

Integrated Quality and Performance Report

Month of Publication August 2025
Data up to June 2025

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Key to KPI Variation and Assurance Icons

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

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

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

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

Further Reading / Other Resources

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

[NHS England » Making data count](#)

Scorecards Explained

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

Name of Metric/KPI.

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

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

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

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

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

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

The actual performance for the most recent month.

The actual performance for the previous month.

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

Business Rules and Actions

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

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

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

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

Executive Summary – Group Update

Responsive

Urgent Care

UHBW ED 4-hour performance improved to 77.0% during June (75.3% in May) for all attendance types, including type-3 footprint uplift. A combination of increasing demand, high bed occupancy, continued high levels of NCTR and patients presenting with infectious disease creating a challenging clinical, operational and performance environment. Thus, impacting on 12-hour total time in the Emergency Department and ambulance handover metrics. For NBT, ED 4-hour performance declined marginally to 62.2% for June 2025 (70.2% % with footprint uplift). NBT is actively working with the GIRFT team to align their findings with their UEC programme and a summary of this was presented at NBT’s Quality Outcomes Committee.

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

Elective Care

UHBW successfully eliminated 65 week waits by the end of 2024/25 and compliance is forecast for Q2 with the exception of cornea graft due to previously reported national shortage of graft material which has resulted in six patients waiting beyond 65 weeks at the end of June, noting that NHSE formal dispensation for cornea graft still applies. Both Trusts have set the ambition that less than 1% of the total waiting list will be waiting 52 weeks by the end of March 2026, with NBT already achieving this ambition.

Diagnostics

For June, NBT’s diagnostic performance met the national constitutional standard, reporting at 0.97%. UHBW has continued to deliver against plan in June with performance of 16.5% reported against the plan of 16.5%. Diagnostic recovery plans are in place to continue to meet the recovery trajectory, with further improvement in performance expected during Q2.

Cancer Wait Time Standards

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

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

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

Executive Summary – Group Update

Quality

Patient Safety

NBT and UHBW had one MRSA bacteraemia case reported each in June. This is the first case for UHBW following zero cases for five months. There were eight cases of Clostridioides Difficile in June, five Hospital Onset Hospital Acquired (HOHA) and three Community Onset Hospital Acquired (COHA). This brings us to 31 year to date (21 HOHA 10 COHA). This compares to 38 cases within the same time-period in 2024/25. At NBT there were 9 hospital onset hospital acquired and 3 community onset. This brings the NBT total position of 27 compared to a trajectory of 79.

The number of falls at UHBW in June 2025 (127) is slightly more than May 2025 (125). There are two falls with harm in June 2025, this is higher than the previous month (0). NICE have published NG249 - Falls; assessment and prevention in older people and people 50 and over at higher risk. A compliance self-assessment report has been completed; the gap analysis was shared at the UHBW Dementia Delirium and Falls Steering Group and actions are being identified. The NICE guidance is currently under review at NBT with an expected deadline for review in September.

During June 2025, UHBW had 310 medication related incidents. three medication incidents were reported as causing moderate, or severe harm or death this month. two further incidents are currently undergoing additional harm validation. If harm is found to have occurred, this will be reported to board next month. The dataset pre-April 2024 is based on previous harm descriptors in place in the Trust. The data indicates a good reporting culture with a low percentage of harm incidents (0.97%) compared to number of incidents. The continued phased rollout of the new Clinical Medicine Management (CMM) has occurred in June at UHBW which has now gone live at the Bristol Royal Infirmary (BRI). Bristol Royal Children's Hospital and St Michael's Hospital are due to move over in July.

At NBT, the rate of medication incidents was 5.2 per 1000 bed days, just above the 6-month average of 5.1. Incidents of harm remain low with two incidents reporting moderate harm or above. A proposal concerning resources for medicines safety improvement is currently being prepared with the aim of supporting medication practice and change. This will be complemented by the implementation of the new CMM in the autumn.

In June, 46 patients were eligible for the Best Practice Tariff across the Weston and Bristol Royal Infirmary Fracture Neck of Femur services, 37% (17/46) patients received care that met the Best Practice Tariff, 37% (17/46) received surgery within 36 hours attributed to a lack of available theatre space on both sites (14), patients requiring further medical optimisation (1), delay to diagnosis (1) (patient required an MRI) and requiring a specific surgeon (1). It is expected that once the elective care centre at Southmead is fully operational, time to theatre for patients with fracture neck of femur will improve, impacting overall Best Practice Tariff achievement.

Patient & Carer Experience

UHBW in May 2025, 52% (16/31) of complaints responses sent out by UHBW were within the agreed deadline. 81% (100/124) of responses to PALS concerns sent out by the Trust in May were within the agreed timescale. This category includes cases which until 31/3/25 were categorised by UHBW as informal complaints. A deep dive report on the multi-factorial reasons why complaints are not responded within agreed deadlines to the Quality and Outcomes Committee in June. Reasons identified include clinician capacity, the increasing complexity of complaints received, and current gaps in key divisional complaints support roles. Benchmarking also shows that many trusts are working to longer timescale for more complex complaints, typically up to 60 working days.

In June 2025, 62% of formal complaints at NBT were responded to within the agreed timeframe, down from 68% in May and below the 90% target. Performance remains within control limits but has declined across most divisions, with ASCR notably underperforming. Weekly oversight meetings and a complaints tracker are in place to support reviewing case progress, address complexities, agree proportionate extensions, timely resolution and escalation. A meeting is being arranged with ASCR to explore how performance can be improved. While divisions are prioritising improvement, capacity constraints continue to impact compliance. The central complaints team, in collaboration with divisional leads, will continue to closely monitor performance to support recovery and drive sustained improvement. There are ongoing discussions with UHBW colleagues to align the approach and processes for managing timely responses to complaints and concerns.

Executive Summary – Group Update

Our People

Finance

Our People

Please note the following variance in metric definitions:

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

Sickness – NBT report rolling 12-month sickness whereas UHBW report the absence in month

Staff in Post – NBT source this data from ESR and UHBW source this data from the ledger. Vacancy is calculated by deducting staff in post from the funded establishment.

Work is in progress to move towards aligned metrics and where appropriate targets in common.

Turnover at NBT is 10.5% in June, below the NBT target of 11.3% for 2025/26 (registered clinical professions turnover is lower than the Trust position and unregistered clinical professions, estates and ancillary and administrative and clerical staff are higher). At UHBW turnover is 9.5% in June and below target.

The vacancy rate at NBT has increased from 6.4% to 7.3% in June predominantly driven by increases in establishment associated with the Bristol Surgical Centre and staff on maternity leave. At UHBW the vacancy rate for June is 2.6% and remains the same as the previous month.

For NBT, sickness remains at 4.6% which is above the target of 4.4% and for UHBW sickness is at 4.3% which has increased from 3.9% the previous month and below target.

Essential Training

NBT's essential training compliance is 83.6% in Jun-25, below the target of 85%. Our position is driven by the lower completion of Level 2 Oliver McGowan Training on Learning Disability and Autism (OMMT). To date 84.7% colleagues have completed Level 1 eLearning (part A) and 7.0% have completed part B (online interactive session). Further 19.3 % colleagues have completed Level 2, this is a full day in person multi-agency programme across Bristol, North Somerset and South Gloucestershire. Availability of Level 2 sessions has been limited, we are working with system partners to increase availability, and as such will continue to focus on improving availability and uptake throughout 2025/26. All other mandatory training topics are above 85% compliance'.

Overall essential training compliance within UHBW is at 90.4%, a marginal drop of -0.1% but above the trust target of 90%. Compliance rates are above target in most of the core skills subjects, except for information governance (89.5%), moving and handling (77.0%) and resuscitation (76.6%). The rate for resuscitation has increased by 0.7% since last month, however information governance and moving and handling both see a drop in compliance (by -0.5% and -1.3% respectively.)

Finance

In Month 3 (June) NBT delivered a £1.2m deficit position which was on plan. Year to date NBT has delivered a £3.7m deficit position against a £3.8m deficit plan, which was £0.1m favourable to plan.

UHBW delivered a breakeven position in June, against a deficit plan of £1.9m. UHBW's year to date deficit is £8.2m, in line with plan and an improvement of £1.9m from last month.

Pay expenditure within NBT is £0.3m favourable to plan in month, however there were overspends in nursing and healthcare assistants due to escalation and enhanced care, which were offset by vacancies in consultant and other agenda for change staff groups.

Pay expenditure in UHBW is £1.6m higher than the plan for June and £1.2m higher year to date. This is due to staffing exceeding budgeted establishments, particularly across nursing budgets. The position is partly offset by higher than planned pay savings.

The NBT cash balance as at the 30 June 2025 NBT is £41.3m, a £36.1m reduction from 31 March 2025.

The UHBW cash balance as at the 30 June 2025 is £69.3m, a £3.0m reduction from 31 March 2025.

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	RTT Percentage Over 52 Weeks	NBT	Jun-25	0.4%	1.0%	0.5%	P	L	Note Performance
		UHBW	Jun-25	1.4%	1.2%	1.4%	F-	L	Escalation Summary
Responsive	RTT Ongoing Pathways Under 18 Weeks	NBT	Jun-25	66.1%	64.7%	64.6%	F	H	Escalation Summary
		UHBW	Jun-25	64.9%	64.9%	64.6%	F-	H	Escalation Summary
Responsive	RTT First Attendance Under 18 Weeks	NBT	Jun-25	72.0%	70.7%	70.1%	F	H	Escalation Summary
		UHBW	Jun-25	66.5%	67.4%	67.1%	F-	H	Escalation Summary
Responsive	Diagnostics % Over 6 Weeks	NBT	Jun-25	1.0%	1.00%	1.0%	?	L	Note Performance
		UHBW	Jun-25	16.5%	16.5%	17.3%	?	C	Escalation Summary
Responsive	Cancer 28 Day Faster Diagnosis	NBT	May-25	75.0%	79.3%	77.2%	?	H	Note Performance
		UHBW	May-25	77.7%	77.0%	79.3%	P	H	Note Performance
Responsive	Cancer 31 Day Decision-To-Treat to Start of Treatment	NBT	May-25	86.5%	85.5%	88.9%	?	H	Escalation Summary
		UHBW	May-25	97.4%	96.0%	96.9%	P	H	Note Performance
Responsive	Cancer 62 Day Referral to Treatment	NBT	May-25	62.9%	70.4%	66.9%	?	C	Escalation Summary
		UHBW	May-25	78.2%	73.2%	75.7%	P	H	Note Performance
Responsive	Last Minute Cancelled Operations	NBT	Jun-25	0.7%	0.8%	0.7%	P	C	Note Performance
		UHBW	Jun-25	1.9%	1.5%	1.8%	?	C	Escalation Summary

Assurance

P*

P

?

F

F-

No icon

Consistently Passing Target

Meeting or Passing Target

Passing and Falling Short of Target

Falling Short of Target

Consistently Falling Short of Target

No Specified Target

Variation

H

L

C

H

L

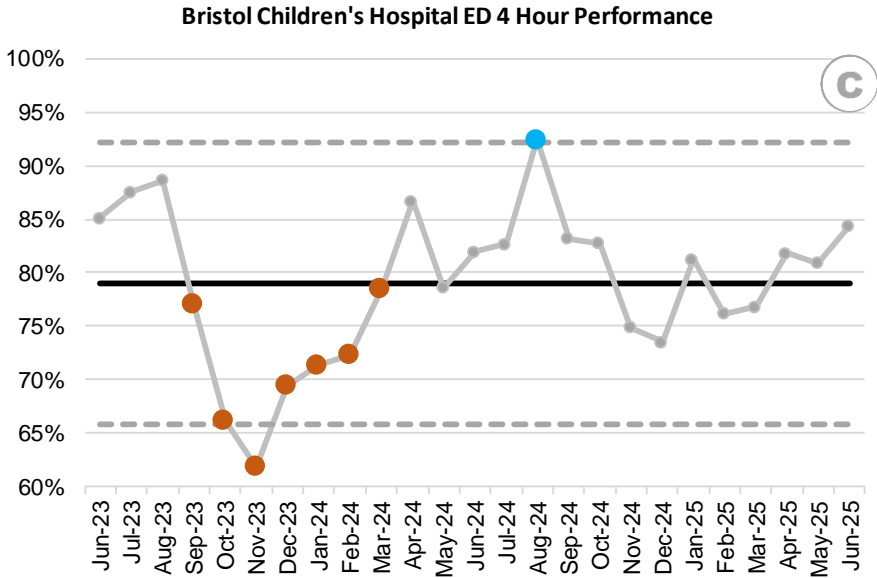
Improving Variation

Common Cause (natural) Variation

Concerning Variation

Responsive

UEC – Emergency Department Metrics



Bristol Children's Hospital ED 4 Hour Performance

Latest Month

Jun-25

Target

No Target

Latest Month's Position

84.4%

Performance / Assurance

Common Cause
(natural/expected) variation with no target.

Corporate Risk

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

What does the data tell us?
An improved position in BRHC performance overall ED 4-hour at 84.4% in June compared to 81.98% in June 2024.

Actions being taken to improve

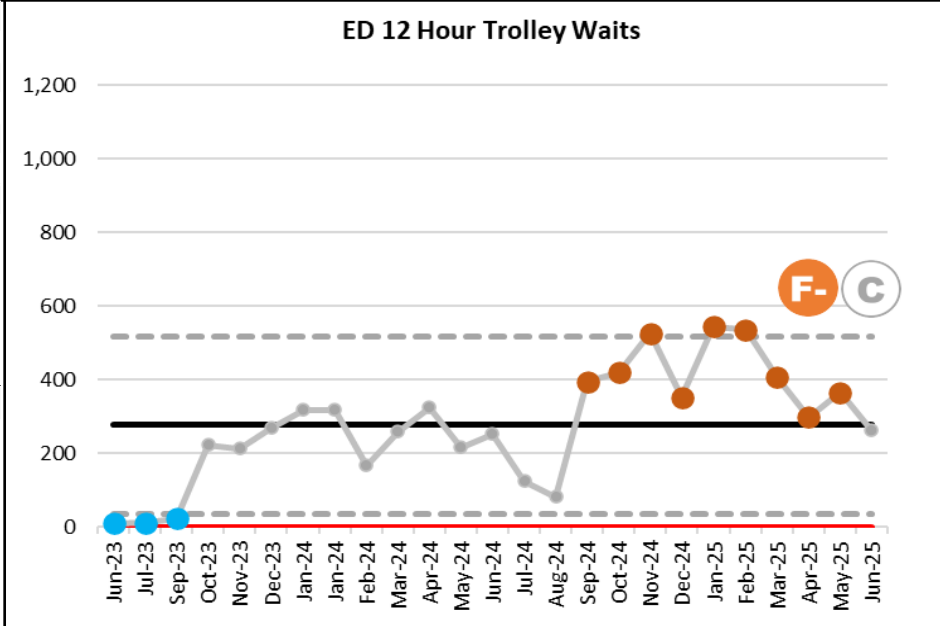
- Whole hospital review and updated document of escalation plans to improve 4-hour performance.
- Our Oncology day unit (Ocean) during working hours now have an open access bed which will allow ED patients to be transferred quicker.
- The department is working with Brisdoc to open fully our pACE service where GP’s and Community Partners can contact a Paediatric clinician to discuss clinical concerns, the aim of the service is to provide advice and guidance to avoid ED attendances.
- BRHC are working with SWAST and wider hospital to improve ambulance handover times and quicker transfer to an inpatient bed.
- BRHC are reviewing process to board and pre-emptive bed utilisation.
- Weekly meeting introduced to discuss 12-hour breaches.

Impact on forecast
Forecasting improvement plans will continue to iterate and improve.

Responsiveness

UEC – Emergency Department Metrics

Latest Month
Jun-25
Target
0
Latest Month's Position
263
Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



What does the data tell us?

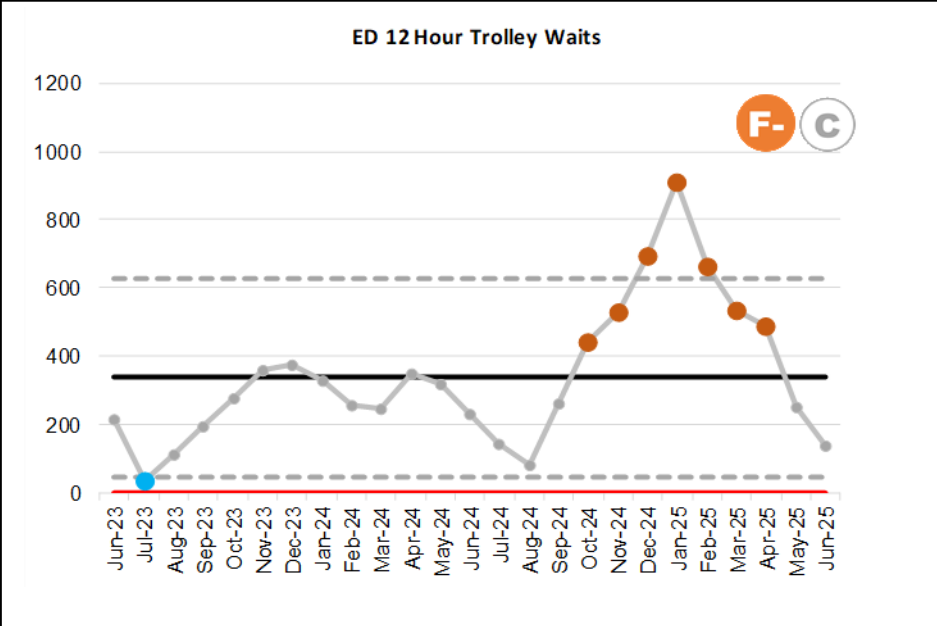
The number of 12 Hour trolley waits decreased compared to the previous month to 263.

Actions being taken to improve

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

Impact on forecast

See previous slide.



What does the data tell us?

The number of 12 Hour trolley waits has decreased again throughout June to 137 compared to 252 in May and has been steadily decreasing since Jan '25.

Actions being taken to improve

Note actions from previous two slides.

Impact on forecast

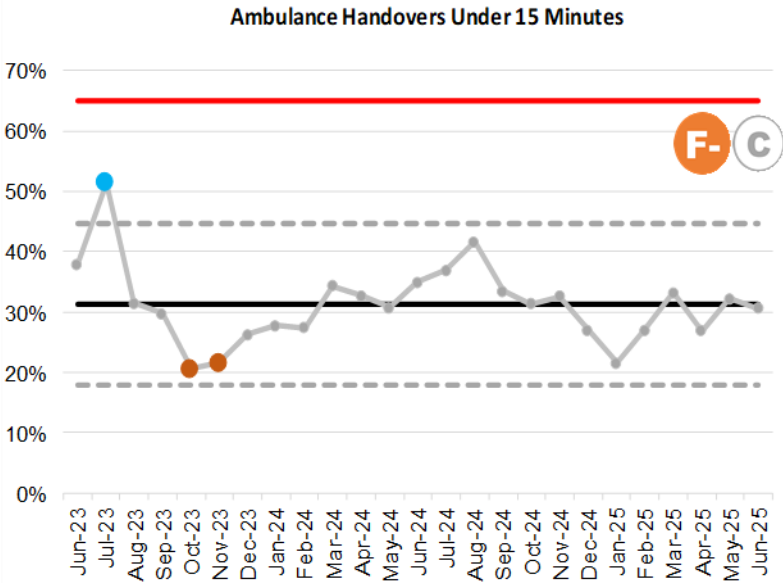
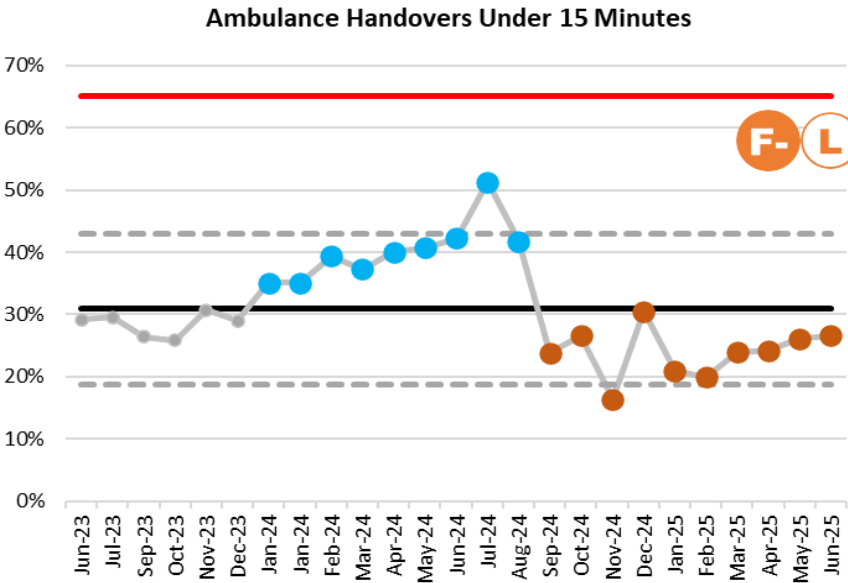
Along with improvement work noted against the 4-hour and 12-hour standard, it is anticipated that 12-hour trolley waits will continue to reduce in July as a result of the enhanced focus and re-launch of the ED Quality Standards in relation to “Speciality Reviews” in particular.

Latest Month
Jun-25
Target
0
Latest Month's Position
137
Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration.
Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20) Risk 2614 - Risk that patient care and experience is affected due to being cared for in extra capacity locations

Responsiveness

UEC – Ambulance Handover Delays

Latest Month
Jun-25
Target
65.0%
Latest Month's Position
26.6%
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).



Latest Month
Jun-25
Target
65.0%
Latest Month's Position
30.6%
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)

What does the data tell us?

The proportion of handovers completed within 15 minutes has continued to improve over the last three reporting months.

Actions being taken to improve

A piece of rapid improvement work commenced from 15 July focussing on improving the proportion of handovers within 15 minutes. The work focuses on increasing early discharges and ensuring that assessment areas have empty beds and patients can be moved from the Emergency Department, enabling capacity for timely handover.

Impact on forecast

The rapid improvement work is expected to drive up the proportion of handovers completed within 15 minutes.

What does the data tell us?

Ambulance handovers within 15 mins have decreased slightly across UHBW throughout June (30.6% compared to May at 32.2%).

Actions being taken to improve

Actions are noted on the previous slide.

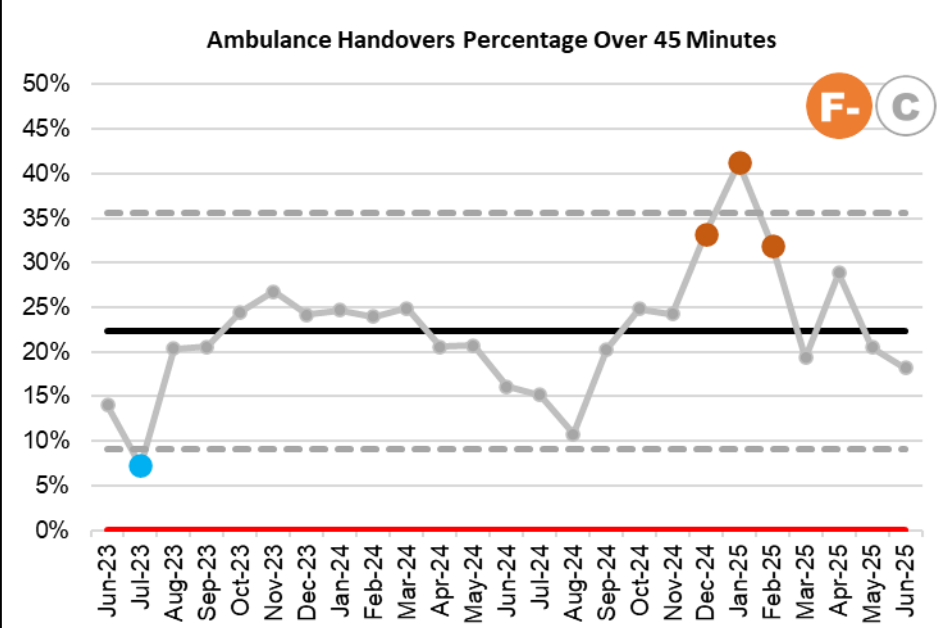
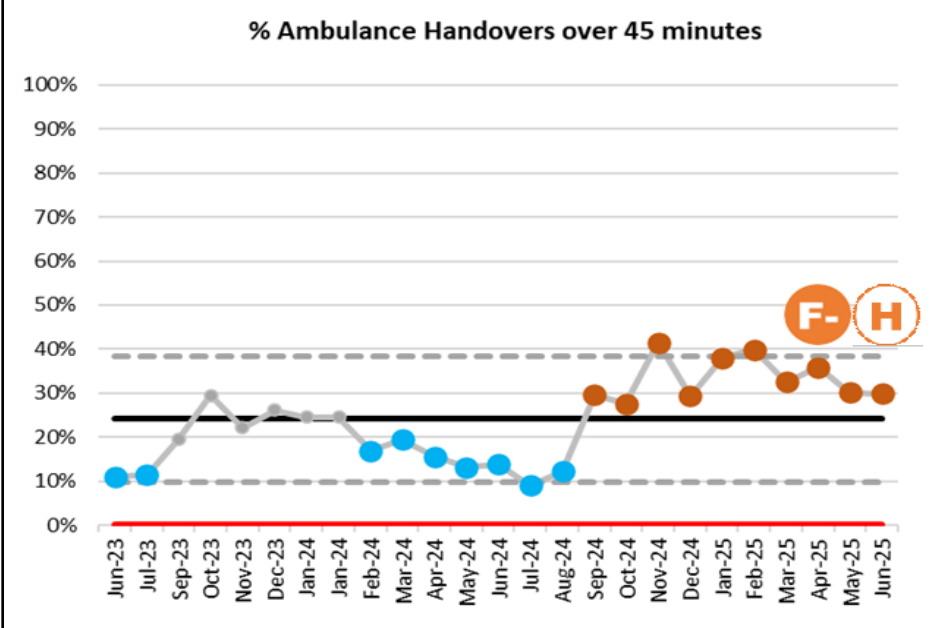
Impact on forecast

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

Responsiveness

UEC – Ambulance Handover Delays

Latest Month
Jun-25
Target
0.0%
Latest Month's Position
29.9%
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).



Latest Month
Jun-25
Target
No Target
Latest Month's Position
18.2%
Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration.
Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?

The proportion of handovers completed within 45 minutes was just under 30% for June 2025.

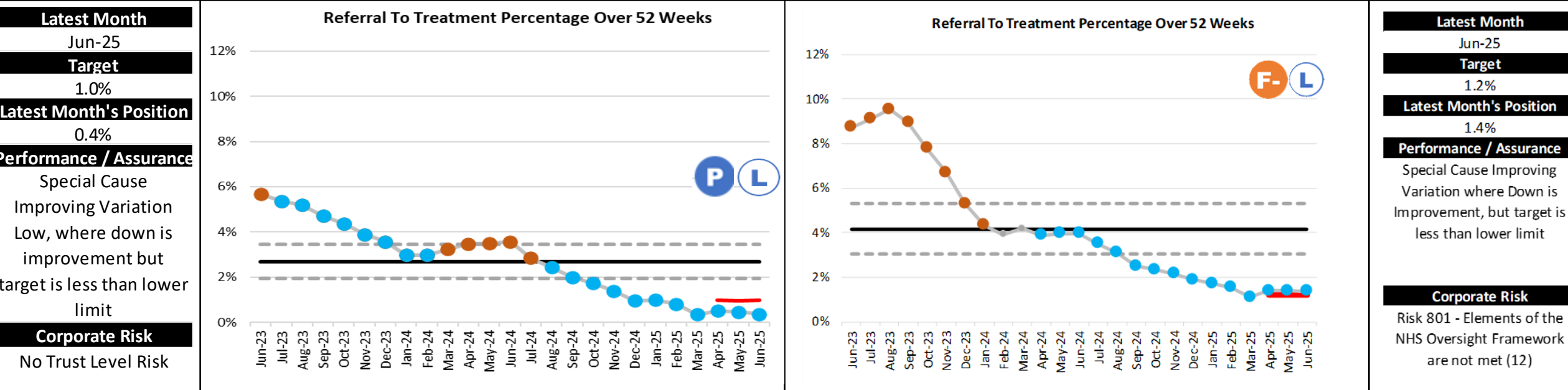
Actions being taken to improve

In partnership with SWAST NBT implemented the Timely Handover Plan on 30 June 2025. This process sees us using a series of escalation huddles, including very senior Divisional and Operations staff, to unlock actions which create ED exit flow and therefore offloading space. These huddles are bedding in, but feedback from Divisional colleagues is positive that the impact is earlier flow.

Impact on forecast

The escalation huddles, plus the wider work of the UEC programme to improve overall UEC performance, is expected to result in ongoing improved handover performance.

See Previous Slides for Ambulance Handover Summary



No narrative required as per business rules

What does the data tell us?

At the end of June 759 were waiting 52 weeks or more for treatment (773 in May), with long waits predominantly noted in dental and paediatric specialties. This equates to 1.4% of the total waiting list against the 1.2% trajectory set for June 2025 as part of the trust operational planning submission (national target <1% by March 2026). There were six 65-week wait breaches, all of which relate to patients who require cornea graft material and, whilst there is sufficient internal capacity to date these patients, the national shortage of graft material prevented treatment in month. The overall waiting list size decreased during June (55,123) by just over 100 patients in comparison to May.

Actions being taken to improve

Actions include a combination of augmentation to better align resources to the scale of the demand challenge, underpinned ultimately with support from productivity improvements, advertising for additional staff, additional WLIs and super Saturdays and use of insourcing and waiting list initiatives.

Recovery plans being enacted in specialties with more challenged waiting times.

Impact on forecast

Anticipating recovery in line with trajectory during Q2.

The End of Year Target for this measure is 0.9%

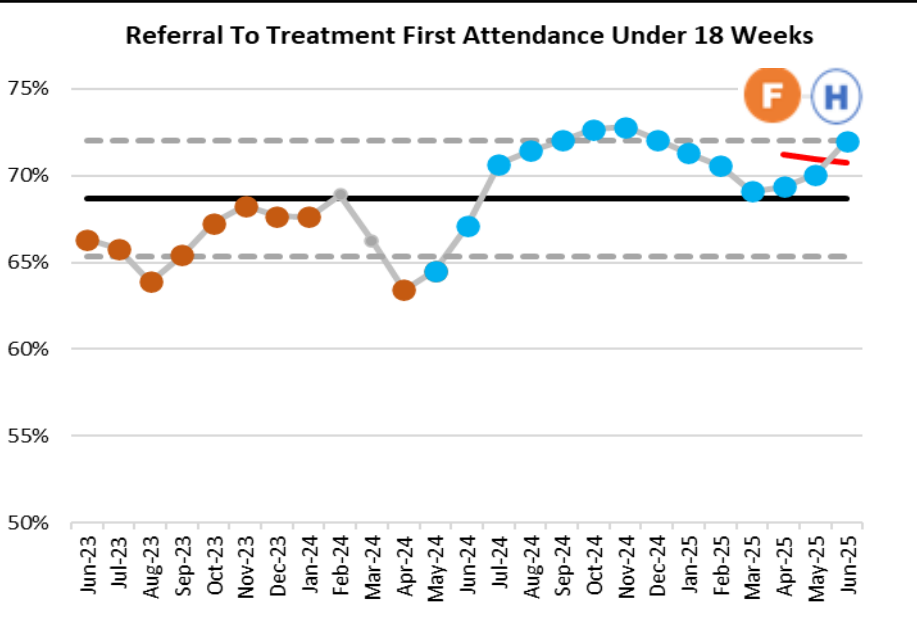
<div><div>Latest Month</div><div>Jun-25</div><div>Target</div><div>64.7%</div><div>Latest Month's Position</div><div>66.1%</div><div>Performance / Assurance</div><div>Special Cause Improving</div><div>Variation High, where up is improvement but last six data points are less than target</div><div>Trust Level Risk</div><div>No Trust Level Risk</div></div>	<div><div>Referral To Treatment Ongoing Pathways Under 18 Weeks</div><table><tr><th>Month</th><th>Performance (%)</th></tr><tr><td>Jun-23</td><td>61.0</td></tr><tr><td>Jul-23</td><td>61.0</td></tr><tr><td>Aug-23</td><td>60.5</td></tr><tr><td>Sep-23</td><td>60.5</td></tr><tr><td>Oct-23</td><td>61.5</td></tr><tr><td>Nov-23</td><td>62.0</td></tr><tr><td>Dec-23</td><td>60.0</td></tr><tr><td>Jan-24</td><td>61.0</td></tr><tr><td>Feb-24</td><td>61.5</td></tr><tr><td>Mar-24</td><td>59.5</td></tr><tr><td>Apr-24</td><td>60.5</td></tr><tr><td>May-24</td><td>61.0</td></tr><tr><td>Jun-24</td><td>62.0</td></tr><tr><td>Jul-24</td><td>63.5</td></tr><tr><td>Aug-24</td><td>64.0</td></tr><tr><td>Sep-24</td><td>65.0</td></tr><tr><td>Oct-24</td><td>66.0</td></tr><tr><td>Nov-24</td><td>66.5</td></tr><tr><td>Dec-24</td><td>66.0</td></tr><tr><td>Jan-25</td><td>65.5</td></tr><tr><td>Feb-25</td><td>65.5</td></tr><tr><td>Mar-25</td><td>65.0</td></tr><tr><td>Apr-25</td><td>63.0</td></tr><tr><td>May-25</td><td>64.5</td></tr><tr><td>Jun-25</td><td>66.1</td></tr></table></div>	Month	Performance (%)	Jun-23	61.0	Jul-23	61.0	Aug-23	60.5	Sep-23	60.5	Oct-23	61.5	Nov-23	62.0	Dec-23	60.0	Jan-24	61.0	Feb-24	61.5	Mar-24	59.5	Apr-24	60.5	May-24	61.0	Jun-24	62.0	Jul-24	63.5	Aug-24	64.0	Sep-24	65.0	Oct-24	66.0	Nov-24	66.5	Dec-24	66.0	Jan-25	65.5	Feb-25	65.5	Mar-25	65.0	Apr-25	63.0	May-25	64.5	Jun-25	66.1	<div><div>Referral To Treatment Ongoing Pathways Under 18 Weeks</div><table><tr><th>Month</th><th>Performance (%)</th></tr><tr><td>Jun-23</td><td>52.5</td></tr><tr><td>Jul-23</td><td>52.8</td></tr><tr><td>Aug-23</td><td>51.5</td></tr><tr><td>Sep-23</td><td>51.5</td></tr><tr><td>Oct-23</td><td>55.0</td></tr><tr><td>Nov-23</td><td>55.0</td></tr><tr><td>Dec-23</td><td>54.5</td></tr><tr><td>Jan-24</td><td>56.5</td></tr><tr><td>Feb-24</td><td>57.8</td></tr><tr><td>Mar-24</td><td>57.0</td></tr><tr><td>Apr-24</td><td>58.5</td></tr><tr><td>May-24</td><td>59.0</td></tr><tr><td>Jun-24</td><td>60.5</td></tr><tr><td>Jul-24</td><td>60.8</td></tr><tr><td>Aug-24</td><td>60.0</td></tr><tr><td>Sep-24</td><td>60.5</td></tr><tr><td>Oct-24</td><td>61.0</td></tr><tr><td>Nov-24</td><td>62.8</td></tr><tr><td>Dec-24</td><td>63.5</td></tr><tr><td>Jan-25</td><td>64.0</td></tr><tr><td>Feb-25</td><td>64.2</td></tr><tr><td>Mar-25</td><td>64.5</td></tr><tr><td>Apr-25</td><td>63.5</td></tr><tr><td>May-25</td><td>64.5</td></tr><tr><td>Jun-25</td><td>64.9</td></tr></table></div>	Month	Performance (%)	Jun-23	52.5	Jul-23	52.8	Aug-23	51.5	Sep-23	51.5	Oct-23	55.0	Nov-23	55.0	Dec-23	54.5	Jan-24	56.5	Feb-24	57.8	Mar-24	57.0	Apr-24	58.5	May-24	59.0	Jun-24	60.5	Jul-24	60.8	Aug-24	60.0	Sep-24	60.5	Oct-24	61.0	Nov-24	62.8	Dec-24	63.5	Jan-25	64.0	Feb-25	64.2	Mar-25	64.5	Apr-25	63.5	May-25	64.5	Jun-25	64.9	<div><div>Latest Month</div><div>Jun-25</div><div>Target</div><div>64.9%</div><div>Latest Month's Position</div><div>64.9%</div><div>Performance / Assurance</div><div>Special Cause Improving</div><div>Variation High, where up is improvement but target is greater than upper limit.</div><div>Corporate Risk</div><div>Risk 801 - Elements of the NHS Oversight Framework are not met (12)</div></div>
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Responsiveness

Planned Care – Referral to Treatment (RTT)

Latest Month
Jun-25
Target
70.7%
Latest Month's Position
72.0%
Performance / Assurance
Special Cause
Improving Variation
High, where up is improvement but last six data points are less than target
Corporate Risk
No Trust Level Risk

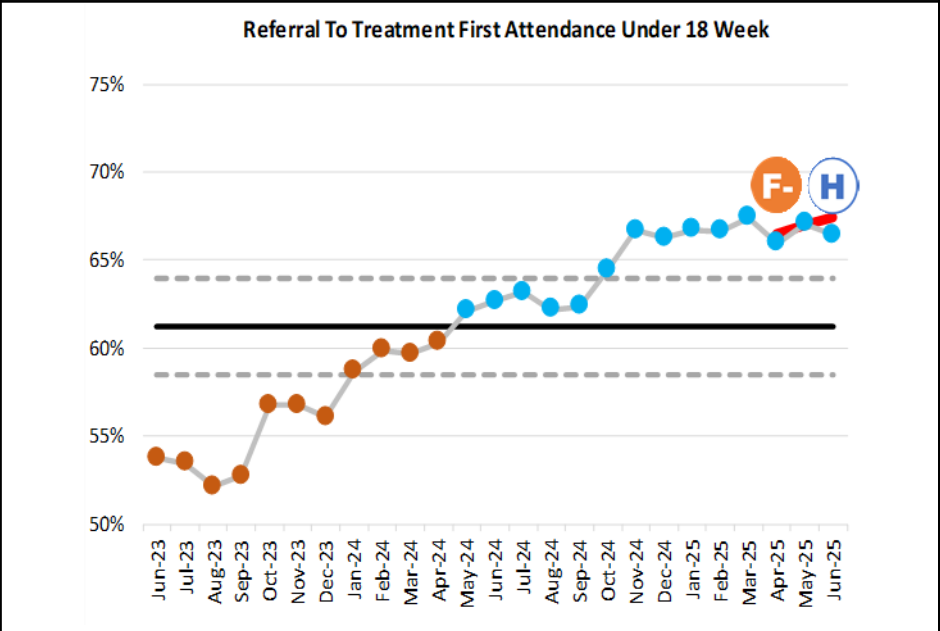


What does the data tell us?
At the end of June, the percentage of patients waiting less than 18 weeks for their first appointment is 72.0%, performing better than the trajectory of 70.7% set as part of the Trust operational planning submission (target of 78% by March 2026)

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

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

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



What does the data tell us?
At the end of June, the percentage of patients waiting less than 18 weeks for their first appointment is 66.5% against the target of 67.4% set for June 2025 as part of the Trust operational planning submission (target of 71.7% by March 2026)

Actions being taken to improve
Actions align with previous slide, noting the focus on divisions booking patients earlier to ensure the first attendance is undertaken as soon as possible. Each specialty has been set a "wait to first appointment" target and we track this in local meetings.

Impact on forecast
Anticipate recovery in Q2, in line with operational planning trajectory

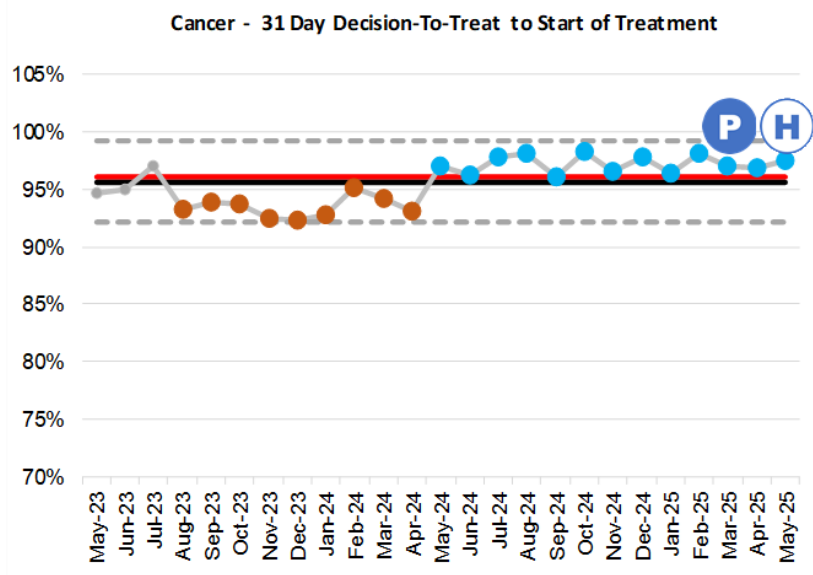
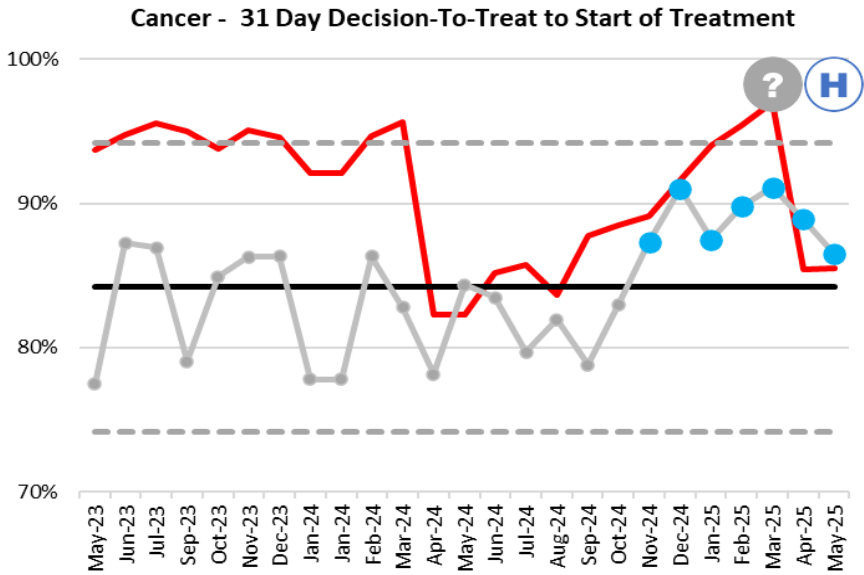
The End of Year Target for this measure is 71.7%

Latest Month
Jun-25
Target
67.4%
Latest Month's Position
66.5%
Performance / Assurance
Special Cause Improving
Variation High, where up is improvement but target is greater than upper limit.
Corporate Risk
Risk 801 - Elements of the NHS Oversight Framework are not met (12)

Responsiveness

Planned Care – Cancer Metrics

Latest Month
May-25
Target
85.5%
Latest Month's Position
86.5%
Performance / Assurance
Special Cause Improving Variation High (where up is improvement) and last six data points are hitting and missing target, subject to random variation
Trust Level Risk
988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).



Latest Month
May-25
Target
96.0%
Latest Month's Position
97.4%
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
Risk 5532 - Non-compliance with the 31 day cancer standard (12)

What does the data tell us?
31-Day performance is above plan.

Actions being taken to improve
Additionality in Urology Robotic Assisted Laparoscopic Prostatectomy is required to clear local and tertiary workload (first treatment and subsequent treatments).
Additional capacity has ensured that patients receive their surgery quicker in the Breast pathway.

Impact on forecast
June is currently reporting in line with plan.

No narrative required as per business rules.

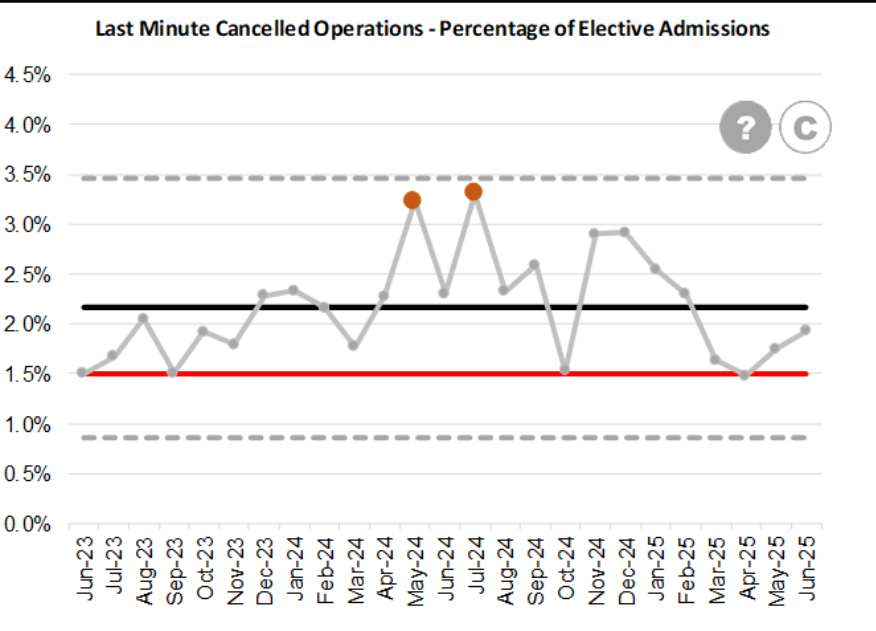
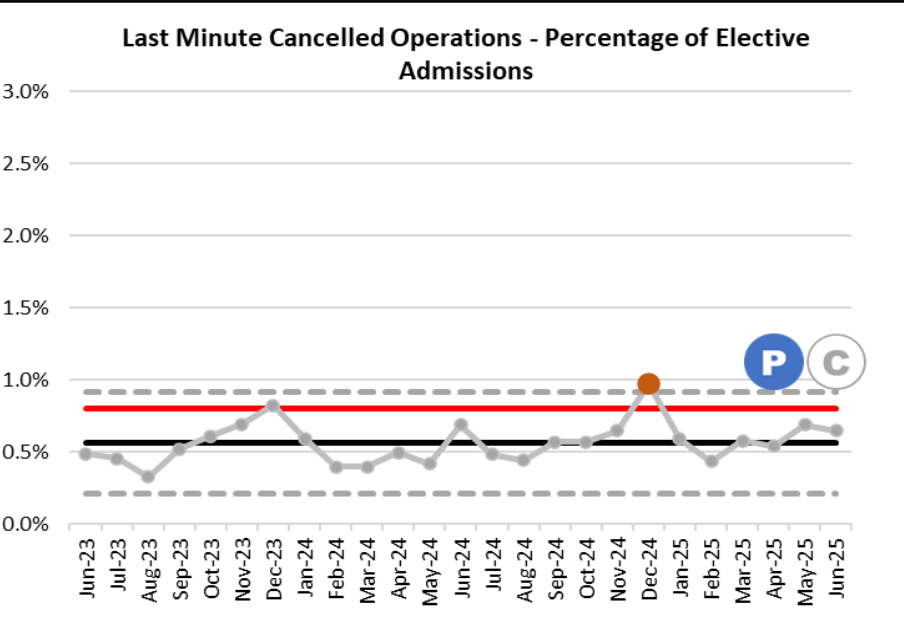
Latest MonthJun-25

Target0.8%

Latest Month's Position0.7%

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

Trust Level RiskNo Trust Level Risk



Latest MonthJun-25

Target1.5%

Latest Month's Position1.9%

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

Corporate RiskNo Corporate Risk

No narrative required as per business rules.

What does the data tell us?
Improvements in data quality and a concerted focus within divisions has contributed towards an improved performance since December 2024 with a slight deterioration across the last two months (1.5% April). During June 2025, there were 161 cancelled operations out of 8,368 total admissions (1.9%) against a target of 1.5%; 58 related to non-surgical specialties (primarily due to no ward beds) and 103 to surgical admissions, which were primarily due to available operating time and rescheduling of cases to prioritise clinically urgent patients.

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

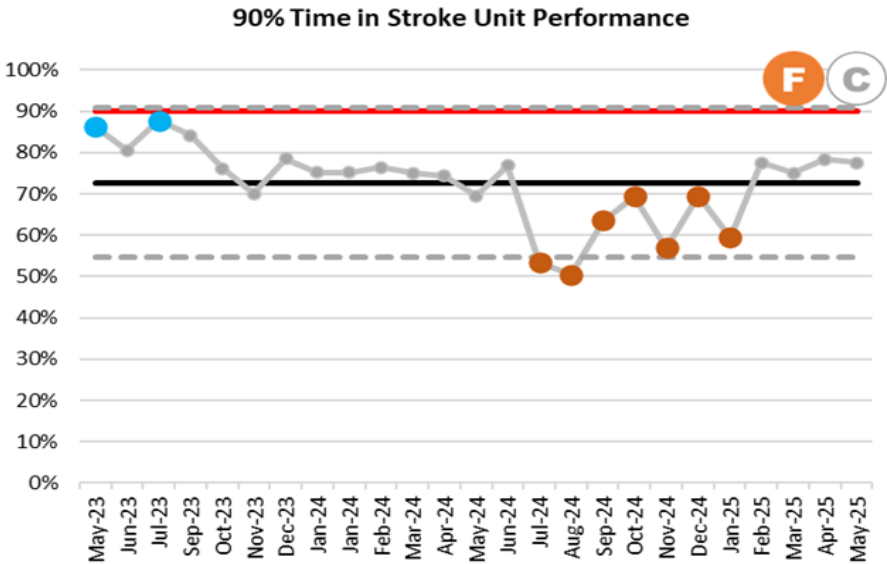
Impact on forecast
Continued improvement expected during Q2 2025/26 through focussed management as referenced above.

<div> <div>NHS</div> <div>North Bristol</div> <div>NHS Trust</div> </div>	<div> <div>Responsiveness</div> <div>Stroke Performance - NBT</div> </div>																																																																												
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May-25	64.5%	?																																																																											
<div> <div>What does the data tell us?</div> <div>In May there was an increase in the percentage of stroke patients being admitted to the stroke unit within four hours of arrival.</div> <div>To note, the current national average from the Jan-Mar SSNAP report is 45%.</div> <div>Actions being taken to improve</div> <div>The implementation of the revised flow processes to support timely transfers from the Emergency Department to the stroke unit. Additionally in June 2025 there was targeted improvement work within the Stroke Seated Assessment Area to enhance patient flow and reduce delays.</div> <div>Impact on Forecast</div> <div>There is ongoing implementation of the improvement plan. High occupancy and ED pressures continue to affect performance.</div> </div>																																																																													
<div> <div>What does the data tell us?</div> <div>In May there was a decline in the proportion of stroke patients receiving thrombolysis within one hour of arrival. It is important to note that this data is based on a relatively small number of patients (1-3 per month), and several of the recorded breaches are attributable to valid clinical reasons, such as complex presentations or required diagnostic clarification prior to treatment. May data is slightly reduced but still above the 60% target. Again, noting the low patient numbers.</div> <div>Actions being taken to improve</div> <div>NBT is one of 12 trusts nationally taking part in the Thrombolysis in Acute Stroke Collaborate (TASC) prestigious programme, aimed at increasing thrombolysis rates and improving door-to-needle times. The programme provides targeted quality improvement support, peer learning, and access to national best practice to help embed sustainable changes within the stroke pathway.</div> <div>Impact on Forecast</div> <div>The projected 12-month outcome includes a potential doubling of thrombolysis treatment rates, alongside a significant improvement in average door-to-needle times.</div> </div>																																																																													

Responsiveness

Stroke Performance - NBT

Latest Month
May-25
Target
90.0%
Latest Month's Position
77.6%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration
Trust Level Risk
No Trust Level Risk

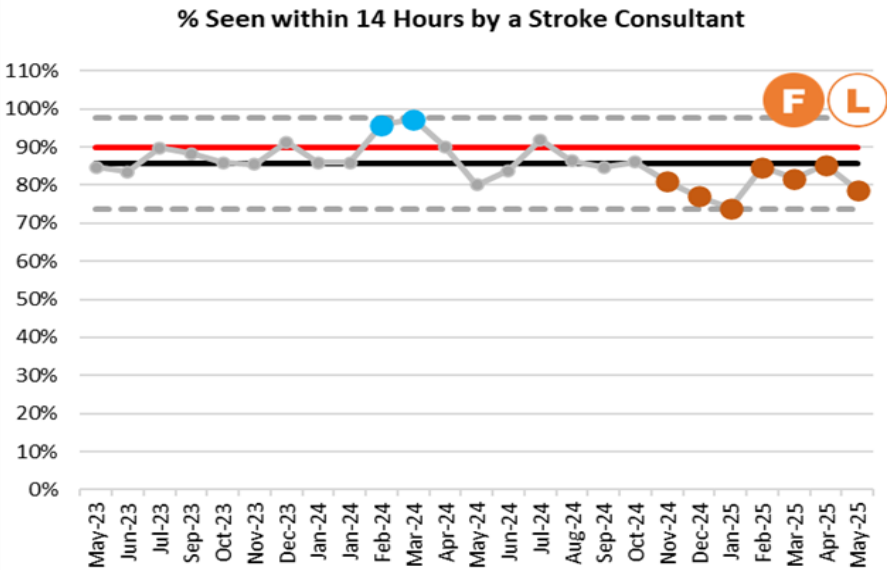


What does the data tell us?
The sustained improvement from February is directly linked to lower, albeit still high stroke occupancy levels, exceeding the modelled bed base of 42. As a result, the number of stroke outliers has decreased, lessening the negative impacts on pathway delivery and specialist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

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

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

Latest Month
May-25
Target
90.0%
Latest Month's Position
78.8%
Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration and last six data points are less than target
Trust Level Risk
No Trust Level Risk



What does the data tell us?
For May there was a decline in performance in the percentage of patients reviewed by a stroke consultant within 14 hours of admission.

Actions being taken to improve
Improvements in the sustainability and consistency of the consultant rota have contributed to recent performance gains. From 6/8/25 the HASU board round is moving to a slightly later time to allow earlier PTWR – improving timing to cons reviews for those admitted overnight.

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

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Safe	Pressure Injuries Per 1,000 Beddays	NBT	Jun-25	0.1	No Target	0.5	N/A	C	Note Performance
		UHBW	Jun-25	0.1	0.4	0.1	P*	C	Note Performance
Safe	MRSA Hospital Onset Cases	NBT	Jun-25	1	0	0	F	C	Escalation Summary
		UHBW	Jun-25	1	0	0	F	C	Escalation Summary
Safe	CDiff Healthcare Associated Cases	NBT	Jun-25	9	5	7	?	C	Escalation Summary
		UHBW	Jun-25	8	9.08	12	?	C	Escalation Summary
Safe	Falls Per 1,000 Beddays	NBT	Jun-25	6.1	No Target	5.6	N/A	C	Note Performance
		UHBW	Jun-25	3.9	4.8	3.6	?	C	Escalation Summary
Safe	Total Number of Patient Falls Resulting in Harm	NBT	Jun-25	2	No Target	1	N/A	C	Note Performance
		UHBW	Jun-25	2	2	0	?	C	Escalation Summary
Safe	Medication Incidents per 1,000 Bed Days	NBT	Jun-25	5.2	No Target	4.2	N/A	L	Note Performance
		UHBW	Jun-25	9.4	No Target	9.1	N/A	L	Note Performance
Safe	Medication Incidents Causing Moderate or Above Harm	NBT	Jun-25	2	0	3	F	C	Escalation Summary
		UHBW	Jun-25	3	0	1	F	C	Escalation Summary
Safe	Adult Inpatients who Received a VTE Risk Assessment	NBT	Jun-25	91 .1%	95.0%	91.8%	F-	L	Escalation Summary
		UHBW	Jun-25	73.2%	95.0%	73.5%	F-	L	Escalation Summary
Safe	Staffing Fill Rate	NBT	Jun-25	99.9%	No Target	101.2%	N/A	C	Note Performance
		UHBW	Jun-25	107.1%	100.0%	106.2%	P	H	Note Performance

Assurance

P*

P

?

F

F-

No icon

Variation

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

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Effective	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	NBT	Feb-25	97.1	100.0	97.15	P*	L	Note Performance
		UHBW	Feb-25	89.0	100.0	87.7	P*	L	Note Performance
Effective	Fracture Neck of Femur Patients Treated Within 36 Hours	NBT	May-25	47.7%	No Target	46.6%	N/A	C	Note Performance
		UHBW	Jun-25	37.0%	90.0%	32.0%	F-	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	NBT	May-25	93.2%	No Target	93.1%	N/A	C	Note Performance
		UHBW	Jun-25	97.8%	90.0%	78.0%	?	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Achieving Best Practice Tariff	NBT	May-25	40.9%	No Target	44.8%	N/A	C	Note Performance
		UHBW	Jun-25	37.0%	No Target	22.0%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Inpatient	NBT	Jun-25	91.1%	No Target	91.6%	N/A	C	Note Performance
		UHBW	Jun-25	95.7%	No Target	95.4%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Outpatient	NBT	Jun-25	94.6%	No Target	94.7%	N/A	C	Note Performance
		UHBW	Jun-25	94.7%	No Target	93.6%	N/A	C	Note Performance
Caring	Friends and Family Test Score - ED	NBT	Jun-25	70.3%	No Target	72.2%	N/A	C	Note Performance
		UHBW	Jun-25	86.4%	No Target	86.4%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Maternity	NBT	Jun-25	94.4%	No Target	91.7%	N/A	C	Note Performance
		UHBW	Jun-25	98.0%	No Target	98.5%	N/A	C	Note Performance
Caring	Patient Complaints - Formal	NBT	Jun-25	70	No Target	66	N/A	C	Note Performance
		UHBW	May-25	54	No Target	41	N/A	C	Note Performance
Caring	Formal Complaints Responded To Within Trust Timeframe	NBT	Jun-25	62.2%	90.0%	67.7%	F	C	Escalation Summary
		UHBW	May-25	51.6%	90.0%	70.0%	F	C	Escalation Summary

Assurance

P*

P

?

F

F-

No icon

Consistently Passing Target

Meeting or Passing Target

Passing and Falling Short of Target

Falling Short of Target

Consistently Falling Short of Target

No Specified Target

Variation

H

L

C

H

L

Improving Variation

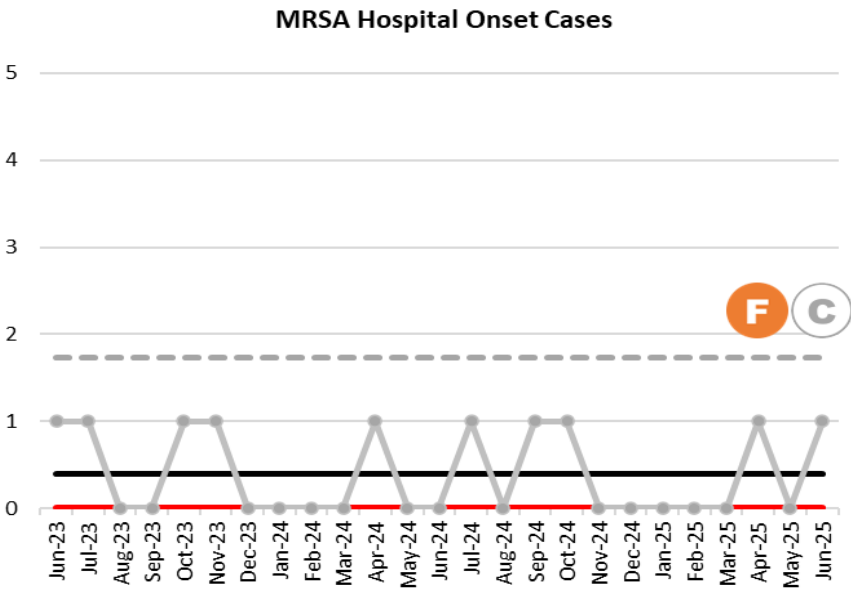
Common Cause (natural) Variation

Concerning Variation

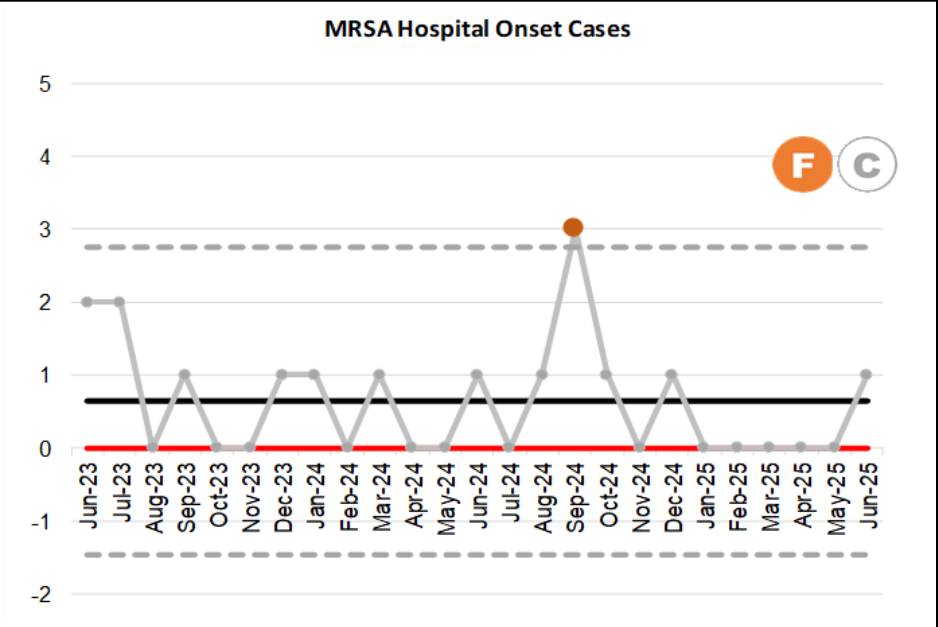
Quality

Infection Control

Latest Month
Jun-25
Target
0
Latest Month's Position
1
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration
Trust Level Risk
No Trust Level Risk



What does the data tell us? One case reported in June, this totals two in this year previous case in April.
Actions taken to improve Continued work taking place through the HCAI improvement and reporting group. This being on screening and decolonisation as well improvements with vascular management, access and education.
NBT working taking part in regional work to identify risk and community aspects this has started to look at this population in greater detail to look at what can be done in hospital to better manage this risk.
Impact on forecast The intention is to improve the position with the plans outlined above.



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

What does the data tell us? There has been one MRSA bacteraemia reported in June after zero cases for five months.
Actions being taken to improve <ul style="list-style-type: none">Previously reported actions continue using audit data to drive improvements in MRSA compliance and targeted patient screening and decolonisation. Further actions for improvement will follow.A quality improvement group is being set up to take forward associated improvement work regarding intravenous (IV) line care.
Impact on forecast The intention is to continue vigilance and risk reduction interventions to reach and sustain zero cases..

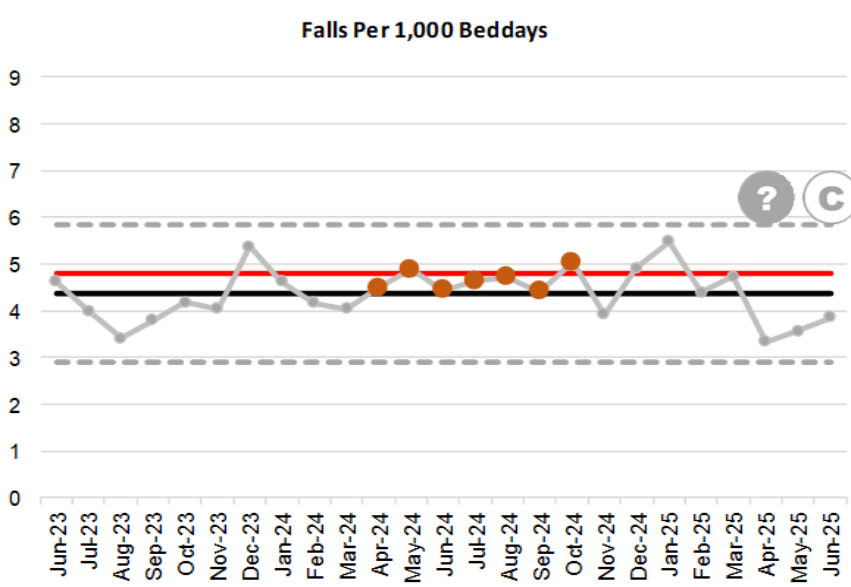
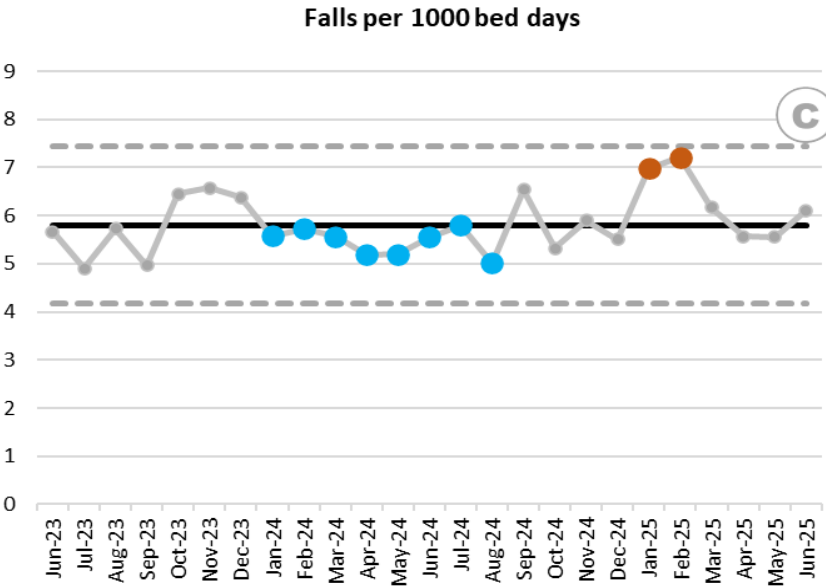
Latest MonthJun-25

TargetNo Target

Latest Month's Position6

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

Trust Level RiskNo Trust Level Risk



Latest MonthJun-25

Target4.8

Latest Month's Position3.9

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

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

No narrative required as per business rules.

Performance:
During June 2025: there have been 127 falls, which per 1000 bed days equates to 3.939, this is lower than the Trust target of 4.8 per 1000 bed days. There were 93 falls at the Bristol site and 34 falls at the Weston site. There were two falls with moderate physical and/or psychological harm.

What does the data tell us:
The number of falls in June 2025 (127) is slightly more than May 2025 (125). There were two falls with harm in June 2025, this is higher than the previous month (0).
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 June 2025, the divisions of Weston and Women and Children's shared their learning from their analyses of falls incidents at the Dementia Delirium and Falls Steering Group. They shared patient stories and identified themes relating to falls. Falls have occurred due to increased number of patients requiring enhanced care observation and environmental issues with distance from bed bays and visibility of some side rooms.

Latest Month
Jun-25

Target
No Target

Latest Month's Position
2

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

Month	Value
Jun-23	6
Jul-23	3
Aug-23	11
Sep-23	2
Oct-23	5
Nov-23	5
Dec-23	2
Jan-24	7
Feb-24	4
Mar-24	5
Apr-24	3
May-24	6
Jun-24	1
Jul-24	4
Aug-24	2
Sep-24	3
Oct-24	6
Nov-24	3
Dec-24	6
Jan-25	6
Feb-25	6
Mar-25	5
Apr-25	7
May-25	1
Jun-25	2

Falls Resulting in Harm

Month	Value
Jun-23	3
Jul-23	5
Aug-23	3
Sep-23	4
Oct-23	7
Nov-23	3
Dec-23	5
Jan-24	4
Feb-24	3
Mar-24	5
Apr-24	1
May-24	3
Jun-24	0
Jul-24	4
Aug-24	0
Sep-24	3
Oct-24	5
Nov-24	7
Dec-24	11
Jan-25	4
Feb-25	4
Mar-25	3
Apr-25	5
May-25	0
Jun-25	2

Latest Month
Jun-25

Target
2

Latest Month's Position
2

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

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

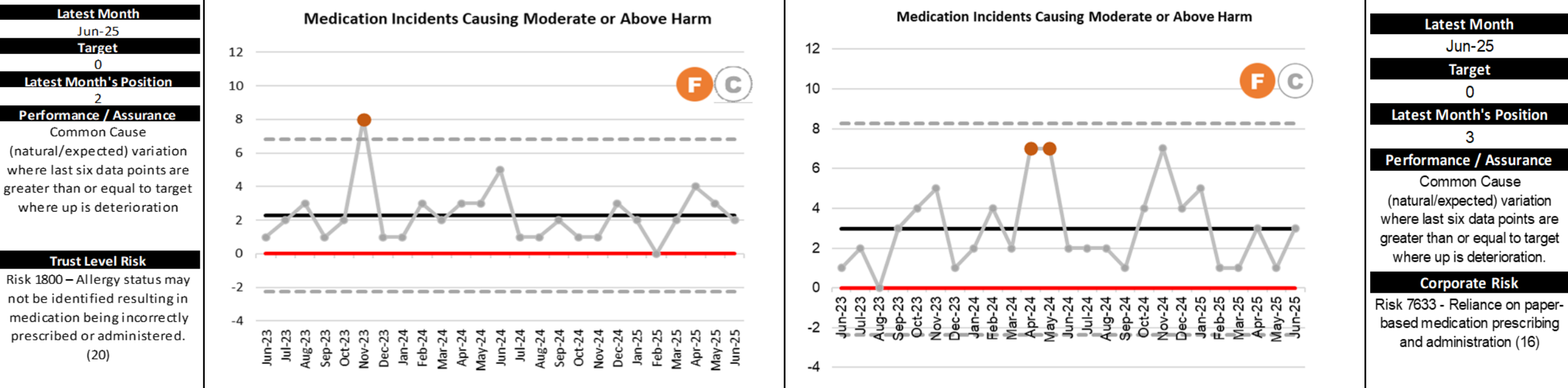
No narrative required as per business rules.

...Continued from previous slide

- Learning identified- continued focus on completing the multi-factorial risk assessment for patients and SWARM huddles.
- Audit: We are participating in the National Audit of Inpatient Falls, the audit is expanding to include hip fractures, head injury, spinal injury or any fracture from an inpatient fall. This may provide new national and local insights for improvement.
- NICE have published NG249 - Falls; assessment and prevention in older people and people 50 and over at higher risk. A compliance self-assessment report has been completed. Gap analysis was shared at Dementia Delirium and Falls Steering Group.
- Training -The DDF Steering Group provides an education component, bitesize education sessions are delivered to the group on relevant topics. The DDF team continue to deliver education sessions and simulation-based training.

Impact on forecast.

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



What does the data tell us?

During June 2025 NBT had a rate of 5.2 medication incidents per 1000 bed days which just above the 6 – month average of 5.1 for this measure.

The ratio of medication incidents causing moderate or severe harm or death to all incidents was 1.25 this month (6-month average of 1.5) with 1 incident cited as causing Severe harm falling into this category.

Actions being taken to improve

Over the past few months, the Medicines Governance Team and Patient Safety team have been taking stock of the success of, and challenges faced by the Medicines Safety Forum. At present the monthly meetings have been paused to reflect on the learning to date, gather feedback from group members and senior Trust staff and to agree a strategy moving forward which harnesses the enthusiasm of group members and allows us to focus on a streamlined set of agreed priorities. An initial meeting with senior stakeholders has taken place and actions from this are currently being undertaken.

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

What does the data tell us?

During June 2025, UHBW recorded 310 medication related incidents. Three medication incidents were recorded as causing moderate, or above harm. Two further incidents are currently undergoing additional harm validation. If harm is found to have occurred this will be reported to board next month. The dataset pre-April 2024 is based on previous harm descriptors in place in the Trust. The data indicates a good reporting culture with a low percentage of harm incidents (0.97%) compared to number of incidents.

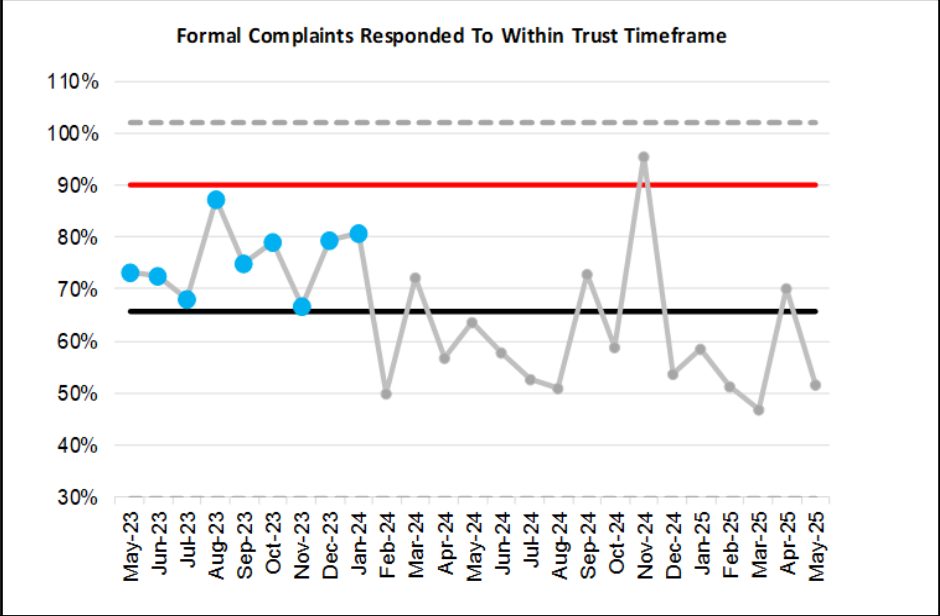
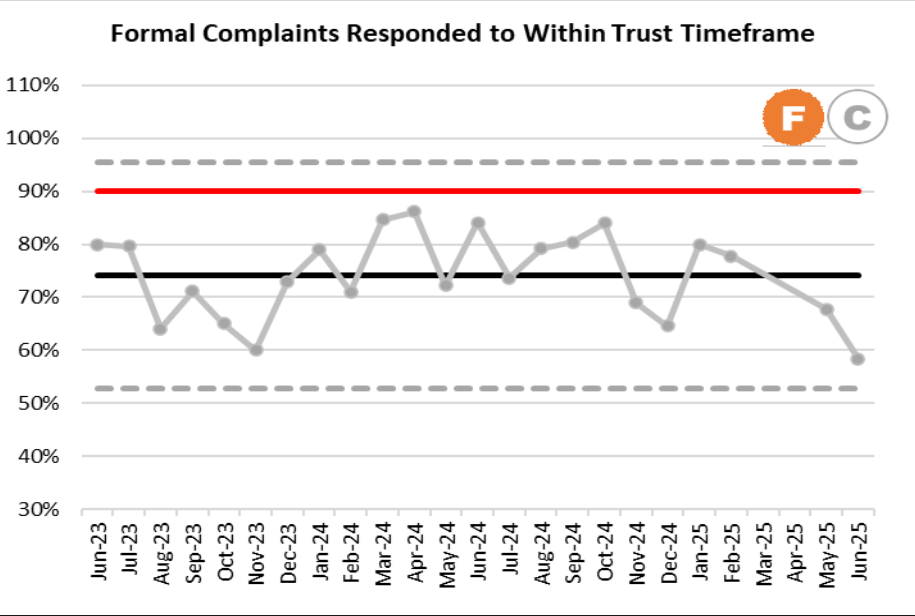
Actions being taken to improve

Medication incidents are reviewed by the UHBW medication safety team. Incidents are identified for enhanced learning response according to the Patient Safety Incident Response Plan. No specific themes have been identified from the low number of medication incidents associated with moderate and above harm following review at the multidisciplinary Medicines Governance Group. The implementation of Careflow Medicines Management will help reduce risks some associated with medicines use.

Specific learning is shared across the Trust via the Medicines Safety Bulletin and with BNSSG system colleagues via system medicines quality and safety meetings. This report has been developed collaboratively by the UHBW and NBT medicines safety teams. This takes advantage of the new joint Hospital Group Medication Safety Officer role. .

Quality
Complaints

Latest Month
Jun-25
Target
90.0%
Latest Month's Position
58.4%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
Trust Level Risk
No Trust Level Risk



Latest Month
May-25
Target
90.0%
Latest Month's Position
51.6%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration.
Corporate Risk
Risk 2680 - Complainants experience a delay in receiving a call back (12)

What does the data tell us?

- The compliance rate for formal complaints responded to within the agreed timeframe is below the 90% target, with a decrease from 68% in May to 62% in June.
- The compliance rate has dropped below the mean for the second month in succession, although remains above the lower control limit.
- Of the 53 complaints due for response in June, 33 were closed within the agreed timescale, 15 were outside the agreed timescale and 5 were still open at the time of reporting.
- The overall response rate was impacted by a lower score across most of the divisions compared to the previous month. ASCR continue to be the lowest scoring division by some margin, and a meeting is being arranged with the ASCR senior team to discuss how compliance can be improved.

Actions being taken to improve

The Complaints/PALS Manager continues to hold weekly meetings with divisional patient experience teams to review upcoming and overdue cases, addressing complexities and agreeing appropriate resolutions, including proportionate extensions where appropriate. A weekly complaints tracker is shared with senior divisional leaders to escalate overdue complaints and support timely resolution.

Impact on forecast

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

What does the data tell us?

52% (16/31) of complaints responses sent out by UHBW in May were within the agreed deadline.

Actions being taken to improve

81% (100/124) of responses to PALS concerns sent out by the Trust in May were within the agreed timescale. This category includes cases which until 31/3/25 were categorised by UHBW as informal complaints. UHBW actively encourages informal resolution, where appropriate, to provide enquirers with faster responses to their questions. Reasons why complaints are not responded to within agreed deadlines are multi-factorial and were explored as part of a 'deep dive' report to the Quality and Outcomes Committee in June. These include clinicians' capacity, the increasing complexity of complaints received, and current gaps in key divisional complaints support roles. Benchmarking also shows that many trusts are working to longer timescale for more complex complaints, typically up to 60 working days. The trust is exploring how digital/AI technology might support complaints resolution in the future.

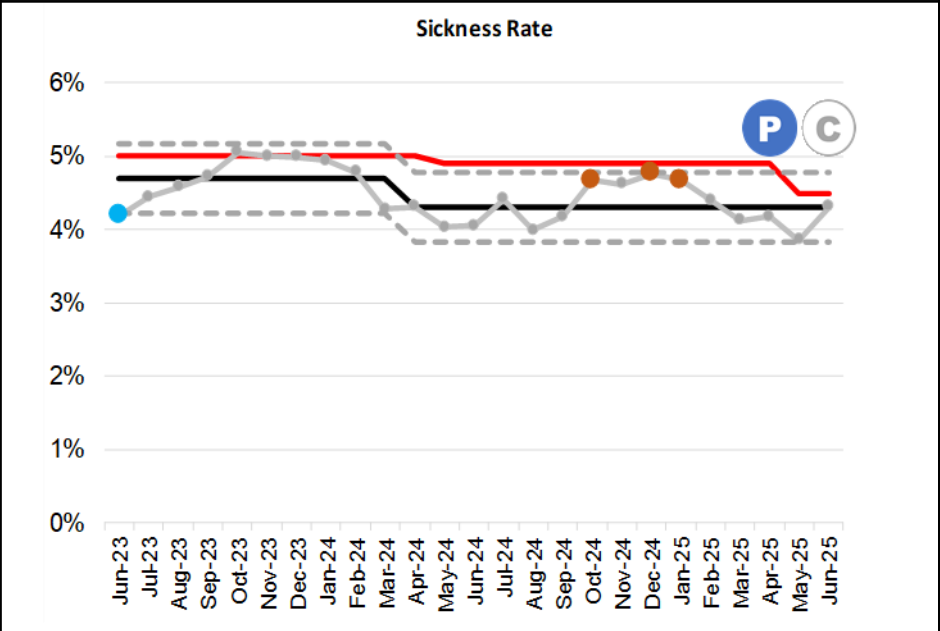
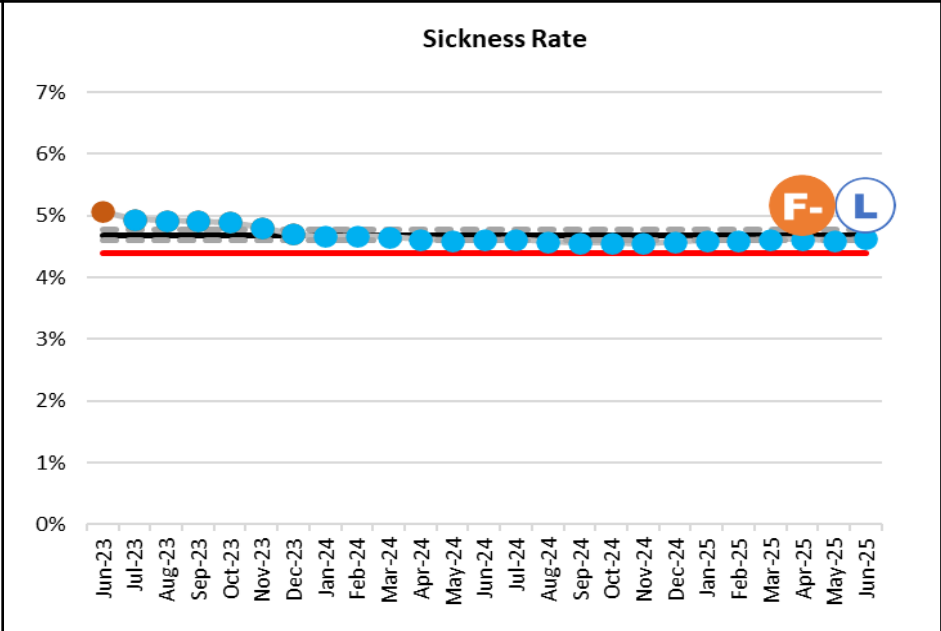
Impact on forecast

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

Our People

Sickness Absence

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



Latest Month
Jun-25
Target
4.5%
Latest Month's Position
4.3%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is improvement.
Corporate Risk
No Corporate Risk

What does the data tell us?

The Trust rolling 12-month sickness absence rate has shown statistically significant improvement but have plateaued at 4.6% against an ongoing target of 4.4%. Our in-month position for Jun-25 is 4.3%.

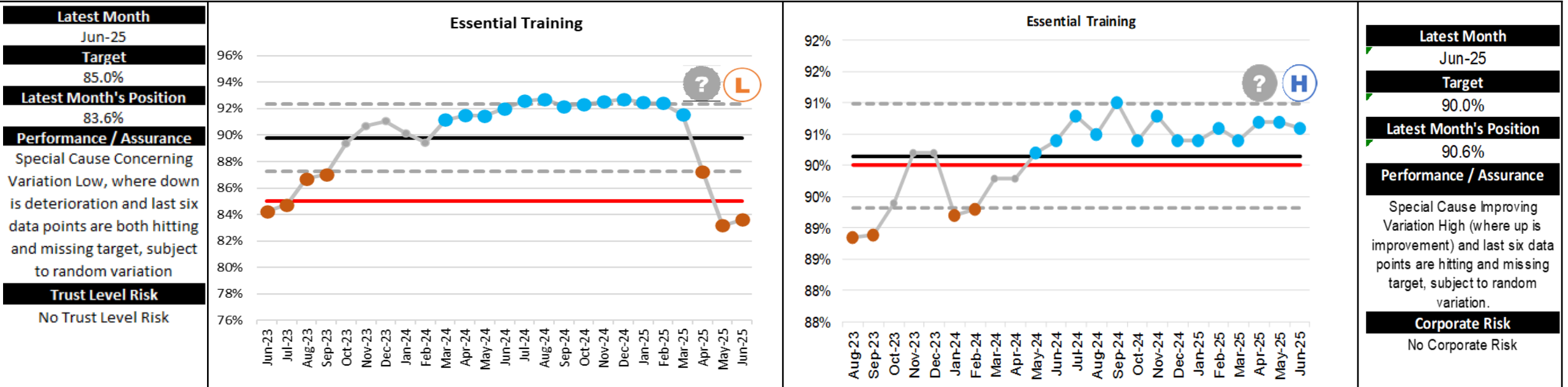
Actions being taken to improve

People Advice Team working with Divisional People Business Partners to embed a more risk-tolerant approach to case management to resolve complex and long-term sickness absence cases. Redeployment, Pay Protection, and Organisational Change policies to be aligned across the Group to provide further avenue for resolution of cases.

NBT Staff Health and Wellbeing Plan launched 14th July with trust wide communications and 5 weeks of launch activity planned [LINK PAGE](#). Priority 1: Embedding a Culture of Staff Health and Wellbeing.
Active Care Pilot in NMSK July – September – EAP Health Assured provides a support call for staff absent due to Stress and Anxiety related absence in first two weeks of absence. Short term pilot to introduce the service and review any concerns with this complimentary support offer.

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

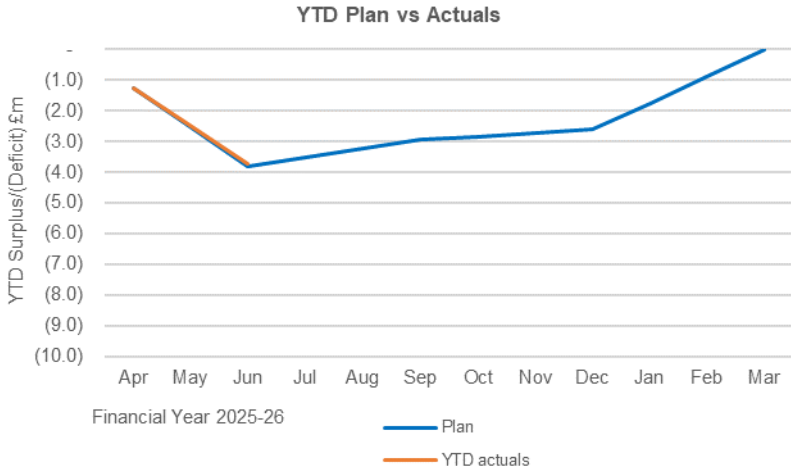
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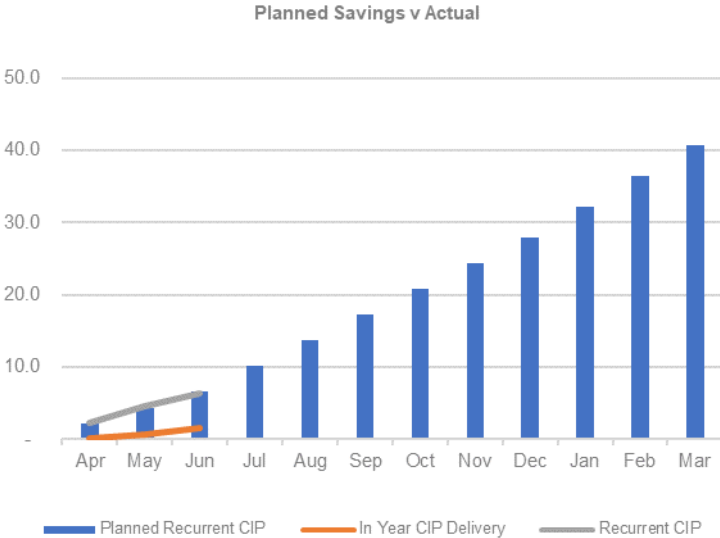


<div><div>What does the data tell us?</div><div>Overall, our compliance against the top 11 national training requirements and Oliver McGowan is 83.6% in Jun-25 (from 83% in May-25), below our target of 85%. The recent provision and addition of the Oliver McGowan Level 2 – Face to Face training requirement for Patient Facing and Clinical staff has caused compliance to deteriorate.</div><div>Actions being taken to improve</div><div>NBT’s essential training compliance is 83.6% in Jun-25, below the target of 85%. Our position is driven by the lower completion of Level 2 Oliver McGowan Training on Learning Disability and Autism (OMMT). To date 84.7% colleagues have completed Level 1 eLearning (part A) and 7.0% have completed part B (online interactive session). Further 19.3 % colleagues have completed Level 2, this is a full day in person multi-agency programme across Bristol, North Somerset and South Gloucestershire. Availability of Level 2 sessions has been limited, we are working with system partners to increase availability, and as such will continue to focus on improving availability and uptake throughout 2025/26. All other mandatory training topics are above 85% compliance'</div></div>	<div>No narrative required as per business rules.</div>
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Income & Expenditure

Actual Vs Plan (YTD)

	Latest Month	<div>YTD Plan vs Actuals</div>  <table><caption>YTD Plan vs Actuals (Financial Year 2025-26)</caption><tr><th>Month</th><th>Plan (£m)</th><th>YTD actuals (£m)</th></tr><tr><td>Apr</td><td>(1.0)</td><td>(1.0)</td></tr><tr><td>May</td><td>(3.0)</td><td>(3.0)</td></tr><tr><td>Jun</td><td>(4.0)</td><td>(4.0)</td></tr><tr><td>Jul</td><td>(3.8)</td><td>(3.8)</td></tr><tr><td>Aug</td><td>(3.6)</td><td>(3.6)</td></tr><tr><td>Sep</td><td>(3.4)</td><td>(3.4)</td></tr><tr><td>Oct</td><td>(3.3)</td><td>(3.3)</td></tr><tr><td>Nov</td><td>(3.2)</td><td>(3.2)</td></tr><tr><td>Dec</td><td>(3.1)</td><td>(3.1)</td></tr><tr><td>Jan</td><td>(2.9)</td><td>(2.9)</td></tr><tr><td>Feb</td><td>(2.7)</td><td>(2.7)</td></tr><tr><td>Mar</td><td>(3.7)</td><td>(3.7)</td></tr></table>		Month	Plan (£m)	YTD actuals (£m)	Apr	(1.0)	(1.0)	May	(3.0)	(3.0)	Jun	(4.0)	(4.0)	Jul	(3.8)	(3.8)	Aug	(3.6)	(3.6)	Sep	(3.4)	(3.4)	Oct	(3.3)	(3.3)	Nov	(3.2)	(3.2)	Dec	(3.1)	(3.1)	Jan	(2.9)	(2.9)	Feb	(2.7)	(2.7)	Mar	(3.7)	(3.7)	Latest Month
	Month	Plan (£m)	YTD actuals (£m)																																								
	Apr	(1.0)	(1.0)																																								
	May	(3.0)	(3.0)																																								
	Jun	(4.0)	(4.0)																																								
Jul	(3.8)	(3.8)																																									
Aug	(3.6)	(3.6)																																									
Sep	(3.4)	(3.4)																																									
Oct	(3.3)	(3.3)																																									
Nov	(3.2)	(3.2)																																									
Dec	(3.1)	(3.1)																																									
Jan	(2.9)	(2.9)																																									
Feb	(2.7)	(2.7)																																									
Mar	(3.7)	(3.7)																																									
June-25	June-25																																										
Year to Date Plan	Year to Date Plan																																										
£(3.8m) deficit	£(8.2m) deficit																																										
Year to Date Actual	Year to Date Actual																																										
£(3.7m) deficit	£(8.2m) deficit																																										
Summary	Summary: <ul style="list-style-type: none">The financial plan for 2025/26 in Month 3 was a deficit of £1.2m. The Trust has delivered a £1.2m deficit and is on plan. Year to date the Trust has delivered a £0.1m favourable position to a £3.8m deficit plan.In Month 3, the Trust continues to have higher than planned levels of No Criteria To Reside (NCTR) at 22.3% and high acuity driving pressures on escalation and enhanced care costs. This has led to overspends on nursing of £0.7m in month. Due to increased activity, medical and surgical consumables are driving a £0.3m adverse variance and in-tariff drugs are £0.2m overspent.Performance in Elective Recovery activity in month is driving a favourable income variance of £1.3m, which partly relates to the catch up in coding from previous months. Additionally, underspends on Independent Sector are contributing a further favourable variance of £0.1m.In month, whilst the Trust marginally under-delivered against the recurrent Month 3 savings target (£6.4m year to date against a plan of £6.6m), there was a shortfall against in month delivery of £1.6m. This was offset in month by non-recurrent savings from consultant and AfC vacancies. The Trust is continuing to see vacancies in Consultant and Agenda for Change (AfC) staff groups which is contributing a £1.4m favourable variance which offsets the above overspends.		Summary	Summary <ul style="list-style-type: none">The financial plan for 2025/26 in month 3 is a deficit of £1.9m. The actual position in June is breakeven. The year to date position at the end of June is a net deficit of £8.2m against a deficit plan of £8.2m. The Trust is, therefore, on plan, an improvement of £1.9m from last month.Significant variances to plan are higher than planned pay expenditure (£1.2m) and increased non-pay costs (£3.9m). This is offset by higher than planned operating income (£4.0m) and lower depreciation costs (£1.0m).Pay expenditure is higher than plan YTD. Although, total staff in post (substantive, bank and agency) has reduced since March, staffing levels continue to exceed funded establishment particularly nursing budgets. The position is partially offset by higher than planned pay savings.Overall, agency and bank expenditure decreased in June compared with May and YTD remains below plan. Agency is 14% lower than plan YTD with expenditure in month of £0.8m, compared with £0.7m in May. Bank expenditure is 4% lower than plan YTD with expenditure in month of £4.1m, compared with £4.3m in May.Over the past twelve months, the number of No Criteria To Reside (NCTR) patients has increased from 166 to 183 in June. This equates to 21.5% of the Trust’s bed base being occupied by NCTR patients.																																							
	Key risks <ul style="list-style-type: none">The Month 3 financial position is dependent on non-recurrent benefits which cannot be assumed to be available throughout the year, in year savings delivery and NCTR will therefore need to be addressed if the Trust is to break even at year end, whilst divisions need to deliver within budgets.			Key risks <ul style="list-style-type: none">A shortfall in savings delivery will result in failure to achieve the breakeven plan without a continud step change in delivery within Clinical Divisions and Corporate Services.Central mitigations of £25m necessary to support the breakeven plan are not fully identified. However, as at the end of June central mitigations of £13m have been identified.																																							

	<div><div>Latest Month</div><div>June-25</div><div>Year to Date Plan</div><div>£6.6m</div><div>Year to Date Actual</div><div>£6.4m</div></div>	<div><div>Planned Savings v Actual</div><table><tr><th>Month</th><th>Planned Recurrent CIP</th><th>In Year CIP Delivery</th><th>Recurrent CIP</th></tr><tr><td>Apr</td><td>1.0</td><td>0.0</td><td>0.0</td></tr><tr><td>May</td><td>2.0</td><td>0.0</td><td>0.0</td></tr><tr><td>Jun</td><td>3.0</td><td>0.0</td><td>0.0</td></tr><tr><td>Jul</td><td>10.0</td><td>0.0</td><td>0.0</td></tr><tr><td>Aug</td><td>13.0</td><td>0.0</td><td>0.0</td></tr><tr><td>Sep</td><td>17.0</td><td>0.0</td><td>0.0</td></tr><tr><td>Oct</td><td>21.0</td><td>0.0</td><td>0.0</td></tr><tr><td>Nov</td><td>24.0</td><td>0.0</td><td>0.0</td></tr><tr><td>Dec</td><td>28.0</td><td>0.0</td><td>0.0</td></tr><tr><td>Jan</td><td>32.0</td><td>0.0</td><td>0.0</td></tr><tr><td>Feb</td><td>36.0</td><td>0.0</td><td>0.0</td></tr><tr><td>Mar</td><td>40.6</td><td>0.0</td><td>0.0</td></tr></table></div>	Month	Planned Recurrent CIP	In Year CIP Delivery	Recurrent CIP	Apr	1.0	0.0	0.0	May	2.0	0.0	0.0	Jun	3.0	0.0	0.0	Jul	10.0	0.0	0.0	Aug	13.0	0.0	0.0	Sep	17.0	0.0	0.0	Oct	21.0	0.0	0.0	Nov	24.0	0.0	0.0	Dec	28.0	0.0	0.0	Jan	32.0	0.0	0.0	Feb	36.0	0.0	0.0	Mar	40.6	0.0	0.0	<div><div>Latest Month</div><div>June-25</div><div>Year to Date Plan</div><div>£10.6m</div><div>Year to Date Actual</div><div>£10.6m</div></div>
Month	Planned Recurrent CIP	In Year CIP Delivery	Recurrent CIP																																																				
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Mar	40.6	0.0	0.0																																																				
Summary	<div><div>Summary</div><ul style="list-style-type: none">The CIP plan for 2025/26 is for savings of £40.6m with £6.6m planned delivery at Month 3.At Month 3 the Trust has £6.4m of completed schemes on the tracker. There are a further £12.4m of schemes in implementation and planning, leaving a remaining £21.9m of schemes to be developed.The total identified CIP schemes on the tracker, with pipeline included, would deliver £0.5m more than the target.The CIP delivery is the full year effect figure that will be delivered recurrently. Due to the start date of CIP schemes this creates a mis-match between the 2025/26 impact and the recurrent full year impact. This can be seen on the orange line on the graph above.</div>	<div><div>Summary</div><ul style="list-style-type: none">The Trust's 2025/26 savings plan is £53.0m.The Divisional plans represent 70% or £37m of the Trust plans. £16.0m sits centrally with the corporate finance team.As at 30th June 2025, the Trust is reporting total savings delivery of £10.6m against a plan of £10.6m, therefore UHBW is currently on plan.The Trust is forecasting savings of £50.0m, an improvement of £1.2m on last month. Against the annual savings plans of £53.0m, the current forecast savings delivery shortfall is £3.0m or 6%. However, the improved forecast outturn is due to additional all non-recurrent savings.The full year effect forecast outturn at month 3 is £35.0m, a forecast shortfall of £18.0m or 34%.</div>																																																					

	<div><div>Latest Month</div><div>June-25</div><div>In- Month Plan</div><div>£52.7m</div><div>In-Month Actual</div><div>£52.4m</div></div>	<div><div>Adjusted Pay Spend by Month (exc. A/L accrual)</div><table><tr><th>Month</th><th>Substantive</th><th>Bank / Locum</th><th>Agency</th><th>24/25 Average</th><th>Plan</th></tr><tr><td>Jul-24</td><td>45.7</td><td>3.4</td><td>0.9</td><td>50.0</td><td>50.0</td></tr><tr><td>Aug-24</td><td>45.5</td><td>3.4</td><td>0.9</td><td>50.0</td><td>50.0</td></tr><tr><td>Sep-24</td><td>45.0</td><td>3.5</td><td>0.9</td><td>50.0</td><td>50.0</td></tr><tr><td>Oct-24</td><td>45.2</td><td>3.0</td><td>0.9</td><td>50.0</td><td>50.0</td></tr><tr><td>Nov-24</td><td>45.5</td><td>3.2</td><td>0.9</td><td>50.0</td><td>50.0</td></tr><tr><td>Dec-24</td><td>45.8</td><td>3.3</td><td>0.9</td><td>50.0</td><td>50.0</td></tr><tr><td>Jan-25</td><td>46.0</td><td>3.6</td><td>0.9</td><td>50.0</td><td>50.0</td></tr><tr><td>Feb-25</td><td>45.9</td><td>3.4</td><td>0.9</td><td>50.0</td><td>50.0</td></tr><tr><td>Mar-25</td><td>46.7</td><td>3.9</td><td>0.9</td><td>50.0</td><td>50.0</td></tr><tr><td>Apr-25</td><td>48.6</td><td>3.4</td><td>0.9</td><td>50.0</td><td>50.0</td></tr><tr><td>May-25</td><td>48.3</td><td>3.5</td><td>0.9</td><td>50.0</td><td>50.0</td></tr><tr><td>Jun-25</td><td>47.9</td><td>4.0</td><td>0.9</td><td>50.0</td><td>50.0</td></tr></table></div>	Month	Substantive	Bank / Locum	Agency	24/25 Average	Plan	Jul-24	45.7	3.4	0.9	50.0	50.0	Aug-24	45.5	3.4	0.9	50.0	50.0	Sep-24	45.0	3.5	0.9	50.0	50.0	Oct-24	45.2	3.0	0.9	50.0	50.0	Nov-24	45.5	3.2	0.9	50.0	50.0	Dec-24	45.8	3.3	0.9	50.0	50.0	Jan-25	46.0	3.6	0.9	50.0	50.0	Feb-25	45.9	3.4	0.9	50.0	50.0	Mar-25	46.7	3.9	0.9	50.0	50.0	Apr-25	48.6	3.4	0.9	50.0	50.0	May-25	48.3	3.5	0.9	50.0	50.0	Jun-25	47.9	4.0	0.9	50.0	50.0	<div><div>Latest Month</div><div>June-25</div><div>In-Month Plan</div><div>£66.7m</div><div>In-Month Actual</div><div>£68.3m</div></div>
Month	Substantive	Bank / Locum	Agency	24/25 Average	Plan																																																																												
Jul-24	45.7	3.4	0.9	50.0	50.0																																																																												
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Summary	<div><div>Summary</div><ul style="list-style-type: none">Pay spend is £0.3m favourable in month, when adjusted for pass through items, the revised position is £0.1m favourable to plan. The main drivers are:<ul style="list-style-type: none">In year CIP - £0.9m adverse, in month impact of recurrent CIP delivery,Nursing - £0.7m adverse, escalation and enhanced care driven by NCTR and acuity,Vacancies - £1.4m favourable, consultant vacancies in Anaesthetics and Imaging and AfC vacancies in Genetics and Facilities. Facilities and ASCR vacancies relate to Bristol Surgical Centre posts not yet fully recruited,Delayed investments - £0.3m favourable.In month agency spend is £0.4m and bank/locum spend is £4.0m.</div>	<div><div>Summary</div><ul style="list-style-type: none">Total pay expenditure in June is £68.3m, £2.6m higher than last month and £1.6m higher than the plan for June.Expenditure in month is marginally lower than the average for the quarter (excluding last month's reassessment of accounting provisions). Pay costs are higher than plan mainly due to the cost of nursing staffing levels exceeding planned values with levels of substantive and temporary staffing combined beyond the Trust's funded establishment (by 237wte in June).Agency expenditure increased in June to £0.8m from £0.7m in May. However, YTD agency expenditure is 14% below plan.Bank expenditure is £4.1m in June, lower than £4.3m in May. YTD bank expenditure is 4% below plan.Workforce controls and the expected reduction in staff in post back to establishment remains the focus of Divisions supported by the Trust's Deputy Chief Nurses.</div>																																																																															











	<div><div>Latest Month</div><div>June-25</div><div>In-Month Plan</div><div>£0.4m</div><div>In-Month Actual</div><div>£0.5m</div></div>	<div><div>Agency Spend by Staff Group</div></div>	<div><div>Agency Spend by Staff Group</div></div>	<div><div>Latest Month</div><div>June-25</div><div>In-Month Plan</div><div>£0.8m</div><div>In-Month Actual</div><div>£0.8m</div></div>
Summary	<div><div>Summary</div><div>Monthly Trend</div><ul style="list-style-type: none">Agency spend in June has increased compared to May but remains a reduction on run rate. This increase has largely been seen due to some backdated charges in Facilities, £25k, and vacancies in decontamination £12k.Overall spend in month is driven by consultant agency usage in Medicine and ASCR covering vacancies, Nursing agency usage in Critical Care due to increased acuity, as well as Healthcare Scientists in Cardiology to deliver ECHO activity.<div>In Month vs Prior Year</div><ul style="list-style-type: none">Trustwide agency spend in June is below 2024/25 spend. This is due to increased controls being implemented across divisions from November last year, and their continued impact.</div>	Summary	<div><div>Summary</div><div>Monthly Trend</div><ul style="list-style-type: none">Agency expenditure in June is £0.8m, in line with plan but higher than May’s agency expenditure of £0.7m. However, YTD agency expenditure is 14% below plan.Agency expenditure is 1.2% of total pay costs.Agency usage continues to be largely driven by absence and additional escalation bed capacity across nursing and medical staffing due to no improvement in the NCTR position. Use of registered mental health nurses is also a key driver.Nurse agency shifts reduced by 157 or 29% in June compared with May.Nurse agency spend is marginally (<£0.1m) higher than May due to an increase in the average cost per shift driven mainly by an increase in the average length of shift.Medical agency expenditure is also marginally higher (<£0.1m) from the previous month. The number of shifts covered has decreased from 245 in May to 243 in June.<div>In Month vs Prior Year</div><ul style="list-style-type: none">Trustwide agency spend in June of £0.8m is below June 2024 spend of £1.0m. This is due to increased controls and scrutiny implemented across Divisions with the support of the Trust’s Deputy Chief Nurses from November last year.</div>	

	<div><div>Latest Month</div><div>June-25</div><div>In-Month Plan</div><div>£3.3m</div><div>In-Month Actual</div><div>£4.0m</div></div>	<div><div>Bank Spend by Staff Group</div><table><caption>Bank Spend by Staff Group (Left Chart)</caption><tr><th>Month</th><th>AFC (£m)</th><th>Medical (£m)</th><th>Plan (£m)</th><th>24/25 Average (£m)</th></tr><tr><td>Jul-24</td><td>2.5</td><td>0.8</td><td>3.5</td><td>3.5</td></tr><tr><td>Aug-24</td><td>2.6</td><td>0.7</td><td>3.5</td><td>3.5</td></tr><tr><td>Sep-24</td><td>2.7</td><td>0.8</td><td>3.5</td><td>3.5</td></tr><tr><td>Oct-24</td><td>2.3</td><td>0.7</td><td>4.0</td><td>3.5</td></tr><tr><td>Nov-24</td><td>2.4</td><td>0.7</td><td>4.0</td><td>3.5</td></tr><tr><td>Dec-24</td><td>2.1</td><td>1.0</td><td>4.0</td><td>3.5</td></tr><tr><td>Jan-25</td><td>2.7</td><td>0.8</td><td>4.0</td><td>3.5</td></tr><tr><td>Feb-25</td><td>2.5</td><td>0.8</td><td>4.0</td><td>3.5</td></tr><tr><td>Mar-25</td><td>2.7</td><td>1.1</td><td>4.0</td><td>3.5</td></tr><tr><td>Apr-25</td><td>2.5</td><td>0.8</td><td>3.2</td><td>3.5</td></tr><tr><td>May-25</td><td>2.5</td><td>0.8</td><td>3.2</td><td>3.5</td></tr><tr><td>Jun-25</td><td>3.0</td><td>1.0</td><td>3.2</td><td>3.5</td></tr></table></div>	Month	AFC (£m)	Medical (£m)	Plan (£m)	24/25 Average (£m)	Jul-24	2.5	0.8	3.5	3.5	Aug-24	2.6	0.7	3.5	3.5	Sep-24	2.7	0.8	3.5	3.5	Oct-24	2.3	0.7	4.0	3.5	Nov-24	2.4	0.7	4.0	3.5	Dec-24	2.1	1.0	4.0	3.5	Jan-25	2.7	0.8	4.0	3.5	Feb-25	2.5	0.8	4.0	3.5	Mar-25	2.7	1.1	4.0	3.5	Apr-25	2.5	0.8	3.2	3.5	May-25	2.5	0.8	3.2	3.5	Jun-25	3.0	1.0	3.2	3.5	<div><div>Bank Spend by Staff Group</div><table><caption>Bank Spend by Staff Group (Right Chart)</caption><tr><th>Month</th><th>Nurse (£m)</th><th>Medical (£m)</th><th>Other (£m)</th><th>Plan (£m)</th><th>24/25 Average (£m)</th></tr><tr><td>Jul-24</td><td>1.1</td><td>1.8</td><td>1.9</td><td>3.4</td><td>3.4</td></tr><tr><td>Aug-24</td><td>1.1</td><td>1.6</td><td>1.9</td><td>3.4</td><td>3.4</td></tr><tr><td>Sep-24</td><td>0.9</td><td>1.5</td><td>1.8</td><td>3.4</td><td>3.4</td></tr><tr><td>Oct-24</td><td>1.0</td><td>1.5</td><td>2.2</td><td>5.2</td><td>3.4</td></tr><tr><td>Nov-24</td><td>1.0</td><td>1.5</td><td>1.8</td><td>5.2</td><td>3.4</td></tr><tr><td>Dec-24</td><td>0.9</td><td>1.4</td><td>1.7</td><td>5.2</td><td>3.4</td></tr><tr><td>Jan-25</td><td>1.4</td><td>1.6</td><td>2.1</td><td>5.2</td><td>3.4</td></tr><tr><td>Feb-25</td><td>1.3</td><td>1.5</td><td>1.9</td><td>5.2</td><td>3.4</td></tr><tr><td>Mar-25</td><td>1.4</td><td>1.7</td><td>2.1</td><td>5.2</td><td>3.4</td></tr><tr><td>Apr-25</td><td>0.9</td><td>1.5</td><td>1.8</td><td>4.4</td><td>3.4</td></tr><tr><td>May-25</td><td>1.0</td><td>1.5</td><td>1.8</td><td>4.3</td><td>3.4</td></tr><tr><td>Jun-25</td><td>0.8</td><td>1.6</td><td>1.7</td><td>4.1</td><td>3.4</td></tr></table></div>	Month	Nurse (£m)	Medical (£m)	Other (£m)	Plan (£m)	24/25 Average (£m)	Jul-24	1.1	1.8	1.9	3.4	3.4	Aug-24	1.1	1.6	1.9	3.4	3.4	Sep-24	0.9	1.5	1.8	3.4	3.4	Oct-24	1.0	1.5	2.2	5.2	3.4	Nov-24	1.0	1.5	1.8	5.2	3.4	Dec-24	0.9	1.4	1.7	5.2	3.4	Jan-25	1.4	1.6	2.1	5.2	3.4	Feb-25	1.3	1.5	1.9	5.2	3.4	Mar-25	1.4	1.7	2.1	5.2	3.4	Apr-25	0.9	1.5	1.8	4.4	3.4	May-25	1.0	1.5	1.8	4.3	3.4	Jun-25	0.8	1.6	1.7	4.1	3.4	<div><div>Latest Month</div><div>June-25</div><div>In-Month Plan</div><div>£4.2m</div><div>In-Month Actual</div><div>£4.1m</div></div>
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Summary	<div><div>Summary</div><div>Monthly Trend</div><ul style="list-style-type: none">In June, there has been an increase in bank spend. The increase has largely been in nursing, driven by pressures in escalation and enhanced care, particularly in Medicine but seen across all Clinical Divisions, and also by increased substantive staff vacancies. In addition, increased temporary staffing has been seen in ED in relation to supporting minors performance.<div>In Month vs Prior Year</div><ul style="list-style-type: none">Bank spend in month is higher than 2024/25 spend, however 2024/25 spend reduced significantly in the second half of the year due to additional controls put in place. This month saw additional pressures in enhanced care and escalation costs, alongside a reduction in substantive covered by bank. Compared to last year, the costs will have increased on run rate due to the National Insurance increases brought in from April.</div>	<div><div>Summary</div><div>Monthly Trend</div><ul style="list-style-type: none">Bank costs in May are £4.1m, a decrease of £0.2m from £4.3m in May. This includes £1.7m relating to medical bank and £0.8m relating to registered nurse bank.Nurse bank expenditure decreased by £0.2m in June to £0.8m compared with May, whilst shifts decreased by 393 or 6% . The average cost per shift increased by 24% compared with the previous month.Medical bank increased in June by £0.2m to £1.7m and remains in line with average for the last 6 months.Other bank usage decreased by £0.2m in June to £1.6m.<div>In Month vs Prior year</div><ul style="list-style-type: none">Bank expenditure in June is £1.0m or 20% lower than the same period last year, due to increased nursing controls and scrutiny introduced during 204/25.</div>																																																																																																																																																	

	<div><div>Latest Month</div><div>June-25</div><div>In-Month Plan</div><div>£2.1m</div><div>In-Month Actual</div><div>£1.5m</div></div> <div><div>Plan vs Actuals</div><table><tr><th>Month</th><th>Plan</th><th>YTD Actuals</th><th>Forecast</th></tr><tr><td>Apr</td><td>1.0</td><td>1.0</td><td>1.0</td></tr><tr><td>May</td><td>2.0</td><td>2.0</td><td>2.0</td></tr><tr><td>Jun</td><td>3.0</td><td>3.0</td><td>3.0</td></tr><tr><td>Jul</td><td>5.0</td><td>5.0</td><td>5.0</td></tr><tr><td>Aug</td><td>8.0</td><td>8.0</td><td>8.0</td></tr><tr><td>Sep</td><td>12.0</td><td>12.0</td><td>12.0</td></tr><tr><td>Oct</td><td>18.0</td><td>18.0</td><td>18.0</td></tr><tr><td>Nov</td><td>25.0</td><td>25.0</td><td>25.0</td></tr><tr><td>Dec</td><td>30.0</td><td>30.0</td><td>30.0</td></tr><tr><td>Jan</td><td>35.0</td><td>35.0</td><td>35.0</td></tr><tr><td>Feb</td><td>38.0</td><td>38.0</td><td>38.0</td></tr><tr><td>Mar</td><td>42.0</td><td>42.0</td><td>42.0</td></tr></table></div>	Month	Plan	YTD Actuals	Forecast	Apr	1.0	1.0	1.0	May	2.0	2.0	2.0	Jun	3.0	3.0	3.0	Jul	5.0	5.0	5.0	Aug	8.0	8.0	8.0	Sep	12.0	12.0	12.0	Oct	18.0	18.0	18.0	Nov	25.0	25.0	25.0	Dec	30.0	30.0	30.0	Jan	35.0	35.0	35.0	Feb	38.0	38.0	38.0	Mar	42.0	42.0	42.0	<div><div>Plan vs Actuals</div><table><tr><th>Month</th><th>Plan</th><th>YTD Actuals</th><th>Forecast</th></tr><tr><td>Apr</td><td>2.0</td><td>2.0</td><td>2.0</td></tr><tr><td>May</td><td>5.0</td><td>5.0</td><td>5.0</td></tr><tr><td>Jun</td><td>10.0</td><td>10.0</td><td>10.0</td></tr><tr><td>Jul</td><td>18.0</td><td>18.0</td><td>18.0</td></tr><tr><td>Aug</td><td>22.0</td><td>22.0</td><td>22.0</td></tr><tr><td>Sep</td><td>28.0</td><td>28.0</td><td>28.0</td></tr><tr><td>Oct</td><td>38.0</td><td>38.0</td><td>38.0</td></tr><tr><td>Nov</td><td>50.0</td><td>50.0</td><td>50.0</td></tr><tr><td>Dec</td><td>62.0</td><td>62.0</td><td>62.0</td></tr><tr><td>Jan</td><td>75.0</td><td>75.0</td><td>75.0</td></tr><tr><td>Feb</td><td>88.0</td><td>88.0</td><td>88.0</td></tr><tr><td>Mar</td><td>102.0</td><td>102.0</td><td>102.0</td></tr></table></div> <div><div>Latest Month</div><div>June-25</div><div>In-Month Plan</div><div>£4.8m</div><div>In-Month Actual</div><div>£6.4m</div></div>	Month	Plan	YTD Actuals	Forecast	Apr	2.0	2.0	2.0	May	5.0	5.0	5.0	Jun	10.0	10.0	10.0	Jul	18.0	18.0	18.0	Aug	22.0	22.0	22.0	Sep	28.0	28.0	28.0	Oct	38.0	38.0	38.0	Nov	50.0	50.0	50.0	Dec	62.0	62.0	62.0	Jan	75.0	75.0	75.0	Feb	88.0	88.0	88.0	Mar	102.0	102.0	102.0
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Summary	<div><div>Summary</div><ul style="list-style-type: none">The Trust currently has a system capital allocation of £22.7m for 2025/26. A further £9.6m of projects have been taken forwards for national funding.Overall spend in Month 3 was £1.5m, of which £1.1m was against the Bristol Surgical Centre. This takes the overall year to date spend to £4.3m, of which £3.6m is against the Bristol Surgical Centre.The year to date variance against the forecast is related to spend on the Surgical Centre but is not expected to impact either the full year spend or forecast completion date.Following a system collaborative prioritisation process a further £3.3m of system funding has been secured to support previously identified and unfunded risks.Overall spend on the Bristol Surgical Centre to date is £45.7m, of which £36.7m relates to the main construction contract.The Trust has received approval for a £7.3m Salix grant to be spent on decarbonisation work. This funding will be received throughout the year to match spend.</div>	<div><div>Summary</div><div><div>Summary</div><ul style="list-style-type: none">Following NHSE confirmation of capital funding allocations of £55.2m, the Trust submitted a revised 2025/26 capital plan to NHSE on 30th April 2025 totalling £102.7m. The sources of funding include:<ul style="list-style-type: none">-£40.6m CDEL allocations from the BNSSG ICS capital envelope;-£55.2m PDC matched with CDEL from NHSE including centrally allocated schemes; and-£1.5m for donated asset purchases.YTD expenditure at the end of June is £11.9m, £0.6m ahead of the plan of £11.3m.Significant variances to plan include slippage on Operational Capital (£3.7m), offset by overperformance against Estates Schemes (£2.0m) and Right of Use assets (£1.4m).Management of the delivery of the capital plan has been revised to drive project delivery via the Trust’s Capital Group, re-formed Estates Development Program Board and the Capital Program Steering Group.<div><div>Risks</div><ul style="list-style-type: none">CPSG received the revised 2025/26 capital plan at its meeting on 15th May 2025. A capital program delivery plan will be produced in July after consideration of regulatory, planning, access and project management capacity factors.A 2025/26 capital program delivery plan will also consider options for managing the Trust’s CDEL with partners.</div></div></div>																																																																																																								

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Summary	<div>Summary</div> <ul style="list-style-type: none">In month cash is £41.3m, which is a £9.6m decrease from May driven by an advanced payment received from BNSSG in May resulting in a reduced payment in June and in month capital cash spend.The cash balance has decreased by £36.1m year to date, driven by the movements in payables due to the high level of capital cash spend linked to items purchased at the end of 2024/25, and the payment of large maintenance contracts.Year to date cash balances are £4.2m above plan and the year end cash balance are forecast to be £8.8m above plan, primarily driven by lower than forecast capital cash spend.	<div>Summary</div> <ul style="list-style-type: none">The Trust's cash balance as at 30th June 2025 is £69.3m. The cash position is in line with plan but is a decrease of £3.0m since the 31st March 2025.The decrease of £3.0m is due to a net cash inflow from operations of £14.7m, offset by cash outflow of £13.1m relating to investing activities (i.e. capital), and cash outflow of £4.6m on financing activities (i.e. loans, leases & PDC).The cash position forecast remains within the range of £60.8m to £78m throughout the financial year. The predicted reduction in cash is due to financing obligations of £14.0m relating to the repayment of loan principal and the capital element of leases. The capital programme is funded in cash terms via NHSE public divided capital and internal depreciation.The forecast year end cash balance is £60.8m.																																																									

Assurance and Variation Icons – Detailed Description

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