationwide, and the "productive ward" initiative
- community engagement activities she was involved in, including meetings with councils, Bristol Sports, the Robins Foundation and others on reducing youth violence, as well as visits to local schools, promoting apprenticeships and the employment of more people from the most socio-economically challenged local areas and communities
- the partnership event held in February, about what a hospital of the future should (and should not) look like, and what hospitals could do to make life better for local people and
- several regional and national events and meetings she had attended, in which she represented NBT, helping to shape the future of the NHS.

Kelvin Blake, NED, reminded the Board that he was a Robins Foundation Trustee.

Board members commented on and discussed in brief (key points):

- the need for all organisations to work together to divert young people into positive activities
- the key role and power of hospitals in connecting with communities
- the importance of NBT continuing its focus on delivering outstanding patient care, especially given the extensive instability in the wider NHS
- the extensive range of work and initiatives NBT was involved in
- the extensive change taking place in and around NBT and UHBW, and NBT's (and UHBW's) strong positions, compared to many other Trusts, with a balanced budget and breakeven financial position at NBT, positive staff survey results and many other achievements
- their thanks to the Executive Team and other all other staff for their work
- the need for new and innovative solutions to be found by NBT working with BNSSG partners to the long-standing problem of no criteria to reside.

RESOLVED: the Board noted the Joint Chief Executive's report.

TB/25/03/10	Volunteer Services Strategic Plan 2025 to 2028	
	Steve Hams, Chief Nursing Officer, introduced this agenda item, commenting on the positive alignment of the Volunteer Services Strategic Plan with the Trust Strategy and the Patient and Carer Experience Strategy. Kathryn Tudor-Thomas and Bwalya Treasure then presented the report in detail, outlining the components of the previous (2021 to 2024) plan and the progress achieved, including the use of the TRAC recruitment system, links with the Bristol Sight Loss Council, SGS Filton College and universities, training for volunteers, the new volunteer roles created, including Patient Buddies and Purple Butterfly Volunteers, an annual volunteer survey and the work around equality, diversity and inclusion (EDI). They outlined the vision and the detailed objectives of the new plan, as contained in the report, which involved maximising inclusiveness and putting patients at the heart of everything we do. The plans included building even stronger links with UHBW, with monthly meetings and sharing of policies and best practice already taking place and being stepped up. The plans also included celebrating and promoting the work of volunteers during Patient Experience Week, due to take place in late April, and continuing to report on the work of the team, through mandatory data reporting to NHS England and through the NHS Futures Group; data was published nationally. The visibility of volunteers to patients (e.g. when they first visited the hospital and didn't know where to go for their appointment) was vital and was a key focus, as was support for volunteers, recruiting more volunteers and working with universities and colleges to attract future generations of volunteers. Board members commented on and discussed (key points): • the significant and inspiring progress made, and Board members' thanks to all the staff and volunteers involved • the range of non-clinical roles which could be carried out by Cadets and the need for continued engagement with them • the clear need for links between the Volunteer Service and the People Team, with potential for volunteers to become apprentices and employees • the ongoing conversations already held with volunteers about potential careers in the NHS, and the need to record and report on these • the opportunity to actively promote volunteering opportunities to doctors and other staff who were nearing retirement • that several volunteers were retired staff; promoting volunteering opportunities further with staff approaching retirement was very welcome • more work was being done all the time to recruit a diverse range of volunteers, and overcome barriers to people volunteering, with help from other colleagues, such as the Patient Experience team • the "humbling and amazing" work of volunteers, for other people and the extraordinary work of the Purple Butterfly volunteers, about all of whom NBT should be very proud • the excellent work of the team, with more than 400 volunteers already at NBT and the number increasing further • the need to publicise and promote this work further afield, and for volunteers to be recognised (perhaps through local and national awards). **RESOLVED: the Board welcomed and approved the Volunteer Services Strategic Plan 2025 to 2028.** *Paul Cresswell, Kerry Than, Kathryn Tudor-Thomas and Bwalya Treasure left the meeting.*	

TB/25/03/11	**Patient First (PF) Update**	
	Glyn Howells, Hospital Managing Director presented the report, which looked back at progress to date with Patient First, with a forward-looking report to be submitted to the Joint Board in the near future. Glyn highlighted: • the completion of two-thirds of the early adopters training and the significant number of people already trained, close to reaching the tipping point of 16% (whereby those already trained took the learning they gained to others and it began to permeate throughout the Trust as a whole) • steady progress with capability building • two of eight breakthrough objectives showed sustained improvement (innovate to improve and staff turnover) • three breakthrough objectives showed no material change (outstanding patient experience and commitment to our community (disparity ratio and employing 38% of staff from our most socio-economically challenged areas)) • one breakthrough objective showed a deteriorating position (ambulance handovers) • two breakthrough objectives showed signs of improvement, but with that improvement not yet sustained (cost improvement programme and timely cancer treatment) • that the Patient First approach helped with the breakthrough objectives, even where positive outcomes were not yet clearly evident • early support from two divisions for a business-partnering approach, involving Patient First team members going into clinical teams and working with clinicians to help identify and implement continuous improvement • significant successes in some areas (e.g. the % of calls answered within 5 minutes increasing from 16% in January 2023 to 99% in January 2025 in the outpatient contact centre) • medium-term work ongoing in pathology and imaging and planned in ASCR (meetings and governance, breast care services and patient experience) as well as elsewhere • the planned rollout of the business partnering approach and National Trust Board education programme and • the planned refresh of PF priorities by NBT and UHBW and more work on alignment of the Trusts'/Group's priorities. Board members commented on and discussed (key points): • the improving picture with Patient First and what was being achieved • the importance of being data-driven but not data-controlled • the need to keep things simple and ensure resources were available to improve services wherever that was possible • the need to keep energy high and focus on long term outcomes; to date the outcomes were positive, as reflected in improving services and the staff survey results • momentum was building; the result would be better outcomes for patients • bottom-up efficiency and productivity improvements were key to success, especially in the context of the financial pressures on the NHS • the level of staff buy-in to PF; this varied by clinical area and was much higher, where people had been trained in PF or had seen positive results • PF was resulting in more structured, action-oriented and business-like processes and hence better outcomes; there was a degree of cynicism remaining in areas where PF had not yet had an impact • reaching the training tipping point would help • more work was being done on some of the breakthrough objectives and whether the best measures had been determined, for example on patient experience (where the Friends and Family Test (FFT) may not be the best	

	indicator) and on the disparity ratio, as the ratio in itself should not be the key focus • the power of PF and the aspiration it represented; better understanding of the data was critical. Ingrid welcomed the progress being made generally and significant successes in some areas, emphasised the importance of working closely with UHBW going forward and thanked everyone involved for their hard work. *Caroline Hartley joined the meeting during the above discussion.* **RESOLVED: the Board noted progress with the Breakthrough Objectives and noted the current status of capability building and plans for developing this further with divisions.**	
TB/25/03/12	**Staff Survey 2024 Results**	
	Sarah Margetts, Deputy Chief People Officer presented the report, highlighting the key headlines of the staff survey, including: • NBT received 6,531 responses (62%), its highest ever response rate, and 13% higher than the national average • staff responses to 86% of NBT staff survey questions were the same or better than the national comparator average • NBT was rated (by staff) above the national comparator average across all nine People Promise themes • all People Promise scores/themes (except one: staff engagement) had shown improvement on the 2023 scores, with: "we are always learning" showing the greatest increase • "we are compassionate and inclusive" was the highest-scoring theme (at 7.44 out of 10 for NBT; above the national average of 7.21 and close to the best comparator, which scored 7.69) • improvements demonstrated in terms of WRES (workforce race equality standards) and WDES (workforce disability equality standards) indicating positive experiences of global majority staff in particular, as well as improvements in disabled staff feeling valued and engaged • some concerns around the rising incidence of unacceptable patient behaviour (which reflected national trends) and the impact of that behaviour on staff, with more work to be done on violence and aggression, sexual safety and disability-based bullying and harassment in some areas • the South-West region was rated second highest (after the South-East region) in the UK for People Promise scores, with BNSSG ranked third (after Somerset and Dorset) in the region for People Promise scores • NBT was ranked number 1 in the South-West for "people recommending the Trust as a place to work" and number 1 for "people recommending the standard of care provided at NBT to friends or relatives" • 80% of staff at NBT agreed that care of patients was the Trust's top priority (NBT was rated a close second to UHBW and ahead of all other Trusts regionally for this question) • the % (92.13%) of staff having an appraisal (7% higher than the national comparator average), and the quality of appraisals, which were rated significantly higher than in previous years • improvements had been seen in all areas of NBT, including in those where ratings were not as high as other areas of NBT (such as women's and children's services) • the ongoing focus on staff satisfaction among healthcare support workers and healthcare scientists in particular • that NBT's and UHBW's scores were very similar	

	• next steps: the results had been disseminated to divisions to enable a more local focus and action on the results, with Bank staff survey results expected soon and analysis taking place of free text comments, alongside links being made between the survey and "Living our Values". Board members commented on and discussed (key points): • the excellent results and achievements across the whole of the Trust • their thanks to everyone involved, in the People Team and across NBT as a whole, for their hard work • the challenges of dealing with violent or aggressive patients, including patients with dementia, who may not know they were causing anxiety to staff, and the need to deal with this and support staff appropriately • the need for a zero-tolerance approach to incidents of unwanted sexual attention or behaviour and staff-on-staff abuse • the importance of aligning resources and priorities with the staff survey results and NBT's success in this; for example, the % of staff having an appraisal had risen by 18.54% (to 92.13%) since 2020 • the importance of initiatives such as the HELM Programme (Healthcare Excellence in Leadership and Management) • the ageing population and increasing challenges and numbers of people with dementia, as well as patients frustrated with being in hospital when they might not need to be (with no criteria to reside) due to shortages of resources in social care • the need for careful consideration of security measures and de-escalation training for staff, equipping them to be safer and avoid harm • the wider context of NHS staff cuts and productivity gains; staff needed more support in times of anxiety and uncertainty • the importance of the hospital environment and having engaging activities for elderly patients and those with dementia, especially for patients who had been in hospital for a long time and needing to regain mobility and confidence • de-escalation training and body-worn cameras (in the Emergency Department) were in place, as were Dementia Friends and a Dementia Matron, but more work was always needed • a hospital was a very busy and stimulating environment for Autistic people and people with other neurodiversity challenges • the recent transfer of some staff health and safety responsibilities to the People Team from the Estates Team (e.g. violence and aggression) • the financial pressures on the NHS, which may limit capacity to provide meaningful activities (such as arts) for patients and make the job of improving patient experience more difficult • the need to be clear with patients (and their families); what was acceptable behaviour and what was not; and to take sanctions where necessary. Ingrid concluded the discussion, welcoming the staff survey results and all the hard work they evidenced, emphasising the need to celebrate the many successes, welcoming the confluence with the UHBW results and welcoming the further work planned and divisional ownership. **RESOLVED: the Board noted and welcomed the staff survey results.**	
	Caroline Hartley left the meeting. *The Board adjourned at this point for a brief comfort break.* *Helen Lewis-White joined the meeting.*	

TB/25/03/13	**Research and Development Annual Report**	
	Helen Lewis-White, Deputy Director of Research and Development presented the report, highlighting: • an exceptional year of research performance and numerous successes against key performance indicators, building on previous years' successes • progress against the NBT 2022-27 Research Strategy, including the establishment of robust baselines for future work • NBT was well-resourced with clinical academics, research nurses, midwives and so on, with close to 10,000 research participants currently and participant recruitment proceeding well above target • an increase in income through commercial research by 47% since 2022 • a capital grant, which had enabled improvement works at the Clinical Research Centre, enabling NBT to attract and deliver more commercial research • the significant opportunities to expand commercial research further at NBT, providing opportunities to offer more innovative research to patients and deliver additional income and savings for the Trust • two bids for funding submitted to the National Institute for Healthcare Research (NIHR), in a highly competitive process, which NBT had won • NBT's work across the UK with other leading research partners and its place as an environmental leader in the way it delivered research • robust systems were in place to recruit research participants, with currently 7% of global majority participants on average (16% to 18% in Renal) and work ongoing to improve the representation of global majority communities • research was for and by global majority people, and the ratio of global majority staff working in research and development was very positive • a draft Bristol Hospital Group Joint Research Strategy had been prepared, building on the strengths of NBT and UHBW, and would be presented to the Joint Board in the near future. Board members commented on and discussed (key points): • the excellent research being conducted at NBT and the hard work of Helen and everyone else involved, for which they were thanked • the importance of research grants and what was learnt from the research enabled by that funding • the growing recognition nationally of Bristol as a leading research provider and talks taking place with universities around the need for more clinical academics (for example in neurosciences and stroke) to maintain and enhance research capacity and capability further • potential opportunities which may present themselves as a result of joint working with UHBW, such as in urology cancer care (where patients currently had their surgery at NBT and their chemotherapy at UHBW) and in terms of sharing staff and knowledge • the University of Bristol had been recognised in the Times Awards as the foremost university in the world for medical research; much of that research took place at NBT; the Trust should be very proud of its staff • the challenging commercial growth targets and the opportunity that might present to reinvest and expand research capacity and capability further • the overlaps between research and innovation, and the need to integrate and join up wherever possible • the massive achievement of NBT in its successful bids to NIHR; winning such bids and obtaining funding was extremely competitive and difficult. Ingrid concluded the discussion, commenting on the excellent research taking place, Bristol's position as a global player in research, and the positive news on	

	increased income and cost avoidance. She particularly welcomed better outcomes for patients and the joint working with UHBW. Helen Lewis-White thanked the Board for all their support. **RESOLVED: the Board noted the report, including progress against the 2022-27 Research Strategy and towards the creation of a Hospital Group Strategy, and commended research-active staff across the Trust for their commitment, compassion and curiosity to identify better approaches to patient health and wellbeing.** *Helen Lewis-White left the meeting.*	
TB/25/03/14	**South Gloucestershire Joint Health and Well-being Strategy**	
	Tim Whittlestone presented the report, commenting on NBT's key role as a member of the multi-agency South Gloucestershire Health and Well-being Board and the significant strategic alignment between this strategy and NBT's own strategic plans. Board members referred to the significant engagement with local communities on the joint strategy, and the positive welcome given by local people to the planned developments in community-based healthcare it envisaged. **RESOLVED: the Board confirmed the Trust's support of the strategy and the commitments required of partner organisations.**	
TB/25/03/15	**Operational Plan 2025/26 Final Submission**	
	Elizabeth Poskitt, Chief Finance Officer presented the final Operational Plan, highlighting: - that the plan had been approved and submitted by the Joint Chief Executive and the Hospital Managing Director, under delegated powers, earlier today, to meet the NHS England deadline - the final plan had been submitted to and endorsed by the Finance, Digital and Performance Committee on 18 March - the plan aligned closely with the ICB plan - the plan contained three key elements; performance, finance and workforce - the Board was asked to note the plan (including the capital programme) and approve the budget for the year ahead - confirmation had been received in relation to Elective Recovery Funding - the plan included the Bristol Surgical Centre and the staff Bank, agency and headcount reductions required by the national guidance - the plan was for a breakeven position, taking into account the £42 million underlying deficit and significant non-pay pressures in the year ahead - significant savings (5%) would be required in the year ahead, to achieve breakeven, which would be very challenging - good news on capital funding availability; around £22 million, with permitted over-programming and further funds to be bid for nationally and at ICB level - the cash position was challenging, with significant capital spend taking place in March and more work to be done on drawing down cash when needed - the Board assurance framework contained in the report gave assurance to the Board that everything required was in place - discussions were continuing with regional and national teams around the treatment of the PFI and its impact on productivity pack completion. Nick Smith, Chief Operating Officer outlined the performance elements of the plan and the Trust's compliance already with several targets, including the 52-week target. He commented that the Trust was in a good position compared to many	

other Trusts and that this plan was about continuing what NBT was already doing, and improving even further, from its existing solid base.

Maria Kane referred to the upheaval at ICB level and the importance of NBT committees closely monitoring delivery of the plan.

Richard Gaunt, Chair of the Finance, Digital and Performance Committee commented (key points):

- that NBT had always achieved breakeven, but this was the most challenging plan to date; monitoring delivery closely throughout the year was crucial and quarter 1 would be critical
- achieving savings of 5% would be particularly challenging
- that it would be useful to calculate the monetary value of each 1% of patients with no criteria to reside (NCTR), especially given that achieving the plan was predicated on NCTR being reduced to 15%
- NBT was making significant productivity and efficiency gains, but this did not always appear obvious in financial out-turns
- headcount reductions would be important, especially in the context of the required headcount growth associated with the Bristol Surgical Centre.

Glyn Howells, Hospital Managing Director, referred to NBT's strong track record of financial monitoring and the very good co-operation and help of all Executives in achieving plan objectives. Executive Management Team meetings had a key focus on financial planning and operational delivery, and discussions were already taking place about quarter 1. NBT was in a good position compared to many other Trusts.

RESOLVED: the Board:

(1) **noted the final position for NBT business and operational planning for 2025/26; the plan will deliver a breakeven financial position and is compliant across performance metrics**
(2) **noted that the Joint Chief Executive and the Hospital Managing Director had approved the plan for submission to NHS England, in line with their delegation from the Trust Board, due to the timing of the submission, on same day as the Trust Board meeting**
(3) **noted the changes to the plan between the headline submission and the final submission on 27 March 2025**
(4) **noted the approach to capital funding and allocation, including the over-programming**
(5) **noted the risks included in the plan and the approach to mitigating these risks**
(6) **approved the final budget for 2025/26, as contained in the report, in advance of the start of the new financial year.**

TB/25/03/16	**Quality Committee Upward Report**	
	Sarah Purdy, Vice-Chair of the Trust Board and Chair of the Quality Committee, presented the upward report of the Committee, arising from its meetings held in February and March 2025. Sarah highlighted the Committee's focus on: - an in-depth review of the longest-standing risks within the Committee's remit, which had been a very useful and assuring exercise - the significant (23%) reduction in falls achieved at NBT and the links to no criteria to reside (with many patients who accidentally fell and suffered injury not needing to be in hospital but with nowhere else suitable to go) - the rollout later this year of a new electronic prescribing and medicines administration (EPMA) system, which would have a major positive impact on patient safety, especially where patients had allergies to medications - the Trust's good relationship and close working with the CQC	

	• concerns around C.Difficile and needlestick injury rates, on which the Committee had asked for future reports back. **RESOLVED: the Board noted the Quality Committee upward report and the Committee's assurance on behalf of the Board.**	
TB/25/03/17	**Patient and Carer Experience Committee Upward Report**	
	Kelvin Blake, Non-Executive Director and Chair of the Patient and Carer Experience Committee presented the Committee's upward report. Kelvin highlighted: • that the Committee had held its last meeting on 10 March 2025, before the Committee was disbanded as part of the Hospital Group's evolution • the Committee had heard many patient stories and celebrated its success, as well as the successes of the Patient Experience Team and others • that nine out of ten patients rated NBT positively; this was a very significant achievement and demonstrated that NBT got things right most of the time • that the Committee had agreed updates to the Mental Health Strategy and the Patient Experience Strategy • the importance of the work of the Committee and its sub-groups, and of continuing that work in the new Group structures, after the Committee had been disbanded and its role included in that of the Quality and Outcomes Committee. Ingrid commented on the significant impact the Committee had had on raising the profile of patient and carer experience issues, the many positive outcomes achieved to date, and NBT's commitment to carry on and build on that good work. **RESOLVED: the Board noted the Patient and Carer Experience Committee report and its assurance on behalf of the Board.**	
	The Board adjourned at this point for a brief comfort break. *Yogi Ragoo (CQC Operational Manager) left the meeting.*	
TB/25/03/18	**People and EDI Committee Upward Report and Long-term Workforce Plan**	
	Kelvin Blake, Non-Executive Director and Chair of the People and Equality, Diversity and Inclusion (EDI) Committee presented the Committee's upward report. Kelvin highlighted the Committee's focus on key health and safety issues and other key People and EDI metrics. Glyn Howells and Sarah Margetts commented on the importance of all staff "Living our Values", everyone knowing what the Trust's values were, staff speaking up if they felt threatened, and staff knowing where to go for support. **RESOLVED: the Board noted the People and EDI Committee report and its assurance on behalf of the Board.**	
TB/25/03/19	**Finance, Digital & Performance Committee Upward Report**	
	Richard Gaunt, Non-Executive Director and Chair of the Finance, Digital and Performance Committee, presented the Committee's upward report, highlighting the Committee's consideration of: • positive performance in diagnostics, planned care and cancer services • ongoing challenges in urgent and emergency care • the Operational Plan and Capital Programme • longest-standing risks within the Committee's purview • the Green Plan; where the Committee heard that achieving Net Carbon Zero by 2030 was challenging, if not unlikely.	

<table>
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<td></td>
<td>Elizabeth Poskitt briefly outlined the Month 11 finance report, referring to and thanking everyone concerned at NBT for their collective action and hard work to achieve the predicted breakeven position by year-end.

Ingrid Barker reiterated these thanks and looked forward to confirmation next week of the delivery of breakeven.

RESOLVED: the Board noted the Finance, Digital and Performance Committee report and its assurance on behalf of the Board, and noted the month 11 finance report.</td>
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<td>TB/25/03/20</td>
<td>**Audit and Risk Committee Upward Report**</td>
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<td>Shawn Smith, Non-Executive Director and Chair of the Audit and Risk Committee, presented the Committee's upward report, highlighting:

- positive assurance received from the Trust's Internal Auditors, in areas they had reviewed
- the lack of any concerns raised by External Auditors
- the Committee's welcome of longest-standing risks reviews
- the Committee's review of SAP Ariba implementation, with an internal audit expected in the year ahead and
- the excellent work of the finance team, as demonstrated through the work on the operational plan, grip and control report and others.

Elizabeth Poskitt pointed to the draft Head of Internal Audit Opinion, which was that NBT was "strongly satisfactory" in the areas tested (with a prediction of that rating rising even further during later analysis).

RESOLVED: the Board noted the Audit and Risk Committee report and its assurance on behalf of the Board.</td>
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<td>TB/25/03/21</td>
<td>**Any Other Business**</td>
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<td>No other business was raised.</td>
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<td>TB/25/03/22</td>
<td>**Date of Next Meeting**</td>
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<td>The next Board meeting in public was scheduled to take place on Tuesday 8 April 2025, at 10am, jointly with the UHBW Trust Board.</td>
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<td>TB/25/03/23</td>
<td>**Exclusion of the Press and Public**

The Board RESOLVED: that representatives of the press and other members of the public be excluded from the Trust Board meeting, having regard to the confidential nature of the business to be transacted at the Private Board meeting later in the day, publicity on which would be prejudicial to other public interest (section (2) Public Bodies (Admission to Meetings) Act 1960).</td>
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The meeting ended at 1.45pm.

Meeting in common of the Board of Directors of University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and the Board of Directors of North Bristol NHS Trust (NBT) in Public on Tuesday, 08 April 2025

UHBW Action Log

No.	Minute reference	Detail of action required	Executive Lead	Due Date	Action Update
Outstanding actions from the meeting held in March 2025					
1.	*09/03/25 Board Assurance Framework*	Joint Chief Digital Officer to review the score for Risk 7, relating to Digital and Cybersecurity, that patients may not have migrated from Millennium to Medway.	Joint Chief Digital Information Officer	April 2025	Verbal update to be provided.
Closed actions from the meeting held in March 2025					
1.	*04/01/25 Minutes of the Last Meeting*	Trust Secretariat to update the previous set of Public Board minutes from November 2024 to reflect the comments made.	Director of Corporate Governance/ Trust Secretariat	March 2025	**Action Closed** The minutes from November's Public Board meeting have been updated to reflect the comments made.
2.	*04/01/25 Minutes of the Last Meeting*	Trust Secretariat to add a sustainability update to a future meeting agenda of the Board.	Director of Corporate Governance/ Trust Secretariat	March 2025	**Action Closed** An item on sustainability will be added to the forward planner to be discussed by the Board at its meeting in April.
3.	*08/01/25 Joint Chair's Report*	Director of Corporate Governance/ Trust Secretariat to include visits to South Bristol Community Hospital and the Unity Sexual Health Services on the NED Site Visit schedule.	Director of Corporate Governance/ Trust Secretariat	March 2025	**Action Closed** These will be offered to NEDs as options for visits.

North Bristol NHS Trust

Trust Board - Public Committee Action Log

NBT Trust Board Public ACTION LOG										
						Closed	Action completed and can be filtered out	Amber	Status not updated/completed and/or the deadline passed.	
						Blue	Completed and will be removed from chart for next iteration. A = On current meeting agenda.	Red	Status not updated/completed and/or deadline passed by more than one month.	
						Green	Status updated and on track within timescale.			
Meeting Date	Agenda Item	Minute Ref	Action No.	Agreed Action	Owner	Deadline for completion of action	Item for Future Board Meeting?	Status/ RAG	Info/ Update	Date action was closed/ updated

Questions from Members of the Public submitted to the UHBW Board of Directors from Page Nyame in respect of the BRI Pharmacy

(Answers provided in italics below).

1.   **Is the pharmacy currently meeting its key performance indicators (KPIs), including the average turnaround time for dispensing a prescription and what are the figures for the quarter?**

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

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

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

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

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

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

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

alternative to waiting at the BRI or Weston Outpatient Pharmacy. This is explained during the outpatient appointment by the patient's clinician:

- *Day Lewis, 6 Arnside Road, Southmead, Bristol, BS10 6AT*
- *Day Lewis, Medical Centre, Love Lane, Burnham-on-Sea, TA8 1EU*
- *Day Lewis, The Square, Axbridge, BS26 2AR*
- *Day Lewis, 3 Broad Street, Congresbury, Bristol, BS49 5DG*
- *Day Lewis, 493 Bath Road, Saltford, Bristol, BS31 3HQ*
- *Day Lewis, 508 Filton Avenue, Horfield, Bristol, BS7 0QE*
- *Day Lewis, 1 Trevelyan Walk, Henbury, Bristol, BS10 7NY*

5. **It was previously mentioned that responses to questions submitted for the July 2024 would be made available online. Could you confirm where these are published online please?**

   The responses to the questions submitted to the July 2024 Board meeting were appended to the minutes of that meeting, which were published as part of the papers for the following meeting held in September 2024 – please see page 20 of 247 here: https://www.uhbw.nhs.uk/assets/1/v2_public_board_-_10_sep_-_agenda_and_papers.pdf

Report To:	Meeting in common of the Board of Directors of UHBW and the Board of Directors of NBT held in Public
Date of Meeting:	8 April 2025
Report Title:	Joint Chair's Report
Report Author:	Ingrid Barker, Joint Chair of North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)
Report Sponsor:	Ingrid Barker, Joint Chair of North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)

Purpose of the report:	Approval	Discussion	Information
			✔
	The report sets out information on key items of interest to the Trust Board including activities undertaken by the Joint Chair, and Vice Chairs.		

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

The Joint Chair reports to every Public Board meeting with updates relevant to the period in question. This report covers a shorter period (5 March – 8 April) as the last, separate UHBW Board meeting was held on the 11 March 2025, and the last separate NBT Board meeting was held on the 27 March 2025. There may by some duplication with the most recent NBT report due to these timings.

Strategic and Group Model Alignment

The Joint Chair's report identifies her activities, along with key developments at the Trust and further afield, including those of a strategic nature.

Risks and Opportunities

Not applicable.

Recommendation

This report is for discussion and information.   The Board is asked to note the activities and key developments detailed by the Joint 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 Joint Chair's attendance at events and visits as well as details of the Joint 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 Joint Chair to each meeting of the Board, detailing relevant engagements she has undertaken and important changes or issues affecting UHBW and NBT and the external environment during the preceding months.

3. Activities across both Trusts (NBT and UHBW)

3.1 The Joint Chair has undertaken several meetings since the last UHBW specific Board report submitted on 5 March 2025:

- Monthly meeting with both organisations' Non-Executive Directors (NEDs)
- Monthly meeting with the Vice-Chairs
- Meeting with Lead Governor, Ben Argo
- Visit to a number of areas in the UHBW Children's Hospital, including the emergency department, intensive care unit and Lighthouse Ward
- Visit to the UHBW adult emergency unit, Acute Medical Unit (AMU) and Same Day Emergency Care Unit (SDEC)
- Met with the UHBW Sustainability Team, hosted by Ned Maynard, Head of Sustainability
- Visit to NBT's Elgar Ward Visit on 21 March
- Critical Care Transport Base Anniversary event, attended by colleagues across both Trusts, the local MP for Filton and Bradley Stoke, a representative for NHS England, and external stakeholders. This event celebrated the anniversary of the co-location of the Southwest Critical Care Transfer Services. In 2024, the Severn region services moved into a shared operational base in North Bristol, one of the first times such a co-location of services has been successfully achieved in England

4. Communications

The Communications teams of both Trusts have been very helpful in making the above visits more visible to all colleagues and to UHBW Governors. For UHBW this has been through its platform Viva Connect and a newsletter to Governors. I would like to thank both teams for their support in this. For NBT this has been through its weekly staff newsletter, NBT News and intranet platform, LINK.

5. Connecting with our Partners

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

- Visit by Dan Norris, in his capacity as WECA Metro Mayor to mark NBT and UHBW joining WECA's Good Employment Charter
- Attended the City Partners Conference Call
- Attended an engagement meeting with Evelyn Welch the Vice Chancellor of the University of Bristol

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- Attended an engagement meeting with Steve West, the Vice Chancellor of the University of the West of England
- Visit to For All Healthy Living Centre in Weston with Mark Graham, Chief Executive Officer
- Meeting with Mike Bell, Leader of North Somerset Council

6. National and Regional Engagement

6.1 Together with the Joint CEO, attended a national meeting of chairs / CEOs hosted by NHS England to discuss a 'financial reset, announcements regarding the future of NHSE and ICSs and expectations of provider trusts.

6.2 The Joint Chair has also attended an NHS Confederation Conference webinar with a focus of 'your role in an Anchor System'.

7. Vice-Chairs Report

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

7.1 Vice Chair (UHBW)

- Visits to Emergency Department, Same Day Emergency care and medically Fit for discharge areas.
- Bi-monthly meetings with site managing director
- Regular meetings with chair and NBT vice chair
- Interview panel for group chief of staff

7.2 Vice Chair (NBT)

- Visit to the Women & Children's division
- Visit to Critical Care Services
- Visit to the Cardiology department
- Attendance at the NHSP Chairs and CEO network
- Board Insight visit to the Fracture clinic
- Visit to Medicine Divisional Tri

8. Summary and Recommendations

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

Report To:	Meeting in common of the Board of Directors of NBT and the Board of Directors of UHBW held in Public
Date of Meeting:	8 April 2025
Report Title:	Joint Chief Executive Report
Report Author:	Suzanne Priest, Executive Co-ordinator
Report Sponsor:	Maria Kane, Joint Chief Executive

Purpose of the report:	Approval	Discussion	Information
			X
	The report sets out information on key items of interest to Trust Board, including engagement with system partners and regulators, events, and key staff appointments.		

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

The report seeks to highlight key issues not covered in other reports in the Board pack and which the Board 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 Trust's strategic priorities.

Risks and Opportunities

    N/A

Recommendation

This report is for Information. The Trust Board is 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

Page **1** of **5**

Group Chief Executive's Report

Background

This report sets out briefing information from the Group Chief Executive for Board members on national and local topics of interest that have taken place since the last UHBW Board meeting held on 13 March and the last NBT Board meeting held on 27 March.

1. National Topics of Interest

1.1. Letter from the Chief Executive of NHS England – Sir James Mackey

The new Chief Executive of NHS England, Sir James Mackey has recently written to Trust and ICB Chairs and CEOs to set out the next steps in working towards the reform of the NHS which was recently announced by the Government. The letter reflects on the considerable amount of work which has been done by providers to set breakeven budgets and deliver key operational standards.

Once the outcome of the current comprehensive spending review is known, and the publication of the 10 year plan takes place, there will be a shift towards medium-term planning and a new process will be initiated by September. This will help to set out the parameters for the 2026-27 planning guidance. The aim is to get to a more devolved, rules-based system that is built on Board accountability.

Sir Mackey also reflected on how ICBs will hold a critical role as strategic commissioners and this will be pivotal in delivering the 10 year plan. The collective challenge over the coming weeks for NHS England and ICBs to reduce their workforce by 50% will be:
- To maintain some core staff, such as recently delegated commissioning staff and continuing healthcare staff
- To maintain or invest in core finance or contracting functions in the immediacy
- To invest in strategic commissioning function, building skills and capabilities in analytics, strategy, market management and contracting
- To commission and develop neighbourhood health, with the delivery being a provider function over time

Regional Directors will be holding the ring with the ICB CEOs on identifying how they will make the reductions, whilst accepting that to work this may need to rely on cross-system arrangements.

Providers are being asked to reduce their corporate cost growth by 50% during Quarter 3. Savings should be reinvested locally to enhance frontline services.

Results of the consultation on the NHS Standard Contract will be published soon and will provide a more flexible approach to planning elective activity. Guidance on Wholly Owned Subsidiaries will include a more streamlined process for approval whilst ensuring that certain conditions are met. This is expected very soon.

Work on the creation of a single aligned centre for the NHS within the Dept of Health and Social Care is being led by Penny and Alan Milburn and is expected to progress at pace.

1.2. The NHS Performance Assessment Framework for 2025-26

The new NHS Performance Assessment Framework for 2025-26 was published on 27 March. This new framework will be used to assess both ICBs and Trust providers to ensure that health services are effective, efficient and patient-centred. It will be used to replace the previous framework which has been in place since 2022.

The framework will be released for consultation and testing, which does include applying it to Trust and ICB plans for 2025-26 during quarter one. Feedback will be collected as part of the testing and will help inform the finalised framework that will be issued for use from July.

In summary, every ICB and provider will be allocated a segment that will indicate its level of delivery from 1 (high performing) to 4 (poorly performing), and with an additional segment 5 to indicate those where the greatest level of support and improvement required. Organisations will be assessed across a wide range of functions from both a tactical and strategic perspective. Provider segmentation score will be based on their delivery score only. It is anticipated that high performing organisations in segment 1 will receive greater autonomy. Segment 3 and 4 organisations will be considered for further support and interventions which may include enforcement. Segment 4 organisations will receive a diagnostic review and this will determine if they will enter segment 5 and under the Recovery Support Programme. Data used to calculate segments will be published in an interactive web-based public accountability tool which will be made available from July.

Leadership capability will form part of the assessment process and insights gathered will be used to help direct performance improvement activities from the central and regional NHS teams. Guidance on this is still being developed and will be published once ready

1.3. Thirlwall Inquiry

On 19 March 2025, Lady Justice Thirlwall concluded seeking evidence submissions to the Inquiry. The Inquiry will now move to the next phase, which includes writing the report and is expected in November 2025.

2. <u>Strategy and Culture</u>

2.1 Output from the Strategic Partnership Event

The recent Strategic Partnership event which took place in February focused on a number of areas which asked for input and feedback from attendees. A total of 69 colleagues from the local and regional health and care system, local authorities, emergency services and charity and community organisations joined the day. There was an enthusiasm from those attending for continued collaboration and involvement in some strategic discussions.

During the day there were two key breakout sessions. Feedback was captured on the day through interactive applications and personal facilitation. Key findings were:

- The future of acute healthcare
  - Enhance
    - Support for a digital first approach integrating AI and automation
  - Left Shift
    - Care must shift towards a community-based model with decentralised services

Page **3** of **5**

- o Retain
  - Workforce wellbeing and retention will remain key priorities

- The Hospital Group's role in the community
  - o There was strong support for deeper partnerships with education and training partners
  - o Hospitals should advocate for social determinants of health including housing and transport
  - o Sustainability must be prioritised.

Attendees were also asked to provide feedback on the proposed Group name. 72% of people thought the proposed name aligns with ambitions and clarity. It was clear from responses that the name should be clear and easily understood by patients and the public.

2.2 NHS Impact Meeting

I have attended two National Improvement Board meetings since the last report. The business plan for 2025-26 has been refined and is now focused on delivery of the following key objectives:

- Establish a joined-up system for improvement across the NHS, its partners, and the communities it serves.
- Develop the skills and capability of NHS Managers and leaders in improvement and system leadership.
- Accelerate both the small steps of continuous improvement and the bigger leaps of radical transformation
- Create an NHS wide learning system to more rapidly spread innovation, reduce unwarranted variation and enable sharing of practice from "the best of the NHS to the rest of the NHS."

3. Engagement and Visits

3.1 Community Engagement meeting – Bristol City Robins and Bristol Sport Foundation

Dan White, CEO of the Bristol City Robins Foundation and Sarah Mortiboys of the Bristol Sport Foundation met with me recently. The meeting discussed how we can work together to look at initiatives to support young people across the city. This is one of the partnerships we are working on with community organisations as an anchor and as a key partner in the work to reduce youth violence.

3.2 Service Visits

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

- Emergency Department
- Intensive Care Unit

Recommendation
The Board is asked to note the report.

Maria Kane
Joint Chief Executive

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Report To:	Meeting in common of the Board of Directors of UHBW and the Board of Directors of NBT held in Public
Date of Meeting:	8 April 2025
Report Title:	Group Benefits Case
Report Author:	Paula Clarke, Group Development SRO Emma Mooney, UHBW Director of Communications and Engagement Lucy Thorp, Teneo
Report Sponsor:	Maria Kane, Joint CEO

Purpose of the report:	**Approval**	**Discussion**	**Information**
	x		
	This is the final version of the Summary Group Benefits Case, incorporating feedback from the Boards and engagement with stakeholders, including patient representatives.		

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

This is the final version of the Summary Group Benefits Case, which is a distillation of the long-form Group Benefits Case. The document is intended for a broad audience and will be made publicly available.

The document was last reviewed by the Boards on 05 February 2025 and feedback has been incorporated. Engagement with our key partners and stakeholders was undertaken during March 2025, alongside testing the preferred option for the Group name. A wide range of stakeholders including staff from both Trusts, BNSSG ICB and wider integrated care system partners such as Local Authorities, Primary Care, university partners and patient and carer forums, were invited to comment on the document and whether the benefits case supported the vision of the role of hospitals in BNSSG in meeting the future needs of local communities. Stakeholders were asked:

- Is the document clear and understandable?
- Is there anything missing?
- Is there anything that could be improved?

Feedback received was positive and supportive, stakeholders liked the clarity of the information and the clear ambition outlined in the document. Some feedback suggested drawing out a bit more of the voice of staff and patients to describe what would be different for them and this has been incorporated by the inclusion of 'voices of the future' in the document.

The opportunities are structured around five benefit strands:
- Delivering outstanding care for everyone who needs it
- Supporting our people to thrive and excel
- Getting the most out of our resources for the communities we serve
- Excelling in groundbreaking Innovation, Research and Development

Page **1** of **2**

- Working with our partners as one team

With benefits described against our '4Ps' – patients, people, population and the public purse.

Strategic and Group Model Alignment

This paper is aligned with the Trusts' strategic intention to form a Hospital Group. It summarises the benefit opportunities of Group development against each of the 4Ps – Patients, Population, People and Public Purse.

Risks and Opportunities

- Creation and use of the Summary Benefits Case for external and internal audiences is an opportunity to build our reputation and engage effectively with our internal and external stakeholders.
- It is also a reputational risk if we do not get this right.

Recommendation

This report is for **Approval.**

The Boards are asked to approve the Summary Benefits Case.

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

UHBW and NBT Boards meeting in common	05/02/2025
Appendices:	No appendices are included.

NHS

Bristol
NHS Group

Bristol | Weston

Our Group
Summary Benefits Case

Seamless, high quality, equitable and sustainable care

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

Introduction

North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) are high-performing organisations with a track record of successful collaboration and proud histories of providing excellent care and world-leading teaching and research.

The Boards of UHBW and NBT have made the decision to form a Hospital Group with a shared ambition to enable our Joint Clinical Strategy vision for *seamless, high quality, equitable and sustainable care*. This strategy has been, and will continue to be, our guiding star.

We were appointed as Group Chair and Group Chief Executive Officer in summer 2024 and we are now delighted to introduce our Group Benefits Case. This sets out the difference that the Group will make for our **patients**, our 28,000 **people**, the **populations** we serve, and the **public purse**. It has been developed with the support of colleagues, patient representatives and our partners in the health and care system – to everyone who has been involved: thank you!

In every region and every system, the NHS is facing very real and profound challenges. These come in the form of rising demand, constrained funding and an ageing estate. We have also lagged behind other nations in terms of our investment in medical technology, digital and innovation.

The Government has been clear that the NHS must transform – and together, NBT and UHBW will meet that challenge. If we are successful, how and where we deliver healthcare will be radically different in 10 years' time. More care will be delivered in patients' homes and communities, our resources will be focused on preventing ill health, and not just treating illness, and digital technologies will radically change how we operate.

To continue to deliver the outstanding care that our patients rightly expect we need real and meaningful change. Working together in a Group Model gives us the best possible opportunity to address our challenges and achieve these transformations - we can learn from each other, share resources, remove wasteful duplication and ensure that all patients, no matter who they are, where they live, or where they are treated, get access to the same high-quality care.

This is a once in a lifetime opportunity for our people and the patients and communities we serve.

Maria Kane
Group CEO
North Bristol NHS Trust and University Hospital Bristol and Weston NHS Foundation Trust

Ingrid Barker
Group Chair
North Bristol NHS Trust and University Hospital Bristol and Weston NHS Foundation Trust

Our Group Benefits Case is built around five key themes:

- Delivering **outstanding care for everyone who needs it** (p.7)
- Supporting our **people** to thrive and excel (p.9)
- Getting **the most** out of our resources for the **communities we serve** (p.11)
- Excelling in groundbreaking **Innovation, Research & Development** (p.13)
- Working with **our partners** as one team (p.15)

Why we must change

- We believe that all our patients, regardless of who they are, where they live and where they are treated, deserve the same high-quality care and positive experience of receiving it. We need to be honest and upfront that currently this is not always the case.

- When a patient needs care from both of our hospitals there can be delay, confusion and risk. We need to organise our services around people and not organisational boundaries - patients don't see them and neither should we.

- Demand for our services is increasing. Only by working together and sharing our resources will we be able to meet the future needs and expectations of our patients and local communities.

- Some of our services - both clinical and corporate - are fragile; acting as a Group will allow us to protect their future and take advantage of advancements in technology, new innovations in clinical practice, support each other and address shortages in key skills within the workforce.

- There is a lot of duplication between our organisations. By working more closely together we can free-up time and resources for front-line patient care.

- The government has set out an ambitious plan to transform the way health is delivered over the next 10 years, focusing on three key shifts; hospital to community, treatment to prevention and analogue to digital. We need to step up to this ambition and act as one acute voice so we can work with partners to make these changes.

Why a Group

Group Models are increasingly common in the NHS – they provide a way for separate legal entities (Trusts) to collaborate without needing to merge.

The word 'Group' does not have a strict definition and is used to refer to a range of shared leadership and governance arrangements that support organisations to collaborate.

Forming a Group is an enabler for the delivery of our Joint Clinical Strategy. The Group Model will allow us to break down organisational barriers and set out a new future for NBT and UHBW which is one of ever closer alignment and collaboration.

We have already had many successes collaborating as two separate organisations – but it has been harder than it needs to be and progress has been slower than we would have liked. The Group Model will allow us to change to address this.

Many of the challenges we face are shared. By working together, we stand the best possible chance of meeting these challenges.

Forming a Group will significantly enhance the efficiency, quality and sustainability of both Trusts. By working together we can share resources, streamline services and reduce costs - all while enhancing patient care, the experience of our people, the health of our population and delivering value for the public purse.
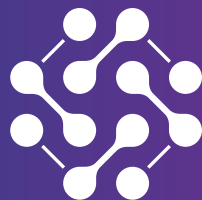
The Group Model enables us to…

- Make decisions in the best interests of patients and not organisations
- Spread learning, best practice and innovation between teams and organisations
- Create a default culture of collaboration not competition
- Remove organisational barriers to collaboration by standardising systems, policies and processes
- Remove wasteful duplication; doing things once wherever possible
- Share resources and expertise
- Benefit from economies of scale

All for the benefit of…

- **Our Patients**
- **Our Population**
- **Our People**
- **The Public Purse**

For the benefit of:

our patients, our population, our people and the public purse.

Our benefits are described around our Four Ps – our patients, our population, our people, and the public purse.

Our patients

- Will receive more consistent, high-quality care across their lifetime.

- Will face less unwarranted variation in their care experiences and outcomes; wherever they are treated in Bristol and Weston.

- Will have improved access to services and receive more care closer to their homes, decreasing waiting times and improving outcomes.

- Will have better care experiences through optimised clinical pathways.

- Will have expanded access to pioneering, modern healthcare and treatment options through expansion in our Research & Development and innovation activities as a Group.

Our population

- Will receive greater support for prevention and population health, as we work more closely than ever with our external partners on these programmes.

- Will have greater access to innovations that are in the best interests of our population, as we develop further partnerships across health, care and life sciences.

- Will experience improvements in the health and wellbeing of their communities, local economic growth and advances in sustainability in all of its forms, as we expand our role as anchor institutions.

For the benefit of:

our patients, our population, our people and the public purse.

Our benefits are described around our Four Ps – our patients, our population, our people, and the public purse.

Our people

- Will be effectively supported to thrive at work and will have a more equitable experience.

- Will have access to new and exciting roles and career prospects, with opportunities no longer limited to a single organisation.

- Will have expanded opportunities – both clinical and non-clinical colleagues – to lead and participate in the delivery of research, innovation and education.

- Will be part of a more sustainable and resilient workforce, able to meet future demands for our clinical services.

- Will be part of a Group with a more prominent profile; celebrating the successes of our people to ensure that they receive the recognition they deserve.

The public purse

- There will be reduced duplication and more standardised processes to make the best possible use of our resources and free-up additional capacity to invest in front-line care.

- There will be reduced areas of fragility across our clinical and corporate services, and increased financial sustainability within the BNSSG system.

- Greater value and quality will be achieved through our combined scale.

- More cost-effective investments will be made based on need, value and risk levels, and we will increase our purchasing power by doing this as one.

- There will be new and expanded opportunities to generate income, which can then be reinvested into patient services.

Delivering outstanding care for everyone who needs it

By working as a Group, we will ensure all of our patients receive the highest quality of care regardless of who they are, where they live, or where they are treated. We will enable more care to be delivered out of hospital, make better use of our capacity, and ensure that all services are safe and sustainable in the long-term.

Our objectives	Our patients	Our population	Our people	The public purse
We will eliminate unwarranted variation in patient access, outcomes and experience	●			●
We will improve the delivery of local care for local people	●	●		●
We will create seamless patient journeys across our organisations	●		●	●
We will make the best possible use of our available clinical capacity	●			●
We will ensure all services are safe and sustainable in the long-term	●	●	●	●

Delivering outstanding care for everyone who needs it

To deliver our objectives, we will prioritise the following actions:

Through the work of our Single Managed Services, we will:

- Develop new models of care and pathways that are clinically led, evidence based, aligned to best practice and consistently implemented on all sites.

- Make best possible use of the collective capacity of all of our hospitals and all of our people to reduce waiting times.

- Ensure waiting times are kept to a minimum through a single points of referral access and joint management of waiting lists.

- Deliver care closer to home wherever possible and consolidate expertise and technology wherever necessary.

- Learn from each other to enhance quality and experience.

- Develop new models of care that transform how we support patients with long-term conditions.

- Work together with our partners in primary and community care to integrate services around the needs of patients not organisational boundaries.

- Move from treating illness to preventing it, and play a greater role in reactive monitoring - helping patients to live well at home for longer.

- Work together to deliver more targeted education that allows patients to better understand and take control of their health.

- Improve communication channels and referral pathways between our organisations; and

- Use our scale to ensure we are enabling innovation, pioneering clinical practice and technology-enabled care.

Supporting our people to thrive and excel

By working as a Group, we have an exciting opportunity to ensure our people thrive and excel in all that they do. As a Group, we can provide better learning and development opportunities, address short and long-term workforce shortages, and deliver vital People Services to a higher standard and lower cost. We will make our Group a great place to work for all, which will in turn improve the experience and outcomes for our patients.

Our objectives	Our patients	Our population	Our people	The public purse
We will create a more equitable experience for our people	●	●	●	
We will invest in our people's career paths and opportunities through the Group	●	●	●	●
We will use the scale of the Group to enhance our education, learning and workforce development offer		●	●	●
We will create integrated workforce plans; addressing our short-term gaps and jointly planning for our future	●		●	●
We will support and facilitate more people to work across the Group where they wish to	●		●	●

Supporting our people to thrive and excel

To deliver our objectives, **we will prioritise the following actions:**

- We will align our approaches to wellbeing, Equality Diversity and Inclusion, and staff engagement & recognition to create a shared sense of identity and belonging.

- We will engage and listen – hearing our colleagues' voices louder and clearer to ensure we deliver on our People Promise.

- We will become an anti-racist and pro-equity Group.

- We will ensure everyone has access to the development and career progression opportunities currently available across both Trusts.

- We will develop a Group Learning and Workforce Development Strategy.

- We will align curriculum and training programmes to drive greater equity, diversity, accessibility and consistency in all staff groups within the Group.

- We will work with our educational partners to develop and train the workforce of the future.

- We will provide mutual aid between both Trusts to mitigate workforce shortages – helping us to ensure that services are always safe and resilient.

- We will align approaches to workforce planning; creating a single long-term strategic workforce plan for the Group.

- We will develop a framework for cross-site working – bringing clarity and consistency to the way we support colleagues and removing duplication (e.g., of employment checks and repeated training).

Getting the most out of our resources
for the communities we serve

Together we have a turnover of approximately £2.2bn and the value of our estate and equipment is significant. In a Group, we can maximise the value of these assets, use our resources more efficiently, attract income and investment, and lower costs through economies of scale. This will free up resources to invest in the digital infrastructure which is vital if we are to deliver modern, integrated and efficient healthcare services.

Our objectives	Our patients	Our population	Our people	The public purse
We will transform and modernise the delivery of corporate functions for the Group			✓	✓
We will use our scale to support partners by seeking opportunities to 'do things once' on behalf of the system			✓	✓
We will deliver more clinical activity in-house and unlock the commercial potential of improved productivity	✓		✓	✓
We will prioritise and allocate capital investment based on patient need, value and risk	✓	✓	✓	✓
We will use our scale to reduce the price we pay for goods and services				✓
We will converge digital systems to support joined-up working and release savings	✓		✓	✓

Getting the most out of our resources
for the communities we serve

To deliver our objectives, **we will prioritise the following actions:**

- We will create a joint Digital Strategy for the Group – leading on the Government's 'analogue to digital' shift.

- We will identify opportunities to bring corporate functions together to share resources, learning and access economies of scale.

- We will standardise policies, systems, processes and ways of working across the Group.

- We will pursue opportunities to modernise our corporate services through digitisation and automation.

- We will offer corporate services to our partners, so that they too can benefit from the scale of the Group.

- We will make best possible use of our capacity across the Group – ensuring that we are using all of our clinical spaces optimally before resorting to outsourcing.

- We will learn from each other and problem solve together to identify ways to improve productivity and reduce waste.

- Through the work of our Single Managed Services, we will identify how existing clinical space and medical equipment can be used to manage future investment requirements.

- We will integrate our governance, so that investment decisions are made jointly across the Group.

- We will ensure that we are buying together wherever possible to drive down unit cost.

Excelling in groundbreaking

Innovation, Research & Development

By working as a Group, we will firmly establish ourselves as a globally recognised powerhouse for R&D and innovation. The expertise of our people is formidable, and by working together we will build our reputation, attract partnerships and investment, and deliver the most advanced care possible.

Our objectives	Our patients	Our population	Our people	The public purse
We will be an engaged and effective partner	●	●	●	●
We will give every patient the opportunity to benefit from research	●	●		
We will provide more colleagues with the opportunity to lead and be part of R&D			●	
We will celebrate innovation and champion a culture of curiosity	●	●	●	
We will support an ecosystem of health, care and life sciences innovation across BNSSG		●	●	●

Excelling in groundbreaking
Innovation, Research & Development

To deliver our objectives, **we will prioritise the following actions:**

- We will develop joint R&D and Innovation Strategies for the Group.

- We will ensure that our research prioritises the needs of our local populations – for example, by working alongside local authority, primary and community care colleagues to lead research in support of reducing health inequalities across BNSSG.

- We will create new and exciting opportunities for our people to lead and take part in R&D.

- We will address the organisational barriers that currently inhibit cross-site trials and ensure that clinical trials are open to all patients across the Group.

- We will increase opportunities to protect time to do R&D across the Group.

- We will make research more accessible for everyone, regardless of professional background.

- We will work as 'one team' within our R&D functions, to maximise the opportunity to share the skills and expertise that exists across the two teams.

- We will develop a Group Innovation Hub, investing in the expertise and resources required to kick-start our innovation journey.

- We will ensure that innovation is central to everything we do; helping us recruit and retain the brightest minds.

- We will maximise income generation from innovation and R&D, to reinvest in patient services.

Working with our partners as one team

By working as a Group, we will make it simpler and easier for our partners to work with us. We will work with partners across the BNSSG health and care system to improve access, outcomes and experience for our patients and communities. We aim to be a trusted 'partner of choice', leveraging our combined scale and expertise to make us more attractive to community and industry partners. We will advocate for our services and patients with one unified voice, enabling us to influence regional and national agendas. We will raise our shared profile by celebrating our successes and sharing our work widely, building a strong brand recognised for excellence and innovation. We will enhance our combined role as an anchor institution, using our size and expertise to improve the health and wellbeing of our local communities.

Our objectives	Our patients	Our population	Our people	The public purse
We will strive to be the best possible partner we can be.	●	●	●	●
We will advocate for our patients and services with one voice.	●	●	●	●
We will raise our profile and celebrate our successes.	●	●	●	●
We will use our role as anchor institutions to improve population health, drive economic growth and support environmental sustainability.	●	●	●	●

Working with our partners as one team

To deliver our objectives, **we will prioritise the following actions:**

- We will create a single point of access for community and industry partners and by doing so, make it easier for them to understand where to go and how to work with us.

- We will reduce and remove red tape so that potential partners find it easy and enjoyable to work with us.

- We will develop and use our Group brand to raise our profile and to reinforce that we are "one team".

- We will reduce duplicate representation at system meetings – allowing us to speak with a single voice for the acute sector in BNSSG and releasing the time of our leaders.

- We will deliver clear and more consistent messages about the needs of our services, patients and populations.

- We will speed up decision making to deliver what our system partners need of us.

- We will engage with and listen to our patients and populations to ensure that we are advocating for their needs.

- We will build our reputation as a great place to work, thereby helping us to attract and retain the talent of the future.

- Through our role as anchor institutions we will work with partners to improve the health and wellbeing of our local population and drive economic growth for the benefit of our communities.

- We will work together to support environmental sustainability and decarbonisation by developing an effective and planned approach to achieving net-zero emissions by 2040, in line with the NHS target.

Delivery Plan

Group operating model

Our Group Operating Model shows how we will organise ourselves, including our leadership and governance, to deliver the benefits of working as a Group.

Evaluation Framework

We are working with our academic partners to create an evaluation framework to test the effectiveness of the Group Model against our four Ps.

Single Managed Services

Our Single Managed Services programme is supporting our clinical teams to work together to deliver the Joint Clinical Strategy.

How we will deliver

Organisational Development

We are creating a culture of collaboration. We will support our teams to work together, while retaining the identity of people's place of work.

Corporate Enablers

Our corporate teams are working together to align policies, processes and systems to enable us to operate as a Group.

Group Delivery Programme Office

As part of developing this Benefits Case, we have defined the projects that we will focus on over the next five years. Project delivery will be driven by our Group Delivery Programme Office.

What will success look like in five years?

If we are successful:

- Patients will wait less time to be diagnosed and treated, and they will have the same high-quality experience and outcomes, regardless of who they are or where they live

- We will meet rising demand by maximising the use of our available resources

- More care will be delivered nearer to patients; in their homes or the community

- Digital technologies will have transformed the way we work and the way we deliver care

- Our people will feel engaged, energised and empowered by their work

- We will be known as a place where people enjoy working, training and building a career

- Our volume of globally renowned research and innovation will have grown significantly

- We will contribute to system financial balance
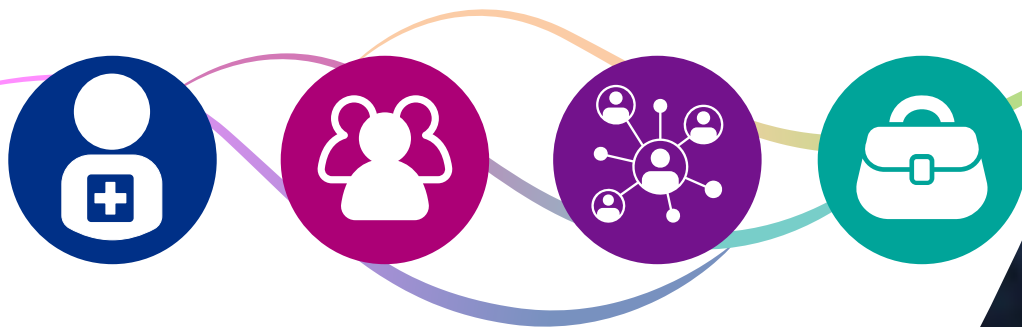
Voices of the future If we are successful:

Our Patients

I'm used to having to tell and retell my health story to different people. It made a refreshing change that the doctors at both hospitals knew all about me and we didn't have to go back over old ground.

I was seen and diagnosed really quickly and began my treatment soon after giving me peace of mind.

I was proud and grateful to be part of a clinical trial that helped me and will help many others too.

Our Population

It's amazing to benefit from the pioneering research that's happening across the hospitals that look after me.

I was really anxious about going to a big hospital, so I was grateful to be seen close to my home instead.

They've got some great jobs for local people. I never thought I'd get to work for the NHS but there's so many opportunities.

My local hospital is world class.

Our People

Working across sites is easy to do and I'm getting access to experience that I wasn't before which is helping me develop my skills and my future career too.

We've got each other's backs. When my team needs support, it's given, and we do the same in return. We are one team.

Our systems and teams talk to each other. This is a better experience for my patients who are having treatment at both Trusts, and it makes my job quicker and easier too.

The Public Purse

What they give back to local communities is making a real difference.

The patient really does come first, which is why we're all here after all.

They are so easy to work with. We really are one team - this is true collaboration.
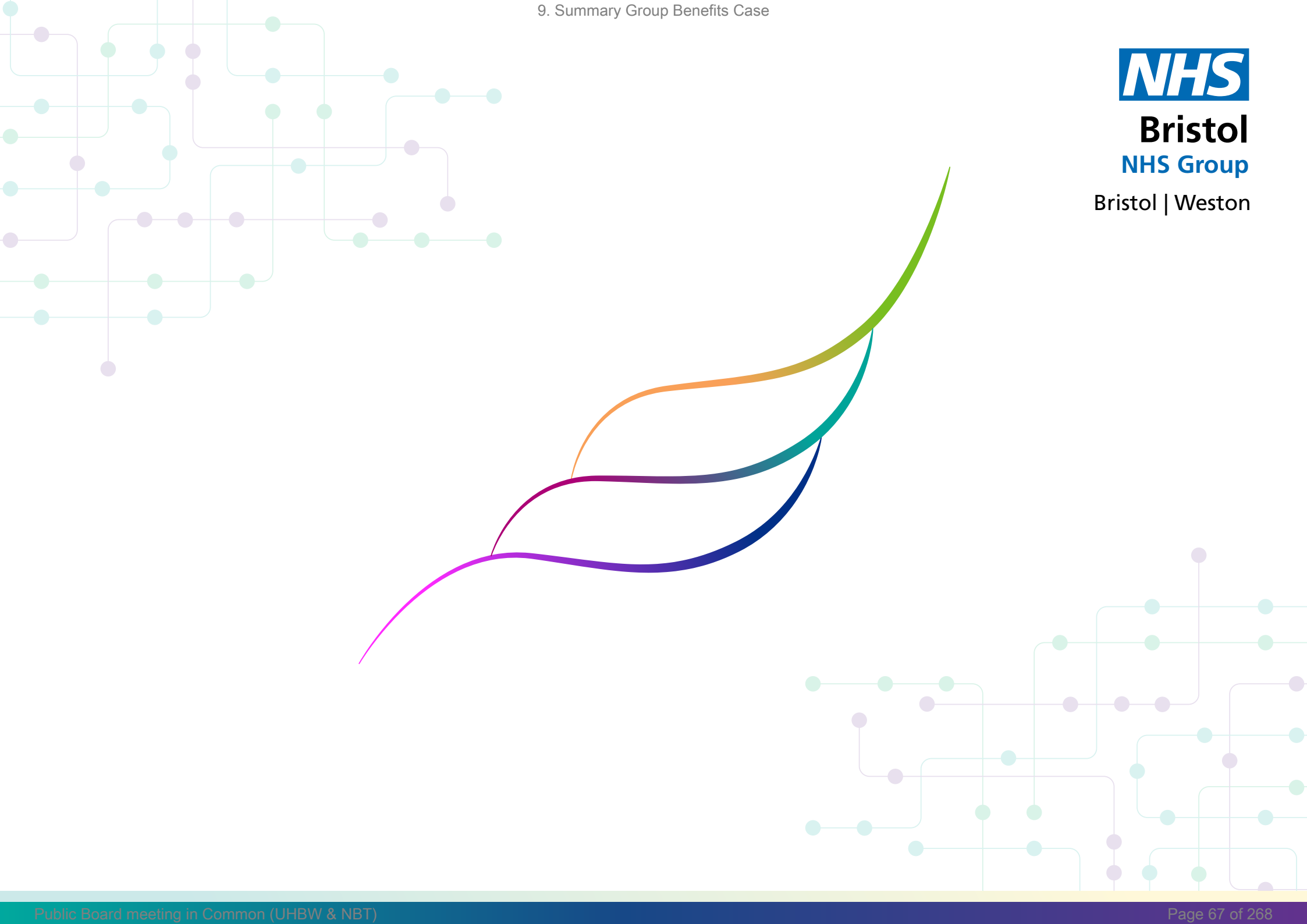
I know if a member of my family needs healthcare they'll be getting the very best, on our doorstep.

Report To:	Meeting in common of the Board of Directors of UHBW and the Board of Directors of NBT held in Public
Date of Meeting:	8 April 2025
Report Title:	Group name
Report Author:	Emma Mooney, Director of Communications UHBW Elliot Nichols, Director of Communications NBT
Report Sponsor:	Maria Kane, Joint Chief Executive NBT & UHBW

Purpose of the report:	Approval	Discussion	Information
	Yes		
	This report provides an overview of engagement undertaken to test the preferred name 'Bristol NHS Group' with key stakeholders to inform Board decision making on the name.		

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

The following report builds on updates provided to the Boards at meetings on 3 December 2024 and 5 February 2025, when the Boards supported Bristol NHS Group as the preferred option in principle and supported moving to testing this name with key stakeholders.

The outcome of the engagement was presented to Joint Executive Group on 19 March 2025 who supported bringing the name Bristol NHS Group for consideration and approval by both boards at the meeting in common on 8 April 2025.

Strategic and Group Model Alignment

The report aligns with the strategic direction to form a Group between North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW).

Risks and Opportunities

The name of the Group is a key component to progress formally launching the partnership. There is a risk that in the absence of an agreed name, the space will be filled by multiple alternatives which would lead to confusion.

Recommendation

This report is for **Approval.**

The Boards are asked to:
- Note the engagement undertaken and feedback obtained during testing the preferred name for the Group.
- Approve the name Bristol NHS Group
- Approve the NHS logo for the Group
- Approve the approach to application of the Group name.

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

N/A	N/A
Appendices:	N/A

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1. Purpose

This report provides an overview of engagement undertaken to test the preferred name 'Bristol NHS Group' with key stakeholders to inform Board decision making on the name.

2. Background

It was felt necessary to have a name for the Group which made it easy to refer to, and better signalled our partnership intentions rather than just being the sum of two hospital trusts. In developing a name for the Group, the following has been taken into account:

- Careful review of feedback obtained from a number of internal workshop and engagement sessions, which took place between December 2024 and February 2025. These involved NBT and UHBW Boards, Senior Leadership teams from both organisations and UHBW Council of Governors.

- Adherence to NHS Identity Guidelines on partnership branding, specifically naming principles, NHS logo development (NHS partnership logo = NHS + Geographic reference + partnership descriptor) and application.

Through this process 'Bristol NHS Group' emerged as the preferred option.

This option along with the key themes obtained during feedback, shortlisted options explored and plan for wider stakeholder testing of the preferred name was presented to both Boards in February 2025. Both Boards supported the preferred option in principle and moving to testing Bristol NHS Group with key stakeholders.

3. Stakeholder engagement – Bristol NHS Group

3.1 Approach

Engagement to test the preferred name was undertaken during March 2025 and outlined how a range of factors had been considered in reaching this option. These included ensuring the name is clear and logical, aligned with NHS brand guidelines, and geographically relevant while recognising the importance of inclusivity.

Stakeholders were invited to comment on the name and whether it appropriately signified the Group's aims and ambitions in a simple collective way, whilst recognising the Trusts continue to serve local populations.

Stakeholders included staff from NBT & UHBW, NBT Patient and Carer Partners Forum, BNSSG ICB and wider integrated care system partners such as Local Authorities, Primary Care, university partners, elected representatives, and patient and carer forums.

Communications and engagement activities during this period included, written correspondence, 1:1 conversations, focused engagement sessions, meetings and forums, and the recent Strategic Partnership Event, where it was discussed in detail by 69 delegates from across the community and system.

3.2 Feedback

Overall, there is a large majority in support of 'Bristol NHS Group'. A summary of wider feedback received is outlined below:

- The name is simple, strong and will resonate. People will still refer to the local hospitals e.g. Weston General Hospitals, Bristol Royal Infirmary, Southmead etc and felt that this would ensure local identity would not be adversely impacted.

- The term 'Group' continued to be supported as the partnership descriptor.

- Strong support for maintaining the NHS brand, with no suggestions to deviate.

- Some views that inclusion of the word 'hospital' should be considered as the Group will not encompass all health provision. However, more feedback supports not including (or does not mention inclusion of) the word so the name better aligns with national direction and 'left shift' of hospital to community and better reflects that not everything the Trusts do is carried out within the four walls of a hospital.

- Some support for including Healthcare or Health and/or Care. Stronger view that this was explicit in the NHS elements of the name and should not be included.

- Mixed views remain around inclusion of Weston in the name and can be summarised as:
  - Without inclusion the name is too grounded in Bristol, and this may impact on recruitment and movement of clinical workforce if everything is perceived to be geographically rooted in Bristol.
  - Staff in Weston have been through difficult and uncertain times over a number of years prior to merger.
  - Including Weston is too similar to UHBW and might lead to confusion.

- Much more effective at signalling intentions to wider partners – academic, commercial, and global.

3.3   NHS logo

The proposed logo for the Group is shown below. References to the locations of our main hospital sites (Bristol and Weston) have been added to ensure inclusivity.

In addition, and in line with NHS guidelines, when the Group logo is used the following text will be included on the document carrying the logo to ensure transparency of the accountable organisations who make up the Group:

A partnership between:

North Bristol NHS Trust and

University Hospitals Bristol and Weston NHS Foundation Trust

When the individual Trust logo is used:

The following text could be included for example on a letterhead to indicate the organisation is part of the Group:

Part of Bristol NHS Group

3.4   Application of the name

During engagement it was clear that application of the Group name will be important to ensure local Trust identities are maintained.

It is envisaged that most of the time it will be the individual Trust logos and names that are used, for example in patient correspondence, signage on sites and vehicles, individual organisational templates such as correspondence from the Hospital Managing Directors, social media, websites and the majority of internal communications.

Group branding would be used on official correspondence from the Joint Chair or Joint CEO office, joint strategies and documents such as the Summary Benefits Case, internal messaging from the Joint CEO/Chair etc and stakeholder events and updates.

4.   Summary and Recommendations

The Boards are asked to:

- Note the engagement undertaken and feedback obtained during testing the preferred name for the Group.
- Approve the name Bristol NHS Group
- Approve the NHS logo for the Group
- Approve the approach to application of the Group name.

Page **4** of **4**

Report To:	Meeting in common of the Board of Directors of UHBW and the Board of Directors of NBT held in Public		
Date of Meeting:	8 April 2025		
Report Title:	Joint Clinical Strategy Update		
Report Author:	Valerie Clarke, Programme Director		
Report Sponsor:	Tim Whittlestone, Chief Medical Officer, NBT Rebecca Maxwell, Chief Medical Officer, UHBW		
Purpose of the report:	**Approval**	**Discussion**	**Information**
		X	X
	The purpose of the paper is to provide an update on the implementation of the Joint Clinical Strategy that includes the launch of our first Group Clinical Service in our pathfinder speciality, Cardiology and sets out an overview of the wider delivery plan for 2025-26.		

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

- The **Group Cardiac Service** is central to the development of our Hospital Group and its launch is a significant milestone in the maturation of the Joint Clinical Strategy.
- An Accountability Framework, Delegation Agreement and Group Staff Sharing Agreement are all agreed and support the governance of the Group Cardiac Service.
- In Phase 1 of our Joint Clinical Strategy, all 44 duplicated services have been mapped to one of the three Group clinical operating models and prioritisation of implementation is underway across a two-year horizon; the split is Group Clinical Model (29 specialities), Aligned Services (11 specialities). 4 services have been reclassified as Clinico-Corporate services.
- Our pathfinder learning means that we can now accelerate the implementation of Group Clinical Services in Q1 2025/26 (Trauma & Orthopaedics, Haematology, Liaison Psychiatry, Safeguarding, Dermatology, Rheumatology and Pain Services).
- In addition, minimum standards are in development for the 11 Aligned.
- Patient and Carer Engagement will be further strengthened with the introduction of a Patient and Carer Partnership Group (PCPG) that build on our initial engagement activities.
- An Equalities Framework is also in development that will ensure the equity lens informs our programme and contributes toward "left shift" opportunities.
- A key next step priority of the Group Cardiac Service is to identify opportunities for population disease prevention, out of hospital testing/treatment and the deployment of left shift methodology to its practice and pathways.

Strategic and Group Model Alignment
The launch of the first single managed service (SMS), the Group Cardiac Service, is an important milestone in the delivery of the Joint Clinical Strategy and therefore supports the progress of the Group Model.

Risks and Opportunities
- There is a risk that if we do not properly record the details of how the Group Cardiac Service will work, with clarity around delegated authority/responsibility, accountability arrangements, and responsibility for shared/jointly appointed staff, we will not be able to evidence to patients, staff, regulators and the public that our arrangements are robust.   - There is a risk that continued duplicity of service management and delivery will result in us failing to realise the benefits of a single service.   2025-26 will be a "shadow" year when we will continue to develop the Accountability Framework based on the Group Cardiac Service and further roll-out. This provides an opportunity for us to refine our approach as we learn by doing.   - Undoubtedly, the creation of a Group Executive (subject to ongoing consultation) will simplify the accountability framework of Group Services and will provide additional assurance for benefits realisation. This move is supported by the learning from Cardiac Services.   - There is an opportunity for the single management team in Cardiac Services to now consider the wider potential for pre-hospital and out of hospital patient and population care, to de-scale the density of work provided in specialist settings whilst ensuring the Bristol becomes recognised as a centre for cardiac excellence and a beacon of cardiac research.   - There is an expectation that the senior managers in the Group Cardiac Service (clinical and non-clinical) will mentor those individuals embarking on the Single Managed Service journey in other specialities.

Recommendation
The Board of Directors of University Hospitals Bristol and Weston, in common with The Board of Directors of North Bristol NHS Trust are asked to note the significant milestone that the launch of your Group Cardiac Service represents. We invite you also to note: - The next steps for the 2025-26 delivery plan   - The introduction of the Patient and Carer Partnership Group, which will hold its first meeting in July 2025.

History of the paper (details of where paper has previously been received)	
N/A	
Appendices:	Presentation will be provided at the Board

1. Purpose

1.1 The purpose of the paper is to provide an update on the implementation of the Joint Clinical Strategy that includes the launch of our first Group Clinical Service in our pathfinder speciality, Cardiology and sets out an overview of the wider delivery plan for 2025-26.

2. Background

2.1 Our Joint Clinical Strategy was published in March 2024, and over the last 12 months we have had eight single managed service projects underway, progressing at different paces, providing learning for their specialities and the remaining duplicated services.

2.2 As part of the Hospital Group development, we have defined the three Group clinical operating models that all services will follow and developed an Accountability Framework, necessary to establish the Group Clinical Services.

2.3 Our pathfinder work means we have now achieved a significant milestone that will enable us to accelerate the single managed services programme to realise benefits for our patients, our people, the population we serve and the public purse.
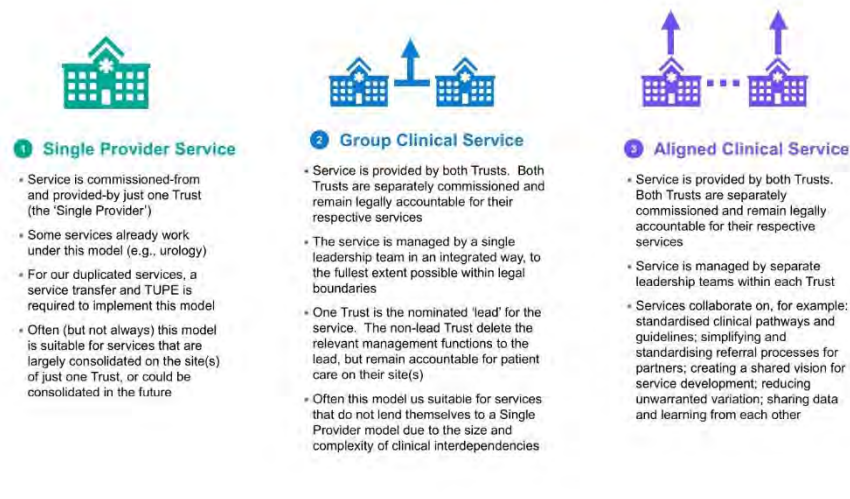
3. Group Clinical Service Launch

3.1 The Group Cardiac Service will launch mid-April with UHBW's Specialised Services Division taking the lead on the ongoing development of this Group Clinical Service. The Cardiology Leadership Forum that has overseen the collaboration to date will be repurposed to the Cardiac Service Delivery Group. NBT's Medicine Division will provide continued support for a shadow period as will the JCS Programme team.

3.2 The Joint Executive Group approved the Accountability Framework that sets out how the Group Cardiac Services will run, enabled by collaborative working across the corporate functions. The Accountability Framework is supported by a Delegation Agreement between both trusts and an overarching Group Staff Sharing Agreement that facilitates individual staff members working across both sites. These are key foundations for all future Group Clinical Services.

3.3 Our Joint Clinical Strategy has been pivotal in providing a clear strategic direction for clinical services in Bristol and Weston as well as introducing Single Managed Services as the critical vehicle for delivery. We learned many important lessons and principles from our Group Cardiac Service:

- Asking teams to come together for the benefit of the whole population is a principle that clinicians and service managers can readily understand.

- Bringing together teams from our two Trusts that have traditionally competed and often had significant differences is challenging but ultimately possible through a development programme that debunks myths, shares opportunities and challenges and puts patients first. Involving clinical teams early in the process is key.

- Removing organisational boundaries – governance, financial, physical estates, workforce and digital – are critical to the full deployment of a Group Service.

- Removing accountability and strategic ambiguity, ensuring single lines of accountability and clear ultimate Executive responsibility strengthens and hastens the Group Service and should be a priority of the Group moving forward.

- A stepwise, structured and incremental programme for population and patient engagement is essential for the Group Service to adapt its clinical pathways for maximum benefit, community engagement and left shift realisation.

- Providing additionality for management time, thinking time, planning and non-direct clinical care medical time is crucial for the planning and delivery of Group Services.

4. Existing programme and 2025-26 priorities

4.1 Three Group clinical operating models have been defined as part of Phase 1 of the Joint Clinical Strategy as outlined in Figure 1.

Figure 1

① Single Provider Service
- Service is commissioned-from and provided-by just one Trust (the 'Single Provider')
- Some services already work under this model (e.g., urology)
- For our duplicated services, a service transfer and TUPE is required to implement this model
- Often (but not always) this model is suitable for services that are largely consolidated on the site(s) of just one Trust, or could be consolidated in the future

② Group Clinical Service
- Service is provided by both Trusts. Both Trusts are separately commissioned and remain legally accountable for their respective services
- The service is managed by a single leadership team in an integrated way, to the fullest extent possible within legal boundaries
- One Trust is the nominated 'lead' for the service. The non-lead Trust delete the relevant management functions to the lead, but remain accountable for patient care on their site(s)
- Often this model us suitable for services that do not lend themselves to a Single Provider model due to the size and complexity of clinical interdependencies

③ Aligned Clinical Service
- Service is provided by both Trusts. Both Trusts are separately commissioned and remain legally accountable for their respective services
- Service is managed by separate leadership teams within each Trust
- Services collaborate on, for example: standardised clinical pathways and guidelines; simplifying and standardising referral processes for partners; creating a shared vision for service development; reducing unwarranted variation; sharing data and learning from each other

4.2 All 44 duplicated services have been allocated to one of the model, as summarised in Figure 2 below. Most specialities lend themselves to a Group Clinical Service model (29), with Aligned Services (11) and the remainder (4) to be progressed as part of the corporate services work.

Figure 2

Clinical Service Models | Based on the clinical model characteristics, we have plotted our current clinical services against the three models with an initial 2 year horizon

① Single provider service

- Neurology
- Neurosurgery
- Spinal Surgery
- Renal
- Urology
- Burns
- Plastics
- Cardiac Services
- Specialist Paediatrics (inc. major trauma)
- Vascular
- Major Trauma
- Ophthalmology
- Thoracic Surgery
- Breast
- Stroke
- Head and Neck (Dental, MaxFax, Cleft, ENT)
- Bristol Haematology & Oncology Centre (BHOC)

② Group service

1. Cardiology
2. Haematology
3. Liaison Psychiatry
4. Acute Oncology
5. Diabetes & Endocrinology
6. Respiratory Medicine
7. Gastroenterology
8. Hepatology
9. Dermatology
10. Endoscopy
11. Nutrition & Dietetics
12. Pathology
13. Pharmacy
14. Physiotherapy
15. Occupational Therapy
16. Speech & Language Therapy
17. General Surgery
18. Colorectal Surgery
19. Upper GI Surgery
20. Trauma & Orthopaedics
21. Sterile Services
22. Neurophysiology
23. Orthotics
24. Clinical Genetics/Genetics
25. Radiology
26. Rheumatology
27. Pain Services
28. Medical Photography
29. MEMO/Clinical Engineering

Green highlight = 2024-25 SMS Programme
Yellow highlights = 2025-26 priorities Q1

③ Aligned service

30. Theatres
31. Anaesthesia
32. Critical Care
33. Emergency Medicine
34. Acute Medicine
35. Maternity
36. Neonatology
37. Gynaecology
38. Palliative Medicine
39. Care of the Elderly
40. Clinical Psychology
41. Safeguarding
42. Infection Prevention & Control
43. Outpatients
44. Cancer Services (Corporate)

Agreement that 41-44 will form part of the Corporate Services programme rather than JCS Phase 1.

4.3 In 2025-26, a further 7 specialities are on track to form Group Clinical Services (1. Trauma & Orthopaedics, 2. Haematology, 3. Liaison Psychiatry, 4. Safeguarding, 5. Dermatology, 6. Pain Services, 7. Rheumatology) and the remaining specialities will be scheduled over a two-year horizon.

4.4 In parallel, the specialities working towards Aligned Services will participate in a supported programme where minimum standards will be set for joint working that teams will work towards. The speciality teams will undertake a joint self-assessment of their existing levels of alignment and will set shared goals that strengthen their collaboration. Figure 3 illustrates the tool that is in development. In the future, aligned services can progress to Group Clinical Services.

Figure 3

Aligned Service Self-Assessment   Baseline position   Goal

5. Patient and Carer Engagement

5.1 The Cardiology and Maternity, Neonatology and Gynaecology pathfinder SMSs have adopted a range of engagement practices to understand the experiences of patients. For Cardiology, this included focus groups (both in-person and virtual), patient conversations, and surveys, with 477 patients actively participating. These interactions have informed the design of the Group Cardiac Service model and our approach to effective engagement for subsequent Single Managed Services.

5.2 There is a strong working relationship between the respective patient and carer experience teams at NBT and UHBW. The teams are committed to supporting and enabling a proportionate and appropriate approach to engagement across the services which constitute the SMS programme. A tiered approach to engagement will focus on the scale of proposed service change and the potential impact on patients and carers as outlined in Figure 4.

Figure 4

Tier 1: Inform — Changes centred on the business relationship, not noticed by patients

Tier 2: Engage — Changes the patients and carers would notice but not with substantial impact

Tier 3: Involve — Major changes to where and how care is accessed
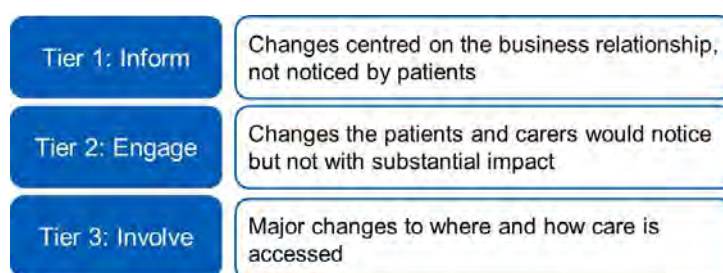
5.3 To support this programme, a Patient and Carer Partnership Group (PCPG) will be formed to provide independent oversight, advice and input on planned patient and public engagement. It does not have formal decision-making powers, which are reserved to the project groups overseeing each individual SMS. The PCPG will have diverse representation of people from our communities, Patient and Carer Partners (at NBT) and Governors (at UHBW), providing opportunities for new voices to be heard. Expected input from the group includes exploration of cross-cutting issues affecting patients and carers, such as transport, parking and visiting arrangements, providing independent assessment of appropriate tiers of engagement and reviewing key outputs within each SMS programme, including draft Quality and Equality Impact Assessments.

5.4 Several important tasks need to be undertaken to set up the PCPG. Implementation will be in three phases, as summarised in Figure 5 below, with first meetings of the group scheduled for July 2025.

Figure 5

Phase 1: (April–June) Planning, Strategy, Recruitment & Selection
- Define/Confirm Objectives and Scope
- Develop Governance Framework
- Develop Recruitment Strategy
- Outreach and Engagement
- Selection of participants

Phase 2: (June) Induction/Onboarding
- Induction/onboarding of participants

Phase 3: (July) Initial set up and first meeting
- Facilitate first PCPG meeting
- Establish work plan
- Ensure resources and support
- Clarify the formal liaison approach with the JCS Programme Team to maximise efficiency and clarity of interaction

6. Equalities Framework and supporting the 'left shift'

6.1 We have been developing an Equalities Framework to ensure our programme has addressing inequalities as a fundamental aim for each SMS project.

6.2 There is an opportunity for the single management team in Cardiac Services to now consider the wider potential for pre-hospital and out of hospital patient and population

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care, to de-scale the density of work provided in specialist settings whilst ensuring the Bristol becomes recognised as a centre for cardiac excellence and a beacon of cardiac research.

6.3   A key next step priority of the Group Cardiac Service is to identify opportunities for population disease prevention, out of hospital testing/treatment and the deployment of left shift methodology to its practice and pathways.

6.4   A stepwise, structured and incremental programme for population and patient engagement is essential for the Group Service to adapt its clinical pathways for maximum benefit, community engagement and left shift realisation.

7.   Recommendations

The Board of Directors of University Hospitals Bristol and Weston, in common with The Board of Directors of North Bristol NHS Trust are asked to note the significant milestone that the launch of your Group Cardiac Service represents.

We invite you also to note:

- The next steps for the 2025-26 delivery plan
- The introduction of the Patient and Carer Partnership Group, which will hold its first meeting in July 2025.

Report To:	Meeting in common of the Board of Directors of UHBW and the Board of Directors of NBT held in Public
Date of Meeting:	8 April 2025
Report Title:	UHBW 25/26 Operating Plan
Report Author:	Rebecca Dunn, Director of Business Development and Improvement Evelyn Elliott, Head of Commissioning and Planning Jeremy Spearing, Director of Operational Finance David Markwick, Director of Performance Emma Harley, Head of Strategy Workforce Planning and Intelligence
Report Sponsor:	Jane Farrell, Chief Operating Officer & Neil Kemsley, Chief Financial Officer

Purpose of the report:	Approval	Discussion	Information
			Y
	To inform the Board of the detail of the UHBW 25/26 Operating Plan, as submitted to NHSE on 27th March 2025.		

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

This report summarises the UHBW 2025/26 Operating Plan. It provides an overview of the activity and performance, finance and capital and workforce plans that have been submitted as part of the Bristol, North Somerset and South Gloucestershire Integrated Care System submission to NHS England (NHSE) made on the 27 March 2025.

The UHBW 2025/26 Operating Plan, and the BNSSG ICS Operating Plan is compliant with all the NHSE requirements across performance, finance and workforce.

Performance and activity
The plan is compliant with all national performance requirements. A focus of the work has been on working with divisions to identify productivity. Appendix 1 details the productivity opportunities that were provided by NHSE and are included within UHBW's plan.

The assumed impact of the Elective Centre which is expected to open in Q2/3 has also been included in the performance and activity plans.

Finance

The plan is compliant with breakeven requirements associated with income and expenditure, and capital. The plan is based on delivering £53m of savings. Opportunities for efficiency have been provided by NHSE and incorporated into the UHBW plan. These are detailed in Appendix 2.

Adding to the savings requirement, the plan includes Trust investment decisions to resolve critical quality/safety issues totalling £4.0m.

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The Trust capital plan of £44.8m assumes over-programming at c25% (based on previous years); work will be completed in 25/26 to more accurately programme capital expenditure and remove the reliance on overprogramming.

The Trust will need to continue to work on delivery of the financial plan; the key next steps are:

- PFIG materially progressing the savings identification and managing the subsequent delivery against the £53.0m savings requirement;
- Securing formal agreement of Associate Commissioner funding envelopes;
- Finalising the costs associated with elective activity delivery within the envelope available on the expectation of improved productivity;
- Full testing of the Trust's workforce controls and VCP processes in light of the requirement to reduce workforce back to funded establishments;
- Re-visiting the Trust's capital plan in response to the outcome of the national capital bids via the Trust's Capital Group and Capital Programme Steering Group; and
- In light of the risks within the Trust's financial plan, the Trust will look to fully mitigate these during quarter 1 and undertake a formal forecast outturn assessment based on quarter 1 financial results that will inform a potential re-setting of the financial plan, particularly savings and elective activity delivery.

Workforce

The plan is compliant with the workforce reductions that have been outlined by NHSE. The plan assumes a reduction in substantive staff of 337.5 FTE, this is partially offset by investments totalling 175 FTE, leaving a net change of -162.5 FTE to Staff in Post. It is anticipated that this can be achieved through vacancy controls, utilising turnover and attrition. Significant reductions in bank and agency staff are also included, which will support delivery of the Trust savings targets.

Risks to delivery of plan

The key risks to the Trust delivery of the 2025/26 plan are detailed within the report. Operational, financial, quality and workforce risks have been identified and work will be ongoing throughout the financial year to mitigate these risks.

Next steps

- The operating plan for 2025/26 has been approved, and received Board assurance, via the Finance, Digital and Estates Committee on 25th March 2025; the NHSE Board Assurance document can be seen in Appendix 3.
- UHBW has now moved into delivery. This involves further communication and engagement with Divisions, and with staff more widely, and the establishment of monitoring to ensure that delivery is kept on track throughout the financial year.
- Delivery of the plan will be led by the Clinical Divisions and supported by the Trust Executive and corporate functions.
- Included within the delivery of the plan are priorities for improving health inequalities. These have been developed in partnership with the ICS and can be seen in Appendix 4.
- Monitoring of the 25/26 Operating Plan will be ultimately overseen by the Trust Board, with Executive Committee providing oversight of the various Executive-led subgroups with responsibility for the different components of the plan: for example, the Planning and Delivery Group, the Capital Programme Steering Group, the Clinical Quality Group and the Performance and Finance Improvement Group.
- Where the UHBW operating plan interfaces with partner organisations, the Integrated Care System Operational Delivery Groups and Health and Care Improvement Groups will be utilised.

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- Partnership working and collaboration will underpin both the delivery of the BNSSG System Plan and the UHBW Operating Plan for 2025/26.

Strategic and Group Model Alignment

This report is directly linked to the following Patient First objectives:
- 'Making the most of our resources'. Achieving break-even ensures our cash balances are maintained and therefore we can continue to support the Trust's strategic ambitions subject to securing CDEL cover.
- 'Timely care', together, we will provide timely access to care for all patients, meeting their individual needs.
- 'Experience of care', together, we will deliver person-centred, compassionate and inclusive care every time, for everyone.

It has been constructed working in partnership with NBT and the ICB.

Risks and Opportunities

The plan is ambitious and there are key risks associated with delivery as set out in section 6.

Recommendation

This report is for **Information.**

Trust Board is asked to note that the UHBW 25/26 Operating Plan was approved by the Finance, Digital & Estates Committee and has been submitted to NHS England. UHBW has moved swiftly into delivery of the plan for the new financial year.

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

Finance, Digital and Estates Committee	25 March 2025

Appendices:	Appendix 1: Productivity data
	Appendix 2: Savings plan maturity levels
	Appendix 3: Board assurance framework
	Appendix 4: Health inequalities

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust
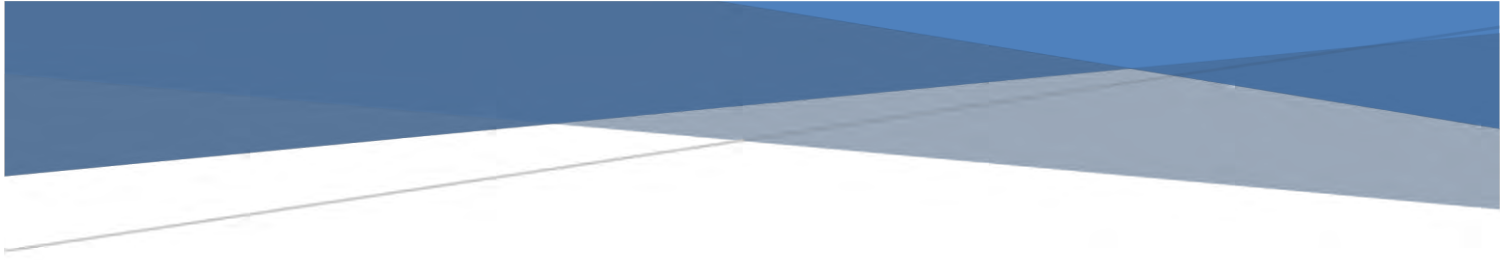
UHBW 2025/26 Operating Plan

Public Board
8th April 2025

UHBW 2025-26 Operating Plan

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1. Introduction

1.1 Purpose

1.1.1 The purpose of the paper is:
- To inform the Board of the detail of the University Hospitals Bristol & Weston NHS Foundation Trust (UHBW) 2025/26 Operating Plan, as submitted to NHS England (NHSE) on 27th March 2025.

1.2 External context

1.2.1 National planning guidance[i], published by NHSE, was issued on the 30th January (delayed from expected release in December 2024). The guidance has reduced the number of key priorities for 2025/26:
- Elective Care & Waiting Times: Aiming to ensure 65% of patients receive elective treatment within 18 weeks by March 2026. Each Trust is expected to deliver a 5% improvement. For cancer, systems should aim for 75% compliance with the 62-day diagnosis standard and 80% with the 28-day Faster Diagnosis Standard by March 2026
- Improve A&E waiting times and ambulance response times compared to 2024/25. By March 2026, at least 78% of patients should be seen within four hours in Accident & Emergency (A&E).
- Improve patient access to general practice and improve their experience, while also increasing access to urgent dental care by providing 700,000 additional urgent dental appointments.
- Improve patient flow in mental health crisis and acute pathways by reducing the average length of stay in adult acute beds. Improve access to mental health services for children and young people, aiming to provide care to 345,000 more individuals aged 0 to 25 compared to 2019.

1.2.2 Systems have been asked to deliver the priorities whist continuing to collaborate to:
- Implement reforms;
  - o developing neighbourhood health service models (hospital to community)
  - o transitioning from analogue to digital, and
  - o tackling health inequalities (treatment to prevention)
- Operate within financial budgets and improving productivity
- Prioritise quality and safety of services

1.2.3 The revenue finance and contracting guidance has been set out to support the delivery of the planning guidance. The guidance sets out the arrangements for capping ERF (Elective Recovery Fund) as a fixed allocation (based on month 8 24/25 forecast outturn (FOT)), and capping activity through the use of contractual leavers with both acute trusts and independent sector providers.

1.3 Approach taken to developing the operating plan

1.3.1 The 2025/26 UHBW operating plan has been developed in collaboration with Divisional leadership teams, partners at North Bristol Trust (NBT) and at the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB). Working closely with the Divisions a balanced approach to performance delivery and financial management has been achieved. Information provided by NHSE on productivity and efficiency opportunities has been integral to the development of the UHBW plan.

1.3.2 Workforce changes have responded to NHSE requirements and carefully triangulated to savings and investment plans through liaison with various corporate and Divisional teams. Furthermore, realistic targets for key workforce indicators have been agreed through Executive Committee and are aligned to savings plans.

1.3.3 Divisional issues have been collated from known issues raised in Divisional Strategy Deployment Reviews, through Trust governance groups and through review of Divisional risk registers. Risks and

issues have been reviewed and prioritised jointly with the Trust senior leaders, through Planning and Delivery group and Executive Committee.

1.3.4 Non-financial mitigation to clinical risks and quality issues has been encouraged and supported by Executives through Divisional leadership teams wherever possible. Where investment is the only identified means of mitigating a high risk or quality issue, this has been heavily scrutinised by both local and corporate clinical leadership before conclusions have been reached at Executive level.

1.3.5 Changes to service delivery, be that resulting from savings plans or through improvement or transformation work, are tested through UHBW's well established Quality and Equality Impact Assessment (QEIA) process, with line of sight to the Trust Clinical Quality Group and Board-level Quality Committee.

1.3.6 The Trust capital plan has been developed in conjunction with Divisions and iterated through the Capital Programme Steering Group. It responds to opportunities for use of National Capital over and above CDEL (Capital Department Expenditure Limits) restrictions. Furthermore, new system planning mechanisms (an ICB led System Capital Board) have enabled stronger collaboration with local partners than ever before. This has strengthened the development of the System Plan and will ensure that available capital reaches the areas of greatest of need across BNSSG.

1.3.7 Where appropriate, business cases to support the need for investment are moving through the business development process for scrutiny and support across all disciplines.

2. Activity Plan

2.1 Summary of system and Trust approach

2.1.1 The Trust has worked collaboratively with system partners to agree consistent planning assumptions for the 2025/26 annual plan. The Trust approach was initiated with a demand-based modelling exercise to inform activity requirements. This model was based on achieving the national ambitions related to Referral to Treatment (RTT) performance by 31st March 2026. The modelling also focussed on ensuring that both cancer and diagnostic waiting times could achieve the national and local ambitions.

2.1.2 Demand modelling was shared with Divisions who subsequently developed a series of delivery plans describing schemes that will be introduced or continued that will support the levels of activity required to meet the ambitions referenced above. Divisional delivery plans have primarily been focused on productivity benefits and are being reviewed and stress-tested by corporate colleagues, ensuring that the plans are well defined, feasible and affordable.

2.2 Independent sector utilisation

2.2.1 The Trust's review of current independent sector utilisation continues to contribute towards a system wide evaluation of contracted and subcontracted services. Whilst a number of existing contracts will be extended into 2025/26, the delivery planning process is exploring opportunities to repatriate activity from the independent sector to be delivered by the Trust.

2.3 Approach to productivity

2.3.1 The delivery planning process has encouraged Divisions to consider how productivity improvements could address any modelled gap between capacity and demand. The Trust undertook demand and capacity analysis using Gooroo Planner (a modelling tool). The future requirement to achieve a sustainable waiting list size was compared with both the current 2024/25 baseline, but also the activity delivered in the same period in 2019/20. This has enabled the corporate team to explore with divisions how productivity levels could be restored to 2019/20 levels through check and challenge sessions.

2.3.2 **Theatre improvement**
The Trust has an established theatre improvement programme. The focus of this programme in 2024/25 was on establishing 6-4-2, scheduling and utilisation meetings for adults and paediatrics. The benefits of this approach have become business as usual with the Trust now consistently delivering over 80%

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capped utilisation. In 2025/26, the Trust's theatre improvement programme will be refocussed to consider the perioperative pathway. The objective is to develop a consistent framework for the Trust's pre-operative assessment services that meets national guidelines. At present, pre-operative assessment is delivered on several different sites by different clinical teams. There will be a consideration of how patients are identified for optimisation in advance of surgery and prehabilitation services. It is anticipated that this approach will reduce the number of last-minute cancellations associated with patients not being fit on the day of their procedure or their operation not being needed. This will also further improve capped utilisation rates towards the Getting It Right First Time (GIRFT) standard of 85% by reducing downtime associated with last minute cancellations. The focus on optimisation also has the potential to reduce length of stay and improve the outcomes for patients admitted for surgery.

2.3.3 Outpatient programme

The Trust has an established outpatient improvement programme. In 2024/25, the focus of this programme was on realising the benefits of deploying the DrDoctor patient engagement portal. In 2025/26, there will continue to be a focus on optimising the use of DrDoctor Appointment Notifications, Reminders and Digital Letters. There will also be a new focus on expanding the use of DrDoctor Basic Rescheduling in preparation for a later roll out of Patient Led Booking. The Trust is participating in the national pilot for the Wayfinder project. This enables patients to receive notifications, reminders and letters in the NHS App rather than via the DrDoctor patient engagement portal. The incorporation of Digital Letters in the NHS App is pending. There will also be a focus on the delivery of the Outpatients 2025 business case including the standardisation of clinic builds, establishment of a modern call centre function and corporately led scheduling of outpatient activity. Finally, this programme will also incorporate some of the priorities outlined in the national planning guidance including the expansion of Advice and Guidance services and increase in the use of Patient Initiated Follow Ups (PIFU) for benchmarked specialties like Ophthalmology.

2.4 Summary of Trust activity plan

2.4.1 The Trust activity plan steps up from the previous rolling 12 months and shows a significant increase in activity levels delivered in 2019/20. The ambition to prevent patients waiting 52 weeks or longer and meet core elective care performance targets necessitates this increase and is supported by the operational divisions' productivity-driven delivery plans. The principal risks to delivery are due to limited beds, high volumes of patients with no criteria to reside (with associated length of stay increases) and workforce challenges.

2.4.2 An overview of the Indicative Activity Plan (with Trust adjustments to the 19/20 baseline) is shown below:

Table 1: Trust 2025/26 indicative activity plan

Point of Delivery	2019/20 Outturn	2024/25 FOT	2025/26 Plan	Plan vs 2024/25		Plan vs 2019/20	
				Difference	% Difference	Difference	% Difference
Elective Day Cases	74,620	79,497	84,280	4,783	106.0%	9,660	112.9%
Elective Inpatients	14,075	14,605	15,021	416	102.8%	946	106.7%
TOTAL Electives	**88,695**	**94,102**	**99,301**	**5,199**	**105.5%**	**10,606**	**112.0%**
New Outpatients	283,866	281,753	296,795	15,042	105.3%	12,929	104.6%
Follow Up Outpatients	597,622	666,918	686,666	19,748	103.0%	89,044	114.9%
TOTAL Outpatients	**881,488**	**948,671**	**983,461**	**34,790**	**103.7%**	**101,973**	**111.6%**
Emergency Zero LoS	21,214	36,353	39,637	3,284	109.0%	18,423	186.8%
Non Elective Zero LoS	526	198	194	- 4	98.0%	- 332	36.9%
TOTAL Non Elective Zero*	**21,740**	**36,551**	**39,831**	**3,280**	**109.0%**	**18,091**	**183.2%**
Emergency 1+ Day LoS	42,186	43,618	45,263	1,645	103.8%	3,077	107.3%
Non Elective 1+ Day LoS	2,959	1,984	1,919	- 65	96.7%	- 1,040	64.9%
TOTAL Non Elective Zero*	**45,145**	**45,602**	**47,182**	**1,580**	**103.5%**	**2,037**	**104.5%**
ED Attendances	**195,698**	**211,911**	**223,754**	**1,580**	**105.6%**	**2,037**	**114.3%**

*Acute specialties only, excludes Well Babies, Maternity

2.4.3 Plans will continue to be stress tested and monitored with divisions to support the delivery of the activity levels and the related performance standards. Associated risks are included below in section 6.

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3. Performance

3.1 Summary of performance targets and objectives

3.1.1 The Trust is working towards delivering the performance standards and targets as set out in the Operational Planning Guidance. Table 2 shows the core national standards confirmed by the Operational Planning Guidance for 2025/26 and the UHBW performance ambition as stated in the Trust's operational planning submission:

3.1.2 *Table 2: Trust summary of performance targets and objectives*

	Current UHBW performance	2025/26 NHSE target	2025/26 UHBW ambition to be stated in operational planning submission
RTT 18 Weeks Wait	64.2% at end of February 2025	>=65% by March 2026 nationally. Each provider to deliver minimum 5% improvement Baseline for improvement is November 2024. UHBW reported 62.8%. Therefore, target for 2025/26 is 67.8%.	67.8% by end of March 2026
RTT 1st OPA Wait	66.6% at end of February 2025	>=72% by March 2026 nationally. Each provider to deliver minimum 5% improvement Baseline for improvement is November 2024. UHBW reported 66.7%. Therefore, target for 2025/26 is 71.7%.	71.7% by end of March 2026
RTT 52 Weeks Wait	1.5% (824 / 54,000) at end of February 2025	>1% of total waiting list by end of March 2026	>1% of total waiting list by end of March 2026
Cancer 62 Day	74.2% at end of January 2025 (note target for 2024/25 is 70%)	75% by end of March 2026	75% by end of March 2026
Cancer 28 Day FDS	77% at end of January 2025 (note target for 2024/25 is 77%)	80% by end of March 2026	80% by end of March 2026
UEC A&E 4 Hour*	71.7% at end of February 2025	>=78% by end of March 2026 A higher percentage of patients admitted, transferred and discharged from Emergency Department (ED) within 12 hours across 2025/26 compared to 2024/25	78% from September 2025

Notes:
*A&E 4 hour-performance includes a performance uplift applied by NHSE which takes into account the Sirona type 3 performance

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3.2 Bristol Elective Centre

3.2.1   The Elective Centre (EC) is currently being constructed on the Southmead Hospital site. It is due to open in the late Summer / Autumn. This standalone facility will feature four operating theatres and 40 beds, as well as 12 medirooms. It will provide capacity for an additional 6,500 procedures per year to be carried out.

3.2.2   The EC will be used to accommodate existing elective orthopaedic activity which will be transferred from the Brunel Hospital building. This will create a corresponding amount of operating theatre and inpatient bed capacity within the Brunel Hospital. The benefit associated with this capacity has been shared between UHBW and NBT.

3.2.3   The Trust has been working with NBT to develop plans for a displacement model. This will involve existing trauma and orthopaedic, Gastrointestinal (GI) surgery and Gynaecology activity transferring from the Bristol Royal Infirmary (BRI), St Michael's Hospital (SMH) and South Bristol Community Hospital (SBCH) into the Brunel Hospital.

3.2.4   The capacity created for backfill on the BRI and SMH sites will be used to deliver additional Thoracic, Oral and Maxillofacial, Ear, Nose and Throat, Cardiac and Paediatric Surgery in the BRI, Ophthalmology (cataract) surgery in SBCH, and it will facilitate the expansion of the Trust's robotic surgery programme, with a second robot being introduced in STMH for Gynaecology and GI Surgery.

3.2.5   Where possible, the plans for transfer and backfill also incorporate opportunities to deliver growth and additional productivity.

3.3 Community Diagnostic Centre (CDC)

3.3.1   The North Bristol Community Diagnostic Centre (CDC) went live in April 2024. These services are provided in partnership between NBT and Inhealth. Some endoscopy activity is delivered by Inhealth under contract with NBT on behalf of NBT, the ICB and UHBW. The Trust continues to work with NBT and Inhealth to ensure appropriate pathways are in place to manage the referrals and activity, and ensure the appropriate process and agreements are in place.

3.3.2   The Weston CDC went live in April 2024 and undertakes activity to support delivery of the performance targets.

4.   Financial Plan

4.1   Introduction

4.1.1   The 2025/26 Financial Plan has been constructed with reference to the 2025/26 national planning guidance issued by NHS England on 30th January 2025. The Trust's Financial Plan has been constructed alongside the Bristol, North Somerset & South Gloucestershire System. This narrative describes the System's and the Trust's Financial Plans that will be submitted to NHSE on 27th March 2025 in accordance with the NHSE deadline.

4.1.2   Alongside the national planning guidance, a one-year funding settlement for 2025/26 only has been provided for revenue and capital allocations; the Government's Spending Review will conclude in June 2025 and will set Government Departmental plans for a minimum of three years. The funding allocated to the BNSSG System and Specialised Commissioners has informed the Financial Plan.

4.1.3   Similar to revenue, the capital settlement beyond 2025/26 will be set out in the Spending Review. However, for capital planning purposes beyond 2025/26, systems should assume they will receive at least 80% of their 2025/26 core allocation. The 2025/26 capital guidance sets out the 2025/26 NHS capital allocation which is split into three categories:
- £4.9bn for system level allocations to fund day-to-day operational investments;
- £1.1bn for previously committed funds, for example, the New Hospital Programme; and

- £4.1bn for other national capital programmes.

4.1.4 NHSE has also outlined proposals to introduce adjustments to the capital regime that will provide further financial freedoms and flexibilities for high-performing systems and providers (exclusively Trusts and systems in tiers one and two of the NHS Improvement and Assessment Framework). The Trust is currently operating in tier two. The proposals are:

- Enhanced flexibility for high-performing systems – systems in tier one or two that deliver break-even would be allowed to invest in capital expenditure above their allocated budgets using available cash balances up to a limit set between £20m and £30m; and
- Capital retention for high-performing providers - providers in tier one or two that deliver a surplus would have the flexibility to invest capital equivalent to their surplus for the following two financial years. The capital would have to be directed towards projects that improve revenue performance.

4.1.5 For the 2025/26 Financial Plan submission, providers and Systems have been asked to submit a detailed one-year capital plan and a high-level four-year capital plan that is CDEL compliant on an annual basis.

4.1.6 The development of the 2025/26 Financial Plan requires a sharp focus on break-even underpinned by elective performance recovery, productivity improvement and recurrent savings delivery. The 2025/26 Financial Plan is based on a number of key building blocks:

- The BNSSG system and Trust's recurrent deficit as at 31st March 2025 and 31st March 2026 as per the approved System Medium Term Financial Plan (MTFP);
- The Trust's 2025/26 elective patient care income, elective care payment limits and costs of delivering the waiting time access / performance targets;
- The current status of the Trust's savings program; and
- The inclusion of the NHSE productivity opportunities in the Trust's savings program and/or the Trust's patient activity plan.

4.1.7 In the context of the Trust's significantly rising operating costs, including headcount growth of c20% since March 2020 and a material a deterioration in the Trust's productivity since March 2020 as measured by the National Cost Collection Index (NCCI) from 93 to 107, and the NHSE productivity opportunities, the Trust faces significant challenges and difficult choices in landing the revenue break-even plan. These are:

- The level of expenditure required to deliver the elective patient activity volumes necessary to meet NHSE waiting times performance targets. Four activity scenarios have been considered by the Trust's Chief Operating Officer (COO) in the context of cost affordability. The chosen option predicted to deliver the waiting times performance targets requires a further productivity improvement (beyond c1% for day case and c3.5% for inpatient activity) for the costs of elective delivery to remain affordable;
- Investment plans to resolve new quality and safety risks or regulatory requirements which cannot be deferred for twelve months and can only be mitigated through investment at £4.0m rather than a re-prioritisation of existing Divisional resources. The Trust's Executive Committee agreement to proceed with the investments has resulted in the Trust's savings plan increasing from £49m to £53m;
- The Trust's savings requirement of £53m (or c5% of operating expenditure). The Trust's savings plan includes a planned reduction in the Trust's workforce of at least 300 FTE (full-time equivalent) in both clinical and corporate services against the c2,000 FTE growth since March 2020. (NB the overall headcount reduction will be partially mitigated due to investments being made).
- There is a very clear expectation that all services will also return their staff in post position back to their approved funded establishments.

4.2 2025/26 BNSSG System Financial Plan – revenue

4.2.1 The Trust's Financial Plan should be seen in the context of the financial position of the BNSSG System. The key aspects of the BNSSG System plan are as follows:

- All ICBs have received core allocation growth of 4.40%, with a Convergence Factor applied to ICB Core, Primary Medical Care and Specialised Services Allocations (maximum +/- 0.5%) to move closer to fair share allocations;
- Allocation growth includes a Cost Uplift Factor (CUF) of 4.15%;

- An NHSE efficiency requirement of 2.00%. This is an increase of 0.9% or c£24m from the BNSSG ICB medium-term financial plan and the NHSE requirement in 2024/25;
- The CUF assumes a headline pay award of 2.8% and assumes a 1.8% increase for the employers National Insurance contribution increase as result of the Government's October 2024 budget;
- The Elective Recovery Fund (ERF) mechanism will change in 2025/26. In 2024/25, ERF operated as fully variable income without a limit and any over-performance was paid by central NHSE. For 2025/26, there is a fundamental shift to an elective care payment limit held at ICB level with ICBs now expected to manage the affordability of elective activity. The BNSSG ICB allocation is £283m based on:
  - Funding embedded in core allocations/contracts;
  - 2024/25 allocation for ERF to take funded levels to target (which was 103% of 2019/20);
  - Overperformance in 2024/25 (using submitted forecast outturns from Month 8);
  - Funding for the Elective Centre – this is now aligned on an activity basis to the business case. This is £12.1m and represents an allocation for all ICB commissioners; and
  - A national scale back of 28% to the 2024/25 overperformance.
- Providers and ICBs would need to agree and document a planned level of activity, and associated financial value, to be reimbursed on a variable or activity basis. This financial value represents the elective care payment limit or cap and is the maximum amount the commissioner would be required to pay the provider for elective activity. The value of the elective payment limit for the Trust is £212m;
- NHSE 2024/25 business rules leading to revenue/capital consequences will be adhered to in 2025/26. Based on BNSSG as a system submitting a break-even financial plan for 2025/26 and delivering the 2024/25 break-even plan, BNSSG will receive financial incentive funding of £30.2m in 2025/26 of which c£13m is capital;
- Mental Health Investment Standard (MHIS) retained and must grow in line with ICB core allocation growth of 4.40%; and
- NHS minimum contribution to adult social care will increase in total by 3.90%, which translates to an overall 1.70% minimum contribution to the Better Care Fund (BCF).

4.2.2   The BNSSG System planned net income & expenditure is break-even.

4.3   2025/26 BNSSG System Financial Plan – capital

4.3.1   The 2025/26 BNSSG System capital allocation as advised by NHSE is £160.5m. This allocation consists of £156.7m provider allocation which includes a share of national programme funding of £73.2m. The national programme funding is subject to NHSE scheme approval and scheme delivery in 2025/26. Primary care capital of £3.8m is also available to the system. The overall allocation is as follows:

£m
- 72.1   2025/26 BNSSG ICB capital allocation;
- 2.1   Primary care business as usual and GP IT;
- 13.1   Fair shares allocation for delivery of system break-even in 2024/25;
- **87.3   Subtotal – operational capital allocation**
- 27.0   National programme funding for estates safety – subject to NHSE approval
- 24.5   National programme funding for constitutional standards - subject to NHSE approval
- 1.7   National programme funding for primary care – subject to NHSE approval
- 20.0   National programme funding - RACC schemes subject to NHSE approval
- **160.5   Total – System capital**

4.3.2   The allocation of the System CDEL and the System 2025/26 capital plan was agreed at the System Capital Board meetings on 4th February 2025 and 4th March 2025. Membership includes the BNSSG Chief Finance Officers, Business Planning, Finance, Digital and Estates colleagues. During January and February, the System capital prioritisation undertook a moderation check using provider risk assessments and this was presented to all partner organisations to ensure all partner organisations are aware of the level of estates and operational risks being carried by sovereign Boards.

4.3.3   The national programme funding of £732.2m is pending confirmation from NHSE. The Trust has submitted bids of £41.4m of which £26.8m is included with the Trust's 2025/26 capital plan. The timeline for NHSE approval of the submitted bids is currently unclear.

4.3.4 In addition to the system operational capital at £38.6m, the Trust will receive capital external to the system allocation, for example, charitable funding and PDC directly from NHSE. Therefore, the Trust's total 2025/26 capital plan is £44.8m as per section 4.6.

4.4 2025/26 Trust Financial Plan – revenue

4.4.1 The Trust has constructed the 2025/26 Financial Plan in accordance with NHSE's timetable and aligns with the BNSSG System funding allocation. The key income aspects are as follows:
- Total planned full year income of £1,298.5m includes:

£m	
559.7	BNSSG ICB income
455.6	NHSE Southwest Specialised Commissioning income;
68.5	Associate Commissioners e.g. BSW[1], Somerset, Gloucestershire
81.8	Other patient care income e.g. Local Authorities, private patients;
1,165.6	Subtotal income from patient care; and
132.9	Other operating income.
1,298.5	**Total Income**

- The full year NHSE Specialised Commissioner income of £455.6m is aligned with the Specialised Commissioners position following informal discussions and agreement on methodology.

4.4.2 The Trust's 2025/26 key operating expenditure drivers are:
- The starting point of 2024/25 forecast outturn, removing specific non-recurring items and adding the full year effect of 2024/25 investments.
- The non-recurring items of £87.7m at c6% mainly relate to:

£m	
46.7	Non-recurrent Commissioner income;
15.7	Non-recurrent savings
14.3	Corporate and Division mitigations; and
11.0	Other – net slippage on Divisional cost pressures and investments
87.7	**Total – 2024/25 non-recurring items**

- The net full year effect of 2024/25 investment decisions of £13.3m are:

£m	
(3.7)	FYE of savings delivered in 2024/25;
2.9	Paediatric Gender Service;
2.2	Healthy Weston 2 Phase 1;
1.5	RNDA/TNA[2] apprenticeship programme 2024/25 cohort;
1.3	2024/25 critical safety investments;
1.6	Targeted Lung Health Checks (TLHC) development;
1.5	Digital cost pressures;
1.0	Clinical divisions cost pressures;
1.8	Prior year commissioner funded investments;
3.2	Other divisional FYE items
13.3	**Total – full year effect of 2024/25 investments**

- Inclusion of elective investments at £7.5m to secure additional elective activity to underpin the delivery of the performance targets;
- In the second financial year of Group, gross investments of £7.8m primarily into corporate areas, offset by gross benefits of £5.7m relating to cost savings and income generation opportunities and external funding of £2.1m;
- New for 2025/26, the inclusion of backfilling vacated theatre capacity at the Trust due to activity transferring to the new Bristol Elective Centre at a net cost of £1.5m;
- New for 2025/26, Trust investment decisions totalling £4.0m relating to unavoidable quality, clinical safety or regulatory requirements as agreed by the Trust's Executive Committee as follows:

£m

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[1] BSW - Bath and North East Somerset, Swindon and Wiltshire

[2] RNDA/TNA – Registered Nurse Degree Apprenticeship/Trainee Nurse Associate

o	0.64	Commissioner contract changes;
o	0.60	D&T[3] Division - regulatory/contractual requirements;
o	0.39	Women's & Children's Safer staffing review;
o	0.09	Paediatric BMT[4] Service investment;
o	0.24	Additional Consultants at Weston General Hospital;
o	0.18	Additional Emergency Medicine Consultants at the BRI;
o	0.08	Teledermatology;
o	0.17	Nursing apprenticeship programme;
o	0.29	Support of growth in Paediatric Immunology and Nutrition Support;
o	1.00	Support of activity growth in BHOC[5];
o	0.10	Neurophysiology service;
o	<u>0.25</u>	Extension to System C contract;
	4.03	**Total – 2025/26 Trust investment decisions**

- Additional net financing costs of £4.7m. Of this, £3.4m relates to additional depreciation costs and £1.1m relates to a planned increase in net interest expenses;
- The application of the NHS gross inflation uplift of 4.15% at £46.3m. A full assessment of any potential shortfall in inflation funding will be undertaken in quarter 1 pending the final 2025/26 pay award for all staff alongside various supplier contracts applying the Retail or Consumer Prices Index;
- Full delivery of Trust's total savings requirement of £53.0m or c5% primarily as a reduction against operating expenditure. The Trust's savings position is set out in section 4.5. The savings target of £53.0m is constructed as follows:

	£m	
o	20.0	National requirement of 2.0%;
o	29.0	Additional 3% to meet the Systems MTFP recovery trajectory (including recovering the shortfall in recurring savings in 2024/25);
o	<u>4.0</u>	Additional requirement to fund quality, safety and regulatory issues.
	53.0	**Total – Trust's 2025/26 savings requirement**

4.4.3   The Trust's 2025/26 planned net income & expenditure position is break-even and summarised in Table 3.

4.4.4   *Table 3 – 2025/26 planned net income & expenditure position*

Statement of Comprehensive Income and Expenditure	2024/25 Forecast Outturn £M	2025/26 Financial Plan £M
Operating Income from patient care activities	1,152.8	1,165.6
Other Operating Income	128.7	132.9
Total Income	**1,281.5**	**1,298.5**
Operating Expenditure		
Employee expenses	(771.8)	(795.5)
Non pay expenses	(470.3)	(444.4)
Subtotal - Operating Expenditure	**(1,242.1)**	**(1,239.9)**
Financing		
Depreciation and amortisation	(43.7)	(47.1)
Net finance expense	(11.3)	(12.4)
Total Expenditure	**(1,297.1)**	**(1,299.4)**
Net surplus/(deficit) including technical items	**(15.6)**	**(0.9)**
Less technical items	15.6	0.9
Net surplus/(deficit) excluding technical items	**0.0**	**0.0**

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[3] Diagnostic and Therapies

[4] BMT - Bone Marrow Transplant

[5] BHOC – Bristol Haematology and Oncology Centre

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4.5   2025/26 Trust Savings Programme

4.5.1   The 2025/26 savings targets for clinical Divisions and Estates & Facilities has been set based on 4.0% of 2024/25 recurrent budget (excluding pass-through costs) and, subject to Executive Committee approval, 5.0% for corporate services, a total of £37.1m. Additional further corporate mitigations of £15.9m are required to reach the Trust's savings target of £53.0m. Currently, the Trust has identified savings of £48.5m or 92% of which £40.7m are recurrent. £4.5m remains unidentified. The position is summarised in Table 4A. Table 4B provides a savings summary by type.

4.5.2   *Table 4A – 2025/26 Division and corporate services savings summary*

Division	Total Savings Target £M	Total Recurrent Savings Identified £M	Total Non-Recurrent Savings Identified £M	Total Savings Identified £M	Balance (Unidentified) £M
Diagnostics & Therapies	4.1	2.8	0.8	3.6	(0.5)
Medicine	4.6	4.9	0.1	5.0	0.4
Specialised Services	4.6	2.9	0.8	3.7	(0.9)
Surgery	7.5	6.6	1.0	7.6	0.1
Weston	2.4	1.7	0.3	2.0	(0.4)
Women's & Children's	7.1	5.4	1.5	6.9	(0.2)
Estates & Facilities	2.3	2.2	0.3	2.5	0.2
Finance	0.6	0.3	0.2	0.5	(0.1)
HR	0.7	0.7	0.0	0.7	0.0
Trust Headquarters	1.8	1.4	0.1	1.5	(0.3)
Digital Services	1.4	0.6	0.2	0.8	(0.6)
Corporate requirement	15.9	11.2	2.5	13.7	(2.2)
Total	**53.0**	**40.7**	**7.8**	**48.5**	**(4.5)**

4.5.3   *Table 4B - 2025/26 savings plans by cost type*

Cost Type	Subjective Type	Total Recurrent Savings Identified £M	Total Non-Recurrent Savings Identified £M	Total Savings Identified £M	Workforce Reduction WTE
Pay	Substantive	12.9	1.8	14.7	300.2
Pay	Bank	10.4	0.1	10.5	247.6
Pay	Agency	2.8	0.0	2.8	34.3
Non-Pay	Blood	0.3	0.0	0.3	
Non-Pay	Clinical Supplies	5.6	1.6	7.2	
Non-Pay	Drugs	1.3	0.4	1.7	
Non-Pay	Establishment Expenses	0.2	0.0	0.2	
Non-Pay	Other Expenditure	3.9	3.5	7.4	
Income	Income from Activities	1.9	0.3	2.2	
Income	Income from Operations	1.4	0.1	1.5	
Total		**40.7**	**7.8**	**48.5**	**582.1**

4.5.4   Included within the £53.0m of savings for Trust delivery, the Trust is also required to deliver corporate mitigations of £3.6m through technical financial opportunities.

4.5.5   Based on the 2024/25 forecast outturn savings delivery of £32.6m, a clear step change in savings delivery and productivity is required to achieve the savings target of £53.0m. This significant step-change is in part met through the requirement to reduce both the funded establishment and substantive staff in post by a minimum of 300wte and a reduction in the use of temporary workforce by 282wte.

4.5.6   Productivity analysis data has been developed by NHSE and shared with provider Trusts. For the Trust, this identifies potential productivity opportunities totalling £71.7m. Of the £46.8m of operational productivity identified within this, NHSE expects 50% to be cash releasing. A further £24.8m of Trust efficiency have also been highlighted. This information has been used as part of the Trusts Cost Improvement Programme (CIP) identification process. Further details of which can be found in appendix 1.

4.5.7   The third cut of savings plans from Divisions and corporate services were received on the 12th March 2025 and inform the current savings position. The next six weeks will require considerable focus on CIP implementation in order to increase the confidence that the Trust will deliver its target of £53.0m in year, either by recurring or non-recurring means. However, there is further work to do across the organisation to enact enhanced pay controls and review structures and processes across all Divisions to ensure that reductions are recurrent, safe and sustainable. The intention is to fully identify 100% of savings in the fourth cut due mid-April 2025 with an exit position of 100% of savings being delivered recurrently (full year effect) by 31st March 2026.

4.5.8   The Trust has revised and strengthened the approach to productivity and efficiency to better address the ongoing savings requirement and deliver the targets above. The Productivity and Financial Improvement Group (PFIG) is established along with a number of corporate workstreams focusing on specific areas to drive better savings delivery and productivity. The Trust also retains its existing and well-established system of process and governance.

4.5.9   The Trust continues to use all available benchmarking sources to identify areas for improvement and develop actions plans to ensure delivery. The Trust is using the National Productivity packs, Model Health System, NCCI (National Cost Collection Index), Service Line Reporting (SLR) and GIRFT as key tools to identify efficiency opportunities and a more formal process is being rolled out across the Trust to follow up all opportunities from this source. The Trust is also working with regional groups to identify further opportunities.

4.5.10 The Trust also has a series of programmes focussing on increased and robust expenditure controls including in the areas of non-pay, drugs and pay areas particularly medical staffing and nursing. Further work streams dedicated to delivering transactional savings have also been established.

4.5.11 In the event that we do not make the required progress in closing the current savings gap, or in balancing divisional budgets, the implementation of more stringent workforce cost controls will be required.

4.5.12 Savings schemes are assessed for impact on quality and patient safety through the completion of Quality & Equality Impact Assessments where required based on a clear set of criteria. For schemes meeting the criteria, the QEIA templates are subject to review and sign-off by the Trust's Chief Nurse & Midwife (CNM) and Chief Medical Officer (CMO).

4.5.13 Performance against savings targets is reported monthly and reviewed at regular divisional accountability reviews. Oversight of delivery is provided through the monthly PFIG meeting chaired by the Trust's Hospital Managing Director (HMD). Progress regarding savings delivery is also reviewed monthly at Executive led divisional reviews.

4.6   2025/26 Trust Financial Plan – capital

4.6.1   The Trust's capital plan for 2025/26 is £44.8m. The plan also includes leased assets under IFRS 16 at £7.9m. The plan is pending NHSE decisions in relation to capital bids submitted by the Trust worth £41.1m of which £26.8m would fund capital investment already included in the Trust's plan. The plan has been prioritised using a risk-based approach within the Trust and is co-ordinated by the Trust Capital

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Group. The process was also supported by a dedicated Divisional Director and Clinical Chair review in late February. The capital plan is also a result of the joint acute and system approach to capital prioritisation and planning.

4.6.2   Submitting a balanced capital plan within the available envelope has required a reduction in gross capital allocations of £10m pending the outcome of the national capital bids. The plan outlined here for approval will therefore continue to develop under the oversight and governance of the Trust's Capital Programme Steering Group (CPSG) during quarter 1.

4.6.3   In summary, the sources of capital funds to meet the planned expenditure of £44.8m are as follows:

£m
- 32.4   NHSE CDEL allocation for non-leased assets;
- 7.9   NHSE CDEL allocation for leased assets;
- 1.5   Charitable funding; and
- 3.0   Public Dividend Capital (PDC) expected from NHSE.
  44.8   Total planned sources of capital funding

4.6.4   The sources of funds will be applied against the following key scheme headings including planned slippage or over-programming at c25%. The overriding principle of agreeing what can actually be delivered in 2025/26 through monthly scheduling and the conclusion of the 2024/25 financial year mean these may change:

£m
- 19.5   Slippage and pre-commitments from 2024/25;
- 12.1   Multi-year major capital programme;
- 2.2   Multi-year Strategic Schemes;
- 12.7   Fixed allocations, mainly estates projects at £10.0m and contingency at £2.0m;
- 3.0   Digital;
- (12.6)   Less assumed over-programming at c25%.
  36.9   Subtotal – 2025/26 planned net capital expenditure excluding leased assets
  7.9   Leased assets (under IFRS 16)
  44.8   Total planned application of capital funding

4.7   2025/26 Trust Financial Plan – Statement of Financial Position

4.7.1   The Trust's Statement of Financial Position (SoFP) takes into consideration the Trust's planned revenue net income and expenditure position, planned capital investment and key aspects of treasury management in relation to working capital and financing such as PDC dividend repayment and loan principal repayment.

4.7.2   Key highlights of the Trust's planned SoFP as at 31st March 2026 are as follows:
- Non-current assets increasing to £656.8m as a result of the capital plan of £44.8m, in year depreciation of £47.1m and revaluation of land and buildings of £14.5m, based on 2% increase in indices;
- Net current liabilities of £28.8m from an opening forecast outturn liabilities position of £12.0m;
- Stock levels held at £19.0m;
- A closing cash balance of £54.0m, a planned decrease of £28.8m during the year; and
- A reduction in borrowings of £14.1m relating to £5.8m on loans and on £8.3m leases.

4.7.3   The Trust's Statement of Financial Position is summarised in Table 5.

*4.7.4   **Table 5 - The Trust's Statement of Financial Position***

Statement of Financial Position	2024/25 Forecast Outturn £M	2025/26 Q4 Plan £M
Non-Current Assets		
Property plant and equipment & Intangibles	534.1	546.6
Right of use assets (IFRS16)	109.0	108.7
Receivable	1.5	1.5
Total Non-Current Assets	**644.6**	**656.8**
Current Assets		
Inventories	19.0	19.0
Receivables	49.9	49.9
Cash	82.8	54.0
Total Non-Current Assets	**151.7**	**122.9**
Current Liabilities		
Trade payables	(142.6)	(130.6)
Borrowings	(13.5)	(13.5)
Other	(7.6)	(7.6)
Total Current Liabilities	**(163.7)**	**(151.7)**
Net Current Assets/Liabilities	**(12.0)**	**(28.8)**
Non-Current Liabilities		
Borrowings	(128.8)	(114.7)
Provisions	(2.1)	(2.1)
Total Non-Current Liabilities	**(130.9)**	**(116.8)**
Total Net Assets Employed	**501.7**	**511.2**
Financed by		
Public Dividend Capital	337.7	337.7
Revaluation Reserve	52.4	63.4
Other Reserves	0.1	0.1
Income and Expenditure - Opening	113.5	111.5
Income and Expenditure - In Year	(2.0)	(1.5)
Total Taxpayers' and Others' Equity	**501.7**	**511.2**

4.8   2025/26 Trust Financial Plan – Cashflow Statement

4.8.1   Cash will be a key issue heading into 2025/26 with the majority of NHS organisations having deficit positions in 2024/25 and liquidity constraints as they head into 2025/26. NHSE has written to provider organisations stating that a stricter cash regime and therefore reduced access to emergency cash will be implemented from the 1st April 2025. However, as a result of the Trust's twenty-two year tracked record of break-even or better, the Trust's cash remains relatively very strong for 2025/26.

4.8.2   The cashflow statement summarises cashflows arising from the Trust's planned: operating activities (i.e. revenue financial performance and working capital management); investing activities (mainly the Trust's capital plan); and financing activities (covering leases, loan interest and loan principal repayments).

4.8.3   The key highlights of the Trust's planned cashflow statement are:
- £42.6m net cash inflow from operating activities including a working capital net cash outflow of £12.0m;
- £41.4m net cash outflow from investing activities with £46.0m linked to the Trust's capital plan; and
- £30.0m net cash outflow from financing activities mainly relating to lease and loan principal repayments of £14.0m and PDC payment of £13.6m.

4.8.4   The Trust's planned cashflow statement is summarised in Table 6.

4.8.5 **Table 6 - The Trust's Cashflow Statement**

Statement of Cash Flows	2025/26 @ 31/03/2026 Plan £M
Cash flows from operating activities	
Operating Surplus / (Deficit)	11.3
Depreciation and Amortisation	44.8
Impairments and Reversals	-
Losses on Disposal	-
Income from Donations	(1.5)
(Increase)/Decrease in Assets	-
Increase/(Decrease) in Liabilities	(12.0)
Net cash flow from operations	**42.6**
Cash flows from Investing Activities	
Interest Received	3.1
Purchase of Assets	(46.0)
Donated Assets	1.5
Net cash flow from Investing Activities	**(41.4)**
Cash flows from Financing Activities	
Public Dividend Capital received	-
Loans	(5.8)
Interest Paid	(2.4)
Capital element - leases	(8.2)
Public Dividend Capital - paid	(13.6)
Net cash flows from Financing Activities	**(30.0)**
Increase/(decrease) in cash	**(28.8)**
Opening balance	82.8
Closing cash balance	**54.0**

4.9 2025/26 Trust Financial Plan – summary

4.9.1 The key headlines for the Trust's Financial Plan are:
- A planned net income and expenditure position of break-even;
- A capital plan at £44.8m that is compliant with the Trust's CDEL with over-programming or slippage assumed at c25%; and
- A cash balance of £54.0m as at 31st March 2026.

4.10 Trust budget setting

4.10.1 2025/26 budgets will be set to divisional operating plans as part of the Trust's annual planning approach and aligned with the methodology used to construct the Trust's Financial Plan. This means budgets are based on 2025/26 divisional normalised financial positions, with 2024/25 rollover recurrent budgets adjusted for material and significant adverse variances which are unavoidable or outside the control of the Division. The 2025/26 recurrent budgets will therefore be set at a level which:
- Includes funding to deliver the required activity volumes;
- Resolves historic funding issues; and
- Removes the need to identify material mitigations to achieve an on-budget position.

4.10.2 Budgets will also be adjusted to remove budget equating to the 2025/26 divisional savings targets, fund the new for 2025/26 unavoidable cost pressures and 'must-do' quality and safety issues agreed by the Trust's Executive Committee, including, for example:
- Support for safer staffing levels on Apollo and Caterpillar wards;
- Investment to restart the Paediatric BMT service;

- Significant growth in BHOC, Paediatric Immunology and Paediatric Nutrition Support.
- Contract changes related to sexual health services and activity from Welsh Commissioners.
- Increases in the consultant workforce to support A&E, Acute and Care of the Elderly services.
- Regulatory compliance within Medical Physics and Laboratory Medicine; and
- Unavoidable contractual commitments e.g. System C contract.

4.10.3   The 2025/26 approach is different from the budget setting approach in 2024/25 and seeks to better align the Trust's Financial Plan with divisional budgets. Divisions have been working with the corporate finance team during Q4 to implement the new approach. Both Division's and corporate teams will know their budgets prior to the 1st April 2025 as the planning process concludes, with the exception of those items pending further discussion and decision regarding elective investments which, when finalised, will be allocated to Divisions in the month the cost commences

4.10.4   The Trust continues to apply and monitor the key financial controls. Financial controls refer to financial procedures, processes, and governance as well as the operational management and decision-making regarding use of resources. The financial controls in place to support the Trust to deliver its responsibilities cover:
- Financial reporting and review;
- Financial oversight; and
- Financial controls and processes.

4.11   Financial Risk Assessment

4.11.1   The key financial risks are presented here.

4.11.2   Risk of not delivering the Trust savings of £53m

The Trust's recurring savings requirement of £53m is a 65% increase on the Trust's 2024/25 forecast savings delivery of £32.6m. Securing additional savings plans alongside operational delivery will require a significant step change in delivery from Divisions and corporate services. The principle focus of PFIG will be driving pay savings to help secure the step change in delivery. Currently within the plan, identified savings plans have the following maturity level ratings: Maturity 1 & 2 schemes = £24.5m / 47%; Maturity 3 schemes = £24.0m / 45%, Maturity 4 / Unidentified – £4.5m / 9%. Further details can be seen in appendix 2. Due to the additional assurance work required, the risk of delivery for the savings requirement is currently assessed as *very high*.

4.11.3   Risk that the planned value of elective activity and therefore elective income is not delivered.

The Financial Plan is based on the elective activity plan agreed between the Trust's COO Team and clinical Divisions that delivers required waiting times / performance standards for 2025/26. The activity requires volume increases above 2024/25 forecast outturn levels of c3% for day case activity, c7% for elective inpatient activity and c4% for first outpatient attendance activity. The value of elective patient care income is c£226m. This is significantly higher than the elective care payment limit introduced for 2025/26 of £212m. It is therefore unlikely that elective care income will be lower than the payment limits hence the risk of underperformance against the elective income plan is assessed as *low*.

4.11.4   Risk that the Trust's elective access / performance targets cannot be delivered within the cost envelope

The break-even plan assumes the revenue cost of meeting the Trust's elective access/performance targets can be delivered within the envelope of £7.5m. This envelope assumes further improvement in operational productivity beyond c1% for day case activity and c3.5% for elective inpatients which is currently under review. This risk is assessed as *high*.

In the event that, at the end of Q1, there is a mismatch between the costs of delivering performance standards and the funding available, then further consideration will be required at Board level with regard to the performance versus financial dilemma this poses.

4.11.5   Risk that assumed additional income of £14.0m is not secured

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The break-even position includes assumed patient care income (not linked to activity) of £11.5m and £2.5m of other operating income. For context, the 2024/25 plan included additional corporate income/mitigations of £13.2m which have been realised in 2024/25. Therefore, this risk is assessed as *medium*.

4.11.6 Risk that assumed operational expenditure slippage of £10.6m is not repeated in 2025/26

Operational expenditure slippage assumptions of c£10.6m relate to expected ongoing slippage against Divisions budgets and plans to increase their expenditure in 2025/26 as services look to recruit into vacant posts up to their funded establishments in support of elective recovery. Certain operational services have continued to find recruitment into posts challenging due to the lack of workforce supply. The extent to which the financial benefit of £10.6m is repeated in 2025/26 presents a *medium* risk to the Trust's break-even plan.

4.11.7 Risk that the Trust does not deliver capital expenditure in line with its CDEL of £40.3m

The Trust's net capital plan assumes schemes to the value of c25% will not be delivered in 2025/26 due to constraints relating to operational access (disruption to services and decant challenges), supplier selection and lead-time constraints and regulatory compliance (2024 Building Safety Act). A recent assessment of the Trust's buildings has concluded that the majority of the buildings fall within the scope of Building Safety Act which will add additional lead times to projects of typically six months. Therefore, this risk is assessed as *high*.

4.11.8 Risk that the assumed funding from all Commissioners are materially mis-aligned

Against the Trust planned patient care income of £1,165.6m, the Trust has not received a formal response to the Trust's income proposals from associate Commissioners. Approximately £68m or c12% of the Trust's planned income is, therefore, at risk. The Trust has applied a methodology broadly based on the 2024/25 forecast outturn (for which we are currently being paid) adjusted to 2025/26 prices. The Trust has formally written to the associates accordingly. This risk is assessed as *medium*.

4.11.9 Strategic Financial Risks

The scale of the Trust's recurrent deficit and CDEL constraints presents a significant risk to the Trust's strategic ambitions. Further work is required to develop the mitigating strategies whilst acknowledging the Systems strategic capital prioritisation will now need to take forward the Joint Clinical Strategy. This risk is assessed as *high*.

4.12 Key next steps for the Finance Plan

4.12.1 The Trust will need to work through a number of significant remaining next steps in order to progress delivery of the 2025/26 Financial Plan. The key next steps are:
- PFIG materially progressing the savings identification and managing the subsequent delivery against the £53.0m savings requirement;
- Securing formal agreement of Associate Commissioner funding envelopes;
- Finalising the costs associated elective activity delivery within the envelope available on the expectation of improved productivity;
- Full testing of the Trust's workforce controls and VCP processes in light of the requirement to reduce workforce back to funded establishments;
- Re-visiting the Trust's capital plan in response to the outcome of the national capital bids via the Trust's Capital Group and Capital Programme Steering Group; and
- In light of the risks within the Trust's financial plan, the Trust will look to fully mitigate these during quarter 1 and undertake a formal forecast outturn assessment based on quarter 1 financial results

that will inform a potential re-setting of the financial plan, particularly savings and elective activity delivery.

4.13 Conclusion and recommendation

4.13.1 The Trust's 2025/26 Financial Plan presents a significant revenue financial challenge for the Trust with a savings requirement of £53.0m. However, the early conclusion of the Financial Plan provides the System, Trust and the Divisions with a clear focus on savings identification and delivery and elective activity delivery necessary to deliver the break-even plan.

4.13.2 The Committee is recommended to approve the 2025/26 Financial Plan under delegated authority on behalf of the Trust Board and to note, in doing so, the risk assessment in section 4.11 and the key next steps section 4.12

5. Workforce plan

5.1 System approach

5.1.1 The BNSSG workforce planners' network provided oversight in the construction of each organisation's workforce plan ensuring that they are developed consistently and in line with NHSE/I guidance. The Trust's workforce plan will be submitted as an excel full-time equivalent (FTE) plan alongside a Workforce Checklist both documents have been issued as part of the NHSE workforce planning instructions.

5.2 Summary of Trust plan

5.2.1 The submission of the 27th March will include a reduction in staff in post of 337.5 FTE profiled across the year. This includes transfer of 10 FTE to the Elective Centre, changes in commissioning requirements of 27.5 FTE, and a reduction of 300 FTE as part of CIP delivery (including the planning guidance ambition to reduce support functions). There is also growth in Staff in Post (SIP) of 175 FTE through roles associated with service developments, priority services and the Group transitional investment requirements. This gives a net change of -162.5 FTE to Staff in Post. It is anticipated that this can be achieved through vacancy controls, utilising turnover and attrition.

5.2.2 There is also a planned average bank reduction of 187 FTE, with a figure of 341 FTE in March 2026, and a reduction in agency of 33 FTE.

Table 7: Trust 2025/26 funded establishment plan

	Funded Establishment		
	(31-Mar-25)		Change
	FTE	FTE	FTE
Total Workforce (WTE)	12,922.0	12,760.3	-161.7

Table 8: Trust 2025/26 staff in post plan

			Change
	FTE	FTE	FTE

Total Substantive	12,328.6	12166.1	-162.5
Total Bank	866.0	525.0	-341.0
Total Agency	102.4	69.7	-33

5.2.3   Monitoring of the plan will be managed via the monthly Provider Workforce Returns (PWR) returns to NHSE/I and shared with ICB.

5.3   Workforce challenges

5.3.1   The Workforce plan submission will address the following assumptions:

5.3.1.1 *Agency*
30% reduction in Agency spend (as per NHSE planning guidance)

The Trust is expecting to deliver a reduction in agency spend, through a saving in pay (rates) reduction in addition to a reduction in than FTE. The key assumptions included in the plan are:
- Direct engagement rolled out to all agency staff.
- Continue roll out of regional of price caps to deliver significant savings
- Agency rates, particularly for medical staff, are high, meaning that small reductions in FTE usage will achieve more than 1 FTE average cost saving, and that reductions in agency may not directly correlate with reduction in staff in post.
- Additional agency controls have been instigated for medical agency booking including sign off from Divisions Pay Control Panels, and sign off required from the Medical Directors Office, Head of Medical Strategic Workforce Planning and the Head of Resourcing.
- Agency FTE usage reductions for nursing will focus on the reduction in RMN usage through the corporate Mental Health Care Support Workers project as well as continued control processes that have delivered will in 2024-25.
- As per planning guidance there will be a focus on removing the minimal use of administration and clerical agency FTE.

5.3.1.2 *Bank*
10% reduction in Bank (as per NHSE planning guidance)

The revised plan assumes a Bank target reduction to 5.2% Maximum FTE as % of total workforce numbers, currently use is at 6.4%. Stringent bank controls will be necessary across all staff groups, for nursing this will be undertaken by the Nursing Establishment Controls group.

In addition, there will be a focus on reducing bank rates, this includes plans not to apply the full pay award to bank rates once the pay award for 2025/6 is announced. The interim pay award will be applied in April 2025 because it is necessary to comply with the National Living Wage.

A review of break-glass rates has reduced the allowance from 50% to 30% and in all cases will be subject to Executive or on-call manager approval out of hours. The 'allocate on arrival' incentive has been reduced from 30% to 20% and its application restricted further. Any remaining specialty specific bank rates that had been agreed through the Trust Pay and Assurance Group will be reviewed with the intention to reduce or remove, most of which will cease from March 2025.

5.3.1.3 *Delivery of Pay CIP*
The plan assumes a 300 FTE reduction in SIP and funded establishments to support CIP achievement (based on staff in post FOT March 31st 2025 to March 31st 2026). This reduction is inclusive of the annual planning target to reduce growth in support function since 2022.

5.3.2 These reductions will be assessed for impact on quality and patient safety through the completion of a QEIA where required based on a clear set of criteria.

Options to deliver substantive workforce FTE reduction include:
1. *Vacancy Controls* have been developed and will be operationalised through Divisional Pay Control Panels. These controls are role specific, and monitoring will be undertaken via a workforce subgroup tasked with overseeing its implementation by Productivity and Financial Improvement Group (PFIG). Current leaver numbers demonstrate that significant savings can be achieved through turnover and attrition if vacancy controls are implemented, this will support delivery of the 300 FTE staff in post reduction required to deliver CIP.

2. *Alternative options for delivery* include permanent hours reductions, and there is potential for a Mutually Agreed Redundancy Scheme although, details are yet to be confirmed by NHSE. It is unlikely that redundancy will be a key driver of headcount reductions, because there is no funding available in year for redundancy costs and will likely take 9 months to achieve thereby not delivering in year savings.

5.3.2.1 **Other Staff in Post changes**

- The plan includes growth in funded headcount establishment of 175 FTE.

- This is associated with service developments, priority services and the group transitional investment requirements.

- Staffing to provide additional operating capacity associated with the Elective Centre is included within this figure. Recruitment will be phased over the year in preparation for September 2025, the date that UHBW will utilise the additional theatre capacity.

5.4 Workforce priorities in 2025/26

5.4.1 The workforce plan is predicated on the control of workforce numbers, primarily through the Divisional vacancy control process, delivery of identified workforce cost savings, reductions in high-cost agency and premium workforce costs and improvements in productivity.

5.4.2 PFIG will lead and oversee the delivery of work-streams through the following programmes/groups associated with workforce productivity and controls:

- Nursing Establishment Controls Group, including bank and agency controls.
- Medical and Dental Workforce advisory group oversees the job plan review. and agency controls. Agency controls will be monitored via the South West Regional Medical Sub-group and Strategic Workforce Oversight Group through the ICB and into NHSE
- Divisional Pay Control Panels and Strategic Delivery Group meetings.

5.4.3 The Trust Strategic Workforce Priorities are:
- Mission Critical Medical Workforce Plan
- Corporate Project Pro- Equity
- The People Strategy will be redrafted in collaboration with our Group partners at NBT.

6. Summary of key risks to delivery of the 2025/26 Operating Plan

6.1 Operational

- If the no criteria to reside bed consumption is not reduced there is a risk that availability of acute beds will impact on performance delivery
- There is a risk that urgent and emergency growth impacts planning assumptions
- There is a risk that the expected headcount reduction in the acute sector adversely impacts on performance delivery and quality of care, QEIAs will be used to mitigate this

- Failure of critical equipment / infrastructure due to CDEL constraints and access to clinical areas for redevelopment work
- Delivering improvements in productivity is fundamental to achievement of the plan, there is a risk that this will be slower to deliver than the plan allows
- Increasing follow up demand presents a risk to new to follow up ratio which could impact RTT performance delivery
- Impact of Collective Action from General Practice and Pharmacies and any further Industrial Action

6.2 Financial

- Corporate mitigations are not available in 2025/26, there is therefore a risk that the breakeven plan has no contingency available should, for example, savings delivery does not meet plan requirements
- There is a risk that the capital plan cannot be delivered in accordance with CDEL due to operational constraints, e.g. access to clinical areas, supplier lead times, project management capacity
- There is a risk of material misalignment between the Trust's income assumptions and the commissioner allocations, leading to non-delivery of the financial plan

Finance risks are further detailed in section 4.11.

6.3 Quality

- There is a risk that the QEIA process does not accurately capture the risks associated with CIP delivery and/or service developments and that there are unintended consequences on patient care/staff wellbeing
- There is a risk that areas of known quality and safety risks cannot be resolved within financial plan

6.4 Workforce

- There is a risk that recruitment to key long-standing vacancies is not achieved, therefore compromising operational delivery and/or savings plans
- There is a risk that vacancy controls place undue pressure on staff wellbeing therefore impacting key workforce metrics, such as turnover and sickness absence rates

7. Operating plan next steps and monitoring

7.1 Next steps

- The operating plan for 2025/26 has been approved, and received Board assurance, via the Finance, Digital and Estates Committee on 25th March 2025; the NHSE Board Assurance document can be seen in Appendix 3.
- UHBW has now moved into delivery. This involves further communication and engagement with Divisions, and with staff more widely, and the establishment of monitoring to ensure that delivery is kept on track throughout the financial year.
- Delivery of the plan will be led by the Clinical Divisions and supported by the Trust Executive and corporate functions.
- Included within the delivery of the plan are priorities for improving health inequalities. These have been developed in partnership with the ICS and can be seen in Appendix 4.
- Monitoring of the 25/26 Operating Plan will be ultimately overseen by the Trust Board, with Executive Committee providing oversight of the various Executive-led subgroups with responsibility for the different components of the plan: for example, the Planning and Delivery Group, the Capital Programme Steering Group, the Clinical Quality Group and the Performance and Finance Improvement Group.
- Where the UHBW operating plan interfaces with partner organisations, the Integrated Care System Operational Delivery Groups and Health and Care Improvement Groups will be utilised.
- Partnership working and collaboration will underpin both the delivery of the BNSSG System Plan and the UHBW Operating Plan for 2025/26.

7.2 Recommendations

7.2.1   The Trust Board is asked to note that the UHBW 2025/26 Operating Plan was approved by the Finance, Digital & Estates Committee and has been submitted to NHS England. UHBW has moved swiftly into delivery of the plan for the new financial year.

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[i] 2025/26 priorities and operational planning guidance

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Appendix 1: Productivity Data

	Clinical and operational productivity					
	University Hospitals Bristol and Weston NHS Foundation Trust Opportunity					
	Benchmarked position*	Opportunity (£)	Assumed cost base of PoD (£)	Opportunity as % of spend	Cash releasing (£)	Extra activity / beddays
1 Non-elective overnight stays	47 out of 135 acute and specialist trusts on opportunity as % of spend	£4.8m	£242.5m	2.0%	£2.4m	0.14 LoS opportunity (days) 6,522 Annual beddays opportunity
2 A&E and SDEC	100 out of 135 acute and specialist trusts on opportunity as % of spend	£2.9m	£143.6m	2.0%	£1.4m	2,684 SDEC
3 Elective opportunity	110 out of 135 acute and specialist trusts on opportunity as % of spend	£31.5m	£258.4m	12.2%	£15.7m	18,379 Episodes
4 Outpatient opportunity	80 out of 135 acute and specialist trusts on opportunity as % of spend	£4.3m	£114.9m	3.8%	£2.2m	9,560 Attends
5 Other acute	N/A Assessed as 2.0% of baseline spend	£3.3m	£165.5m	2.0%	£1.7m	N/A
Total ClinOps productivity		£46.8m	Total Trust Opex: £1,251m	3.7%	£23.4m	N/A

- UHBW's productivity opportunity is £46.8m of which NHSE expects 50% as cash releasing
- Trusts are ranked 1 to 135 in terms of opportunity as % of spend - 1st being the largest opportunity and 135th being the lowest (i.e. most productive). Non-elective overnight stays rank is exception to this rule, where UHBW is 47th best of 135.

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Appendix 1: Productivity Data

		Efficiency		
		University Hospitals Bristol and Weston NHS Foundation Trust Opportunity		
	Benchmarked position*	Opportunity (£)	Assumed cost base of PoD (£)	Opportunity as % of spend
6 Temporary staffing	83 of 135 acute and specialist trusts on Temporary staffing (as % of pay)	£13.7m	£790m	1.7%
7 Corporate services	81 of 135 acute and specialist trusts on savings (as % of corporate services spend)	£8.5m	£65m	13.1%
8 Medicines	106 of 135 acute and specialist trusts on savings (as % of total medicine spend)	£2.2m	£189m	1.1%
9 Commercial	131 of 135 acute and specialist trusts on savings (as a % of non-pay spend, excluding medicines)	£0.5m	£323m	0.1%
Total Efficiency		£24.8m	Total Trust Opex: £1,251m	2.0%

- The Trust's efficiency opportunity is £24.8m
- The same ranking as for productivity applies – highest opportunity (least efficient) is most highly ranked (i.e. 1/135)

Appendix 1: Productivity Data

#	Productivity area	From provider productivity pack	From provider productivity pack	Estimation of what can be delivered in 2025/26 (£m)	Activity productivity in plan (Volume)
1	Non-elective overnight	£4.80	2.00%	£2.40	
2	A&E and SDEC	£2.90	2.00%	£1.00	10,934
3	Elective opportunity	£31.50	12.20%	£12.80	1,201
4	Outpatient opportunity	£4.30	3.80%	£1.90	12,849
5	Other acute activity	£3.30	2.00%	£1.30	
6	Temp staffing	£13.70	1.70%	£14.00	
7	Corp services	£8.50	13.10%	£6.90	
8	Medicines	£2.20	1.10%	£1.70	
9	Commercial	£0.50	0.10%	£1.50	
10	Other local opportunities			£9.50	
	Total	**£71.70**		**£53.00**	**24,984**

- UHBW's operational productivity opportunity is £46.8m of which NHSE expects 50% as cash releasing. Trust efficiency is identified as an additional £24.9m.
- An internal assessment of opportunities shows expected savings of £53.0m
- Currently there are £48.5m in the Trust savings programme relating to productivity.
- 24,984 volume of additional clinical activity through productivity – 3.5% ELIP, 1% Day Case, 6.1% OPFA, 5.2% ED attendance.

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2025/26 FINANCIAL PLAN & BUDGET – Appendix 2: CIP Maturity Levels

Subjective Type	Subjective	1	2	3	4	Total
Pay	Admin & Clerical & Estates	£553	£644	£334		£1,530
	Medical staff - Consultants	£829	£559	£2,988		£4,376
	Medical staff - Other	£374	£217	£863		£1,454
	Non Clinical Staff	£147	£515	£308		£969
	Nursing & Midwifery	£804	£4,642	£2,922		£8,368
	Other Clinical Staff	£58	£563	£467		£1,088
	Healthcare Assistants			£299		£299
	Vacancy – Other			£9,893		£9,893
Pay Total		**£2,766**	**£7,139**	**£18,071**	**£0**	**£27,976**
Non pay	Blood	£235	£115			£350
	Clinical Supplies	£426	£3,773	£3,001		£7,200
	Drugs	£397	£775	£529		£1,700
	Establishment Expenses	£137				£137
	Lease	£45				£45
	Other Expenditure	£482	£5,212	£1,711		£7,405
Non pay Total		**£1,722**	**£9,874**	**£5,241**	**£0**	**£16,837**
Income	Income from Activities	£431	£1,520	£251		£2,202
	Income from Operations	£160	£862	£438		£1,460
Income Total		**£591**	**£2,382**	**£689**	**£0**	**£3,662**
Unidentified					**£4,525**	**£4,525**
Grand Total		**£5,078**	**£19,395**	**£24,001**	**£4,525**	**£53,000**
		10%	**37%**	**45%**	**9%**	**100%**

❖ £28.0m of plans relate to workforce cost reductions (53%)

❖ £16.8m of plans relate to non-pay cost reductions (32%)

❖ £3.7m of plans relate to income generation (7%)

❖ 47% / £24.5m of identified schemes are categorised as maturity level 1 or 2

❖ 45% / £24.0m of identified schemes are categorised as maturity level 3

❖ 9% / £4.5m are unidentified and categorised as level 4

Appendix 3 - Board Assurance Framework- Provider Assurance

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Governance		
The Board has systematically reviewed and assured the operational, workforce and financial plans for 2025/26 that form the basis of the organisation's submissions to NHS England.	YES	Approach and scenarios discussed and agreed at Finance Committee (FDEC) January 2025, detailed review undertaken at Private Board on 11th March. Final approval delegated to FDEC with all components of operating plan approved on 25th March.
The Board has reviewed its quality and finance governance arrangements, and put in place a clinically led process to support prioritisation decisions.	YES	The plan has been developed and delivered through the Planning and Delivery Group, involving Divisional Clinical Chairs and the Executive Committee, with CMO and CNO engagement within UHBW's corporate governance and in bespoke clinical review sessions over the course of the process.
Prioritisation decisions were reviewed by the Board, including explicit consideration of the principles set out in planning guidance.	YES	Planning guidance and the key principles were shared with the Board. All prioritisation decisions have been made in conjunction with Divisions and Executives, with the prioritisation proposals presented to the Board.

A robust quality and equality impact assessment (QEIA) informed development of the organisation's plan and has been reviewed by the Board.	YES	QEIA process refreshed in March 2024. Operational for a year now and working in line with NHSE principles for local prioritisation. Quarterly reporting is to Clinical Quality Group with opportunity for escalation into the Quality and Outcomes Committee as required. Detailed QEIA will continue to be undertaken on CIP schemes over the course of the financial year.
The organisation's plan was developed with appropriate input from and engagement with system partners.	YES	Operational delivery groups for urgent, elective and children's care, HCIGs for community and acute, MH and Children's. Tertiary Services Programme Board.
Plan content and delivery		
The Board has systematically reviewed and is assured that it has plans in place address the key opportunities to meet the national priorities for the NHS in 2025/26. This includes the actions against the national delivery plan 'checklists' and the use of benchmarking to identify unwarranted variation / improvement opportunities.	YES	National productivity information has been used to inform our planning priorities and decisions. Approach and application to performance and savings delivery shared with Board, including a detailed review of the response to the NHSE Productivity Pack.
The Board is assured that all possible realistic in-year productivity and efficiency opportunities have been considered and are reflected across the organisation's operational, workforce and financial plans.	YES	As above
The Board is assured that any key risks to quality linked to the organisation's plan have been identified and appropriate mitigations are in place.	YES	The management of risks and quality issues has been core to UHBW's planning approach, informed our decision making and been embedded into all components of the final plan.

The Board is assured of the deliverability of the organisation's operational, workforce and financial plans. This includes appropriate profiling and triangulation of plan delivery, and mitigations against key delivery challenges and risks.	YES	Full triangulation of plan between finance, performance and workforce has been completed. The risks to the delivery of the plan have been articulated. Delivery of the plan will be contingent on system delivery of critical interrelated components, most prominently achievement of 15% NCTR.

Appendix 4 – 2025/26 Health inequalities priorities

Priority focus	Guidance	2025/26 UHBW Priorities and approach
Data insights and sharing	**Reforming Elective Care:** · *demonstrable improvements in the completeness and accuracy of coding and recording practices, including ethnicity and housing status coding, by using relevant SNOMED codes*	· Ethnicity recording – continue to aim for 80%+ of RTT waiting list. · Exploring with ICB/NBT a consistent approach to sharing and recording of data on housing status
Elective waiting times	**Reforming Elective Care:** · *undertake quarterly reviews of local waiting list data (children and young people and adults) to better understand areas of inequality, looking at deprivation and ethnicity and using wider Core20PLUS5 approaches* · *embed health inequalities data into performance reporting with a quarterly review at board level*	· Inequalities Performance dashboard available to all specialties and Clinical Divisions for their review. Quartey Board reporting in place · Divisions reporting Health Inequalities data and actions through Division Assurance Reports at Health Equity Delivery Group. To consider Health Inequalities deep dives at Divisional Reviews.
Outpatient access	**Reforming Elective Care:** · *develop and monitor action plans to reduce inequalities in access and quality of Care*	· All Divisions will work on reducing DNAs in services with the largest disparity with DNAs for IMD 1 and 2 and Global Majority groups, relative to overall DNA rates (i.e. Reduce DNAs and narrow the gap)
Prevention	**System priorities:** · Tackling Tobacco Dependency (TTD) in maternity and inpatient settings (system ambition to reduce smoking prevalence below 5% by 2030) · Healthy weight declaration being finalized	· Roll out and embed admissions forms with smoking status, Very Brief Advice and referral to TTD · Commit to Healthy Weight Declaration and develop action plan

Report To:	Meeting in common of the Board of Directors of UHBW and the Board of Directors of NBT held in Public
Date of Meeting:	8 April 2025
Report Title:	NBT Operational Plan Final Submission 2025/26
Report Authors:	Simon Davies, Director of Operational Finance Henry Yip, Head of Business Planning Nicholas Smith, Interim Chief Operating Officer Caroline Bird, Director of Reset and Recovery Lisa Whitlow, Director of Performance Ben Pope, Associate Director for Workforce Planning, People Systems and Data
Report Sponsor:	Elizabeth Poskitt, Chief Finance Officer

Purpose of the report:	Approval	Discussion	Information
			X

To inform the Board of the detail of the NBT 2025/26 Operating Plan, as submitted to NHSE on 27 March 2025.

This paper was taken to NBT's Trust Board on 27 March 2025 to provide confirmation of:

- The Final position for NBT Business and Operational Planning for 2025/26. The plan will deliver a breakeven financial position and is compliant across performance metrics.
- The Joint Chief Executive and Hospital Managing Director approved the plan for submission to NHS England, in line with delegation from Trust Board, due to the timing of submission on the same day as the Board meeting.
- The amendment between the Headline and Final submission for key metrics to be submitted 27 March 2025.
- The approach to capital funding and allocation, including the over-programming.
- The risks included in the plan, and the approach to mitigating these.
- At that meeting the final budget for 2025/26 was approved, in advance of the start of the financial year.

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

The January Trust Board delegated authority to the Joint Chief Executive and Hospital Managing Director to sign off the Final plan in advance of March Trust Board following approval of the Headline submission at Finance, Digital and Performance Committee (FDPC) in February. The March FDPC scrutinised the key elements of the plan.

This is in line with the nationally mandated governance required to provide Board assurance of operational plans for 2025/26. This paper represents the work undertaken since the Headline submission to deliver a Final Operational Plan for the Trust's and BNSSG ICB System's Final submission on 27 March 2025 to NHS England.

This paper outlines the changes to the Headline submission which have delivered a final plan which is financially breakeven and delivers compliant performance levels. The key updates for the final plan are outlined in the below table of changes:

Date	Position
Headline submission 27 February 2025	Key areas: • Non-Compliant against delivering a minimum 5% point improvement on patients waiting no longer than 18 weeks for treatment. Target 72% but reporting 67% achievement. • Dependent on sufficient ERF funding: Improve patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026. • All other key performance objectives were targeted to be delivered. • BNSSG financial position reporting a £44.8m deficit, with NBTs contribution to the position at £16.1m.
Final submission 27 March 2025	Key areas: • All key performance objectives are targeted to be delivered. (see table 1) • Workforce – bank and agency reductions in line with guidance are included, as well as changes to substantive headcount, however overall, this is above establishment. • The financial plan is now reflecting a breakeven position. This includes actions to close the £16.1m gap from Headline to Final. Outstanding next steps at Headline submission now resolved at Final plan: • Bristol Surgical Centre – included in plan. • ERF planning – £10m of ERF funding prioritised. • Inflation, depreciation and technical accounting impacts – modelled in, including PFI accounting treatment offset by income. • BNSSG income schedules – included in plan. • Specialised commissioning plans – included in plan. • Cash – Cashflow projections indicate sufficient availability; however, cash balances are expected to decline significantly over the year. • Headcount modelling – included in plan. Additional in year controls will now be put in place. • Temporary staffing savings – included in plan.

	• Savings target – Central actions will be taken to deliver the further 1% / £7.8m to achieve overall total savings of £40.6m. • UEC and NC2R – to be delivered contingent on NCTR being reduced to 15%. • A&E – attendance growth agreed at 4%; c309 attendances per day. • Cancer Delivery – already demonstrated compliance.

Strategic Alignment Group Model Alignment
The Business Planning function enables the Trust to demonstrate plans that aims to deliver against the Trust's strategic priority. NBT and UHBW work alongside each other to prepare aligned Business and Operational Plans, where appropriate.

Risks and Opportunities
Risks are outlined in the paper.

History of the paper (details of where paper has <u>previously</u> been received)
The approach to planning has been reported via various Business Plan update papers to Finance, Digital & Performance Committee and Trust Board via upward reporting, as well as through Executive Team Meetings and Strategic Leadership Groups. This paper was presented at NBT's Trust Board on 27 March 2025.

Appendices:	Appendix 1: Board Assurance framework
	Appendix 2: Health Inequalities focus
	Appendix 3: Productivity response
	Appendix 4: Workforce Final submission and NBT's Contribution towards national guidance.
	Appendix 5: Final Budget 2025/26
	Appendix 6: 2024/25 Forecast Outturn to Underlying Position
	Appendix 7: Financial Underlying Position to 2025/26 Final Plan
	Appendix 8: 2023/24 Underlying to 2024/25 Underlying Position

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1.   Purpose

This paper is setting out to the Board the Final Business and Operational Planning for 2025/26. This is the position approved by Joint Chief Executive and the Hospital Managing Director in relation to the Final submission due on 27 March 2025. The position in this paper represents the resolution of issues that were outstanding at Headline submission and now reporting a compliant performance and breakeven financial plan. No further updates to the contents as described in this paper were made ahead of Final submission, however delegation of the Final submission was authorised to the Joint Chief Executive and the Hospital Managing Director to accept any changes required. The 27 March 2025 submission to NHS England covers activity, performance, workforce and finance key metrics. Table 1 compares the Headline submission against the Final submission.

Key Performance Metric	Headline submission	Final submission
Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026	Compliant	Compliant: Contingent on NCTR to reduce to 15%
A higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25	Relationship between 4 and 12 hrs is maintained	Compliant: Relationship between 4 and 12 hrs is maintained
Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026	Compliant	Compliant
Improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement	67% (non compliant to deliver a 5% improvement)	Compliant (72%)
Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement*	Compliant dependant on sufficient ERF funding	Compliant (78%)
Improve performance against the headline 62-day cancer standard to 75% by March 2026	Compliant	Compliant

Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026	Compliant	Compliant
Deliver a balanced net system financial position for 2025/26	Non-compliant	Compliant
Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems	Non-compliant	Compliant
Close the activity/ WTE gap against pre-Covid levels (adjusted for case mix)		Working towards meeting this success criteria once defined.
Improve safety in maternity and neonatal services, delivering the key actions of the 'Three year delivery plan'	Compliant	Compliant
Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people	Compliant	Compliant

Table 1

The approach undertaken aligns with the development of the system plan with the Bristol, North Somerset & South Gloucestershire Integrated Care System (BNSSG ICB), which the North Bristol NHS Trust plan is incorporated into.

2. Background

The work on Business Planning has been reported via various updates to Finance, Digital & Performance Committee and Trust Board, as well as through Executive Team Meetings and Senior Leadership Groups since the launch of 2025/26 planning in September 2024.

National planning guidance was released 30 January 2025. The national message was clearly stated - that NHS organisations are expected to live within their means and that will require maximising productivity. The focus is to maximise resources available for clinical services, given the financial constraints, which may result in difficult decisions being required, including reducing or stopping spending on some services and functions and to achieve unprecedented productivity growth in others.

For the 2025/26 Business Planning round, two submissions are required by NHS England. The first is a Headline submission on 27 February 2025 and then a Final submission on 27 March 2025. Both will have been submitted by the time Board reviews this paper.

Finance, Performance and Workforce Submission templates, alongside a Final submission checklist which includes a narrative covering productivity and efficiency, Elective and UEC plans for 2025/26, at both a provider and ICS level will have been

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shared with the ICS on 24 March and these submissions form the basis of this paper.

A Board Assurance Framework (Appendix 1) is requested for Final plan submission. NHS England expect Boards to be involved throughout the development of plans, and ICBs and providers must work together to ensure that the submission reflects the collective intensions of the system.

Whilst the NHS England submission requires key performance metrics, it should be noted that work on wider Operational Planning continues, which includes the refresh of Patient First priorities and work on Health Inequalities. Current assumptions towards delivery of Health Inequalities requirements have been outlined in Appendix 2.

The expectation from NHS England is that providers and systems will breakeven, in addition to achieving the performance standards. The Trust's Final plan is compliant following resolution to issues outlined in the Headline submission.

The sections below set out the activity, performance, workforce and finance elements of the operating plan. These have been aligned through the divisional review process and through the planning working group maintaining links and triangulation between each area.

Planning sessions have been held with each division and corporate directorates in January, February and March. This ensures that planning from a divisional level continues to support the setting of deliverable plans.

3.   Operating Plan 2025/26

3.1.   Activity plans

Activity plans have been developed on a bottom-up basis at divisional level based on deliverability.

The Headline submission did not include the impact of the Bristol Surgical Centre but that has now been incorporated into the final plan. The plan is based on the 'Displacement' clinical model for the Bristol Surgical Centre which expects the centre to open in mid-August for four theatres of Orthopaedic activity and to start delivering productivity gains from September 2025. The plan also reflects NBT additionality in Brunel (two theatres) and UHBW transfer of activity to NBT (two theatres) and UHBW additionality from mid-August to September 2025.

Prioritisation of Elective Recovery Funding (ERF) has been concluded, and the prioritised investments are reflected in the activity plans.

The Trust has used the GooRoo modelling tool to a greater extent as the basis for demand and capacity modelling for 2025/26. Diagnostic modalities have continued to use IMAS. In addition, the Trust's Senior Operational Modelling Lead has developed models to aid with producing plans to deliver new national RTT wait times requirements. UEC growth is aligned with ICB modelling.

3.1.1.   The key assumptions on activity are:

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- 'Yes if' plan – continue to deliver non-recurrent ERF mitigations from 2024/25 plus all new investment requests (£10m of ERF has been switched on),

- UEC delivery contingent on NCTR being 15%, as plan assumes all Trust actions have been undertaken to meet performance at this level of NCTR,

- A&E attendance growth 4% on top of Month 9 Forecast Outturn (5.6% Majors; 1.3% Minors); c.309 attendances per day,

- Non-Elective (NEL) admission growth 3%; split of 54% 0-day Length of Stay (LoS) / 46% 1+day-LoS,

- Core capacity of 878 beds with escalation to mitigate >100% occupancy,

- Target bed occupancy 93% (NEL 92%; EL 95%),

- Minimum 2 ring-fenced elective wards in the Brunel Building and Bristol Surgical Centre are ring fenced,

- Cancer performance metrics are for delivery in the final quarter, the plan assumes delivery in line with standards by this point. It is dependent upon SWAG funding being available at current levels.

3.1.2. Key Deliverables

- ED 4-hour: 78% by year end (March 2026) including 7.9% footprint uplift – improvement will be subject to robust system plans including NC2R reduction down to 15% by year end,

- RTT: Deliver 72% of patients waiting no more than 18-weeks by year end; deliver 78% 1st OPA within 18-weeks; continue to deliver no more than 1% of the wait list waiting >52-weeks,

- Diagnostics: continue to deliver 1% national standard with 0 x 13-week breaches,

- Cancer: 62-day combined delivery of 75% by year end; FDS 80% by year end.

3.1.3. Plan position NBT

The activity plan set out using the contract income currency within SLAM (the contract income monitoring system used by the Trust) is in Table 2 below.

POD	Activity			Income (£m)		
	2019/20	*2025/26*	*% of 2019/20*	*2019/20*	*2025/26*	*% of 2019/20*
Elective inpatients	14,148	15,714	111.1%	66.1	77.7	117.5%
Day Case	54,266	70,041	129.1%	51.4	70.5	137.2%
Total Elective	**68,414**	**85,755**	**125.3%**	**117.5**	**148.2**	**126.1%**
Outpatient First	113,085	137,125	121.3%	26.2	30.7	117.2%
Outpatient Procedure	46,154	63,855	138.4%	10.0	14.9	149.0%
Total ERF Outpatients	**159,238**	**200,980**	**126.2%**	**36.2**	**45.6**	**126.0%**
Total ERF	**227,652**	**286,735**	**126.0%**	**153.7**	**193.8**	**126.1%**
Outpatient Follow Up	289,234	283,008	97.8%	44.6	45	100.9%
NEL	98,689	112,640	114.1%	20.0	24.5	122.5%
A&E	67,387	85,151	126.4%	185.5	206.5	111.3%

Table 2

The activity baseline which the Trust will be measured against is SUS (national repository for healthcare data), which is different to SLAM but not how the Trust routinely reports income. Our assessment of the impact of the conversion from SLAM to SUS is in the below Table 3. Within the Trust's assessment based on SUS, it should be noted that CDC activity is included in the Day Case activity, as is other Endoscopy activity. This is not included in the Elective Recovery calculation in table 2 above.

POD	% of 2019/20 SUS
ED Attendances	114.1%
NEL Zero LoS	146.7%
NEL 1+day LoS	119.6%
OP First Attendance	123.0%
OP Follow UP	97.8%

OPPROC	138.4%
EL Day Case	129.1%
EL Inpatient	116.7%

Table 3

3.2. Performance

3.2.1. Elective Care

Whilst previous planning rounds, following the pandemic, have focussed on backlog clearance and reduction of the longest-waiting patients, the guidance for 2025/26 and in the Elective Reform publication, renews focus on overall compliance with the 18-week RTT standard.

The Trust has already delivered the minimum national requirements for both wait time for first activity and proportion of patients waiting over 18-weeks. Therefore, the Trust's plans are focussed on delivery of the 5% stretch target for both metrics.

The Trust will be expected to deliver a minimum of 72% of patients waiting less than 18-weeks for their treatment and a minimum of 78% of patients waiting less than 18-weeks for their first activity.

The Trust has developed plans that demonstrate the additionality in activity and improved productivity required to deliver these improvements. This is in addition to the opening of the Bristol Surgical Centre in 2025.

The Trust has also already delivered no more than 1% of the total wait list waiting over 52-weeks; plans for 2025/26 will ensure that delivery of this standard is sustained, and key focus will be on ensuring progress is continued at pace to enable delivery of the 18-week constitutional standard.

3.2.2. Cancer

Cancer targets for delivery by March 2026 are:

- *Faster Diagnosis – 80% of patients will be given a diagnosis within 28 days.*
- *75% will be treated within 62 days for cancer.*

The implementation and continuation of new pathways will support sustained improvements in faster diagnosis. For Skin, 11 PCNs are now delivering teledermatology referrals with further expansion planned in 2025. In Gynaecology, the new direct to test pathway launched in January 2025 will reduce demand on the cancer pathway and support earlier diagnosis.

The introduction of the Bristol Surgical Centre will provide some additional capacity and efficiency to deliver surgical interventions.

NBT will continue to use external funding to support delivery plans. The South West Cancer Alliance (SWAG) have not yet provided the non-recurrent funding profile for 2025/26. NBT will focus this funding on extending initiatives delivered in 2024/25 including pathology additionality, waiting list and other elective additionality. It is assumed that funding will be less than that available in 2024/25, however additional in year funding will continue to support all at

risk phases of the pathway to deliver performance improvements before year end.

3.2.3. Diagnostics

- *National wait time standard of no more than 1% of patients waiting >6-weeks for their diagnostic test.*

Whilst not explicitly covered in the operational planning guidance for 2025/26, it is understood that the expectation is for trusts to be back to compliance with the 1% national standard. The Trust plans to continue to deliver this requirement and maintain clearance of over 13 weeks.

- *Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition.*

The Trust plans to deliver sufficient activity to deliver elective, cancer and diagnostic waiting times ambitions. The Trust's plan includes CDC activity and non-recurrent mitigations including insourcing/outsourcing of activity, including wating list initiatives and Independent Sector capacity. The use of these mitigations varies across modalities with some modalities now delivering within sustainable core capacity e.g. DEXA scans and Respiratory Physiology – Sleep Studies.

3.2.4. Productivity

NHS organisations will need to reduce their cost base by at least 1% and achieve 4% improvement in productivity, in order to deal with demand growth. This is a step change across all services. The Trust must demonstrate that all productivity and efficiency opportunities have been exhausted before considering where it is necessary to reduce or stop services, taking account of each organisation's own legal duties.

NHSE have published productivity and efficiency packs at a Trust level to support the identification of opportunities. Measures have been identified across nine areas including clinical and operational productivity and efficiency (see Appendix 3).

The Productivity Packs show NBT as an outlier, this is due to the use of the 2023/24 National Cost Collection as the basis for the calculation. There was an accounting change in 2023/24 relating to the PFI which was excluded from the Trust's control total to achieve breakeven. However, the impact appears to have been included in the metrics received, thus driving the position. The Trust is working with both regional and national colleagues to find a route to replicate the calculation with the PFI impact removed.

The Trust has reviewed the outputs of national data and discussed the approach through Finance Sustainability Board. Key areas of focus for the Trust will be temporary staffing, commercial procurement, and elective and outpatients. This will include driving improvements in operational and clinical productivity, with a specific focus on outpatients and theatre efficiency.

Progress has been made in recovering activity in the last year and improving some key productivity and efficiency metrics. Productivity, therefore, remains a critical component of the Trust's recovery and sustainability plans.

The Trust's approach continues to be data driven, using comparative and benchmarking information, including Getting it Right First Time (GIRFT), to highlight areas for improvement.

There remain some challenges for NBT in improving its productivity and efficiency, including our disproportionally high no criteria to reside position; workforce constraints; lack of anaesthetic rooms in Brunel Theatres and outsourcing of a significant amount of High-Volume Low Complexity (HVLC) cases to the independent sector. Despite these constraints, however, we have identified opportunities for improvement. These include:

- Through NBT's Outpatient Board, the Trust continues to progress projects supporting both the recovery and productivity and efficiency agenda. Continuing projects are focused on maximising outpatient room utilisation and reducing Did Not Attends (DNAs), with digital transformation as an enabler, to ensure NBT is making best use of its limited resources to provide the best patient care. An additional focus for 2025/26 will be on optimising outpatient clinic templates, with an initial focus on five specialties in quarter one before a rollout to other areas.

- Through the Theatre Efficiency Group, delivery of a comprehensive improvement plan focusing on improving Capped Theatre Utilisation. This work has improved the capped theatre time from 75% to 79% in this year. This has led to an improvement in the number of cases being delivered per day. A key area of efficiency will be when the Bristol Surgical Centre is functioning, this has been designed to be able to maximise GIRFT guidance on high volume lists. The organisation has a maturing Prehabilitation service which optimises patients prior to surgery and there are plans to increase the operating day in Gynaecology to maximise the use of the current estate.

3.2.5. Urgent Emergency Care (UEC)

As in 2024/25, improvements in performance in UEC metrics are dependent on:

- management of front door demand,

- streamlining and redirection,

- reducing time in department,

- improving timeliness of ambulance handovers,

- improving flow into and out of the bed base, and

- crucially, reducing the number of beds occupied by NC2R patients.

This is set in the context of continuing growth in ED attendances, particularly Majors, and remaining being an outlier regionally and nationally on NC2R.

The 2025/26 internal programme of work will continue to focus on two areas – the front door and flow and discharge. Governance and oversight of the implementation of agreed schemes will continue through the established UEC Transformation Programme Board, chaired by the Chief Operating Officer with further Executive Sponsorship from the Chief Medical Officer and Chief Nursing Officer.

Given the system wide nature of Urgent and Emergency Care, NBT representatives will also continue to pro-actively participate in system level governance structures, as required, and work with partners to support the implementation of the UEC and Home First Plan.

3.3. Workforce

National planning guidance for workforce sets out clear expectations to reduce workforce cost and whole time equivalent (wte) and for workforce to contribute towards improving productivity. Guidance sets out expectations to ensure:

- Optimisation of the substantive workforce, delivering reduction in spend (and use) of bank (10% reduction) and agency (30% reduction) and review support function establishment to return expenditure to April 2022 levels.
- Overall workforce does not exceed budgeted establishment from a WTE and pay perspective with delivery enabled by implementing workforce controls and improving productivity, closing the WTE and activity productivity gap.

Delivery is underpinned through the utilisation of available tools, such as eRostering and eJobPlanning, and in continuing progressing our strategic commitments to our People through delivery of the People Promise, the six national high impact Equality, Diversity and Inclusion actions, our Health, Wellbeing and Resilience plan and through targeted resourcing activity.

3.3.1. Assumptions and Modelling Approach

3.3.1.1. Supply

Our supply forecast is based on the underlying assumption that we can achieve, where required, supply rates from the last 12 months for clinical roles, with known exceptions applied, e.g., specific recruitment volumes for clinical professions; undergraduate pipelines, apprenticeships, targeted domestic recruitment, recruitment plans for hard to fill posts, resident doctor expansion and areas where deterioration in available supply is anticipated. Targeted analysis of supply for clinical professions has been worked up through the relevant People Governance routes, including Nursing Workforce Committee and AHP Workforce.

3.3.1.2. Retention

Our plan assumes current levels of turnover continue. Our plans continue to focus on improving our turnover position in targeted areas, particularly frontline clinical teams. However, given the considerable work over the past 12 months to improve staff retention, close our vacancy gaps and enhance staff experience. There is a risk with the focus on headcount reduction and

continued reduction in temporary staffing that we could start to see these positive retention trends impacted.

3.3.1.3. Substantive Workforce Growth

Our plan assumes growth in our substantive workforce where existing budgeted clinical vacancies are being filled or where there is an agreed and funded workforce expansion. The impact of the Bristol Surgical Centre on workforce demand and supply is the most significant area of workforce growth, currently 273 wte for NBT. In addition, re-investment of nursing temporary staffing budget into substantive staffing has been agreed to reflect safe staffing and headroom need, this aligns with planning guidance on productivity aimed at reducing the use of premium cost staff through establishment reviews. The final area of workforce growth is NHS England's national expansion of Resident Doctors with the Trust receiving 12 additional doctors from August 2026.

3.3.1.4. Workforce Cost Reduction

Recognising the need to reduce our workforce costs to meet national guidance and contribute to Trust savings requirements, our assumption is that we will deliver workforce reduction. To deliver the required savings our targeted reduction is 211 wte. This will manifest as a budget reduction of 211 wte and a substantive staff reduction of 180 wte (assuming that some of the 211 wte will be currently vacant posts). The mechanisms to underpin the delivery are being rapidly worked up and will be presented to the Executive Management Team for sign off. This includes a proposal for enhanced governance and oversight, strengthening the role of the Resourcing and Temporary Staffing Oversight Group established July 2024, chaired by the Chief People Officer. The group will play a pivotal role in terms of monitoring the impact of our workforce plans, particularly on delivery of the required cost savings and the impact of controls.

3.3.1.5. Temporary Staffing

NHS England planning priorities for 2025/26 require a reduction in bank and agency expenditure of 10% and 30% respectively of our overall spend on bank and agency in 2024/25. The 2025/26 plan assumes that the improvements will be delivered over the course of the year in reduced temporary staffing use. Delivery will be through additional controls, conversion of agency to bank and substantive, establishment reviews, work on rota design for Resident Doctors. In addition, we will identify opportunities through cost improvements, reviewing rates and opportunities for direct engagement of agency staff.

3.3.1.6. Workforce Productivity

Encompasses aspects directly relating to workforce use and cost and the specific aspects of the guidance are outlined in the productivity section above and throughout section 3.3.1.

3.3.2.   Workforce Submission

The table in Appendix 4 shows the final submission alignment with national planning guidance and key wte changes in our anticipated workforce position for 2025/26.

3.3.3.   Summary Key Performance Indicators (KPIs for Workforce)

NHS England focus on two workforce KPIs, Turnover and Sickness. Additional success measures focussing on agency and bank reduction and reduced spend on support functions have been described in the NHS England's guidance and described above in section 3.3.1 will be monitored in 2025/26.

There are additional success criteria in the planning guidance relating to the closure of the wte and activity productivity gap and the delivery of the NHS People Promise and six high impact Equality, Diversity and Inclusion actions. We will work to develop any additional measures, either required by NHS England or determined as required internally, to support monitoring of delivery against these criteria in 2025/26.

Our turnover target for 2024/25 (11.9%) has been achieved and is 11.6% in February 2025. Given the anticipated pressure on staff due to the additional workforce controls that will be in place next year, we assume no further improvement in turnover overall will be achieved in 2025/26. We continue to deliver our long-term retention plan aims and interventions with a focus on 2025/26 on culture, 'living our values', flexible working and career development and coaching to build long term careers in the Trust and will take a targeted approach to improvement focussing primarily on clinical and business critical roles.

Our sickness absence rate is currently above our 2024/25 targets (4.4%) at 4.6% in February 2025. Our draft target for sickness for 2025/26 remains 4.4%. Improvement has been delivered in 2024/25, but our rolling 12-month sickness position has 'plateaued' at 4.6% over the last six months. Retaining a target of 4.4% aligns with ongoing focus on improving staff Health and Wellbeing whilst recognising that further stretching targets may not be achievable due to ongoing and increasing pressures on the workforce driven by cost reduction requirements.

The risk to deliver these targets has been highlighted to the ICS through the planning process as part of a wider risk to staff retention, engagement and health and wellbeing.

Overall impact of anticipated pressures - there has been considerable work over the past 12 months to improve staff retention, close our vacancy gaps and enhance staff experience. There is a risk with the focus on headcount reduction and continued reductions in temporary staffing that we could start to see these positive trends impacted. We have mitigations to help address this, but with additional pressures due to patient acuity, increased demand on our services, and no criteria to reside, there is a risk that these trends could be negatively impacted.

There is a risk that headcount reduction and efficiencies across the acute sector result in periods of significant organisational change across our workforce and the potential need to make difficult decisions regarding

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recruitment into vacancies and the potential for redundancies. We have robust organisational change policies and procedures to support this, and every effort will be made to avoid redundancies, and we are already working closely with partner organisations and prioritising redeployment across our services wherever possible. However, there is a need to ensure that appropriate approval mechanisms regionally/nationally are in place to support with this level of organisational change, and to ensure that we are supported to manage this in the most efficient and cost-effective way, e.g., consultation closure and in year savings delivery may be at risk due to current regional control on redundancy.

3.4. Finance

The Final plan to be submitted by BNSSG ICS is a breakeven position. The NBT position is also showing a breakeven position.

Within the NBT position is:

- £8.1m of provider deficit support income from the system (and per the Medium-Term Financial Plan).

- £7.7m of non-recurrent mitigations or income

- £16.7m of cost pressures recurrently funded

- Savings plan to deliver £40.6m in 2025/26 equating to 5% of turnover as agreed with ICB, made up of:

  o £36.4m of recurrent savings

  o £4.2m of non-recurrent savings

The Elective Recovery Funding recurrently added to baselines in 2023/24, in addition to further funding confirmed for 2025/26, is included within the 2025/26 plan. The Trust has worked with operational teams to prioritise this funding to ensure maximum delivery of targets.

The detailed Budget is in Appendix 5.

A waterfall to show the movement from the Underlying position to the final 2025/26 plan is shown in Appendix 6.

3.4.1. System Underlying position

Through the 2025/26 planning process each of the organisations within BNSSG has reviewed its underlying position.

The deterioration which NBT has seen due to the non-delivery of savings is reflected in UHBW, who have also not delivered savings recurrently in line with plans set out at the start of 2024/25.

Overall, the combination of non-delivery of provider and system savings, alongside other pressures seen in year, have resulted in the system deteriorating from a planned £68.3m underlying deficit to a £134.7m forecast underlying deficit.

This deficit will need to be recovered, and this aligns with the Trust's own plans to recover its element of the underlying deficit, initially through a combination

of non-recurrent and recurrent savings in 2025/26, with fully recurrent initiatives planned in future years.

3.4.2. NBT Underlying position

The NBT underlying position, calculated in December 2024, has deteriorated in year.

The key drivers of this have been:

- Non-delivery of full savings requirement of £28.7m in 2024/25.
- Short fall in 2024/25 pay award funding based on budgeted establishment of £2.5m.
- Non-pay inflation greater that the national Cost Uplift Factor £3.0m.
- Further pressures driven by increased activity on block contracts £6.5m.

Appendix 7 shows the route from the 2024/25 breakeven forecast outturn to the underlying position. Appendix 8 shows the movement from the 2023/24 to 2024/25 underlying positions.

3.4.3. Inflation

Inflation has been one of the most significant drivers in the past two financial years of the underlying position movement and this has only been partially funded nationally.

It should be noted that the 2025/26 pay inflation calculation has been made prior to any announcements on pay settlements and is in line with national planning assumptions. For Final planning, it is assumed that this will be fully funded and there is no financial pressure from the 2025/26 pay award.

The impact of the 2024/25 pay award has not been fully funded nationally. The pressure arises from the funding received for the pay award being calculated on staff in post on 31 March and not funded establishment. However, the ICB has allocated funding for this £2.5m pressure and is included in the Final Plan to offset the cost pressure.

3.4.4. Cost Pressures

A review of cost pressures has been undertaken and the updated Underlying Position reflects these, with funding made available within the final assessment.

This funding will cover the specifics driving the Underlying Position, in addition to any changes in budgets due to business cases and income sources which have changed in year.

3.4.5. Elective Recovery Funding

Elective Recovery Funding (ERF) will continue in 2025/26 however the funding arrangements are now capped. Based on published guidance no additional funding will be available for elective activity beyond that included in the commissioner allocations.

Core and additional ERF has been separately identified in ICB allocations. Distribution of additional ERF funding is based on the forecast outturn for Month 8 2024/25 with adjustments for the impact of Bristol Surgical Centre, scaled backed for performance over target set nationally.

Currently only the allocation for BNSSG and Specialised Commissioning has been made available and the Trust, with Associates yet to be confirmed. For BNSSG the allocation of £272.8m represents 113% of the 2019/20 baseline.

ERF for Bristol Surgical Centre (BSC) of £12m is separately identified as part of targeted investment funding (TIF) and £10m of funding has been prioritised to support the delivery of performance standards in RTT and Cancer.

3.4.6. PFI PDC Dividend Risk

The PDC Dividend is a charge by NHS England to cover the cost of NHS funds tied in assets (cost of capital). Normally, PFIs, as privately funded assets, do not incur this charge since they already bear private investment costs, including interest.

In 2024/25, the National Finance team introduced adjustments to estimate PDC charges if PFIs were publicly funded, aiming for fair comparisons. However, the NBT finance team argues this method is flawed as it overlooks existing private charges mentioned above. This change was only introduced late in the financial year.

For NBT this increase in PDC charge would be c£5m per annum.

NBT is collaborating with central NHSE finance teams to revise these calculations however the guidance currently received is to include this cost in the Trust's 2025/26 plan. As this is a cost pressure originating from an accounting change for which NBT has no control over NBT have also included additional funding to mitigate this cost. There is a risk that this funding will not be received and the PDC charges as stated above would still stand.

3.4.7. Savings

3.4.7.1. Savings delivered prior to 2025/26

The table below shows the level of savings which have delivered historically by the Trust.

Financial Year	Total CIP Delivered (£'m)	Recurrent (£'m)	Non recurrent (£'m)	Full Year Effect (£'m)	FYE % of Income
2015/16	27.3	26.3	1.0	29.2	5.0%
2016/17	26.1	25.0	1.1	24.4	5.0%
2017/18	36.8	29.4	7.4	32.8	6.0%
2018/19	26.3	15.3	11.0	17.5	3.0%
2019/20	22.1	15.4	6.7	18.6	3.0%
2020/21	2.5	2.5	0.0	2.5	0.4%
2021/22	3.5	3.5	0.0	3.5	0.5%

2022/23	6.5	6.5	0.0	6.5	0.8%
2023/24	18.2	18.2	0.0	18.2	2.3%
2024/25	22.1*	22.1	0.0	22.1	2.8%
2025/26	40.6.	36.4	4.2	40.6	5.0%

Table 4

*This is currently a forecasted Year-End position.

This demonstrates that whilst the level of savings delivered in recent years has been less than 3%, pre-Covid the Trust was delivering over 3% consistently. However as shown above this included non-recurrent savings no longer reported as CIP by the Trust, although an element of non-recurrent will be used to support 2025 / 26 delivery.

3.4.7.2. National and local requirements on savings delivery

The national requirement is for 2.0% of efficiency to be delivered by the Trust as part of the core efficiency. This is an increase from prior years where the national efficiency target was set at 1.1% and the Medium-Term Financial Plan (MTFP) was based on an assumption of a 1.1% national efficiency target.

3.4.7.3. Savings Approach for 2025/26

The Trust has developed savings plans to deliver £40.6m in 2025/26 equating to 5% of turnover which includes the increased national efficiency target. This is in line with the percentage that UHBW are expecting to deliver. Divisions and Directorates will continue to target 4% savings (£32.8m). The approach taken has been to ask each area to deliver 3.25% savings on its budget, excluding high-cost drugs and devices and Clinical Negligence Premiums. Additionally, there is a further ask for delivery of 0.75% through Trustwide initiatives, including Procurement, Digital and Medicines. The Trustwide savings will be delivered by the key corporate lead, with support from the clinical divisions.

Central actions will be taken to deliver the further 1% (£7.8m) required which may include non-recurrent savings. Actions supporting this delivery will include further negotiations with the PFI, as well as reviewing rates for Agency and Bank. The Central savings will be delivered by the key corporate lead and will unlikely need support from clinical divisions due to their nature.

The approach started in 2022/23 for the governance around the delivery of savings through the Exec-led Financial Sustainability Board. This will continue alongside the monitoring of delivery through Divisional Review meetings on a monthly basis.

Weekly reports are produced and circulated to Divisional Operations Directors, Finance Business Partners and scheme leads, using information from the Savings Tracker to accurately report movement.

The Tracker holds project information on each scheme to improve confidence in deliverability. Information consists of project start/finish date, SRO lead name, scheme lead name, risks/issues.

3.4.7.4. Final 2024/25 position

The delivery of savings at Month 11 is £21.1m, with a further £0.9m expected in Month 12. Any slippage beyond this would need to be added to the 2025/26 target and the clinical and corporate divisions have been made aware of this.

3.4.7.5. 2025/26 position for the Final return

The savings identified for the Final return is £36.4m, thus 90% of the £40.6m target.

Of this £12.7m has been worked up in detail by divisions, with further savings identified from the following areas and plans are either in place for being worked up to deliver this level:

- £4.0m Procurement
- £0.5m Digital Transformation
- £0.5m Medicines Management
- £1.5m Fee paying
- £1.5m Productivity (cost reduction)
- £1.0m Admin review
- £0.3m Commercial

Further work is being undertaken to assess and capture opportunities from corporate benchmarking.

3.4.7.6. Group Benefits and Savings

The impact of the work underway on Group benefits and savings have not been included for the final submission. The investment requirements and associated savings are equal in 2025/26 so these budgetary changes can be reflected in year.

3.4.8. Risks to the Income and Expenditure Position of the Trust in 2025/26 and mitigations to these

The key risk is the delivery of savings. £40.6m needs to be delivered to ensure that NBT hits the breakeven position. Where divisions are unable to fully recurrently deliver the level of savings in year, they will need non-recurrent mitigations to counter any current year impact.

No detailed income schedules have been received from Associate commissioners. There is a risk that without the full detail of income expected that there is a misalignment of expectations.

Whilst the impact of the cap on Elective Recovery Funding is worked through, the ability to fully model the performance and financial trade-off that might be required drives a risk in both areas.

At this stage, there remains limited information shared from Specialised Commissioning. Whilst Elective Recovery Funding figures have been shared, no confirmation around significant national funding has been made. NBT is currently assuming funding in line with the 2024/25 position in the absence of further detail. The relationship with Specialised Commissioning continues to

be positive, however there is pressure both on them and other areas of NHS England commissioning, to reduce costs and therefore they are scrutinising our spend, including drugs spend. The Trust will continue to work closely to with commissioners to minimise risks and to counter any challenges raised.

The Trust continues to work closely with the DH&SC on the impact of the 2023/24 change recognising PFI costs in relation to IFRS16. The Trust has recognised a pressure related to the calculation of Public Divided Capital in relation to the residual interest, as well as the inflationary impact on the PFI. Work will continue to model this for 2025/26 and reflect this within the position.

3.4.9. Cash

The cash balances for the Trust have been modelled in line with the planned I&E position and capital spend.

Cash is predicted to reduce in year. This is primarily driven by the payment of a high value invoices in the first quarter of the year relating to capital spend from the final quarter of 2024/25.

In addition, there are several impacts on cash due to technical non-cash income and expenditure items in particular the impact of the PFI (£7.2m).
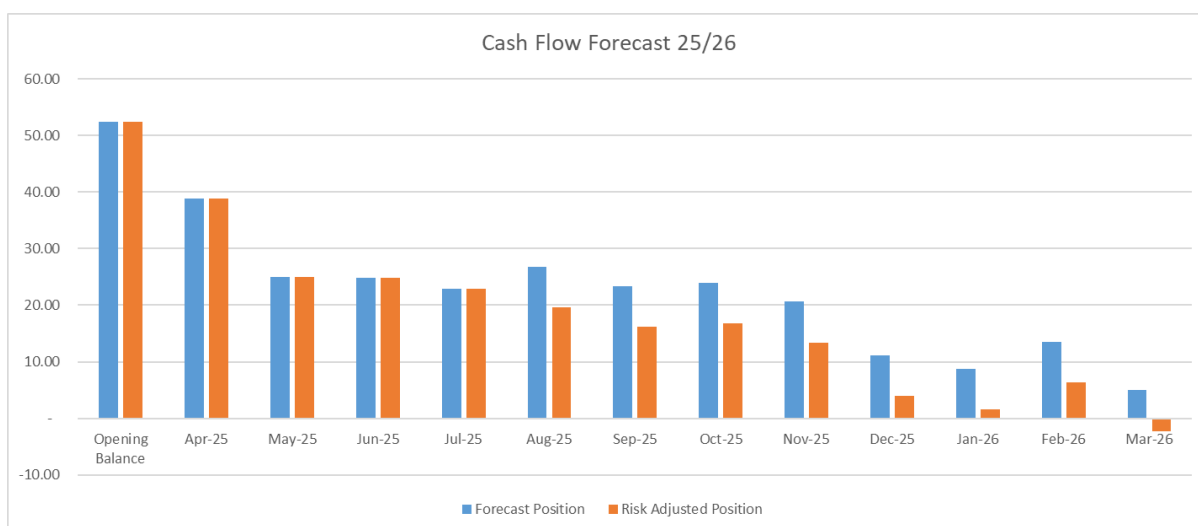
Graph 1

The above graph shows a core cash forecast position giving a year-end cash balance of £5m and a risk adjusted position which shows the year-end cash position as £2m overdrawn.

In order to mitigate the risk of running out of cash and in a similar exercise to 2024/25, the Trust will work with the National team to obtain additional cash support in relation to shortfalls in cash due to PFI accounting. To this end the core position includes an assumption of £7.2m of cash support linked to the accounting of the PFI which is not included in the risk adjusted position.

Included within both models is an additional service payment for the PFI being paid in May.

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The large decrease in cash in the first quarter in both scenarios is driven by the large value of capital invoices expected to be paid as a result of the high level of capital spend in March 2025 as mentioned above.

3.4.10. Capital

3.4.10.1. ICS Capital Prioritisation

Since 2023/24, the CDEL (Capital Departmental Expenditure Limit) is issued to the ICB to allocate across the organisations in the system rather than to individual Trusts. This means that there is no longer any element of the capital envelope which is owned by any individual organisation. In addition, any future asset disposals or national funding will be allocated by the ICB to the area of highest priority rather that going directly to the organisation which generates it.

The ICB has developed mechanisms for agreeing priorities and distributing capital across the system. This involves a broad range of stakeholders dealing with a relatively complex set of requirements and priorities as well as a high volume of potential schemes and a significantly over-subscribed capital budget.

3.4.10.2. NBT Funding position

Following the ICB process, the Trust currently has the following funding confirmed based on historic levels of depreciation:

	Value (£000)
Operational CDEL Envelope	23,742
Sustainability	2,233
Less System Brokerage – Agreed in 2024/25	(2,000)
Subtotal	23,975
Lease Capital	1,094
Total	**25,069**

Table 5

3.4.10.3. NBT capital allocation

There are a high level of commitments already identified against this envelope. The table 6 below shows the items that have already been approved at Capital Planning Group (CPG).

Further prioritisation is taking place to agree a full plan that matches current allocations.

Capital Project	Value (£000)
Bristol Surgical Centre	8,175
Level 0 CT Scanner	628
IR Lab 4 Replacement Bi Plane	355
Level 2 N Med	1,000
Cossham CT Scanner	1,000

Yate Plain Film Room	350
Cossham Plain Film Room	350
Hybrid Theatres	1,500
Mortuary Extension	1,500
SSD Washer Replacement	200
Pathology AHUs	2,426
NICU Ventilation	3,000
EPMA	662
Cyber Security Recovery, Protection & Backup Facility	36
High Speed Storage	85
PC Refresh	98
Replacement Capital Medical Equipment (CES)	1,010
PSDS Wave 3c (Excludes Salix spend)	850
Spend to be brought into 2024/25	(2,714)
Subtotal	**20,510**

Table 6

3.4.10.4.   Over-programming

BNSSG has agreed an approach to overprogramming to ensure that any slippage is mitigated, and all capital allocations are fully utilised. To this end NBT will include a level of overprogramming as outlined in table 7 below.

Category	Depreciation Funding	Overprogramming	Sustainability Funding	Grand Total
Critical Infrastructure & Estates	5.8	3.2	0.0	9.0
Digital	1.0	1.1	0.0	2.2
Major Capital Schemes	7.2	0.0	0.0	7.2
Major Medical Equipment	5.2	0.0	0.0	5.2
Medical Equipment	0.6	3.0	0.0	3.6
Sustainability	0.9	0.0	2.0	2.8
Operational Capital	0.0	0.0	0.0	0.0
Lease	1.1	0.0	0.0	1.1
Grand Total	**21.7**	**7.4**	**2.0**	**31.1**

Table 7

3.4.10.5.   National Capital Funding

In addition to the operational allocation based on historic depreciation, capital funding is available through national schemes. The allocation of this funding is to be prioritised at a ICB level for each organisation taking into account risks across the system. The Trust is actively engaging in this process.

The amounts of national funding provisionally allocated to the ICB are shown in the table 8 below. It is expected that there will be an additional allocation relating to digital schemes, but this is yet to be announced.

	Value (£000)
Return to Constitutional Standards – Diagnostics	500

Return to Constitutional Standards – Electives	13,750
Return to Constitutional Standards – UEC	10,250
Estates Safety	27,011
Total	**51,511**

Table 8

In order to maximise national funding received all items eligible for national funding are to be submitted even if they are already included in the operational capital plans shown above.

Once national funding has been awarded a risk-based prioritisation process will be carried out led by the ICB System Capital Board to allocate all remaining funds against unfunded items.

As a system, bids totalling £60.3m have been submitted against the £24.5m RtCS allocation and £37.4m against the Estates Safety allocation. The ICB Capital Board have decided to submit these lists in full rather than prioritise bids down to the level of the indicative allocations.

The below table 9 summarises the additional NBT schemes for which national funding has been bid for.

Category	Estates Safety	Diagnostics	Elective	UEC	Grand Total
Critical Infrastructure & Estates	7,086			5,000	12,086
Major Capital Schemes				1,341	1,341
Major Medical Equipment			4,800		4,800
Medical Equipment		596	90	700	1,386
Operational Capital		3,500		250	3,750
Grand Total	**7,086**	**4,096**	**4,890**	**7,291**	**23,363**

Table 9

4.   Summary and Recommendations

To inform the Board of the detail of the NBT 2025/26 Operating Plan, as submitted to NHSE on 27 March 2025.

This paper was taken to NBT's Trust Board on 27 March 2025 to provide confirmation of:

- The Final position for NBT Business and Operational Planning for 2025/26. The plan will deliver a breakeven financial position and is compliant across performance metrics.

- The Joint Chief Executive and Hospital Managing Director approved the plan for submission to NHS England, in line with delegation from Trust Board, due to the timing of submission on the same day as the Board meeting.

- The amendment between the Headline and Final submission for key metrics to be submitted 27 March 2025.

- The approach to capital funding and allocation, including the over-programming.

- The risks included in the plan, and the approach to mitigating these.

- At that meeting the final budget for 2025/26 was approved, in advance of the start of the financial year.

Appendix 1: Board Assurance Framework

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Governance		
The Board has systematically reviewed and assured the operational, workforce and financial plans for 2025/26 that form the basis of the organisation's submissions to NHS England.	Yes	Finance, Digital & Performance Committee (FDPC) received the draft Operating Plan in February which provided a comprehensive overview of the operational, workforce and financial plans at Headline submission stage. This was then reported upwards to Trust Board. Details of the Final submission to NHS England covering operational, workforce and financial plans have been scrutinised by the March FDPC and will be reported up to Trust Board.
The Board has reviewed its quality and finance governance arrangements, and put in place a clinically led process to support prioritisation decisions.	Yes	Plans are developed from the bottom up - Divisional triumvirate develop plans to meet system and nationally led requirements. All savings plans are subject to quality assessment and cost pressures have received Executive Team sign off.
Prioritisation decisions were reviewed by the Board, including explicit consideration of the principles set out in planning guidance.	Yes	The principle of living within our means and to deliver a compliant plan against the national priorities are fundamental in the prioritisation decisions made by the Board.
A robust quality and equality impact assessment (QEIA) informed development of the organisation's plan and has been reviewed by the Board.	Yes	Whilst QEIAs are not part of the development of the organisation's plans, they are embedded into the business case review and approval of CIPs, to ensure any planned changes have been assessed in both quality and equality impacts.
The organisation's plan was developed with appropriate input from and engagement with system partners.	Yes	System Finance, workforce and operational discussions contribute towards the Trust's planning position throughout the process.

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Plan content and delivery		
The Board has systematically reviewed and is assured that it has plans in place address the key opportunities to meet the national priorities for the NHS in 2025/26. This includes the actions against the national delivery plan 'checklists' and the use of benchmarking to identify unwarranted variation / improvement opportunities.	Yes	Finance, Digital & Performance Committee (FDPC) received the Draft Operating Plan in February which provided a comprehensive overview of the operational, workforce and financial plans at Headline submission stage. This was then reported upwards to Trust Board. Details of the Final submission to NHS England covering operational, workforce and financial plans have been scrutinised by the March FDPC and will be reported up to Trust Board.
The Board is assured that all possible realistic in-year productivity and efficiency opportunities have been considered and are reflected across the organisation's operational, workforce and financial plans.	Yes	Detail of the savings required are set out in this paper, along with actions to deliver the required level. This is reflected in the operational, workforce and financial plans.
The Board is assured that any key risks to quality linked to the organisation's plan have been identified and appropriate mitigations are in place.	Yes	Risks/Issues log are well understood both at a Trust and a system level. These are included in this report.
The Board is assured of the deliverability of the organisation's operational, workforce and financial plans. This includes appropriate profiling and triangulation of plan delivery, and mitigations against key delivery challenges and risks.	Yes	Finance, Digital & Performance Committee (FDPC) received the Draft Operating Plan in February which provided a comprehensive overview of the operational, workforce and financial plans at Headline submission stage. This was then reported upwards to Trust Board. Details of the Final submission to NHS England covering operational, workforce and financial plans have been scrutinised by the March FDPC and will be reported up to Trust Board.

Appendix 2: Health Inequalities focus

Priority focus	Guidance	2025/26 NBT Priorities and approach
Data insights and sharing	Reforming Elective Care: • *demonstrable improvements in the completeness and accuracy of coding and recording practices, including ethnicity and housing status coding, by using relevant SNOMED codes*	• Ethnicity recording – continue to aim for 80%+ of RTT waiting list. Remains a Top 10 data DQ for each division • Exploring with ICB/UHBW a consistent approach to sharing and recording of data on housing status
Elective waiting times	Reforming Elective Care: • *undertake quarterly reviews of local waiting list data (children and young people and adults) to better understand areas of inequality, looking at deprivation and ethnicity and using wider Core20PLUS5 approaches* • *embed health inequalities data into performance reporting with a quarterly review at board level*	• Inequalities Performance dashboard available to all specialties and Clinical Divisions for their review and consideration being given to Board level reporting via deep dives at the appropriate committees • Assessment at Trust level shows no adverse 52+ week waits for Core20 and adverse additional average waiting time of 3 days for Core20 (down from 2 weeks additional in June 2024) • Board subcommittees to consider deep dive sessions on inequalities as part of performance reviews
Outpatient access	Reforming Elective Care: • *develop and monitor action plans to reduce inequalities in access and quality of Care*	• All large outpatient specialties (10k+ per year) to set improvement target for DNA rate for IMD quintile 1 and Global Majority patient cohorts relative to overall DNA rate (i.e. to reduce DNAs and narrow the gap)
Prevention	System priorities: • Tackling Tobacco Dependency (TTD) in maternity and inpatient settings (system ambition to reduce smoking prevalence below 5% by 2030) • Healthy weight declaration being finalized	• Roll out and embed admissions forms with smoking status, Very Brief Advice and referral to TTD • Commit to Healthy Weight Declaration and develop action plan

Appendix 3: Productivity Pack

Measure	Measure description	National Published Opportunity £m	Trust Restated National Opportunity £m	Trust Targeted Opportunity £m	Trust Cash Releasing Opportunity £m	Provider Response	Actions in place
1	Non elective overnight stays	20.4	4.5	4.5		- Internal processes reviewed to speed up to point of referral however success is determined on community provision to support NCTR. - Internal review against other acute trauma centres, Trust not outlier.	- UEC project around LOS to explore further opportunities.
2	A&E and SDEC	2.4	2.4	2.4		- Complexities of patients seen as major trauma centre. - Internal review against other acute trauma centres, Trust not outlier.	-Further review to understand opportunities.
3	Elective Opportunity	18.0	3.9	1.0	0.5	- Elective position under cap next year. - Projects in motion on areas such as theatre efficiency.	- Better understanding of the opportunity through business planning. - May be more productivity improvements compared to cash releasing.
4	Outpatient Opportunity	64.3	2.0	2.0	1.0	- Requested calculation to understand methodology. - Recognise opportunity and discussions within Finance and Operational colleagues to agree next steps.	- Outpatient NCC activity assessed, and top 10 specialities identified. - discussions with Ops to agree neared with divisions.

Measure	Measure description	National Published Opportunity £m	Trust Restated National Opportunity £m	Trust Targeted Opportunity £m	Trust Cash Releasing Opportunity £m	Provider Response	Actions in place
5	Other Acute Activity	3.7	3.7	3.7	3.7	- Aligns with target set for support services division	
6	Temporary Staffing	8.8	8.8	2.5	2.5	- Agency spend is currently 1.5% of overall spend and significant action has been taken to reduce run rate. - Further opportunities under review in line with national guidance.	-Target further 30-40% reduction in agency in line with guidance, review against agency rules and changes in supplier for nursing and scientific. -Further controls across all temporary staffing.
7	Corporate Services	5.8	5.8	0.5	0.5	- Analysis completed across HR, IT and procurement. - In 23/24, for HR £3.1m related to international recruitment that was NR. IT teams has fluctuation in spend linked to capital projects. Further reviews in place.	- Review to understand position using the most current financial year and further discussions in areas of HR, IT, procurement and finance. - Opportunities to further review as part of group model discussions.
8	Medicines	1.5	1.5	0.4	0.4	- Ustekinumab started in November 24 and 100% switch expected by March 25. - Limited opportunity in 2025/26 unless further biosimilars.	- Continue to review as part of updates in guidance.
9	Commercial	5.1	5.1	4.0	4.0	- Adjusted target based on provider view, £3.7m already identified.	- Picked up through procurement CIP route.
	Total	**130.0**	**37.7**	**21.0**	**12.6**		

Appendix 4: Workforce final submission and NBT's Contribution towards national guidance

	Mar-25	Mar-26	Variance
Establishment	9,970	9,976	6
Total Substantive	9,525	9,605	80
Total Bank	673	613	-60
Total Agency	59	52	-7
Total Workforce	10,258	10,270	12
Of Which on Maternity Leave	247	247	
Over Establishment	-41	-47	

Key Workforce Change	Headline submission	Final submission
Elective Recovery - Bristol Surgical Centre Impact	Out	In – 273 wte
Headcount Reduction (wte and activity productivity gap, optimise substantive workforce, return spending on support functions to Apr-22 levels)	Out	In – 211 wte (31 wte existing vacancies and 180 wte staff in post)
Temporary Staffing Spend Reduction (Reduce temporary staffing spend - 30% Agency and 10% Bank spend reduction)	Out	In
Substantive Growth in Clinical Roles (optimise substantive workforce)	Yes – 136 wte	Yes – 87 wte
Over Establishment – Total Workforce (Workforce is maintained within the overall funded position (WTE and pay))	Yes – 160 wte	Yes – 71 wte

Additional Material Supply Adjustments

- NHS England Resident Doctor expansion has been reflected (2 Anaesthetics, 1 Intensive Care, 1 Renal, 2 Histopathology and, 6 Foundation Doctors) from August 2025.
- Reinvestment of temporary staffing budget to uplift substantive nursing establishments by 50 wte to recognise safe staffing and headroom requirements and to offset bank use once the posts are recruited to.

- Temporary staffing assumes the improvement seen year to date reflect in our month 8 and month 11 position continues and each profession then contributes equally to a further reduction to deliver the required 10% reduction in bank and 30% reduction in agency expenditure in 2025/26.

NBT's Contribution towards national guidance - Wider People Factors

Guidance requires Trusts to '**Systematically implement all elements of the People Promise to improve the working lives of all staff and increase staff retention and attendance and implement the 6 high impact actions to improve equality, diversity and inclusion. The evidence is clear that engaged, motivated staff improve productivity and patient outcomes'.** We are already significantly progressed as an exemplar organisation in terms of the People Promise with national recognition for improvement in 2024. We also approved a refreshed Trust EDI plan in 2024 which incorporated the six high impact EDI actions published by NHS England.

People Promise – we are an exemplar organisation for People Promise implementation and have been nationally recognised by NHS Employers as one of the ten most improved organisations for staff engagement in 2024. Recognising the NHS England Planning priority to '**Systematically implement all elements of the People Promise to improve the working lives of all staff and increase staff retention and attendance and implement the 6 high impact actions to improve equality, diversity and inclusion. The evidence is clear that engaged, motivated staff improve productivity and patient outcomes'.** Significant work we have undertaken to enhance staff engagement and experience, we saw improvements in all our People Promise staff survey scores last year and achieved the highest score in the Southwest for most recommended place to work**.**

'We do not Accept' – we have delivered a successful 'we do not accept campaign' and are working to build on this success into 2025/26, we have agreed the key priority of continuing to enhance our organisational culture. We have a range of successful initiatives and interventions, and this is being consolidated into '*Living our Values',* which aims to embed the positive behaviours underpinning our Trust values. We will do this by making clear the expectations of our values and how they relate to behaviours including compassion, fairness, listening and learning. We will re-frame and simplify for staff, our support, guidance, systems, training and interventions for developing, building and maintaining a compassionate, civil and inclusive workplace culture.

Equality, Diversity and Inclusion - In November 2023, a new, 3-year EDI Plan was developed and agreed, which replaced the previous EDI Strategy "Valuing You". The 2023-2026 EDI Plan took account of 2022-23 EDI data and performance, our Patient First Strategy 'Proud to Belong' and the newly released NHSE EDI Improvement Plan with its 6 high impact areas. The Plan aimed to be ambitious, organisationally owned and practical, with clear metrics, regular progress reviews and opportunities to update as appropriate every 6 months. We reviewed the NHSE High Impact actions alongside our existing programmes of work and against where our own EDI data showed us that we need to improve. This led us to develop four key themes, which would be our core EDI areas of focus:

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Since the development and implementation of our plan we have seen some positive improvements in many areas, particularly when looking at WDES and the experiences of our disabled staff. We have also seen improvements in our gender pay gap and in some of our WRES indicators, particularly in comparison with the national average position. We continue to review our data (qualitative and quantitative), report progress against the specific actions within the plan and refresh these as necessary.

Commitment to our Community – As one of the largest employers here in Bristol, we are committed to having a truly diverse workforce that is representative of our local communities because we know that this enables us to deliver our aim of outstanding patient experience. We are tackling this as a key improvement priority under our patient first improvement approach. Our commitment is to increase employment opportunities for those who live locally, with a focus on ethnically diverse groups and in particular areas which are impacted by socio-economic disadvantage and experiencing inequalities. We have delivered a programme of work in 2024/25 which forms the foundation to our focus for 2025/26 including supporting candidates with active applications through the interview/onboarding process and ensuring our recruitment process is fair, using a patient first problem solving methodology and the aim of producing a toolkit for managers and ultimately improving our disparity ratio.

Health and Wellbeing - Sickness whilst target not achieved we have delivered statistically significant improvement in Trust absence rates and our wider Health and Wellbeing programme (aligned to our Clinical Strategy) continues to have a wide impact on staff engagement and attendance. Our 2025/26 Health and Wellbeing plan will continue to support staff to remain healthy and continue to provide outstanding patient care. We have developed a Staff Health and Wellbeing Plan 2025 to 2028 aligned to our People Strategy, Long Term Retention Plan and Clinical Strategy. The plan contains workstreams that will connect with our Hospital Group partners UHBW and will focus on four priority areas, Embed a culture of Staff Health and Wellbeing, Support Essential Health and Wellbeing, Improve Staff Physical Health and Wellbeing, Improve Staff Mental Health and Wellbeing. The plan also includes two golden threads linked to ICB workstreams, Health Inequalities and Trauma Informed Practice.

Appendix 5 Final Budget 2025/26

(£'m)	Contract Income	Other Income	Pay	Non Pay	Surplus/(Deficit)
2024/25 Plan	**804.5**	**90.6**	**(552.0)**	**(343.1)**	**0.0**
2024/25 Non-recurrent items	(10.2)	(12.4)	(2.8)	(9.4)	(34.8)
Budget changes in year	34.7	11.3	(29.0)	(6.8)	10.2
2024/25 Recurrent Budget (Month 9)	**829.0**	**89.5**	**(583.8)**	**(359.2)**	**(24.6)**
Cost pressures	0.0	2.7	(0.2)	(19.7)	(17.2)
Other	5.0	9.4	(11.6)	(3.4)	(0.6)
Underlying position	**834.0**	**101.5**	**(595.5)**	**(382.3)**	**(42.3)**
Efficiencies	(14.9)	0.0	26.8	13.9	25.8
Pay and Non-pay inflation	30.8	0.0	(26.0)	(9.0)	(4.2)
Elective Recovery	31.2	(6.3)	(13.5)	(9.0)	2.5
Investments	0.0	0.0	(1.3)	0.0	(1.3)
Other	11.0	0.3	(4.8)	(4.7)	1.8
2025/26 Recurrent exit budget	**892.2**	**95.5**	**(614.3)**	**(391.1)**	**(17.7)**
Non-recurrent Contract Income	4.9	0.0	(1.0)	(2.0)	1.9
Non-recurrent budgets	8.1	2.5	(3.1)	5.7	13.3
Non-recurrent System mitigations	2.5	0.0	0.0	0.0	2.5
2025/26 Budget	**907.7**	**98.0**	**(618.3)**	**(387.4)**	**(0.0)**

Appendix 6 Financial Underlying Position to 2025/26 Final Plan
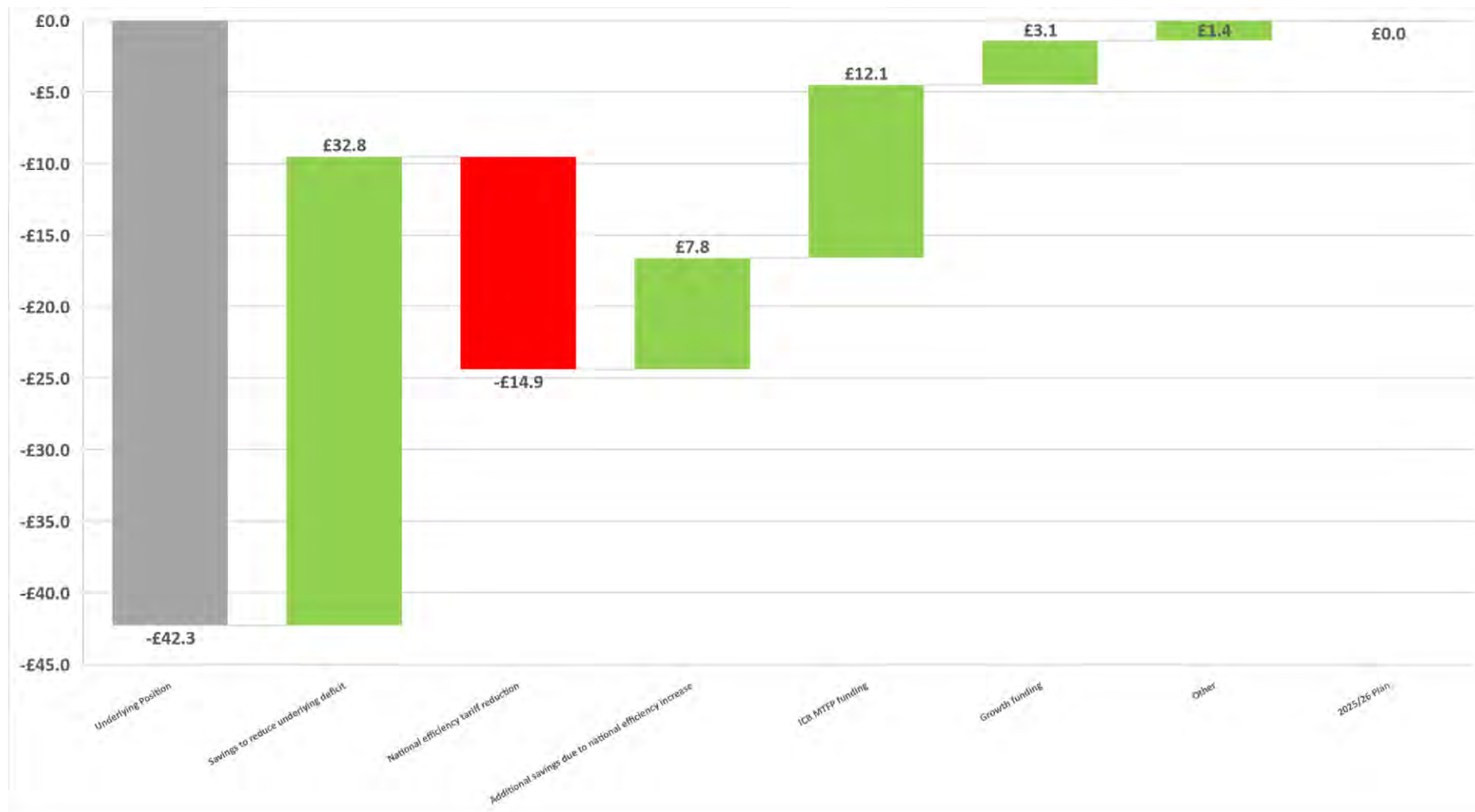
Appendix 7 2024/25 Forecast Outturn to Underlying Position

Appendix 8 2023/24 Underlying to 2024/25 Underlying Position

Report To:	Meeting in common of the Board of Directors of UHBW and the Board of Directors of NBT held in Public
Date of Meeting:	08 April 2025
Report Title:	Group Board Assurance Framework Q1 2025/26
Report Author:	Sarah Wright, Head of Risk Management, UHBW
Report Sponsor:	Eric Sanders, Joint Chief Corporate Governance Officer

Purpose of the report:	Approval	Discussion	Information
	X		
	The Board Assurance Framework (BAF) provides a structured overview of the principal risks facing an organisation, supporting the Board in identifying, assessing, and mitigating risks effectively.		

Key Points to Note

- The Group Board Assurance Framework (BAF) has been developed by integrating the existing BAFs from UHBW and NBT, ensuring a unified approach to principal risk reporting across the Group.

- Principal risks from both organisations have been reviewed, consolidated, and aligned with the Group's separate Trust-level strategic priorities. Four existing risks have been reclassified as corporate/Trust level risks to better reflect their operational impact and ensure they are managed at the appropriate level. To support this approach, the BAF Task & Steering Group has met twice to review the proposed structure, categorisation, and alignment of risks.

- In discussions with the Executive teams before presentation to the Boards, two potential risk areas were highlighted to be considered:
  - The first risk related to the ongoing changes to the Department of Health & Social Care, NHS England and Integrated Care Boards, and how this might impact on the delivery of the Trusts strategic priorities. It is proposed that as the impact of these changes is not yet known, that the Trusts keep this under review and assess the risk again in the future.
  - The second risk related to the high levels of patients classified as No Criteria to Reside and the impact on the delivery of the Trusts priorities. In review of the proposed principal risks, and underlying corporate risks and trust level risks, this risk is already described and its impact assessed. It is therefore not proposed that this is a separate risk. The risk will be kept under consideration and adjusted if the situation changes.
  - A comprehensive assessment of the Net Zero Carbon agenda will be undertaken to evaluate the potential risks associated with delivery, funding, and regulatory compliance. This will include consideration of both strategic and operational implications across the Group. In line with the existing risk management process, any significant risks identified through this assessment that meet the escalation criteria will be added to the Corporate Risk Register to ensure appropriate oversight and mitigation.

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Strategic and Group Model Alignment
This report and its recommendations align with the Trust's strategic direction by ensuring that risk management remains embedded within decision-making processes and supports the delivery of the Patient First methodology. The BAF is a key governance tool that strengthens the Group's ability to proactively manage risks that could impact the achievement of its strategic priorities. The principal risks are aligned with Strategic Priorities, ensuring that their impact on the achievement of objectives is systematically identified, assessed, and mitigated.

The integration of UHBW and NBT's BAFs into a joint framework supports the ambition to form a Hospital Group by ensuring a cohesive and standardised approach to risk oversight across both organisations. The collaborative approach to managing principal risks reinforces system-wide alignment and enables more effective joint decision-making, shared learning, and resource optimisation.

Risks and Opportunities

Risks

- If the BAF is not actively used by Board members, there is a risk that strategic risks are not adequately considered in decision-making, leading to gaps in mitigation.

- If risks are not identified or assessed effectively, the BAF may not provide an accurate reflection of the Group's risk landscape, limiting its value as a governance tool.

- While the BAF provides high-level oversight, it must be complemented by operational risk management, real-time performance data (IQPR), and robust governance processes to ensure effective risk mitigation.

- The risk management processes of the two Trusts are not yet fully aligned, meaning differences in approach, terminology, and scoring methodologies may cause confusion or inconsistencies in risk reporting and escalation.

Opportunities

- The BAF provides clear visibility of principal risks, enabling the Board to make informed decisions that proactively address strategic challenges.

- Aligning the BAF with the IQPR and corporate risk register enhances Board and committee oversight.

- Embedding the BAF into executive discussions helps foster a proactive risk-aware culture, encouraging leaders to actively engage with risk management rather than viewing it as a compliance exercise.

Recommendations

- The Boards are asked to **approve** the Group Board Assurance Framework (BAF), which consolidates the principal risks from UHBW and NBT into a unified framework aligned with the Group's strategic priorities. This approval will ensure a consistent and structured approach to risk oversight, enabling the Board to effectively monitor, assess, and mitigate strategic risks.
- The Boards are asked to **note** the ongoing work to align risk management processes between UHBW and NBT, including a planned review of risk appetite, and to continue refining the BAF to support effective decision-making and assurance.

History of the paper

BAF Task & Finish Group	13 March 2025
Executive Committees (BOTH)	26 March 2025

Appendices:	Appendix 1 – Board Assurance Framework

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1. Purpose

The Board Assurance Framework (BAF) provides a structured overview of the principal risks facing an organisation, supporting the Board in identifying, assessing, and mitigating risks effectively. It integrates risk escalation, controls, and assurance mechanisms to offer a comprehensive view of an organisation's risk landscape, ensuring informed decision-making and strategic oversight.

As a dynamic document, the BAF is regularly reviewed to remain aligned with evolving priorities and the external environment. The review process includes:

- Updates from sub-groups of the Executive Committees to assess risk status and emerging challenges.
- Executive Committee oversight to validate risk scoring, assess control effectiveness, and ensure mitigation measures are appropriate.
- Board and committee scrutiny to provide assurance, challenge risk management approaches, and support strategic decision-making.

By embedding risk considerations into strategic planning and operational decision-making, the BAF helps direct resources and drive continuous improvement.

2. Background

The development of a Group Board Assurance Framework (BAF) marks a key step in supporting the formation of a Hospital Group between UHBW and NBT. Historically, both Trusts maintained separate BAFs, each aligned to their individual strategic objectives and governance arrangements. However, as collaboration between the two organisations has progressed, the need for a consistent, integrated approach to strategic risk management has become increasingly important.

To support this, the BAF Task & Steering Group, comprising Executive and Non-Executive Directors from both Trusts, along with the Directors of Corporate Governance has met on two occasions to review and align the principal risks from each Trust. As part of this process:

- Existing principal risks from both Trusts have been reviewed, consolidated, and reformatted
- 4 risks are proposed to be reclassified as corporate/Trust-level risks, to ensure they are managed at the appropriate level: Fire Safety (UHBW), Change Management (UHBW), Ambulance Handover and Patient Flow (NBT), Net Zero Carbon (NBT)
- UHBW's Emergency Planning principal risk is proposed for retirement, with no other associated risks currently meeting the criteria for corporate risk.
- A new principal risk focused on Compliance has been introduced to reflect increasing complexity in meeting statutory, regulatory, and governance obligations:

UHBW's Principal Risks	NBT's Principal Risks	Group Principal Risk
Quality		Quality
Workforce	Workforce	Workforce
Financial	Underlying Financial Position	Finance
Estate Infrastructure	Retained Estate	Estate
Fire Safety		
Capacity & Performance	Timely Access to Care	Performance
	Patient flow & Ambulance Handover	
Digital & Cyber Security	Cyber attack	Digital
Change Management		
Emergency Planning		
	Net Zero Carbon	
		Compliance

In discussions with the Executive teams before presentation to the Boards, two potential risk areas were highlighted to be considered.

- The first risk related to the ongoing changes to the Department of Health & Social Care, NHS England and Integrated Care Boards, and how this might impact on the delivery of the Trusts strategic priorities. It is proposed that as the impact of these changes is not yet known, that the Trusts keep this under review and assess the risk again in the future.
- The second risk related to the high levels of patients classified as No Criteria to Reside and the impact on the delivery of the Trusts priorities. In review of the proposed principal risks, and underlying corporate risks and trust level risks, this risk is already described and its impact assessed. It is therefore not proposed that this is a separate risk. The risk will be kept under consideration and adjusted if the situation changes.

- A comprehensive assessment of the Net Zero Carbon agenda will be undertaken to evaluate the potential risks associated with delivery, funding, and regulatory compliance. This will include consideration of both strategic and operational implications across the Group. In line with the existing risk management process, any significant risks identified through this assessment that meet the escalation criteria will be added to the Corporate Risk Register to ensure appropriate oversight and mitigation.

3. Principal Risks

Principal risks are a risk or combination of risks that can seriously affect the performance or reputation of an organisation. These risks have the potential to threaten the achievement of the organisation's strategic objectives, they are distinct from operational risks as they have a broad impact across the organisation and require strategic oversight to ensure effective mitigation.

Principal risks are identified through an ongoing risk assessment and analysis processes and are monitored at the highest level of governance by the organisation's Board of Directors.

Principal risks in the NHS are dynamic and will evolve over time rather than disappear entirely. As healthcare needs, regulatory requirements, financial pressures, workforce challenges, and technological advancements change, risks will shift in focus and priority. While some risks may be effectively mitigated to reduce their impact, new challenges will emerge, requiring ongoing assessment and adaptation. The Board Assurance Framework (BAF) ensures that these risks are continuously reviewed, allowing the organisation to remain proactive in managing uncertainties and safeguarding strategic objectives. By maintaining a structured approach to risk oversight, the BAF enables the organisation to respond to emerging threats while ensuring that mitigations remain effective and aligned with the Group's evolving priorities.

4. Impact on Strategic Priorities

Each principal risk is mapped against the Trust's strategic priorities to determine the extent of its potential impact. Where the impact is high, it indicates a significant challenge in delivering the associated objective.

The BAF ensures that these risks are actively monitored and addressed through structured mitigation plans using the Trusts adopted methodology of 'Patient First', supporting the Trust's ability to deliver high-quality care, financial sustainability, and operational resilience.
The BAF categorises the impact of each principal risk on strategic objectives using a three-tier scale:
- **High** - A significant challenge requiring mitigation to avoid adverse consequences.
- **Moderate** - A measurable but manageable challenge to achieving objectives.
- **Low** - Does not significantly threaten strategic priorities.

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As a temporary step, the strategic priorities of UHBW and NBT have been combined into a single list under six shared headings, to illustrate the alignment and how a joint approach might appear:

UHBW's Strategic Priorities	NBT's Strategic Priorities	Heading on BAF
Experience of Care		Quality
Patient Safety	High-Quality Care	Quality
Timely Care		Timely Care
Our People	People	People
Innovate & Improve	Innovate to Improve	Innovation
Our Resources	Sustainability	Resources
	Commitment to Community	Commitment to Community

As the joint strategic priorities for the Hospital Group are formally agreed, the overarching headings will be updated to reflect the finalised priorities. Once these are confirmed, the impact of each principal risk on the strategic priorities will be reassessed and updated.

5. Causal and Contributory Factors
Principal risks are influenced by a combination of causal and contributory factors. Causal factors are the underlying reasons why a risk exists, such as workforce shortages, financial constraints, or outdated infrastructure. Contributory factors are conditions that may amplify the risk, including ineffective processes, lack of training, or external regulatory changes.

Understanding these factors allows the Board to design targeted interventions that address both the root causes and exacerbating elements of each risk, ensuring a more comprehensive approach to risk management.

6. Controls
Controls to mitigate risks are implemented and monitored through the Group's governance mechanisms. These controls are assessed to determine their adequacy and effectiveness:
- **Adequate Controls** - Controls are in place and functioning effectively to mitigate the risk to an acceptable level. There may still be areas for improvement, but there are no significant gaps in mitigation.
- **Inadequate Controls** - Significant gaps are identified in the effectiveness of the controls, limiting their ability to mitigate the risk. These gaps may relate to insufficient implementation, lack of robust oversight, or deficiencies in governance processes.

Ongoing review of controls ensures that risks are managed effectively, with actions taken to address gaps and enhance mitigation where required.

7. Assurance
Assurance is the process by which the Board receives sufficient evidence to build confidence that systems are working effectively and that risks are being managed appropriately. Assurance is critical to effective governance as it provides confidence based on documented and verified information, rather than assumption.
- **Assurance** - Demonstrates that something is true or happening as expected through evidence, data, and oversight. It provides the Board with confidence in decision-making and governance.
- **Reassurance** - Relies on professional expertise, trust, and opinion rather than documented evidence. While reassurance can be helpful, it does not provide the same level of certainty as assurance.

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The BAF provides structured assurance by triangulating key elements, including risk information, controls, assurances, and gaps in controls. By consolidating this information, the BAF enables the Board to maintain oversight of risk management effectiveness and take informed decisions on risk mitigation where necessary.

The level of assurance noted is based on the Three Lines of Defence model, a widely used tool for managing risk and assurance. The first line consists of operational management, which owns and manages risks on a day-to-day basis. The second line provides oversight, support, and challenge through functions such as risk management, governance, and compliance. The third line offers independent assurance, typically provided by internal audit or trusted external parties, giving an objective view of how effectively risks are being managed across the organisation.

8. Corporate Risk Register (CRR) / Trust level Risks (TLR)

Aligned to each principal risk are the key operational risks identified by each Trust to provide a comprehensive view of the Group's risk landscape. These are significant risks that, while not strategic in nature, have the potential to impact the organisation's ability to function effectively. Their inclusion ensures that the Board has visibility of key operational challenges that may require escalation or strategic intervention. This approach enables a more integrated risk management process, ensuring alignment between operational risk controls and strategic oversight.

Risks are escalated through a structured assessment and review process undertaken by sub-groups of the Executive Committee. Risks are assessed based on their potential impact area, with escalation decisions made according to the following criteria:
- Risks that have an impact across the entire Group may be escalated to the CRR
- Where similar risks are identified across multiple divisions or directorates, an overarching Corporate Risk may be raised to ensure a coordinated response.
- Risks that primarily affect individual services and can be managed through operating plans may remain at the service level.

This structured approach ensures that risks are managed at the right level, allowing for strategic oversight of critical risks while maintaining operational control and ownership of service level risks.

9. Integrated Quality and Performance Report (IQPR)

The BAF is closely aligned with the IQPR to ensure a comprehensive approach to risk management and performance oversight:
- The BAF aligns principal risks with strategic priorities, ensuring that risk management remains focused on the organisation's long-term goals.
- The IQPR maps each Key Performance Indicator (KPI) and Key Risk Indicator (KRI) to the Corporate Risk Register, ensuring that performance data directly informs risk assessment.
- A quarterly review process ensures that all relevant corporate risks are reflected in the IQPR and that performance challenges are appropriately linked to risk oversight.

10. Summary

This report presents the joint Board Assurance Framework (BAF), which integrates the principal risks from UHBW and NBT into a single, aligned framework. The BAF has been developed through a structured review process, ensuring that risks are mapped to the Group's strategic priorities and aligned with the Integrated Quality and Performance Report (IQPR) to enhance risk oversight.

11. Recommendations

- The Boards are asked to **approve** the Group Board Assurance Framework (BAF), which consolidates the principal risks from UHBW and NBT into a unified framework aligned with the Group's strategic priorities. This approval will ensure a consistent and structured approach to risk oversight, enabling the Board to effectively monitor, assess, and mitigate strategic risks.

- The Boards are asked to **note** the ongoing work to align risk management processes between UHBW and NBT, including a planned review of policy and risk appetite, and the continued refinement of the BAF to support effective decision-making and assurance.

BOARD ASSURANCE FRAMEWORK			Impact on Delivery of Strategic Priority						Linked Corporate Risks	
Principal Risk	Executive Lead	Change to Impact	Quality	Timely Care	People	Innovation	Resources	Commitment to Community	UHBW	NBT
Risk 1. QUALITY	Chief Nurse & Chief Medical Officer	↔	HIGH	HIGH	HIGH	HIGH	MODERATE	MODERATE	19	12
Risk 2. PERFORMANCE	Chief Operating Officer	↑	HIGH	HIGH	MODERATE	HIGH	HIGH	MODERATE	10	11
Risk 3.WORKFORCE	Chief People Officer	↑	MODERATE	HIGH	HIGH	HIGH	HIGH	LOW	2	2
Risk 4. ESTATE	Chief Finance Officer	↔	HIGH	HIGH	HIGH	HIGH	HIGH	MODERATE	6	8
Risk 5. FINANCE	Chief Financial Officer	↑	HIGH	HIGH	HIGH	MODERATE	HIGH	MODERATE	5	5
Risk 6. DIGITAL	Chief Digital Information Officer	↔	MODERATE	HIGH	MODERATE	MODERATE	MODERATE	HIGH	10	10
Risk 7. COMPLIANCE	Chief Corporate Governance Officer	↔	MODERATE	HIGH	HIGH	MODERATE	MODERATE	MODERATE	11	1

UHBW   Corporate Risks linked to Principal Risk   Number of linked risks over time

	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26
QUALITY	19	22	23	19	19
PERFORMANCE	4	7	7	8	10
WORKFORCE	6	6	5	4	3
ESTATE	8	6	7	7	6
FINANCE	2	3	4	5	5
DIGITAL	7	8	9	11	10
COMPLIANCE	0	0	0	3	11

NBT   Trust Level Risks linked to Principal Risk   Number of linked risks over time

	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26
QUALITY				12	12
PERFORMANCE				11	11
WORKFORCE				2	2
ESTATE				8	8
FINANCE				5	5
DIGITAL				10	10
COMPLIANCE				1	1

UHBW   Corporate Risk Register   heatmap

	High Risk	Very High Risk	Total
Patient Safety	6	8	14
Statutory	11	3	14
Quality	6	6	12
Business	2	6	8
Financial	3	2	5
Environmental	2	0	2
Health & Safety	1	0	1
Workforce	0	1	1
Total	31	26	57
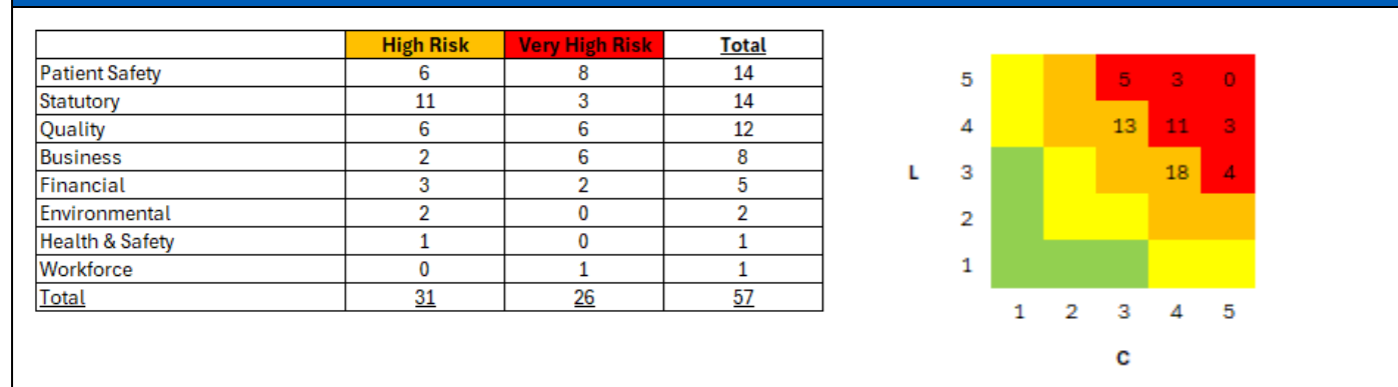
NBT   Trust Level Risk Register   heatmap

	High Risk	Extreme Risk	Total
Patient Safety	10	4	14
Service Delivery	3	10	13
Patient Experience	0	5	5
Financial	2	3	5
Statutory Duty, Compliance	2	1	3
Health and Safety	1	1	2
Performance	0	1	1
Total	18	25	43
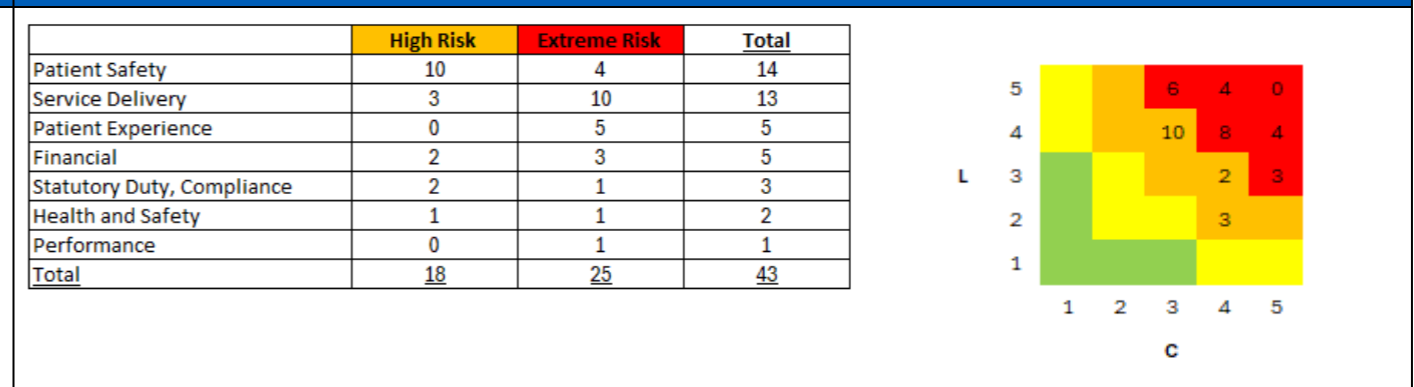
Report Overview

This page summerises Board Assurance Framework (BAF). It includes:

- An overview of the impact assessments, highlighting the level of impact each principal risk has on strategic priorities.
- Changes to impact assessments, indicating whether the significance of each Principal Risk has shifted.
- A summary of corporate and Trust-Level Risks linked to each Principal Risk, by assessment domain.
- A comparison of risk heatmaps from UHBW and NBT, providing a visual representation of corporate and trust-level risks across both organisations.

NHS North Bristol NHS Trust   **NHS** University Hospitals Bristol and Weston NHS Foundation Trust

Board Assurance Framework Principal Risk 1. QUALITY			Impact on Delivery of Strategic Priority					
			Quality	Timely Care	People	Innovation	Resources	Commitment to Community
Executive Leads	Chief Nursing Officer, Chief Medical Officer							
Board Committee	Quality Committee		HIGH	HIGH	HIGH	HIGH	MODERATE	MODERATE

Principal Risk Description

Increasing service demand, workforce shortages, financial constraints, and operational pressures, combined with the complexity of clinical pathways, create challenges in maintaining high standards of care and clinical safety.

The ability to maintain high-quality care is also affected by limitations in funding, restricting the Trust's ability to replace essential clinical equipment and upgrade facilities, which may lead to increased downtime, suboptimal patient care, and further operational inefficiencies.

There is also a heightened risk of hospital-acquired infections, prolonged recovery times, and avoidable complications, if staffing levels and resources are stretched.

Failure to uphold quality standards may result in health inequalities, diminished patient satisfaction, reputational damage, and difficulties in staff recruitment and retention. Regulatory scrutiny, legal liabilities, and financial consequences could arise if the Trust does not effectively mitigate these risks.

Causal & Contributory Factors

- Resource Constraints (BOTH)
- Lack of Standardisation (BOTH)
- Failure to address systemic issues (BOTH)
- Communication Breakdowns (BOTH)
- Ineffective feedback mechanisms (BOTH)
- Aging equipment (BOTH)
- Insufficient investment in infrastructure (BOTH)
- Lack of robust digital infrastructure and processes (UHBW)

Sources of Assurance

Internal
- Patient Safety Reports (BOTH)
- Integrated Quality & Performance Reports (BOTH)
- Safe Staffing Reports (BOTH)
- Complaint and Patient Experience Reports (BOTH)
- Pulse Surveys and Annual Staff Survey Reports (BOTH)
- Freedom To Speak Up Feedback Reports (BOTH)
- Maternity Quality Assurance Reports (BOTH)
- Clinical Accreditation Programme (UHBW)
- Deep dive reports into services (UHBW)

External
- Internal Audit Reports (BOTH)
- Care Quality Commission Reports (BOTH)

External Assurance – Third Line of Defence

Existing Controls

- Clinical audits, patient safety initiatives, and incident reporting (BOTH)
- Staff reruitment, retention and training and education programs (BOTH)
- Policies and guidelines (BOTH)
- Infection prevention protocols (BOTH)
- Elective recovery plans (BOTH)
- Communication, patient surveys, and structured engagement (BOTH)
- ICS-led patient flow initiatives, NHS funding access, and regional coordination for urgent and emergency care (BOTH)

Inadequate

Gaps in Controls

- Insufficient training uptake due to staff availability (BOTH)
- Reliance on temporary staffing (BOTH)
- Limited capacity in community and primary care services (BOTH)
- Need for external funding to support major infrastructure improvements (BOTH)
- Lack of robust digital infrastructure and processes (UHBW)
- Lack of robust Business Intelligence function (UHBW)
- Lack of centralised medical equipment repository (UHBW)
- Lack of capital rolling replacement programme for equipment (UHBW)

Planned Mitigation

- Joint Clinical Strategy, Healthy Weston phase 2 and the UHBW Elective Strategy (BOTH) Experience of Care Strategy (UHBW)
- Implementation of Careflow Medicines Management (UHBW)
- Deteriorating Patient Programme and Implementation of Martha's rule.(UHBW)
- Mental Health Across UHBW Corporate Project (UHBW)
- Implement the Community Diagnostics Centre expansion (NBT)
- Increase elective surgical capacity through the new Bristol Surgical Centre (NBT)
- Engage with ICS to secure additional community capacity for patient discharge (NBT)

UHBW Corporate Risks

ID	Risk	Trend	Score
6744	Patients attending with Stroke will not receive specialist treatment	↔	20
7449	Failure to effectively procure and maintain fit-for-purpose equipment	↑	16
6677	Non-compliant behaviours for effective IPC practice amongst staff	↑	16
7566	That staff fatigue impacts performance and patient safety	↑	16
7919	That sepsis is not considered, recognised and responded to	↑	16
7633	Reliance on paper-based medication prescribing	↔	16
2264	Delays in commencing induction of labour	↔	16
2614	Patient care and experience is affected due to being cared for in extra	↑	15
588	Patient deterioration is not recognised and responded to	↔	15
856	Emotional & mental health needs of C&YP may not be met	↔	15
6691	That medicines are not stored securely	↔	12
5942	Failure to record patients communication requirements	↔	12
6013	Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia's	↔	12
418	Routine radiology reports are not signed off/ acknowledged timely	↔	12
1598	Patients suffer harm or injury from preventable falls	↔	12
1702	Communication needs of patients with disability or sensory impairment	↔	12
2680	Complainants experience a delay in receiving a call back	↔	12
3452	Patient Safety Improvement Programme aims are not met	↔	12
7980	Non-compliance with statutory and regulatory safeguarding duties	↑	12

NBT Trust Level Risks

ID	Risk	Trend	Score
1760	Hybrid clinical noting leads to delayed or inaccurate decision making	↑	20
1800	Patient record systems do not robustly identify known allergies	↔	20
1681	Aging Imaging equipment reaching end of life may fail	↔	16
1697	Transfer of medically fit patients requiring Mental Health services	↔	15
1704	Sub-optimal delivery of Stroke Care to patients	↔	15
1881	Care of Medical Outlying Patients	↔	15
1970	Anaesthesia, Surgery, Critical Care and Renal Patients cared for in extra	↔	15
1972	Neurosciences and Musculoskeletal Patients cared for in extra capacity	↔	15
1699	Absence of a Core 24 service in BNSSG delays Mental Health Act	↔	12
1831	Insufficient resourcing of the Vascular Access Service iimpacts service	↔	12
1982	Lack of anaesthetic support Endoscopic Retrograde	↔	12
2041	Aging nurse call system in Women and Children's sector	↔	12

Current Position

- This section will be used to provide a quarterly update on any changes to the principal risk, its impact on objectives or changes to corporate risks.
- The two Board Assurance Frameworks (BAFs) from North Bristol Trust (NBT) and University Hospitals Bristol & Weston NHS Foundation Trust (UHBW) have been reviewed, and key elements from both have been used to populate the new template.
- Each element has been assigned to either NBT, UHBW, or BOTH, depending on its relevance and applicability across the hospital group.
- It is expected that strategic priorities will be reviewed and consolidated, with assurances provided to the joint group board, ensuring applicability across both Trusts.
- This version is for presentation purposes only, and a full review of the contents will be undertaken by the executive leads and the relevant operational groups.

Board Assurance Framework Principal Risk 2. PERFORMANCE			Impact on Delivery of Strategic Priority					
			Quality	Timely Care	People	Innovation	Resources	Commitment to Community
Executive Leads	Chief Operating Officer							
Board Committee	Quality Committee		HIGH	HIGH	MODERATE	HIGH	HIGH	MODERATE

Principal Risk Description

A combination of factors, including a high number of patients with no criteria to reside, constrained community and primary care capacity, and workforce pressures, is limiting patient flow across our hospitals. This contributes to delays in care, overcrowding, and increased stress on staff. Patients face prolonged wait times, which can worsen clinical outcomes, while overcrowding heightens the risk of infection spread.

The inability to discharge patients in a timely manner directly impacts bed availability, leading to delays in Emergency Departments, including breaches of key targets such as timely treatment and ambulance handovers. Stretched resources also elevate the risk of errors, compromising patient safety.

Failure to meet operational targets results in poor patient experience, potential harm, and reputational damage to the Trust. Additionally, reduced productivity and service inefficiencies exacerbate health inequalities.

Causal & Contributory Factors

- Poor coordination between different parts of the healthcare system (BOTH)
- Access to primary care and capacity of social care to support discharge (BOTH)
- Growing and aging population increases the need for healthcare services (BOTH)
- Sudden surges in demand due to outbreaks of illness (BOTH)
- Limited bed capacity and space in emergency departments and wards (BOTH)

Sources of Assurance

Internal
- Integrated Quality & Performance Reports (BOTH)
- True North Timely Care Quality Report (UHBW)
- Finance & Performance Committee deep-dives into operational performance (NBT)

External
- Internal Audit Reports on performance and Data Quality Framework
- CQC Inspection Reports

External – Third Line of Defence

Existing Controls

- Bed management and pre-emptive transfer planning (BOTH)
- Same Day Emergency Care Departments (SDEC) prevents admission (BOTH)
- Integrated discharge, planning and Transfer of Care Hub (BOTH)
- NHS@Home to prevent admission and facilitate discharge (BOTH)
- Extra capacity locations identified (BOTH)
- Telemedicine (BOTH)
- System working (BOTH)
- Repatriation Policy (NBT)
- RTT Recovery Plan (NBT)
- UEC Board and Improvement Plan (NBT)
- Protected Elective Capacity and Waiting List Incentives (NBT)

Inadequate

Gaps in Controls

- Ability to staff extra capacity locations (BOTH)
- Ability to discharge in a timely manner (BOTH)
- Inability to ring fence critical care beds for elctive procedures due to emergency admissions (BOTH)
- Ability to measure productivity (UHBW)
- Not yet seeing evidence that investment in "Discharge 2 Assess" initiative is delivering planned improvements to discharge numbers or reducing proportion of patients with no criteria to reside (NBT)

Planned Mitigation

- Proactive Hospital Project (UHBW)
- Improving Outpatients Productivity and Efficiency Project (UHBW)
- Improving theatres productivity and efficiency Project (UHBW)
- Ready for discharge Breakthrough Objective (UHBW)
- Community Diagnostics Centre (NBT)
- Bristol Surgical Centre due to come online in May 2025 (NBT)
- Opportunities for additional Elective Care Capacity in BNSSG via national Targeted Investment Fund (NBT)
- Working with ICS via the system Chief Executive group and the D2A Board to identify bridging strategies and short-term mitigations to compensate for delayed D2A impact. (e.g., Transfer of care hub (NBT)
- Ongoing escalation via the ICS to secure temporary additional community capacity to relieve pressures (NBT)

UHBW Corporate Risks

ID	Risk	Trend	Score
423	That demand for inpatient admission exceeds available bed capacity	↔	20
7769	Patients in the Trusts ED's may not receive timely and effective care	↔	20
2244	Long waits for Outpatient follow-up appointments	↔	20
6782	Non-compliance with the 28 day Faster Diagnosis cancer standard	↔	16
6320	That there is inadequate Clinical Site Management resource overnight	↔	15
5532	Non-compliance with the 31 day cancer standard	↔	12
801	That elements of the NHS Oversight Framework are not met	↔	12
5520	That health inequalities are exacerbated for patients on waiting lists	↔	12
1035	Access to critical care beds for BNSSG and tertiary catchment areas	↓	12
7875	Business as usual is disrupted due to Group Model implementation	↔	12

NBT Trust Level Risks

ID	Risk	Trend	Score
1940	Delays in patient flow through the hospital impact timely treatment	↔	20
1840	Patients in the Trusts ED's may not receive timely and effective care	↔	20
1704	Stroke Service Performance	↔	15
1697	Delayed transfers of care for patients requiring a mental health bed	↔	15
1701	Capacity of tier3 Weight Management Service	↔	15
1881	Medical outliers	↔	15
1970	Surgical outliers	↔	15
1972	Use of MSK wards as extra capacity	↔	15
523	Urology Service waiting list	↔	12
1812	Gynaecology cancer referrals failing to meet the 28-day fast diagnosis	↔	12
1831	Capacity of the Vascular Access Service	↔	12

Current Position

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NHS North Bristol NHS Trust | **NHS University Hospitals Bristol and Weston NHS Foundation Trust**

Board Assurance Framework Principal Risk 3. WORKFORCE	Impact on Delivery of Strategic Priority					
	Quality	Timely Care	People	Innovation	Resources	Commitment to Community
Executive Leads — Chief People Officer						
Board Committee — People Committee	MODERATE	HIGH	HIGH	HIGH	HIGH	LOW

Principal Risk Description

Sustaining a capable, engaged, and resilient workforce is essential to delivering the Group's long-term strategic objectives. Demand for workforce capacity is expected to rise steadily particularly in hard-to-fill specialist roles driven by service expansion, population growth, and the shift toward new models of care.

The Group operates in a highly competitive labour market, with high living costs and limited transport infrastructure reducing the appeal of city centre hospital sites for some candidates.

At the same time, national constraints on the training pipeline, growing expectations for flexible and values-led careers, and the need for inclusive, future-focused leadership present further challenges in aligning the workforce to future service needs. Ensuring visible progress on equality, diversity, and inclusion remains vital for building a culture where all colleagues feel valued, supported, and able to thrive, particularly in a diverse urban population.

Shifts in government priorities or NHS-wide restructuring could intensify financial constraints potentially leading to greater restrictions on recruitment and the continuation of headcount controls across the Group.

These pressures could result in greater instability, increased reliance on temporary staffing, and a diminished ability to deliver safe, high-quality care across the Group in the years to come.

Causal & Contributory Factors

- Increasing demand for services along with budget constraints (BOTH)
- Challenges associated with shortages of specialists nationally (BOTH)
- Fixed Agenda for Change reward structure (BOTH)
- Tempory staffing costs and market forces (BOTH)
- Insufficient training provision and uptake (BOTH)
- Workload and work related stress (BOTH)
- Dr rotation allocation (BOTH)
- Capacity of HEI's and FE's to develop workforce plan (BOTH)
- Inconsistent culture and experience across staff groups (BOTH)
- Pipeline, leadtimes and funding for developing the workforce (BOTH)
- Industrial action (BOTH)

Sources of Assurance

Internal
- Staff Survey Results Reporting (BOTH)
- Compliance Reports with standards related to staffing levels and safety (BOTH)
- Integrated Quality & Performance Report contains people metrics (BOTH)
- Workforce planning reports (BOTH)
- Freedom to Speak up process and reports (BOTH)
- Guardian of safe working reports (BOTH)
- National Violence and Aggression Prevention Standards (BOTH)
- Deliverables of People Strategy Reports (UHBW)
- People Committee deep-dives and performance reviews (NBT)

External
- People themed Internal Audit Reports (BOTH)
- CQC reports contain feedback on workforce (BOTH)
- NHSE Quality visits to Education (BOTH)
- Annual site visits from HEI's of sudent experiences and placements (BOTH)
- Gender pay-gap report and WRES/WDES data Reports (BOTH)
- British Safety Council Audit and Safer Learning Environmental Charter (UHBW)

External Assurance – Third Line of Defence

Existing Controls

- Collaborative recruitment across the Group and shared bank (BOTH)
- Workforce planning and information, data on exit interviews (BOTH)
- Job planning and E-Rostering (BOTH)
- People and Workforce Strategies and retention plans (BOTH)
- Traineeship and apprenticeships programmes (BOTH)
- Staff Health Checks, Wellbeing and Flexible Working offers (BOTH)
- Equality, Diversity, and Inclusion Plan and Anti-racism work (BOTH)
- Education Strategy (UHBW)
- Funded Nurse Retention Programme
- High cost agency and temporary spend working groups (UHBW)
- HELM Programme (NBT)

Inadequate

Gaps in Controls

- Competition between providers across the BNSSG and the wider South West for the same staff (BOTH)
- Differentialsacross the region in grading between similar roles (BOTH)
- Pro-equity and Anti Racism statement is in development (UHBW)
- Understanding the productivity of our workforce (UHBW)
- Ability to forecast future threats to local supply of workforce (UHBW)
- Current workforce plan for medical roles needs to be refreshed to include hard to fill posts, alternative roles, options for reducing high cost agency and locums and international pipeline (UHBW)
- Long term plan financial and student allocations are unknown (UHBW)

Planned Mitigation

- The People Strategy year 3 delivery plan includes initiatives to Reduce agency spend, Meet stability index of 85%, Comply with Local Medical Committee offer of 75%, Deliver H&S governance and systems and Develop 3 new career pathways for Admin & Clerical, Health Care Scientists and Pharmacy staff (UHBW)
- Medical Workforce programme (UHBW)
- Delivering the pro-equity promise breakthrough Objective (UHBW)
- The People Benefit Strand of the Hospital Group Benefits Case will focus on ensuring aligned and complementary workforce arrangements between the two Acute Trusts and across the wider system (NBT)
- Talent acquisition team are providing targeted support to affected specialties (NBT)

UHBW Corporate Risks

ID	Risk	Trend	Score
7566	Risk that staff fatigue impacts performance and patient safety	↑	16
422	Patients and staff experience violent or aggressive behaviour	↔	12
674	Use of agencies who are non-compliant with national pricing caps	↔	12

NBT Trust Level Risks

ID	Risk	Trend	Score
1979	Workforce shortages in specialist medical roles	↔	16
374	Patients and staff experience violent or aggressive behaviour	↔	15

Current Position

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Board Assurance Framework Principal Risk 4. ESTATE			Impact on Delivery of Strategic Priority					
			Quality	Timely Care	People	Innovation	Resources	Commitment to Community
Executive Leads	Chief Finance Officer							
Board Committee	Finance & Estates Committee		High	High	High	High	High	Moderate

Principal Risk Description

The hospital group faces a significant risk due to aging estate infrastructure, with UHBW's older buildings requiring modernisation and NBT's retained estate nearing the need for major refurbishment.

Limited decant space, competing priorities, and restrictions on capital expenditure, including CDEL limits, may delay essential upgrades and maintenance, increasing the likelihood of unplanned service failures, equipment malfunctions, and regulatory non-compliance.

If buildings become unsafe or unusable, clinical services may be disrupted or forced to close, impacting patient care, operational performance, and staff morale.

This could compromise patient safety, disrupt clinical services, and negatively impact staff morale and patient experience.

Causal & Contributory Factors

- Aging Infrastructure (UHBW)
- Deferred Maintenance (UHBW)
- Technological Obsolescence (UHBW)
- Inadequate Funding (BOTH)
- Lack of Strategic Planning (BOTH)
- Regulatory Compliance Issues (BOTH)
- Environmental Factors (BOTH)
- Capital Expenditure Restriction (BOTH)
- Staffing Shortages (BOTH)

Sources of Assurance

Internal
- Strategic Estates Plan (BOTH)
- Capital Planning Reports (BOTH)
- Premises Assurance Model (PAM) Reports (BOTH)
- Estates Returns Information Collection (ERIC) Benchmarking reports (BOTH)
- Health & Safety and Compliance Reports (BOTH)
- Performance Reviews (BOTH)

External
- Internal Audit Reports (BOTH)
- Regulatory Inspections and Third-Party Assessments (BOTH)
- Quality Assurance Programs (BOTH)
- Certification Programs (BOTH)

External Assurance – Third Line of Defence

Existing Controls

- Fire Safety and Remediation Plans (UHBW)
- Capital Planning and Investment (BOTH)
- Estate Management and Maintenance (BOTH)
- Health, Safety, and Compliance Functions (BOTH)
- Risk Management and Contingency Planning Functions (BOTH)
- Technology and Innovation (BOTH)
- Sustainability and Environmental Initiatives (BOTH)
- Collaboration and Strategic Partnerships (BOTH)

Inadequate

Gaps in Controls

- Technology integration (UHBW)
- Lack of full Condition Survey (UHBW)
- Lack of comprehensice Asset Registers (UHBW)
- Incomplete Planned Preventative Maintance (PPM) Programme (UHBW)
- Data and information management (UHBW)
- Resource allocation (BOTH)
- Availability of decant space (BOTH)
- Workforce skills and training (BOTH)
- Workforce capacity (BOTH)

Planned Mitigation

- Joint Estates Strategy to develop interim plan (UHBW)
- Heygroves Theatres refurbishment (UHBW)
- Neonatal Intensive Care Unit (NICU) Fire Safety (UHBW)
- Bristol Eye Hospital (BEH) Theatres (UHBW)
- Estates and W&C teams are assessing unresolved risks beyond available CDEL, identifying mitigation measures, and outlining business continuity plans for high-risk services (NBT)
- Elective Care Centre to provide contingency in the event of catastrophic failure of other theatres (NBT)

UHBW Corporate Risks

3472	That the Trust fails to deliver the ICS Green Plan	↔	20
7130	The Trust is unable to fund the strategic estate programme	↔	16
7131	That the strategic estate programme is not delivered	↔	16
5325	BHOC services are compromised due to estate condition	↔	16
6112	Estates backlog maintenance may not be adequately funded	↑	15
5540	The Trust infrastructure is inadequate for extreme weather	↓	12

NBT Trust Level Risks

545	Air-conditioning failure in data centre causes IT service failure	↔	16
1572	Pathology Air Handling Unit	↔	15
1587	Pathology Chiller Failure	↔	15
2016	Delays of required building works in the Mortuary compound	↔	15
1946	Condition of WACH Estate	↔	12
2041	Aging nurse call system in Women and Children's sector	↔	12
1716	lack of storage, desk and operational space in Pharmacy	↔	12
TBC	Insufficient capital funding to replace fossil fuel boilers		

Current Position

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Board Assurance Framework Principal Risk 5. FINANCE			Impact on Delivery of Strategic Priority					
Executive Leads	Chief Finance Officer		Quality	Timely Care	People	Innovation	Resources	Commitment to Community
Board Committee	Finance & Estates Committee		HIGH	HIGH	HIGH	MODERATE	HIGH	MODERATE

Principal Risk Description

Failure to achieve financial sustainability due to an inability to meet elective activity targets, productivity targets, cost improvement targets, and/or manage cost pressures may lead to budget deficits.

At NBT, the underlying deficit increases the risk of regulatory intervention, including heightened scrutiny, stricter reporting requirements, and potential limitations on decision-making authority.

A deteriorating financial position across the Group could also result in service reductions, compromised patient access and care, additional headcount controls, recruitment constraints, and reduced financial autonomy, with greater oversight from the System and Regulators. These factors collectively impact the ability to operate effectively, maintain stakeholder confidence, and invest in future service and organisational improvements.

Causal & Contributory Factors

- Insufficient revenue funding from the ICB and Specialised Commissioners
- Insufficient CDEL and/or cash for capital investment
- Underlying financial challenge
- Increasing demand, with fixed and/or limited growth funding
- Workforce supply challenges, with premium costs or contained capacity
- Operational inefficiencies and negative productivity
- Estate configuration, condition and infrastructure maintenance
- Political priorities
- Macro-economic conditions
- Technological advancements
- Public expectations

Sources of Assurance

Internal
- Monthly reporting to Finance Committee and onwards to the Board
- Monthly reporting of CIP/ERF at PFIG (with ICB/NHSE review)
- Intenal and External Audit submissions to Audit Committee
- Report from Local counter fraud service
- Capital plan monitoring at Trust Capital Group and Capital Progam Steering Group.
- ICB review through BNSSG Performance and Recovery Board and BNSSG Finance, Estates & Digital Committee.

External
- Model Hospital Benchmarking Reports
- Internal Audit Reports
- External Audit Reports and Value for Money Review

External Assurance – Third Line of Defence

Existing Controls

- Internal budget Planning and Oversight (BOTH)
- Regular financial reporting at divisional and Trust level (BOTH)
- ICS Directors of Finance (DoF) Group and System Planning Processes (BOTH)
- Procurement controls (BOTH)
- Financial escalation frameworks (BOTH)
- Divisional Performance Management (BOTH)
- Investment Prioritisation (BOTH)
- Financial Forecasting and Scenario PlanningRe (BOTH)
- Local counter fraud service (BOTH)
- Weekly CIP Monitoring Reports (NBT)
- Business Case Review Group (NBT)
- Monthly Financial Returns and review with NHSE (NBT)

Inadequate

Gaps in Controls

- Failure to achieve CIP targets on a recurring basis (BOTH)
- Overspending on pay budgets due to over-establishment and premium workforce costs (UHBW)
- Negative productivity (as measured by NHSE) and linking elective recovery investment (of more inputs) with elective activity delivery (UHBW)
- Review of previous investments to ensure benefits realised (UHBW)
- Being at or close to funded establishment means timely delivery of CIP becomes more important and reallocating resources to meet operational needs becomes a priority to avoid incurring additional temporary staffing costs (NBT)
- Business Planning for 2025/26 is underway. The initial savings requirement is 4%, which equates to £32.4m. However, further savings will be required to cover the 0.9% increase in the national efficiency target (£7.8m). Currently £27m plans have been identified (NBT)

Planned Mitigation

- Driving Productivity and Financial Improvement project (UHBW)
- Digital procurement, stores & materials management transformation project (UHBW)
- Medical Workforce Programme, reducing premium spend project (UHBW)
- Waste reduction: savings identified on a recurring basis (paused) (UHBW)
- Divisions, Transformation and Trustwide teams need to develop plans to allow CIP schemes to be delivered (NBT)
- Additional controls to be applied to manage both substantive recruitment and committing additional temporary staffing costs (NBT)

UHBW Corporate Risks

416	The Trust fails to fund the Trust's Strategic Capital Programme	↔	20
5645	The Trust fails to achieve its stated Clean Air Hospital Framework 2025	↔	12
6494	Specialised commissioning structures (delegation) impacts income	↔	12
5375	That the Trust doesn't deliver the in-year financial plan	↔	12
674	Use of agencies who are non-compliant with national pricing caps	↔	12

NBT Trust Level Risks

1777	Negative financial impact from decarbonisation targets and carbon	↔	20
1887	Risk to delivery of recurrent savings	↔	20
1896	Risk of unfunded cost pressures	↔	16
TBC	Procurement of goods which represent 54% of carbon emissions		
TBC	Focus on in-year savings does not enable sustainability investment		

Current Position

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Board Assurance Framework   Principal Risk 6. DIGITAL

			Impact on Delivery of Strategic Priority					
Executive Lead	**Chief Digital Information Officer**		**Quality**	**Timely Care**	**People**	**Innovation**	**Resources**	**Commitment to Community**
Board Committee	**Digital Committee**		**Moderate**	**High**	**Moderate**	**Moderate**	**Moderate**	**High**

Principal Risk Description

A lack of digital maturity, oversight, and coordination across the group, combined with an aging infrastructure at UHBW requiring significant investment, increases the risk of an insecure and unstable digital environment. This could result in siloed and incomplete data, poor system interoperability, and an inconsistent user experience.

Systems that are not fully accessible or joined up across sites may limit access to critical information, creating operational challenges, inefficiencies, and delays in decision-making.

A significant cyber-attack or prolonged IT system failure could further compromise patient safety, disrupt business continuity, and impact the ability to deliver critical services. The consequences include data breaches, privacy violations, financial and regulatory repercussions, and reputational damage, ultimately eroding confidence in the Trust's digital resilience.

Causal & Contributory Factors

- Limited and fragmented investment in digital infrastructure has led to a variety of systems, presenting challenges in maintenance, future-proofing, performance, and alignment with evolving cybersecurity standards (UHBW)
- Delays in investment and prioritisation of replacing end-of-life software have resulted in a reliance on unsupported systems(UHBW)
- Business Intelligence (BI) capabilities are affected by data silos, continued use of paper records, and inconsistent data quality(UHBW)
- The existence of shadow IT complicates the coordination of digital systems, making it harder to consolidate information and ensure security (BOTH)
- The capacity for digital transformation is spread thin due to competing priorities and the complexity of managing multiple initiatives (BOTH)

Sources of Assurance

Internal
- HIMSS Infrastructure Adoption Model Assessment has scored our digital infrstructure capability at 4 out of 7 (UHBW)
- DSPT Self-Assessment and Audit Report (BOTH)

External
- Internal Audit reports of the Trust's Information Security Policies, Cyber-Security Action Plan, and Business Continuity Plans in the Trust's digital supply chain (BOTH)
- Annual IT Health Check (BOTH)
- Digital Maturity Assessment (BOTH)
- HIMSS Electronic Medical Record Adoption Model BOTH)

External Assurance – Third Line of

Existing Controls

- Digital Security Policies, Procedures and audits (BOTH)
- Regular scanning for vulnerabilities or attacks and antivirus software (BOTH)
- Disaster recovery backup in place and business continuity plans (BOTH)
- Timely server and software updates and patch application (BOTH)
- CareFlow Clinical Workspace (BOTH)
- Connecting Care (BOTH)
- Clinical Risk Management System for Digital Systems (BOTH)
- Digital Hospital Programme Board and its supporting bodies (UHBW)
- New procurement process for introduction of Digital systems (BOTH)
- NHSE cyber security alerting and briefing programme 'CareCert' (BOTH)
- NHSE South West Regional Cyber Security Group (BOTH)

Inadequate

Gaps in Controls

- The Information Asset Register is incomplete, making it difficult to confirm full compliance with Information Security Policies (UHBW)
- Contract management for digital systems is currently limited (UHBW)
- Business Intelligence (BI) reporting tools are not user-friendly or advanced enough to meet the needs of users (UHBW)
- The data quality function is limited (UHBW)
- A significant portion of shadow IT and some Digital Services systems do not yet comply with the clinical risk management system (BOTH)
- Servers are operating on unsupported systems (BOTH)
- The current infrastructure and insufficient alignment of core IT systems is not equipped to support joint working across the Group (BOTH)

Planned Mitigation

- Digital Strategy Year 1 delivery plan (UHBW)
- Careflow Medicines Management Project (UHBW)
- Implementation of tools to proactively monitor network activity and quickly identify and respond to any changes to normal activity (NBT)
- Improvement or replacement the existing back-up solution (NBT)
- Ongoing remediation work for areas highlighted by the vulnerability scanner (NBT)
- Remove or mitigate 146 Windows 2012 servers from the estate (NBT)
- Development of an assessment process with the Trust auditors to investigate cyber resilience of the supply chain with procurement (NBT)
- The BNSSG Cyber Security Governance Group has been established to focus on governance reporting across the ICS and considering converging Cyber Security toolsets (NBT)

UHBW Corporate Risks

ID	Risk	Trend	Score
7051	Risk that bespoke Homegrown Solutions limits future development	↔	16
7633	Reliance on paper-based medication prescribing	↑	16
291	Trust IT infrastructure does not meet the needs of a Digital hospital	↔	15
292	Risk that the Trust is impacted by a cyber incident	↔	15
6299	That patients may not have migrated from Millenium to Medway &/or	↔	15
7034	That the Trust has unsupported server operating systems in use	↔	15
6431	Inability to upload patient data from Careflow Connect to EPR	↔	12
3115	Clinical decision making may be based upon incomplete information	↔	12
6129	That inappropriate access to systems is undetected	↔	12
1374	Risk that obsolete network components are not replaced	↔	12

NBT Trust Level Risks

ID	Risk	Trend	Score
1760	continued use of hybrid clinical noting (paper and electronic notes)	↑	20
1800	Trust systems do not record the allergy ststus of patients	↔	16
545	Building 180 data centre will overheat and IT Services will fail	↔	16
2040	BloodTrack Tracking system is at end of life	↔	16
2076	Withdrawal of 'My Medical Record' (MMR) system	↔	16
1692	Promega Tecan is having episodes of unplanned downtime/design flaws	↔	12
1373	Vulnerability found in the Log4j software component	↔	12
1868	Access controls of Bristol Centre for Enablement 'Best' system	↔	12
1333	The Philips ICCA ICU system does not allow immediate patching	↔	12
1842	Cyber Attack via emails that contain malware	↔	12

Current Position

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Board Assurance Framework Principal Risk 7. COMPLIANCE			Impact on Delivery of Strategic Priority					
Executive Leads	Chief Corporate Governance Officer		Quality	Timely Care	People	Innovation	Resources	Commitment to Community
Board Committee	Audit Committee		MODERATE	HIGH	HIGH	MODERATE	MODERATE	MODERATE

Principal Risk Description

Failure to comply with regulatory requirements, statutory duties, and NHS governance standards may lead to enforcement actions, financial penalties, reputational damage, and reduced public and stakeholder confidence.

The complexity of operating as a Group introduces challenges in maintaining consistent compliance across both Trusts, particularly in areas such as data protection, health and safety, safeguarding, financial governance, and clinical regulations. Variability in local implementation of policies, differing regulatory interpretations, and resource constraints may contribute to non-compliance.

Failure to meet Care Quality Commission (CQC), NHS England, and other regulatory requirements could result in enforcement actions, special measures, or increased scrutiny, impacting operational effectiveness and strategic priorities. Inadequate compliance mechanisms may also lead to legal liabilities, workforce implications, and compromised patient safety.

Ensuring robust oversight, aligned governance frameworks, and clear accountability across the Group is critical to mitigating this risk.

Causal & Contributory Factors

- Frequent updates to NHS, CQC, and statutory requirements (BOTH)
- Limited specialist compliance staff and training (BOTH)
- Variability in applying policies across sites (BOTH)
- Competing priorities deprioritising compliance activities (BOTH)
- Third-party providers failing to meet regulatory standards (BOTH)
- Delays in updating policies and unclear ownership (UHBW)
- Differences in policies and governance create inconsistencies (UHBW)
- Lack of integrated digital systems for compliance oversight (UHBW)
- Lack of awareness and training on compliance requirements (UHBW)

Sources of Assurance

Internal
- Health & Safety Reports (BOTH)
- CQC Action plans in response to inspections (BOTH)
- Premesis Assurance Model reports (BOTH)
- Safeguarding Reports (BOTH)
- IQPR containg compliance with NHS England Oversight Framework Report (BOTH)
- DSP Toolkit (BOTH)
- Equality, Diversity & Inclusion Compliance (BOTH)
- NICE Compliance (BOTH)
- Environmental & Sustainability Compliance Report (BOTH)

External
- Internal audit reports (BOTH)
- Reports from CQC, MHRA and other regulatory bodies (BOTH)

External Assurance – Third Line of Defence

Existing Controls

- Regular monitoring of compliance with accountability at Board level (BOTH)
- Specialist teams oversee key statutory areas and report compliance with related standards into operational groups (BOTH)
- Clear accountability for compliance across operational, clinical, and corporate functions (BOTH)
- Policies and procedures covering regulated activities (BOTH)
- Regular staff training on key compliance areas, including GDPR, safeguarding, health and safety, and safeguarding and targeted training for high-risk roles (e.g., clinicians, data handlers) (BOTH)
- Processes for reporting and escalating compliance breaches (BOTH)
- Confidential freedom to speak up channels for staff to report compliance concerns without fear of retaliation (BOTH)

Inadequate

Gaps in Controls

- Complexity leads to no single, clear reference of obligations (BOTH)
- Opportunities to improve training engagement (UHBW)
- Inconsistent implementation and monitoring of policies (UHBW)

Planned Mitigation

- Fire Safety Programme (UHBW)
- Objective to improve completion weekly fire evacuation checks (UHBW)
- Neonatal Intensive Care Unit (NICU) Fire Safety project (UHBW)

UHBW Corporate Risks

972	Non-Compliance with Regulatory Reform Order 2005	↔	20
3830	Incomplete fire compartmentation	↔	20
3826	Departmental Risk Assessments by non-competent persons	↔	12
5564	WGH fire doors do not meet current certification standards	↔	12
6085	StMH wet riser is not sufficient for firefighting needs	↔	12
6202	Fire alarm cause & effect is not programmed correctly	↔	12
3827	Incomplete Risk Assessments for plant rooms	↓	12
801	That elements of the NHS Oversight Framework are not met	↔	12
6691	That medicines are not stored securely	↔	12
7980	Non-compliance with statutory and regulatory safeguarding duties	↑	12
2695	Risk that the Trust fails to establish and maintain robust governance	↔	12

NBT Trust Level Risks

2016	Mortuary Compliance with Human Tissue Act	↔	15

Current Position

- This section will be used to provide a quarterly update on any changes to the principal risk, its impact on objectives or changes to corporate risks.
- The two Board Assurance Frameworks (BAFs) from North Bristol Trust (NBT) and University Hospitals Bristol & Weston NHS Foundation Trust (UHBW) have been reviewed, and key elements from both have been used to populate the new template.
- Each element has been assigned to either NBT, UHBW, or BOTH, depending on its relevance and applicability across the hospital group.
- It is expected that strategic priorities will be reviewed and consolidated, with assurances provided to the joint group board, ensuring applicability across both Trusts.
- This version is for presentation purposes only, and a full review of the contents will be undertaken by the executive leads and the relevant operational groups.

Report To:	Meeting in common of the Board of Directors of UHBW and the Board of Directors of NBT held in Public
Date of Meeting:	8 April 2025
Report Title:	Board Workplan and Committee Terms of Reference
Report Author:	Eric Sanders, Joint Chief Corporate Governance Officer Xavier Bell, Joint Chief of Staff Lucy Thorp, Teneo Jamie Foster, Hill Dickinson LLP
Report Sponsor:	Eric Sanders, Joint Chief Corporate Governance Officer

Purpose of the report:	Approval	Discussion	Information
	X	X	
	To present proposed changes to the Board workplan and Committee Terms of Reference for approval.		

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

Following agreement for the Boards of University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and North Bristol NHS Trust (NBT) to meet in common, as part of the governance arrangements to support working as a group, work has been undertaken to review the current Board workplans. The process has included identifying the source of each report, and reviewing whether the items are core Board business, or if they can be delegated to Committees or Executives. The new Board workplan is presented in Appendix 1 for discussion.

The consequential knock on to Committee workplans is also being considered and will be discussed with executive leads and Committee Chairs.

The review has highlighted several reports which could be delegated or considered at the Board Day (i.e. outside of the formal meetings) and these are outlined in Appendix 2. There are also several inclusions proposed to recognise that the Board will need to have oversight of the Joint Clinical Strategy and the Group Benefits Case.

Following a discussion with the Chief Nurses, it has been agreed to provide full reports on maternity compliance to the Board twice per annum, with monthly reporting into the Quality & Outcomes Committees. Escalation will be via the Committee Chair's reports, and via the NED Maternity Champion/Executive Lead.

Work has also been undertaken to revise all the Board Committee Terms of Reference in readiness for the Committees to meet in common from April. The Terms of Reference have been discussed with Executives and Non-Executives and have been simplified to ensure there is clarity in expectations from the Board. The documents have also been informed through discussions with other Groups to ensure they align with current good practice.

The Terms of Reference will be considered and updated as a suite of documents to recognise that the Committees must work together to provide assurance to the Board. This also acknowledges the complex nature of healthcare provision and the size and complexity of the Group.

The proposed membership of the Committees is included in Appendix 10 for approval by the Board. The Board should note that specific titles have not been included in the Terms of Reference to ensure that there is agility in considering which Board members maybe best placed to attend meetings.

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In the spirit of continuous improvement, all documents will be kept under regular review to ensure that they remain effective and adding value to the Boards.
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
For the Group Board (Board in common) to operate effectively, it will need to delegate some items to its committees or the Executives to discuss and approve. This means that the whole Board may not be fully sighted on the same level as detail as before and must rely on prompt and effective escalation of issues if necessary. The documents support a new way of working which will free up the Board's time for more strategic and future focused discussion, focusing only on the things the Board can do.
Recommendation
This report is for **Approval** The Boards are asked to: • Approve the revised Board workplan, noting the detail of the items to be considered elsewhere included in Appendix 2 and agree to undertake a regular review as the Board starts to operate in common. • Approve the review Governance Structure and the Terms of Reference for the Committees • Approve the proposed membership of the Committees as outlined in Appendix 10
History of the paper (details of where paper has <u>previously</u> been received)

N/A	

Appendices:	Appendix 1 – Revised Board Workplan Appendix 2 – Summary of key changes to the Board workplan Appendix 3 – Group Governance Structure Appendices 4 - 9 – Committee Terms of Reference *Appendix 10 – Proposed Committee Membership*

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Board of Directors
Combined Annual Cycle of Business 2025/26

	Source	Health NHS Board - Roles and Building Blocks	Sponsor	Author	Type	8th April 2025	13th May 2025	10th June 2025 BOARD DAY	8th July 2025	12th August 2025 BOARD DAY	9th September 2025	14th October 2025 BOARD DAY	11th November 2025	9th December 2025 BOARD DAY	13th January 2026	10th February 2025 BOARD DAY	10th March 2026
Preliminary Business																	
Apologies for absence		N/A	Verbal		Information			ICB Strategy 10 Year Plan Health Inequalities		TBC		WECA Strategy Risk Appetite		A rotation of topics including Patient Experience, People, Research and Strategic, operational planning and risk		A rotation of topics including Patient Experience, People, Research and Strategic, operational planning and risk	
Declarations of interest	SOs	N/A	Verbal		Information												
Minutes of the last meeting	SOs	N/A	Joint Chair	Head of Corporate Governance / Deputy Trust Secretary	Approval												
Matters arising and action log	SOs	N/A	Joint Chair	Head of Corporate Governance / Deputy Trust Secretary	Approval												
Staff Story	Internal	Context	Chief People Officer	Various	Information												
Patient Story	Good practice	Context	Chief Nurse and Midwife/Chief Nurse	Patient & Public Involvement Lead	Information												
Questions from the Public	SOs	N/A	Joint Chair	Head of Corporate Governance / Deputy Trust Secretary	Information												
Strategic																	
Joint Chief Executive's Report	Good practice	Context	Joint Chief Executive	Joint Chief Executive	Information												
Joint Chair's Report	Good practice	Context	Joint Chair	Joint Chair	Information												
Combined Committee Chairs' Reports / Integrated Governance Report including Register of Seals	Good practice	Accountability	Joint Chair	Joint Chief Corporate Governance Officer	Information												
Review of Joint Clinical Strategy, Trust Strategies and Patient First Priorities	Good practice	Strategy	Joint Chief Executive	TBC	Approval												
Benefits Case Delivery Review	Good practice	Strategy	Joint Chief Executive	TBC	Information												
System, Regional and National Context Update	Good practice	Context	Joint Chief Executive	Joint Chief of Staff	Information												
Operational Plan	SOs, Code of Governance	Intelligence	Executive Directors	TBC	Approval		Approval										Approval
Quality and Performance																	
Integrated Quality and Performance Report	Code of Governance	Intelligence	Joint Chief Executive	Head of Performance Reporting	Assurance												
Non-Executive Safety Visit Summaries	Good practice	Intelligence	Joint Chair	Head of Corporate Governance and Non-Executive Directors	Assurance												
Maternity Assurance Report:	Ockenden	Intelligence	Chief Nurse and Midwife/Chief Nurse	Heads of Midwifery	Assurance										CNST Compliance sign off		
Nurse Staffing Report	National requirement	Intelligence	Chief Nurse and Midwife/Chief Nurse	Deputy Chief Nurses	Assurance												
Learning from Deaths Quarterly Report	National requirement - National Guidance on Learning from	Intelligence	Chief Medical Officers	Deputy Medical Directors	Assurance			Q4		Q1		Q2			Q3		
Governance																	
Board Assurance Framework	Code of Governance	Intelligence	Joint Chief Corporate Governance Officer	Head of Risk Management	Assurance												
Emergency Preparedness	Legislative	Intelligence	Chief Operating Officers	Deputy Chief Operating Officers	Assurance												Annual
Modern Slavery Statement	Legislative	Ensure Accountability	Director of Corporate Governance	Head of Corporate Governance	Approval				Annual								
Annual Review of Governance - Board and Committee Self Reviews - Cycles of Business - Terms of Reference - Constitution and Standing Orders, including SFIS - Annual Review Codes of Conduct for the Board and Council of Governors	Constitution and Standing Orders	Ensure Accountability	Joint Chief Corporate Governance Officer	Head of Corporate Governance	Approval		Annual										
Finance																	
Financial Plan & Budget	Code of Governance	Intelligence	Chief Financial Officer/Chief Finance Officer	Director of Operational Finance	Approval												Approval
Business Cases, as required in line with Scheme of Delegation	Constitution	Ensure Accountability	Joint Chief Executive	Various	Approval												
Annual Report and Accounts	Constitution	Ensure Accountability	Chief Executive and Chief Financial Officer	Director of Operational Finance and Head of Corporate Governance	Approval				Possible separate meeting								
People Management																	
Medical Revalidation	Legislative	Intelligence	Chief Medical Officers	TBC	Assurance									Annual			
Freedom to Speak Up	National guidance	Intelligence	FTSU Executive Lead	FTSU Guardians	Assurance				Annual								
Concluding business																	
Any other urgent business		N/A	Joint Chair	n/a	Information												
Date of next meeting		N/A	n/a	n/a	Information												

	Private Meeting
	Public Meeting
	Both

Appendix 2 - Summary of Changes to the Board Cycle

1. **Notes:**
- Board cycle to be kept under regular review and adjusted as necessary
- Committees and Executive Directors to escalate any urgent or thematic issues for the Boards attention outside of the cycle, either direct or via the Committee upward report
- Some items have been grouped together on the new Board cycle for ease of reference e.g. governance items

2. **Potential Board Day Topics:**

• WECA Strategy and impact on Group Strategy/Priorities • Developments of the Group Digital Strategy • Patient Experience including relevant surveys	• Strategy review and refresh (JCS, Trust Strategies and Patient First) including risk appetite • Research • Our People – staff survey, Equality, Diversity and Inclusion, education etc.

3. **Items to be added to the current Board Cycle:**

Item	Rationale
Review of Joint Clinical Strategy, Trust Strategies and Patient First Priorities	Core Board business to consider and approve changes to the key strategies of the Group.
Update on the delivery of the Group Benefits Case	Need to monitor and track delivery of the key benefits

4. **Items to be removed from the current NBT/UHBW Board Cycle.**

Item	Moved to	Rationale
Approval of the Strategy	N/A	Replaced with a review of the Joint Clinical Strategy, Trust Strategies, and Patient First Priorities

Item	Moved to	Rationale
Sustainability Strategy and Annual Sustainability Reporting	N/A	Included in the annual report
Estates Update including Strategic Capital Update	Finance and Estates Committee	Core function of the Committee
Trust Level Enabling Strategy Updates (NBT)	NBT Management Board	To be considered at the Hospital Management Team
Winter Plan	Quality and Outcomes Committee	Key part of quality and operational assurance
Green Plan	Board Day	More time is required for the Board to discuss and debate this topic, which the Board Day will allow.
Maternity Serious Incidents (by exception)	Quality and Outcomes Committee and include in the IQPR	Core function of the Committee
Annual Infection Prevention Control Report	Quality and Outcomes Committee	Not a statutory requirement to be presented to the Board. It must be publicly available.
Annual Patient Experience Report	Board Day	More dedicated time to consider a range of patient experience sources of data and information
Annual Patient Complaints Report	Quality and Outcomes Committee	No specific requirement to be presented to the Board. Themes from complaints to form part of the patient experience session on a Board Day.
Annual National Adult Inpatient Survey	Board Day and Quality and Outcomes Committee	More dedicated time to consider a range of patient experience sources of data and information. QOC to consider any strategic themes which are identified as survey results are received.
Children and Young People's Survey (BI-ENNIEL)		
Annual Under 16 Cancer Patient Experience Survey		

Item	Moved to	Rationale
Annual Cancer Patient Experience Survey		
National Urgent and Emergency Care Survey		
National Maternity Survey		
Safeguarding Annual Report	Quality and Outcomes Committee	To be considered at QOC and issues escalated to the Board as necessary.
Annual Safe Working Hours Guardian Report	People Committee	Allow more detailed discussion and triangulation with other sources of information
Quality Accounts	Quality and Outcomes Committee	No requirement for Board sign off.
Research and Innovation Report	Board Day	Annual Joint Research report to Board Development Session.
NIHR CRN Annual Plan and Annual Report	N/A	No longer required under the new contract
CHD Network Annual Report (hosted body report)	N/A	No longer required
Annual Review of Directors Interests	N/A	Standing link to be included on each agenda
Annual Review of Risk Appetite Statement	Board Day	Time for more detailed consideration of risk
Corporate Governance Statement Self Assessments Certification	N/A	No longer required.
Governors' Log of Communications	N/A	Circulate for information outside of meetings.
Professionals Under Investigation (NBT)	NBT Management Team	Not core Board business, and not a regulatory requirement that its reported to Board.

Item	Moved to	Rationale
Finance Report	Finance and Estates Committee and IQPR	Detail to be discussed at the Finance and Estates Committee, with monthly reporting into the IQPR.
Capital Investment Policy	Audit Committee	Core element of internal control systems
Treasury Management Policy	Audit Committee	Core element of internal control systems
Equality and Diversity Annual Report	Board Day	To consider in conjunction with other key staff data and information
National Staff Survey Results	Board Day	To consider in conjunction with other key staff data and information

Group Governance

Appendix 3
Group Governance Structure

```
                          ┌─────────────┐
                          │   Members   │
                          └─────────────┘
                                 │
                          ┌─────────────┐
                          │ Council of  │
                          │  Governors  │
                          └─────────────┘
                                 │
              ┌──────────────────┴──────────────────┐
        ┌───────────┐                         ┌───────────┐
        │   UHBW    │                         │ NBT Board │
        │   Board   │                         │           │
        └───────────┘                         └───────────┘
```

Statutory Boards still exist but they meet in common

Group Board
(Boards meeting in common)

Each of these would be established as committees in common

| People Committee | Digital Committee | Quality & Outcomes Committee | Finance & Estates Committee | Remuneration Committee | Audit Committee |

1
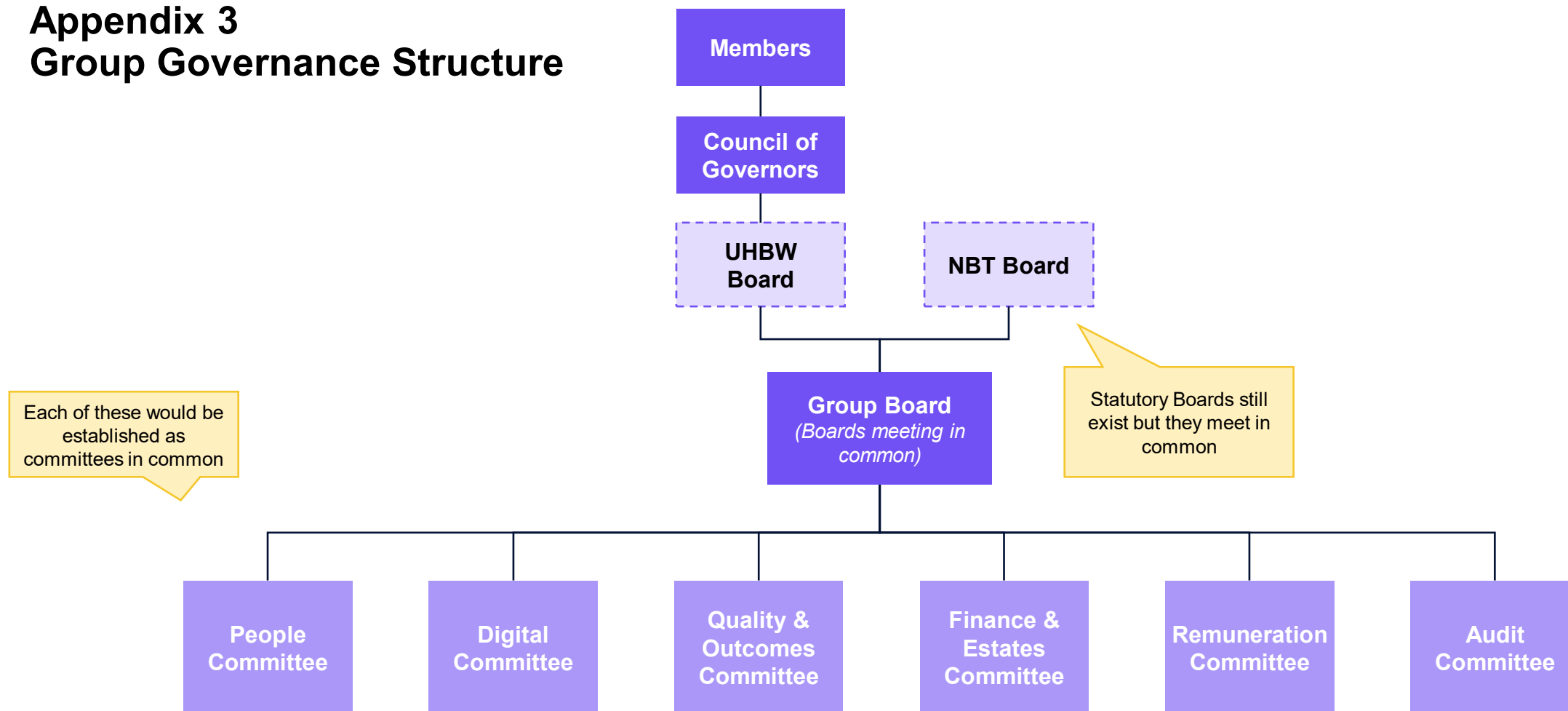
People Committee

Terms of Reference

1. Constitution

1.1. The People Committee is constituted as a standing Committee of each of the University Hospitals Bristol and Weston NHS Foundation Trust Board of Directors and the North Bristol NHS Trust Board of Directors (hereafter collectively referred to as "the Boards"). The People Committee (hereafter referred to as "the Committee") operates as Committees in Common of both Boards.

1.2. The Committee has no executive powers, other than those specifically delegated by the Boards in these Terms of Reference which are incorporated within the Trusts' Standing Orders.

2. Purpose

2.1. The Committee is responsible for assuring the Boards on matters concerning all aspects of delivery that relate to workforce supply, development and wellbeing and the delivery of education.

2.2. The scope of the Committee covers:

- **Workforce:** workforce strategy and planning; workforce supply (recruitment and retention); workforce health and wellbeing; learning and development; leadership development; culture and organisational development; HR systems, policies and processes; Equality, Diversity and Inclusion (EDI); workforce engagement; Freedom to Speak Up (FTSU); and workforce risk.

- **Education:** Group Learning and Workforce strategy and the delivery of thereof.

3. Duties

3.1. <u>Workforce</u>

- Receive, scrutinise, shape and approve the trusts' Group People Strategy.

- Ensure that the trusts have an appropriate annual workforce plan which aligns with the trusts' broader business plan.

- Receive and scrutinise updates relating to Our People Patient First priorities.

- Monitor delivery of the trusts' people strategy(s), ensuring that the desired outcomes are achieved.

- Monitor key performance indicators relating to workforce supply, development and wellbeing.

- Monitor and take assurance against the trusts' approach to Equality, Diversity and Inclusion (EDI), including reviewing the trusts' performance against nationally mandated standards and corresponding action plans.

- Ensure that cultural improvement is a priority for the trusts, and that the approach and initiatives connected to cultural improvement are effective.

- Ensure that the trusts continue to develop and embed an open and safe culture towards Speaking Up, including by receiving FTSU exception reports/ escalations.

- Receive exception reports and escalations from the Guardian of Safe Working Hours.

- Ensure that the trusts' approach and initiatives connected to the promotion of staff health and wellbeing are aligned to workforce needs and embody the culture and values of the trusts.

- Ensure there is a positive and open culture to staff engagement and that there are appropriate processes in place for engaging and communicating with staff at all levels.

Page **1** of **3**

- To receive and review the findings of the annual National NHS Staff Survey and ensure the implementation and effectiveness of resultant action plans.

3.2. Education

- Receive, scrutinise, shape and approve the trusts' Group Learning and Workforce Development Strategy.

- Monitor delivery of the trusts' education strategy(s), ensuring that the desired outcomes are achieved.

- Monitor key performance indicators relating to education.

3.3. Review and monitor strategic risks within the Committee's area of responsibility, as set out in the Board Assurance Framework (BAF).

3.4. The Committee shall collectively undertake the statutory duties of the Non-Executive Director Champion Role related to Security Management – Violence and Aggression

3.5. In carrying out these duties, the Committee will:

- Work collaboratively with the other Committees and on behalf of the Board to test and seek assurance from a range of perspectives on the key risks affecting the trusts to ensure coordinated and comprehensive oversight of cross-cutting themes; and

- Work collaboratively with system partners to improve the supply and development of the whole health and care workforce in BNSSG.

4. Membership

4.1. Members of the Committee shall be appointed by the Board and shall comprise:

- Two Non-Executive Directors from each Board, one of whom shall be appointed as the Committee Co-Chair

- At least two Executive Directors from each Board.

4.2. In the absence of the Committee Chair and/or an appointed deputy, the remaining members present shall elect one of themselves to chair the meeting.

5. Quorum and Attendees

5.1. The quorum necessary for the transaction of business shall be:
- At least one Non-Executive Director
- At least two Executive Directors

6. Frequency

6.1. The Committee shall meet a minimum of 6 times per annum.

6.2. Additional meetings may be called at the request of the Chair.

7. Authority

7.1. The Committee is authorised:

- to investigate any activity within its terms of reference
- to seek any information required from any employee of the Trusts in order to perform its duties, and to direct all employees to cooperate with any requests made by the Committee
- to obtain, at the Trust's expense, outside legal or other professional advice on any matter within its terms of reference, and
- to call any employee to be questioned at a meeting of the Committee as and when required
- to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary

Page **2** of **3**

8. Meeting administration

8.1. The Trust Secretariat shall act as the secretary of the Committee

8.2. Papers will be circulated in accordance with the Trusts' Standing Orders and minutes will be circulated to all members

9. Reporting

9.1. An exception report will be provided to the Boards via the Committee Chair – highlighting business transacted and making any recommendations as deemed appropriate within the remit of the Committee.

9.2. The Committee will conduct an annual review of its effectiveness.

Version XX

Date Approved: XX

Date of Next Review Date: XX

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Digital Committee

Terms of Reference

1. Constitution

1.1. The Digital Committee is constituted as a standing Committee of each of the University Hospitals Bristol and Weston NHS Foundation Trust Board of Directors and the North Bristol NHS Trust Board of Directors (hereafter collectively referred to as "the Boards"). The Digital Committee (hereafter referred to as "the Committee") operates as a Committee in Common of both Boards.

1.2. The Committee has no executive powers, other than those specifically delegated by the Boards in these Terms of Reference which are incorporated within the Trusts' respective Standing Orders.

2. Purpose

2.1. The Committee is responsible for assuring the Boards on matters concerning all aspects of, digital strategy, the operational delivery of digital services and delivery of the digital transformation programmes across both Trusts.

2.2. The scope of the Committee covers:

- Digital strategy and transformation, digital systems, policy and operational performance, cyber security, digital risks

3. Duties

3.1. Digital strategy & transformation

- Receive, scrutinise, shape and approve the trusts' digital strategy(s).
- Monitor delivery of the trusts' digital strategy(s), ensuring that the desired outcomes are achieved.
- Ensure that the trusts have appropriate digital plans which aligns with the trusts' broader business plan.
- To review and monitor strategic risks within the Committee's area of responsibility, as set out in the Group Board Assurance Framework.

3.2. Digital systems, policy and operational performance

- Ensure the trusts have robust and effective digital policies and processes in place, including cyber security, information governance and records management.
- Monitor key performance indicators relating to operational digital and IMT performance.

3.3. Business cases and capital expenditure

- Receive, scrutinise, shape and approve significant digital capital/revenue business cases, in line with the delegated authorisations set out in the Trusts' respective Standing Financial Instructions and Schemes of Reservation and Delegation.
- Monitor key performance indicators and benefits realisation relating to significant digital capital/revenue investments.

3.4. In carrying out these duties, the Committee will:

- Work collaboratively with system partners to improve the alignment of digital systems and processes within BNSSG; and

Page **1** of **2**

- Liaise with other Committees to ensure coordinated and comprehensive oversight of cross-cutting themes.

4. Membership

4.1. Members of the Committee shall be appointed by the Board and shall comprise:

- Two Non-Executive Directors from each Board, one of whom shall be appointed as the Committee Co-Chair
- At least two Executive Directors from each Board.

4.2. In the absence of the Committee Chair and/or an appointed deputy, the remaining members present shall elect one of themselves to chair the meeting.

5. Quorum and Attendees

5.1. The quorum necessary for the transaction of business shall be:

- At least one Non-Executive Director from each Board
- At least two Executive Directors

6. Frequency

6.1. The Committee shall meet a minimum of 6 times per annum.

6.2. Additional meetings may be called at the request of the of the Chair.

7. Authority

7.1. The Committee is authorised:

- to investigate any activity within its terms of reference
- to seek any information required from any employee of the Trusts in order to perform its duties, and to direct all employees to cooperate with any requests made by the Committee
- to obtain, at the Trust's expense, outside legal or other professional advice on any matter within its terms of reference, and
- to call any employee to be questioned at a meeting of the Committee as and when required
- to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary

8. Meeting administration

8.1. The Trust Secretariat shall act as the secretary of the Committee

8.2. Papers will be circulated in accordance with the Trusts' Standing Orders and minutes will be circulated to all members

9. Reporting

9.1. An exception report will be provided to the Boards via the Committee Chair – highlighting business transacted and making any recommendations as deemed appropriate within the remit of the Committee.

9.2. The Committee will conduct an annual review of its effectiveness.

Version XX

Date Approved: XX

Date of Next Review Date: XX

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Quality and Outcomes Committee

Terms of Reference

1. Constitution

1.1. The Quality and Outcomes Committee is constituted as a standing Committee of each of the University Hospitals Bristol and Weston NHS Foundation Trust Board of Directors and the North Bristol NHS Trust Board of Directors (hereafter collectively referred to as "the Boards"). The Quality and Outcomes Committee (hereafter referred to as "the Committee") operates as Committees in Common of both Boards.

1.2. The Committee has no executive powers, other than those specifically delegated by the Boards in these Terms of Reference which are incorporated within each Trust's Standing Orders.

2. Purpose

2.1. The Committee is responsible for assuring the Boards on matters concerning all aspects of quality, safety, experience and performance, to ensure the delivery of safe and effective care to patients.

2.2. The scope of the Committee covers:

- **Quality and safety:** quality strategy and reporting, quality improvement, clinical governance and escalation, clinical risk, clinical audit, patient safety, safe staffing, Infection Prevention and Control (IPC), safeguarding, clinical effectiveness, safe and effective prescribing and administration of medicines, health inequalities, NHS SOF – Quality of Care and Outcomes.

- **Patient experience:** patient and public engagement, complaints (and compliments), serious incidents and never events, local and national patient experience surveys, Equality, Diversity and Inclusion (EDI - patient-focused).

- **Performance:** target setting and action planning, operational performance monitoring (e.g., against care access standards), activity recovery, performance benchmarking and reporting, learning mechanisms, Emergency Planning Resilience and Response (EPRR), NHS SOF – Access.

3. Duties

3.1. Quality and safety

- Receive, scrutinise, shape and approve the trusts' quality strategy(s)

- Monitor progress and achievement of the trusts' quality strategy, priorities and quality-related action plans, and provide an informed opinion to the Boards on the sustainability of objectives.

- Receive and scrutinise the trusts' annual quality reports prior to submission to the trusts' Boards for approval.

- Support the trusts' objective to strive for continuous quality improvement and oversee the trusts' approach to quality improvement is robust and embedded across the trusts.

- Monitor the impact of the trusts' clinical strategy, transformation and cost improvement programmes on the quality and safety of patient care.

- Review the suitability and implementation of risk mitigation plans with regards to their potential impact on safety and care quality.

- Oversee that the trusts have robust and effective clinical governance arrangements in place to support compliance with regulatory standards and external sources of assurance, including the receipt of draft and final reports, oversight of action plans and other statutory undertakings.

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- Oversee compliance with all relevant healthcare standards, including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, NHS England and statutory regulators of healthcare professionals.

- Be assured of safe and effective prescribing and administration of medicines.

- Receive, scrutinise and approve the clinical audit plan and receive assurance on progress against the plan and related programmes.

- Support the trusts' objective to reduce health inequalities amongst its patients and community.

- Oversight of the NHS System Oversight Framework themes of Quality of Care and Outcomes.

- Consider and examine activity models to ensure consistency and to provide assurance on critical assumptions.

- Consider and examine operational performance.

3.2. Patient experience

- Support the trusts to actively engage with patients, staff, the public and other relevant stakeholders on care experiences, and take into account, as appropriate, views and information from these sources in guiding trusts' quality strategy(s) and priorities.

- Receive and scrutinise reports on complaints and patient experience, identifying key themes, trends and learnings – including oversight of actions plans arising from serious incidents, complaints and never events.

- Identify opportunities to improve outcomes and experiences for patients through innovative practice and partnerships.

- Review the results and outcomes of local and national patient experience surveys.

- Receive and review the Equality and Diversity Annual Report, with a particular focus on patient experience and quality of care.

3.3. Performance

- Oversight of target setting, as relates to quality, safety and experience KPIs, including ensuring a comprehensive suite of metrics are in place bringing together key national and local targets, and due consideration is given to relevant regional and national benchmarking statistics.

- Undertake additional scrutiny and deep dives into performance where there is consistent non-delivery against plans.

- Oversee the trusts' performance around Emergency Care and Elective Care and seek assurance that the risks to delivery are known, robust action plans are in place to address these issues and that the implementation of these plans are resulting in intended outcomes.

- Oversight of the NHS System Oversight Framework theme - Access.

- Seek assurance on the robustness of the trusts' Emergency Planning Resilience and Response (EPRR) framework, including receiving the annual NHS England assurance report, and testing compliance of business continuity arrangements across the trusts.

3.4. Review and monitor strategic risks within the Committee's area of responsibility, as set out in the Board Assurance Framework (BAF).

3.5. The Committee shall collectively undertake the statutory duties of the Non-Executive Director Champion Role related to:

- Hip Fracture, Falls and Dementia

Page **2** of **4**

- Learning from Deaths

- Safety and Risk

- Palliative Care and End of Life

- Health and Safety

- Children and Young People

- Resuscitation

- Emergency Preparedness

- Safeguarding

3.6. In carrying out these duties, the Committee will:

- Extend the Boards' monitoring and scrutiny of standards of quality, safety, experience and performance of services across both trusts, make recommendations to the Boards on opportunities for improvement and support these opportunities where identified;

- Seek sources of evidence from management groups at trust, divisional and sub-divisional level on which to base informed opinions regarding the standards detailed above;

- Work collaboratively with the other Committees and on behalf of the Board to test and seek assurance from a range of perspectives on the key risks affecting the trusts to ensure coordinated and comprehensive oversight of cross-cutting themes; and

- Work collaboratively with system partners to improve the quality and safety of clinical services, care experience and reduce health inequalities across BNSSG.

4. Membership

4.1. Members of the Committee shall be appointed by the Board and shall comprise:

- Two Non-Executive Directors from each Board, one of whom shall be appointed as the Committee Co-Chair

- At least two Executive Directors from each Board.

4.2. In the absence of the Committee Chair and/or an appointed deputy, the remaining members present shall elect one of themselves to chair the meeting.

5. Quorum and Attendees

5.1. The quorum necessary for the transaction of business shall be;
- At least one Non-Executive Director

- At least two Executive Directors

6. Frequency

6.1. The Committee shall meet a minimum of 6 times per annum.

6.2. Additional meetings may be called at the request of the Chair.

7. Authority

7.1. The Committee is authorised:

- to investigate any activity within its terms of reference,
- to seek any information required from any employee of the Trusts in order to perform its duties, and to direct all employees to cooperate with any requests made by the Committee,
- to obtain, at the Trust's expense, outside legal or other professional advice on any matter within its terms of reference, and

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- to call any employee to be questioned at a meeting of the Committee as and when required
- to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

8. Meeting administration

8.1. The Trust Secretariat shall act as the secretary of the Committee.

8.2. Papers will be circulated in accordance with the Trusts' Standing Orders and minutes will be circulated to all members.

9.   Reporting

9.1. An exception report will be provided to the Boards via the Committee Chair – highlighting business transacted and making any recommendations as deemed appropriate within the remit of the Committee.

9.2. The Committee will conduct an annual review of its effectiveness.

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Finance and Estates Committee

Terms of Reference

1. Constitution

1.1. The Finance and Estates Committee is constituted as a standing Committee of each of the University Hospitals Bristol and Weston NHS Foundation Trust Board of Directors and the North Bristol NHS Trust Board of Directors (hereafter collectively referred to as "the Boards"). The Finance and Estates Committee (hereafter referred to as "the Committee") operates as Committees in Common of both Boards.

1.2. The Committee has no executive powers, other than those specifically delegated by the Boards in these Terms of Reference which are incorporated within each Trust's Standing Orders.

2. Purpose

2.1. To seek and receive assurance on the stewardship of each Trust's finances and estates, including but not limited to financial planning, financial performance, investment decisions and benefits realisation, and development and implementation of an estate's strategy, to ensure the delivery of long-term financial sustainability.

2.2. The scope of the Committee covers:

- **Financial Strategy:** annual budget, financial performance, capital investment programme, financial risk, financial relationships, Board Assurance Framework document.

- **Investment:** financial performance benchmarks, Capital Investment Policy, compliance, Project Initiation Documents, capital investments and divestments, business cases.

- **Estates and Facilities:** estates strategy, estate risks, regulatory compliance.

3. Duties

3.1. Financial Strategy

To consider and examine on behalf of the Board of Directors:

- The annual budget;

- Key Trust and Divisional financial performance indicators;

- Progress to deliver the capital investment programme, in line with recommendations from the Capital Programme Steering Group;

- Risks associated with financial plans (finance risk);

- Financial relationships with the Trust's Commissioners;

- Financial performance and productivity metrics applied by NHS England;

- Financial performance forecasts;

- Financial aspects of the Board Assurance Framework document; and

- Business cases classed as 'major' or 'high' risk; making recommendations for approval or rejection to the Board.

3.2. Investment

- Set financial performance benchmarks and monitor the performance of investments;

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- Review proposed revisions to the Capital Investment Policy for approval by the Trust Board of Directors each year;

- Seek and consider evidence of organisational compliance with the Capital Investment Policy;

- Review and approve business cases in accordance with the Trust's Standing Financial Instructions and Scheme of Delegation.

3.3. Estates and Facilities

- To support the development and implementation of an Estates Strategy, and be assured about its delivery;

- To be assured that the Trust is aware of and acting on estates risks, in particular those relating to fire safety;

- To receive assurances in relation to regulatory compliance; and

3.4. The Committee will also consider relevant high risk internal audit reports and seek updates on progress to close recommendations.

4. Membership

4.1. Members of the Committee shall be appointed by the Board and shall comprise:

- Two Non-Executive Directors from each Board, one of whom shall be appointed as the Committee Co-Chair

- At least two Executive Directors from each Board.

4.2. If a member is unable to attend a meeting of the Committee, s/he will be responsible for identifying a suitable deputy to attend on their behalf. Such a deputy must have sufficient seniority and sufficient understanding of the issues under discussion. The deputy should be approved by the Chair in advance of the relevant meeting.

5. Quorum and Attendees

5.1. The quorum necessary for the transaction of business shall be;

- At least two Non-Executive Director

- The Chief Financial Officer or nominated deputy

- At least one other Executive Director, or nominated deputy

5.2. The following individuals will attend (but are not members of) the Committee:

- Director of Corporate Governance

5.3. At the discretion of the Chair, additional representatives may be requested to attend meetings from time to time to participate in discussions or report on particular issues. Such additional representatives may include:

- Director of Operational Finance

- Director of Estates & Facilities

6. Frequency

6.1. The Committee shall meet a minimum of 6 times per annum.

6.2. Additional meetings may be called at the request of the Chair.

7. Authority

7.1. The Committee is authorised to:

- Review, monitor, and where appropriate, investigate any matter within its terms of reference, and seek such information from any employee of the Trust as it requires to facilitate this activity.

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- Obtain whatever advice it requires, including external professional or legal advice if deemed necessary (as advised by the Director of Corporate Governance). In so doing, it may require directors and other officers, or independent specialists to attend meetings to provide such advice.

8. Meeting administration

8.1. The Trust Secretariat shall co-ordinate secretariat services to the Committee.

8.2. Papers will be circulated in accordance with the Trusts' Standing Orders and minutes will be circulated to all members.

9. Reporting

9.1 The Chair of the Committee shall report to the Board of Directors on the activities of the Committee and shall make whatever recommendations the Committee deems appropriate (on any area within the Committee's remit where disclosure, action or improvement is considered necessary).

9.2 The Chair shall provide a report on the activities of the Committee at each meeting of the Audit Committee.

9.3 The Committee shall prepare a statement for inclusion in the Annual Report about its activities.

9.4 The Committee will conduct an annual review of its effectiveness.

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Remuneration and Nomination Committee

Terms of Reference

1. Constitution

1.1. The Remuneration and Nomination Committee is constituted as a standing Committee of each of the University Hospitals Bristol and Weston NHS Foundation Trust Board of Directors and the North Bristol NHS Trust Board of Directors (hereafter collectively referred to as "the Boards"). The Remuneration and Nomination Committee (hereafter referred to as "the Committee") operates as Committees in Common of both Boards.

1.2. The Committee executive powers, other than those specifically delegated by the Boards in these Terms of Reference which are incorporated within each Trust's Standing Orders.

2. Purpose

2.1. The Committee is responsible for identifying and appointing candidates to fill all the Executive Director positions on the Board and for determining their remuneration and other conditions of service.

2.2. The scope of the Committee covers:

- **Nomination:** composition of the Board, succession planning, appointment process, continuation in office of executive directors, significant commitments and conflicts of interest.

- **Renumeration:** remuneration policy, individual remuneration packages, levels of remuneration, terms and conditions of office of the Trust's Executive Directors, performance targets, expenses claims, severance payments.

3. Duties

3.1. <u>Nomination</u>

- Review as required the structure, size, composition, and diversity of the Board, and provide input to the formal board evaluation process.

- Provide assurance to the Board that there is appropriate succession planning in place for executive directors and the organisational level below.

- Keep the leadership needs of the Trust under review at executive level to ensure the continued ability of the Trust to operate effectively in the health economy.

- Be responsible for identifying and appointing candidates to fill posts within its remit as and when they arise.

- Before any appointment is made to the executive team, evaluate the balance of skills, knowledge, experience and diversity and in the light of the evaluation, review a description of the role and capabilities required for a particular appointment.

- Ensure that the appointment process is designed to attract the best candidates, through the use of a range of open advertising or the services of external advisers to facilitate the search. The Committee will seek to provide assurance that candidates fully reflect a wide range of backgrounds and the Trust's commitment to equality, diversity and inclusion and that the recruitment process will consider candidates on merit and against objective criteria.

- The Committee will be consulted with regarding any temporary or interim arrangements for appointing executive directors.

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- Approve any matters relating to the continuation in office of any executive director at any time including the suspension or termination of service of an executive director as an employee of the Trust subject to the provisions of the law and their service contract.

- Ensure that a proposed Executive Director's other significant commitments (if applicable) are disclosed before appointment and that any changes to their commitments are reported to the Board as they arise.

- Ensure there is a process in place that proposed Board appointees disclose any business interests that may result in a conflict of interest prior to the appointment and that any future business interests that could result in a conflict are reported.

- Ensure that the Trust has an appropriate policy in place to check that proposed Board appointees and existing Board members comply with the requirements under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and Proper Persons Test.

3.2.   <u>Renumeration</u>

- Establish and keep under review a remuneration policy in respect of all Very Senior Managers.

- When setting the remuneration policy for Very Senior Managers, ensure it is in line with pay and employment conditions across the Trust and the wider NHS, and that it is benchmarked against other trusts of comparable scale and complexity.

- Within the terms of the agreed policy and in consultation with the Chief Executive, approve the total individual remuneration package of each Very Senior Manager.

- In accordance with all relevant laws, regulations and trust policies, approve and keep under review the terms and conditions of office of Very Senior Managers, including:

  o   Salary, including any performance-related pay or bonus;

  o   Provisions for other benefits, including pensions and cars;

  o   Allowances;

  o   Payable expenses;

  o   Compensation payments.

- In adhering to all relevant laws, regulations and Trust policies establish levels of remuneration which are sufficient to attract, retain and motivate Very Senior Managers of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the Trust.

- Approve the performance targets for any performance related pay schemes and authorise payments against those targets.

- The Committee will receive a report from the Chair of the Trust Board on the outcome of the annual assessment of the performance of the Chief Executive prior to its submission to NHS Improvement. The Committee will consider this outcome when reviewing changes to the Chief Executive's remuneration.

- The Committee will receive a report from the Chief Executive on the outcome of the annual assessment of the performance of the individual executive directors and will consider this outcome when reviewing changes to individual director's remuneration levels.

- Monitor and assess the output of the evaluation of the performance of individual Executive Directors, and consider this output when reviewing changes to remuneration levels.

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- Advise upon and oversee contractual arrangements for Very Senior Managers, including but not limited to termination payments to avoid rewarding poor performance.

- Where appropriate, authorise any severance payments including redundancy payments, settlements and compromise agreements as determined within current NHS rules, ensuring that they are fair to both the individual and the organisation.

- Oversee compliance when appointing board members at salaries above the upper limits as set out in national NHS guidance.

- When appointing interim board members and senior officials to fill roles with significant responsibility, ensure compliance with national NHS guidance.

4. Membership

4.1.   Members of the Committee shall comprise:

- The Joint Chair of NBT and UHBW
- All Non-Executive Directors of each Board

4.2. In the absence of the Joint Chair or where the Joint Chair has a conflict of interest, the Vice Chair of each Trust will chair the meeting in respect of each Trust's Committee. In the absence of the Vice Chair, another Non-Executive Director will be nominated by the Joint Chair in respect of each Trust's Committee.

5. Quorum and Attendees

5.1. The quorum necessary for the transaction of business shall be;
- The Chair of the Committee
- At least 3 Non-Executive Directors

5.2. In addition to members of the Committee, the following shall normally attend all meetings, at the invitation of the Committee:
- Chief Executive Officer
- Chief People Officer
- Director of Corporate Governance/ Trust Secretary

6. Frequency

6.1. The Committee shall meet a minimum of 3 times per annum.

6.2. Additional meetings may be called at the request of the Chair.

7. Authority

7.1. The Committee is authorised:
- to act within its terms of reference
- to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.
- to obtain such internal information as is necessary and expedient to the fulfilment of its functions. All members of staff are directed to co-operate with any request made by the Committee.

8. Meeting administration

8.1. The Trust Secretariat shall act as the secretary of the Committee.

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8.2. Papers will be circulated in accordance with the Trusts' Standing Orders and minutes will be circulated to all members.

9. Reporting

9.1. The Committee shall make whatever recommendations to the Trust Board of Directors it deems appropriate on any area within its remit where action or improvement is needed.

9.2. The Chair on behalf of the Committee shall make a statement in the annual report about its activities and the process used to decide remuneration.

9.3. The Committee will conduct an annual review of its effectiveness.

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Audit Committee

Terms of Reference

1. Constitution

1.1. The Audit Committee is constituted as a standing Committee of each of the University Hospitals Bristol and Weston NHS Foundation Trust Board of Directors and the North Bristol NHS Trust Board of Directors (hereafter collectively referred to as "the Boards"). The Audit Committee (hereafter referred to as "the Committee") operates as Committees in Common of both Boards.

1.2. The Committee has no executive powers, other than those specifically delegated by the Boards in these Terms of Reference which are incorporated within each Trust's Standing Orders.

2. Purpose

2.1. The Committee is responsible for assuring the Board on matters concerning:

- Governance including financial governance, corporate governance and clinical and non-clinical audit
- Risk management, and
- Internal control - seeking assurance from internal and external audit and counter fraud.

3. Duties

3.1. Governance, Risk Management and Internal Control

The Committee will;

- Seek assurance that the Trust's activities are efficient, effective and represent value for money – including reviewing the establishment and maintenance of an effective system of internal control that supports the achievement of the Trust's objectives
- Seeking assurance that the Trust complies with regulation and information is triangulated with independent sources prior to recommendation to the Board for approval.
- Test the effectiveness of the use of the Board Assurance Framework
- Seek assurance that appropriate governance arrangements have been implemented to support the organisation operating in the emerging Integrated Care Systems and Integrated Care Partnerships

3.2. Internal Audit

The Committee will:

- Ensure there is an effective internal audit function that meets the relevant audit standards and provides appropriate independent assurance to the Committee, Chief Executive and Board.
- Receive and review the Head of Internal Audit Opinion, prior to Board approval

3.3. External Audit

The Committee will:

- In accordance with the Local Audit and Accountability Act 2014, establish an 'Auditor Panel' to advise on the appointment of external auditors (membership of the panel will be approved by the Board). For an NHS Trust, the Panel shall recommend the appointment of external auditors to the Board. For an NHS Foundation Trust, the Panel shall make recommendations to the Council of Governors in relation to the appointment, re-appointment and removal of the Trust's External Auditor.

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- Review and monitor the work and findings of the external auditor and consider the implications and management's responses to their work.

- Consider of the provision of the external audit service - including the performance, cost, seeking assurance that the audit function remains independent, and of any questions of resignation and dismissal

- Agree the Letter of Representation before submission to the Board and any work undertaken outside the annual audit plan, together with the appropriateness of management response

- Agree any non-audit services conducted – agreeing acceptable thresholds and safeguards. Any such work will be disclosed within the Annual Report

3.4. Financial Reporting

The Committee will

- Receive assurances from management on financial matters

- Monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance

- Ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board

3.5. Whistleblowing /Freedom to Speak Up

The Committee will, on a three yearly basis

- Review the effectiveness of the Trust's arrangements for its employees to raise concerns

- Ensure that arrangements allow proportionate and independent investigation of such matters and appropriate follow up action

3.6. Counter Fraud

The Committee will

- Satisfy itself that the Trust has adequate arrangements in place for countering fraud, bribery and corruption

- Review the outcomes of counter fraud work and investigations- seeking assurance that management are addressing any gaps in internal controls and are progressing actions to meet recommendations made

- Ensure that the Trust has appropriate policies and procedures for all work related to fraud, bribery and corruption

3.7. Other Assurance Functions

The Committee will:

- Review the findings of other significant assurance reviews, both internal and external to the Trust, and consider the implications for the governance of the Trust (e.g. from regulators /inspectors etc)

- Receive updates on progress made towards the achievement of clinical audits and receive the Annual Clinical Audit Report and Annual Audit Plan

- Receive the Trust's Charity Annual Accounts and Report

4. Membership

4.1. Members of the Committee shall be appointed by the Board and shall comprise;
- Non-Executive Director Chair
- the Non-Executive Director Chairs of the Board's Committees

4.2. At least one of whom shall have recent and relevant financial experience.

4.3. The Chair of the Trust Board shall not be a member of the Committee.

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4.4. In the absence of the Committee Chair and/or an appointed deputy, the remaining members present shall elect one of themselves to chair the meeting.

5. Quorum and Attendees

5.1. The quorum necessary for the transaction of business shall be:

- 2 Non-Executive Directors (including the Chair or their designated deputy)

5.2. The following officers will have an open invitation to each meeting, unless otherwise informed by the Committee Chair (or when the Committee meets privately):

- Chief Executive
- Chief Finance Officer
- Representatives from Internal Audit, External Audit and Counter Fraud
- Director of Corporate Governance
- Independent Freedom to Speak Up Guardian (FTSU)

5.3. The Head of Internal Audit, representative of external audit, Counter Fraud Specialist and FTSU Guardian have a right of direct access to the Chair of the Committee.

6. Frequency

6.1. The Committee shall meet:

- At least on a quarterly basis at appropriate times in the reporting and audit cycle and otherwise as required.
- In private with external and internal audit representatives without any member of the executives present on at least one occasion each year

6.2. The Chief Executive, external auditors or internal auditors may request an additional meeting if they consider that one is necessary.

7. Authority

7.1. The Committee is authorised:

- to investigate any activity within its terms of reference
- to seek any information required from any employee of the Trust in order to perform its duties, and to direct all employees to cooperate with any requests made by the Committee
- to obtain, at the Trust's expense, outside legal or other professional advice on any matter within its terms of reference, and
- to call any employee to be questioned at a meeting of the Committee as and when required
- to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

8. Meeting administration

8.1. The Trust Secretariat shall act as the secretary of the Committee

8.2. Papers will be circulated in accordance with the Trusts' Standing Orders and minutes will be circulated to all members

9. Reporting

9.1. An exception report will be provided to the Board via the Committee chair – highlighting business transacted and making any recommendations as deemed appropriate within the remit of the Committee.

9.2. Following scrutiny, the Committee will recommend to the Board the approval of the Accounts, Annual Report, Annual Governance Statement, Letter of Representation, Quality Account and the Annual Clinical Audit report.

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9.3. The Committee shall make necessary recommendations to the Board on areas relating to the appointment, re-appointment and removal of auditors and terms.

9.4. The Committee will conduct an annual review of its effectiveness.

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Appendix 10 – Proposed Committee Membership

Note this is based on current Committee membership, with the exception of the Digital Committee which is new.

Membership	Non-Executive		Executive	
	UHBW	**NBT**	**UHBW**	**NBT**
People Committee	Linda Kennedy (Chair) Marc Griffiths Roy Shubhabrata Rosie Benneyworth Arabel Bailey	Kelvin Blake (Chair) Kelly Macfarlane Jane Khawaja	Chief People Officer Chief Medical Officer Chief Financial Officer Executive Managing Director, WGH	Chief People Officer Chief Nursing Officer Chief Medical Officer Chief Finance Officer
Digital Committee	Roy Shubhabrata (Chair) Arabel Bailey	Richard Gaunt (Chair) Shawn Smith	Chief Digital Information Officer Chief Financial Officer Chief Nurse and Midwife	Chief Digital Information Officer Chief Finance Officer Chief Medical Officer
Quality & Outcomes Committee	Sue Balcombe (Chair) Marc Griffiths Rosie Benneyworth Susan Hamilton (Associate)	Sarah Purdy (Chair) Kelly Macfarlane Shawn Smith	Chief Nurse and Midwife Chief Medical Officer Chief Operating Officer	Chief Nurse Chief Medical Officer Chief Operating Officer
Finance & Estates Committee	Martin Sykes (Chair) Anne Tutt Roy Shubhabrata Arabel Bailey	Richard Gaunt (Chair) Kelly Macfarlane Kelvin Blake	Chief Financial Officer Chief Digital Information Officer Chief Operating Officer	Chief Finance Officer Chief Operating Officer Chief Digital Information Officer
Remuneration	Joint Chair (Chair) All NEDS	Joint Chair (Chair) All NEDS	N/A	N/A
Audit Committee	Ann Tutt (Chair) Committee Chairs	Shawn Smith (Chair) Richard Gaunt Kelvin Blake	N/A	N/A
Charity Committee		Richard Gaunt (Chair) Kelvin Blake		Chief Finance Officer Chief People Officer Chief Nursing Officer

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Meeting in common of the Board of Directors of UHBW and the Board of Directors of NBT held in Public – 8 April 2025

Reporting Committee	UHBW Quality and Outcomes Committee
Chaired By	Sue Balcombe – Non-Executive Director
Executive Lead	Deirdre Fowler - Chief Nurse & Midwife

For Information

The IQPR was reviewed and continued high levels of bed occupancy and beds occupied by patients with No Criteria to Reside was noted. Performance against planned care trajectories was reviewed and improvements in 6-week diagnostics noted. Positive improvements in the number of patients with MRSA and a reduction in the number of falls was welcome. Urgent care demand remains high, and performance challenged but an improvement in 12 hour waits in ED was also noted.

Performance against Patient First priorities highlighted that theatre utilisation rates are being maintained, and that the implementation of the Marthas rule pilot continues to go well with metrics being developed and initial feedback being largely positive.

The committee received an update on the specialist commissioning process and discussions including an update on vulnerable services. A more detailed discussion is planned for the May meeting.

The Clinical Quality Group escalated concerns regarding the number of incidents of violence and aggression in the surgical division. More work is underway to understand if this is due to increased reporting or another cause.

Positive improvements in admission avoidance was noted in BHOC who have developed a new virtual ward model which is making a real impact.

The safer staffing fill rate this month was 107% with turnover reducing. The Safer Nursing Care Audit using the new tool for acuity and dependency was completed in February.

The Maternity spotlight report highlighted the work of the Birth Choices clinic which is currently being piloted. In recognition that an increasing number of women are choosing to give birth "off guidance", the programme aims to improve awareness of parents rights and knowledge and understanding of the options that are currently available to them. The importance of maintaining effective communication with the public via social media was noted.

For Board Awareness, Action or Response

Following discussions at the last Trust board meeting, the Quality Impact Process for new developments, cost improvements and unfunded cost pressures was reviewed to include the policy, escalation process and reporting process up to the committee.

The committee received the Quarter three complaints report and noted that from 1st April the designation of formal complaints will be brought into alignment with North Bristol Trust with everything else recorded as PALS. Planned work to bring together the findings and actions following complaints with Patient Experience has been brought forward to Quarter four and will be subject to a deep dive discussion at committee in June to ensure that there is a good understanding of trends, themes and associated learning.

Key Decisions and Actions
Progress against the Trusts CQC Action Plan was reviewed and the committee agreed that seven actions could be closed. 25 new actions have been added to the plan following the inspection of the ED department in Bristol.

Additional Chair Comments
The committee remains concerned that the level of beds occupied by patients who meet the No Criteria to Reside threshold remains too high and continues to have an adverse impact on the ability of the Trust to deliver the required quantity and quality of care. Welcome progress was noted in Weston with regards to pathway 2 beds supported by Trust therapists, but it remains clear that the ability of the Trust to deliver agreed performance levels is dependent on the system helping us to achieve the target of 15% NCTR.

Update from ICB Committee
N/A

Date of next meeting:	**Tuesday 29th April**

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Meeting in common of the Board of Directors of UHBW and the Board of Directors of NBT held in Public – 8 April 2025

Reporting Committee	People Committee – March 2025 meeting
Chaired By	Linda Kennedy, Non-Executive Director
Executive Lead	Emma Woods, Chief People Officer and Deputy Hospital Managing Director

For Information

The People Strategy comprises four key pillars of **Growing for the Future, New Ways of Working, Inclusion and Belonging and Looking After Our People**.

The focus in March's meeting was in three key areas: Growing For the Future, Inclusion and Belonging, and New ways of working.

Growing for the Future:

Education Update

This report provides a very high level update on the group benefits realisation plan which is looking at 3 key objectives:
- The development of a group Learning & Workforce Development Strategy
- Developing a single learning & workforce development portfolio
- Supporting the transition of the learning and development provision at NBT to sit under one Single Executive lead, the Chief People Officer.

Benefits achieved – reduction of the August medical education induction reducing from two days to one, releasing time to care for patients. Passporting of training across the group. Next steps are an away day for all L&WD managers to explore opportunities for further collaboration.

Inclusion and Belonging

National Staff survey Results 2024

The report provides an update since receipt of preliminary results, providing highlights of the Trust National Staff Survey, in comparison to the trusts benchmark group, Acute & Acute and Community Trusts:

Highlights:
- The national results are divided into 9 themes, the Trust are performing positively in all nine themes.
- Four People Promise themes had a significant increase compared to 2023.
- Out of the 103 questions which make up the People Promise asked in the Staff Survey, 100 were above the national acute average in our benchmarking group, and 62 questions improved year on year for the Trust.

- The most notable strengths are that colleagues are advocates of the organisation, as well as there being positive relationships between colleagues and teams, and the confidence to speak up about concerns.
- UHBW had the best result, performing as the highest scoring Trust amongst the benchmarking group on the following questions: 5c 'relationships at work are unstrained' (53.5%) and 11e 'have felt pressure from manager to come to work when not feeling well enough' (14.7%).

The group model comparison results can be summarised as follows:

- In comparison UHBW (59.4) performance across all the people promise themes was higher in total than NBT. (58.9)
- In terms of nine themes NBT scored the same on two themes engagement and morale, and higher performing on `We are always learning`
- We are always learning has two sub scores Development and Appraisal. UHBW scores higher for Development and NBT performs more positively for Appraisal, identified as shortfall for UHBW as appraisal compliance.
- Staff engagement scores are aligned for both Trust at 7.1

The priorities from the Staff Survey feedback are aligned to the People Strategy milestones and People Patient First measures as follows:

- A programme of work to improve Appraisal compliance outcomes and align group model approach.
- Improve the Staff Survey measures for teams, as reported as most declined scores in the preliminary results January 2025.

New ways of working

The People Systems update.

Key updates are;

- **Medical e-rostering** roll out has continued and now falls under the Medical Workforce programme, a mission critical project. There has been very positive progress in the use of Healthroster for leave and absence recording and also Locum's Nest for locum payments. Focus into the new financial year will be on achieving at least Level 1 for the nationally set Levels of Attainment framework.

- **E-job planning** implementation is complete with a recent focus on responsibilities for signing off job plans to meet reporting requirements and ensure accuracy of pay going into the new financial year.

- **AfC e-rostering** has seen the roll out of annual leave and absence recording to all areas in Trust and also an uptake in the use of the Loop app following the sunsetting of previous software. Updates on actions are provided in the

report. The team is fully resourced to progress future workstreams and maintain business as usual processes.

- There is an **E-forms project** underway to replace the aging and unsupported inhouse system. Recommendations have been approved, and the project is moving into design phase.

- The Trust has recently undergone it's second **ESR assessment** to continue to prepare and action plan for future national changes to the HR and payroll system.

- Through the People Systems Group, work has been undertaken to develop a **HR data warehouse** which will collect, store and organise employee related data from various sources.

- Work continues to ensure there is a system fit for purpose to **track all learners** in the organisation.

A project has commenced, jointly with NBT, led by Digital Services to develop the functional specification and gap analysis of the RL Datix System. A report of findings and recommendations will be reported back to Executives of both Trusts by May 2025, to inform any **procurement exercise**. Medical Rostering are a key stakeholder for the project and will allocate resource to undertake the work.

For Board Awareness, Action or Response

There are two points to raise for awareness:

1. A proposal to review the Board Assurance Framework (BAF) principal risk description for Risk 2 – Workforce was discussed.

The current principal risk description is:

'There is a risk that our colleagues employment experience is not consistently excellent, and the Trust is unable to develop, engage or empower colleagues.

This may lead to poor retention and difficulty in attracting new staff, exacerbating the shortage of appropriately skilled and experienced professionals and increasing the cost of temporary staffing.

This situation could increase workloads, create skill gaps, decrease staff motivation, reduce a sense of belonging and ultimately impact the quality of care and patient outcomes'.

This description has been in place for some time, and the four pillars of the People Strategy have addressed and improved a number of areas around colleague experience. In addition, the people mission critical and corporate objectives from Patient First have focussed on key areas of the employment experience and the staff survey results have also demonstrated improvements.

It has been agreed to review the description and consideration be given to the following:

- The need to align the risk to the group so it remains contemporary, and the development of the Group People Strategy will enable appropriate actions to mitigate the risk.
- The current description needs to be cognisant of the current environment, and the impact of not only change management, but consideration of potential flight risks, which may include changes in the NHS and a challenging financial landscape.
- Consideration of potential workforce reductions and the impact on workloads
- Review the links and work programmes aligned with NHSE and the ICB to ensure the recent announcements about these organisations do not adversely impact on the People Strategy.

    2. Digital Agenda – People Systems

The inability to progress improvements in transformation and increase productivity for a range of People System developments. The balance of investment predominantly sits outside of workforce requirements and therefore reduces the impact it can have within the People teams to innovate and reduce the time it takes to undertake labour intensive tasks, or work arounds in outdated systems.

Key Decisions and Actions

The committee were briefed and updated on the Annual Workforce Plan submission in the following areas:

- Workforce KPI performance, of the 21 workforce metrics set in March 2024, all except appraisal compliance and bank minimum usage were achieved in March 2025. The bank metric will be set as a maximum target going forward and will be monitored via People Learning and Development Group.
- People Learning and Development Group approved the workforce metrics for 25-26 on 26th February. The metrics for bank and agency FTE usage have been updated subsequently as the plan has been finalised.
- The final annual plan submission was due on 27th March, details were still being finalised at the date of submission of the People Committee papers, Tuesday 18th March. The final submission was shared with People Committee, via a presentation and described the fundamental driver of the workforce plan has been the need to deliver a breakeven financial plan that will enable providers to retain greater autonomy over their own workforce.

The workforce triangulates with the financial and operational planning assumptions and the submission is completed in close alignment with planning and finance colleagues.

The committee approved the plan and the revised workforce targets for 2025/26.

Additional Chair Comments

Happy to see progress being made across all People areas and especially pleased to see the Employee Engagement survey results. I am supportive of the updates being made to the Risk Description, as I feel that this better reflects the current position, with specific consideration being given to the implementation of the Group Model.

Update from ICB Committee

Jaya Chakrabarti (Chair) provided an update on the current ICB situation regarding the 50% reduction in ICB running and programme costs. We are awaiting more information on what may happen next. Nothing has been formally received since the announcement made two weeks ago; it is anticipated that we won't hear anything for the next few weeks. The ICB will continue to deliver requirements meantime. The challenges that this brings were acknowledged and discussed.

Date of next meeting:	22 May 2025

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Meeting in common of the Board of Directors of UHBW and the Board of Directors of NBT held in Public – 8 April 2025

Reporting Committee	UHBW Finance, Digital & Estates Committee
Chaired By	Martin Sykes, Non-Executive Director
Executive Lead	Neil Kemsley, Chief Financial Officer and Neil Darvill, Joint Chief Digital Information Officer

For Information
Finance

The committee reviewed the March version of the Trust finance and operations plan for 2025/26 and on behalf of the Board approved the plan for submission. The submitted plan showed a planned financial breakeven after the achievement of £53m of savings. The committee reviewed the assumptions and risks within the plan, key risks including:

- Delivery of the £53m savings programme.
- A failure to reduce the numbers of patients with no criteria to reside.
- Higher than planned growth in emergency admissions.
- Formal agreement of contracts with commissioners.
- Areas of quality and safety risk including fragile services.

The committee reviewed the month 11 (February) finance report noting a £1.9m in-month improvement to a £2.5m year-to-date deficit.

The committee reviewed a pre-submission report relating to the 2024/25 National Cost Collection. The committee approved the costing plan (in accordance with NHSE requirements) and also reviewed data from the earlier submissions ranging from 2019/20 to 2023/24.

Digital

The committee received a report on the Trust's digital progress – noting in particular the continuing plan for the rollout of electronic prescribing (on track) and the addition of Single Sign On (SSO) to next year's plan.

Digital risks were reviewed with the latest progress against Cyber Security and clinical coding being noted.

Estates

The committee received an update on estates compliance – noting the progress made and the ongoing development of more robust reporting systems.

A strategic estates review was also presented setting out the latest position on strategic capital schemes and the approach to prioritisation of capital schemes for 2025/26.

Date of next meeting:	29th April 2025

Report To:	Meeting in common of the Board of Directors of UHBW and the Board of Directors of NBT held in Public	
Date of Meeting:	8 April 2025	
Report Title:	Integrated Quality and Performance Report (IQPR)	
Report Author:	David Markwick, Director of Performance James Rabbitts, Head of Performance Reporting Anne Reader/Julie Crawford, Head/Deputy Head Quality (Patient Safety) Alex Nestor, Deputy Director of Workforce Development Laura Brown, Head of HR Information Services (HRIS) Kate Herrick, Head of Finance Cathy Caple, Deputy Director of Improvement & Innovation Melanie Jeffries, Head of Improvement	Lisa Whitlow, Director of Performance Paul Cresswell, Director of Quality Governance Juliette Hughes, Deputy Chief Nursing Officer Benjamin Pope, Associate Director for Workforce Planning, People Systems and Data Simon Davies, Assistant Director of Finance
Report Sponsor:	Responsive - Jane Farrell, Chief Operating Officer Quality, Safety & Effectiveness – Deirdre Fowler, Chief Nurse and Midwife Becky Maxwell Interim Chief Medical Officer Our People – Emma Wood, Chief People Officer Finance – Neil Kemsley, Chief Financial Officer	Responsive – Nicholas Smith, Interim Chief Operating Officer Quality, Safety & Effectiveness – Steven Hams, Chief Nursing Officer Tim Whittlestone, Chief Medical Officer Our People – Peter Mitchell, Interim Chief People Officer Finance – Elizabeth Poskitt, Interim Chief Financial Officer

Purpose of the report:	Approval	Discussion	Information
			✓
	To provide an overview of NBT and UHBW's performance across Urgent and Planned Care, Quality, Workforce and Finance domains.		

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

This is the first presentation of the NBT and UHBW consolidated IQPR for the first Board meeting in common.

Strategic and Group Model Alignment

This report aligns to the objectives in the CQC domains of Safe, Effective, Caring, Responsive and Well Led.

<div align="right">Page **1** of **2**</div>

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

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Integrated Quality and Performance Report

Month of Publication April 2025
Data up to February 2025

Contents

Key to KPI Variation and Assurance Icons

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

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

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

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

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

Scorecards Explained

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

Name of Metric/KPI.

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

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

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

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

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

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

The actual performance for the most recent month.

The actual performance for the previous month.

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

Business Rules and Actions

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

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

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

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

Executive Summary – Group Update
Responsive

Urgent Care

Four-hour performance remained challenged at both Trusts in February with NBT reporting at 59.4% and UHBW at 63.8% for all attendance types. Despite this performance, NBT ranked third out of 11 AMTC providers. In addition, there are also challenges in delivering the 12-hour total time in the department and ambulance handover metrics.

There is commonality in the drivers of this position across both Trusts - a combination of increasing demand, high bed occupancy and reduced patients flow out of the hospitals. These circumstances are creating a challenging clinical, operational and performance environment.

The System ambition to reduce the NC2R percentage to 15% remains unachieved. This ambition was central to the Trusts being able to deliver the 78% ED 4-hour performance requirement for March 2025. As yet, there is no evidence this ambition will be realised. Community-led D2A programme remains central to ongoing improvement. In the meantime, internal hospital flow plans continue to be developed and implemented across all sites.

Elective Care

NBT has been successful in delivering its 65-week RTT commitments against the national September-2024 requirements. Due to national challenges with Dental and supply of Cornea Graft material, at the end of February, UHBW reported 26 patients waiting more than 65-weeks for treatment. The Trust continues to develop and implement strategies to address the remaining patients at risk of breaching 65-weeks and both Trusts expect to eliminate 65-week waits during March.

At NBT, having reached the milestone of reducing 52-week waits to below 1,000 in September, there has been another significant reduction during February, taking the position under 400. The Trust has now set its own ambition to reduce 52-week wait breach volumes to less than 1% by the end of this year. This ambition is beyond national target requirements and is on track to deliver. Similarly, at UHBW, the number of patients waiting 52-weeks continues to fall each month, reducing from 5,800 to 824 in the last 18 months and an anticipated year-end position of c640 (c1.15%) against the operational planning trajectory of 862.

Diagnostics

For the seventh consecutive month, NBT's diagnostic performance has achieved the national constitutional standard – going beyond the target of no more than 5% breaching six-week waits. The actual breach rate in February was less than 1%. The Trust also remains compliant with the maximum 13-week wait with no patients waiting beyond 13-weeks. UHBW has also experienced an improvement in diagnostic performance during February, reporting 13.3%, recovering from an unforeseen deterioration in January (19.7%). UHBW has a continued focus on diagnostic recovery plans throughout March and is anticipating further improvement during the month, striving to move closer to the year-end target of 95%.

Cancer Wait Time Standards

Both Trusts continue to be compliant with the FDS-28-Day standard. UHBW also continues to deliver the 31-Day and 62-Day standards, having done so for the last nine months and expect to continue during the final two-months of the year. At NBT, the 62-Day Combined position has also reported improvements since September 2024 but deteriorated in January 2025. The work previously undertaken has been around improving systems and processes, and maximising performance in the high-volume tumor sites. To achieve the overall 62-Day breach standard this year, NBT will now focus on improvements in some of the most challenging pathways/backlogs - including the high volume and high-complexity Urology pathway (in particular, robotic prostatectomy). As reported previously, due to the backlog activity, the 62-Day position was expected to show a deterioration in January and February before recovering into March. As the backlog clearance work concludes, plans for sustaining the position will be enacted which will require slightly lower levels of additional activity. On this basis, the NBT is expecting to meet its commitments to secure its PTL, FDS and the 62-Day target by March 2025, as per the national requirement.

Executive Summary – Group Update
Quality, Safety and Effectiveness
Patient Experience

Patient Safety & Clinical Effectiveness

NBT has not seen any MRSA HCAI cases for the past four consecutive months, leaving the year-to-date (YTD) position remaining at four cases. UHBW had no additional cases of MRSA in February and YTD has seen seven cases recorded. The MRSA decolonisation of patient's pathway has been updated and is now in place at UHBW and the way skin cleansing is delivered, prior to the insertion of peripheral IV lines, has changed and this is rolling out across the Trust to help reduce the MRSA risk.

At NBT C. Difficile cases have exceeded the nationally set trajectory. C. Difficile ward rounds are to commence to reduce incidence of cases, and the central IPC team continue to provide focused education, especially targeted in areas of repeat infection. UHBW continues to do very well, below trajectory in February and quality improvement work to reduce the C. Difficile infection risk remains in progress.

VTE risk assessment compliance at both Trusts remains fairly static. The new digital prescribing system (CMM) is due to launch in 2025/26 across both organisations, which is anticipated to significantly increase compliance with the risk assessment completion.

During February 2025 NBT had a rate of 5.6 medication incidents per 1000 bed days which is below the 6–month average of 5.8 for this measure. The level of medication incidents causing moderate or severe harm or death was 0% this month with no incidents falling into this category. The work of the 'Medicines Safety Forum' continues – this is a multidisciplinary group whose aim is to focus on gaining a better understanding of medicines safety challenges and subsequently supporting staff to address these. UHBW had a rate of 8.61 medication incidents per 1,000 bed days in February, which is below the 6-month average of 8.77 for this measure. Medication incidents are reviewed by the UHBW medication safety team and individual incidents are managed by the department where the incident occurred. Incidents are identified for enhanced learning response according to the Patient Safety Investigation Response Plan (PSIRP), noting that, for medication incidents the criteria for enhanced learning is an omitted/delayed dose of a high-risk medication.

Both Trust's SHMI indicator continues to show special cause improving variation, which provides a positive assurance, and our insight will be further enhanced through the Mortality Improvement Programme which operates across the Hospital Group. This programme is enhancing our links with Medical Examiner Scrutiny, deepening our insights into our mortality and morbidity surveillance data and support specialty-led quality improvement initiatives.

Patient & Carer Experience

At NBT, delivery of the Year 2 workplan for the Patient & Carer Experience Strategy remains positive, with the majority of planned commitments successfully completed, or compliant with targeted improvements. Progress was reviewed at the March 2025 Patient & Carer Experience Committee and the forward plan approved for 2025/26, which is the final year of NBT's current strategy.

The complaint response rate compliance at NBT marginally decreased from 80% in January to 78%, below the target rate of 90%. Out of 45 complaints due, 35 were closed within the agreed timescale, 6 were closed outside the agreed timescale, and 4 remained open at the time of reporting. The Complaints and PALS Manager meets weekly with divisional Patient Experience teams to discuss cases due and those overdue. This provides an opportunity to discuss complexities and agree resolution. All complaints & PALS concerns continue to be acknowledged within the agreed timeframes. Timeliness of responses to formal and informal complaints at UHBW is showing improvement towards the 90% target in January 2025 compared to December 2024 at 54.4% and 86.5% respectively – UHBW is currently reporting this metric in arrears from NBT. Alignment work between NBT and UHBW continues, supporting both the Single Managed Service Programme and Group development.

The overall Friends and Family Test score for UHBW's maternity service was 96.5% in February 2025 which is above the latest published (January 2025) national average FFT score for Maternity (91%). Whilst the Maternity FFT has no target, it is displaying special cause variation with seven consecutive months below the mean.

Executive Summary – Group Update
Our People
Finance

Our People

Turnover at NBT is 11.6% in February, remaining below the NBT target of 11.9% for 2024/25. For UHBW, turnover reduced to 10.8% against a target of 12% and compared to 11.1% in the previous month. Vacancy rate has increased in both Trusts in February with particular impact of recruitment controls at NBT continuing.

NBT agency spend is 1.0% of total pay spend in February significantly below the target of 3.2% and is anticipated to reduce further as we continue to focus on temporary staffing use and spend through the Resourcing and Temporary Staffing Oversight group in 2025/26. UHBW agency usage is also low at 0.6% (84.1 FTE) against a target of 1.0% maximum and remains a priority focus area as reflected in the UHBW Patient First Corporate Projects, with increased focus on reducing medical usage.

For NBT, sickness remains at 4.6% which is above the target of 4.4%. This target will remain in place for 2025/26. However, UHBW sickness absence has reduced to 4.4% against the 4.9% target and compared to 4.7% the previous month.

Essential training compliance is >90% at both Trusts.

Finance

In Month 11 (February) both Trusts have delivered a surplus against their plans. NBT delivered a £2.3m surplus, which is £1.5m better than plan. UHBW delivered a £1.9m surplus against the plan of break-even. Year-to-date (YTD), the NBT position is a £1.0m adverse variance against a planned £0.8m deficit driven primarily by the impact of in year CIP delivery across pay and non-pay, and various non-pay pressures within Divisions. The cumulative UHBW YTD position at the end of the month is a net deficit of £2.5m (£4.4m net deficit last month) against a breakeven plan. The cumulative UHBW YTD net deficit is 0.2% of total operating income. Significant operating expenditure variances in the UHBW YTD position include: the shortfall on savings delivery; premium pay pressures and over-establishment mainly relating to nursing and medical staff; higher than planned pass-through costs (matched by additional patient care income) and the impact of unfunded non-pay inflation.

The NBT cash position at Month 11 is £56.9m, a reduction of £5.7m from Month 12 2023/24. This is driven by the underlying deficit and capital spend. The Trust has delivered £21.1m of completed cost improvement programme (CIP) schemes at Month 11, an increase of £3.5m from Month 10. There are a further £0.9m of schemes in implementation and planning that need to be developed, and none in the pipeline.

UHBW YTD pay expenditure is c3% higher than plan. Medical staffing costs in the Women's & Children's Division and nursing costs continue to cause significant overspends across Surgery, Specialised and Women's & Children's Division with continuing over-establishment and high nursing pay costs in total across substantive, bank and agency staff.

Responsiveness
Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	ED % Spending Under 4 Hours in Department	NBT	Feb-25	59.4%	71.4%	59.8%	F	L	**Escalation Summary**
		UHBW	Feb-25	63.8%	71.8%	66.0%	F	C	**Escalation Summary**
Responsive	ED % Spending Over 12 Hours in Department	NBT	Feb-25	12.2%	2.0%	11.9%	F-	H	**Escalation Summary**
		UHBW	Feb-25	7.4%	2.0%	8.5%	F	H	**Escalation Summary**
Responsive	ED 12 Hour Trolley Waits (from DTA)	NBT	Feb-25	536	0	545	F	H	**Escalation Summary**
		UHBW	Feb-25	664	0	909	F-	H	**Escalation Summary**
Responsive	No Criteria to Reside	NBT	Feb-25	20.7%	15.0%	21.5%	F-	L	**Escalation Summary**
		UHBW	Feb-25	22.0%	13.0%	21.4%	F-	H	**Escalation Summary**
Responsive	Ambulance Handover Delays (under 15 minutes)	NBT	Feb-25	19.9%	65.0%	21.0%	F-	C	**Escalation Summary**
		UHBW	Feb-25	27.0%	65.0%	21.5%	F-	C	**Escalation Summary**
Responsive	Ambulance Handover Delays (under 30 minutes)	NBT	Feb-25	45.9%	95.0%	46.9%	F-	L	**Escalation Summary**
		UHBW	Feb-25	56.6%	95.0%	47.5%	F-	C	**Escalation Summary**
Responsive	Ambulance Handover Delays (over 60 minutes)	NBT	Feb-25	723	0	710	F-	H	**Escalation Summary**
		UHBW	Feb-25	816	0	1226	F-	C	**Escalation Summary**

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

Responsiveness
Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	Total RTT Pathways 52 weeks	NBT	Feb-25	345	528	434	P	N/A	Note Performance
		UHBW	Feb-25	824	993	938	P	N/A	Note Performance
Responsive	Total RTT Pathways 65 weeks	NBT	Feb-25	4	0	4	P	N/A	Note Performance
		UHBW	Feb-25	26	0	62	F	N/A	Escalation Summary
Responsive	Diagnostics % Over 6 Weeks	NBT	Feb-25	0.6%	0.98%	0.88%	P	L	Note Performance
		UHBW	Feb-25	13.3%	5.4%	19.7%	F-	L	Escalation Summary
Responsive	Cancer 28 Day Faster Diagnosis	NBT	Jan-25	77.8%	77.1%	82.1%	P	H	Note Performance
		UHBW	Jan-25	77.0%	77.0%	77.9%	P	H	Note Performance
Responsive	Cancer 31 Day Diagnosis to Treatment	NBT	Jan-25	88.1%	94.1%	92.2%	?	C	Escalation Summary
		UHBW	Jan-25	96.4%	96.0%	97.7%	P	H	Note Performance
Responsive	Cancer 62 Day Referral to Treatment	NBT	Jan-25	66.6%	70.3%	74.5%	?	C	Escalation Summary
		UHBW	Jan-25	74.2%	70.0%	76.4%	P	H	Note Performance

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

Responsiveness
UEC – Emergency Department Metrics

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

ED Percentage Spending Under 4 Hours in Department

Latest Month
Feb-25
Target
71.4%
Latest Month's Position
59.4%
Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration and last six data points are less than target
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).

ED Percentage Spending Under 4 Hours in Department

Latest Month
Feb-25
Target
71.8%
Latest Month's Position
63.8%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration.
Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

ED Percentage Spending Under 4 Hours in Department

Summary

What does the data tell us?
The percentage of patients spending under 4 hours in ED for the month of February was similar to the previous month's position at 59.4% Year-on-year ED attendances have been increasing; for 2024/25 to-date, attendances have been 1.24% higher than the same period last year.

Actions being taken to improve
Ongoing introduction of the UEC plan for NBT; this includes key changes such as implementing a revised SDEC service, mapping patient flow processes to identify opportunities for improvement and implementing good practice ward level patient review and discharge processes (including actions recommended from the ECIST review).

Impact on forecast
As yet, no significant progress in reducing No Criteria to Reside (NC2R) problems against System ambition.
Since the month of December, significant rise in Flu and respiratory infection presentations.
In addition to respiratory presentations, the Trust experienced outbreaks of Norovirus with an inevitable impact on patient flow.

Summary

What is the data telling us?
A slight deterioration on the previous month's performance in February against the ED 4-hour standard at 63.8% (66% January), noting that performance is aggregated across the four ED sites, and attendances continue to grow in year; attendances 3.7% higher than Apr-Feb 2023/24.
Patients requiring beds in a side room due to infections, plus significant challenges with No Criteria To Reside (NC2R) in January and February have impeded flow with a commensurate impact on ED 4-hour performance for BRI (48%) and Weston (62%) sites in particular.

Actions being taken to improve
Ongoing mobilisation of ED improvement plans across both BRI and Weston. This includes workforce reconfiguration to augment and better align senior decision makers to peak times IN & OOH, in addition to optimising SDEC utilisation and front door redirection models. Whole hospital review of ED 'quality standards' continues, with a specific focus on 'specialty reviews' and outward flow from ED. The departments also working closely with SWAST, community and primary care partners to maximise admissions avoidance schemes e.g. Frailty – Assessment & Coordination of Urgent & Emergency Care (F-ACE). NB UHBW currently leading the parallel development with Paediatrics (P-ACE)

Impact on forecast
Despite the challenges outlined, it is anticipated that focused efforts through March will improve the Trust position, aiming to achieve c76% (c69% for Type1/Type 2 only) by month end. YTD = 74%

Responsiveness
UEC – Emergency Department Metrics

ED Percentage Spending Over 12 Hours in Department

Latest Month
Feb-25
Target
2.0%
Latest Month's Position
12.2%
Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).

ED Percentage Spending over 12 Hours in Department

ED Percentage Spending Over 12 Hours in Department

Latest Month
Feb-25
Target
2.0%
Latest Month's Position
7.4%
Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration and last six data points are greater than or equal to target.
Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

ED Percentage Spending Over12 Hours in Department

Summary

What does the data tell us?
The percentage of patients spending over 12 hours in ED for the month of February was slightly higher than the previous month at 12.23%.

Actions being taken to improve
See previous slide.

Impact on forecast
See previous slide.

Summary

What does the data tell us?
The percentage of patients spending over 12 hours in ED for the month of February (7.4%) was an improvement on the previous month at 8.5%

Actions being taken to improve
Note previous slide.

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

Impact on forecast
The focused efforts through March are anticipated to result in an improved position to c5% during the month.

Responsiveness
UEC – Emergency Department Metrics

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

ED 12 Hour Trolley Waits (left panel)

Latest Month	
Feb-25	
Target	
0	
Latest Month's Position	
536	
Performance / Assurance	
Special Cause Concerning Variation High, where up is deterioration and last six data points are greater than or equal to target	
Trust Level Risk	
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).	

ED 12 Hour Trolley Waits chart (Feb-23 to Feb-25)

ED 12 Hour Trolley Waits (from DTA) (right panel)

Latest Month	
Feb-25	
Target	
0	
Latest Month's Position	
664	
Performance / Assurance	
Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit.	
Corporate Risk	
Corporate Risk 910 - That patients in BRI ED do not receive timely and effective care (20)	

ED 12 Hour Trolley Waits (from DTA) chart (Feb-23 to Feb-25)

Summary

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

Actions being taken to improve
See previous slide.

Impact on forecast
See previous slide.

Summary

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

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

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

Responsiveness
UEC – No Criteria To Reside

Percentage of Inpatients with No Criteria to Reside

Latest Month
Feb-25
Target
15.0%
Latest Month's Position
20.7%
Performance / Assurance
Special Cause Improving Variation Low, where down is improvement but target is less than lower limit
Trust Level Risk
No Trust Level Risk

Percentage of Inpatients with No Criteria to Reside

F- L

Latest Month
Feb-25
Target
13.0%
Latest Month's Position
22.0%
Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit.
Corporate Risk
Corporate Risk 423 – Risk that demand for inpatient admission exceeds available bed capacity (20). Corporate Risk 2614 Risk that patient care and experience is affected due to being cared for in extra capacity locations (15)

No Criteria To Reside Occupancy

No Criteria To Reside - Beds Occupied

F- H

Summary

What does the data tell us?
Although there has been a slight downward trend in NC2R, there has not been progress in reducing this to the 15% System ambition target.

Actions being taken to improve
Executive and CEO-level escalation regarding NC2R impact - commitment secured from system partners for focussed work with revised reduction ambition. Additional capacity requirements developed by COOs across the System with CEO funding agreement reached. Awaiting capacity provision.
Development of a "Transfer Of Care" Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub.
New demand and capacity work being undertaken by system partners to refresh D2A model to support NC2R reduction ambition .
COO escalating Stroke NC2R. Further escalation arranged with System partners.

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

Summary

What does the data tell us?
The No Criteria to Reside (NC2R) position worsened slightly in February (22%) compared to the previous month (21.4%), continuing to impact flow through hospital sites. NB Weston 30.6%; BRI 19.4%

Actions being taken to Improve:
Executive and CEO-level escalation regarding NC2R impact - commitment secured from system partners for focussed work with revised reduction ambition. Additional capacity requirements developed by COOs and additional beds secured. A review of ongoing provision into 2025/26 (cessation or continuation) is underway given the NCTR position has remained largely unchanged & further improvement required before community bed contraction can be tolerated.
Focus continues on 'internal delays', across all partner organisations, seeking to improve the visibility and synergy between acute and community capacity and focus improvement efforts in the right place.
In addition, working with NHS@Home to further maximise their capacity to support reduction in discharge cancellations, and promote 'step up' as well as 'step down' as a means of balancing flow.

Impact on forecast:
Whilst the System ambition of reducing NC2R to 15% (11% at BRI; 19% at Weston) remains unmet, LoS reduction across all patient pathways at UHBW is noted during 2024/25, against the 2022/23 baseline period (25% reduction in Non-elective LoS at Weston and 11% reduction at BRI).

Responsiveness
UEC – Ambulance Handover Delays

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

North Bristol NHS Trust panel

Ambulance Handovers Under 15 Minutes	
Latest Month	Feb-25
Target	65.0%
Latest Month's Position	19.9%
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).

Ambulance Handovers Under 15 Minutes

University Hospitals Bristol and Weston panel

Ambulance Handovers Under 15 Minutes	
Latest Month	Feb-25
Target	65.0%
Latest Month's Position	27.0%
Performance / Assurance	Common Cause (natural/expected) variation, where target is greater than upper limit and down is deterioration.
Corporate Risk	Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

Ambulance Handovers Under 15 Minutes

Summary (North Bristol NHS Trust)

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

Actions being taken to improve
Internal UEC programme actions on handover processes, together with the 'continuous flow' model led by the Chief Nursing Officer has delivered further improvement.

Impact on forecast
As yet, no significant progress in reducing NC2R problems against System ambition.
Since the month of December, significant rise in Flu and other respiratory infection presentations, and more recently, Norovirus.

Summary (University Hospitals Bristol and Weston)

What is the data telling us?
Whilst UHBW has seen an improved position in February (27% vs 21.5% in January) and a notable year-on-year improvement, more recent months have been more challenged, largely impacted by lack of physical capacity and staffing numbers available to complete timely handovers.

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

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

Responsiveness
UEC – Ambulance Handover Delays

Ambulance Handovers Under 30 Minutes (left panel)

Latest Month
Feb-25
Target
95.0%
Latest Month's Position
45.9%
Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).

Ambulance Handovers Under 30 Minutes

Ambulance Handovers Under 30 Minutes (right panel)

Latest Month
Feb-25
Target
95.0%
Latest Month's Position
56.6%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit and down is deterioration.
Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

Ambulance Handovers Under 30 Minutes

Summary

See Previous Slide for Ambulance Handover Summary

Summary

See Previous Slide for Ambulance Handover Summary

Responsiveness
UEC – Ambulance Handover Delays

Latest Month
Feb-25
Target
0
Latest Month's Position
723
Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).

Ambulance Handovers Over 1 Hour

Ambulance Handovers Over 1 Hour

Latest Month
Feb-25
Target
0
Latest Month's Position
816
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)

Ambulance Handovers Over 1 Hour

Summary

See Previous Slides for Ambulance Handover Summary

Summary

See Previous Slides for Ambulance Handover Summary

Responsiveness
Planned Care – Referral To Treatment

Total RTT Pathways 65+ Weeks

Latest Month
Feb-25
Target
6
Latest Month's Position
4
Trust Level Risk
No Trust Level Risk

RTT 65 Weeks

Latest Month
Feb-25
Target
0
Latest Month's Position
26
Corporate Risk
Risk 801 - Elements of the NHS Oversight Framework are not met (12)
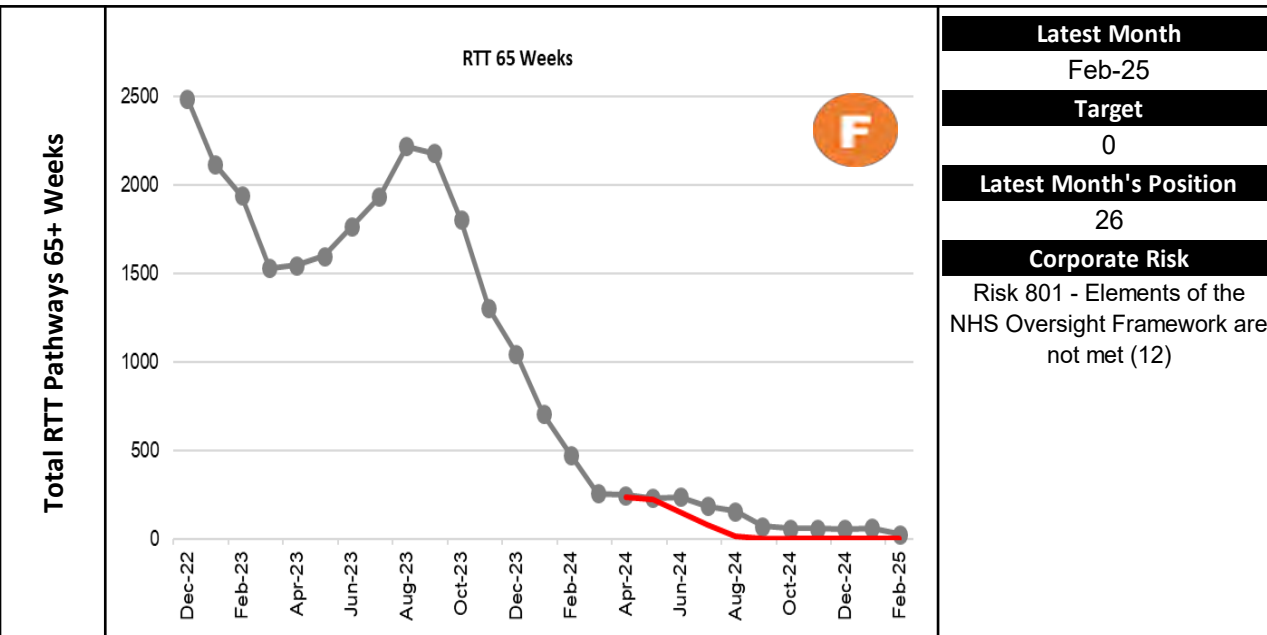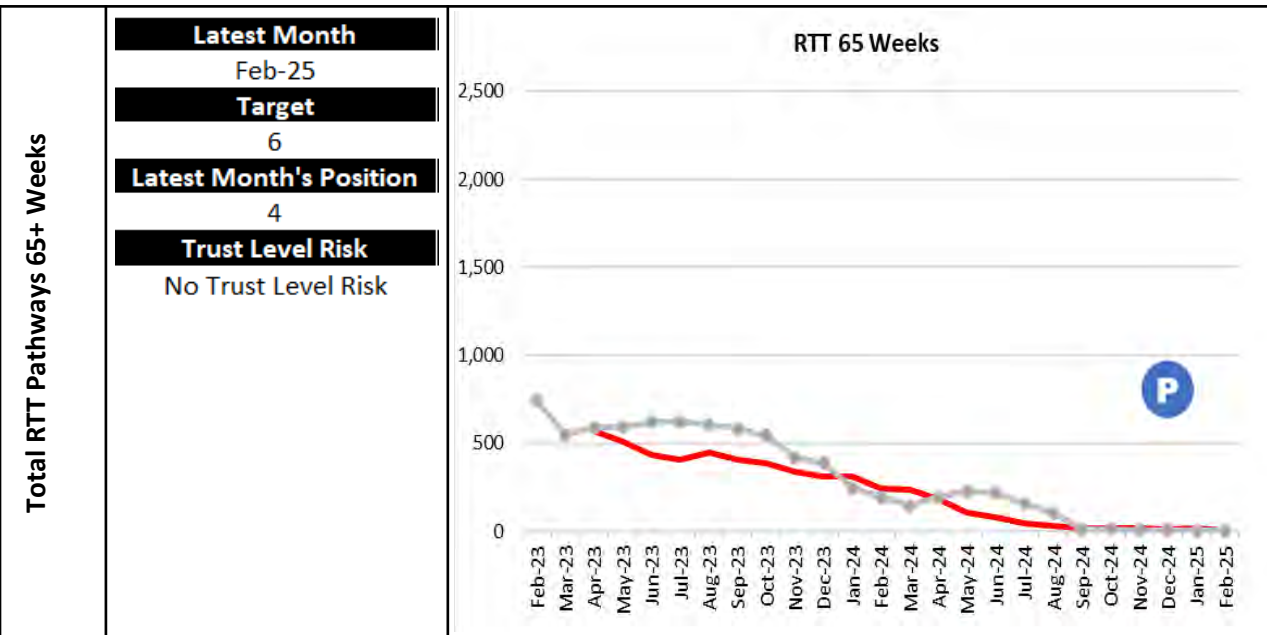
RTT 65 Weeks

Summary

No narrative required as per business rules.

Summary

What is the data telling us?
At the end of February 26 patients were waiting more that 65 weeks (12 in Dental services and 14 Cornea Graft); a significant improvement on January position (62 patients). NB Formal NHSE dispensation for Corneal Graft given national supply issues out-with trust control. The Dental challenges illustrative of the national picture, hence NHSE agreement to a best-case year end 24/25 elimination plan.

Actions being taken to improve
The Trust is successfully delivering against the year end Dental elimination plan. Actions include a combination of service redesign, internal training and augmentation to better align resources to the scale of the demand challenge, underpinned ultimately with support from In sourcing and the Independent Sector for certain procedures. The national shortage of cornea graft material continues, and when material is made available, there is sufficient capacity to treat patients.

Impact on Forecast
The Trust is forecasting full elimination of 65-week waits by end of March, in addition to exceeding it's 52-week target.

Responsiveness
Planned Care – Diagnostics

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Diagnostics Percentage Over 6 Weeks

Latest Month
Feb-25
Target
1.0%
Latest Month's Position
0.6%
Performance / Assurance
Special Cause Improving Variation Low, where down is improvement and last six data points are less than target
Trust Level Risk
No Trust Level Risk

Diagnostics Percentage Over 6 Weeks (chart)

P L

Diagnostics Percentage Under 6 Weeks (15 Key Tests)

Diagnostics Percentage Under 6 Weeks (15 Key Tests) (chart)

F- L

Latest Month
Feb-25
Target
5.4%
Latest Month's Position
13.3%
Performance / Assurance
Special Cause Improving Variation Low, where down is improvement but target is less than lower limit
Corporate Risk
Risk 801 - Elements of the NHS Oversight Framework are not met (12)

Summary

No narrative required as per business rules.

Summary

What is the Data Telling Us?
Despite a challenging winter period, February saw a strong recovery in six-week wait diagnostic performance (13.3% in February vs 19.7% in January), with improvement most noted for MRI, Endoscopy and Echocardiography.

Actions being taken to improve
Adult MRI: Enhanced bank rates remain in use. The outsourced mobile diagnostic unit has been approved to operate beyond 2024/25 into Q1 of 2025/26 to sustain performance gains.
CT Cardiac: Outsourcing, initiated in November 2024, will continue throughout 2024/25.
Community Diagnostic Centre's (CDCs): Digital integration with imaging modalities is now complete, allowing direct CDC patient booking. Work is ongoing to maximize utilisation and refine referral management processes.

Impact on Forecast
The above actions aim to sustain diagnostic performance improvements into March 2025. Modalities are developing 2025/26 plans to improve productivity, secure funding, and address ongoing capacity shortfalls, ensuring resilience against rising diagnostic demand.

Responsiveness
Planned Care – Cancer Metrics

Cancer – 31 Day Diagnosis to Treatment

Latest Month
Jan-25
Target
94.1%
Latest Month's Position
88.1%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
Trust Level Risk
988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).

Cancer - 31 Day Diagnosis To Treatment

Cancer – 31 Day Diagnosis to Treatment

Cancer - 31 Day Diagnosis To Treatment

Latest Month
Jan-25
Target
96.0%
Latest Month's Position
96.4%
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
Corporate Risk 5532 - Non-compliance with the 31 day cancer standard (12)

Summary

What does the data tell us?
There was deterioration against the 31-Day standard. Whilst the Trust delivered more treatments overall, there were more reported breaches within both first treatment and subsequent surgery.

Actions being taken to improve
Additionality in Urology Robotic Assisted Laparoscopic Prostatectomy is required to clear local and tertiary workload (first treatment and subsequent treatments).
Additionality in clinic has reduced the wait from decision to treat to surgery in Breast. This work will continue into Q4.

Impact on forecast
February will be a recovery month for NBT and this will negatively impact the 31-Day position.

Summary

No narrative required as per business rules.

Responsiveness
Planned Care – Cancer Metrics

Cancer – 62 Day Combined Standard

Latest Month
Jan-25
Target
70.3%
Latest Month's Position
66.6%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
Trust Level Risk
988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).

Cancer - 62 Day Combined Standard

Cancer – 62 Day Referral to Treatment

Latest Month
Jan-25
Target
70.0%
Latest Month's Position
74.2%
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
No Corporate Risk

Cancer 62 Day Referral To Treatment

Summary

What does the data tell us?
There was deterioration against the 62-Day standard. This was a known risk moving into January. Whilst the Trust delivered more treatments, there were more reported breaches. This was driven by capacity challenges, delays in diagnostics and patient choice.

Actions being taken to improve
Additionality in Urology Robotic Assisted Laparoscopic Prostatectomy is required to clear local and tertiary workload. Backlog clearance will continue throughout February and March.
The Breast surgical backlog clearance has delivered improvements in 62-Day throughout Q3. This work will continue into Q4.

Impact on forecast
The Trust's 62-Day PTL backlog increased over the Christmas period to >240 and as the backlog is cleared there will be an impact on performance. February will be a recovery month for NBT. As of the 10th March the PTL backlog was significantly reduced at 147.

No narrative required as per business rules.

Quality, Safety & Effectiveness
Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Safe	Pressure Injuries Per 1,000 Beddays	NBT	Feb-25	0.3	No Target	0.2	N/A	C	**Note Performance**
		UHBW	Feb-25	0.2	0.4	0.1	P*	C	**Note Performance**
Safe	MRSA Hospital Onset Cases	NBT	Feb-25	0	0	0	F	C	**Escalation Summary**
		UHBW	Feb-25	0	0	0	F	C	**Escalation Summary**
Safe	CDiff Healthcare Associated Cases	NBT	Feb-25	8	5	7	F	C	**Escalation Summary**
		UHBW	Feb-25	5	9	5	?	C	**Escalation Summary**
Safe	Falls Per 1,000 Beddays	NBT	Feb-25	7.2	No Target	5.5	N/A	C	**Note Performance**
		UHBW	Feb-25	4.4	4.8	5.5	?	C	**Escalation Summary**
Safe	Total Number of Patient Falls Resulting in Harm	NBT	Feb-25	6	No Target	3	N/A	C	**Note Performance**
		UHBW	Feb-25	4	2	4	F	C	**Escalation Summary**
Safe	Medication Incidents per 1,000 Bed Days	NBT	Feb-25	5.8	No Target	5.6	N/A	C	**Note Performance**
		UHBW	Feb-25	8.6	No Target	8.7	N/A	C	**Note Performance**
Safe	Medication Incidents Causing Moderate or Above Harm	NBT	Feb-25	0	0	2	F	C	**Escalation Summary**
		UHBW	Feb-25	2	0	6	F-	C	**Escalation Summary**

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

Quality, Safety & Effectiveness
Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Safe	Adult Inpatients who Received a VTE Risk Assessment	NBT	Jan-25	91.6%	95.0%	92.5%	F-	L	**Escalation Summary**
		UHBW	Feb-25	74.3%	95.0%	76.1%	F-	L	**Escalation Summary**
Effective	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	NBT	Sep-24	95.5	100.0	95.6	P*	L	**Note Performance**
		UHBW	Oct-24	89.5	100.0	89.8	P*	L	**Note Performance**
Effective	Fracture Neck of Femur Patients Treated Within 36 Hours	NBT	Jan-25	68.6%	No Target	83.1%	N/A	C	**Note Performance**
		UHBW	Feb-25	56.9%	90.0%	46.2%	F-	C	**Escalation Summary**
Effective	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	NBT	Jan-25	87.1%	No Target	94.9%	N/A	C	**Note Performance**
		UHBW	Feb-25	90.8%	90.0%	96.2%	?	H	**Note Performance**
Effective	Fracture Neck of Femur Patients Achieving Best Practice Tariff	NBT	Jan-25	58.6%	No Target	71.2%	N/A	C	**Note Performance**
		UHBW	Feb-25	46.2%	No Target	46.2%	N/A	C	**Note Performance**
Safe	Staffing Fill Rate	NBT	Feb-25	97.0%	80% - 120%	98.5%	P	C	**Note Performance**
		UHBW	Feb-25	107.3%	100.0%	108.4%	P	H	**Note Performance**

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

Quality, Safety & Effectiveness
Infection Control

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month	Feb-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

MRSA Hospital Onset Cases

MRSA Hospital Onset Cases (chart)

MRSA Hospital Onset Cases (chart)

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

Summary

What does the data tell us?
In February 2025, the Trust had zero MRSA HCAI cases for the last four consecutive months.

Actions being taken to improve
Targeted education around risk assessments, MRSA screening, onward management and decolonisation. Whilst continuing our education around devise management linked to MSSA reduction.

Impact on forecast
Year to date of four cases is over our prediction / trajectory of 0 and equal to our previous yearly position.

Summary

What does the data tell us?
There have been no additional MRSA cases for February year to date figures are still at seven cases.

What does the data tell us
The MRSA decolonisation of patient's pathway has been updated and is now in place. The way skin cleansing is delivered, prior to the insertion of peripheral IV lines, has changed and this is rolling out across the Trust to help reduce MRSA risk.

Quality, Safety & Effectiveness
Infection Control

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Left panel — C.difficile Healthcare Associated Cases

Latest Month	Feb-25
Target	5
Latest Month's Position	8
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

C.difficile Healthcare Associated Cases

(Chart: C.difficile Healthcare Associated Cases, Feb-23 to Feb-25, with F and C indicators)

Right panel — CDiff Healthcare Associated Cases

CDiff Healthcare Associated Cases

(Chart: CDiff Healthcare Associated Cases, Feb-23 to Feb-25, with ? and C indicators)

Latest Month	Feb-25
Target	9.08
Latest Month's Position	5
Performance / Assurance	Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk	Risk 3216 - Risk that the Trust will breach the NHSE Limits for cases of clostridiodes difficile (12)

Summary (left)

What does the data tell us?
C. difficile – Cases have exceeded set trajectory, C.difficile ward round to commence to reduce incidence of cases.
IPC to continue to provide focused education, especially targeted in areas of repeat infection.

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

Other projects
Wider education for unexplainable diarrhoea / vomiting and associated testing continues as the backdrop of our Norovirus / C. difficile case / outbreak management. Twice daily cleaning for C. difficile and enhanced cleaning for both organisms continue with collaboration from facilities.

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

Summary (right)

What does the data tell us?
February had five more cases of Clostridium Difficile. The breakdown was four Hospital Onset Hospital Associated (HOHA) cases and one Community Onset Hospital Associated (COHA) case. This take the year-to-date total to 117 cases with a breakdown of 82 HOHA and 35 COHA cases.

Actions being taken to improve:
The quality improvement actions focused on C.Difficile reduction previously reported to the Board continue.

Quality, Safety & Effectiveness
Falls

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Inpatient Falls Per 1000 Bed days

Latest Month
Feb-25
Target
No Target
Latest Month's Position
7
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

Falls per 1000 bed days

Inpatient Falls Per 1,000 Bed days

Falls Per 1,000 Beddays

Latest Month
Feb-25
Target
4.8
Latest Month's Position
4.4
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
Risk 1598 - Patients suffer harm or injury from preventable falls (12)

Summary

No narrative required as per business rules.

Summary

What does the data tell us:
During February 2025: there were 142 falls (100 at Bristol sites and 42 at Weston) giving a rate of 4.4 per 1,000 bed days, below the trust target of 4.8 per 1000 bed days. The number of falls in February 2025 (142) is fewer than January 2025 (195) . There were four falls with moderate or severe physical and/or psychological harm in February 2025, the same as the previous month. Risk of falls continues to remain on the divisions' risk registers as well as the Trust risk register. Actions to reduce falls, all of which have potential to cause harm, is provided below.

Actions being taken to improve:
In February 2025, the divisions of Specialised Services and Diagnostics and Therapies shared their analyses of falls incidents at the Dementia Delirium and Falls (DDF) Steering Group and identified themes relating to falls; staffing issues for patients requiring enhanced care observations, nighttime toileting, incorrect footwear and brakes not being applied to equipment. Teams are focussing on completion of dynamic risk assessments, ensuring availability of appropriate aids and equipment, patient education around call bells, SWARM huddle compliance and reviewing the outlier cover SOP.

Falls Summary Continues on Next Slide

Quality, Safety & Effectiveness
Falls

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Falls Resulting in Harm

Latest Month
Feb-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

Falls Resulting in Harm (chart, Feb-23 to Feb-25)

Total Number of Inpatient Patient Falls Resulting in Harm

Total Number of Patient Falls Resulting in Harm (chart, Feb-23 to Feb-25)
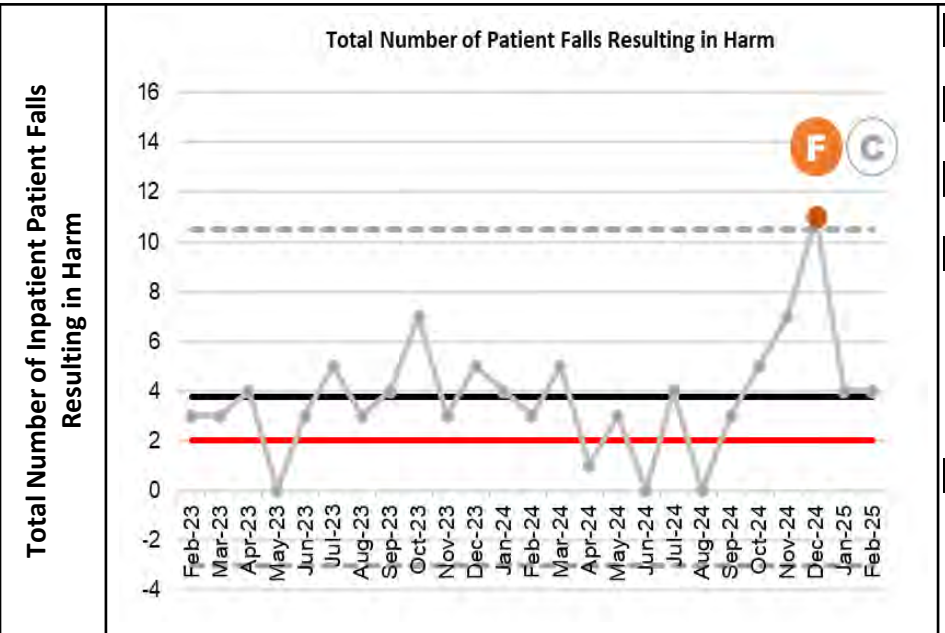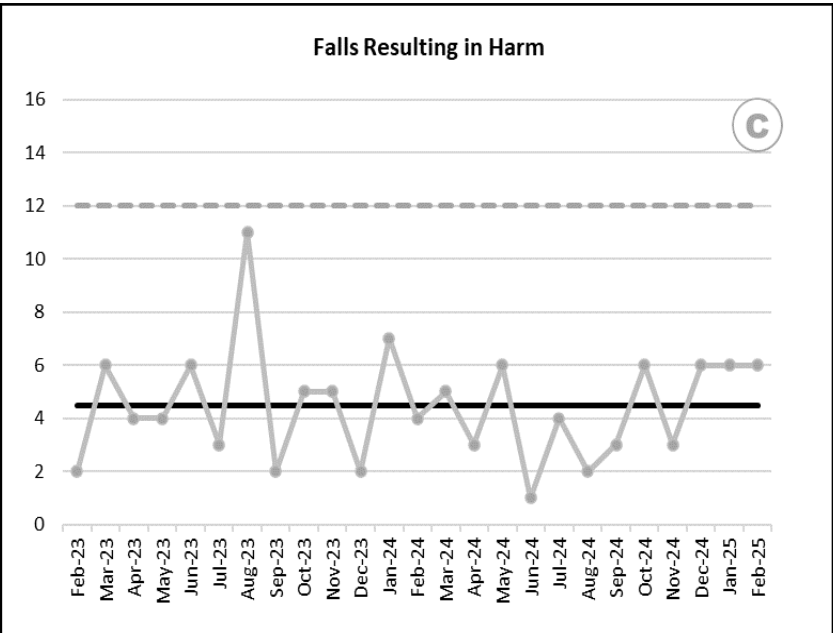
Latest Month
Feb-25
Target
2
Latest Month's Position
4
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.
Corporate Risk
Risk 1598 - Patients suffer harm or injury from preventable falls (12)

Summary

No narrative required as per business rules.

Summary

Falls Summary Continued

Audit: We are participating in the National Audit of Inpatient Falls, the audit is expanding to include hip fractures, head injury, spinal injury or any fracture from an inpatient fall. This may provide new national and local insights for improvement.

Quality Improvement: Improving completion and use of the Multi Factorial Risk Assessment (MFRA) document. Following an update of the MFRA document and education to staff a re-audit is currently being carried out until 31st March 2025.The Multi Factorial Risk Assessment document has been reviewed and updated to embed Personalisation, Prediction, Prevention and Participation in falls prevention and management across the Trust.

Training -The DDF Steering Group provides an education component, bitesize education sessions are delivered to the group on relevant topics. In February the education session focused on nature-based activities and the benefit these provides to patients. The DDF team continue to deliver education sessions and simulation-based training for staff across the Trust.

Impact on forecast
We continue to monitor total falls, falls per 1000 bed days and falls with harm and continue to work on reducing the risk of patient falls balancing this with risks related to reduced mobility, deconditioning and psychological impact of prolonged hospital stays.

Quality, Safety & Effectiveness
Medication Incidents

Medication Incidents Causing Moderate or Above Harm

Latest Month
Feb-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
Risk 1800 – Allergy status may not be identified resulting in medication being incorrectly prescribed or administered. (20)
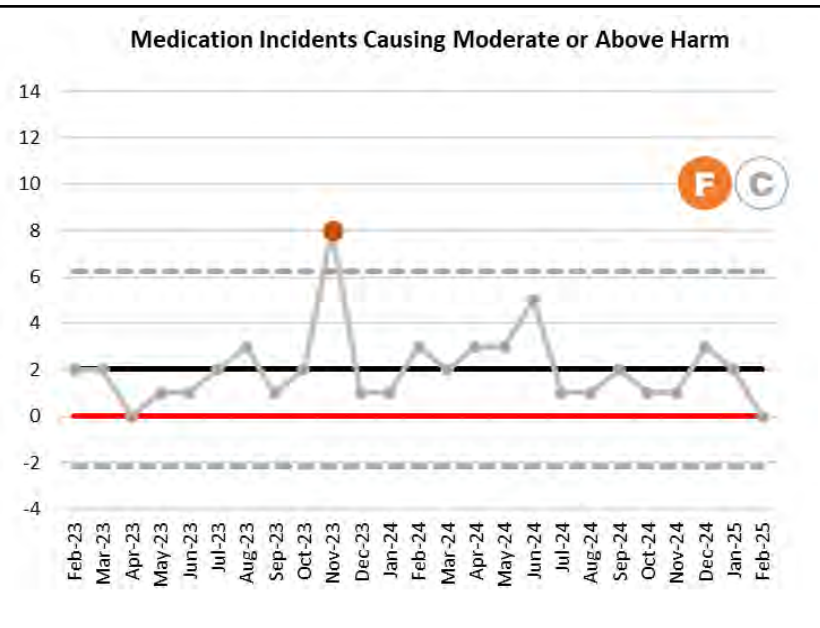
Medication Incidents Causing Moderate or Above Harm
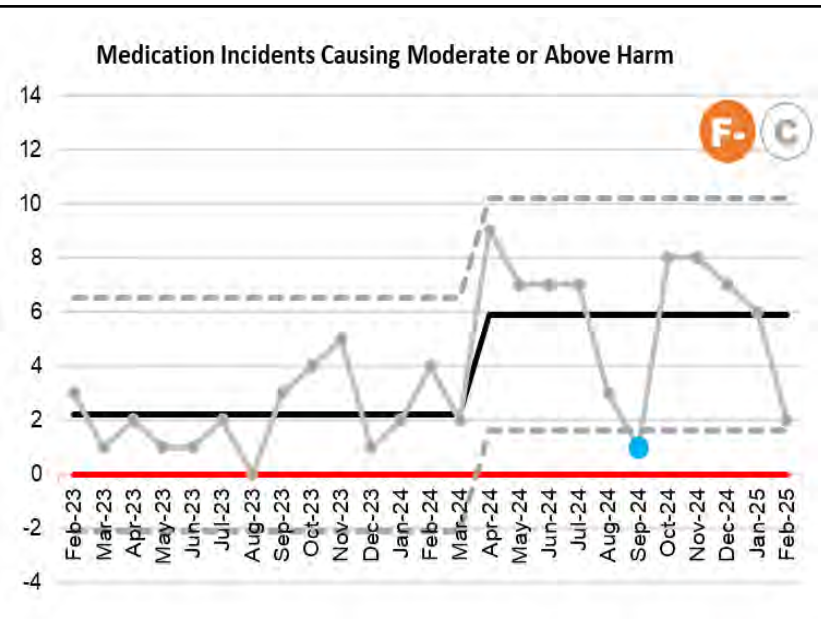
Latest Month
Feb-25
Target
0
Latest Month's Position
2
Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration.
Corporate Risk
No Corporate Risk

Medication Incidents Causing Moderate or Above Harm

Summary

What does the data tell us?
During February 2025 NBT had a rate of 5.6 medication incidents per 1000 bed days which is below the 6 – month average of 5.8 for this measure. The level of medication incidents causing moderate or severe harm or death was 0% this month with no incidents falling into this category.

Actions being taken to improve
The work of the 'Medicines Safety Forum' continues – this is a multidisciplinary group whose aim is to focus on gaining a better understanding of medicines safety challenges and subsequently supporting staff to address these. This group meets monthly, with a high level of engagement from all Divisions and staff groups. Groups initial workstreams are as follows:
- Formation of a 'Drug Administration' sub-group to discuss the processes around this task and consider improvement initiatives.
- Reviewing the competence assessment process for nursing staff ensuring it is practical, fit for purpose and consistently applied.
- Review of the role of other staff groups e.g registered nursing associates and non-registered staff regarding medicines.

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

Summary

What does the data tell us?
The number of medication incidents reported as being associated with moderate or severe harm or death.

This month's data is based on the reporter's initial assessment of harm.

The harm levels since April 2024 are based on the new harm descriptors for physical and psychological harm in the Learning From Patient Safety Events system (LFPSE). The dataset pre-LFPSE roll out is based on previous harm descriptors in place in the Trust.

The data indicates a good reporting culture with a low number of harm incidents compared to number of incidents

Actions being taken to improve
Gaps in harm recording have been identified at UHBW. Work is underway to redesign the Datix form to improve reporting to prevent this field being uncompleted. We are also working to improve data validation post PSIRF. This will support improved LFPSE harm reporting and understanding harm levels.
This report has been developed collaboratively by the UHBW and NBT medicines safety teams. This takes advantage of the new joint Hospital Group Medication Safety Officer role.

Quality, Safety & Effectiveness
VTE Risk Assessment

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

VTE Risk Assessment Completion

Latest Month
Jan-25
Target
95.0%
Latest Month's Position
91.7%
Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit
Trust Level Risk
No Trust Level Risk

VTE Risk Assessment Completion

Adult Inpatients Who Received A VTE Risk Assessment

Latest Month
Feb-25
Target
95%
Latest Month's Position
74.3%
Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit.
Corporate Risk
No Corporate Risk

Summary

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

What is being done to improve?
In June 2022 there was a noticeable dip in VTE RA compliance, and action was taken to improve the situation.
An audit of patient notes revealed that VTE forms were not consistently completed.
All clinicians were reminded of the importance of completing VTE RA for all patients, with regular audit and feedback to the teams – this resulted in an overall improvement in VTE RA compliance.

In February 2023, a pilot of a VTE digital assessment took place; this was successful and thus rolled out across the Trust in July 2023. Reasons for the drop in compliance are linked to the hybrid clerking process, with 'main clerking' on paper and VTE RA digital, and we are working towards improving compliance with regular audit, teaching and reminders

Impact on forecast
In September 2025, completion of the VTE RA will become a 'forcing' measure, when the digital prescribing module is initiated, and it is projected that this will improve compliance.

In the meantime, the VTE team are constantly reviewing the requirement for a VTE RA for individual patients, identifying cohorts of patients who do NOT require a VTE RA, and ensuring that the data collection is accurate.

Summary

What does the data tell us?
VTE risk assessment compliance remains fairly static at around 75%. (note that the target has been amended from 90 to 95% to bring us in line with national targets.

Actions being taken to improve
CareFlow Medicines Management is due to launch in May 2025, initially in Weston and then across UHBW. This includes a mandated VTE risk assessment completion for all areas which are not acute admissions, or where VTE assessment is completed on a different system- for example Phillips in ITU and Badgernet in maternity. We anticipate that this should significantly increase compliance with the risk assessment.

Monthly audits are undertaken to look at prescribing of VTE prophylaxis. These evidence that our current prescribing where a risk assessment is available is compliant with this risk assessment 95-100% of the time and where there is no evidence of a risk assessment 90% of patient still have VTE prophylaxis prescribed. Again, auditing of this will become easier once CMM is online.

Healthcare Associated VTE events are reviewed monthly, data suggests our numbers are within the expected range and no significant themes have been identified on review of the last 12 months data. All confirmed HAVTE are reported on the Datix system to ensure they are captured. In the next 12 months the VTE team will work to look in detail at this alongside the relevant GIRFT report to ensure learning.

Quality, Safety & Effectiveness
Neck of Femur

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Fracture Neck of Femur Patients Treated Within 36 Hours

Latest Month
Jan-25
Target
No Target
Latest Month's Position
68.6%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
No Trust Level Risk

Fracture Neck of Femur Patients Treated within 36 hours

Fracture Neck of Femur Patients Treated Within 36 Hours

Latest Month
Feb-25
Target
90.0%
Latest Month's Position
56.9%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit and down is deterioration.
Corporate Risk
No Corporate Risk

Fracture Neck of Femur Patients Treated Within 36 Hours

Summary

No narrative required as per business rules.

Summary

What does the data tell us?
In the BRI, 21 patients were eligible for Best Practice Tariff (BPT) of which 10 received care that met all elements (48%). The breakdown of data for patients who were treated at Weston is awaited.

Actions being taken to improve
The Orthopaedic Trauma service continue to experience difficulties in achieving the national average percentage of patients with a femoral fragility fractures getting to theatre within 36hrs from admission/diagnosis. At present, to mitigate for this, we are proactively identifying patients who would be appropriate for transfer to the Weston General Hospital site to utilise their theatre capacity. This will largely be patients from their catchment area, but also patients from our catchment area who would otherwise be subjected to unacceptable delays. We have improved our processes for transferring patients and are now working much more efficiently across sites.

In future , the significant reduction in ambulatory trauma being operated on at the BRI (moved to Southmead) will allow us to utilise an am trauma list each day for, largely, inpatient trauma. The majority of inpatient trauma care is for femoral fragility fractures. Being able to operate on am lists will also reduce our breach time. Additionally, we will maintain full day weekend trauma lists which will allow us to 'mop up' any outstanding inpatient trauma from the week.

Caring
Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Caring	Friends and Family Test Score - Inpatient	NBT	Feb-25	92.0%	No Target	91.9%	N/A	C	**Note Performance**
		UHBW	Feb-25	94.2%	No Target	96.3%	N/A	C	**Note Performance**
Caring	Friends and Family Test Score - Outpatient	NBT	Feb-25	95.1%	No Target	95.1%	N/A	C	**Note Performance**
		UHBW	Feb-25	94.2%	No Target	94.4%	N/A	C	**Note Performance**
Caring	Friends and Family Test Score - ED	NBT	Feb-25	70.3%	No Target	69.6%	N/A	C	**Note Performance**
		UHBW	Feb-25	87.3%	85.0%	86.5%	?	C	**Escalation Summary**
Caring	Friends and Family Test Score - Maternity	NBT	Feb-25	94.4%	No Target	90.7%	N/A	C	**Note Performance**
		UHBW	Feb-25	96.5%	No Target	96.6%	N/A	L	**Escalation Summary**
Caring	Patient Complaints - Formal	NBT	Feb-25	62	No Target	56	N/A	C	**Note Performance**
		UHBW	Jan-25	39	No Target	27	N/A	L	**Note Performance**
Caring	Formal Complaints Responded To Within Trust Timeframe	NBT	Feb-25	77.8%	90.0%	80.0%	F	C	**Escalation Summary**
		UHBW	Jan-25	58.3%	90.0%	53.6%	F	C	**Escalation Summary**

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

Caring
Friends and Family Test

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Friends and Family Test Score - ED (left panel)

Latest Month
Feb-25
Target
No Target
Latest Month's Position
70.3%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
No Trust Level Risk

Friends and Family Test Score - ED

Friends and Family Test Score - ED (right panel)

Friends and Family Test Score - ED

Latest Month
Feb-25
Target
85%
Latest Month's Position
87.3%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
No Corporate Risk

Summary (left)

No narrative required as per business rules.

Summary (right)

What does the data tell us?:
The overall FFT score for UHBW's Emergency Departments was 87.8% in February 2025, above the target of 85% and well above the latest published (January 2025) national average FFT score for Emergency Departments (80%).
At a department level, results for February 2025, were as follows:
•Bristol Royal Infirmary ED 81.6%
•Bristol Royal Hospital for Children ED 87.8%
•Bristol Eye Hospital ED 93.7%
•Weston General Hospital ED 88.2%

Results of the recently published 2024 Urgent and Emergency Care Survey show that UHBW ranks 13th out of 120 Trusts nationally (Top 10%) for overall experience. At a department level, BRI ED ranks 10th place out of 175 ED sites nationally (top 10%) and WGH ED ranks 35th place (top 20%).

Actions being taken to improve:
Friends and Family Test (FFT) data for UHBW's Emergency Departments is imported into the Patient Feedback Hub on a weekly basis and management teams log in regularly to view FFT scores and comments, taking action as appropriate.

Caring
Friends and Family Test

Friends and Family Test Score – Maternity

Latest Month
Feb-25
Target
No Target
Latest Month's Position
94.4%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
No Trust Level Risk

Friends and Family Test Score - Maternity

Latest Month
Feb-25
Target
No Target
Latest Month's Position
96.5%
Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration.
Corporate Risk
No Corporate Risk

Friends and Family Test Score - Maternity

Summary

No narrative required as per business rules.

Summary

What does the data tell us?:
The overall FFT score for UHBW's maternity service was 96.5% in February 2025 which is above the latest published (January 2025) national average FFT score for Maternity (91%). Whilst the Maternity FFT has no target, it is displaying special cause variation with seven consecutive months below the mean. Broken down by maternity setting, results for February 2025, were as follows:
- Antenatal Community 100%
- Labour Ward 95.1%
- Postnatal Ward 94.9%
- Postnatal Community 100%

Actions being taken to improve:
- Review of other sources of maternity feedback data for potential insights into the decline in FFT scores.
- The Women's Experience Group has produced an improvement plan based on the findings of the National Maternity Survey 2024.
- Maternity services are working with the Maternity and Neonatal Voices Partnership (NVP) to engage with women and get further feedback.

Impact on forecast: Maternity services will monitor the impact of the implementation of its improvement plan in response to the National Maternity Survey 2024.

Caring
Complaints

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Formal Complaints Responded To Within Trust Timeframe (left panel)

Latest Month	
Feb-25	
Target	
90.0%	
Latest Month's Position	
77.8%	
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	

Formal Complaints Responded to Within Trust Timeframe
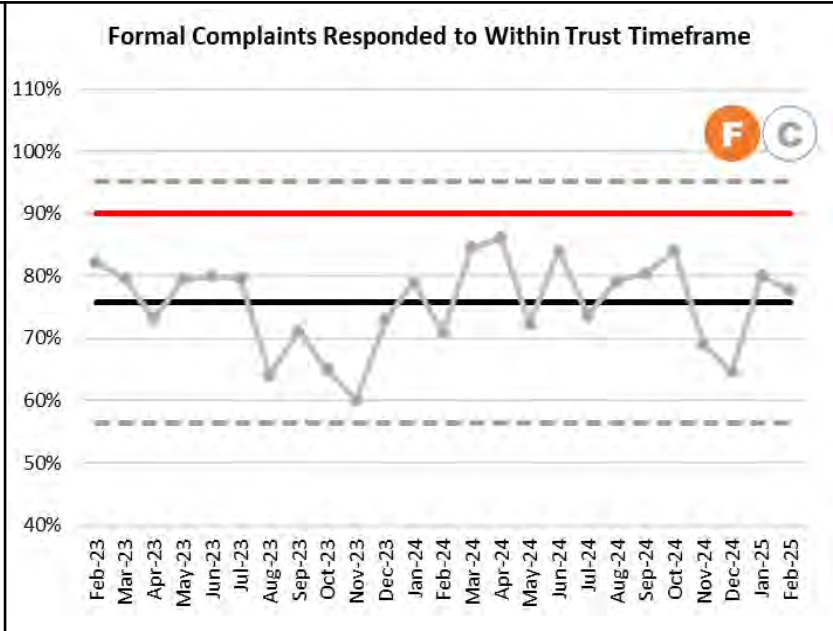
Formal Complaints Responded To Within Trust Timeframe (right panel)
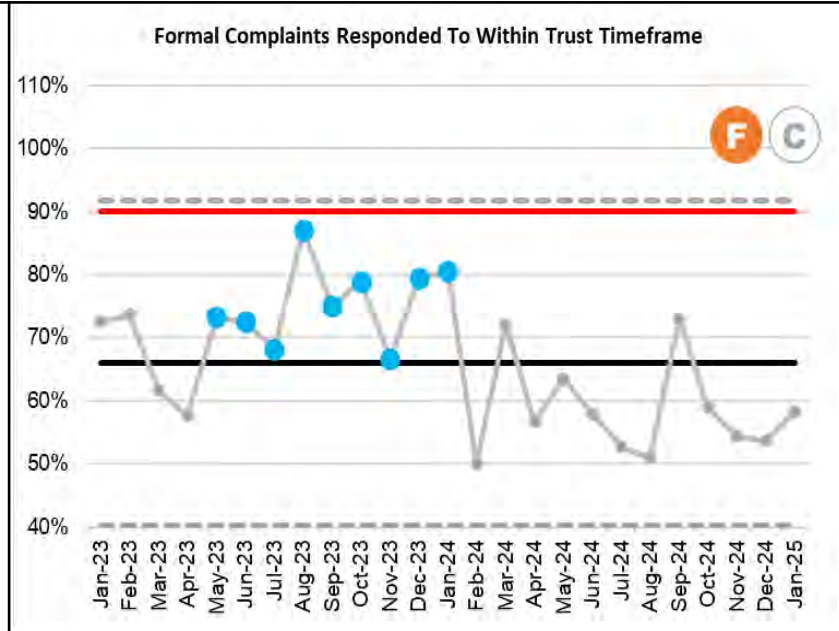
Latest Month	
Jan-25	
Target	
90.0%	
Latest Month's Position	
58.3%	
Performance / Assurance	
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration.	
Corporate Risk	
Risk 2680 - Complainants experience a delay in receiving a call back (12)	

Formal Complaints Responded To Within Trust Timeframe

Summary (left)

What does the data tell us?

In February 2025:
- The compliance rate marginally decreased from 80% in January to 78%.
- Out of 45 complaints due, 35 were closed within the agreed timescale, 6 were closed outside the agreed timescale, and 4 remained open at the time of reporting.

A breakdown by clinical division is shown here:

Actions being taken to improve

The Complaints and PALS Manager meets weekly with divisional Patient Experience teams to discuss cases due and those overdue. This provides an opportunity to discuss complexities and agree resolution.

Division	Response Rate %	Target %
ASCR	71%	90%
CCS	100%	90%
Medicine	63%	90%
NMSK	89%	90%
WaCH	88%	90%

Summary (right)

What does the data tell us?

Responses for 22 Formal Complaints, 89 Informal Complaints and 41 PALS Concerns were sent out to complainants. 86.5% of informal complaints (77 of 89) were responded to by the agreed deadline (target 90%), an improvement on the 79% reported for December. 54.5% of formal complaints (12 of 22) were responded to by the agreed deadline (target 90%), a similar percentage to the 53.6% reported for December.

97.6% of PALS concerns (40 of 41) were responded to by the agree deadline (target 90%), which compares favourably with the 81.3% reported for December.

Actions being taken to improve:

The PALS and Complaints teams at UHBW and NBT are working closely together to review and align practices where this is possible and desirable. From 1st April, UHBW will be changing its complaints taxonomy to match that of NBT, meaning that formal complaints will become simply 'complaints', whilst the category of informal complaints will disappear; the expectation is that the majority of cases which would currently be investigated as informal complaints will be taken forward as PALS concerns, with a timeframe of 10 working days, as per current informal complaints.

Impact on Forecast:

From 1st April there will be an increase in PALS concerns, because cases previously investigated as informal complaints will now become PALS concerns.

Our People
Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Our People	Workforce Turnover Rate	NBT	Feb-25	11.6%	11.9%	11.7%	P	L	Note Performance
		UHBW	Feb-25	10.8%	12.0%	11.1%	P*	C	Note Performance
Our People	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	NBT	Feb-25	5.6%	No Target	5.2%	N/A	L	Note Performance
		UHBW	Feb-25	3.3%	5.0%	3.1%	P*	C	Note Performance
Our People	Percentage Agency Usage	NBT	Feb-25	1.0%	3.2%	1.2%	P	L	Note Performance
		UHBW	Feb-25	0.6%	1.0%	0.7%	P*	L	Note Performance
Our People	Sickness Rate	NBT	Feb-25	4.6%	4.4%	4.6%	F-	L	Escalation Summary
		UHBW	Feb-25	4.4%	4.9%	4.7%	P*	C	Note Performance
Our People	Essential Training Compliance	NBT	Feb-25	92.4%	85.0%	92.5%	P*	H	Note Performance
		UHBW	Feb-25	90.4%	90.0%	90.6%	P	H	Note Performance

Assurance						Variation		
P*	P	?	F	F-	No icon	H	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

People
Sickness Absence

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

Sickness Rate

Latest Month
Feb-25
Target
4.9%
Latest Month's Position
4.4%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit where down is improvement.
Corporate Risk
No Corporate Risk

Summary

What does the data tell us?
The Trust rolling 12-month sickness absence rate has shown statistically significant improvement but have plateaued at 4.6% against a target for 2024/25 of 4.4%.

Actions being taken to improve
Staff Experience Team delivering wellbeing drop ins taking staff experience offer to teams, these can be booked via LINK 312 staff members have attended the sessions. Staff Health and Wellbeing draft plan approved at Executive Management Team - plan being shared with key stakeholders or feedback ahead of launch in April 2025. April Stress Awareness month campaign planned with Lunch & Learn webinars, regular communications and resources.

Summary

No narrative required as per business rules.

Finance
Position Statement

NBT - Statement of comprehensive income at 28 February 2025

This month the Trust has delivered a financial position £1.5m surplus above plan. The financial position for February 2025 shows the Trust has delivered a £1.8m deficit against a £0.8m planned deficit which results in a £1.0m adverse variance year to date.

Contract income is £22.9m better than plan. This is driven by additional pass-through income of £11.0m, and settlement of prior year contracts has delivered a £4.6m benefit.

Other income is £46.4m better than plan. The is due to new funding adjustments and pass through items, £39.8m favourable. The remaining £6.6m favourable variance is driven by prior period invoicing and additional activity, £3.3m favourable, and medical education funding, £2.3m favourable.

Pay expenditure is £20.5m adverse to plan. New funding adjustments, offset in income, have caused a £18.3m adverse variance. Undelivered CIP is £7.8m adverse and there are overspends on medical and nursing pay, £1.7m adverse. This is offset by AfC vacancies, £9.4m favourable.

Non-pay expenditure is £49.9m adverse to plan. Of which £32.5m relates to pass through items. This remaining adverse position is driven primarily by increased medical and surgical consumable spend to deliver activity, £6.4m adverse, and in tariff drugs, £2.4m adverse, which is supporting increased elective and non-elective activity. £6.9m is driven by items such as IT, Bristol Ambulance costs and UKHSA Activity.

	Month 11			Year to date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m
Contract Income	75.6	82.6	7.0	795.3	818.2	22.9
Income	1.1	9.3	8.2	49.0	95.5	46.4
Pay	(47.6)	(52.4)	(4.9)	(530.1)	(550.6)	(20.5)
Non-pay	(28.3)	(37.2)	(8.9)	(315.0)	(364.9)	(49.9)
Surplus/(Deficit)	**0.8**	**2.3**	**1.5**	**(0.8)**	**(1.8)**	**(1.0)**

UHBW - February 2025
2024/25 YTD Income & Expenditure Position

Net I&E deficit of £2,483k against a breakeven plan, an improvement of £1,926k from last month.

Total operating income is £39,673k ahead of plan due to higher than planned income from activities (£31,643k) and other operating income (£8,030k). The higher than planned position is primarily due to additional income received from ICB Commissioners and NHS England South-West Specialised Commissioning.

Total operating expenditure is £47,342k adverse to plan due to higher than planned non-pay costs of £25,109k and higher than planned pay expenditure of £22,004k. Higher than planned operating expenditure is due to higher than planned staff in post, the impact of non-pay inflation, higher than planned pass-through costs and the YTD shortfall in savings delivery.

Key Financial Issues

Recurrent savings delivery below plan – YTD CIP delivery is £29,310k, behind plan by £8,382k or 22%.

Recurrent savings YTD are £17,391k, an improvement of £1,894k in the month.
Delivery of elective activity below plan – elective activity must be delivered in line with plan. The cumulative YTD value of elective activity is £2,765k behind plan, an improvement of £348k in February.

Failure to deliver the financial plan – failure to deliver the planned savings and failure to earn the planned level of ERF would constitute a breach of the statutory duty to break-even and will result in regulatory intervention. A forecast outturn assessment has been completed and as a system, and with further mitigations, the break-even plan remains achievable.

Strategic Risks

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

Finance
Position Statement

NBT - Statement of Financial Position at 28 February 2025

Capital spend is £36.4m year-to-date (excluding leases). This is driven by spend on the Elective Centre, and is below the forecasted spend for Month 11.

Cash is £56.9m at 28 February 2025, a £5.7m decrease compared with Month 12. The decrease is driven by the I&E deficit and capital. Cash is expected to remain relatively stable in M12, resulting in a cash position of approximately £52.3m.

Non-Current Liabilities have decreased by £1.7m in Month 11 as a result of the national implementation of IFRS 16 on the PFI. This has changed the accounting treatment for the contingent rent element of the unitary charge which must now be shown as a liability. This change also accounts for the £69m increase in the Income and Expenditure Reserve for the year.

	23/24 Month 12 £m	24/25 Month 10 £m	24/25 Month 11 £m	In-Month Change £m	YTD Change £m
Non-Current Assets	538.4	546.0	552.4	6.4	14.0
Current Assets					
Inventories	11.7	11.7	11.8	0.2	0.1
Receivables	49.4	62.0	53.7	(8.2)	4.3
Cash and Cash Equivalents	62.7	32.0	56.9	25.0	(5.7)
Total Current Assets	123.8	105.6	122.5	16.9	(1.3)
Current Liabilities (< 1 Year)					
Trade and Other Payables	(99.9)	(78.0)	(93.6)	(15.7)	(6.3)
Deferred Income	(14.4)	(19.0)	(17.7)	1.3	3.3
Financial Current Liabilities	(23.6)	(23.6)	(23.6)	0.0	(0.0)
Total Current Liabilities	(138.0)	(120.6)	(134.9)	(14.3)	(3.1)
Non-Current Liabilities (> 1 Year)					
Trade Payables and Deferred Income	(6.2)	(6.5)	(6.5)	(0.0)	0.4
Financial Non-Current Liabilties	(571.8)	(581.7)	(580.0)	1.7	8.2
Total Non-Current Liabilities	(578.0)	(588.2)	(586.5)	1.6	8.6
Total Net Assets	(53.7)	(57.2)	(46.5)	10.6	7.2
Capital and Reserves					
Public Dividend Capital	485.2	507.3	516.9	9.5	31.7
Income and Expenditure Reserve	(541.8)	(610.8)	(610.8)	0.0	(69.0)
Income and Expenditure Account - Current Year	(69.0)	(25.6)	(24.5)	1.1	44.5
Revaluation Reserve	71.9	71.9	71.9	0.0	0.0
Total Capital and Reserves	(53.7)	(57.2)	(46.5)	10.6	7.2

UHBW - Year to Date Financial Position

In February, the Trust delivered a £1,926k surplus against the plan of break-even. The cumulative YTD position at the end of the month is a net deficit of £2,483k (£4,409k net deficit last month) against a breakeven plan. The Trust is £2,483k adverse to plan. The cumulative YTD net deficit is 0.2% of total operating income.

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

YTD pay expenditure is c3% higher than plan. Medical staffing costs in the Women's & Children's Division and nursing costs continue to cause significant overspends across Surgery, Specialised and Women's & Children's Division with continuing over-establishment and high nursing pay costs in total across substantive, bank and agency staff.

Agency and bank expenditure decreased in February. Agency expenditure in month is £714k, compared with £897k in January. Bank expenditure in month is £4,702k, compared with £5,158k in January and £4,069k in December.

Total operating income is higher than plan by £39,673k. The shortfall in ERF of £2,765k is offset by higher than planned pass-through payments, additional commissioner funding and additional other operating income.

	Month 11 Plan £000's	Month 11 Actual £000's	Month 11 Variance Favourable/ (Adverse) £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance Favourable/ (Adverse) £000's
Income from Patient Care Activities	90,902	97,154	6,252	1,025,102	1,056,745	31,643
Other Operating Income	10,137	12,095	1,958	111,508	119,538	8,030
Total Operating Income	101,039	109,249	8,210	1,136,610	1,176,283	39,673
Employee Expenses	(62,113)	(64,525)	(2,412)	(686,159)	(708,163)	(22,004)
Other Operating Expenses	(34,120)	(39,961)	(5,841)	(398,450)	(423,559)	(25,109)
Depreciation (owned & leased)	(3,717)	(3,941)	(224)	(39,993)	(40,221)	(228)
Total Operating Expenditure	(99,950)	(108,427)	(8,477)	(1,124,602)	(1,171,944)	(47,342)
PDC	(1,210)	(1,131)	79	(13,310)	(12,442)	868
Interest Payable	(247)	(204)	43	(2,717)	(2,440)	277
Interest Receivable	292	445	153	3,212	5,162	1,950
Net Surplus/(Deficit) inc technicals	(76)	(67)	9	(807)	(5,380)	(4,573)
Remove Capital Donations, Grants, and Donated Asset Depreciation	76	1,993	1,917	807	2,897	2,090
Net Surplus/(Deficit) exc technicals	0	1,926	1,926	0	(2,483)	(2,483)

Assurance and Variation Icons – Detailed Description

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

KEY

Note Performance	
Constitutional Standards and Key Metrics = Escalation Summary	

North Bristol NHS Trust

Perinatal Quality Surveillance Matrix (PQSM) Dashboard data

Month of Publication March 2025

Data up to January 2025

Activity	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Year to date average	Trend	SPC Variation	SPC Assurance	Comment
Number of women who gave birth (>=24 weeks or <24 weeks live)	461	440	447	425	459	449	444	444	463	481	397	454	448	447				
Number of women who gave birth (>=22 weeks)	463	442	448	426	459	448	444	444	463	482	397	455	447	448				
Number of babies born (>=24 weeks or <24 weeks live)	466	446	449	429	463	456	451	453	472	486	401	460	454	453				
Number of livebirths 22+0 to 26+6 weeks	0	3	1	3	4	3	5	4	0	2	4	2	0	2				
Number of live births 24+0 to 36+6 weeks	36	36	24	27	33	34	36	40	28	37	28	41	33	33				
Number of livebirths <24 weeks	0	1	1	1	0	1	3	2	0	1	3	1	1	1				
Induction of labour rate %	31.7%	31.4%	34.5%	32.7%	29.8%	30.1%	25.0%	28.8%	33.0%	31.0%	28.2%	30.4%	29.7%	30.5%				
Unassisted birth rate %	45.6%	43.2%	43.6%	43.1%	45.3%	46.1%	45.5%	45.5%	46.7%	42.2%	45.8%	43.8%	44.9%	44.7%				
Assisted birth rate %	9.1%	8.9%	11.2%	10.8%	8.5%	9.6%	8.6%	7.9%	8.0%	9.4%	8.3%	10.8%	9.6%	9.3%				
Caesarean section rate (overall) %	44.9%	47.5%	44.7%	45.9%	46.2%	43.0%	45.0%	46.4%	45.4%	48.4%	45.6%	44.9%	44.6%	45.6%				
Elective caesarean section rate %	20.6%	21.6%	19.9%	18.8%	17.2%	18.3%	20.5%	23.2%	19.7%	23.1%	21.4%	20.3%	21.4%	20.5%				
Emergency caesarean section rate %	24.3%	25.9%	24.8%	27.1%	29.0%	24.7%	24.5%	23.3%	25.7%	25.4%	24.2%	24.7%	23.2%	25.1%				

Safe - Maternity Workforce	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Year to date	Trend	SPC Variation	SPC Assurance	Comment
One to one care in labour (as a percentage)* excludes BBAs	99%	100%	99.7%	100%	100%	100%	100%	100%	100.0%	100%	100%	100%	100%	99.9%				
Compliance with supernumerary status for labour ward coordinator	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%%	99.9%				
Number of times maternity unit attempted to divert or on divert	0	1	0	0	0	1	1	1	0	1	1	1	1	0.6				
Number of obstetric consultant non-attendance to 'must attend' clinical situations	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Consultant Led MDT ward rounds on CDS day	100%	100%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99.8%				
Consultant Led MDT ward rounds on CDS evening/night	93.0%	96.0%	81%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96.7%				
Percentage of 'staff meets acuity' - CDS	69%	51%	67%	70%	71%	44%	62%	61%	62%	52%	67%	51%	55%	60.2%				
Percentage of 'up to 3 MWs short' - CDS										44%	29%	45%	41%					
Percentage of '3 or more MW's short' - CDS										4%	4%	5%	3%					
Confidence factor in Birthrate+ (data recording on CDS)	83.3%	89.7%	81.2%	85.0%	80.7%	81.7%	76.9%	78.5%	83.9%	75.8%	81.1%	80.0%	87.1%	81.9%				

Safe - Maternity Workforce	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Year to date	Trend	SPC Variation	SPC Assurance	Comment
Band 5/6/7 Midwifery Vacancy Rate (inclusive of maternity leave) WTEs	5.59%	8.04%	6.17%	3.06%	2.68%	1.43%	-1.25%	-2.19%	-1.17%	-1.23%	-1.45%	-1.12%	-2.14%	1.3%				
Obstetric Consultant Vacancy Rate (inclusive of maternity leave) WTEs									4.76%	4.76%	4.76%	4.76%	0.00%					Calculated using current obs PAs in job plans (154.26, excluding external PAs) / current + FMU post (162) currently being recruited. WTE is shared O&G. Vacances in Gynae with small impact on Obstetric activity
Obstetric Resident Doctor Vacancy Rate (inclusive of maternity leave) WTEs									0%	0%	0%	2%	2%					Locum shifts worked to cover sickness & pregnancy-related on-call changes, not vacancy.
Midwifery Shift Fill Rate (%) - acute services* day					60.1%	55.3%	52.7%	60.4%	51.4%	89.7%	90.3%	92.6%	93.7%	71.8%				
Midwifery Shift Fill Rate (%) - acute services* night					46.9%	55.8%	50.0%	52.8%	61.0%	98.2%	99.0%	100.7%	103.0%	74.1%				
Obstetric Shift Fill Rate - acute services* day									100%	100%	100%	100.0%	100.0%					On-call shifts only.
Obstetric Shift Fill Rate - acute services* night									100%	100%	100%	100.0%	100.0%					No consultant acting down required in Feb 25

Safe - Neonatal Workforce	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Year to date	Trend	SPC Variation	SPC Assurance	Comment
Number of NICU consultant non-attendance to 'must attend' clinical situations	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Band 5/6/7 Neonatal Nursing Vacancy Rate (inclusive of maternity leave) WTEs				18.00%	10.81%	4.58%	6.69%	9.62%	2.77%	3.23%	2.59%	7.70%	9.98%	7.60%				
Neonatal Nurse Qualified in Speciality establishment rate	35%	52%	54%	59%	59%	59%	55%	55%	43%	56%	56%	55%	52%	53%				
Neonatal Consultant Vacancy Rate (inclusive of maternity leave) WTEs									0%	0%	0%	0%	0%					Ongoing long-term sickness.
Neonatal Resident Doctor Vacancy Rate (inclusive of maternity leave) WTEs									0%	0%	0%	0%	7.60%					Includes ANNP & PA from as part of the tier 1 rota. 26 WTE for tier 1 & tier 2 rota. 1 WTE Maternity leave from Jan 25, 1 WTE appointment from tier 2 rota to specialist post on consultant rota, new starters in Feb 25 & March 25 with rotation.
Neonatal Nursing Fill Rate (%) - acute services* using BAPM acuity tool									100.0%	96.7%	98.2%	100.0%	98.3%					
Neonatal Nursing QIS Fill Rate (%) - acute services using BAPM acuity tool									54.2%	49.2%	63.6%	78.0%	73.3%					
Neonatal (Medical) Shift Fill Rate (%) - acute services* day using BAPM acuity tool									100%	100%	100%	100%%	100.0%					No unsafe shifts – some consultant acting down.
Neonatal (Medical) Shift Fill Rate (%) - acute services* Night using BAPM acuity tool									100%	100%	100%	100%%	100.0%					No unsafe shifts – some consultant acting down.

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

Safe - Delivery Metrics	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Year to date average	Trend	SPC Variation	SPC Assurance	Comment
Number of shoulder dystocias recorded (vaginal births)	11	5	9	7	8	9	8	9	8	8	9	9	10	8				
% of women with a high degree (3rd and 4th) tear recorded	2.8%	3.9%	3.6%	4.3%	5.3%	7.1%	5.7%	3.8%	3.6%	6.5%	7.4%	3.2%	5.6%	4.8%				
Number of women with a retained placenta following birth requiring MROP	6	9	4	8	12	8	11	6	12	13	3	9	9	8				
Number of babies with an Apgar Score <7 at 5 mins (all gestations)	3	6	11	6	6	11	17	5	10	9	8	7	5	8				

Infant Feeding & Skin to Skin	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Year to date average	Trend	SPC Variation	SPC Assurance	Comment
% of babies where breastfeeding initiated within 48 hours	84.0%	78.9%	82.3%	78.3%	80.9%	81.5%	77.6%	78.0%	84.5%	80.0%	82.5%	79.1%	76.3%	80.3%			?	
% of babies breastfeeding on Day 10	76.6%	74.0%	76.6%	76.4%	75.0%	72.3%	72.4%	72.8%	74.5%	76.7%	81.2%	73.5%	73.1%	75.0%		H	?	
% of babies breastfeeding at transfer to community	74.1%	67.8%	65.6%	70.9%	82.0%	69.5%	67.6%	65.9%	68.2%	69.5%	71.2%	66.9%	66.9%	69.7%			?	
% of babies where skin to skin recorded within 1st hour of birth	84.0%	83.8%	81.8%	82.8%	91.0%	83.7%	80.2%	81.4%	83.4%	81.1%	85.0%	81.2%	82.4%	83.2%			?	

Perinatal Morbidity and Mortality inborn	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Year to date average	Trend	SPC Variation	SPC Assurance	Comment
Total number of perinatal deaths (excluding late fetal losses)	2	1	3	1	2	4	1	4	4	0	3	4	6	2				
Number of late fetal losses 16+0 to 23+6 weeks excl TOP	1	4	0	1	0	0	5	0	3	2	4	1	2	2				
Number of stillbirths (>=24 weeks excl TOP)	1	0	1	0	1	2	0	2	2	0	1	1	5	1				
Stillbirths per 1000 live births	2.15	0.00	2.23	0.00	2.16	4.41	0.00	4.42	4.24	0.00	2.49	2.17	11.01	2.71			?	
Number of neonatal deaths : 0-6 Days	1	0	1	1	1	2	1	0	1	0	1	1	0	1				
Number of neonatal deaths : 7-28 Days	0	1	1	0	0	0	0	2	1	0	0	2	1	1				
Neonatal Deaths before 28 days per 1000 live births (ALL)	2.15	2.24	4.45	2.33	2.16	4.39	2.22	4.42	4.28	0.00	2.49	6.5	2.2	3			?	
* NND before 28 days per 1000 live births (Inborn babies only)	2.15	0.00	2.23	2.33	2.16	4.39	2.22	4.42	4.28	0.00	2.49	6.5	2.2	3			?	
PMRT grading C or D themes in report	1	2	1	0	1	3	2	1	4	0	0	2	3	1			?	
Suspected brain injuries in term (37+0) inborn neonates (no structural abnormalities) (MNSI referral)	0	0	0	1	0	0	0	0	0	0	1	1	3	0		L	?	

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

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

NICU Data	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Year to date average	Trend	Variation	Assurance	Comment
Neonatal Admission to NICU	52	57	51	42	45	42	38	45	48	50	33	55	50	47				
of which Inborn Babies booked with NBT	37	43	32	32	31	35	26	32	29	32	20	37	34	32				
of which Inborn Babies -booked elsewhere	1	3	2	6	6	0	4	5	2	2	4	2	0	3				
of which readmission	4	4	6	0	2	3	5	3	11	8	2	5	3	4				
of which ex-utero admission	8	7	11	4	3	4	3	3	3	8	6	9	7	6				
of which source of admission cannot be derived	1	0	0	0	3	0	0	2	3	0	1	2	3	1				
Neonatal Admission to Transitional Care	42	35	24	31	29	28	37	38	29	32	26	28	40	32				
Admission rate at term	4.2%	6.4%	5.2%	5.0%	4.2%	4.8%	2.9%	5.1%	3.6%	4.2%	2.7%	4.1%	6.0%	4.5%				
NICU babies transferred to another unit for higher/specialist care	5	9	6	4	5	4	6	4	6	0	2	4	8	4.6				
NICU babies transferred to another unit due to a lack of available resources	0	0	0	0	0	0	4	6	1	1	0	3	0	1.3				
NICU babies transferred to another unit due to insufficient staffing	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Attempted baby abduction	0	0	0	0	0	0	0	0	0	0	0	0	0	0				

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

Telephone Triage											Nov-24	Dec-24	Jan-25	Year to date	Trend	SPC Variation	SPC Assurance	Comment
Attendance to triage											820	850	822	83067%				
BSOTS KPI Initial assessment within 15 minutes											70%	63%	69%	67%				
NICE KPI Initial assessment within 30 minutes											91%	88%	91%	90%				
Calls answered by triage (Day 0730-2000)											907	916	902	912				
Calls answered by triage (Night 2000-0700)											293	334	291	314				
Phone calls abandoned on triage (Day 0730-2000)											134	176	146	152				
Phone calls abandoned on triage (Night 2000-0700)											27	34	22	28				
Calls answered by other clinical areas (CDS and Mendip - Day + Night)											688	729	726	714				
Phone calls abandoned in other clinical areas (CDS and Mendip - Day + Night)											23	20	18	20				

Perinatal Quality Surveillance (PQSM)

February 2025
UHBW Maternity

Maternity Workforce & Acuity

Variation / Assurance legend

Safe – Maternity Workforce	Target	Local Threshold			Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Year to date average	Trend	SPC		Comment	Countermeasure / Action
		G	A	R									Variation	Assurance		
One to one care in labour (as a percentage)* excludes BBAs	SBLv3 100%	100%		≤99%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		H~	?		
Compliance with supernumerary status for labour ward coordinator	SBLv3 100%	100%		≤99%	100%	100%	100%	100%	100%	100%	100.0%		~	?		
Number of times maternity unit attempted to divert or on divert	Local	0		≥2	3	0	0	0	0	0	0.3		~	?		
Number of obstetric consultant non-attendance to 'must attend' clinical situations	Local	0		≥2	0	0	0	0	0	0	0		~	?		
Consultant Led MDT ward rounds on CDS day	SBLv3 100%	100%		≤90%	100%	100%	100%	100%	100%	100%	100.0%		~	?		
Consultant Led MDT ward rounds on CDS evening/night	SBLv3 100%	100%		≤90%	100%	100%	100%	100%	100%	100%	100.0%		H~	?		
Percentage of 'staff meets acuity' – CDS	Birthrate + 100%	≥90%		≤85%	69%	73%	85%	87%	85%	82%	80.5%		~	?	Recommended lower target (suggested by Birthrate+) is 85%	
Confidence factor in Birthrate+ (data recording on CDS)	Birthrate + 60%	≥55%		≤45%	81.1%	79.0%	90.0%	88.2%	87.6%	88.1%	69.6%		H~	P~	Local target adjusted from 70% to 85% from January 2025 to reflect this	
Percentage of 'staff meets acuity' – Ward 73	Birthrate + 100%	≥90%		≤85%	64%	29%	79%	86%	52%	77%			~		Birthrate+ Acuity Tool for Ward areas released July 2024 insufficient historic data to calculate SPC	
Confidence factor in Birthrate+ (data recording on Ward 73)	Birthrate + 60%	≥55%		≤45%	9.2%	13.7%	23.3%	17.7%	20.2%	23.2%			~		Birthrate+ Acuity Tool for Ward areas released July 2024 insufficient historic data to calculate SPC	Action required to improve compliance with completing Birthrate + data submission
Percentage of 'staff meets acuity' – Ward 76	Birthrate + 100%	≥90%		≤85%	0%	36%	58%	56%	31%	30%			~		Birthrate+ Acuity Tool for Ward areas released July 2024 insufficient historic data to calculate SPC	
Confidence factor in Birthrate+ (data recording on Ward 76)	Birthrate + 60%	≥55%		≤45%	4.2%	17.7%	31.7%	20.2%	25.8%	42.0%			H~		Birthrate+ Acuity Tool for Ward areas released July 2024 insufficient historic data to calculate SPC	Action required to improve compliance with completing Birthrate + data submission

Birthrate Plus®

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

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

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

Central Delivery Suite (CDS)	Antenatal & Postnatal Inpatients (Ward 73)	Transitional Care (Ward 76)
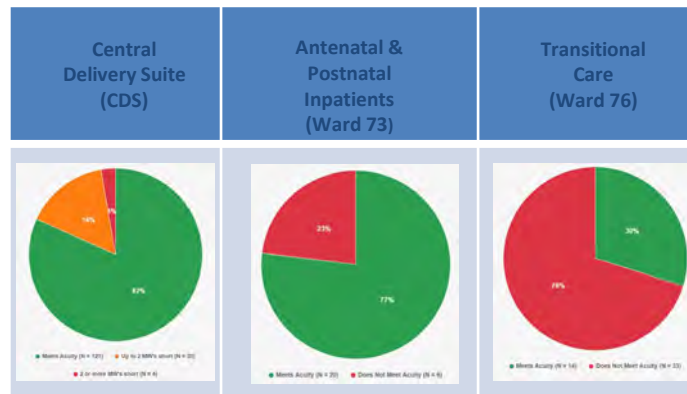
Is the standard of care being delivered?
- **No episodes where the supernumerary status of the CDS coordinator was not maintained**

What are the top contributing factors to over/under achievement?
- **Low compliance with completing Birthrate+ consistently on Ward 73 and Ward 76 impacts the reliability of this data**
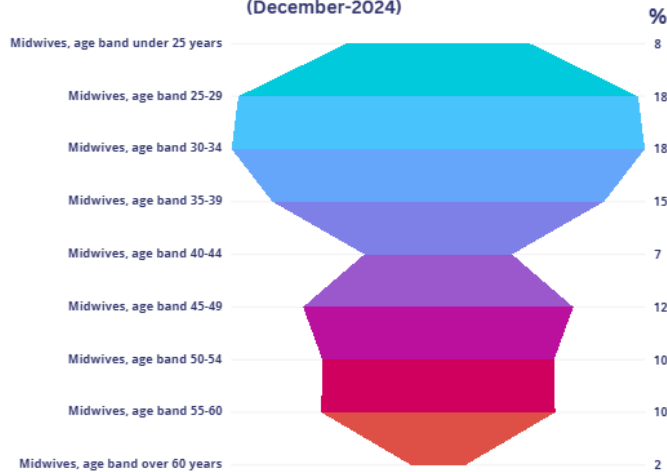
Maternity Workforce & Acuity

Variation / Assurance legend: Special Cause Concerning variation, Special Cause Improving variation, Special Cause neither improve or concern variation, Common Cause; Consistently hit target, Hit and miss target subject to random variation, Consistently fail target

Safe – Maternity Workforce	Target	Local Threshold			Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Year to date average	Trend	SPC		Comment	Countermeasure / Action
		G	W	R									Variation	Assurance		
Band 5/6/7 Midwifery Vacancy Rate (inclusive of maternity leave) WTEs	197.78 WTE 100%	≤5		≥10	6.48	2.95	3.16	1.16	0.16	0.16	5.39				Current vacancy rate of 0.16 wte, with 10.96 wte in onboarding process	
Obstetric Consultant Vacancy Rate (inclusive of maternity leave) WTEs		≤1		≥3	0.9	0.9	0.9	0.9	0.9	1.0					Short-term vacancacy due to maternity leave, anticipated vacancy will be filled by locum position in March 25	
Obstetric Registrar Vacancy Rate (inclusive of maternity leave) WTEs		≤1		≥3	2.4	2.4	2.4	2.4	2.4	-1.0						
Obstetric SHO Vacancy Rate (inclusive of maternity leave) WTEs		≤1		≥3	-1.0	-1.0	-1.0	-1.0	-1.0	0						
Midwifery Shift Fill Rate (%) – acute services* day	≥97.5%			≤95%	95.1%	92.3%	102.1%	99.5%	101.1%	87.6%						
Midwifery Shift Fill Rate (%) – acute services* night	≥97.5%			≤95%	87.4%	83.7%	98.8%	92.5%	95.1%	95.0%						
Obstetric Shift Fill Rate – acute services* day	≥97.5%			≤95%	98.2%	99.1%	96.7%	99.6%	98.3%	96.1%						
Obstetric Shift Fill Rate – acute services* night	≥97.5%			≤95%	98.9%	98.9%	100.0%	98.9%	100.0%	100.0%						
Anaesthetic (Obstetric) Shift Fill Rate (%) – acute services* day	≥97.5%			≤95%	100%	100%	98.2%	96.9%	100.0%	100.0%						
Anaesthetic (Obstetric) Shift Fill Rate (%) – acute services* night	≥97.5%			≤95%	100%	100%	100%	100%	99%	95.2%						

UHBW Midwives in post: demographics
Data Source: NHS Model Health System (December-2024)

	%
Midwives, age band under 25 years	8
Midwives, age band 25-29	18
Midwives, age band 30-34	18
Midwives, age band 35-39	15
Midwives, age band 40-44	7
Midwives, age band 45-49	12
Midwives, age band 50-54	10
Midwives, age band 55-60	10
Midwives, age band over 60 years	2

Midwifery Staff currently in the on-boarding process:
Band 7 – 0.0 wte   Band 6 – 0.0 wte   Band 5 – 10.96 wte

UHBW Midwives in post: Ethnicity
Data Source: NHS Model Health System (December-2024)

Demographic profile of staff in post: Ethnicity	Provider value	Peer average	National value	National value method	Chart
Midwives: Asian/Asian British	2.0%	1.8%	2.4%	Provider median	
Midwives, Black/African/Caribbean/Black British	4.4%	3.3%	5.7%	Provider median	
Midwives: Mixed/Multiple ethnic groups	2.7%	1.7%	2.0%	Provider median	
Midwives: Not stated	1.8%	1.7%	1.8%	Provider median	
Midwives: Other	0.3%	0.6%	0.9%	Provider median	
Midwives: White	88.8%	92.1%	89.2%	Provider median	

February 2025

Midwifery Maternity Rate:

8.4 wte

NICE Midwifery Red Flags

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

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

	Data Source	Reliability of Data	Rationalle for current reliability assessment	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Delayed or cancelled time-critical activity	Datix/ BadgerNet/ Birthrate +	Variable	Cat 1 and Cat 2 CS delays captured in BadgerNet. All other delayed or cancelled time-critical activities rely of Datix submission by clinical staff	17	18	12	15	23	18
Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	Datix/ Birthrate +	Variable	Relies on Datix submission by clinical staff	0	0	0	0	3	0
Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	Datix/ Birthrate +	Variable	Relies on Datix submission by clinical staff	7	4	2	2	2	6
Delay of more than 30 minutes in providing pain relief	Datix/ Birthrate +	Variable	Relies on Datix submission by clinical staff	0	0	0	0	1	0
Delay of 30 minutes or more between presentation and triage	BadgerNet/ Birthrate +	Good	Data extracted from BadgerNet	19.47% (111 attendances)	6.56% (40 attendances)	5.29% (32 attendances)	5.06% (29 attendances)	9.66% (64 attendances)	9.57% (5 attendances)
Full clinical examination not carried out when presenting in labour	BadgerNet/ Birthrate +	Good	Data extracted from BadgerNet	27.7% 103 assessments not completed / partially completed	15.9% 65 assessments not completed / partially completed	17.59% 57 assessments not completed / partially completed	16.6% 56 assessments not completed / partially completed	22.8% 85 assessments not completed / partially completed	19.8% 66 assessments not completed / partially completed
Delay of 2 hours or more between admission for induction and beginning of process	BadgerNet/ Birthrate +	Good	Data extracted from BadgerNet	78.8% 104 admissions for IOL experienced a delay of 2 hours or more from admission to time of first cycle Median time = 401 minutes	75.2% 109 admissions for IOL experienced a delay of 2 hours or more from admission to time of first cycle Median time = 352.5 minutes	74.4% 99 admissions for IOL experienced a delay of 2 hours or more from admission to time of first cycle Median time = 201 minutes	73.1% 106 admissions for IOL experienced a delay of 2 hours or more from admission to time of first cycle Median time = 274 minutes	80.15% 105 admissions for IOL experienced a delay of 2 hours or more from admission to time of first cycle Median time = 352 minutes	68.6% 94 admissions for IOL experienced a delay of 2 hours or more from admission to time of first cycle Median time = 230 minutes
Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	Datix/ BadgerNet/ Birthrate +	Variable	SEPIS trigger data extracted directly from BadgerNet. Recognition of abnormal urine output relies of Datix submission by clinical staff	6	4	5	5	8	2
Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	Datix/ BadgerNet/ Birthrate +	Good	Data extracted from BadgerNet	0	0	0	0	0	0

Neonatal Workforce & Acuity

Variation

Special Cause Concerning variation | Special Cause Improving variation | Special Cause neither improve or concern variation | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random variation | Consistently fail target

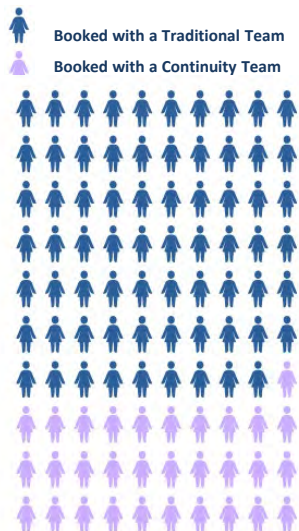| Safe – Neonatal Workforce	Target	Local Threshold			Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Year to date average	Trend	SPC		Comment	Countermeasure / Action
		G	A	R									Variation	Assurance		
Number of NICU consultant non-attendance to 'must attend' clinical situations	Local	0		≥2	0	0	0	0	0	0	0.08		(L)	(?)		
Band 5/6/7 Neonatal Nursing Vacancy Rate (inclusive of maternity leave) WTEs		≤5		≥10	-2.54	-7.54	-11.61	-2.91	-0.3	-2.91			(L)	(?)		
Neonatal Nurse Qualified in Speciality establishment rate	BAPM 70%	≥70%		≤60%	62.0%	62.0%	66.0%	61.0%	60.0%	61.0%	56.75%		(H)	(F)		A3 Project relating to QIS Staffing to be undertaken by NICU Matron and Deputy Director of Midwifery and Nursing
Neonatal Consultant Vacancy Rate (inclusive of maternity leave) WTEs		≤1		≥3	0	0	0	0	0	0			(~)	(?)	* 1.0wte consultant on LTS, locum recruited for 6 months (due to be in position by end of March 25)	
Neonatal Registrar Vacancy Rate (inclusive of maternity leave) WTEs		≤1		≥3	-0.7	-0.7	-0.7	-0.7	-0.7	0			(~)	(?)	Will be 0.7 at end of March for 6 months due to filling locum consultant role	
Neonatal SHO Vacancy Rate (inclusive of maternity leave) WTEs		≤1		≥3	0.9	0.9	0.9	0.9	0.9	0			(~)	(?)		
Neonatal Nursing Fill Rate (%) – acute services* day using BAPM acuity tool	≥97.5%			≤95%	98.4%	116.3%	100.6%	97.2%	100.8%	113.4%			(~)	(?)		
Neonatal Nursing Fill Rate (%) – acute services* night using BAPM acuity tool	≥97.5%			≤95%	104.6%	102.5%	105.3%	103.4%	105.0%	112.1%			(~)	(?)		
Neonatal Nursing QIS Fill Rate (%) – acute services* day using BAPM acuity tool	≥70%			≤60%	62.4%	77.3%	65.0%	58.3%	61.5%	72.1%			(~)	(?)		A3 Project relating to QIS Staffing to be undertaken by NICU Matron and Deputy Director of Midwifery and Nursing
Neonatal Nursing QIS Fill Rate (%) – acute services* night using BAPM acuity tool	≥70%			≤60%	62.4%	63.2%	66.6%	64.7%	60.1%	73.1%			(~)	(?)		
Neonatal (Medical) Shift Fill Rate (%) – acute services* day	≥97.5%			≤95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			(H)	(?)		
Neonatal (Medical) Shift Fill Rate (%) – acute services* Night	≥97.5%			≤95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			(H)	(?)		

SONAR Workforce

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

	Staffing (Funded)	Vacancy Rate	February Uncovered Shifts
Nursing Tier	12.0	0.41 WTE	Data Pending
Middle Tier	12.0	0.49 WTE	Data Pending
Consultant	24 hr cover		Data Pending

Maternity Metrics: February
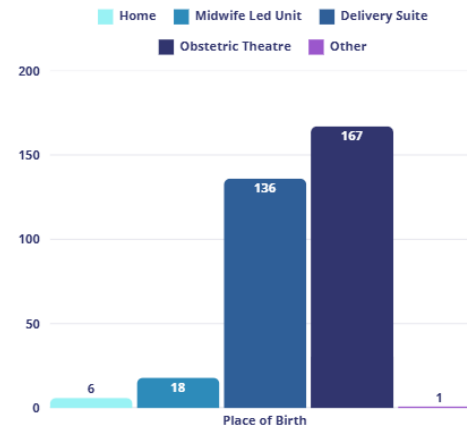
Percentage of Women booked with a Continuity Team (%)

👨 Booked with a Traditional Team
👩 Booked with a Continuity Team

Mode of Birth
332 Registerable Babies born during February 2025

- Vaginal Birth (unassisted)
- Forceps
- Ventouse
- Elective Caesarean
- Emergency Caesarean

Emergency Caesarean 23.5%
Vaginal Birth (unassisted) 40.7%
Elective Caesarean 23.8%
Ventouse 4.2%
Forceps 7.8%

Location of Birth

- Home
- Midwife Led Unit
- Delivery Suite
- Obstetric Theatre
- Other

Place of Birth	Count
Home	6
Midwife Led Unit	18
Delivery Suite	136
Obstetric Theatre	167
Other	1
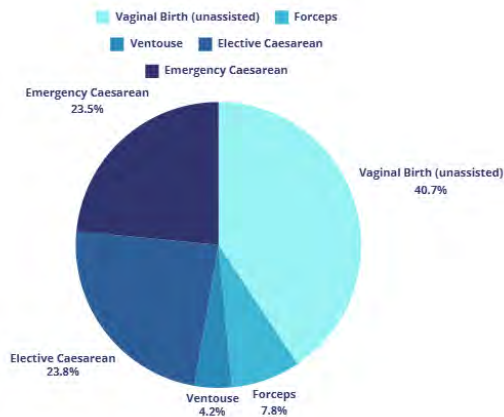
Induction of Labour Rate
41.2%

VBAC
16.4%

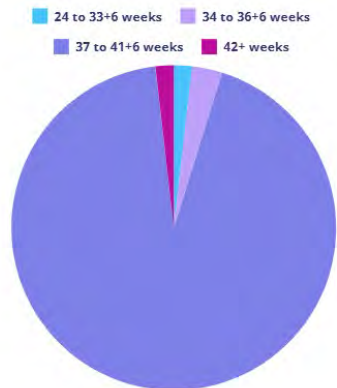### Shoulder Dystocia's (% of vaginal births)
1.1%

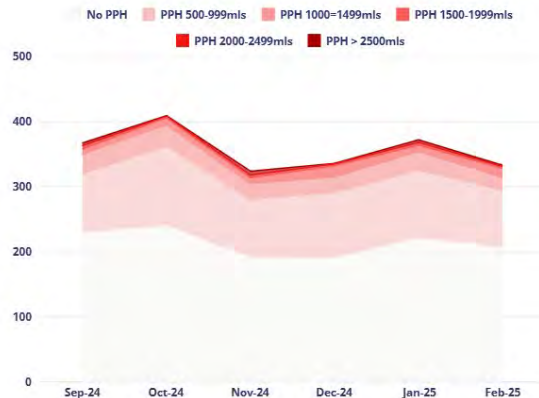### % of women commencing vaginal birth sustaining a 3rd/4th degree tear
3.9%

Gestation at Delivery
332 Registerable Babies born during February 2025

- 24 to 33+6 weeks
- 34 to 36+6 weeks
- 37 to 41+6 weeks
- 42+ weeks

Postpartum Haemorrhage (PPH)
(Count of women)

- No PPH
- PPH 500-999mls
- PPH 1000=1499mls
- PPH 1500-1999mls
- PPH 2000-2499mls
- PPH > 2500mls

Sep-24, Oct-24, Nov-24, Dec-24, Jan-25, Feb-25

Infant Feeding & skin to skin (%)

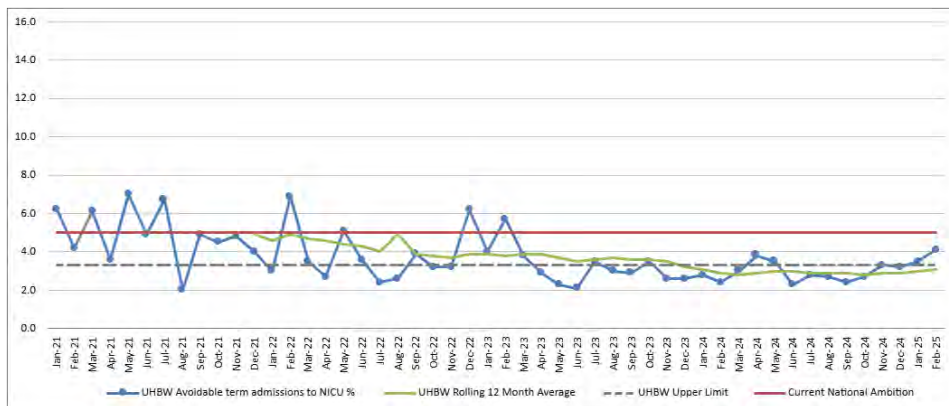|	
Breastfeeding initiated within 48 hours	74.8%
Babies breastfeeding on day 10	75.8%
Babies breastfeeding at transfer to the community	70.4%
Skin-to-skin within first hour of birth	80.3%

Neonatal Metrics: February

Neonatal Commissioned Cot Summary

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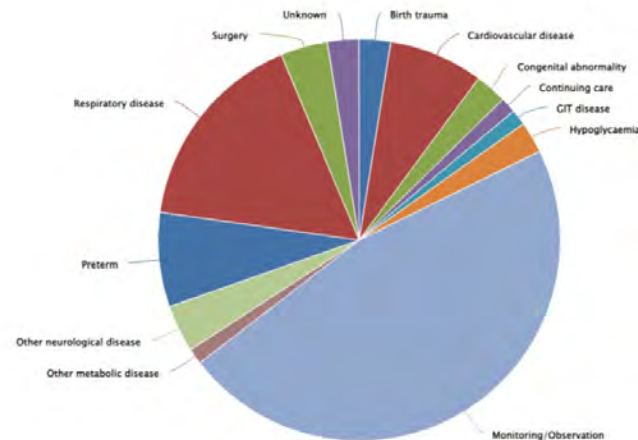Special Care (SC) Cots = 8
Transitional Care (TC) Cots = 16

Neonatal Cot Summary - February 2025
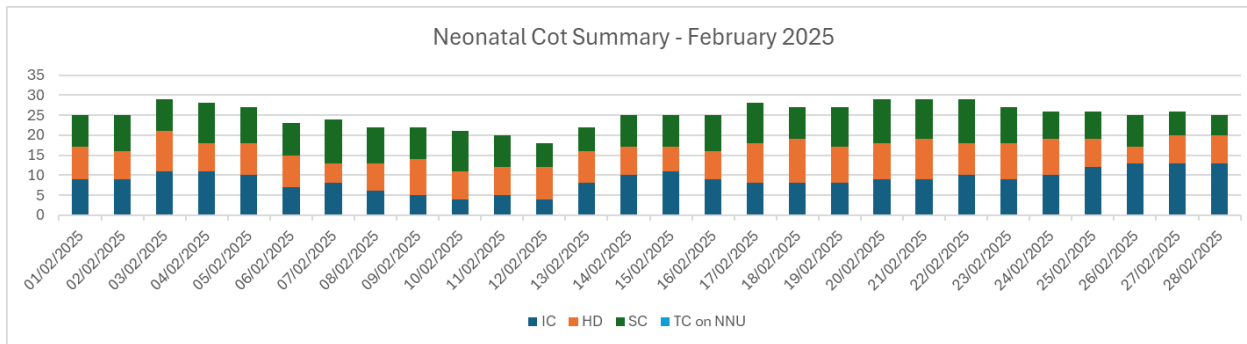
Avoidable Term Admission Rate in NICU (ATAIN)

UHBW Avoidable term admissions to NICU % — UHBW Rolling 12 Month Average - - - UHBW Upper Limit —— Current National Ambition

NNU* Principal reason for first admission
*NNU includes babies requiring neonatal care admitted to either NICU, Transitional Care or the Postnatal Ward
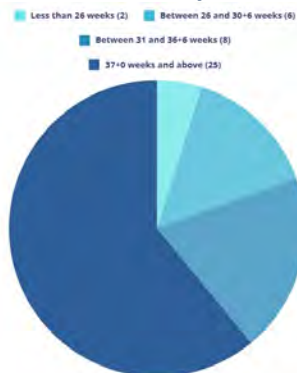

NICU Admission by Source
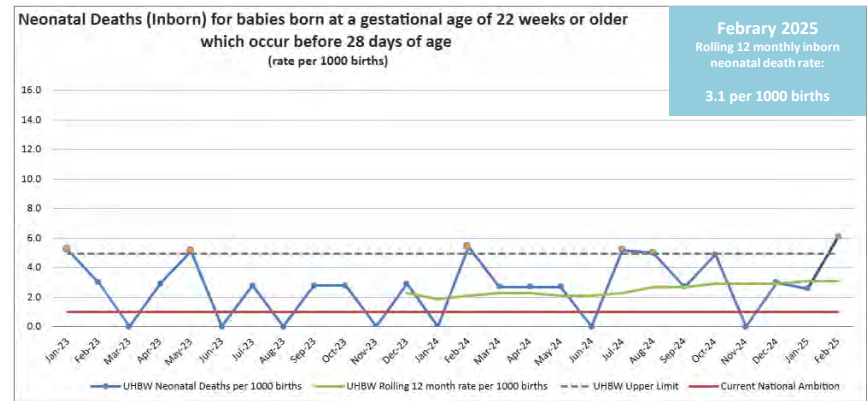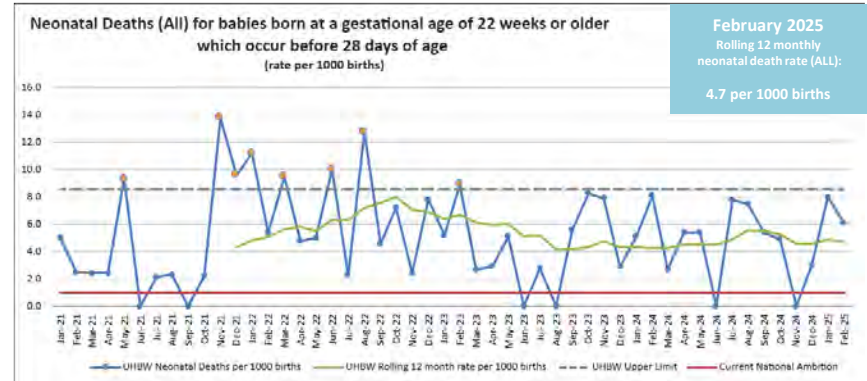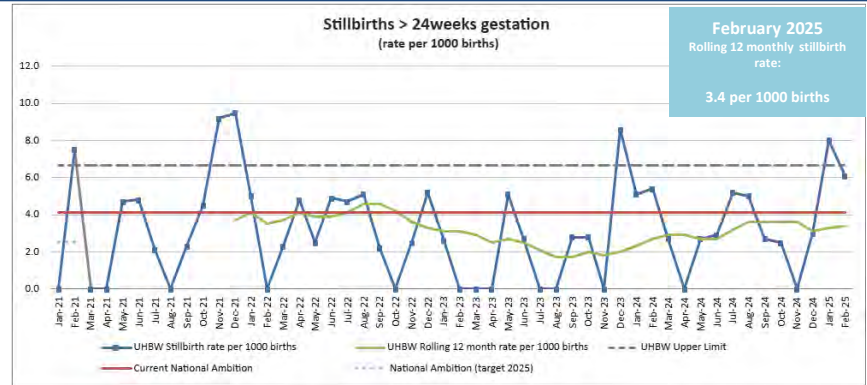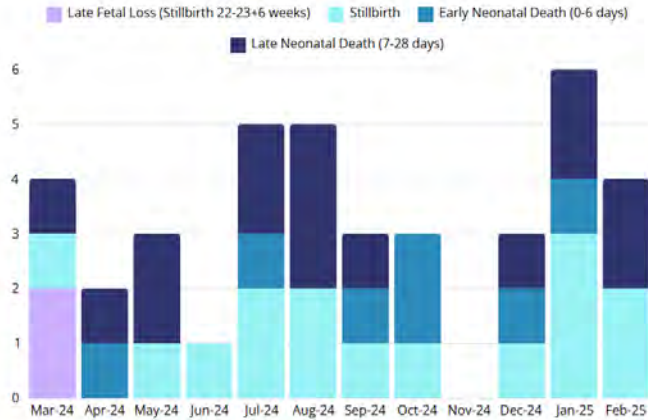**41 Babies Admitted to NICU in February 2025**

Readmission 4.9%
Ex-utero admission 19.5%
Inborn babies booked elsewhere 2.4%
Inborn babies booked with UHBW 70.7%
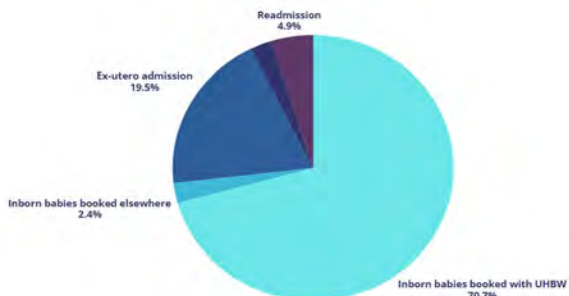
NICU Admission by Gestation

Less than 26 weeks (2)
Between 26 and 30+6 weeks (6)
Between 31 and 36+6 weeks (8)
37+0 weeks and above (25)

Perinatal Mortality & Morbidity

UHBH Perinatal Mortality
Stillbirths and Neonatal Deaths

Legend: Late Fetal Loss (Stillbirth 22-23+6 weeks) · Stillbirth · Early Neonatal Death (0-6 days) · Late Neonatal Death (7-28 days)
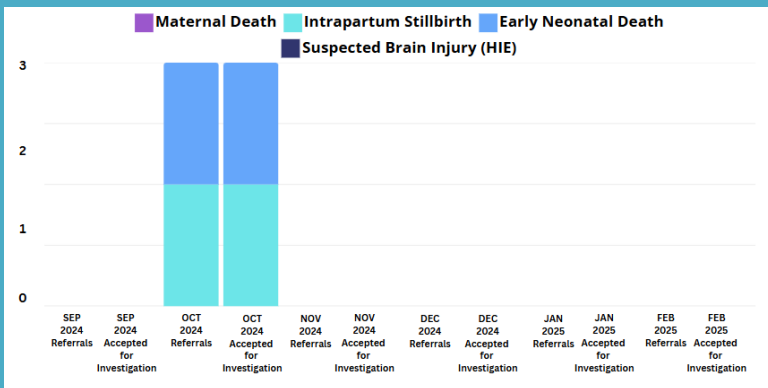
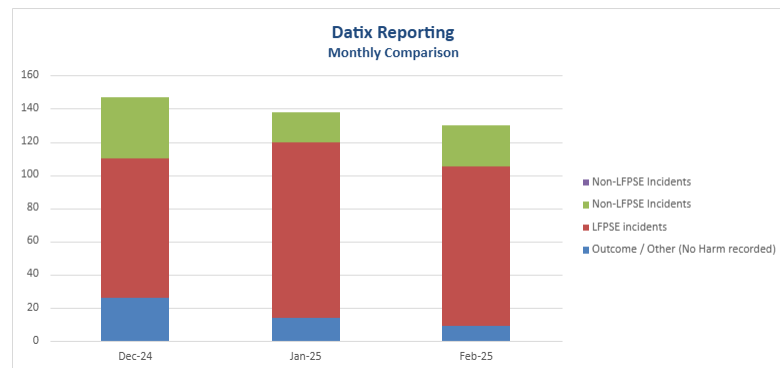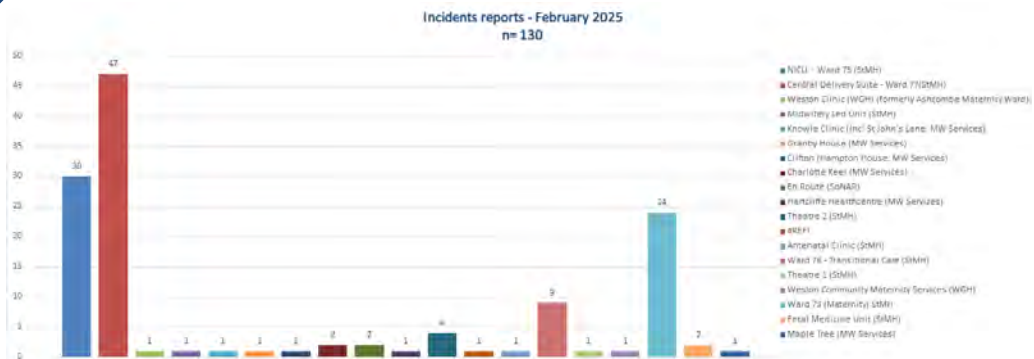## Maternity and Newborn Safety Investigations (MNSI)

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

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

• maternal deaths in England

MNSI Referrals & Investigations by Criteria

Legend: Maternal Death · Intrapartum Stillbirth · Early Neonatal Death · Suspected Brain Injury (HIE)

Stillbirths > 24weeks gestation
(rate per 1000 births)

February 2025
Rolling 12 monthly stillbirth rate:
3.4 per 1000 births

Neonatal Deaths (All) for babies born at a gestational age of 22 weeks or older which occur before 28 days of age
(rate per 1000 births)

February 2025
Rolling 12 monthly neonatal death rate (ALL):
4.7 per 1000 births

Neonatal Deaths (Inborn) for babies born at a gestational age of 22 weeks or older which occur before 28 days of age
(rate per 1000 births)

Febrary 2025
Rolling 12 monthly inborn neonatal death rate:
3.1 per 1000 births

Incident Reporting & Reviews

Incidents reports - February 2025
n= 130
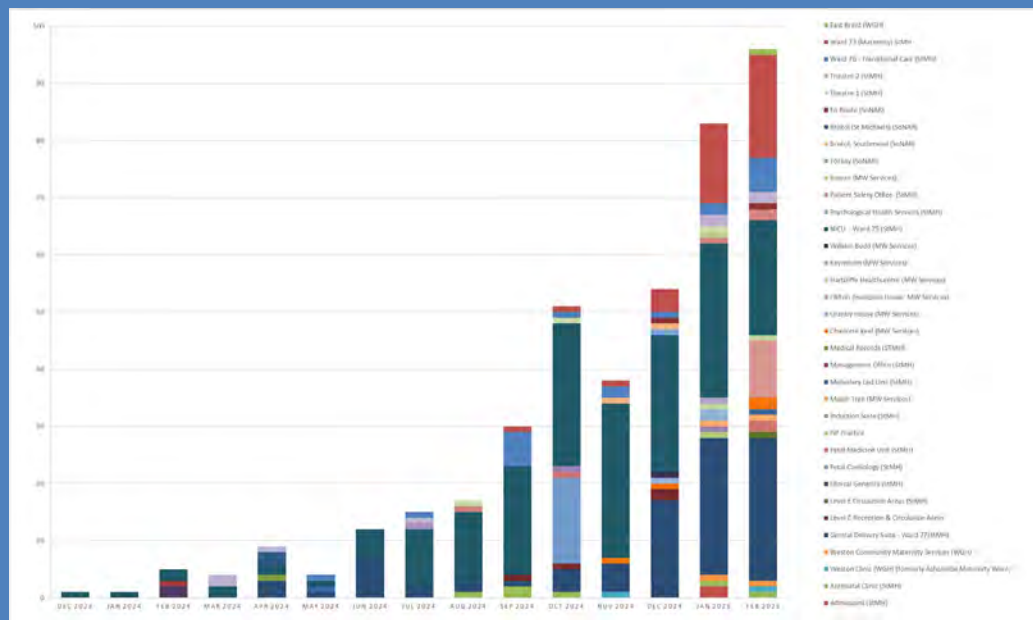
Datix Reporting
Monthly Comparison

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

Steady progress, although slower than desirable being made.

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

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

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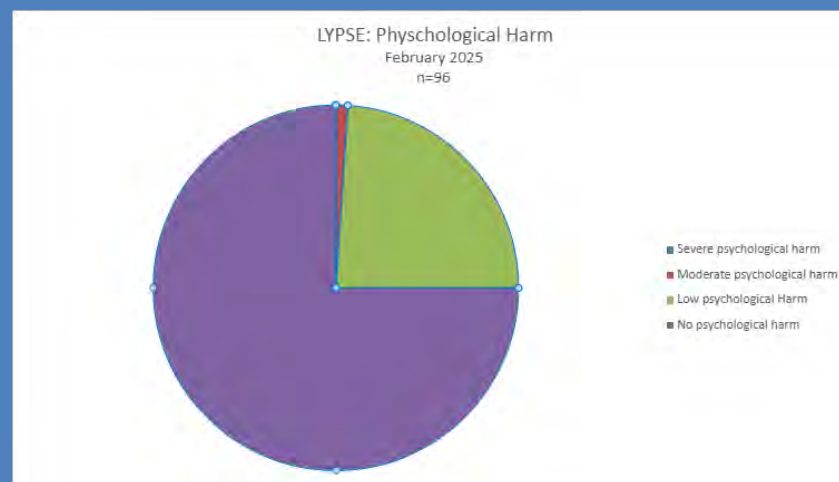
Incident Reporting & Reviews

A total of 130 Datix were reported in February 2025, these consisted of 25 non-LFPSE incidents, 96 LFPSE incidents and 9 'other' events

Non-LFPSE Incidents by Degree of Harm
February 2025
n= 25

Non-LFPSE Incidents by Category
February 2025
n=25
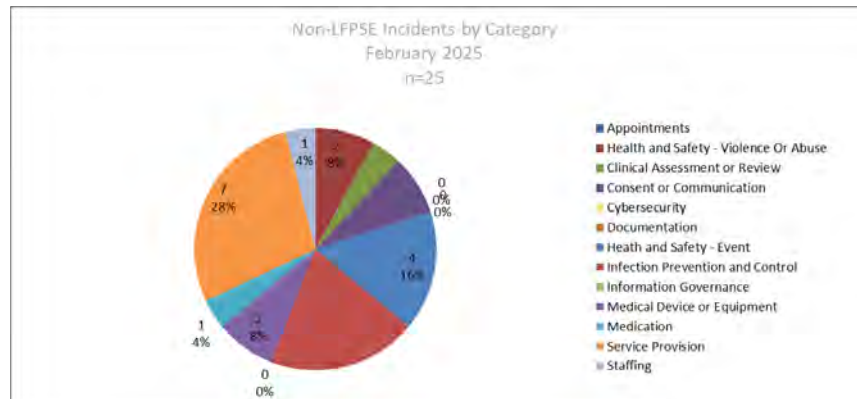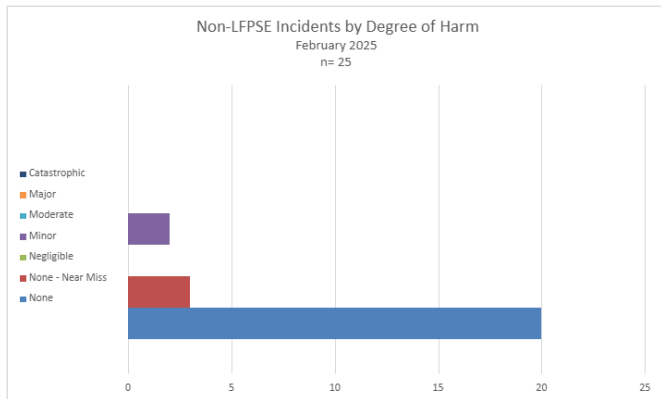
Learning from Patient Safety Events (LFPSE)

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

LYPSE: Physical Harm
February 2025
n=96

LYPSE: Physchological Harm
February 2025
n=96
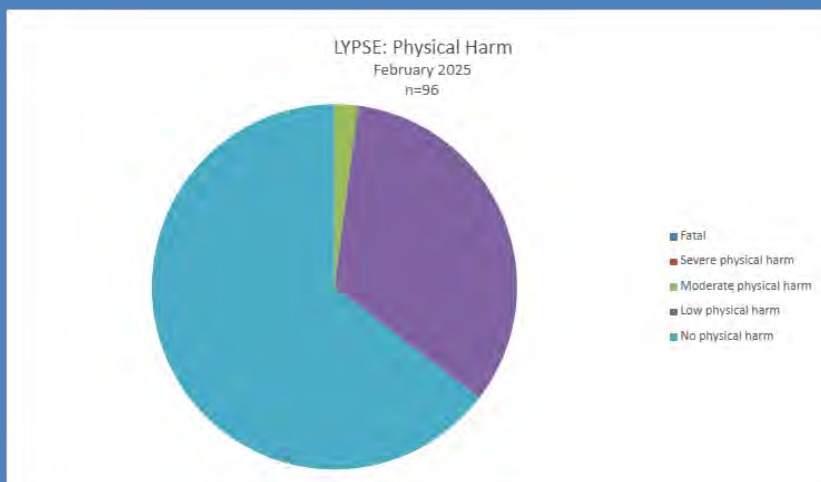
Incident Reporting & Reviews

New Cases Reported in February 2025

Datix	Date of Incident	Harm	Incident	Outcome / Learning / Actions	MNSI Reference (If applicable)
283367	03/02/2025	Moderate physical harm Moderate psychological harm	Hysterectomy At Or Following Caesarean Section	**Meets criteria for PSIRF Learing Response:** Verbal DOC completed, written DOC completed **For review in M&M forum**	N/A
284077	26/02/2025	Moderate physical harm No psychological harm	Treatment Recognised Complication	**Initial incident review to be completed to confirm level of harm** Long line extravastion into pleural cavity	N/A

Incident Reporting & Reviews

Ongoing MNSI Investigations / PSIIs

Datix	Date of Incident	Harm	Incident	Outcome / Learning / Actions	MNSI Reference (If applicable)
254196	25/04/2024	Severe physical harm Moderate psychological harm	Emergency Caesarean for fetal wellbeing Post-operative Illius with conservative manangement Subseqent bowel perforation / ICU admission	**Meets criteria for PSIRF Learing Response:** Verbal DOC completed, written DOC completed in conjuction with Surgical Services Joint RIR Meeting held with Surgical Services Accepted for **Trust PSII** (investigation due to commence July 2024) Referral for psychological services completed Initial patient debrief meeting held 15/07/2024	N/A
No Datix Submitted	26/05/2024		(HEMS) admission to PICU (BCH) following postnatal collapse at home of a baby born at Gloucester MRI - Evidence of Hypoxic Ischaemic Enchelopathy (HIE)	Ongoing MNSI Investigation (Gloucester Referral) **UPDATE Requested from MNSI**	MI-037464
265400	22/08/2024	No physical harm Moderate psychological harm	Intrapartum Stillbirth	MNSI Investigation Draft report received and circulated for factual accuracy review **Awaiting updated draft report**	MI-038042
269518	03/10/2024	No physical harm Moderate psychological harm	Intrapartum Stillbirth	Ongoing MNSI Investigation Delay in draft report - due to change of MNSI investigation team - anticipated early April 2025	MI-038599
270410	11/10/2024	Outcome	Early Neonatal Death (Day 6 Collapse at home)	MNSI Investigation Draft report received and circulated for factual accuracy review **Awaiting updated draft report**	MI-038674
279844	16/01/2025	Never Event	Retained Vaginal Swab following instrumental delivery	**Meets criteria for PSIRF Learing Response:** Verbal DOC completed, written DOC completed Accepted for **Trust PSII** (Referral for psychological services completed, Investigation commenced	N/A

Maternity Safety Support Programme:

N/A

Coroner's regulation 28:

N/A

Service Insights: Patient & Staff Engagement

Patient Safety Walk Round
February 2025

Departments: Ward 76 (Transitional Care)
                 Ward 73 (Antenatal/Postnatal/IOL)

Date: Wednesday 26th February 2025

All staff spoken to felt that they could raise concerns if they had any

Discussion with long standing ward member of staff very positive feedback regarding ward leadership and changes that they have brought on the ward, support for complex safeguarding cases and plans for safeguarding supervision. Teamwork and happy team felt very positive place to work.

Staff shared feeling really valued by completion of Greatix.

Timely Completion of Birthrate Plus acuity tool for both Wards was discussed

- Keys for the medicine cupboards were found unsecured on the cupboard in the treatment rooms of both wards

- A drug key bunch was found unattended on the trolley in the treatment room of ward 76

- An unlocked medication drawer was observed, posing a potential risk of unauthorised access and compromising medication security in ward 76 .

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

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

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

MIS Year 6

Compliance Achieved

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

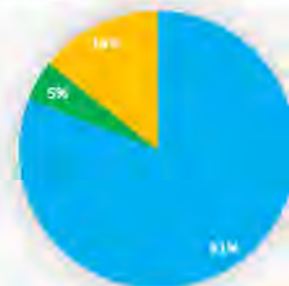## Compliance with National Directives: Three Year Delivery Plan

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

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

- **Theme 1**: Joint project with LMNS and UHBW to achieve all personalised care objectives across LMNS and Trust responsibilities in BNSSG

- **Theme 1**: Collect and disaggregate local data and feedback by population groups. LMNS working on dashboard, LMNS to update on plan once dashboard is launched and how the availability of the system dashboard will support this objective

- **Theme 2**: Develop future leaders via succession planning, ensuring this pipeline reflects the ethnic background of the wider workforce. Both Trusts to review workforce data by ethnicity (breakdown of banding and ethnicity) and work with LMNS to.

- **Theme 3**: Consider culture, ethnicity and language when responding to incidents (NHSE 2021). Recording ethnicity of incident data requires improvement. Scoping Joint plan.

- **Theme 4**: Implement version 3 of the Saving Babies' Lives Care Bundle and adopt the national MEWS and NEWTT-2 tools. Awaiting v3.2 of SBL to implement and implementation plan for NEWTT-2 and MEWS needed (system wide)

Joint system level progress review scheduled for September 2025

TYDP Progress Overview Feb 2025

Key
- BAU/Completed or taking place through an existing forum/group
- Proposal in place, ready to commence
- Proposal to be defined / agreed

Compliance with National Directives: Ockenden

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

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

Next Steps for Progression:

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

	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)