

Integrated Quality and Performance Report

Month of Publication February 2026
Data up to December 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

Responsiveness

Urgent Care

UHBW ED 4-hour performance improved marginally to 73.5% in December (73.4% in November) against a March 2026 target of 78% for all attendance types, including type-3 footprint uplift. A combination of demand, high bed occupancy and continued high levels of NCTR, create a challenging clinical, operational and performance environment, thus, impacting on 12-hour total time in the Emergency Department and ambulance handover metrics. For NBT, ED 4-hour performance was 65.4% for December 2025 (71.8% with footprint uplift). NBT is actively working with the GIRFT team to align their findings with their UEC programme and a summary of this was presented at NBT's Quality Outcomes Committee.

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

Elective Care

UHBW anticipate no further 65 week waits during 2025/26, with no patients waiting beyond 65 weeks at the end of December 2025. Both Trusts have set the ambition that less than 1% of the total waiting list will be >52 weeks by the end of March 2026, with NBT already achieving this ambition. However, NBT had one complex Plastic Surgery DIEP patient waiting longer than 65 weeks at the end of December 2025 due to further unexpected absence in the consultant body.

Diagnostics

For December, NBT's diagnostic performance reported at 1.5% which was impacted mainly by challenges in DEXA. NBT remains in the top quartile in the country and are forecasting a return to the constitutional standard at the end of February 2026. UHBW position in December has improved again to 11.4% but fell short of the December target of 6.7%. Performance at UHBW continues to improve across many diagnostic modalities and plans are in place for the small number of modalities which require additional support to achieve the recovery trajectory, with improvement in performance expected in year.

Cancer Wait Time Standards

During November, UHBW remains compliant with the 62-Day standard but fell slightly short of the 31-Day standard and the Faster Diagnosis Standard (FDS), reporting 94.7% (target of 96%) and 77.2% (target of 79%) respectively. The expectation is that UHBW will recover and be compliant with each of the three core cancer standards in Q4. At NBT, 28-Day FDS, 31-Day and the 62-Day Combined position were off plan for the month of November. The work previously undertaken has been around improving systems and processes, and maximising performance in the high-volume tumor sites. The current position is due to challenges in the Urology and Breast pathway; there are improvement plans in place to reduce the time to diagnosis and provide sufficient capacity to deliver treatments. Both trusts are part of the SWAG programme of improvement called 'Days Matter' which will focus on Urology pathways at NBT and Colorectal at UHBW.

Stroke – NBT

The November performance figures are provisional and subject to change once fully validated.

Executive Summary – Group Update

Quality

Patient Safety

At UHBW, there were no additional MRSA bacteraemia cases in December. The year-to-date total is six cases. A case-series review of the six 2025/26 cases is scheduled in January by the IPC/Microbiology team at NBT to extract further learning; outcomes are awaited. Two cases occurred at Bristol Children's Hospital and have been reviewed jointly by IPC and the Divisional Director of Nursing, with additional actions agreed. There have been no additional MRSA cases reported at NBT, the total for 2025/26 remains at two cases.

UHBW *Escherichia coli* (*E. coli*) cases for December are seven, year to date figures are currently at 72. The incidence of infection appeared to increase in Q2 2025/6, which can in part be attributed to seasonal fluctuations. At UHBW the threshold limit for 2025/26 is 109 cases per year. The dataset covering the last two years of *E. coli* bacteraemia cases is currently being reviewed to better understand their sources. At NBT The number of cases reported has reduced in November and December.

At UHBW *Clostridium difficile* cases for December were 12, all of which were Hospital Onset Hospital Acquired (HOHA). The year-to-date total for UHBW is 108 cases (78 HOHA and 30 COHA). In December, UHBW reported an outbreak of *C. difficile* on a Bristol Royal Infirmary gastro/hepatology ward, with several linked cases identified. A proportion of these cases have been identified as ribotype 027, a virulent strain that has not been seen locally for several years. The Trust will work with system partners to understand potential causes for the re-emergence of ribotype 027 and ensure coordinated management across the system. For NBT, there were 5 HOHA cases of *Clostridium difficile* identified in December, with 0 COHA. Total position so far this year is 86 cases against a trajectory of 79. Improvement is being undertaken through *C. Difficile* ward rounds and is resulting in positive change in the management of cases. Increased incidence on 86 is currently under investigation with ribotypes expected.

UHBW in December recorded 153 falls, which per 1000 bed days equates to 4.561, this is lower than the Trust target of 4.8 per 1000 bed days. There were 111 falls at the Bristol site and 42 falls at the Weston site. There were three falls with moderate physical and/or psychological harm. We continue to work on personalisation, prediction, participation and prevention as a framework for reducing falls and falls with harm across the Trust. At NBT, falls per 1000 bed days remain within statistical controls, five falls resulted in patient harm (moderate physical and/or psychological harm).

At UHBW since CMM implementation in June 2025, VTE risk assessment (RA) rates have improved by around 10% to 80% consistently. Work to address the interruption of the link between VTE risk assessment and prescribing VTE prophylaxis is underway; ward view boards will have both VTE RA and VTEP prescribing re-instated following CMM by the end of January to increase visibility, teaching session for F1 and F2 Dr's on VTE in December and targeted improvements work to admission wards is planned. For NBT compliance has improved following CMM implementation above the national target of 95% with several months sustained over 97%.

During December 2025, UHBW recorded 284 medication-related incidents, none of which were reported as causing moderate or above harm. Incidents related to the prescribing and administration of subcutaneous syringe drivers on CMM have led to a multiprofessional safety review recommending CMM changes be completed and a Trust wide safety alert to raise awareness of the new risks identified. At NBT there were recorded 140 medication incidents involving patients. Of these, five were graded as medication causing moderate or above harm to a patient. One of these cases was relating to a retrospective case notes review for an admission in February 2025. The Medicines Governance team are also working closely with the CMM team to identify any emerging themes or trends in terms of incidents which may be related to changes in process following the CMM go live.

Patient & Carer Experience

At UHBW in November, the Trust received 61 complaints which is 16 less than the previous month. The complaint response compliance data has remained consistent for the last 2 months at 70%, of the 67 complaints due for response in November, 47 were closed within the agreed timescale and 20 closed outside of the timescale.

Within NBT the monthly complaints figures shows 58 received in December, this is less than reported for November, a decline in numbers reported is expected for the reported month. Timely response increased to 77% in December which is an improvement from the reported 71% in November. Compliance is now the highest level since February and reflects the continued improvement within ASCR.

Executive Summary – Group Update

Our People

Please note the following variance in metric definitions:

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

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

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

Turnover

- **NBT** turnover is 9.5% in December, below the NBT target of 11.3% for 2025/26
- **UHBW** turnover is 9.4% in December and below target.

Vacancy Rate

- **NBT** is 8.1%, small increase in vacancies driven seasonally low starters in December. Positive impact on position anticipated for quarter four following enhanced Healthcare Support Worker Recruitment and the impact of delayed newly qualified nurses starting.
- **UHBW** is 4.8%, an increase from 4.6% in November and above target, triggering an escalation summary.

Sickness

- **NBT** rate is 4.8%, above the target of 4.4%. NBT is carrying out detailed work on long term absence as the predominant driver of the position.
- **UHBW** rate is 4.5% in month, remaining the same as the November rate. This does not trigger an escalation summary against the cumulative annual target. However it is target that is becomingly increasingly difficult to achieve, following high-levels of flu in quarter 3, and plans are being worked up to tackle absence .

Essential Training

- **NBT** – 88.1% against a target of 90% - key hotspots are Infection Prevention Control, OMMT and Information Governance
- **UHBW** - 89.3% against a target of 90%. key hotspots are Infection Prevention & Control, Moving and Handling, OMMT and Resuscitation and Information Governance

Both Trusts conducting on-going discussions with subject matter expert in progress to identify recovery actions including improvements to delivery models, communication and promotion, ongoing governance and to determine the level of confidence that actions will have required impact to recover our position.

Oliver McGowan - Level 2 Face to Face and Level 1 virtual compliance reporting to include a compliance trajectory against an ICB target of 63.3% by Mar-26. The ICB remains confident the target will be met across system partners. Focus will be on what would be required to achieve target, within the group, in terms of training attendance, available capacity and current future bookings to provide a confidence level for delivery – recognising the impact of recent seasonal pressures upon training.

Executive Summary

Finance

In Month 9 (December), NBT delivered a £2.0m surplus position which is £1.9m favourable to plan. Year to date NBT has delivered a £2.6m deficit position which is on plan.

UHBW delivered a £1.8m surplus in Month 9, against a deficit plan of breakeven. UHBW's year to date deficit is £9.3m, £0.1m favourable to plan.

Pay expenditure within NBT is £2.2m adverse to plan in month. This is driven by overspends in nursing and healthcare assistants due to escalation and enhanced care, under-delivery against in-year savings which is offset by vacancies in consultant and other staff groups.

Pay expenditure in UHBW is £3.3m adverse to plan in month. This is driven mainly by higher than planned substantive and bank expenditure particularly across nursing due to escalation and enhanced care plus additional medical costs associated with industrial action.

The NBT cash balance as at the 31 December 2025 is £26.0m, £3.8m higher than planned, a £51.3m reduction from 31 March 2025.

The UHBW cash balance as at the 31 December 2025 is £45.1m, £19.7m lower than planned, a £27.3m reduction from 31 March 2025.

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	ED % Spending Under 4 Hours in Department	NBT	Dec-25	65.4%	70.1%	66.5%	F-	C	Escalation Summary
		UHBW	Dec-25	66.6%	72.3%	66.5%	?	C	Escalation Summary
Responsive	ED % Spending Over 12 Hours in Department	NBT	Dec-25	8.9%	2.0%	8.4%	F-	C	Escalation Summary
		UHBW	Dec-25	6.0%	2.0%	4.0%	F	C	Escalation Summary
Responsive	Bristol Children's Hospital ED - Percentage Within 4 Hours								
		UHBW	Dec-25	73.6%	No Target	69.7%	N/A	C	Note Performance*
Responsive	ED 12 Hour Trolley Waits (from DTA)	NBT	Dec-25	430	0	366	F-	C	Escalation Summary
		UHBW	Dec-25	496	0	243	F-	C	Escalation Summary
Responsive	Ambulance Handover Delays (under 15 minutes)	NBT	Dec-25	31.0%	65.0%	34.3%	F-	C	Escalation Summary
		UHBW	Dec-25	42.0%	65.0%	44.2%	F-	C	Escalation Summary
Responsive	Average Ambulance Handover Time	NBT	Dec-25	28.3	45.0	24.5	P	C	Note Performance
		UHBW	Dec-25	20.3	45.0	19.0	P	L	Note Performance
Responsive	% Ambulance Handovers over 45 minutes	NBT	Dec-25	18.5%	0.0%	13.1%	F-	C	Escalation Summary
		UHBW	Dec-25	5.1%	0.0%	3.2%	F-	L	Escalation Summary
Responsive	No Criteria to Reside	NBT	Dec-25	21.1%	15.0%	22.2%	F-	L	Escalation Summary
		UHBW	Dec-25	21.2%	13.0%	20.1%	F-	C	Escalation Summary
Responsive	RTT Percentage Over 52 Weeks	NBT	Dec-25	0.2%	1.0%	0.3%	P	L	Note Performance
		UHBW	Dec-25	1.3%	1.1%	1.3%	F-	L	Escalation Summary
Responsive	RTT Ongoing Pathways Under 18 Weeks	NBT	Dec-25	66.6%	71.8%	66.4%	F-	H	Escalation Summary
		UHBW	Dec-25	66.9%	66.8%	67.3%	F-	H	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

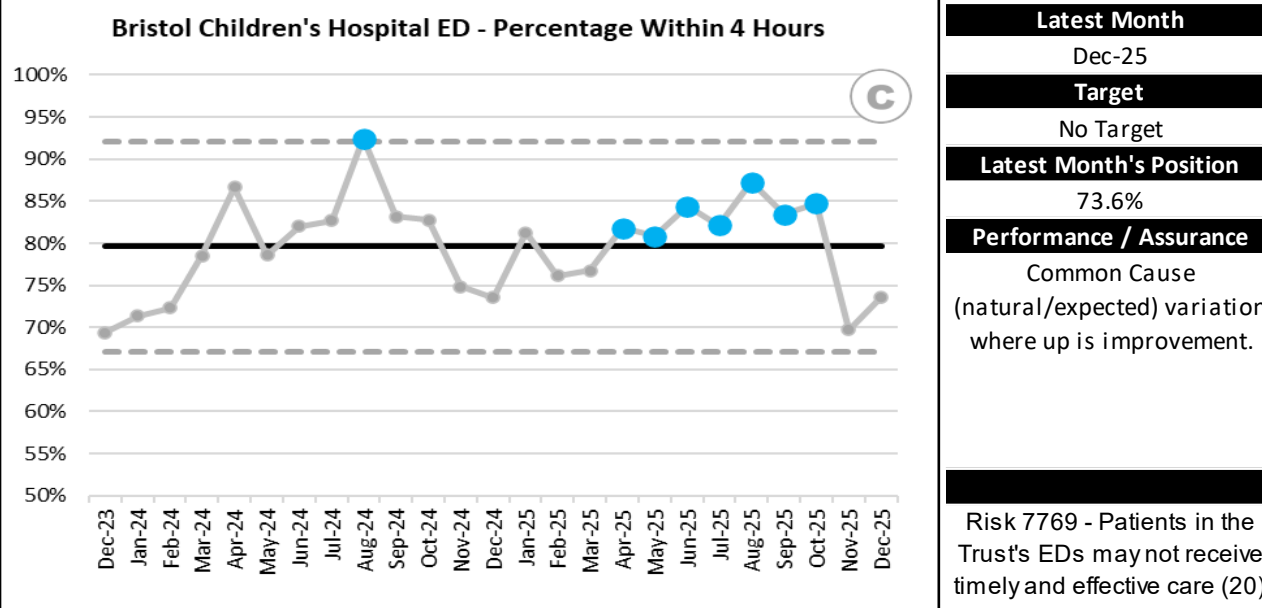
Common Cause (natural) Variation

Concerning Variation

* with commentary

Responsive

UEC – Emergency Department Metrics



What does the data tell us?

Overall, there has been a reduction in the number of 4hr and 12hr breaches at BRHC despite a slight increase in attendances during December 2025.

- 4 hour performance during December was 73.6% which is an improvement when compared to November 2025 (69.7%) and almost identical when compared year on year to December 2024 (73.5%).
- There were 4,765 attendances in December 2025, which is very slightly more than November 2025 (4,750)
- There were fewer 12 hour breaches in December 2025 – a total of 50, compared with 69 in November 2025 although of the 50 breaches, mainly they were due to hospital flow issues and patients waiting a long time for a bed/cubicle.

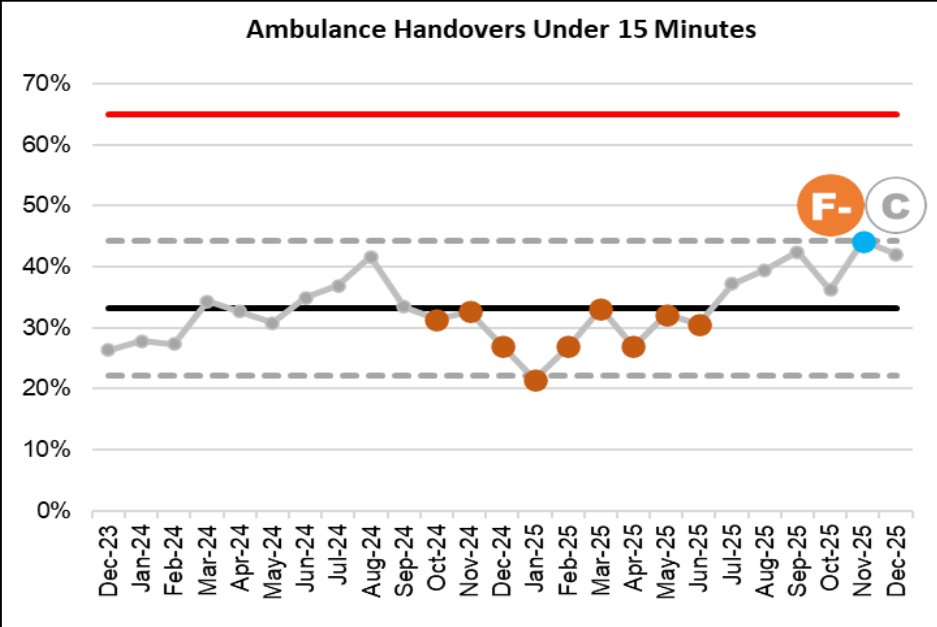
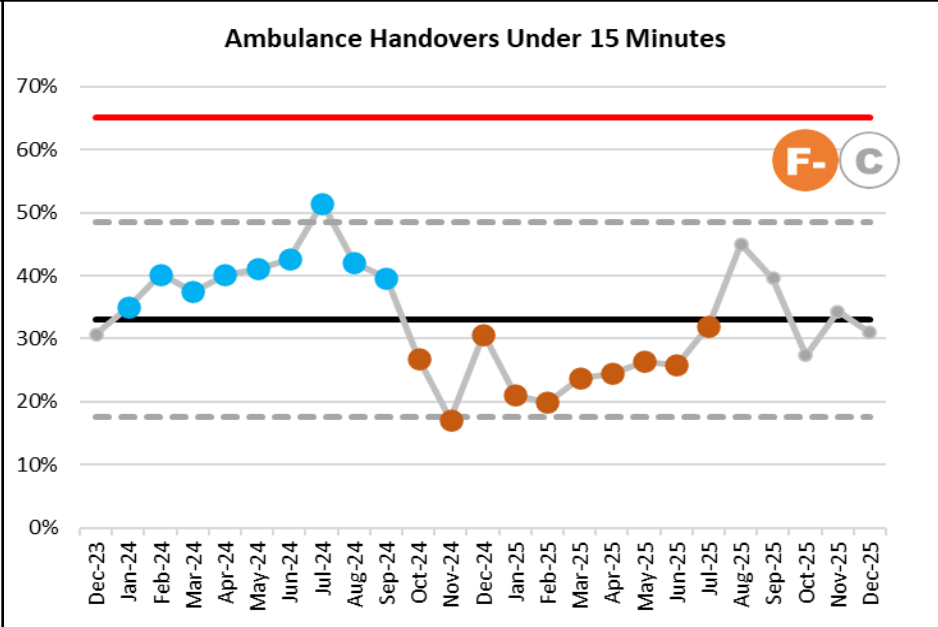
Actions being taken to improve

- 4-hour breach action plan being developed and progress tracked via weekly senior meetings
- Streaming nurse to be implemented on a daily basis – anticipated start date in February
- Weekly 4-hour breach review meeting in place
- XCAD handover pathway being developed with inpatient wards and SWAST for speciality expected patients
- Weekly 12 hour breach validation and review meeting to discuss opportunities for improvement in place and ongoing

Responsiveness

UEC – Ambulance Handover Delays

Latest Month
Dec-25
Target
65.0%
Latest Month's Position
31.0%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



Latest Month
Dec-25
Target
65.0%
Latest Month's Position
42.0%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit and down is deterioration.
Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?

The proportion of handovers completed within 15 minutes has decreased to 31%, with conveyances up by >5% month on month.

Actions being taken to improve

The November test of change scheme linked to SWAST crews calling the Community Emergency Medicine Service prior to conveying to NBT ED was successful both in terms of avoiding conveyances and increasing engagement with SWAST on alternatives to ED. Results have been shared with the ICB and there is a system commitment to substantiating the CEMS services across seven days as part of the operational plan for next year. This would also benefit the BRI ED. During February test of change week at NBT the ICB are supporting a trial of weekend staffing in CEMS.

Impact on forecast

Learning from the call before convey test of change will be key in BNSSG to unlocking congestion in ambulance bays and promoting alternative pathways with SWAST.

What does the data tell us?

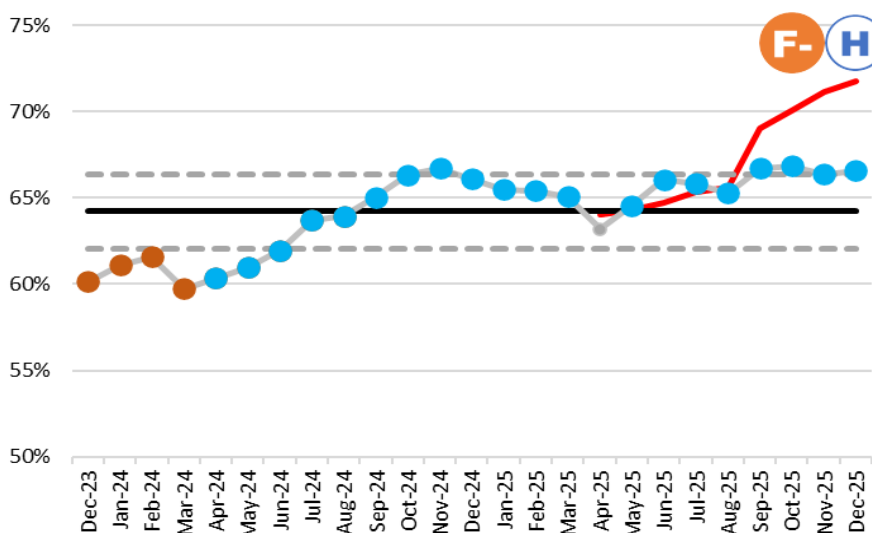
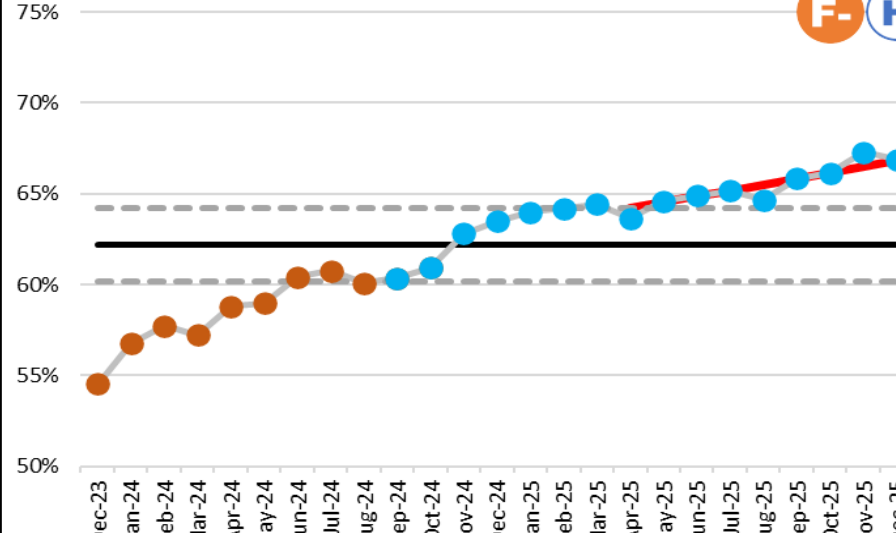
Ambulance handovers within 15 mins show a slight deterioration in December at 42% compared to November at 44.2% but still a marked improvement compared to the last year. Notable decrease observed at BRI from 43% in November to 37.1% in December. This is despite a decrease in conveyances across all sites throughout December.

Actions being taken to improve

Implementation of the updated SWAST Timely Handover Policy in response to the new NHSE KPI: zero tolerance to handovers over 45 mins - has resulted in a collective response within UHBW to embed additional actions and strengthen existing processes in support of timely ambulance handovers. Expansion to the CEMS service planned by the ICB should result in an improvement in ambulance conveyances throughout the year as this is implemented.

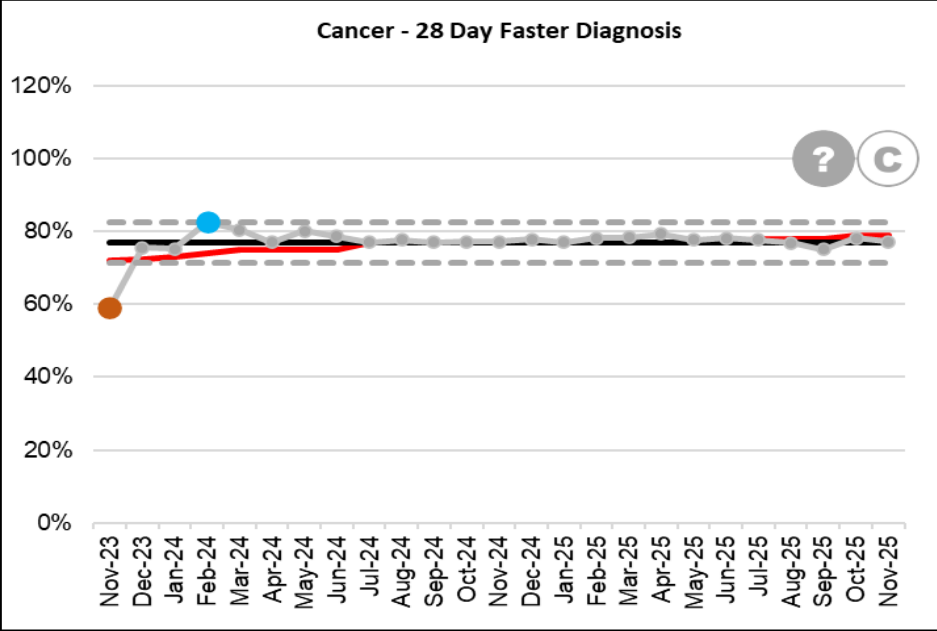
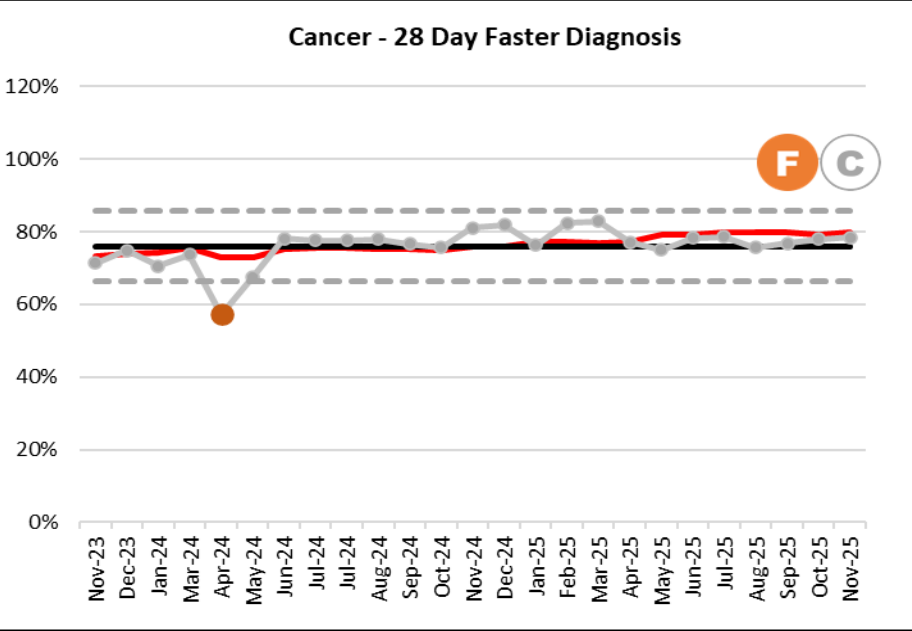
Impact on forecast

It is anticipated that the ongoing improvement work will continue to contribute to an improved position in the forthcoming months, though flow out of ED into the BRI bed base will remain challenging due to the closure of two inpatient wards.

Latest Month Dec-25 Target 71.8% Latest Month's Position 66.6% Performance / Assurance Special Cause Improving Variation High, where up is improvement but target is greater than upper limit Trust Level Risk No Trust Level Risk	Referral To Treatment Ongoing Pathways Under 18 Weeks 	Referral To Treatment Ongoing Pathways Under 18 Weeks 	Latest Month Dec-25 Target 66.8% Latest Month's Position 66.9% 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)
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What does the data tell us? At the end of December, the percentage of patients waiting less than 18 weeks was 66.6%, performing under the Trust trajectory of 71.8% set as part of the Trust operational planning submission (target of 72% by March 2026). This deterioration was partly due to the phased activity plan related to the BSC not meeting trajectory and resident doctors strike action during the month. Actions being taken to improve The 2025/26 delivery plans developed with clinical divisions, incorporate additional resource for some of the services (e.g. neurology and pain specialties) requiring greater support to recover their position. The Princess Royal Bristol Surgical Centre (PRBSC) opened earlier in the year with a focus on optimising orthopaedic activity in December. Additional patient contacts are being made via DrDoctor to identify whether patients no longer require to be seen (self-limiting conditions). Operational re-focus to overall percentage performance established going into Q4 which is being led by the COO. Impact on forecast Forecast to deliver 70% against a plan of 72%, further mitigations being explored to meet year-end plan.	What does the data tell us? At the end of December, the number of patient waiting less than 18-weeks is 33,707 (66.9%) , meeting the Operational Planning trajectory target of 66.8%. Actions being taken to improve The 2025/26 delivery plans developed with clinical divisions, incorporate additional resource for some of the services (e.g. dental and paediatric specialties) requiring greater support to recover their position. The Trust continue to take part in the NHS England validation sprint, where an additional validation exercise focusses on patients across a broad range of specialties. Additional patient contacts are also being made via DrDoctor to identify whether patients no longer require to be seen (self-limiting conditions) Impact on forecast We continue to closely monitor the patients under 18-weeks and focused booking of first OPA earlier in the pathway to achieve the ambition of the end of year target The End of Year Target for this measure is 67.8%
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Latest Month
Nov-25
Target
79.8%
Latest Month's Position
78.4%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration
Trust Level Risk
988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).



Latest Month
Nov-25
Target
79.0%
Latest Month's Position
77.2%
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 2680 - Complainants experience a delay in receiving a call back (12)

What does the data tell us?

28-Day performance did not meet the trajectory for November. The overall informed volume was below plan and there were more reported breaches. The position was driven by Breast and Urology.

Actions being taken to improve

Detailed recovery plan provided to NHS England through the Tier 2 support; the recovery plan details a return to plan by year-end.
Key areas of focus are 1st OPA within Breast and diagnostic capacity and turnaround times in Urology.
SWAG and NHSE funding has been approved.

Impact on forecast

Forecasting a challenged January but returning to plan by year-end.

What do the data tell us?

Performance remains consistent, albeit short of the trajectory and national standard. The denominator was unusually low during November, and the Trust performed well in terms of numbers of patients waiting less than 28 days, but these were not offset by the normal total of 'patients told'. This is likely due to the changes in head and neck pathways following recruitment and should stabilise in future months.

Actions being taken to improve

Improvement is expected once the impact of filling vacancies in head and neck translates into these figures, and once the seasonal reduction in demand for skin enables an improvement in compliance in that speciality. A locum has also recently been recruited in skin, and an additional consultant started in gynaecology in December.

Impact on forecast

Compliance expected by financial year end

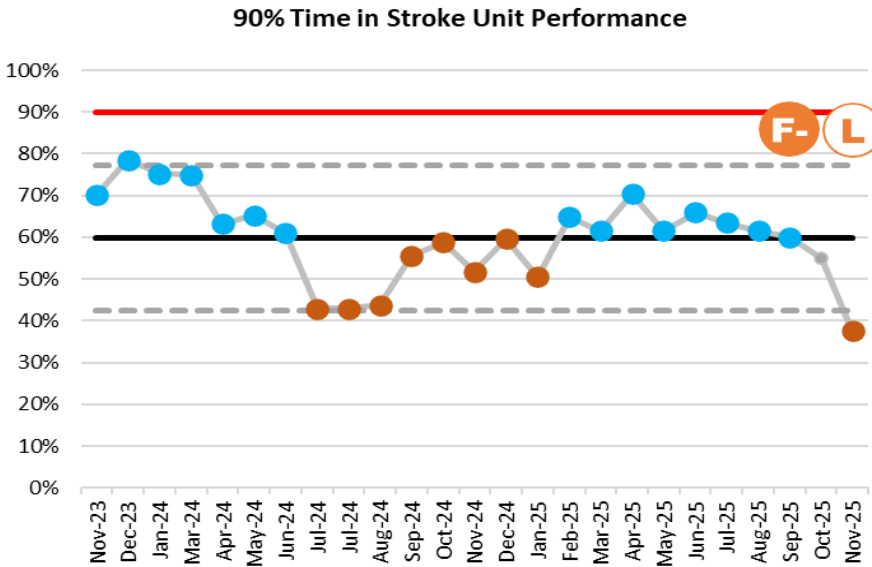
Latest Month Nov-25 Target 71.5% Latest Month's Position 66.8% Performance / Assurance Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration Trust Level Risk 988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).	Cancer - 62 Referral To Treatment <table><tr><th>Month</th><th>Performance (%)</th></tr><tr><td>Nov-23</td><td>62.0</td></tr><tr><td>Dec-23</td><td>61.5</td></tr><tr><td>Jan-24</td><td>53.0</td></tr><tr><td>Mar-24</td><td>59.0</td></tr><tr><td>Apr-24</td><td>60.0</td></tr><tr><td>May-24</td><td>59.0</td></tr><tr><td>Jun-24</td><td>61.0</td></tr><tr><td>Jul-24</td><td>58.0</td></tr><tr><td>Jul-24</td><td>58.0</td></tr><tr><td>Aug-24</td><td>68.0</td></tr><tr><td>Sep-24</td><td>60.0</td></tr><tr><td>Oct-24</td><td>68.0</td></tr><tr><td>Nov-24</td><td>70.0</td></tr><tr><td>Dec-24</td><td>74.0</td></tr><tr><td>Jan-25</td><td>66.0</td></tr><tr><td>Feb-25</td><td>59.0</td></tr><tr><td>Mar-25</td><td>64.0</td></tr><tr><td>Apr-25</td><td>66.0</td></tr><tr><td>May-25</td><td>63.0</td></tr><tr><td>Jun-25</td><td>64.0</td></tr><tr><td>Jul-25</td><td>66.0</td></tr><tr><td>Aug-25</td><td>65.0</td></tr><tr><td>Sep-25</td><td>62.0</td></tr><tr><td>Oct-25</td><td>64.0</td></tr><tr><td>Nov-25</td><td>66.8</td></tr></table>	Month	Performance (%)	Nov-23	62.0	Dec-23	61.5	Jan-24	53.0	Mar-24	59.0	Apr-24	60.0	May-24	59.0	Jun-24	61.0	Jul-24	58.0	Jul-24	58.0	Aug-24	68.0	Sep-24	60.0	Oct-24	68.0	Nov-24	70.0	Dec-24	74.0	Jan-25	66.0	Feb-25	59.0	Mar-25	64.0	Apr-25	66.0	May-25	63.0	Jun-25	64.0	Jul-25	66.0	Aug-25	65.0	Sep-25	62.0	Oct-25	64.0	Nov-25	66.8	Cancer - 62 Day Referral To Treatment <table><tr><th>Month</th><th>Performance (%)</th></tr><tr><td>Nov-23</td><td>66.0</td></tr><tr><td>Dec-23</td><td>75.0</td></tr><tr><td>Jan-24</td><td>71.0</td></tr><tr><td>Feb-24</td><td>70.0</td></tr><tr><td>Mar-24</td><td>76.0</td></tr><tr><td>Apr-24</td><td>73.0</td></tr><tr><td>May-24</td><td>74.0</td></tr><tr><td>Jun-24</td><td>79.0</td></tr><tr><td>Jul-24</td><td>80.0</td></tr><tr><td>Aug-24</td><td>71.0</td></tr><tr><td>Sep-24</td><td>76.0</td></tr><tr><td>Oct-24</td><td>74.0</td></tr><tr><td>Nov-24</td><td>76.0</td></tr><tr><td>Dec-24</td><td>74.0</td></tr><tr><td>Jan-25</td><td>74.0</td></tr><tr><td>Feb-25</td><td>74.0</td></tr><tr><td>Mar-25</td><td>73.0</td></tr><tr><td>Apr-25</td><td>75.0</td></tr><tr><td>May-25</td><td>78.0</td></tr><tr><td>Jun-25</td><td>74.0</td></tr><tr><td>Jul-25</td><td>78.0</td></tr><tr><td>Aug-25</td><td>77.0</td></tr><tr><td>Sep-25</td><td>74.0</td></tr><tr><td>Oct-25</td><td>77.0</td></tr><tr><td>Nov-25</td><td>77.4</td></tr></table>	Month	Performance (%)	Nov-23	66.0	Dec-23	75.0	Jan-24	71.0	Feb-24	70.0	Mar-24	76.0	Apr-24	73.0	May-24	74.0	Jun-24	79.0	Jul-24	80.0	Aug-24	71.0	Sep-24	76.0	Oct-24	74.0	Nov-24	76.0	Dec-24	74.0	Jan-25	74.0	Feb-25	74.0	Mar-25	73.0	Apr-25	75.0	May-25	78.0	Jun-25	74.0	Jul-25	78.0	Aug-25	77.0	Sep-25	74.0	Oct-25	77.0	Nov-25	77.4	Latest Month Nov-25 Target 73.2% Latest Month's Position 77.4% Performance / Assurance Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is improvement. Corporate Risk Risk 5531 - Non-compliance with the 62 day cancer standard (12)
Month	Performance (%)																																																																																																										
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What does the data tell us? 62-Day performance did not meet the trajectory for November, however, did meet the recovery forecast. The overall treatment volume was in line with plan and there were more reported in target. Breast and Urology makeup 73% of the total breaches. Actions being taken to improve Detailed recovery plan provided to NHS England through the Tier 2 support; delivery of the plan is being monitored through COO-level oversight. Key areas of focus are Urology which is demonstrating improvement and is on track against the specialty improvement plan. Other area of focus is Breast services which are challenged in both screening and symptomatic pathways, this is primarily driven by workforce challenges relating to hard-to-recruit radiologists. There is increased director-level scrutiny through recovery sustainability meetings in both specialities. There is an increasing trend of referrals from outside BNSSG, specifically in Urology, impacting on performance. Impact on forecast Recovery actions in place to mitigate further deterioration.	No narrative required as per business rules.
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Responsiveness

Stroke Performance - NBT

Latest Month
Nov-25
Target
90.0%
Latest Month's Position
37.5%
Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit
Trust Level Risk
Risk 1704 - There is a risk that patients receive sub-optimal stroke care and face potential worse clinical outcomes as a result of poor Trust performance against delivery of key national benchmarks (15).



What does the data tell us?

As predicted the dip in October performance was largely due to incomplete data, although the ongoing high occupancy numbers have resulted in an increased number of outliers, negatively affecting performance slightly. We expect November performance to improve once data is fully validated.

The challenge is still with community provision, and this has been escalated through the ODG and HCIG through a review of service against the original business case. This is an ongoing process.

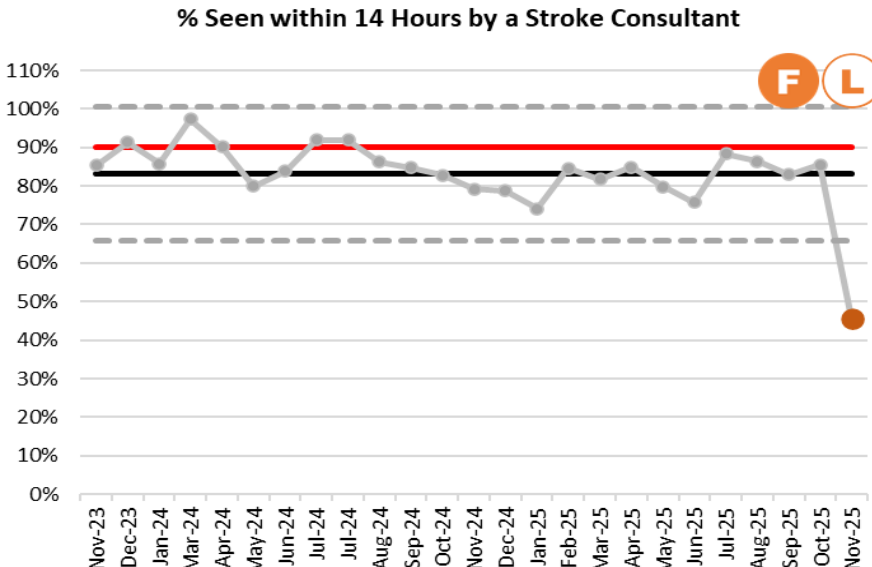
Actions being taken to improve

Actions already described in Stroke unit within 4 hours metric – including the Hot bed SOP. System level work ongoing to aid in reducing occupancy levels, this involves engagement from ICB with view to enhancing community provision and releasing acute capacity. Increased numbers of SBCH and BIRU beds as well more ICSS staff have been actioned.

Impact on Forecast

Current occupancy levels remain high and we expect the performance to continue to be challenged, until occupancy levels reduce; there is a direct correlation to the NCTR position.

Latest Month
Nov-25
Target
90.0%
Latest Month's Position
45.5%
Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration and last six data points are less than target
Trust Level Risk
Risk 1704 - There is a risk that patients receive sub-optimal stroke care and face potential worse clinical outcomes as a result of poor Trust performance against delivery of key national benchmarks (15).



What does the data tell us?

November data has not been validated, and we expect performance to be in line with recent previous months.

Actions being taken to improve

Recent performance continues to be supported by a more sustainable and consistent consultant rota. The paper admission proforma has been updated and is now in use with a specific consultant review section to allow for clearer data capture. The Careflow narrative form is due for testing imminently. This will further improve the accuracy and completeness of data capture for this metric.

Impact on Forecast

We expect slight continued performance and a slight improvement once the Careflow narrative form is in use.

Quality

Scorecard

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	Aug-25	94.2	100.0	94.8	P*	C	Note Performance
		UHBW	Aug-25	86.8	100.0	86.7	P*	L	Note Performance
Effective	Fracture Neck of Femur Patients Treated Within 36 Hours	NBT	Nov-25	43.8%	No Target	46.0%	N/A	C	Note Performance
		UHBW	Dec-25	46.6%	90.0%	48.1%	F-	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	NBT	Nov-25	97.9%	No Target	96.0%	N/A	C	Note Performance
		UHBW	Dec-25	87.9%	90.0%	77.8%	?	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Achieving Best Practice Tariff	NBT	Nov-25	45.8%	No Target	39.3%	N/A	C	Note Performance
		UHBW	Dec-25	36.2%	No Target	37.0%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Inpatient	NBT	Dec-25	90.2%	No Target	90.9%	N/A	C	Note Performance
		UHBW	Dec-25	95.9%	No Target	96.4%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Outpatient	NBT	Dec-25	94.7%	No Target	94.6%	N/A	L	Escalation Summary
		UHBW	Dec-25	94.7%	No Target	93.6%	N/A	C	Note Performance
Caring	Friends and Family Test Score - ED	NBT	Dec-25	79.6%	No Target	77.8%	N/A	C	Note Performance
		UHBW	Dec-25	80.1%	No Target	85.4%	N/A	L	Escalation Summary
Caring	Friends and Family Test Score - Maternity	NBT	Dec-25	86.8%	No Target	91.5%	N/A	C	Note Performance
		UHBW	Dec-25	97.8%	No Target	98.6%	N/A	C	Note Performance
Caring	Patient Complaints - Formal	NBT	Dec-25	58	No Target	68	N/A	H	Escalation Summary
		UHBW	Nov-25	61	No Target	77	N/A	H	Escalation Summary
Caring	Formal Complaints Responded To Within Trust Timeframe	NBT	Dec-25	77.1%	90.0%	71.2%	F	C	Escalation Summary
		UHBW	Nov-25	70.1%	90.0%	70.0%	F	C	Escalation Summary

Assurance

Variation

P*

P

?

F

F-

No icon

H

L

C

H

L

Consistently Passing Target

Meeting or Passing Target

Passing and Falling Short of Target

Falling Short of Target

Consistently Falling Short of Target

No Specified Target

Improving Variation

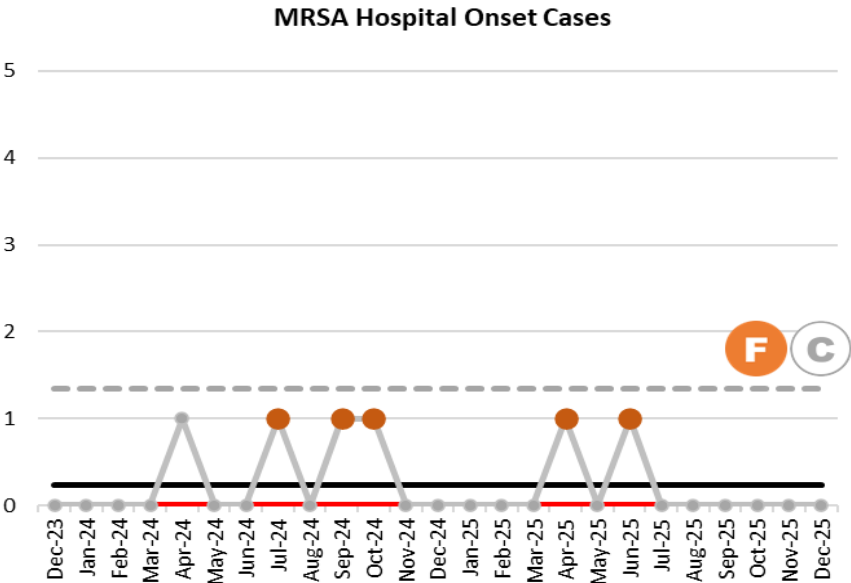
Common Cause (natural) Variation

Concerning Variation

Quality

Infection Prevention & Control

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



What does the data tell us?

With no new cases reported in December this totals two this year to date.

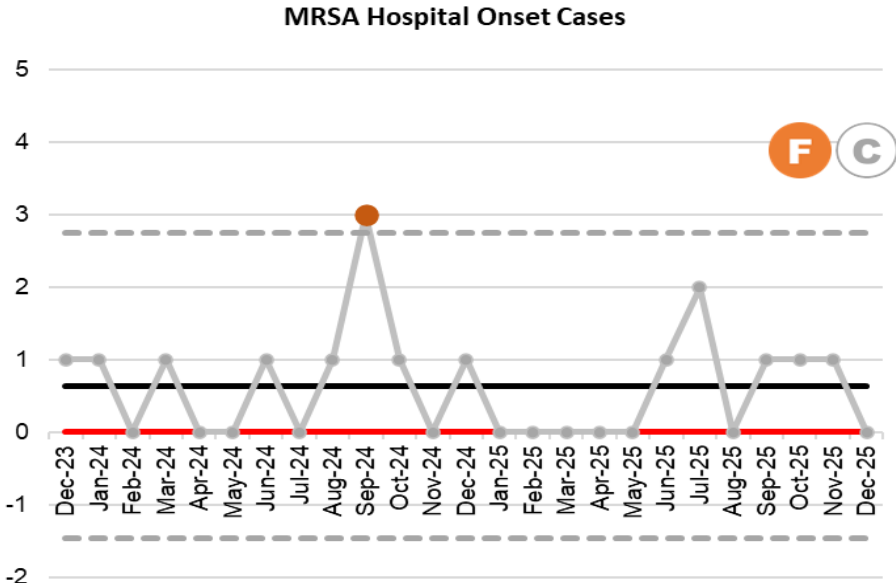
Actions taken to improve

The HCAI improvement and reporting group continues to have oversight and monitor potential risk factors. Work is continuing on influencing factors surrounding screening and decolonisation, This has resulted in a sustained improvement with no further MRSA cases .

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

Impact on forecast

The intention is to improve the position with the plans outlined above as well as learn from other trusts and ICBs.



What does the data tell us?

At UHBW, there were no additional MRSA bacteraemia cases in December. The year-to-date total is six cases.

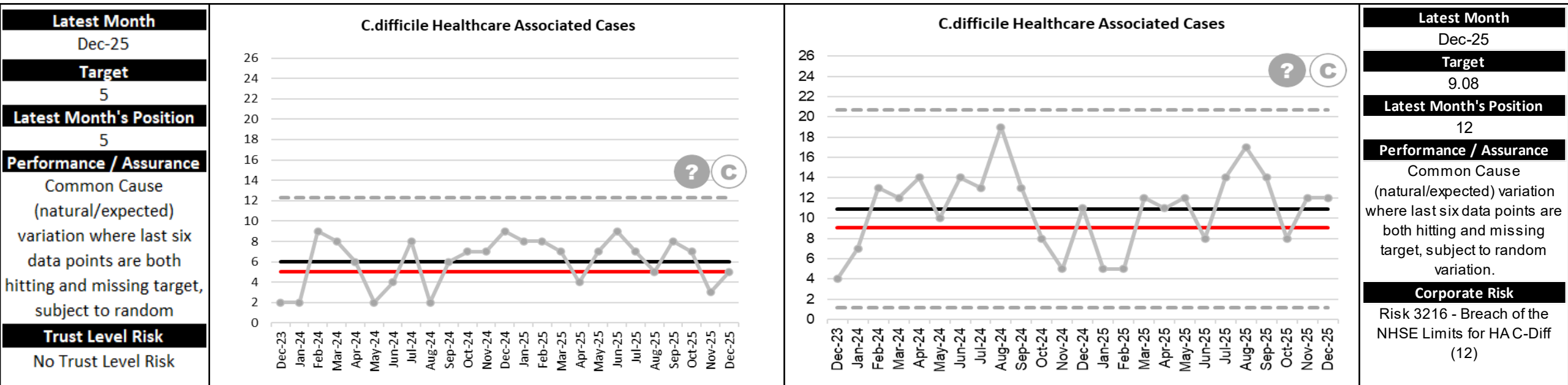
Actions being taken to improve

- A case series review of the six 2025/26 cases is scheduled in January by the IPC/Microbiology team at NBT to extract further learning; outcomes are awaited. Two cases occurred at Bristol Children's Hospital and have been reviewed jointly by IPC and the Divisional Director of Nursing, with additional actions agreed.
- Intravenous line care is a recurring contributory factor; an improvement programme led by the Divisional Director of Nursing is in progress.
- An ICB-led task-and-finish group commences in January to review MRSA incidence across BNSSG, which remains a regional outlier, including for community-onset cases.

Impact on forecast

At this point in December 2024 UHBW had had 7 MRSA cases reported last year. Our position is improved however is still of concern. The corporate risk (datix 6013) articulate the risk of breach of the NHSE limit of zero.

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



What does the data tell us?

Cases in December - 5 HOHA and 0 COHA - cases need to trend at 6 or lower monthly to match a trajectory position. The current position is trending slightly above the trajectory.
Total position so far this year 86 cases of a trajectory of 79.

Actions being taken to improve

C.difficile ward rounds have seen improvements in the management of positive cases.

Following work to RED clean multi occupancy bays a plan is in place for a schedule of RED cleaning in these areas aligned with HOIST servicing and sitting in an operational bay closure maintenance plan

Education on sampling has been a strong focus that has been picked up through the divisional work to ensure timely sampling and correct use of sample stickers.

Work also taking place through AMS pharmacist looking at appropriate prescribing of antibiotics as these are the kept themes
Increased incidence on 8b currently under investigation, awaiting ribotypes.

What does the data tell us?

Clostridium difficile cases for December were 12, all of which were Hospital Onset Hospital Acquired (HOHA). The year-to-date total for UHBW is 108 cases (78 HOHA and 30 COHA).

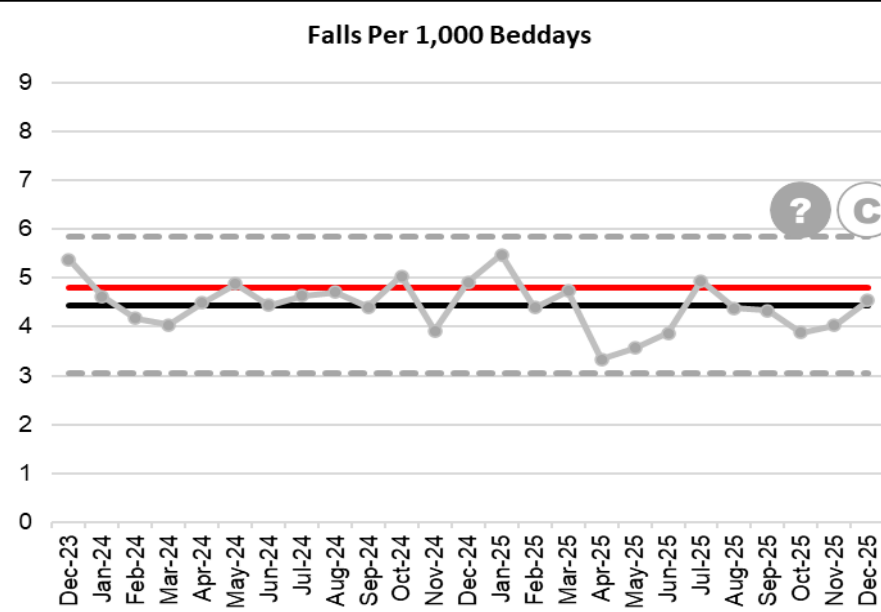
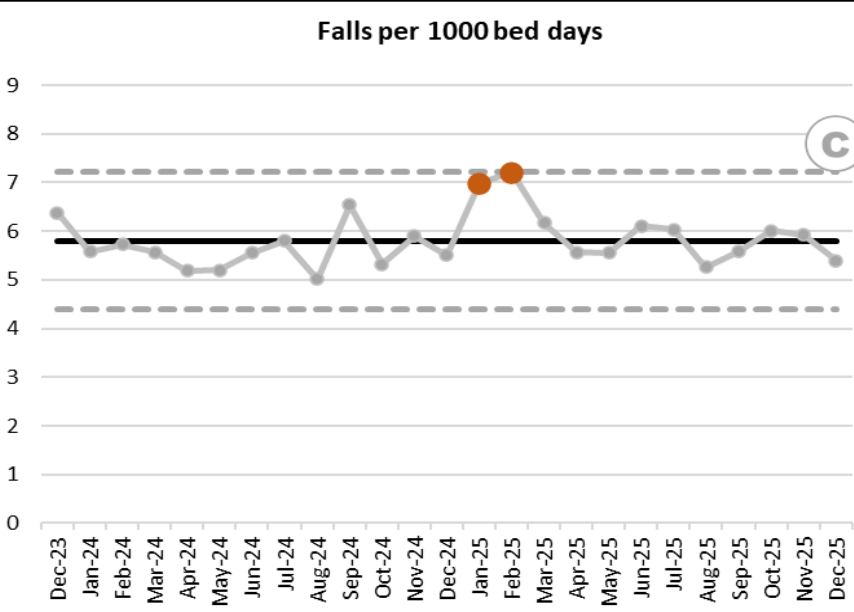
Actions being taken to improve

- In December, UHBW reported an outbreak of C. difficile on a Bristol Royal Infirmary gastro/hepatology ward, with several linked cases identified.
- A proportion of these cases have been identified as ribotype 027, a virulent strain that has not been seen locally for several years.
- A follow-up outbreak meeting is scheduled for early January to review actions, confirm required interventions and determine whether additional screening or ribotyping is needed for higher-risk patient groups.
- The Trust will work with system partners to understand potential causes for the re-emergence of ribotype 027 and ensure coordinated management across the system.

Impact on forecast

The NHSE limit for UHBW is 109 cases for the year. Based on current performance, the Trust is likely to exceed the limit by the end of January. This risk is recorded on the corporate risk register (Datix 3216), reflecting the ongoing likelihood of breaching the NHSE threshold.

Latest Month
Dec-25
Target
No Target
Latest Month's Position
5
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit where down is improvement
Trust Level Risk
No Trust Level Risk



Latest Month
Dec-25
Target
4.8
Latest Month's Position
4.5
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
Risk 1598 - Patients suffer harm or injury from preventable falls (12)

No narrative required as per business rules.

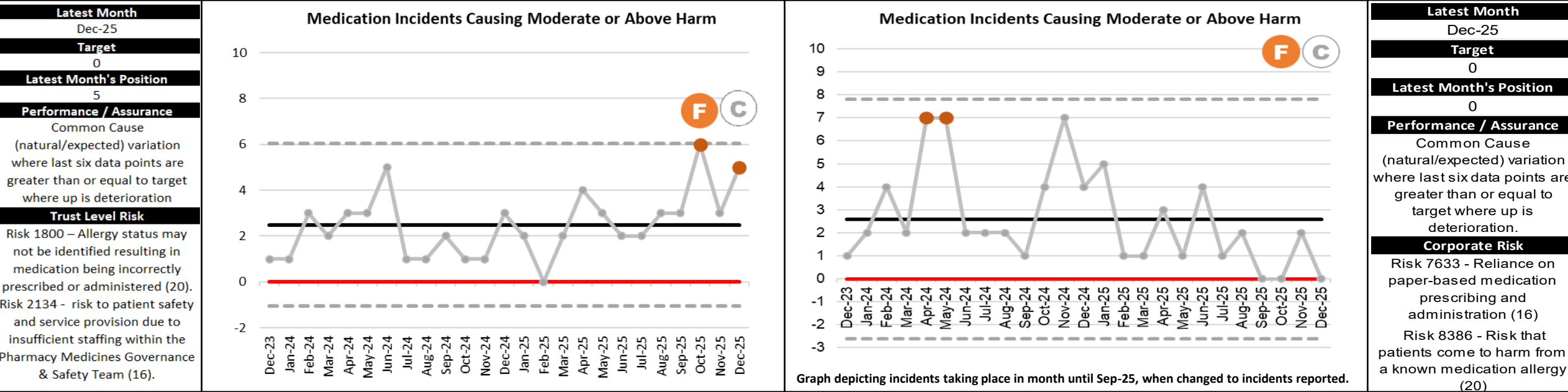
What does the data tell us:

During December 2025: there have been 153 falls, which per 1000 bed days equates to 4.561, this is lower than the Trust target of 4.8 per 1000 bed days. There were 111 falls at the Bristol site and 42 falls at the Weston site. There were three falls with moderate physical and/or psychological harm.

The number of falls in December 2025 (153) is more than November 2025 (132). There were three falls with moderate harm, this is the same as the previous month (3).

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

Continued on next slide...



What does the data tell us?

During December 2025, NBT recorded 140 medication incidents involving patients of these, 5 were graded as medication causing moderate or above harm to a patient. (Breakdown – 3 x moderate, 1 x severe, 1 x fatal). It is of note that the fatal incident did in fact refer to an issue noted during a retrospective case notes review by Sue Bacon on behalf of the VTE team – actual admission was in Feb 2025 and related to a patient who declined treatment – case closed on RADAR.

Actions being taken to improve

Safe and secure handling of medicines audits undertaken in November by the Medicines Governance Team. These also served as an opportunity to speak to ward staff about medicines management challenges.

The Medicines Governance team are also working closely with the CMM team to identify any emerging themes or trends in terms of incidents which may be related to changes in process following the CMM go live.

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 December 2025, UHBW recorded 284 medication-related incidents, none of which were reported as causing moderate or above harm. The dataset pre-April 2024 is based on previous harm descriptors in place in the Trust. The data indicates a good reporting culture with few harm incidents compared to number of incidents.

Actions being taken to improve

Incidents related to the prescribing and administration of subcutaneous syringe drivers on CMM have led to a multiprofessional safety review recommending CMM changes be completed and a Trust wide safety alert to raise awareness of the new risks identified.

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.

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

Our People

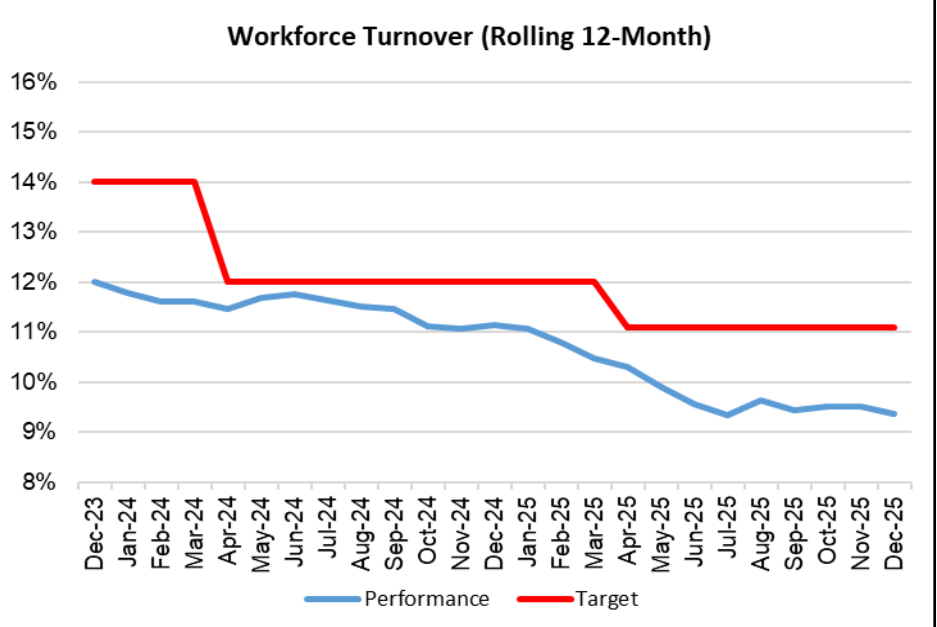
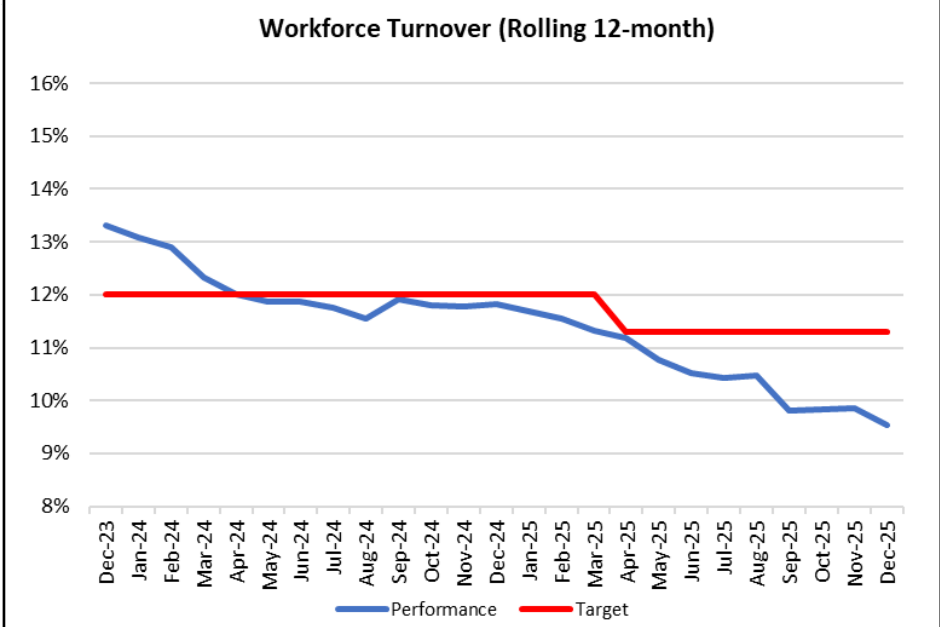
Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Well-Led	Workforce Turnover (Rolling 12-month)	NBT	Dec-25	9.5%	11.3%	9.8%	N/A*	N/A*	No Commentary
		UHBW	Dec-25	9.4%	11.1%	9.5%	N/A*	N/A*	No Commentary
Well-Led	Vacancy (Vacancy FTE as Percent of Funded FTE)	NBT	Dec-25	8.1%	5.1%	8.1%	F-	C	Escalation Summary
		UHBW	Dec-25	4.8%	4.0%	4.6%	?	H	Escalation Summary
Well-Led	Sickness (Rolling 12-month)	NBT	Dec-25	4.8%	4.4%	4.7%	N/A*	N/A*	Commentary
		UHBW	Dec-25	4.5%	4.5%	4.5%	N/A*	N/A*	No Commentary
Well-Led	Essential Training Compliance	NBT	Dec-25	88.6%	90.0%	89.9%	?	C	Escalation Summary
		UHBW	Dec-25	89.4%	90.0%	89.6%	?	C	Escalation Summary

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

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

Latest Month
Dec-25
Target (Rolling 12-month)
11.3%
Turnover Rate (Rolling 12-month)
9.5%
Trust Level Risk
Risk 1979 -
There is a risk to our clinical teams and services due to the inability to recruit into vacant specialist medical roles (16)



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

Metric meeting target.

Metric meeting target.

Our People
Sickness Absence

Latest Month

Dec-25

Latest Month's Position
Rate (In Month)

5.4%

Latest Month's Position
Rate (Rolling 12-month)

4.8%

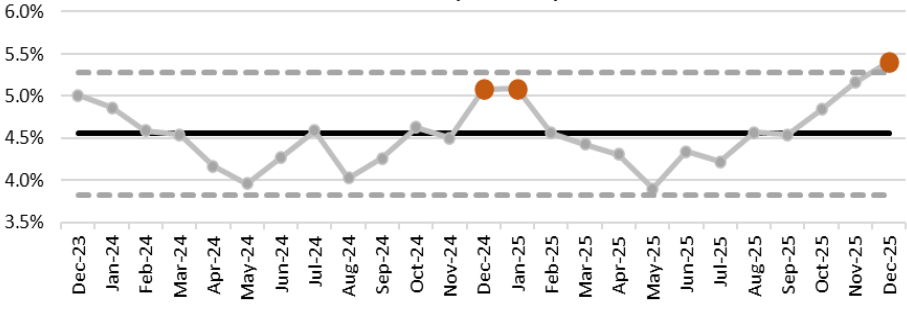
Target (Rolling 12-month)

4.4%

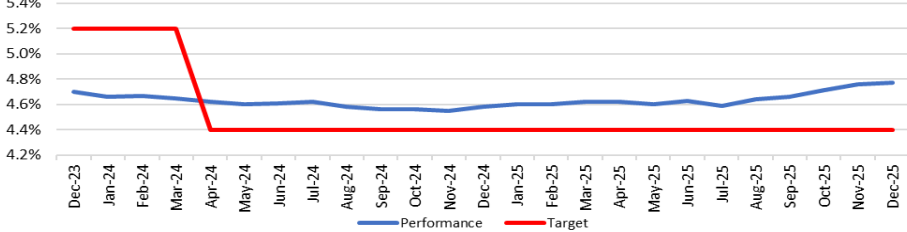
Trust Level Risk

No Trust Level Risk

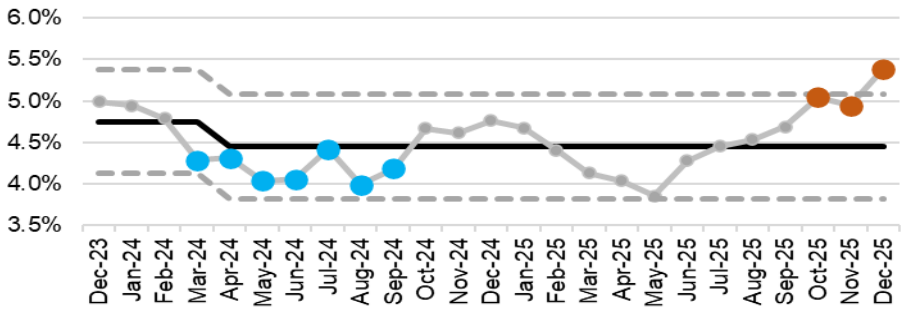
Sickness (In-Month)



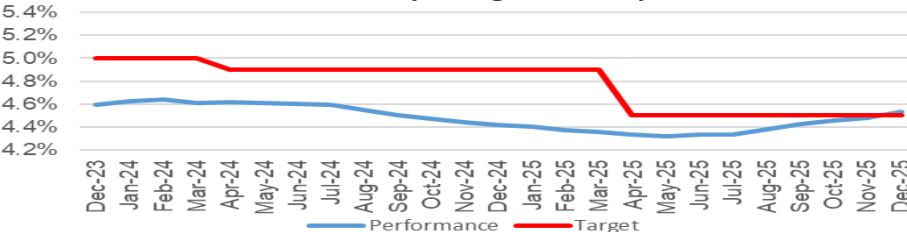
Sickness (Rolling 12-month)



Sickness (In-Month)



Sickness (Rolling 12-Month)



Latest Month

Dec-25

Latest Month's Position
Rate (In-Month)

5.4%

Latest Month's Position
Rate (Rolling 12-Month)

4.5%

Target (Rolling 12-month)

4.5%

Corporate Risk

No Corporate Risk

What does the data tell us?

- Position continues to be driven by long term absence – in month absence rates having risen for the last three consecutive months with December's position at 2.95%, higher than last December (2.63%) with rate of short-term absence lower
- Cough/Cold/Influenza rates remains in line with the previous year for short term rates whilst long term rates are higher

Actions being taken to improve

People Advice Team and Business Partnering

- Action plan developed to reduce reliance on 'other' category use for absence recording – **Mar 26**
- Review of Caseworker recommended case benchmarks to enhance data quality – **Feb 26**
- Review return to work process to allow early identification and triangulation of absence causes and effective approaches for management - **Feb 26**
- Executive DPR Focus - robust review and management of divisional sickness cases with new improvement tracking method to be implemented – **Feb-26**

Staff Experience Team

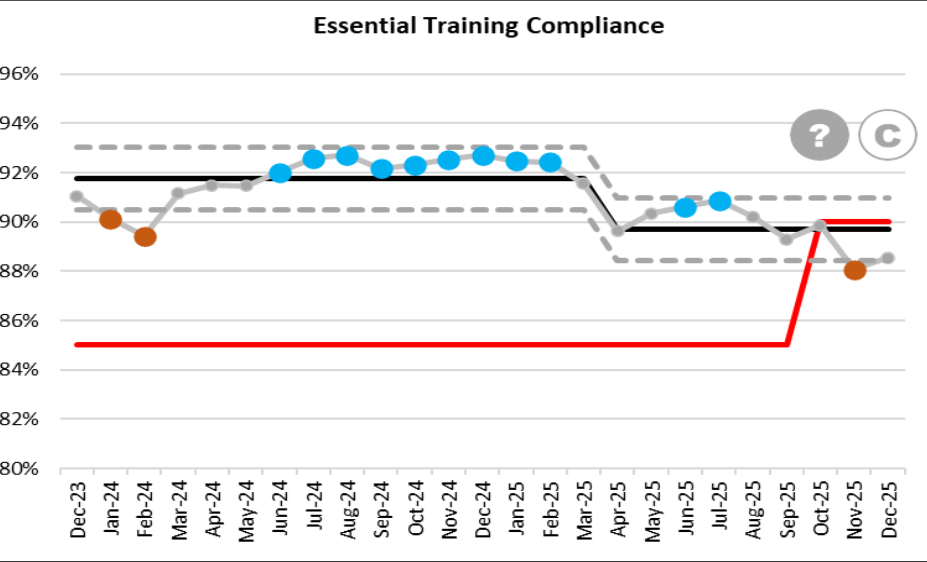
- Fatigue Risk Management (FRM) Project – **launch Jan-26**
- Wisdom Wellbeing Webinar (EAP) – sharing benefits available to staff including Counselling, Financial advice, Legal advice and Health and wellbeing App - **Jan-26**

Impact on Forecast

- Executive DPR Focus – aimed at reducing length of long-standing absence with baseline and improvement tracking being established Feb-26
- FRM Project – aim to reduce fatigue related absence - impact metrics to be established through project launch

Metric meeting target.

Latest Month
Dec-25
Target
90.0%
Latest Month's Position
88.6%
Oliver McGowan Tiers 1 and 2 Virtual / Face to Face
29.7%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
Trust Level Risk
No Trust Level Risk



What does the data tell us?
Compliance is below the target overall, being driven by specific areas, most notably for: Infection Prevention and Control (IPC) at 85.46%, Information Governance (IG) at 83.74%, and Oliver McGowan (OMMT) level 1 (eLearning) rate at 86.01%.

Actions Being Taken to Improve

- IPC:** in line with national regulation, the Trust move an annual level 2. Compliance will be reviewed in Jan-26.
- IG:** Compliance meets national guidance but requires closer review with the SME (on-going).

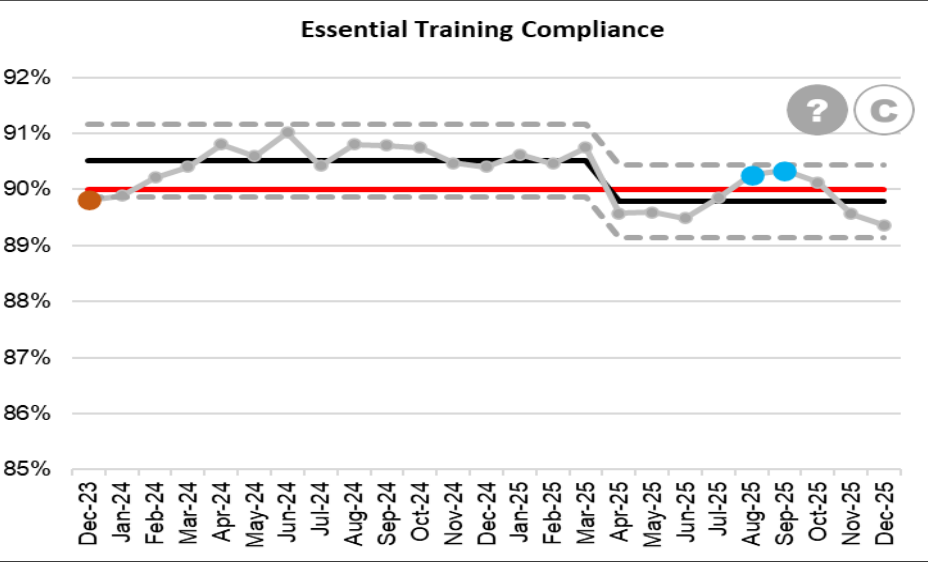
OMMT: Future reports will include an organisational trajectory by tier (Tier 1 webinar and Tier 2 face-to-face), alongside attendance rates and projected bookings for the face-to-face offer. At present, combined compliance for face-to-face and webinar training has plateaued at 31.5% (a marginal 0.5% increase). This remains significantly below the ICB target and, given the recent critical incident affecting compliance, indicates that the target is unlikely to be achieved. However, the ICB remains on target, across the system, to surpass the 63.3% threshold.

Targeted work is underway with low-compliance divisions to increase awareness and engagement; however, this requires continued close monitoring at divisional level. Sessions are being promoted through the LD & Autism Champion network and via clinical governance forums. In addition, on-site and local delivery continues to be offered to support accessibility. Despite these measures, the ICB's face-to-face training sessions continue to run below capacity.

Tier 1 webinar compliance currently stands at 29%. To improve access for Estates and Facilities colleagues, we introduced a new out-of-core-hours webinar offer, which has driven strong engagement, with 190 staff from NBT and UHBW attending.

Impact on forecast

- IPC:** Anticipate a short-term dip in compliance then recovery
- IG:** Ongoing monitoring of compliance rate and SME engagement
- OMMT:** Expected positive impact upon tier 1 compliance from the out-of-hours sessions and improved scrutiny of training availability and release through the trajectory data



What does the data tell us? Compliance is below the target overall, being driven by specific areas, most notably for: Infection Prevention and Control (IPC) at 89.6%, Information Governance (IG) at 88%, Moving & Handling at 77.1%, Resuscitation at 76.8% and Oliver McGowan (OMMT) level 1 (eLearning) rate at 84.1%.

Actions Being Taken to Improve

- IPC:** UHBW IPC team input to corporate induction, highlighting the importance of basic IPC requirements & training. Actions following to update training requirements and target audience based upon implementation of new national guidance.
- IG:** The eLearning module is currently promoted to all staff via the LMS course promotion function.
- OMMT:** As highlighted in the NBT notes, future reports will include a compliance trajectory. Current combined Level 2 compliance is 41%, reflecting a 2.4% increase, against an ICB target of 63.3% by March 2026. The introduction of a new out-of-core-hours webinar has strengthened engagement among Estates and Facilities colleagues, with 190 staff from NBT and UHBW attending. Clinical engagement has also been supported through the LD & Autism Steering Group, which has focused on reducing DNAs and improving attendance. However, recent ICB booking data indicates a decline in UHBW attendance at face-to-face sessions.
- Moving & Handling:** The new curriculum launched 2nd Jan; eLearning made available for those requiring a level 2 minimal patient-handling update. This will improve compliance at both minimal and full patient-handling sub-levels.
- Resuscitation:** A self-service approach to compliance recording introduced toward the end of 2025 for those undertaking higher-level training; improving efficiency and thus supporting greater compliance.

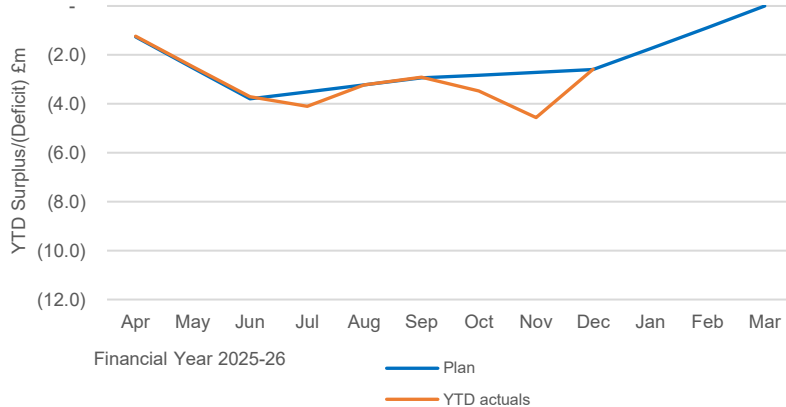
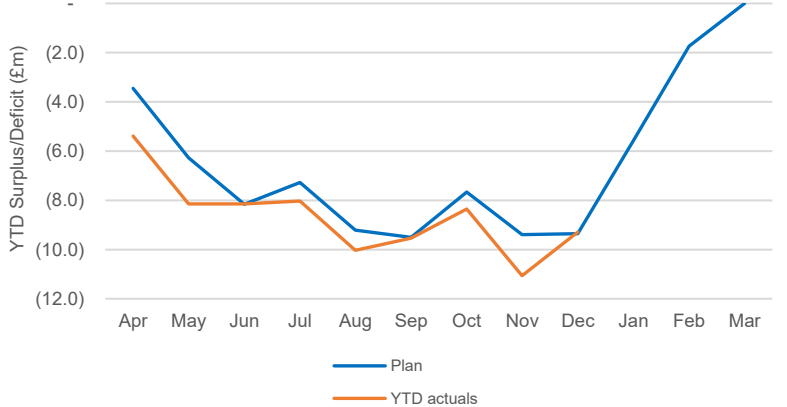
Impact on forecast

- Moving & Handling:** Level 2 and thus overall compliance anticipated to increase over coming months.
- IG, IPC and Resuscitation:** Ongoing monitoring of compliance rates will take place to determine impact of actions
- OMMT:** Expected positive impact upon tier 1 compliance from the out-of-hours sessions and improved scrutiny of training availability and release through the trajectory data

Latest Month
Dec-25
Target
90.0%
Latest Month's Position
89.4%
Oliver McGowan Tiers 1 and 2
41.0%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
No Corporate Risk

Income & Expenditure

Actual Vs Plan (YTD)

	Latest Month Dec-25 Year to Date Plan £(2.6m) deficit Year to Date Actual £(2.6m) deficit	YTD Plan vs Actuals 		Latest Month Dec-25 Year to Date Plan £(9.4m) deficit Year to Date Actual £(9.3m) deficit
Summary	Summary: - The financial plan for 2025/26 in Month 9 was a surplus of £0.1m. The Trust has delivered a £2.0m surplus and is £1.9 favourable to plan. Year to date the Trust has delivered a £2.6m deficit position which is on plan. - In month, Resident Doctors took industrial action which resulted in a £0.6m reduction in income and £0.8m of additional shifts to cover gaps. The Trust also received £2.1m of national funding to offset strike costs. - The Trust continues to have higher than planned levels of No Criteria To Reside (NCTR) and high acuity driving pressures on escalation and enhanced care costs. This has led to overspends on nursing of £0.4m in month. Due to increased activity, divisional non-pay is causing an adverse variance of £0.5m. This is offset by various non-recurrent benefits of £1.4m seen across income, pay and non-pay. - Elective Recovery Performance in month is driving an adverse position of £1.5m (when the impact of industrial action is removed). This was offset in month by non-recurrent savings from consultant and AfC vacancies which contributed a £1.2m favourable variance. There are other favourable variances in month of £1.0m relating to IFRS 16 funding from commissioners and Welsh over-performance. - In month, the Trust under-delivered against the recurrent Month 9 savings target by £2.4m, however, due to recognition of savings in relation to prior month schemes, CIPs are not causing an adverse variance to the in-month position. Year to date recurrent savings delivery is £16.3m and non-recurrent of £1.8m against a plan of £24.3m. Key risks - The Month 9 financial position is dependent on non-recurrent benefits which cannot be assumed to be available throughout the year, in year savings delivery, elective recovery activity and NCTR will therefore need to be addressed if the Trust is to break even at year end, whilst divisions need to deliver within budgets.	YTD Plan vs Actuals 	Summary: - The position at the end of December is a net deficit of £9.3m against a planned deficit of £9.4m. The Trust is, therefore, broadly in line with plan. This is an improvement of £1.8m due national funding to support Industrial Action. - Significant variances against plan are higher than planned pay expenditure (£14.0m) and increased non-pay costs (£19.6m). This is offset by higher than planned operating income (£32.5m). - Total staff in post (substantive, bank and agency) has reduced since March. Overall, but staffing levels continue to exceed funded establishment, with nursing budgets driving the adverse pay position due to additional use of registered mental health nurses and staffing of bed escalation areas linked to NCTR. - Agency and bank expenditure was higher in month compared with November and overall is £2.0m higher than planned YTD. Agency expenditure is 15% lower than plan YTD with expenditure in month of £0.6m, compared with £0.5m in November. Bank expenditure is 8% higher than plan YTD mainly due to the cost of industrial action, with expenditure in month of £5.1m, consistent with November. - The average number of NCTR patients in December is 187, significantly above the system plan of 136. This equates to 22% of the Trust's bed base being occupied by NCTR patients. The year end system plan is 103 NCTR patients Key risks - The delivery of elective activity necessary to secure the Trust's required level of income. - A shortfall in savings delivery will result in failure to achieve the breakeven plan without a continued step change in delivery within Clinical Divisions and Corporate Services. - Financial recovery plan actions necessary to support the Trust's FOT are not fully achieved.	

CIP

Actual Vs Plan (YTD)

	Latest Month Dec-25 Year to Date Plan £27.9m Year to Date Actual £19.2m	Planned Savings v Actual This chart shows the planned recurrent CIP (blue bars), in-year CIP delivery (orange line), and recurrent CIP (grey line) from April to March. The y-axis represents savings in £m, ranging from 0 to 50. The x-axis shows months from April to March. The recurrent CIP line is a straight line from April to March. The in-year CIP delivery line is a curve that starts below the recurrent CIP line and crosses it in December. <table border="1"><thead><tr><th>Month</th><th>Planned Recurrent CIP (£m)</th><th>In Year CIP Delivery (£m)</th><th>Recurrent CIP (£m)</th></tr></thead><tbody><tr><td>Apr</td><td>1.0</td><td>0.5</td><td>1.0</td></tr><tr><td>May</td><td>2.0</td><td>1.0</td><td>2.0</td></tr><tr><td>Jun</td><td>3.0</td><td>1.5</td><td>3.0</td></tr><tr><td>Jul</td><td>4.0</td><td>2.0</td><td>4.0</td></tr><tr><td>Aug</td><td>5.0</td><td>2.5</td><td>5.0</td></tr><tr><td>Sep</td><td>6.0</td><td>3.0</td><td>6.0</td></tr><tr><td>Oct</td><td>7.0</td><td>3.5</td><td>7.0</td></tr><tr><td>Nov</td><td>8.0</td><td>4.0</td><td>8.0</td></tr><tr><td>Dec</td><td>9.0</td><td>4.5</td><td>9.0</td></tr><tr><td>Jan</td><td>10.0</td><td>5.0</td><td>10.0</td></tr><tr><td>Feb</td><td>11.0</td><td>5.5</td><td>11.0</td></tr><tr><td>Mar</td><td>12.0</td><td>6.0</td><td>12.0</td></tr></tbody></table>	Month	Planned Recurrent CIP (£m)	In Year CIP Delivery (£m)	Recurrent CIP (£m)	Apr	1.0	0.5	1.0	May	2.0	1.0	2.0	Jun	3.0	1.5	3.0	Jul	4.0	2.0	4.0	Aug	5.0	2.5	5.0	Sep	6.0	3.0	6.0	Oct	7.0	3.5	7.0	Nov	8.0	4.0	8.0	Dec	9.0	4.5	9.0	Jan	10.0	5.0	10.0	Feb	11.0	5.5	11.0	Mar	12.0	6.0	12.0		Latest Month Dec-25 Year to Date Plan £38.4m Year to Date Actual £38.9m	Planned Savings v Actual This chart shows the planned recurrent CIP (blue bars), planned non-recurrent CIP (grey bars), actual recurring CIP (green line), FOT recurring CIP (orange line), total actual CIP (blue line with dots), and FOT actual CIP (grey line with dots) from April to March. The y-axis represents savings in £m, ranging from 0 to 50. The x-axis shows months from April to March. The recurrent CIP line is a straight line from April to March. The in-year CIP delivery line is a curve that starts below the recurrent CIP line and crosses it in December. <table border="1"><thead><tr><th>Month</th><th>Planned Recurrent CIP (£m)</th><th>Planned Non-Recurrent CIP (£m)</th><th>Actual Recurring CIP (£m)</th><th>FOT Recurring CIP (£m)</th><th>Total Actual CIP (£m)</th><th>FOT Actual CIP (£m)</th></tr></thead><tbody><tr><td>Apr</td><td>1.0</td><td>0.5</td><td>0.5</td><td>0.5</td><td>1.0</td><td>1.0</td></tr><tr><td>May</td><td>2.0</td><td>1.0</td><td>1.0</td><td>1.0</td><td>2.0</td><td>2.0</td></tr><tr><td>Jun</td><td>3.0</td><td>1.5</td><td>1.5</td><td>1.5</td><td>3.0</td><td>3.0</td></tr><tr><td>Jul</td><td>4.0</td><td>2.0</td><td>2.0</td><td>2.0</td><td>4.0</td><td>4.0</td></tr><tr><td>Aug</td><td>5.0</td><td>2.5</td><td>2.5</td><td>2.5</td><td>5.0</td><td>5.0</td></tr><tr><td>Sep</td><td>6.0</td><td>3.0</td><td>3.0</td><td>3.0</td><td>6.0</td><td>6.0</td></tr><tr><td>Oct</td><td>7.0</td><td>3.5</td><td>3.5</td><td>3.5</td><td>7.0</td><td>7.0</td></tr><tr><td>Nov</td><td>8.0</td><td>4.0</td><td>4.0</td><td>4.0</td><td>8.0</td><td>8.0</td></tr><tr><td>Dec</td><td>9.0</td><td>4.5</td><td>4.5</td><td>4.5</td><td>9.0</td><td>9.0</td></tr><tr><td>Jan</td><td>10.0</td><td>5.0</td><td>5.0</td><td>5.0</td><td>10.0</td><td>10.0</td></tr><tr><td>Feb</td><td>11.0</td><td>5.5</td><td>5.5</td><td>5.5</td><td>11.0</td><td>11.0</td></tr><tr><td>Mar</td><td>12.0</td><td>6.0</td><td>6.0</td><td>6.0</td><td>12.0</td><td>12.0</td></tr></tbody></table>	Month	Planned Recurrent CIP (£m)	Planned Non-Recurrent CIP (£m)	Actual Recurring CIP (£m)	FOT Recurring CIP (£m)	Total Actual CIP (£m)	FOT Actual CIP (£m)	Apr	1.0	0.5	0.5	0.5	1.0	1.0	May	2.0	1.0	1.0	1.0	2.0	2.0	Jun	3.0	1.5	1.5	1.5	3.0	3.0	Jul	4.0	2.0	2.0	2.0	4.0	4.0	Aug	5.0	2.5	2.5	2.5	5.0	5.0	Sep	6.0	3.0	3.0	3.0	6.0	6.0	Oct	7.0	3.5	3.5	3.5	7.0	7.0	Nov	8.0	4.0	4.0	4.0	8.0	8.0	Dec	9.0	4.5	4.5	4.5	9.0	9.0	Jan	10.0	5.0	5.0	5.0	10.0	10.0	Feb	11.0	5.5	5.5	5.5	11.0	11.0	Mar	12.0	6.0	6.0	6.0	12.0	12.0	
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Summary	Summary - The CIP plan for 2025/26 is for savings of £40.6m with £27.9m planned delivery at Month 9. - At Month 9 the Trust has £19.2. of completed schemes on the tracker, of which £1.8m is non-recurrent. There are a further £7.4m of schemes in implementation and planning, leaving a remaining £14.1m of schemes to be developed. - The CIP delivery is the full year effect figure that will be delivered recurrently. Due to the start date of CIP schemes this creates a mis-match between the 2025/26 impact and the recurrent full year impact. This can be seen on the orange line on the graph above.	Summary	Summary - The Trust’s 2025/26 recurrent savings plan is £53.0m. - The Divisional plans represent 70% or £37.1m of the Trust plans. 30% or £15.9m sits centrally with the corporate finance team. - As at 31st December 2025, the Trust is reporting total savings delivery of £38.9m against a plan of £38.4m. - The Trust is forecasting savings of £52.2m, an improvement of £0.8m from last month. This leaves a forecast in year savings delivery shortfall of £834k or 2%. - On a recurrent basis, the full year effect forecast outturn at Month 9 is £29.5m. This leaves a resulting forecast recurrent shortfall of £23.5m or 44% of the 2025/26 target. A number of non-recurrent schemes have been utilised in year, which will not be repeatable in 2026/27. The largest component of this relates to central schemes which equates to £14.8m / 28% of the shortfall.																																																																																																																																																		

Workforce

Pay Costs Vs Plan Run Rate

Latest Month

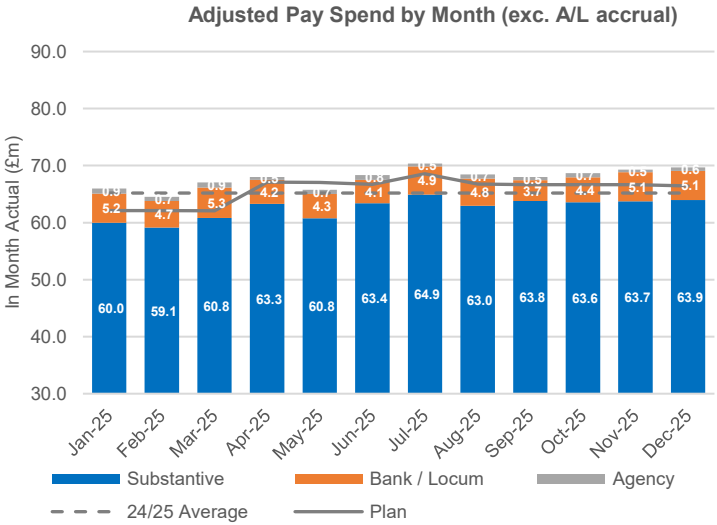
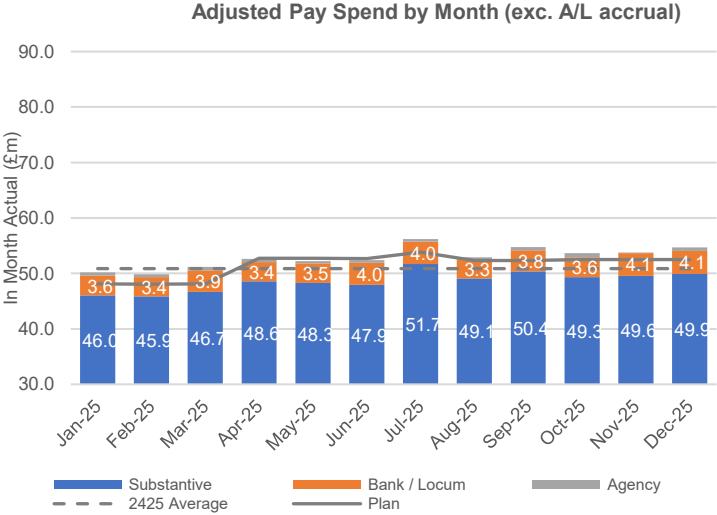
Dec-25

In- Month Plan

£52.5m

In-Month Actual

£54.7m



Latest Month

Dec-25

In-Month Plan

£66.4m

In-Month Actual

£69.7m

Summary

Summary

Pay spend is £2.2m adverse in month, when adjusted for pass through items, the revised position is £1.2m adverse to plan. The main drivers are:

- Industrial action – £0.8m adverse due to a Resident Doctor strike in month. This is the costs relating to additional shifts for cover.
- In year CIP - £1.0m adverse, in month impact of recurrent CIP delivery.
- Escalation and enhanced care - £0.4m adverse in nursing driven by hospital pressures.
- Vacancies - £1.2m favourable due to consultant vacancies in Anaesthetics and Imaging and other clinical/admin vacancies across all divisions.
- There are other variances of £0.2m relating to small overspends in the divisions.

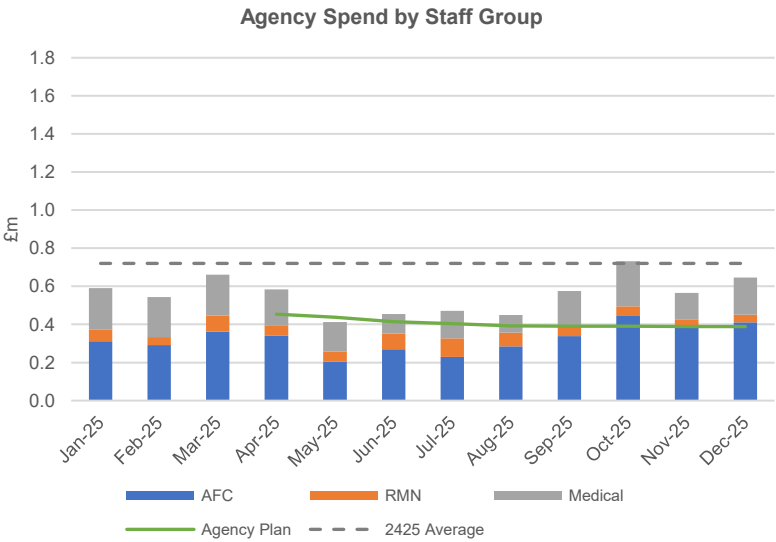
Summary

Summary

- Total pay expenditure in December is £69.7m, £3.3m higher than plan due to higher than planned substantive and bank costs.
- Pay costs remain higher than plan YTD driven by the cost of nursing staffing levels exceeding planned values with levels of substantive and temporary staffing combined beyond the Trust’s funded establishment by an average of 144WTE since April.
- Nursing staffing levels exceed the funded establishment by 178WTE in December. Contributing factors to the ongoing over-establishment are the use of escalation capacity, high levels of acuity requiring additional mental health input and sickness absence.
- Additional workforce controls have been put in place with effect from 1st August and the expected reduction in staff in post back to establishment remains the focus of the Clinical Divisions.

Temporary Staffing

Agency Costs Vs Plan Run Rate

Latest Month Dec-25 In-Month Plan £0.4m In-Month Actual £0.6m		Agency Spend by Staff Group 		Latest Month Dec-25 In-Month Plan £0.7m In-Month Actual £0.6m	
Summary	Summary Monthly Trend - Agency spend in December has Increased compared to November. This is largely driven by an increase consultant agency in Medicine due to a mixture or sickness, maternity cover and an increase in hospital pressures. - Overall spend in month is driven by consultant agency usage in Medicine and ASCR covering vacancies, nursing agency usage in Critical Care and ED due to increased acuity, as well as Healthcare Scientists in Cardiology to deliver ECHO activity. In Month vs Prior Year - Trustwide agency spend in December is below 2024/25 average spend. This is due to increased controls being implemented across divisions from November last year, and their continued impact.		Summary	Summary Monthly Trend - Agency expenditure in December is £0.6m, £0.1m below plan and consistent with November’s agency expenditure. YTD agency expenditure is 15% below plan. - Agency expenditure is c1.0% of total pay costs. - Agency usage continues to be largely driven additional escalation bed capacity across nursing and medical staffing due to a deterioration in the NCTR position against plan. The use of registered mental health nurses is also a key driver. - Nurse agency shifts increased by 194 or 31% in December compared with November. - Medical agency expenditure is higher by £0.1m from the previous month. The number of shifts covered has decreased from 186 in November to 170 in December. In Month vs Prior Year - Trustwide agency spend in December is £0.6m or c16% lower than December 2024. This is due to increased controls and scrutiny implemented across Divisions with the support Trust’s Nurse leadership.	

Temporary Staffing

Bank Costs Vs Plan Run Rate

	Latest Month Dec-25 In-Month Plan £3.2m In-Month Actual £4.1m	Bank Spend by Staff Group <table><caption>Bank Spend by Staff Group (Estimated £m)</caption><tr><th>Month</th><th>AFC</th><th>Medical</th><th>Target</th><th>Plan</th><th>2425 Average</th></tr><tr><td>Jan-25</td><td>2.6</td><td>0.9</td><td>0.0</td><td>3.2</td><td>3.5</td></tr><tr><td>Feb-25</td><td>2.5</td><td>0.9</td><td>0.0</td><td>3.2</td><td>3.5</td></tr><tr><td>Mar-25</td><td>2.6</td><td>1.2</td><td>0.0</td><td>3.2</td><td>3.5</td></tr><tr><td>Apr-25</td><td>2.5</td><td>0.9</td><td>0.0</td><td>3.2</td><td>3.5</td></tr><tr><td>May-25</td><td>2.5</td><td>0.9</td><td>0.0</td><td>3.2</td><td>3.5</td></tr><tr><td>Jun-25</td><td>2.9</td><td>1.0</td><td>0.0</td><td>3.2</td><td>3.5</td></tr><tr><td>Jul-25</td><td>2.4</td><td>0.9</td><td>0.0</td><td>3.2</td><td>3.5</td></tr><tr><td>Aug-25</td><td>2.9</td><td>1.0</td><td>0.0</td><td>3.2</td><td>3.5</td></tr><tr><td>Sep-25</td><td>2.9</td><td>0.9</td><td>0.0</td><td>3.2</td><td>3.5</td></tr><tr><td>Oct-25</td><td>2.8</td><td>0.8</td><td>0.0</td><td>3.2</td><td>3.5</td></tr><tr><td>Nov-25</td><td>2.8</td><td>1.2</td><td>0.0</td><td>3.2</td><td>3.5</td></tr><tr><td>Dec-25</td><td>2.8</td><td>1.3</td><td>0.0</td><td>3.2</td><td>3.5</td></tr></table>	Month	AFC	Medical	Target	Plan	2425 Average	Jan-25	2.6	0.9	0.0	3.2	3.5	Feb-25	2.5	0.9	0.0	3.2	3.5	Mar-25	2.6	1.2	0.0	3.2	3.5	Apr-25	2.5	0.9	0.0	3.2	3.5	May-25	2.5	0.9	0.0	3.2	3.5	Jun-25	2.9	1.0	0.0	3.2	3.5	Jul-25	2.4	0.9	0.0	3.2	3.5	Aug-25	2.9	1.0	0.0	3.2	3.5	Sep-25	2.9	0.9	0.0	3.2	3.5	Oct-25	2.8	0.8	0.0	3.2	3.5	Nov-25	2.8	1.2	0.0	3.2	3.5	Dec-25	2.8	1.3	0.0	3.2	3.5	Bank Spend by Staff Group <table><caption>Bank Spend by Staff Group (Estimated £m)</caption><tr><th>Month</th><th>Nurse</th><th>Medical</th><th>Other</th><th>Plan</th><th>24-25 Average</th></tr><tr><td>Jan-25</td><td>1.4</td><td>1.6</td><td>2.1</td><td>5.1</td><td>5.3</td></tr><tr><td>Feb-25</td><td>1.4</td><td>1.5</td><td>1.8</td><td>5.1</td><td>5.3</td></tr><tr><td>Mar-25</td><td>1.5</td><td>1.6</td><td>2.1</td><td>5.1</td><td>5.3</td></tr><tr><td>Apr-25</td><td>0.9</td><td>1.5</td><td>1.7</td><td>4.4</td><td>5.0</td></tr><tr><td>May-25</td><td>1.0</td><td>1.5</td><td>1.7</td><td>4.2</td><td>5.0</td></tr><tr><td>Jun-25</td><td>0.8</td><td>1.6</td><td>1.6</td><td>4.0</td><td>5.0</td></tr><tr><td>Jul-25</td><td>0.8</td><td>2.4</td><td>1.8</td><td>4.0</td><td>5.0</td></tr><tr><td>Aug-25</td><td>1.1</td><td>1.6</td><td>2.0</td><td>3.7</td><td>5.0</td></tr><tr><td>Sep-25</td><td>0.8</td><td>1.2</td><td>1.7</td><td>3.7</td><td>5.0</td></tr><tr><td>Oct-25</td><td>1.2</td><td>1.3</td><td>1.9</td><td>4.1</td><td>5.0</td></tr><tr><td>Nov-25</td><td>1.0</td><td>2.3</td><td>1.8</td><td>4.1</td><td>5.0</td></tr><tr><td>Dec-25</td><td>1.1</td><td>2.0</td><td>2.0</td><td>3.9</td><td>5.0</td></tr></table>	Month	Nurse	Medical	Other	Plan	24-25 Average	Jan-25	1.4	1.6	2.1	5.1	5.3	Feb-25	1.4	1.5	1.8	5.1	5.3	Mar-25	1.5	1.6	2.1	5.1	5.3	Apr-25	0.9	1.5	1.7	4.4	5.0	May-25	1.0	1.5	1.7	4.2	5.0	Jun-25	0.8	1.6	1.6	4.0	5.0	Jul-25	0.8	2.4	1.8	4.0	5.0	Aug-25	1.1	1.6	2.0	3.7	5.0	Sep-25	0.8	1.2	1.7	3.7	5.0	Oct-25	1.2	1.3	1.9	4.1	5.0	Nov-25	1.0	2.3	1.8	4.1	5.0	Dec-25	1.1	2.0	2.0	3.9	5.0	Latest Month Dec-25 In-Month Plan £4.0m In-Month Actual £5.1m
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Summary	Summary Monthly Trend - In December, there has been an increase in bank spend compared to November. The increase has mainly been in Medical staff due to cover for the period industrial action, which gets removed from individual divisional positions In Month vs Prior Year - Bank spend in month is above the average 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 due to cover for the period industrial action. Compared to last year, the costs will have increased on run rate due to the National Insurance increases brought in from April.	Summary	Summary Monthly Trend - Bank costs in December are £5.1m, consistent with November. Costs are £3.0m higher than plan YTD, due mainly to costs associated with Industrial Action. Of the £5.1m spent in December, £2.0m relates to medical bank and £1.1m to registered nurse bank. - Nurse bank expenditure increased by £0.1m in December from £1.0m in November, whilst shifts decreased by 103 or 1%. - Medical bank was lower than November at £2.0m. £0.7m relates to industrial action. In Month vs Prior year - Bank expenditure in December is £1.1m higher than the same period last year.																																																																																																																																																													

Capital

Actual Vs Plan

Latest Month

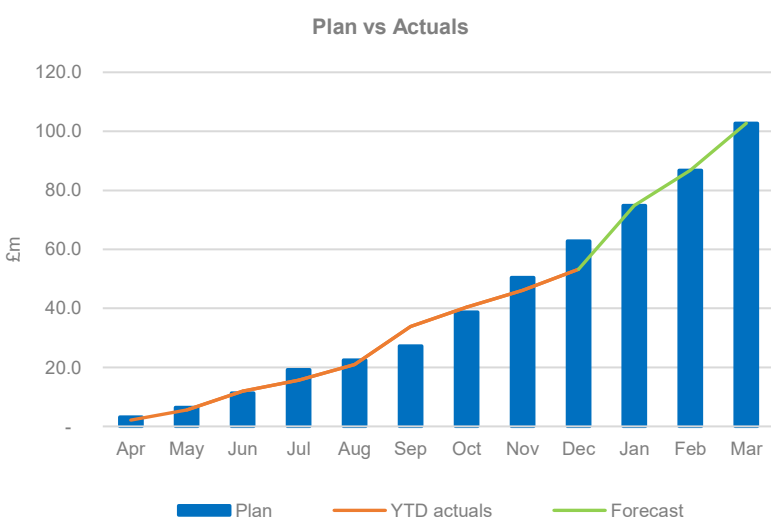
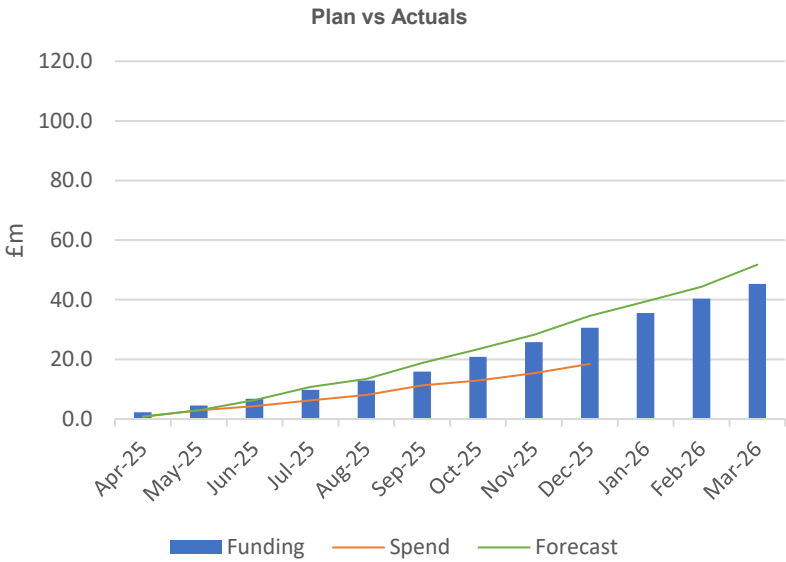
Dec-25

In-Month Plan

£6.3m

In-Month Actual

£3.0m



Latest Month

Dec-25

In-Month Plan

£12.4m

In-Month Actual

£7.2m

Summary

Summary

- The Trust currently has a system capital allocation of £22.7m for 2025/26. A further £13.5m of projects have been taken forwards as a result of national funding.
- Overall spend in Month 9 was £3.1m. This takes the overall year to date spend to £18.4m, of which £7.7m is against the Bristol Surgical Centre.
- The year-to-date variance against forecast is primarily due to delays across several projects. In most cases, spending is expected to accelerate in the coming months to align with the planned annual expenditure. Where slippage is anticipated into next year, mitigations have been implemented by bringing forward priority capital projects from 2026/27 to ensure full utilisation of available capital funding.
- Overall spend on the Bristol Surgical Centre to date is £49.8m, of which £38.3m relates to the main construction contract.
- The Trust has received approval for a £7.3m Salix grant to be spent on decarbonisation work. This funding will be received throughout the year to match spend.

Summary

Summary

- Following NHSE confirmation of capital funding allocations of £55.2m, the Trust submitted a revised 2025/26 capital plan to NHSE on 30th April 2025 totalling £102.7m. The sources of funding include:
 - £40.5m CDEL allocations from the BNSSG ICS capital envelope;
 - £55.2m PDC matched with CDEL from NHSE including centrally allocated schemes;
 - £5.5m Right of use assets (leases); and
 - £1.5m for donated asset purchases.
- YTD expenditure at the end of December is £53.2m, £9.8m behind the plan of £75.4m. Due to the re-profiling of national funding into future years.
- Significant variances to plan include slippage on Major Capital Schemes (£16.8m) and Estates Schemes (£9.2m), offset in part by ahead of plan delivery against medical equipment, digital services, fire improvement and right of use assets (IFRS16).
- The Trust continues to monitor the forecast outturn via Capital Programme Board and expects to deliver in line with the notified CDEL.

Cash

Actual Vs Plan

Latest Month

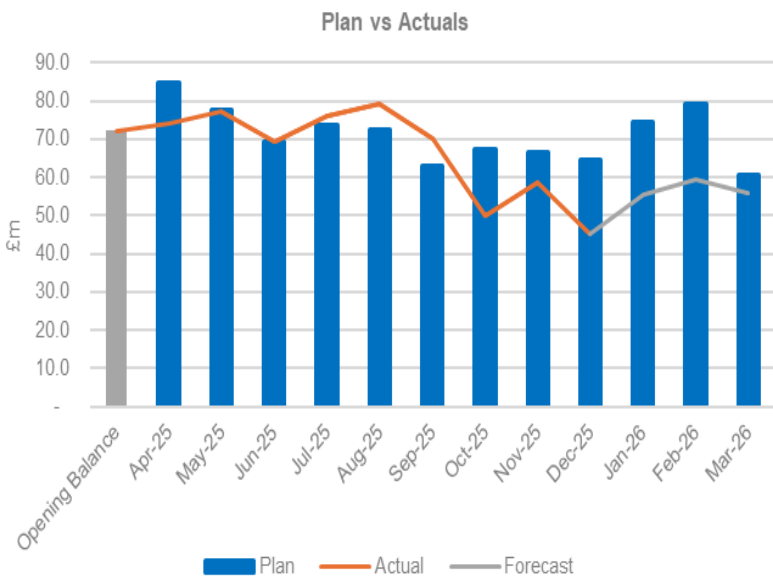
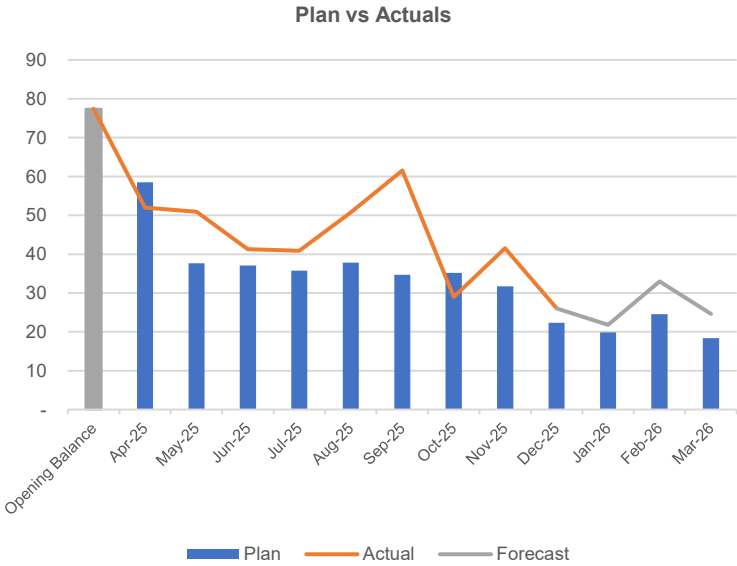
Dec-25

Target

£22.3m

Actual

£26.1m



Latest Month

Dec-25

Target

£64.7m

Actual

£45.1m

Summary

- In month cash is £26.1m, which is a £15.4m decrease from November driven by the unwinding of £14m pre-payment received from BNSSG in November.
- The cash balance has decreased by £51.3m year to date, driven by capital expenditure, delays in receiving capital income, payment of invoices relating to 2024/25 and the underlying differences between PFI cash payments and the costs recorded in the revenue position .
- Year-to-date cash balances are £3.8m higher than plan and the year end cash balance is forecast to be £24.6m (£6.2m above plan), primarily driven by lower than forecast capital cash spend.

Summary

- The closing cash balance of £45.1m is a decrease of £13.8m from November.
- The £27.3m decrease from 31st March is due to a net cash inflow from operations of £26.7m, offset by cash outflow of £45.7m relating to investing activities (i.e. capital), and cash outflow of £8.2m on financing activities (i.e. loans, leases & PDC).
- The Trust's total cash receipts in December were £113.9m to cover payroll payments of £67.9m, supplier payments of £56.4m and loan repayments of £3.3m.
- YTD cash balances are £19.7m below plan and the forecast year end cash balance is below plan at £56.0m.

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