

Integrated Quality and Performance Report

Month of Publication October 2025

Data up to August 2025

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Key to KPI Variation and Assurance Icons

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		

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

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

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

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

Executive Summary – Group Update

Responsiveness

Urgent Care

UHBW ED 4-hour performance dropped slightly during August to 76.7% (78.7% in July) against a March 2026 target of 78% for all attendance types, including type-3 footprint uplift. A combination of increasing demand, high bed occupancy, and continued high levels of NCTR create a challenging clinical, operational and performance environment, thus, impacting on 12-hour total time in the Emergency Department and ambulance handover metrics. For NBT, ED 4-hour performance improved to 67.4% for August 2025 (73.9% with footprint uplift). NBT is actively working with the GIRFT team to align their findings with their UEC programme and a summary of this was presented at NBT's Quality Outcomes Committee.

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

Elective Care

UHBW successfully eliminated 65 week waits by the end of 2024/25 and compliance is forecast for Q2 with no patients waiting beyond 65 weeks at the end of August. The potential exception to 65 week wait elimination relates to the previously reported national shortage of graft material, noting that NHSE formal dispensation for cornea graft still applies. Both Trusts have set the ambition that less than 1% of the total waiting list will be waiting 52 weeks by the end of March 2026, with NBT already achieving this ambition.

Diagnostics

For August, NBT's diagnostic performance met the national constitutional standard, reporting at 1.0%. UHBW position in August dropped to 14.7% (14.1% in July) falling short of the August target of 12.8%. Diagnostic recovery plans are in place to continue to meet the recovery trajectory, with improvement in performance expected by the end of Q2.

Cancer Wait Time Standards

During July, 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 July. The work previously undertaken has been around improving systems and processes, and maximising performance in the high-volume tumor sites. The current position is due to challenges in the Urology and Breast pathway; there are improvement plans in place to reduce the time to diagnosis and provide sufficient capacity to deliver treatments.

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

Executive Summary – Group Update

Quality

Patient Safety

There were 17 cases of *Clostridioides Difficile* (*C.Diff*) in UHBW in August. The breakdown for the cases is 14 Hospital acquired hospital onset (HOHA) and 3 community acquired community onset (COHA) above the trajectory of 9.08 cases per month. This brings the 2025/26 year-to-date rate to 62 cases, fewer than 70 cases in the equivalent time period in 2024/25. Antimicrobial stewardship is a key element that should improve as electronic medicines prescribing is implemented from May 2025 facilitating greater scrutiny and collaboration between pharmacy and clinical teams. For NBT there were 5 cases of HOHA and 3 COHA, a reduction on recent months and within the required monthly position to move towards the required annual trajectory.

During August 2025, UHBW recorded 323 medication related incidents. Two medication incidents were recorded as causing moderate, or above harm. From August 2025, data is being reported by incident 'reported date', the previous dataset is based on incidents reported by 'incident date'. Reporting in this way will ensure that all incidents reported are captured in this report. 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. At NBT, the rate of medication incidents was 4.6 per 1000 bed days, just above the 6-month average. Incidents of harm remain low with three incidents reporting moderate harm or above.

During August 2025 at UHBW there have been 147 falls, which per 1000 bed days equates to 4.446, this is lower than the Trust target of 4.8 per 1000 bed days. There were 97 falls at the Bristol site and 50 falls at the Weston site. There was one fall with moderate physical and/or psychological harm. The Dementia, Delirium and falls team have identified quality improvement projects for the next 12 months, including consistent use of Abbey pain scale, improving nutrition and hydration for persons with dementia and working on a falls management plan for non-inpatient areas. At NBT the falls rate was 5.3 per 1000 bed days below the mean level over recent months.

Since the launch of Careflow Medicines Management (CMM) at UHBW in summer 2025, the VTE risk assessment completion is slowly increasing with July reported at almost 80%. We expect this to continue to rise as staff become familiar with the new system and as more wards adopt a mandatory approach. However, despite the improvement in risk assessment completion, we have observed an unexpected reduction in VTE prophylaxis prescribing. This has emerged as CMM has been rolled out across the organisation. In response, we have raised a new risk (Risk 8448): Risk that VTE prophylaxis is not prescribed when indicated. A human factors analysis has identified key contributing factors and targeted actions have been developed to address these issues and strengthen existing controls. Within NBT CMM the early adopter wards went live successfully on 17 September, with remaining Brunel wards to follow on 1st October.

Patient & Carer Experience

At UHBW 42% (24/57) of complaints responses sent out by UHBW in July were within the agreed deadline. 81% (126/156) of responses to PALS concerns sent out by the Trust in July were within the agreed timescale. In July, nearly three times as many cases were investigated as PALS concerns than (formal) complaints. 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 complexity of complaints received and divisional staffing and capacity challenges. In August 2025, 65.2% of formal complaints at NBT were responded to within the agreed timeframe, an improvement from 56.8% the previous month. The ASCR divisional position remains the principal outlier across the trust. The ASCR Divisional Director of Nursing is developing a recovery plan for submission to the NBT Director of Nursing to drive rapid improvement.

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

Sickness – NBT SPC report shows rolling 12-month sickness whereas UHBW SPC reports the absence in month with the comparative cumulative figure noted in the slide.

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 August, below the NBT target of 11.3% for 2025/26. At UHBW, turnover is 9.6% in August and below target.

The vacancy rate at NBT has increased from 8.1% in July to 8.4% in June predominantly driven by increases in establishment associated with the Bristol Surgical Centre. At UHBW the vacancy rate for August is 3%, an increase from 2.8% in July but remaining below target.

For NBT, sickness remains at 4.6% which is above the target of 4.4%, a focus on both sickness management process improvement including risk-tolerance and on our health and wellbeing strategy delivery are in progress aimed at improving the position and for UHBW August sickness is 4.5% in line with target and the previous month's position.

Essential Training

NBT: Current Compliance Rates (top 11) for all staff are increasing; however, they remain below the 85% target at 84.34%, especially Oliver McGowan Mandatory Training (OMMT) at 52.22% (up from 51.63%). Future compliance reporting will distinguish OMMT training compliance from overall compliance, to provide great transparency in the reporting of the latter and in recognition of national expectations to achieve 66% compliance by financial year end. Compliance across the ICB and within the Trust remains on target to achieve the 66% threshold. Internal staff absences, reduced training releases, and OPEL 4 escalations have affected compliance however additional training sessions on-site are being provided to increase training capacity.

UHBW: Essential training compliance rose by 0.6% to 85.7%, below the target of 90%. The position is mainly driven by the low completions of Level 2 Oliver McGowan Mandatory Training (OMMT). OMMT compliance continues to improve with 82.9% colleagues completing the level 1 eLearning, however compliance for webinar session for non-clinical staff is 21.5% and 40.2% for the face-to-face session for clinical staff. Increased training capacity within the ICB is positively impacting upon staff accessing the training. Therefore, as stated above, compliance within the Trust and across the ICB remains on target to achievement 66% compliance for the webinar and face-to-face session by financial year end.

Executive Summary – Group Update

Finance

In Month 5 (August) NBT delivered a £0.3m surplus position which is £0.6m favourable to plan. Year to date NBT has delivered a £3.2m deficit position against a £3.2m deficit plan, which is on plan.

UHBW delivered a £2.0m deficit in month 5, against a deficit plan of £1.9m. UHBW's year to date deficit is £10.0m, £0.8m adverse to the deficit plan of £9.2m.

Pay expenditure within NBT is £0.6m 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 agenda for change staff groups.

Pay expenditure in UHBW is £1.7m higher than the plan for August and £4.7m higher year to date. This is due to staffing exceeding budgeted establishments, particularly across nursing budgets and the inclusion of the additional medical costs to cover the resident doctor industrial action. The position is partly offset by higher than planned pay savings.

The NBT cash balance as at the 31 August 2025 is £50.7m, £12.9m higher than planned, a £39.6m reduction from 31 March 2025.

The UHBW cash balance as at the 31 August 2025 is £79.3m, £6.9m higher than planned and a £7.0m increase from 31 March 2025.

Responsiveness

Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	ED % Spending Under 4 Hours in Department	NBT	Aug-25	67.4%	61.4%	63.7%	?	C	Escalation Summary
		UHBW	Aug-25	69.3%	71.8%	71.8%	?	C	Escalation Summary
Responsive	ED % Spending Over 12 Hours in Department	NBT	Aug-25	5.5%	2.0%	6.3%	F-	C	Escalation Summary
		UHBW	Aug-25	3.5%	2.0%	2.5%	F	C	Escalation Summary
Responsive	ED 12 Hour Trolley Waits (from DTA)	NBT	Aug-25	126	0	220	F-	C	Escalation Summary
		UHBW	Aug-25	188	0	161	F-	C	Escalation Summary
Responsive	Ambulance Handover Delays (under 15 minutes)	NBT	Aug-25	45.0%	65.0%	32.0%	F-	C	Escalation Summary
		UHBW	Aug-25	39.5%	65.0%	37.2%	F-	C	Escalation Summary
Responsive	Average Ambulance Handover Time	NBT	Aug-25	25	24	32	?	C	Escalation Summary
		UHBW	Aug-25	24	45	26	P	C	Note Performance
Responsive	% Ambulance Handovers over 45 minutes	NBT	Aug-25	11.1%	0.0%	22.0%	F-	C	Escalation Summary
		UHBW	Aug-25	11.0%	0.0%	12.2%	F-	C	Escalation Summary
Responsive	No Criteria to Reside	NBT	Aug-25	22.4%	15.0%	24.5%	F-	L	Escalation Summary
		UHBW	Aug-25	20.3%	13.0%	22.4%	F-	H	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	

Responsiveness

Scorecard

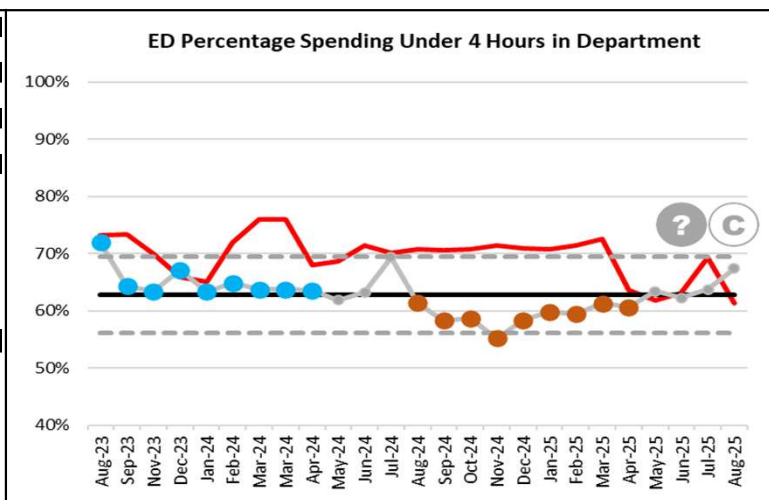
CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	RTT Percentage Over 52 Weeks	NBT	Aug-25	0.4%	1.0%	0.4%	P	L	Note Performance
		UHBW	Aug-25	1.5%	1.2%	1.3%	F-	L	Escalation Summary
Responsive	RTT Ongoing Pathways Under 18 Weeks	NBT	Aug-25	65.3%	65.6%	65.8%	F	C	Escalation Summary
		UHBW	Aug-25	64.7%	65.4%	65.2%	F-	H	Escalation Summary
Responsive	RTT First Attendance Under 18 Weeks	NBT	Aug-25	71.1%	70.4%	71.2%	F	H	Escalation Summary
		UHBW	Aug-25	66.5%	68.4%	67.1%	F-	H	Escalation Summary
Responsive	Diagnostics % Over 6 Weeks	NBT	Aug-25	1.0%	1.0%	0.5%	?	L	Note Performance
		UHBW	Aug-25	14.7%	12.8%	14.1%	?	L	Note Performance
Responsive	Cancer 28 Day Faster Diagnosis	NBT	Jul-25	78.6%	79.9%	78.2%	?	H	Note Performance
		UHBW	Jul-25	77.7%	77.0%	77.7%	P	C	Note Performance
Responsive	Cancer 31 Day Decision-To-Treat to Start of Treatment	NBT	Jul-25	87.0%	87.0%	90.3%	?	H	Note Performance
		UHBW	Jul-25	98.4%	96.0%	98.4%	P	H	Note Performance
Responsive	Cancer 62 Day Referral to Treatment	NBT	Jul-25	67.1%	71.5%	64.8%	F	C	Escalation Summary
		UHBW	Jul-25	78.0%	73.2%	78.0%	P	H	Note Performance
Responsive	Last Minute Cancelled Operations	NBT	Aug-25	0.5%	0.8%	0.4%	P	C	Note Performance
		UHBW	Aug-25	1.6%	1.5%	1.8%	?	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	

Responsiveness

UEC – Emergency Department Metrics

Latest Month
Aug-25
Target
61.4%
Latest Month's Position
67.4%
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
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 percentage of patients spending under 4 hours in ED for the month of August improved again to 67.4%, breaking the previous pattern and moving back up above the mean with the best performance since July 2024.

Actions being taken to improve

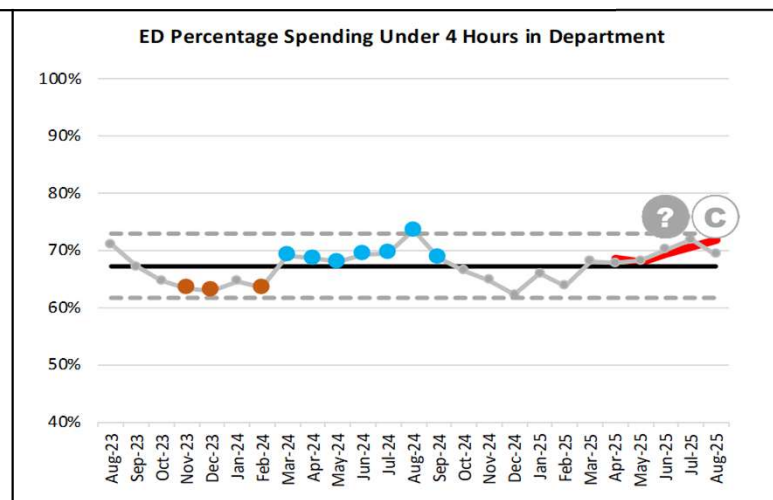
The four-hour focus work continues into September, and includes actions to support staff to work differently, including working with national leads on clinical productivity expectations. A GIRFT clinical associate has now been assigned to NBT (an ED consultant by background) and will be spending time with us during the month to work up further action planning.

We have a working group growing the continuous flow benefits, including strengthening continuous flow in ASCR and NMSK. We have sustained the improvements made across July to admitted four-hour performance.

As part of the UEC transformation programme, ward moves were completed during August which have facilitated Medicine to move into Gate 7B. This move resulted in a reduction to 0-2 medical outliers per day (was c30). Medicine will consolidate the efficiency gains made by creating a specialty ward environment and reducing safari ward rounds.

Impact on forecast

Efforts this month are focussed on making further improvement to performance, building on recommendations from GIRFT.



What does the data tell us?
A decreasing position across the trust against the ED 4-hour standard at 69.3% in August compared to 71.8% in July. Decrease specifically observed with inpatient breaches (BRI) and associated with an increase in bed occupancy throughout August 104.3% compared to 101.8% in July for the BRI.

Actions being taken to improve

Ongoing mobilisation of ED improvement plans across both BRI and Weston, including workforce reconfiguration to augment and better align senior decision makers to peak times IN & OOH, in addition to optimising SDEC utilisation and front door redirection models.

Whole hospital review of ED 'quality standards' continues, with a specific focus on 'specialty reviews' and outward flow from ED. The department is also working closely with SWAST, community and primary care partners to maximise admissions avoidance schemes e.g. Frailty – Assessment & Coordination of Urgent & Emergency Care (F-ACE). NB UHBW currently leading the parallel development with Paediatrics (P-ACE).

Impact on forecast

Forecasting improvement plans will continue to iterate and improve the Trust position; c72% in September 25/26.

The End of Year Target for this measure is 72.3% (78% inclusive of Sirona type-3 uplift)

Latest Month
Aug-25
Target
71.8%
Latest Month's Position
69.3%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

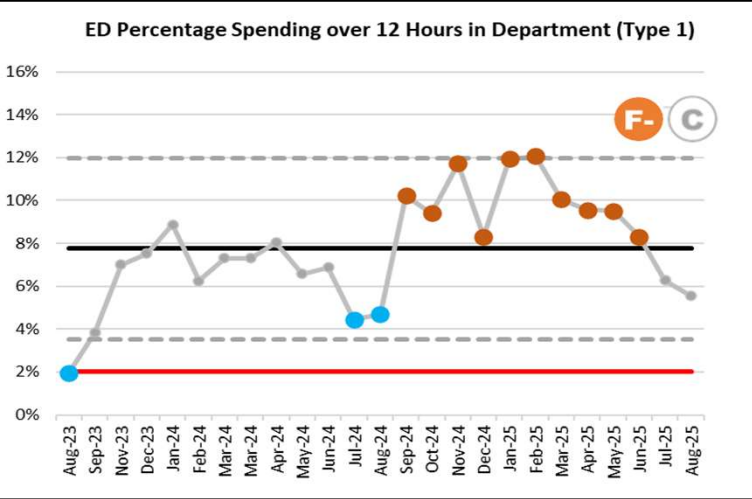


Responsiveness

UEC – Emergency Department Metrics



Latest Month
Aug-25
Target
2.0%
Latest Month's Position
5.5%
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 percentage of patients spending over 12 hours in ED reduced for the sixth month running to 5.5% in August, representing the best performance since August 2024 and now below the mean.

Actions being taken to improve

Continuous flow relaunched mid July and has improved admitted four and 12 hour performance. As a next step we are developing a "red lines" plan to reduce longer waits in the emergency department.

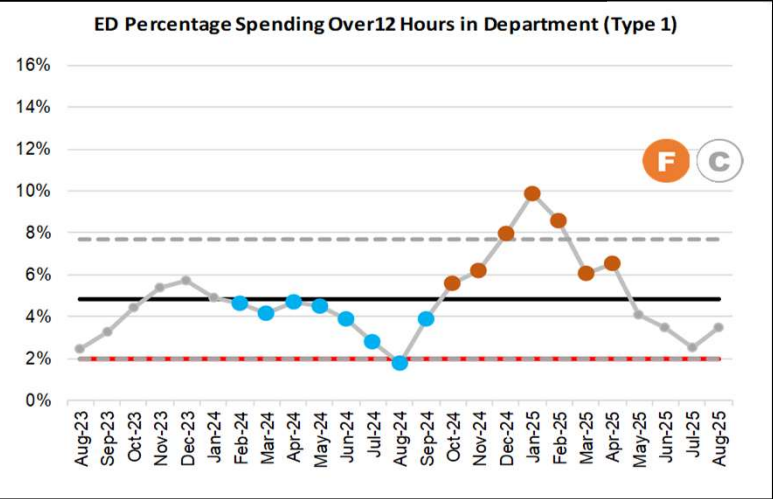
The UEC transformation programme focusses through several projects on admitted flow and therefore reduction in 12-hour delays, including:

- Every Minute Matters – our approach to ward-based flow and discharge processes. NBT's first steering group took place on 8 September and next steps will include working to spread the approach across specialties.
- Unified Care Framework Review – during the forthcoming month we will relaunch the UCF approach, building on successful specialty level meetings which are focussing on aligning referral processes with Careflow, and improving timeliness of response to patients in ED.

The GIRFT team spent a day with the cardiology teams at both NBT and UHBW and we await a detailed plan from them with recommendations to reduce length of stay.

Impact on forecast

Unvalidated data for September to date is showing further improvement against this metric.



What does the data tell us?

The percentage of patients spending over 12 hours in ED for the month of August (3.5%) worsened slightly compared to July (2.5%) though still well below the national target of 10%. This increase was observed on the BRI site specifically and associated with the increase in overall bed occupancy at the BRI as previously described.

Actions being taken to improve

Note previous slide.

Additionally, ED 12-hour performance data is being reviewed by all divisions/specialties across BRI/Weston sites in support of a trust-wide approach to reducing 12-hour waits through improved responsiveness to requests for Specialty Reviews, in addition to improved support into ED in Out of hours periods.

Impact on forecast

The focused improvement efforts described above are anticipated to maintain the improved position at c2.5% during September 25/26

Latest Month
Aug-25
Target
2.0%
Latest Month's Position
3.5%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.
Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

Responsive

UEC – Emergency Department Metrics

	<div><p>Bristol Children's Hospital ED - Percentage Within 4 Hours</p><table><caption>Bristol Children's Hospital ED - Percentage Within 4 Hours</caption><tr><th>Month</th><th>Percentage</th></tr><tr><td>Aug-23</td><td>88.0%</td></tr><tr><td>Sep-23</td><td>77.0%</td></tr><tr><td>Oct-23</td><td>66.0%</td></tr><tr><td>Nov-23</td><td>62.0%</td></tr><tr><td>Dec-23</td><td>69.0%</td></tr><tr><td>Jan-24</td><td>71.0%</td></tr><tr><td>Feb-24</td><td>72.0%</td></tr><tr><td>Mar-24</td><td>78.0%</td></tr><tr><td>Apr-24</td><td>86.0%</td></tr><tr><td>May-24</td><td>78.0%</td></tr><tr><td>Jun-24</td><td>82.0%</td></tr><tr><td>Jul-24</td><td>83.0%</td></tr><tr><td>Aug-24</td><td>92.0%</td></tr><tr><td>Sep-24</td><td>83.0%</td></tr><tr><td>Oct-24</td><td>83.0%</td></tr><tr><td>Nov-24</td><td>75.0%</td></tr><tr><td>Dec-24</td><td>73.0%</td></tr><tr><td>Jan-25</td><td>81.0%</td></tr><tr><td>Feb-25</td><td>76.0%</td></tr><tr><td>Mar-25</td><td>77.0%</td></tr><tr><td>Apr-25</td><td>82.0%</td></tr><tr><td>May-25</td><td>81.0%</td></tr><tr><td>Jun-25</td><td>84.0%</td></tr><tr><td>Jul-25</td><td>82.16%</td></tr><tr><td>Aug-25</td><td>87.3%</td></tr></table></div> <div><table><tr><th>Latest Month</th></tr><tr><td>Aug-25</td></tr><tr><th>Target</th></tr><tr><td>No Target</td></tr><tr><th>Latest Month's Position</th></tr><tr><td>87.3%</td></tr><tr><th>Performance / Assurance</th></tr><tr><td>Common Cause (natural/expected) variation where up is improvement.</td></tr></table><div>Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)</div></div>	Month	Percentage	Aug-23	88.0%	Sep-23	77.0%	Oct-23	66.0%	Nov-23	62.0%	Dec-23	69.0%	Jan-24	71.0%	Feb-24	72.0%	Mar-24	78.0%	Apr-24	86.0%	May-24	78.0%	Jun-24	82.0%	Jul-24	83.0%	Aug-24	92.0%	Sep-24	83.0%	Oct-24	83.0%	Nov-24	75.0%	Dec-24	73.0%	Jan-25	81.0%	Feb-25	76.0%	Mar-25	77.0%	Apr-25	82.0%	May-25	81.0%	Jun-25	84.0%	Jul-25	82.16%	Aug-25	87.3%	Latest Month	Aug-25	Target	No Target	Latest Month's Position	87.3%	Performance / Assurance	Common Cause (natural/expected) variation where up is improvement.
Month	Percentage																																																												
Aug-23	88.0%																																																												
Sep-23	77.0%																																																												
Oct-23	66.0%																																																												
Nov-23	62.0%																																																												
Dec-23	69.0%																																																												
Jan-24	71.0%																																																												
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Sep-24	83.0%																																																												
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Apr-25	82.0%																																																												
May-25	81.0%																																																												
Jun-25	84.0%																																																												
Jul-25	82.16%																																																												
Aug-25	87.3%																																																												
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Latest Month's Position																																																													
87.3%																																																													
Performance / Assurance																																																													
Common Cause (natural/expected) variation where up is improvement.																																																													
	<p>What does the data tell us?</p> <p>BRHC 4-hour performance in August 2025 was 87.3%, which is an improvement on the 82.16% in July 2025.</p> <p>Actions being taken to improve</p> <ul style="list-style-type: none">• The department is working with Brisdoc to open fully open 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, in particular the pathway for 'specialty expected' patients• Focused project on Patient Flow Coordinator roles in conjunction with nursing and medical teams to improve patient flow and timely treatment in the department																																																												

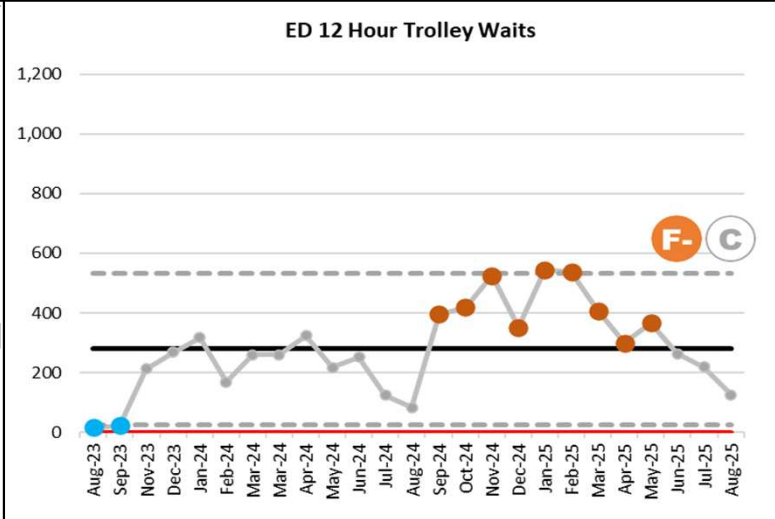


Responsiveness

UEC – Emergency Department Metrics



Latest Month
Aug-25
Target
0
Latest Month's Position
126
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?

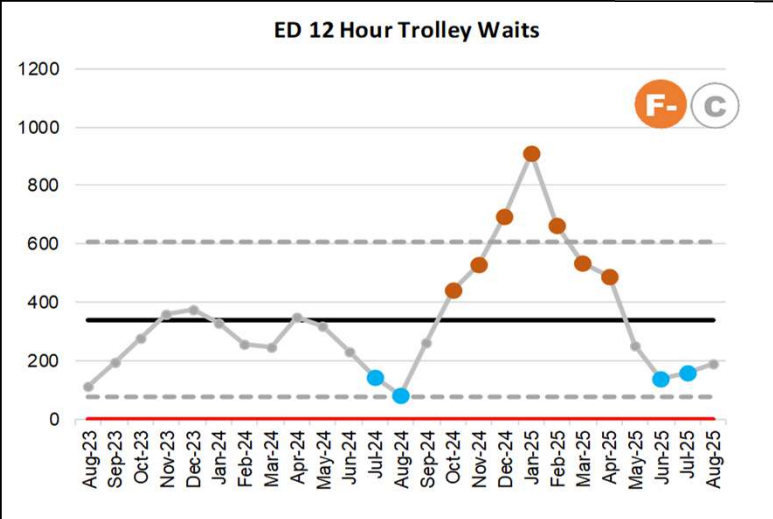
The number of 12 hour trolley waits decreased compared to the previous month to 126.

Actions being taken to improve

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

Impact on forecast

See previous slide – 12 hour trolley waits are likely to reduce in line with overall 12 hour improvement seen so far during September.



What does the data tell us?

The number of 12 Hour trolley waits increased slightly throughout August to 188 compared to 161 in July.

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 reduce in August as a result of the enhanced focus and re-launch of the ED Quality Standards in relation to "Speciality Reviews" in particular.

Latest Month
Aug-25
Target
0
Latest Month's Position
188
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

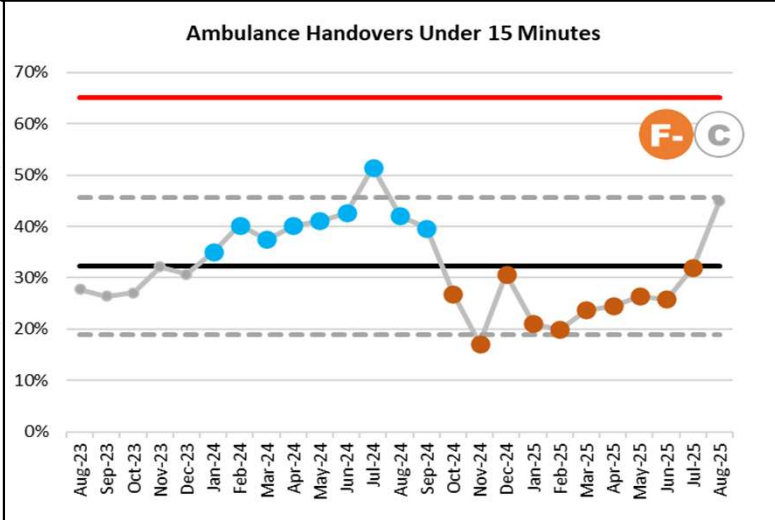


Responsiveness

UEC – Ambulance Handover Delays



Latest Month
Aug-25
Target
65.0%
Latest Month's Position
45.0%
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).



What does the data tell us?

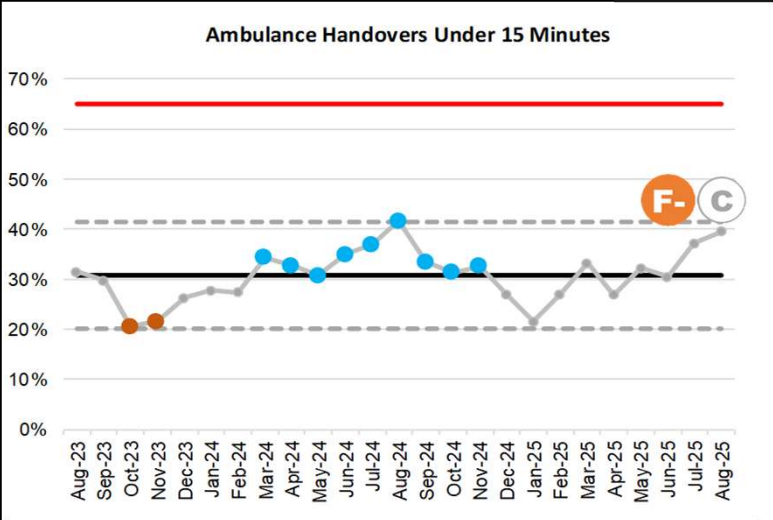
The proportion of handovers completed within 15 minutes has continued to improve over the last six reporting months, with performance now back above the mean, this is despite receiving the highest number of ambulance conveyances since July 2023.

Actions being taken to improve

- Following two recent system wide study days led by SWAST, BNSSG has an outline plan to focus prior to winter on:
- 1) Call before convey offer to SWAST – this will build on the work done to date by Frailty ACE but will offer an all-age response for SWAST crews calling from scene to investigate alternatives to conveyance to hospital.
 - 2) Outline planning for a system-wide Care Co-Ordination Centre, which will form the initial priority to be taken forwards from the recently developed BNSSG UEC strategy plan.

Impact on forecast

The work planned for September is likely to make further improvements to all aspects of ambulance handover performance.



What does the data tell us?

Ambulance handovers within 15 mins have improved across UHBW throughout August at 39.5% compared to 37.5% in July

Actions being taken to improve

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

Impact on forecast

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

Latest Month
Aug-25
Target
65.0%
Latest Month's Position
39.5%
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)

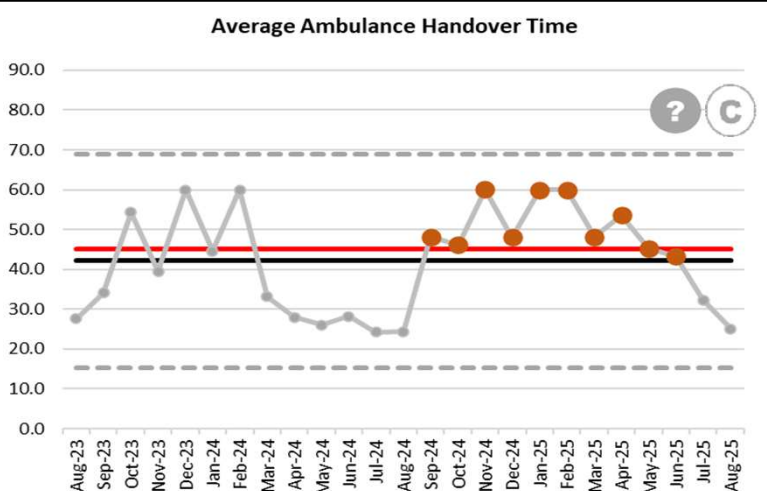


Responsiveness

UEC – Ambulance Handover Delays



Latest Month
Aug-25
Target
24.2
Latest Month's Position
25.1
Performance / Assurance
Common Cause
(natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
Trust Level Risk
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?

For August 2025, the average handover time for ambulance conveyances improved to 25.1 minutes, taking this metric below the mean with best performance since August 2024.

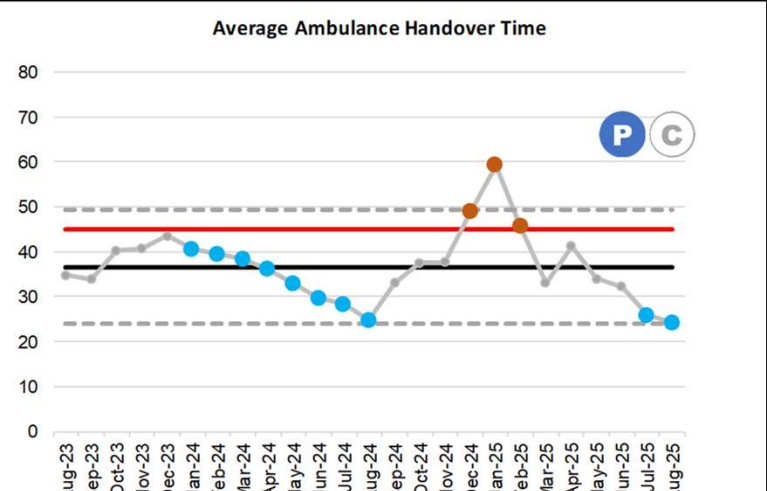
Actions being taken to improve

Following a piece of rapid improvement work undertaken in August, we have an action plan we're following aimed at reducing handover times and delays. This includes identifying a "surge nurse" who will assist with taking handovers during surge periods and implementing new processes in resus and stroke. Direct access to Medical SDEC for paramedics went live on 1 September.

The UEC programme work to relocate minors will unlock space within the current ED footprint which will support better handover time adherence. This is by creating an additional nine majors' spaces and two extra ambulance receiving centre spaces. The start date for the relocation is being recalculated due to the complexity and space availability to relocate services.

Impact on forecast

The actions taken together are expected to improve overall handover times, and therefore average handover.



What does the data tell us?

Average ambulance handover time across UHBW has improved throughout August at 24.3 mins compared to July at around 26 minutes.

Actions being taken to improve

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

Impact on forecast

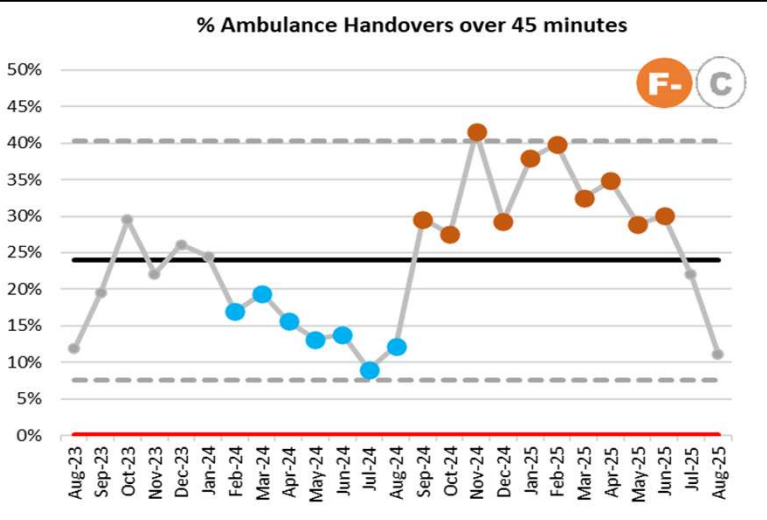
The improvement work outlined above is expected to contribute to the ongoing achievement of the <45- minute average ambulance handover time.

Latest Month
Aug-25
Target
45
Latest Month's Position
24.3
Performance / Assurance
Common Cause
(natural/expected) variation where last six data points are less than target where down is improvement.
Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

Responsiveness

UEC – Ambulance Handover Delays

Latest Month
Aug-25
Target
0.0%
Latest Month's Position
11.1%
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).



What does the data tell us?

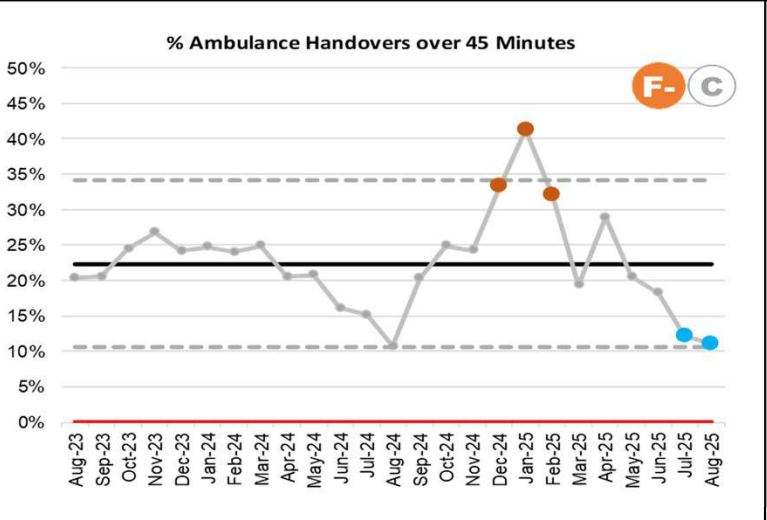
The proportion of handovers completed within 45 minutes improved significantly in August 2025 to 11.1%, taking this metric significantly below the mean with the best performance since August 2024.

Actions being taken to improve

In partnership with SWAST NBT implemented the Timely Handover Plan on 30 June 2025. Since then, we have worked on refining the escalation huddles we use to create capacity. Next steps for September include reviewing the approach taken to staffing cohorts along with further work with SWAST on improving the joint approach to handover. One risk for NBT is that currently mental health handovers to Mason suite are counted against NBT rather than AWP – it has been escalated to senior staff in SWAST and solution are currently being sought.

Impact on forecast

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



What does the data tell us?

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

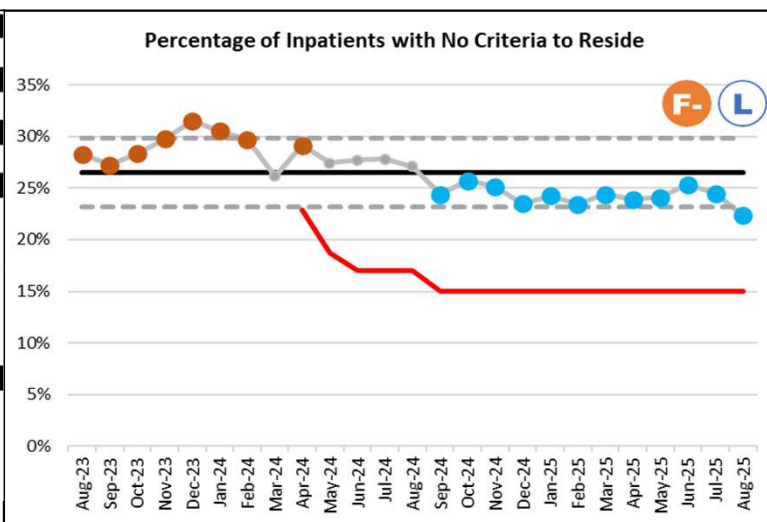
See Previous Slide for Ambulance Handover Summary detail

Latest Month
Aug-25
Target
0%
Latest Month's Position
11.0%
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)

Responsiveness

UEC – No Criteria To Reside

Latest Month
Aug-25
Target
15.0%
Latest Month's Position
22.4%
Performance / Assurance
Special Cause Improving Variation Low, where down is improvement but target is less than lower limit
Trust Level Risk
No Criteria to Reside Trust Level risk - details pending approval at NBT Risk Management Group



What does the data tell us?

No Criteria to Reside (NCTR) showed an improvement in August to 22.4% but remains significantly above the target and improvement has not been seen in Pathway 2 or Pathway 3 provision. From Aug-25 reporting there has been a change in the NBT no criteria to reside percentage which has been updated to align with UHBW methodology - the percentage now reflects the number of inpatients without a criteria to reside at midnight as a proportion of the total inpatients at midnight. Previously the total inpatient number included the patients without a criteria to reside who had been discharged earlier that day.

Actions being taken to improve

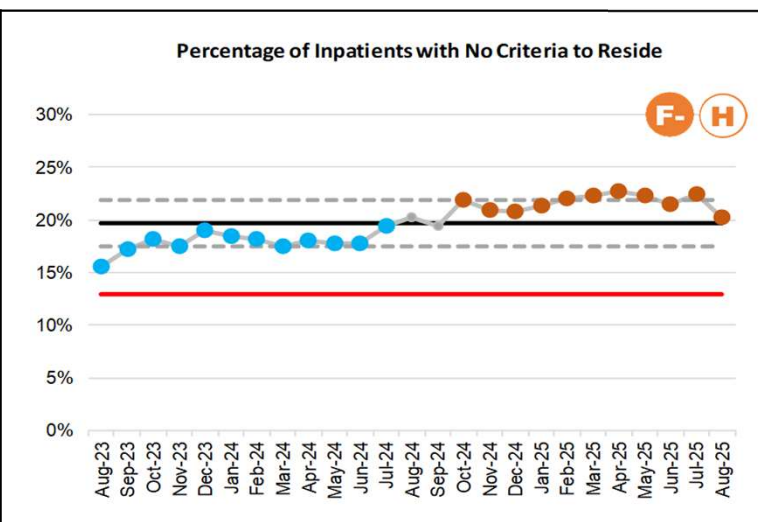
Towards the end of July NBT started a piece of demand management work led by the Trust and supported by partners across Pathway 1 – which led to a 66% reduction in Pathway 1 referrals.

The system-wide ICS discharge plan also continues:

- 1) Pathway 1 transformation – now includes national support via the LGA by iMpower, with a focus on MDT working across BNSSG community to solve delays and reduce length of stay.
- 2) Pathway 2 and 3 bed consolidation – ICS wide work to provide a community bedbase fit for the future, with fewer, larger units all able to take a greater complexity of need.
- 3) Area performance meetings for each LA hosted in the Transfer of Care Hubs went live in July with the aim of reducing the cycle times for each pathway.

Impact on forecast

Data for September to date shows that the P1 reduction is being maintained. We plan to see further reduction through the navigation project.



What does the data tell us?

No Criteria to Reside (NCTR) position improved in August: 20.3% vs 22.4% (July); BRI: 18.4% (vs July 22.4%) and Weston 27.8% (vs July 31%). Significant improvement in P1 LoS however, long waits for P3 beds continue. High proportion of complex patients requiring specialist care with lack of beds capable/available to support.

Actions being taken to improve

- Development of system-wide improvement plans to deliver the 15% NCTR position continues. Focused work on:
- Developing an Intermediate Care model with national support by iMpower aimed to re-design of the Home First Offer. Test and Learn in Nov/Dec.
- Pathway 2: Exploring opportunities to increase bed capacity at SBCH and the requirement for more P2 beds to support North Somerset patients.
- Pathway 2 and 3: system reviewing bed base to meet increasingly complex patients' needs. Area Performance Meetings launched to improve performance and drive efficiencies.
- Home First Team developing winter plans with system partners with focus on CHCFT patients, P2 and creation of new 'Discharge Support Volunteer Role'.

Early Supported Discharges enables patients to leave hospital before their package of care start date with family support: 92 patients left hospital early saving 229 bed days in August.

Impact on forecast

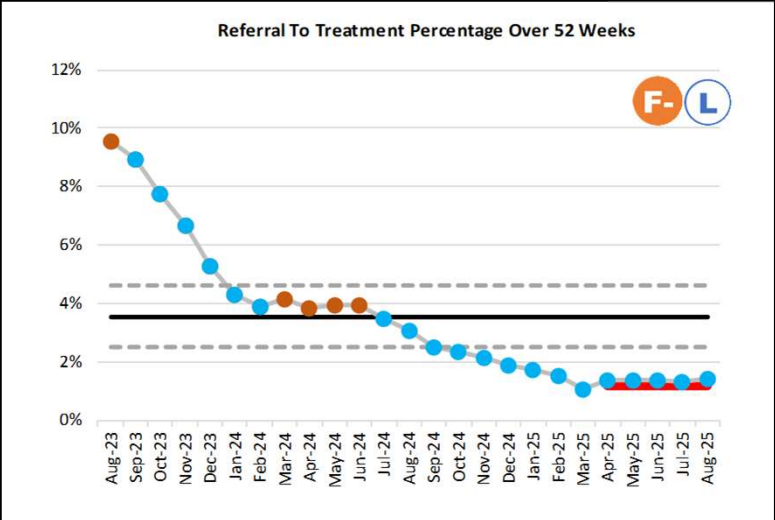
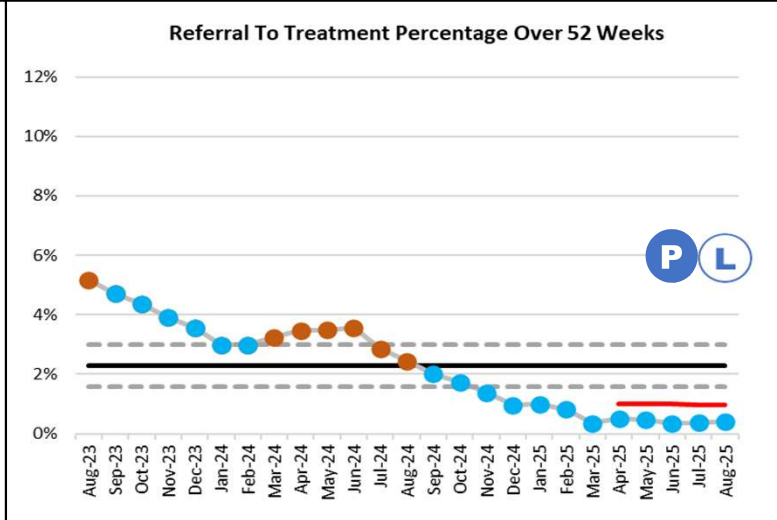
System ambition of reducing NCTR to 15% remains (BRI 11%; WGH 19%).

Latest Month
Aug-25
Target
13.0%
Latest Month's Position
20.3%
Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit.
Corporate Risk
Corporate Risk 423 - Risk that demand for inpatient admission exceeds available bed capacity (20). Corporate Risk 8252 - Patients with no criteria to reside continue to remain in hospital beds (16)

Responsiveness

Planned Care – Referral to Treatment (RTT)

Latest Month
Aug-25
Target
1.0%
Latest Month's Position
0.4%
Performance / Assurance
Special Cause
Improving Variation
Low, where down is improvement but target is less than lower limit
Corporate Risk
No Trust Level Risk



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

No narrative required as per business rules

What does the data tell us?

At the end of August, no patients were waiting beyond 65 weeks and 785 were waiting 52 weeks or more for treatment (716 in July), with long waits predominantly noted in dental and paediatric specialties. Against the total waiting list of 53,855 this equates to 1.5% against the 1.2% trajectory set for August 2025 as part of the trust operational planning submission (national target <1% by March 2026). The overall waiting list size reduced by 324 when comparing August and July and although this is a reduction, the waiting list size is higher than our trajectory for August of 51,561.

Actions being taken to improve

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

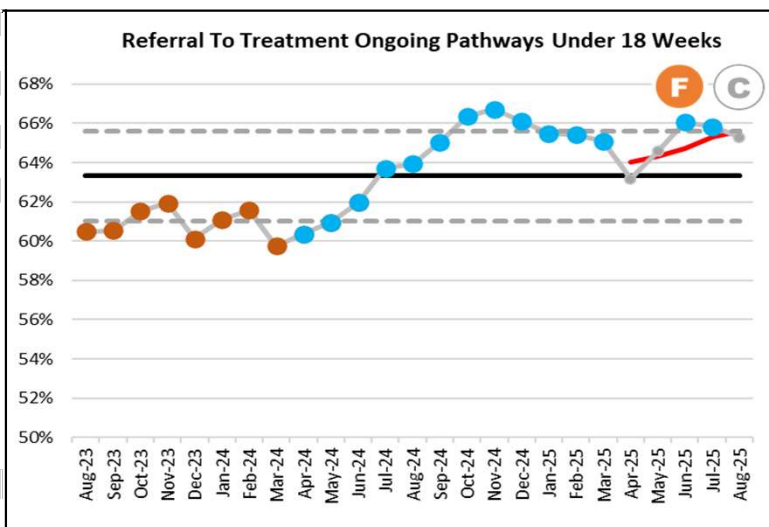
Impact on forecast

A revised trajectory was issued for Q2 with recovery anticipated at end of Q2. The End of Year Target for this measure is 0.9%

Responsiveness

Planned Care – Referral to Treatment (RTT)

Latest Month
Aug-25
Target
65.6%
Latest Month's Position
65.3%
Performance / Assurance
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
Trust Level Risk
No Trust Level Risk



What does the data tell us?

At the end of August, the percentage of patients waiting less than 18 weeks was 65.3%, performing just under the Trust trajectory of 65.6% set as part of the Trust operational planning submission (target of 72% by March 2026). This deterioration was partly due to the BMA resident doctor strike which adversely affected outpatient and surgical capacity.

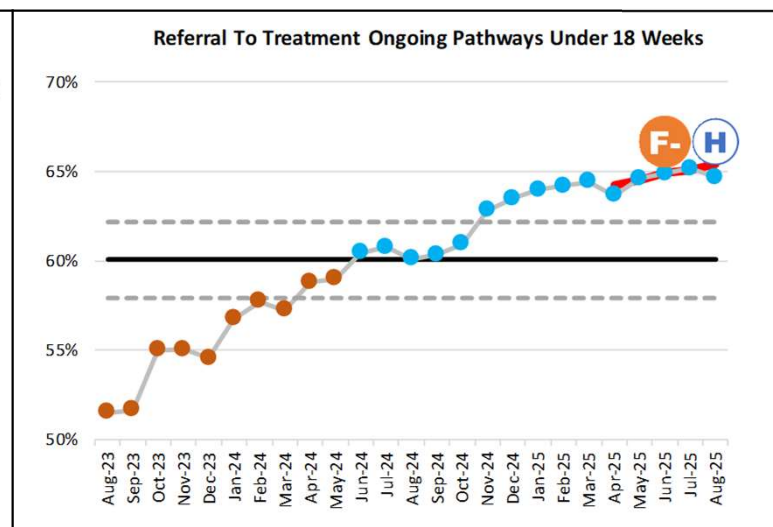
Actions being taken to improve

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) has now opened which will see additional activity delivered in orthopaedics and other surgical specialties. The Trust are taking part in the NHS England validation sprint, where an additional validation exercise will focus on patients across a broad range of specialties.

Additional patient contacts are being made via DrDoctor to identify whether patients no longer require to be seen (self-limiting conditions).

Impact on forecast

Anticipated to deliver end of year target



What does the data tell us?

At the end of August, the number of patients waiting less than 18-weeks is 34,818 (64.7%) which shows a short fall of 0.7% against the target for the end of August (65.5%)

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 are taking part in the NHS England validation sprint, where an additional validation exercise will focus 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

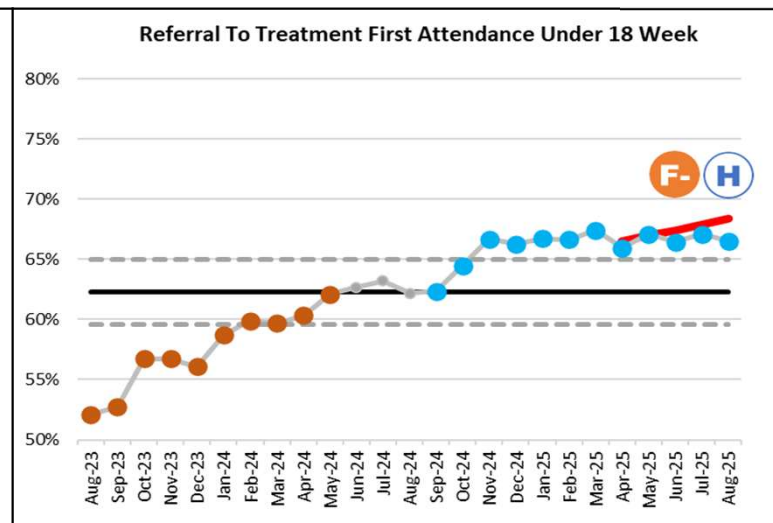
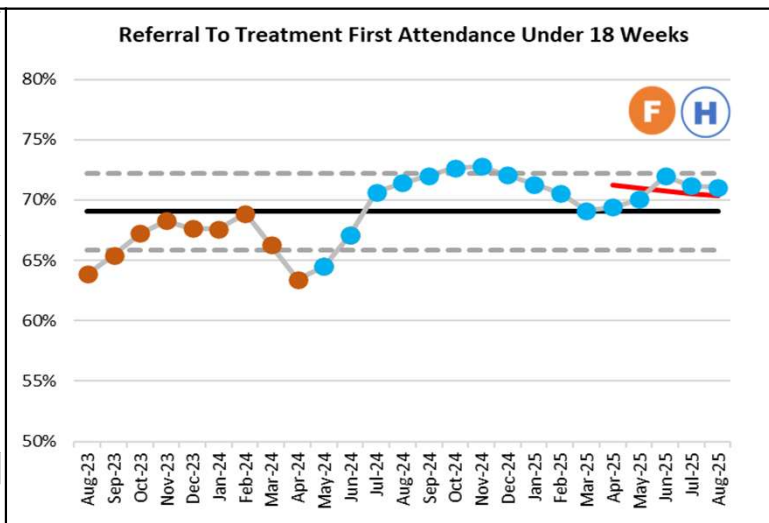
The End of Year Target for this measure is 67.8%

Latest Month
Aug-25
Target
65.4%
Latest Month's Position
64.7%
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 – Referral to Treatment (RTT)

Latest Month
Aug-25
Target
70.4%
Latest Month's Position
71.1%
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



Latest Month
Aug-25
Target
68.4%
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)

What does the data tell us?

At the end of August, the percentage of patients waiting less than 18 weeks for their first appointment is 71.1%, performing better than the trajectory of 70.4% 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 August, the percentage of patients waiting less than 18 weeks for their first appointment is 66.5% against the target of 68.4% set for August 2025 as part of the Trust operational planning submission (target of 71.7% by March 2026)

Actions being taken to improve

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

Actions to improve include the use of 'booking in order' reporting tools, utilisation of available clinic slots to see a greater number of new patients, running additional clinics via waiting list initiatives and increased use of insourcing arrangements. Oversight meetings are in play with the most challenged specialities to ensure that all plans for additional activity is exploited.

Impact on forecast

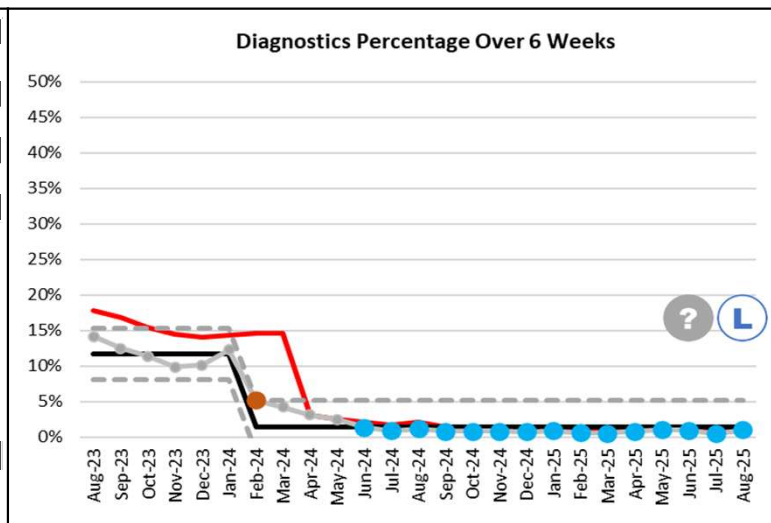
Continue to monitor the position with the ambition of delivery of the end of year operational planning trajectory

The End of Year Target for this measure is 71.7%

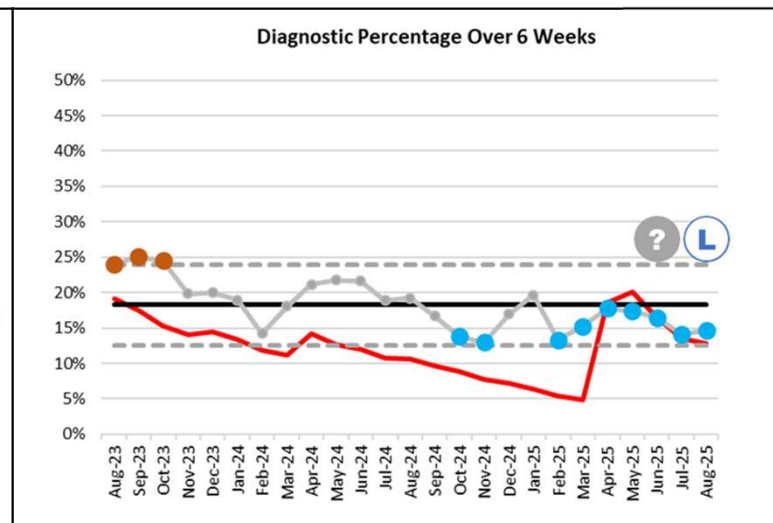
Responsiveness

Planned Care – Diagnostics

Latest Month
Aug-25
Target
1.0%
Latest Month's Position
1.0%
Performance / Assurance
Special Cause Improving Variation Low (where down is improvement) and last six data points are both hitting and missing target, subject to random variation
Trust Level Risk
No Trust Level Risk



No narrative required as per business rules.



Latest Month
Aug-25
Target
12.8%
Latest Month's Position
14.7%
Performance / Assurance
Special Cause Improving Variation Low (where down is improvement) and last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
Risk 801 - Elements of the NHS Oversight Framework are not met (12)

What does the data tell us?

Overall Trust performance against the DM01 6ww standard dropped slightly in August from 14.1% to 14.7%. Trajectory for August was not achieved. Despite this slight deterioration, a number of modalities did achieve trajectory – including Dexta, Echocardiography, Flexi Sigmoidoscopy and Sleep Studies. Although Audiology, MRI adults and CT general did not hit trajectory, these modalities did achieve and sustain less than 2% breaches against the 1% national target.

Actions being taken to improve

- Ongoing review of Non-Obstetric Ultrasound core capacity to quantify capacity shortfalls as part of backlog recovery plans which are sustainable
- Continued outsourcing of Cardiac MRI scans (60 scans per week), coupled with additional weekend sessions to target the longest and most complex longest waiting patients as part of efforts to reduce backlogs.
- Exploring opportunities to outsource CT Cardiac via mobile van in WGH, providing additional capacity closer to home for patients.
- Continue to utilise the Weston Community Diagnostic Centre (CDC) to reap the benefits of faster waiting times. Focus on increasing the referral to activity conversion rate to increase the impact at the Weston CDC

Impact on forecast

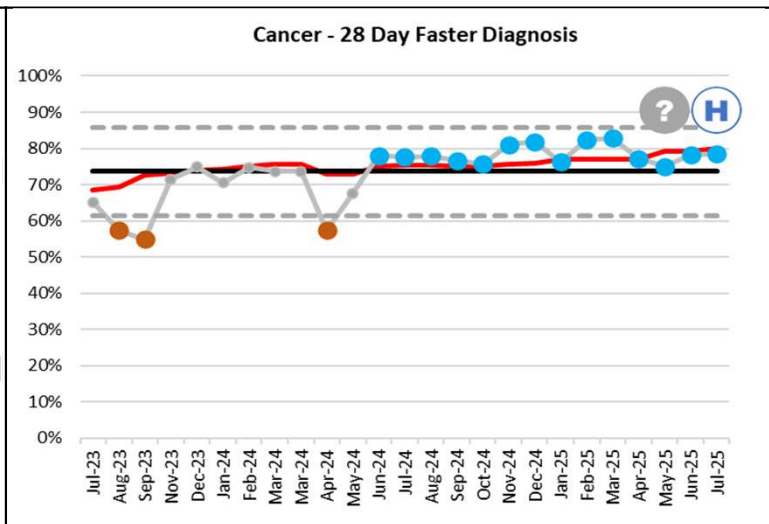
Current CDC and outsourcing criteria mean longest waiters are often unsuitable, so both <6ww and >6ww patients are treated to maximise capacity utilisation. This drives total list reductions that are disproportionate to 6ww breaches, creating a risk to achieving forecast performance. In parallel to outsourcing arrangements, internal actions focus on the most complex, longest waiters to rebalance impact.

The End of Year Target for this measure is 5.0%

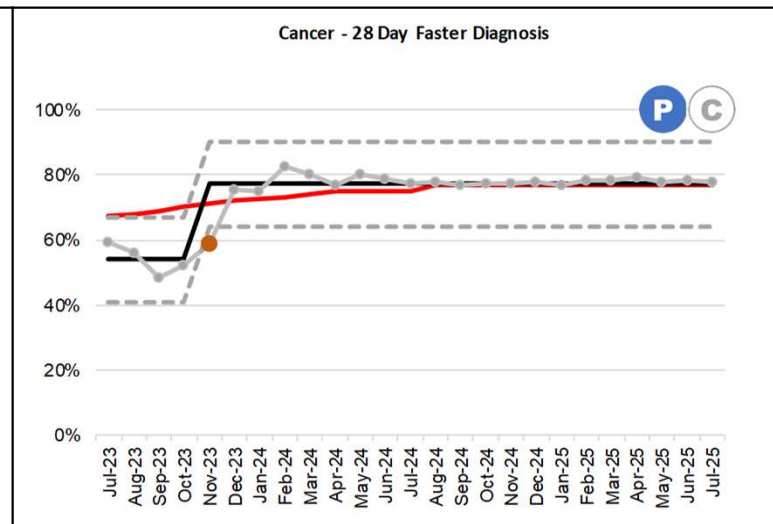
Responsiveness

Planned Care – Cancer Metrics

Latest Month
Jul-25
Target
79.9%
Latest Month's Position
78.6%
Performance / Assurance
Special Cause Improving Variation High (where up is improvement) and last six data points are hitting and missing target, subject to random variation
Trust Level Risk
988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).



No narrative required as per business rules.



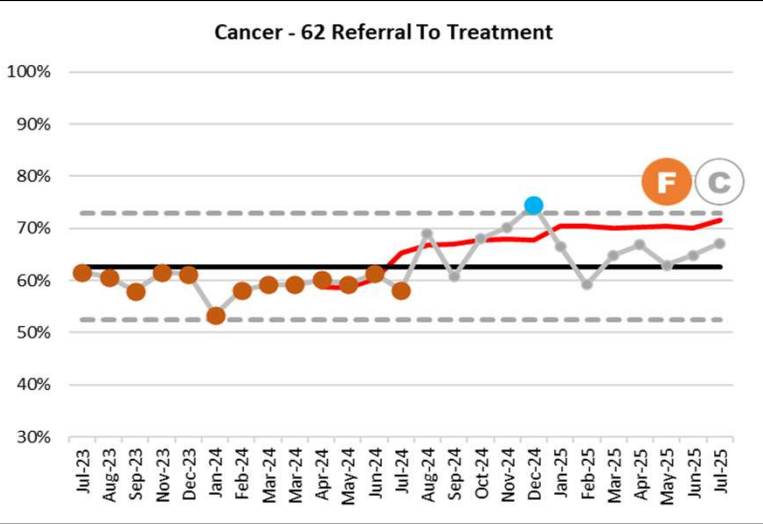
Latest Month
Jul-25
Target
77.0%
Latest Month's Position
77.7%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is improvement.
Corporate Risk
Risk 6782 - Non-compliance with the 28 day Faster Diagnosis cancer standard (16)

No narrative required as per business rules.

Responsiveness

Planned Care – Cancer Metrics

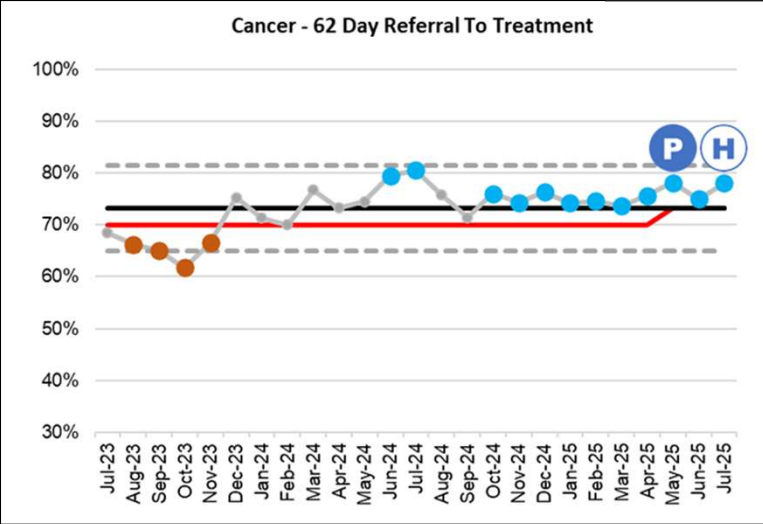
Latest Month
Jul-25
Target
71.5%
Latest Month's Position
67.1%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration
Trust Level Risk
988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).



What does the data tell us?
62-Day performance did not meet the trajectory for July. The overall treatment volume was in line with plan however there were more reported breaches. This was driven by Breast and Urology.

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

Impact on forecast
Breaches remain high for August; it is expected to remain off trajectory.



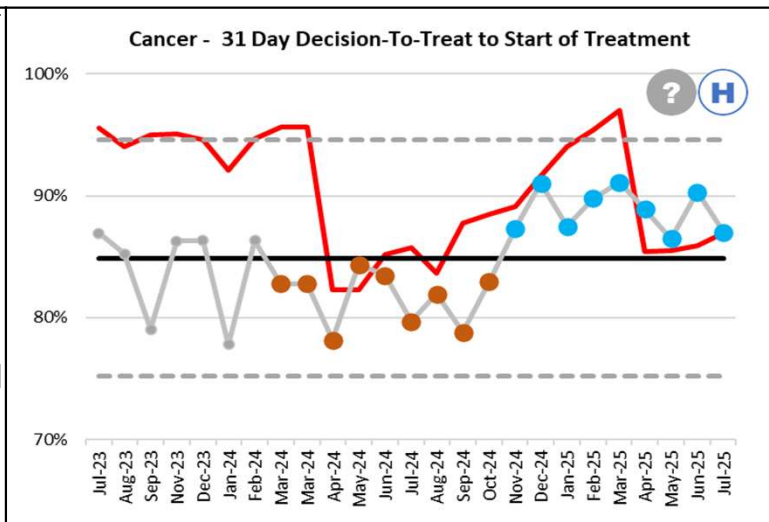
No narrative required as per business rules.

Latest Month
Jul-25
Target
73.2%
Latest Month's Position
78.0%
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 5531 - Non-compliance with the 62 day cancer standard (12)

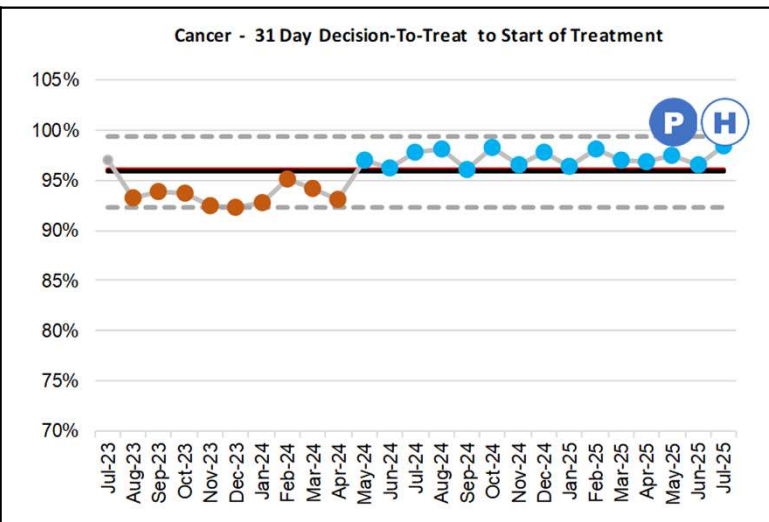
Responsiveness

Planned Care – Cancer Metrics

Latest Month
Jul-25
Target
87.0%
Latest Month's Position
87.0%
Performance / Assurance
Special Cause Improving Variation High (where up is improvement) and last six data points are hitting and missing target, subject to random variation
Trust Level Risk
988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).



No narrative required as per business rules.



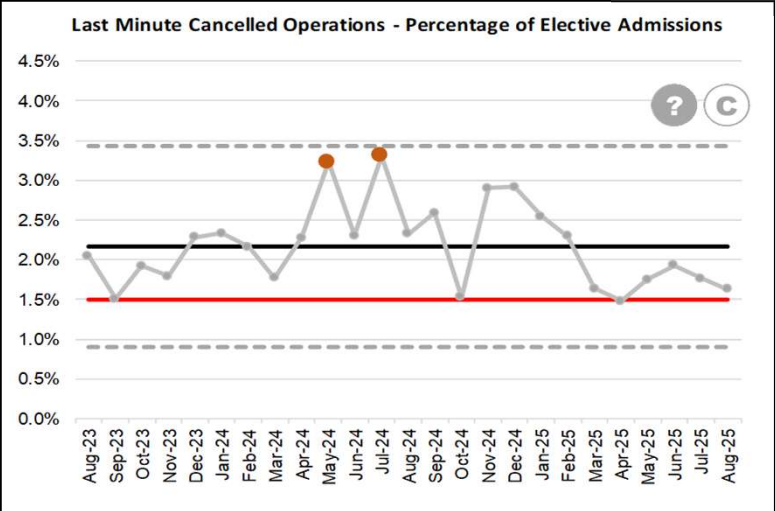
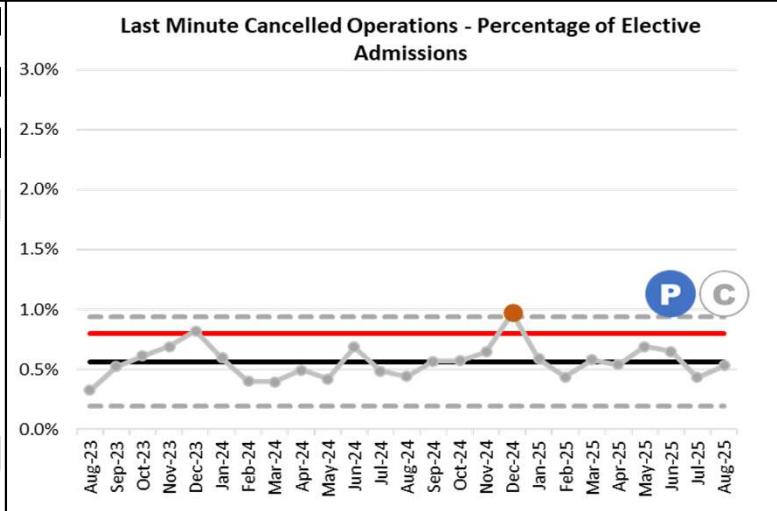
Latest Month
Jul-25
Target
96.0%
Latest Month's Position
98.4%
Performance / Assurance
Special Cause Improving Variation High, where up is improvement and last six data points are greater than or equal to target.
Corporate Risk
Risk 5532 - Non-compliance with the 31 day cancer standard (12)

No narrative required as per business rules.

Responsiveness

Last Minute Cancelled Operations

Latest Month
Aug-25
Target
0.8%
Latest Month's Position
0.5%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is improvement
Trust Level Risk
No Trust Level Risk



Latest Month
Aug-25
Target
1.5%
Latest Month's Position
1.6%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
Corporate Risk 1035 - Risk that BNSSG and tertiary catchment populations do not have access to sufficient critical care beds (16)

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 in August (1.8 July). During August 2025, there were 126 cancelled operations out of 7,730 total admissions (1.63%) against a target of 1.5%; 44 related to non-surgical specialties (primarily due to no ward beds) and 92 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.



North Bristol
NHS Trust

Responsiveness Stroke Performance - NBT

Latest Month

Jul-25

Target

90.0%

Latest Month's Position

49.5%

Performance / Assurance

Common Cause

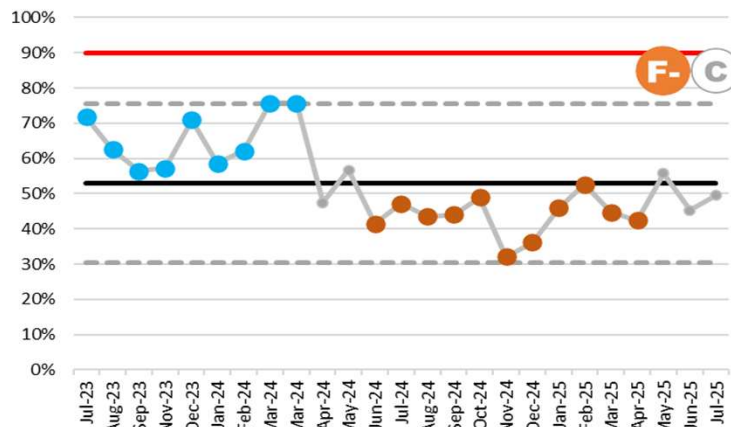
(natural/expected)

variation, where target is greater than upper limit down is deterioration

Trust Level Risk

No Trust Level Risk

% to Stroke Unit within 4 Hours



What does the data tell us?

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

Actions being taken to improve

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

The Hot Bed SOP is almost finalised to support the creation of beds on a consistent basis, ensuring availability for new patients.

Impact on Forecast

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

Latest Month

Jul-25

Target

60.0%

Latest Month's Position

69.0%

Performance / Assurance

Common Cause

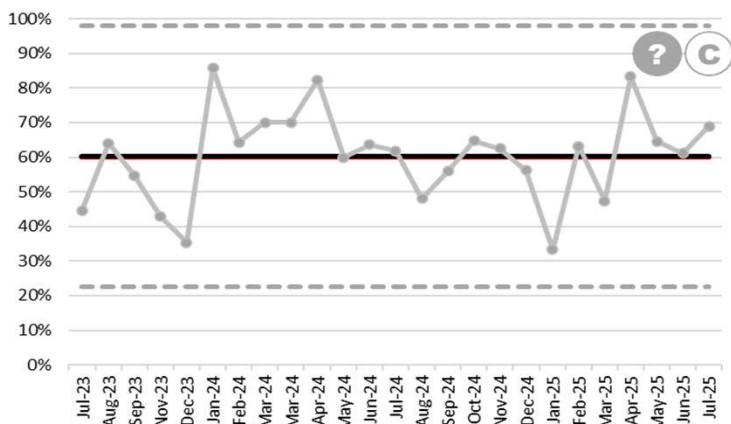
(natural/expected)

variation where last six data points are both hitting and missing target, subject to random

Trust Level Risk

No Trust Level Risk

Stroke Thrombolysis within 1 hour



What does the data tell us?

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

Actions being taken to improve

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

Impact on Forecast

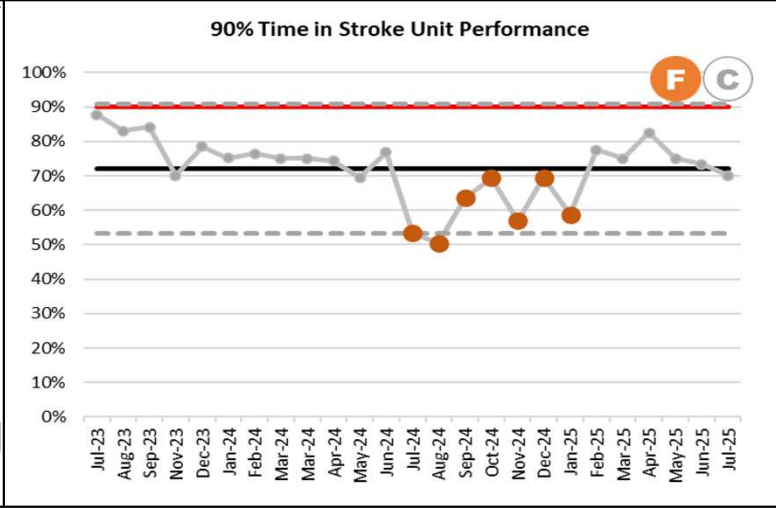
The projected 12-month outcome includes a potential doubling of thrombolysis treatment rates, alongside a significant improvement in average door-to-needle times.



Responsiveness

Stroke Performance - NBT

Latest Month
Jul-25
Target
90.0%
Latest Month's Position
70.1%
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



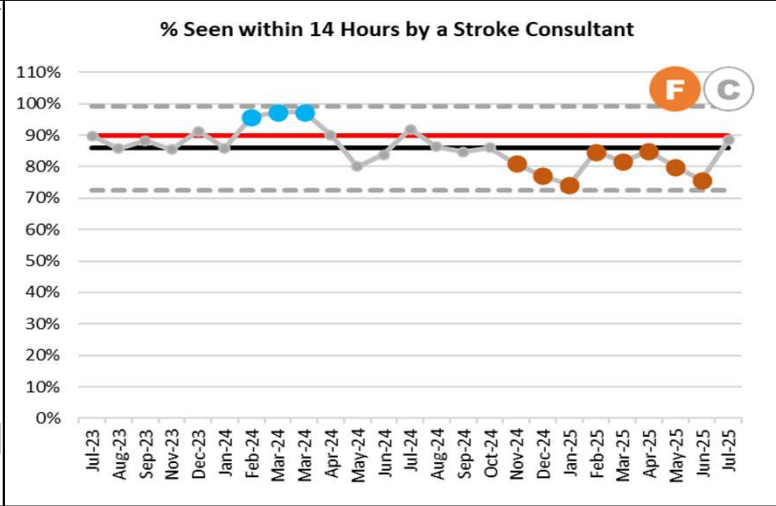
What does the data tell us?
Performance has declined slightly, primarily due to high stroke bed occupancy. As a result, some NCTR patients are being accommodated outside the Stroke Unit, which is negatively affecting this metric. Stroke Unit within 4 hours also impacts this metric. Overall stroke occupancy correlates directly with 90% in stroke unit.

Please note that July submissions to SSNAP are currently ongoing.

Actions being taken to improve
Actions already described in Stroke unit within 4 hours metric – including the Hot bed SOP which is almost finalised.

Impact on Forecast
Current occupancy levels remain at the numbers we have seen since Feb 25' with an increase in May/June before a drop again mid-July (July submissions to SSNAP are currently ongoing so not all data fed through). End of August/start of September is showing an initial increase in numbers again, at May/June levels.

Latest Month
Jul-25
Target
90.0%
Latest Month's Position
88.5%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration
Trust Level Risk
No Trust Level Risk



What does the data tell us?
There has been an improvement in performance in July for the percentage of patients reviewed by a stroke consultant within 14 hours of admission.

Please note that July submissions to SSNAP are currently ongoing.

Actions being taken to improve
Recent performance improvements have been supported by a more sustainable and consistent consultant rota. From August, the timing of the HASU board round was adjusted to start slightly later, enabling earlier PTWR and improving consultant review times for patients admitted overnight. Additionally, progress has been made on enhancing documentation processes: updates to the paper admission proforma and the Careflow narrative form are underway to improve the accuracy and completeness of data capture for this metric.

Impact on Forecast
With current workforce stability and enhanced data capture processes, strong performance in timely consultant reviews is expected to continue.

Quality Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Safe	Pressure Injuries Per 1,000 Beddays	NBT	Aug-25	0.5	No Target	0.3	N/A	C	Note Performance
		UHBW	Aug-25	0.1	0.4	0.1	P*	C	Note Performance
Safe	MRSA Hospital Onset Cases	NBT	Aug-25	0	0	0	F	C	Escalation Summary
		UHBW	Aug-25	0	0	2	F	C	Escalation Summary
Safe	CDiff Healthcare Associated Cases	NBT	Aug-25	5	5	7	?	C	Escalation Summary
		UHBW	Aug-25	17	9	14	?	C	Escalation Summary
Safe	Falls Per 1,000 Beddays	NBT	Aug-25	5.3	No Target	6.0	N/A	C	Note Performance
		UHBW	Aug-25	4.4	4.8	4.9	?	C	Escalation Summary
Safe	Total Number of Patient Falls Resulting in Harm	NBT	Aug-25	1	No Target	3	N/A	C	Note Performance
		UHBW	Aug-25	1	2	3	?	C	Escalation Summary
Safe	Medication Incidents per 1,000 Bed Days	NBT	Aug-25	4.6	No Target	4.2	N/A	L	Note Performance
		UHBW	Aug-25	9.6	No Target	11.0	n/a	C	Note Performance
Safe	Medication Incidents Causing Moderate or Above Harm	NBT	Aug-25	3	0	2	F	C	Escalation Summary
		UHBW	Aug-25	2	0	1	F	C	Escalation Summary
Safe	Adult Inpatients who Received a VTE Risk Assessment	NBT	Aug-25	91.7%	95.0%	91.2%	F-	C	Escalation Summary
		UHBW	Aug-25	82.2%	95.0%	82.0%	F-	C	Escalation Summary
Safe	Staffing Fill Rate	NBT	Aug-25	100.6%	No Target	98.6%	N/A	C	Note Performance
		UHBW	Aug-25	103.9%	100.0%	105.6%	P	H	Note Performance

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

Quality 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	Apr-25	95.0	100.0	96.6	P*	C	Note Performance
		UHBW	Apr-25	88.0	100.0	88.5	P*	L	Note Performance
Effective	Fracture Neck of Femur Patients Treated Within 36 Hours	NBT	Jul-25	63.6%	No Target	52.0%	N/A	C	Note Performance
		UHBW	Aug-25	58.1%	90.0%	44.9%	F-	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	NBT	Jul-25	90.9%	No Target	92.0%	N/A	C	Note Performance
		UHBW	Aug-25	90.7%	90.0%	98.0%	?	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Achieving Best Practice Tariff	NBT	Jul-25	63.6%	No Target	52.0%	N/A	C	Note Performance
		UHBW	Aug-25	41.9%	No Target	38.8%	n/a	C	Note Performance
Caring	Friends and Family Test Score - Inpatient	NBT	Aug-25	91.4%	No Target	91.3%	N/A	L	Note Performance
		UHBW	Aug-25	96.6%	No Target	95.7%	n/a	C	Note Performance
Caring	Friends and Family Test Score - Outpatient	NBT	Aug-25	94.7%	No Target	93.6%	N/A	C	Note Performance
		UHBW	Aug-25	94.4%	No Target	94.2%	n/a	C	Note Performance
Caring	Friends and Family Test Score - ED	NBT	Aug-25	70.3%	No Target	70.5%	N/A	C	Note Performance
		UHBW	Aug-25	88.0%	No Target	88.0%	n/a	C	Note Performance
Caring	Friends and Family Test Score - Maternity	NBT	Aug-25	94.4%	No Target	93.7%	N/A	C	Note Performance
		UHBW	Aug-25	98.6%	No Target	96.8%	n/a	C	Note Performance
Caring	Patient Complaints - Formal	NBT	Aug-25	64	No Target	74	N/A	C	Note Performance
		UHBW	Jul-25	64	No Target	64	n/a	C	Note Performance
Caring	Formal Complaints Responded To Within Trust Timeframe	NBT	Aug-25	65.2%	90.0%	56.8%	F	C	Escalation Summary
		UHBW	Jul-25	42.1%	90.0%	42.1%	?	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

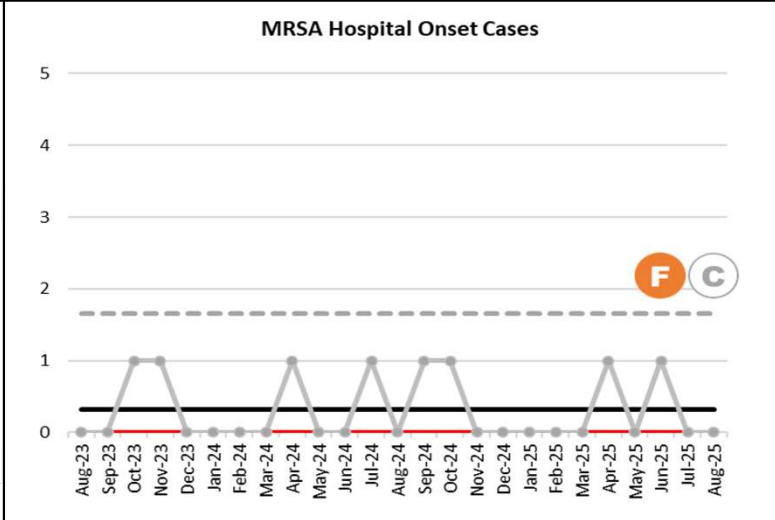
Common Cause (natural) Variation

Concerning Variation

Quality

Infection Control

Latest Month
Aug-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

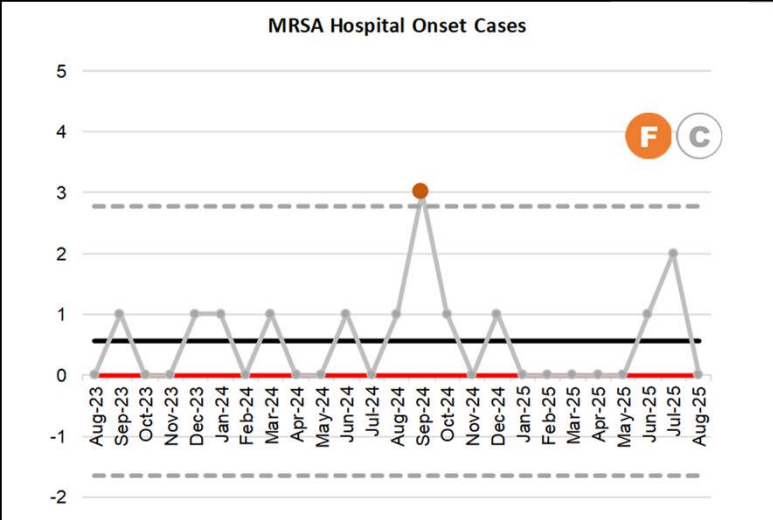


What does the data tell us?
With no new cases reported in August, this totals two this year to date.

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

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

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



What does the data tell us?
In August, UHBW saw no additional cases for MRSA. The trust year-to-date rate is 3.

Actions being taken to improve

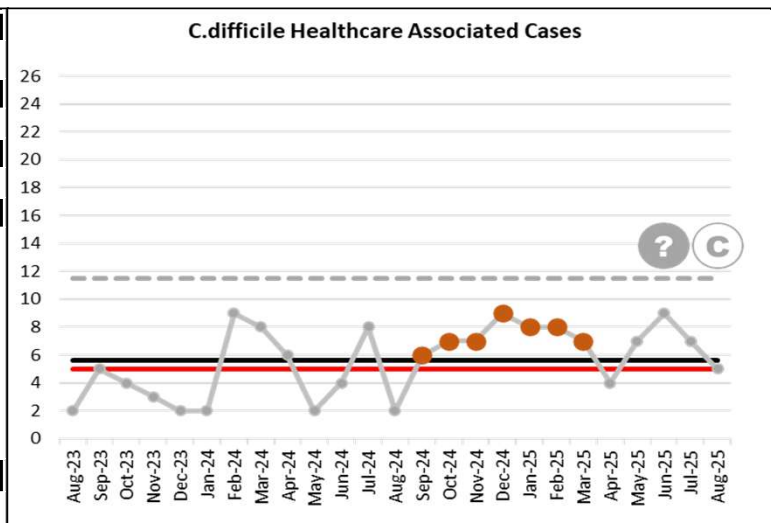
- The three cases are unrelated by location.
- Previously reported actions continue using audit data to drive improvements in MRSA compliance and targeted patient screening and decolonisation. Further actions for improvement will follow.
- A quality improvement group has been convened to take forward associated improvement work regarding intravenous (IV) line care.

Impact on forecast
The intention is to continue vigilance and risk reduction interventions to reach and sustain zero cases. In the NHSE League tables of hospitals reported in September, reported UHBW at 132/ 134 hospitals nationally for MRSA bacteraemia.

Latest Month
Aug-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)

Quality Infection Control

Latest Month
Aug-25
Target
5
Latest Month's Position
5
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
Trust Level Risk
No Trust Level Risk

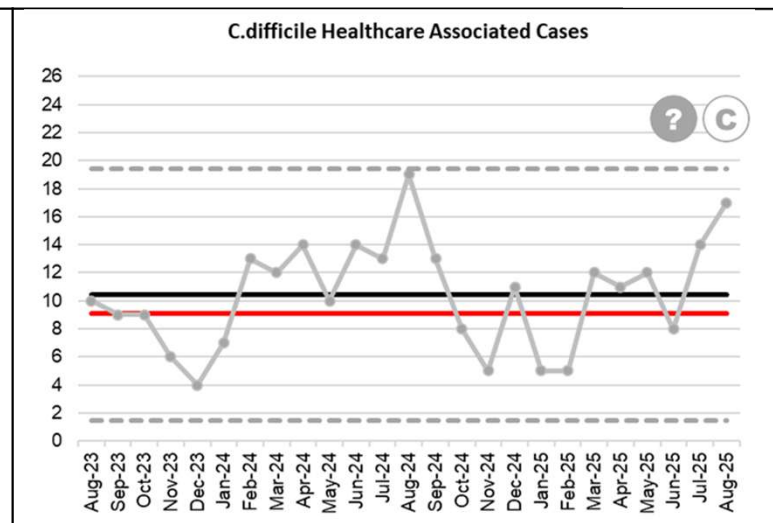


What does the data tell us?
Cases in August reduced – 5 HOHA and 3 COHA - cases need to trend at 6 or lower monthly to match a trajectory position. The current position is 2 cases above the trajectory .
Total position so far this year being 32 cases against a trajectory of 79.

Actions being taken to improve
C.difficile ward round has become a permanent weekly round this has seen improvements in the management of positive cases .

Areas where we have seen increased cases have been having a planned RED clean with liaison with both facilities and OPs to achieve . Efficacy cleaning audits have also highlighted several rectifications to the environment particularly toilet backs that have also helped .

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.



What does the data tell us?
The trust saw 17 cases of C. difficile in the month of August the breakdown for the cases is 14 Hospital acquired hospital onset (HOHA) and 3 community acquired community onset (COHA). This now brings the year-to-date case rate to 62. The case rate year-to-date up to August 2024/25 showed the trust at 70 C. difficile cases.

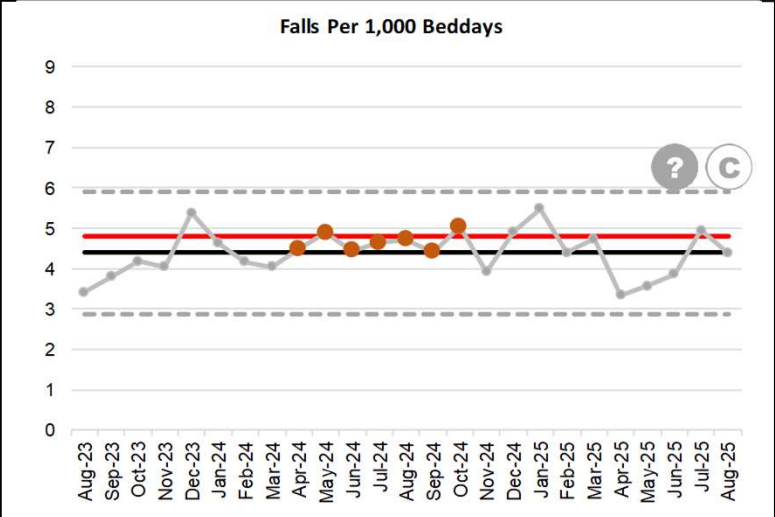
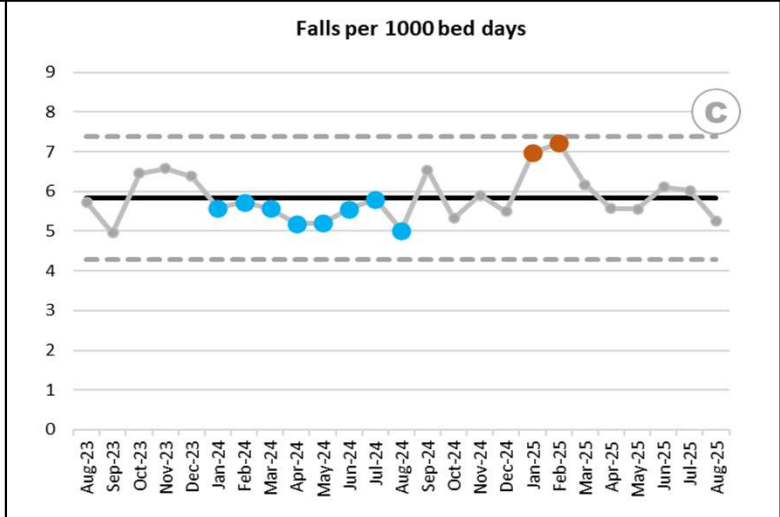
Actions being taken to improve
The quality improvement group for C. Difficile continues with remaining actions previously reported to be delivered as 'work in progress'. Antimicrobial stewardship is a key element that should improve as electronic medicines prescribing is implemented from May 2025 facilitating greater scrutiny and collaboration between pharmacy and clinical teams.

Impact on forecast
The UKHSA declared a national incident relating to a national increases in C. Difficile cases remains, with ICB's having increased scrutiny of community onset cases after discharge from acute hospitals to improve feedback of learning to acute trusts and better inform actions for improvement. There continues to be an upward trend across the southwest. In the NHSE League tables of hospitals reported in September, reported UHBW at 44 / 134 hospitals nationally for C. difficile case numbers.

Latest Month
Aug-25
Target
9.08
Latest Month's Position
17
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
Risk 3216 - Breach of the NHSE Limits for HA C-Diff (12)

Quality Falls

Latest Month
Aug-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
Aug-25
Target
4.8
Latest Month's Position
4.4
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
Risk 1598 - Patients suffer harm or injury from preventable falls (12)

No narrative required as per business rules.

Performance:
During August 2025: there have been 147 falls, which per 1000 bed days equates to 4.446, this is lower than the Trust target of 4.8 per 1000 bed days. There were 97 falls at the Bristol site and 50 falls at the Weston site. There was one fall with moderate physical and/or psychological harm.

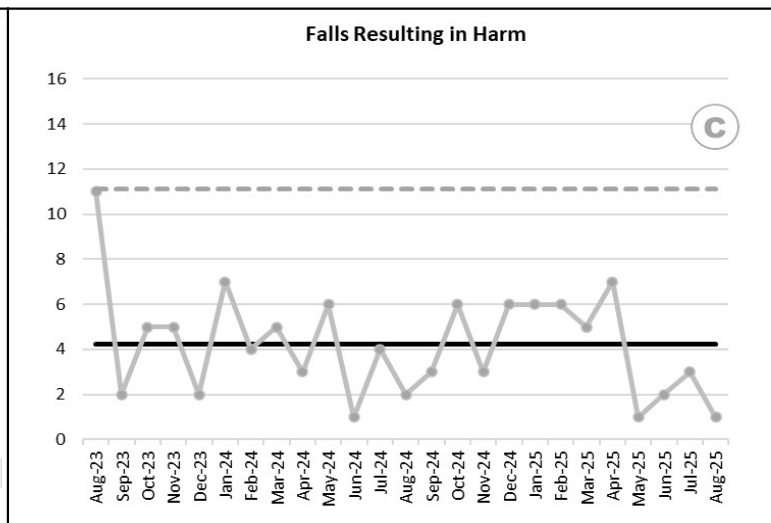
What does the data tell us:
The number of falls in August 2025 (147) is less than July 2025 (168). There was one fall with moderate harm in August 2025, this is lower than the previous month (3).

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.

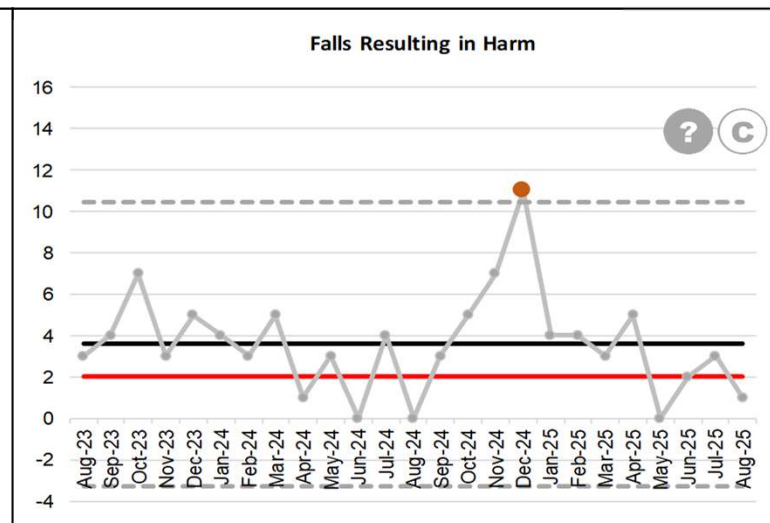
Continued on next slide...

Quality Falls

Latest Month
Aug-25
Target
No Target
Latest Month's Position
1
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



No narrative required as per business rules.



Latest Month
Aug-25
Target
2
Latest Month's Position
1
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)

...Continued from previous slide

Actions being taken to improve:

- We have identified quality improvement projects for the next 12 months, including consistent use of Abbey pain scale, improving nutrition and hydration for persons with dementia and working on a falls management plan for non-inpatient areas.
- Audit: We continue to participate in the National Audit of Inpatient Falls and National Audit of Dementia.
- We are reviewing and updating the Trust Falls policy and associated documents over the next couple of months and will reflect the updated NICE (NG249) guidance in the revised version.
- 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.

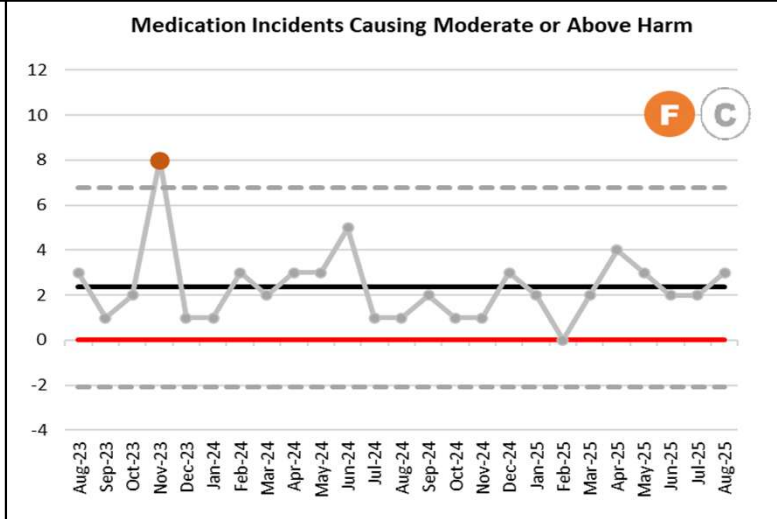
Impact on forecast.

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

Quality

Medication Incidents

Latest Month
Aug-25
Target
0
Latest Month's Position
3
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration
Trust Level Risk
Risk 1800 – Allergy status may not be identified resulting in medication being incorrectly prescribed or administered. (20)



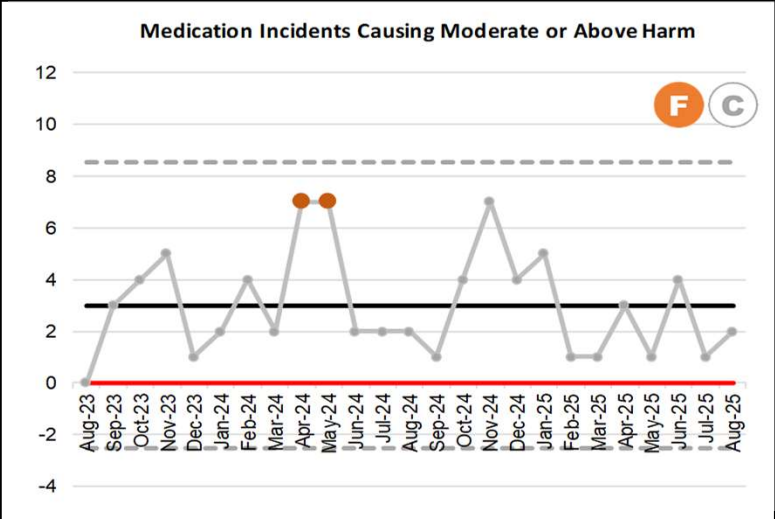
What does the data tell us?

During August 2025, NBT recorded 141 medication incidents. Three medication incidents were reported as causing moderate harm to a patient.

Actions being taken to improve

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

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



What does the data tell us?

During August 2025, UHBW recorded 323 medication related incidents. Two medication incidents were recorded as causing moderate, or above harm.

From August 2025, data is being reported by incident 'reported date', the previous dataset is based on incidents reported by 'incident date'. Reporting in this way will ensure that all incidents reported are captured in this report. 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 (0.6%) 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 some risks associated with medicines use.

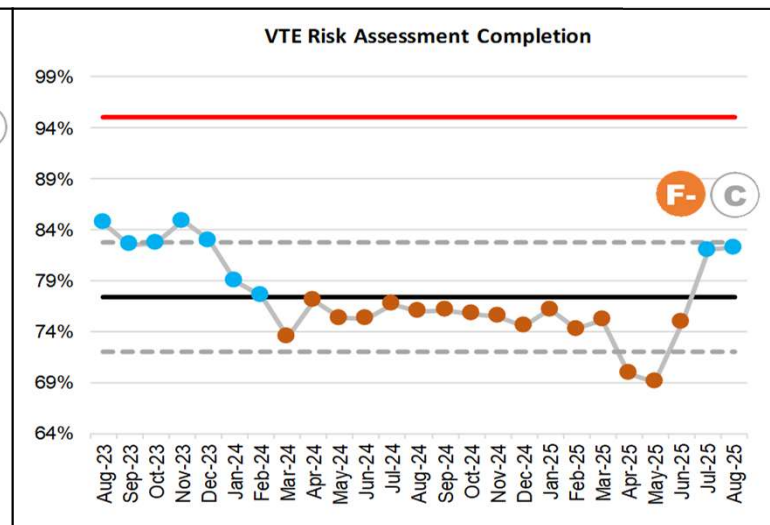
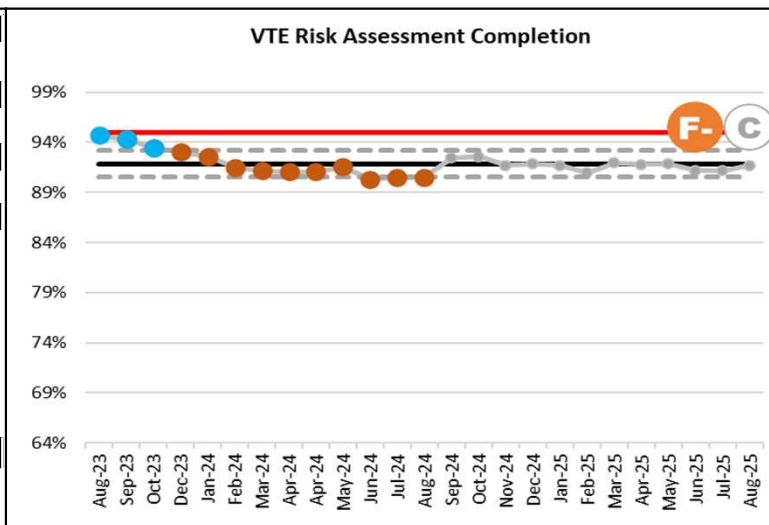
Specific learning is shared across the Trust via the Medicines Safety Bulletin and with BNSSG system colleagues via system medicines quality and safety meetings. This report has been developed collaboratively by the UHBW and NBT medicines safety teams. This takes advantage of the new joint Hospital Group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

Latest Month
Aug-25
Target
0
Latest Month's Position
2
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.
Corporate Risk
Risk 7633 - Reliance on paper-based medication prescribing and administration (16)

Quality

VTE Risk Assessment

Latest Month
Aug-25
Target
95.0%
Latest Month's Position
91.7%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
No Trust Level Risk



Latest Month
Aug-25
Target
95%
Latest Month's Position
82.2%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration.
Corporate Risk
No Corporate Risk

What does the data tell us?
VTE risk assessment completion is improving slightly. In June 2022, there was a noticeable dip in VTE RA compliance. An audit of patient notes revealed that VTE forms were not consistently completed.

Actions that are being taken to improve
In February 2023, a pilot of a VTE digital assessment took place; this was successful and was thus rolled out across the Trust in July 2023. Reasons for the drop in compliance are linked to the hybrid clerking process, with 'main clerking' on paper and VTE RA digital, and we are working towards improving compliance with regular audit, teaching, and reminders typed into Careflow. Audit is undertaken, ad hoc, on the wards. VTE prophylaxis appears to be 100% prescribed; however, errors in the dose of Enoxaparin are not uncommon – this seems to be related to a lack of visible weight. Consequently, a decision was made at the Safe Care Group that all weights MUST be recorded digitally. Compliance against this has been included in the 2nd round of questions, as part of the Clinical Accreditation Programme

Impact on forecast
In October 2025, when the Careflow Medicine Management Programme (CMM, e-prescribing) is launched, completion of the VTE RA will become a 'forcing' measure. It is projected that this will improve compliance. In the meantime, the VTE team constantly reviews the requirements for a VTE RA for individual patients, identifies cohorts of patients who do not require a VTE RA, and ensures that the data collection is accurate.

What does the data tell us?
Since the launch of Careflow Medicines Management (CMM) at UHBW in summer 2025, VTE risk assessment completion is slowly increasing with August reported at more than 80%. We expect this to continue to rise as staff become familiar with the new system and as more wards adopt a mandatory approach. However, despite the improvement in risk assessment completion, we have observed an unexpected reduction in VTE prophylaxis prescribing. This has emerged as CMM has been rolled out across the organisation. In response, we have raised a new risk (Risk 8448): *Risk that VTE prophylaxis is not prescribed when indicated*. A human factors analysis has identified key contributing factors and targeted actions have been developed to address these issues and strengthen existing controls.

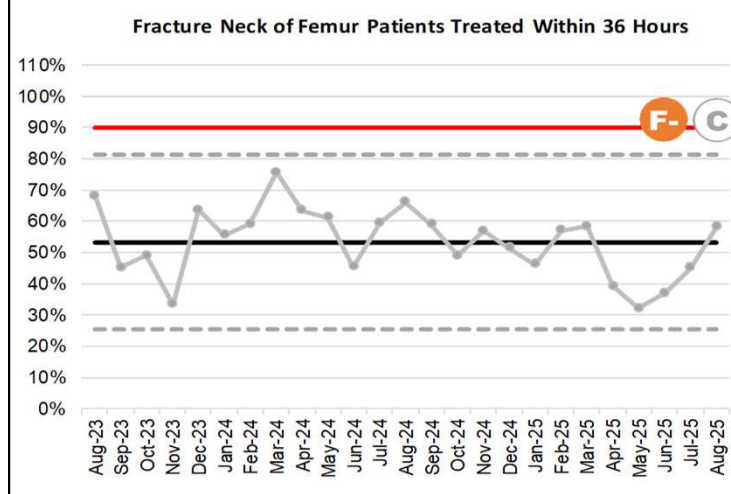
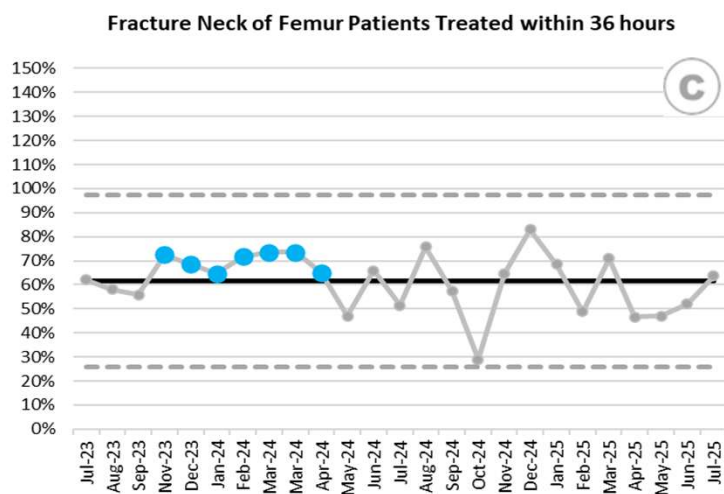
Actions being taken to improve
Human factors analysis of the contributing factors to this new risk has identified key actions are to close the gaps in controls related to the new VTE prescribing risk have been identified. These have been worked through and presented to Patient Safety Group, Additional work is being undertaken with the BI team in order to target interventions

Impact on forecast
We expect the overall VTE risk assessment completion to continue to improve over the coming months.

Quality

Neck of Femur

Latest Month
Jul-25
Target
No Target
Latest Month's Position
63.6%
Performance /
Common Cause
(natural/expected)
variation, where target
is greater than upper
limit down is
deterioration
Trust Level Risk
No Trust Level Risk



Latest Month
Aug-25
Target
90.0%
Latest Month's Position
58.1%
Performance / Assurance
Common Cause
(natural/expected) variation,
where target is greater than
upper limit and down is
deterioration.
Corporate Risk
Risk 924 - Delay in hip fracture
patients accessing surgery
within 36 hours (15)

No narrative required as per business rules.

What does the data tell us?

Weston / BRI August Best Practice Tarriff (BPT) Data (Fractured Femur): 43 patients eligible for Best Practice Tarriff (BPT) of which 42% (18/43) met all BPT criteria, 58% (25/43) underwent surgery within 36 hours of admission, 91% (39/43) received ortho-geriatric assessment within 72 hours.

The reason for the missed target include: 17 patients missed the 36-hour surgery target due to a lack of theatre space and additionally due to clinical delays- reversal of anticoagulant (1) .

Actions being taken to improved

Clinical pathways reviewed in governance meetings to streamline pre-operative optimisation and imaging decisions.

Anaesthetic protocols being updated to better manage patients on anticoagulants.

Theatre scheduling - extra theatre space is created where possible to reduce delays.

Staff education to ensure consistent completion of pre-operative 4AT assessments

Impact on forecast

Documentation improvements alone could immediately boost compliance by ~19% (3 patients).

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

Ambulatory patients from September will be moved to NBT, this will free up BRI theatres for NOF patients and will improve compliance.

Quality

Neck of Femur

Latest Month Jul-25 Target No Target Latest Month's Position 90.9% Performance / Assurance Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration Corporate Risk No Trust Level Risk	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 hours	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	Latest Month Aug-25 Target 90% Latest Month's Position 90.7% Performance / Assurance Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation. Corporate Risk No Corporate Risk
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No narrative required as per business rules.

What does the data tell us?

There has been an increase in the percentage of patients reviewed by an ortho-geriatrician with 72 hours to 91% (39/43 patients) above the 96% standard in August.

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

Actions being taken to improve

Discussions continue regarding recruitment of an additional ortho geriatrician at WGH. This will enable full-time cover.

Impact on forecast

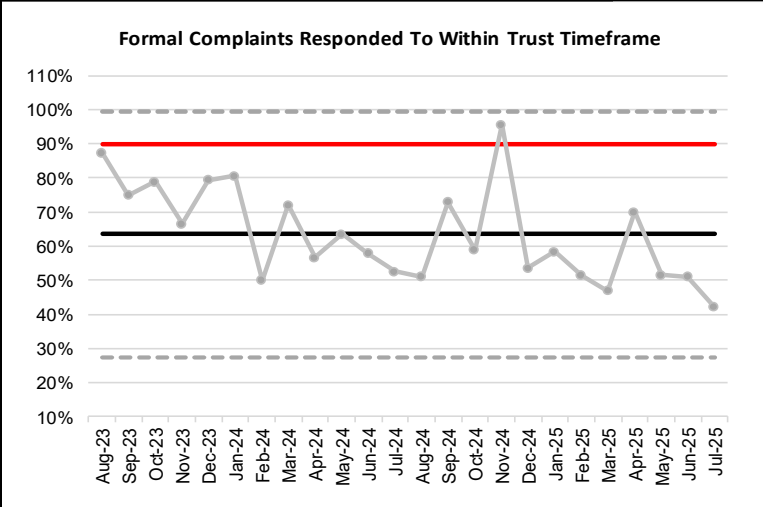
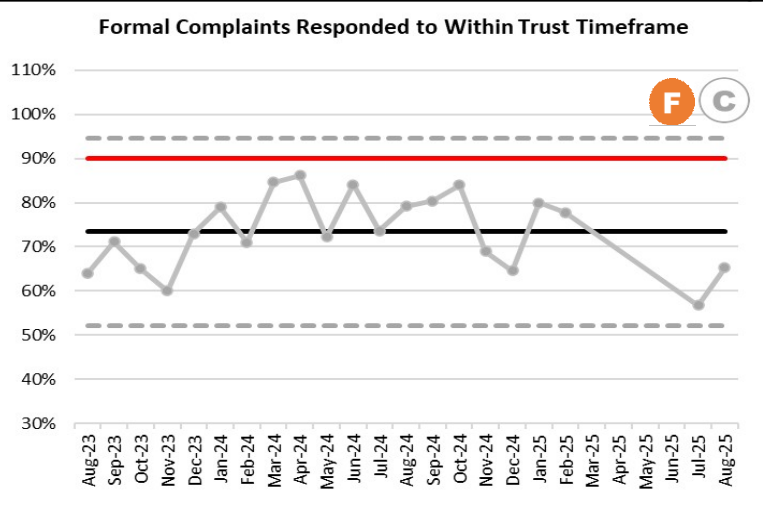
Ortho geriatrician full time cover should enable the trust to meet the 100% target



Quality Complaints



Latest Month
Aug-25
Target
90.0%
Latest Month's Position
65.2%
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
Jul-25
Target
90.0%
Latest Month's Position
42.1%
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?

- The compliance rate for formal complaints responded to within the agreed timeframe increased from 57% in July to 65% in August, but remains below the 90% target,
- Of the 69 complaints due for response in August, 45 were closed within the agreed timescale, 15 were outside the agreed timescale and 9 were still open at the time of reporting.
- The ASCR compliance rate remains considerably lower than the other divisions, which continues to adversely impact the Trust's overall score.

Actions being taken to improve

- A meeting was held between the ASCR Divisional Director of Nursing, the NBT Director of Nursing, and the Patient Experience Managers to review ASCR compliance and explore opportunities for improvement. Following this, the ASCR Divisional Director of Nursing is developing a recovery plan for submission to the NBT Director of Nursing.
- 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

Until the recovery plan is implemented and there is an improvement within ASCR the overall compliance rate is likely to remain around a similar level. We will continue to closely monitor compliance scores across all divisions to understand any issues that may impact the compliance scores.

What does the data tell us?

42% (24/57) of complaints responses sent out by UHBW in July were within the agreed deadline.

Actions being taken to improve

81% (126/156) of responses to PALS concerns sent out by the Trust in July 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. In July, nearly three times as many cases were investigated as PALS concerns than (formal) complaints. Reasons why complaints are not always responded to within agreed deadlines were explored in a 'deep dive' report to the Quality and Outcomes Committee in June. These include clinicians' capacity, the increasing complexity of complaints received, and staffing 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

Scorecard

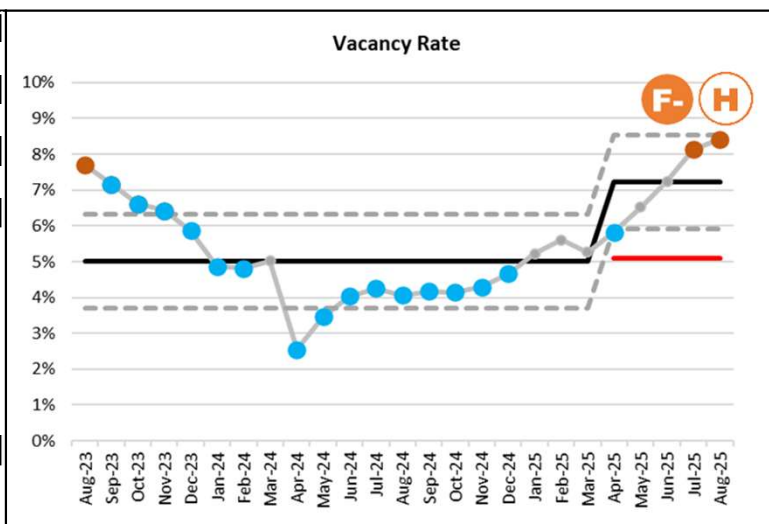
CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Well-Led	Workforce Turnover Rate	NBT	Aug-25	10.5%	11.3%	10.4%	P	C	Note Performance
		UHBW	Aug-25	9.6%	11.1%	9.3%	P*	L	Note Performance
Well-Led	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	NBT	Aug-25	8.4%	5.1%	8.1%	F-	H	Escalation Summary
		UHBW	Aug-25	3.0%	4.0%	2.8%	P	C	Note Performance
Well-Led	Sickness Rate	NBT	Aug-25	4.6%	4.4%	4.6%	F-	L	Escalation Summary
		UHBW	Aug-25	4.5%	4.5%	4.5%	P	C	Note Performance
Well-Led	Essential Training Compliance	NBT	Aug-25	84.7%	85.0%	84.3%	?	C	Escalation Summary
		UHBW	Aug-25	85.1%	90.0%	85.1%	F-	C	Escalation Summary

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

Our People

Vacancies

Latest Month
Aug-25
Target
5.1%
Latest Month's Position
8.4%
Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration and last six data points are greater than or equal to target
Trust Level Risk
No Trust Level Risk

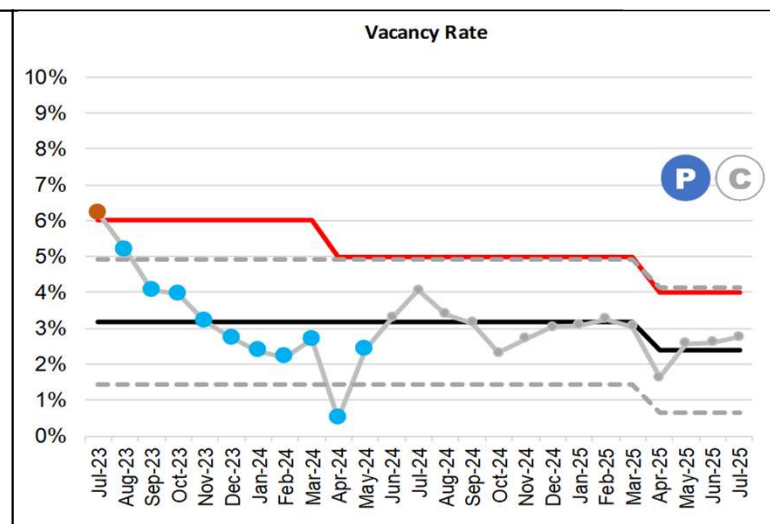


What does the data tell us?

The vacancy factor is in exception based on the SPC business rules as the target position represents our Mar-26 year-end position which balances out Bristol Surgical Centre and Headcount Reduction changes which will impact throughout the year. Overall vacancies have increased in August by 44 wte predominantly due to changes associated with the Bristol Surgical Centre and opening of the new Ward 7b in Medicine. Staff is in place for the new ward and the increase in vacancies is associated with an early change in the financial ledger.

Actions being taken to improve

Operational Planning for 2026/27 will launch in September which will include a focus on current vacancies, areas of risk and where acceptable vacancies are in place associated with the current headcount reduction.



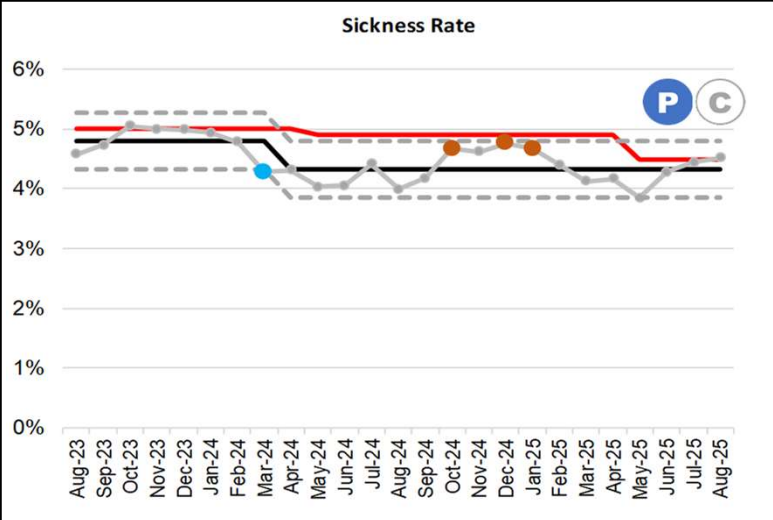
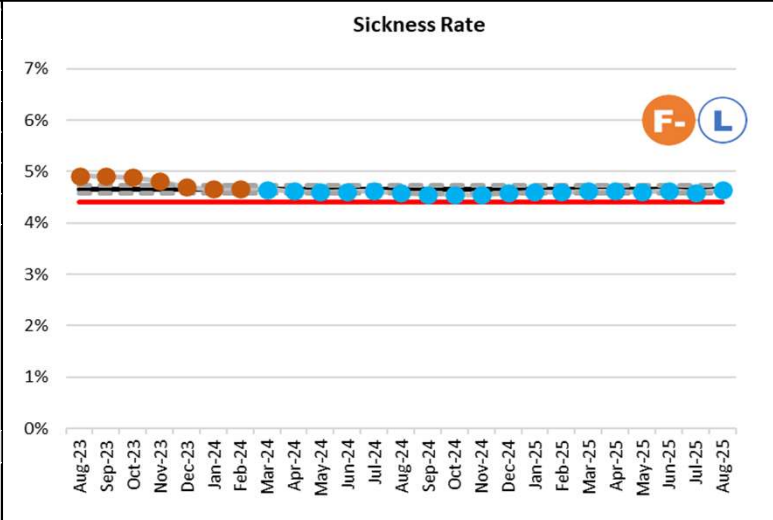
No narrative required as per business rules.

Latest Month
Aug-25
Target
4.0%
Latest Month's Position
3.0%
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

Our People

Sickness Absence

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



Sickness Rate
Latest Month
Aug-25
Target
4.5%
Latest Month's Position
4.5%
Cumulative (12 Month) Performance
4.4%
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 Aug-25 is 4.2%.

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 and Pay Protection policies to be aligned across the Group to provide further avenue for resolution of cases. New review process for longest (100 day+) long term cases to be incorporated into monthly Divisional Performance Review meeting, to ensure ownership and action to resolve long standing cases.

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

- EAP contract: conducted a full procurement process; new KPI's introduced including increase in utilisation rates from 9% to 15% in the next 12 months.
- Two new quick reference guides presenting mental health support offer in 3 categories: Proactive; Preventative; Responsive, supporting managers to identify appropriate support for colleagues.
- Sept 2025: Occupational Health Delivered a Q&A session for managers
- HG have been successful in their NHSCT bid for Fatigue Risk Management Project – The project will enable FRM practice to be embedded across the HG.

Impact of these interventions will be analysed through our Operational Planning Process for 2026/27 in Autumn 2025.

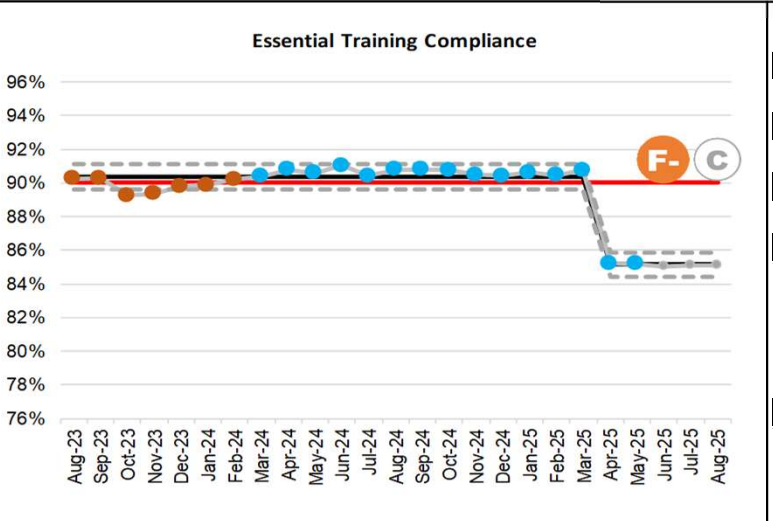
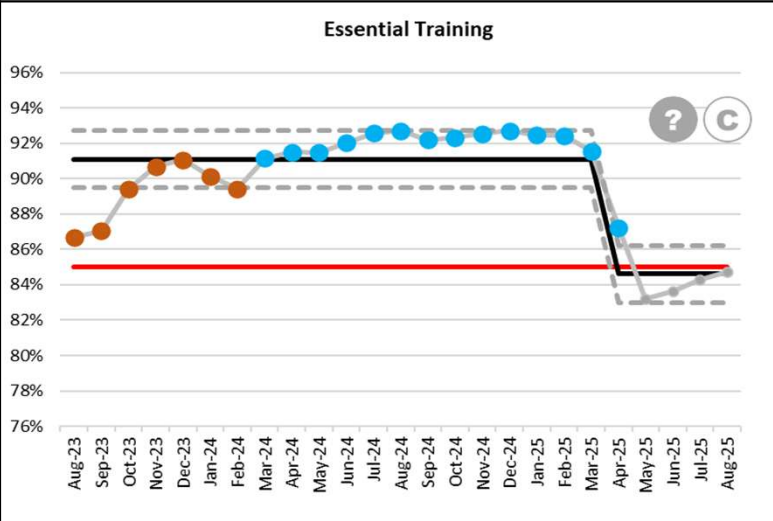
No narrative required as per business rules.



Our People

Mandatory and Statutory Training

Latest Month
Aug-25
Target
85.0%
Latest Month's Position
84.7%
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



Latest Month
Aug-25
Target
90.0%
Latest Month's Position
85.1%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration.
Corporate Risk
No Corporate Risk

What does the data tell us?
Current Compliance Rates (top 11) for all staff are increasing; however, they remain below the 85% target at 84.34% (Permanent staff: 86.77%, Fixed-Term staff: 75.82%, Other staff: 76.35%). Subjects negatively impacting our compliance rates are Oliver McGowan Mandatory Training (OMMT) at 52.22% (up from 51.63%) and Resuscitation at 84.01% (up from 82.22%).
Aggregate compliance for OMMT is 51.63%, below our target of 85%. Level 1 e-learning is 85.65%, level 2 is 23.94%, and the level 1 webinar is 13.66%. Aggregate Resuscitation compliance is low at 84.01%. Resuscitation modules that have a negative impact on the aggregate are: L2 Adult ALS, Newborn ILS, Resus L1 (2-yearly), and Level 2 Paediatric BLS. Despite offering extra BLS sessions, attendance is low, with high rates of non-attendance and varying levels of support from line managers. The resus team does not currently deliver the Level 2 Paediatric BLS course.

Actions being taken to improve?
Compliance rates for OMMT are steadily increasing, driven by access to Tier 1 webinars and Tier 2 face-to-face sessions. While BNSSG ICB works to expand capacity, system capacity remains sufficient to meet NHSE KPI 66% compliance by March 2026. From September, more sessions will be held exclusively for the Trust and hosted on-site, with Tier 1 webinars increasing to three per day. OMMT face-to-face training and ongoing use of the eLearning module are helping to improve the overall compliance rate for core skills titles. Three Tier 1 IT-supported sessions scheduled for December aim to train circa. 90 employees in a day.
Resuscitation - Request support from Directors of Nursing for frontline staff to attend under-capacity training. Offer courses to non-attendees from previous BLS courses, and who are now >6 months overdue. Ascertain training facilitators and barriers to Level 2 Paediatric BLS provision.

Impact on forecast.
The ICB provision of additional OMMT sessions within September are already recording 119 participants attending, therefore positively impacting future compliance.

Executive Summary.
Future compliance reporting will distinguish OMMT training compliance from overall compliance, to provide great transparency in the reporting of the latter. OMMT compliance across the ICB and Trust remains on course to meet the national target of 66% compliance target by financial year end.

What does the data tell us?
Although the inclusion of the Oliver McGowan training compliance aggregate rate has impacted overall compliance, this month sees an improvement in the overall rate rising by 0.6% to 85.7%, with the Oliver McGowan title rising by 2.3% to 58.3%. Additional core skills titles, information governance, moving and handling, and resuscitation remain below target rate, which is 90% for all titles except information governance which has an exception rate of 95%.

Actions being taken to improve.
Oliver McGowan compliance rates continue to rise monthly, as more staff can access the webinar or face to face training. Of the three Oliver McGowan titles, eLearning compliance sits at 82.9%, tier one attendance at 21.5% and tier two attendance at 40.2% - an improvement of 3.4% from last month.

Impact on forecast.
Improvements in the Oliver McGowan face-to-face training provision and continued engagement with the eLearning module support ongoing improvement in the overall cores skills titles compliance rate.

Executive Summary.
The Bristol Hospitals group continues to work together on alignment of training compliance, with work to introduce an aligned compliance rate for all core skills titles. OMMT compliance across the ICB and Trust remains on course to meet the national target of 66% compliance target by financial year end.

CIP

Actual Vs Plan (YTD)

	<div>Latest Month</div> <div>Aug-25</div> <div>Year to Date Plan</div> <div>£13.7m</div> <div>Year to Date Actual</div> <div>£11.9m</div>	<p>Planned Savings v Actual</p> <p>£m</p> <p>Planned Recurrent CIP In Year CIP Delivery Recurrent CIP</p>	
Summary	<p>Summary</p> <ul style="list-style-type: none"> The CIP plan for 2025/26 is for savings of £40.6m with £13.7m planned delivery at Month 5. At Month 5 the Trust has £11.9m of completed schemes on the tracker. There are a further £9.9m of schemes in implementation and planning, leaving a remaining £19.5m 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. 	<p>Planned Savings v Actual</p> <p>£m</p> <p>Planned Recurrent CIP Planned Non-Recurrent CIP Actual Recurring CIP FOT Recurring CIP Total Actual CIP FOT Actual CIP</p>	<div>Latest Month</div> <div>Aug-25</div> <div>Year to Date Plan</div> <div>£19.3m</div> <div>Year to Date Actual</div> <div>£19.3m</div>
Summary	<p>Summary</p> <ul style="list-style-type: none"> The Trust's 2025/26 savings plan is £53.0m. The Divisional plans represent 70% or £37.1m of the Trust plans. 30% or £15.9m sits centrally with the corporate finance team. As at 31st August 2025, the Trust is reporting total savings delivery of £19.3m against a plan of £19.3m, therefore UHBW is currently on plan. The Trust is forecasting savings of £50.4m against the annual savings plans of £53.0m, the current forecast savings delivery shortfall is £2.6m or 5%. The full year effect forecast outturn at month 5 is £35.6m, a forecast recurrent shortfall of £17.6m or 33%. 		

Workforce

Pay Costs Vs Plan Run Rate

Summary	<div>Latest Month</div> <div>Aug-25</div> <div>In- Month Plan</div> <div>£52.3m</div> <div>In-Month Actual</div> <div>£52.9m</div>	<div>Adjusted Pay Spend by Month (exc. A/L accrual)</div> <table><thead><tr><th>Month</th><th>Substantive (£m)</th><th>Bank / Locum (£m)</th><th>Agency (£m)</th><th>24/25 Average (£m)</th><th>Plan (£m)</th></tr></thead><tbody><tr><td>Sep-24</td><td>45.0</td><td>3.5</td><td>0.0</td><td>48.5</td><td>48.5</td></tr><tr><td>Oct-24</td><td>45.2</td><td>3.0</td><td>0.0</td><td>48.2</td><td>48.2</td></tr><tr><td>Nov-24</td><td>45.5</td><td>3.2</td><td>0.0</td><td>48.7</td><td>48.7</td></tr><tr><td>Dec-24</td><td>45.8</td><td>3.3</td><td>0.0</td><td>49.1</td><td>49.1</td></tr><tr><td>Jan-25</td><td>46.0</td><td>3.6</td><td>0.0</td><td>49.6</td><td>49.6</td></tr><tr><td>Feb-25</td><td>45.9</td><td>3.4</td><td>0.0</td><td>50.3</td><td>50.3</td></tr><tr><td>Mar-25</td><td>46.7</td><td>3.9</td><td>0.0</td><td>50.6</td><td>50.6</td></tr><tr><td>Apr-25</td><td>48.6</td><td>3.4</td><td>0.0</td><td>52.0</td><td>52.0</td></tr><tr><td>May-25</td><td>48.3</td><td>3.5</td><td>0.0</td><td>51.8</td><td>51.8</td></tr><tr><td>Jun-25</td><td>47.9</td><td>4.0</td><td>0.0</td><td>51.9</td><td>51.9</td></tr><tr><td>Jul-25</td><td>51.7</td><td>4.0</td><td>0.0</td><td>55.7</td><td>55.7</td></tr><tr><td>Aug-25</td><td>49.1</td><td>3.8</td><td>0.0</td><td>52.9</td><td>52.9</td></tr></tbody></table>	Month	Substantive (£m)	Bank / Locum (£m)	Agency (£m)	24/25 Average (£m)	Plan (£m)	Sep-24	45.0	3.5	0.0	48.5	48.5	Oct-24	45.2	3.0	0.0	48.2	48.2	Nov-24	45.5	3.2	0.0	48.7	48.7	Dec-24	45.8	3.3	0.0	49.1	49.1	Jan-25	46.0	3.6	0.0	49.6	49.6	Feb-25	45.9	3.4	0.0	50.3	50.3	Mar-25	46.7	3.9	0.0	50.6	50.6	Apr-25	48.6	3.4	0.0	52.0	52.0	May-25	48.3	3.5	0.0	51.8	51.8	Jun-25	47.9	4.0	0.0	51.9	51.9	Jul-25	51.7	4.0	0.0	55.7	55.7	Aug-25	49.1	3.8	0.0	52.9	52.9	<div>Latest Month</div> <div>Aug-25</div> <div>In-Month Plan</div> <div>£66.8m</div> <div>In-Month Actual</div> <div>£68.4m</div>
	Month	Substantive (£m)	Bank / Locum (£m)	Agency (£m)	24/25 Average (£m)	Plan (£m)																																																																											
Sep-24	45.0	3.5	0.0	48.5	48.5																																																																												
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	<div>Summary</div> <div>Pay spend is £0.6m adverse in month, when adjusted for pass through items, the revised position is £0.7m favourable to plan. The main drivers are:</div> <div><ul style="list-style-type: none">In year CIP - £1.1m adverse, in month impact of recurrent CIP delivery.Escalation and enhanced care - £0.5m adverse in nursing.Vacancies - £1.7m 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.Non-recurrent benefits - £0.7m favourable due to review of prior month accruals.</div>	<div>Summary</div> <div><ul style="list-style-type: none">Total pay expenditure in August is £68.4m, £1.7m higher than plan due higher than planned bank costs and substantive staff in post exceeding establishment.Pay costs remain higher than plan YTD mainly due to the cost of nursing staffing levels exceeding planned values with levels of substantive and temporary staffing combined beyond the Trust’s funded establishment by 208WTE in August.Nursing staffing levels exceed the funded establishment by 297WTE linked to higher registered mental health usage and staffing of escalation capacity linked to NCTR.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.</div>																																																																															

Temporary Staffing

Agency Costs Vs Plan Run Rate

	<div>Latest Month</div> <div>Aug-25</div> <div>In-Month Plan</div> <div>£0.4m</div> <div>In-Month Actual</div> <div>£0.5m</div>	<div>Agency Spend by Staff Group</div>	
		<div>Agency Spend by Staff Group</div>	
Summary	<div>Summary</div> <div>Monthly Trend</div> <ul style="list-style-type: none"> Agency spend in August has decreased compared to July, remaining a reduction on run rate. Overall spend in month is driven by consultant agency usage in Medicine and ASCR covering vacancies, nursing agency usage in Critical Care and ED due to increased acuity, as well as Healthcare Scientists in Cardiology to deliver ECHO activity. <div>In Month vs Prior Year</div> <ul style="list-style-type: none"> Trustwide agency spend in August is below 2024/25 spend. This is due to increased controls being implemented across divisions from November last year, and their continued impact. 	<div>Latest Month</div> <div>Aug-25</div> <div>In-Month Plan</div> <div>£0.8m</div> <div>In-Month Actual</div> <div>£0.7m</div>	<div>Summary</div> <div>Monthly Trend</div> <ul style="list-style-type: none"> Agency expenditure in August is £0.7m, £0.1m lower than plan but higher than July's agency expenditure of £0.5m. YTD agency expenditure is 15% below plan. Agency expenditure is 1.0% 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 increased by 40 or 7% in August compared with July. Nurse agency spend is marginally higher than July due an increase in the number of shifts. Medical agency expenditure is higher by £0.2m from the previous month. The number of shifts covered has decreased from 332 in July to 301 in August. <div>In Month vs Prior Year</div> <ul style="list-style-type: none"> Trustwide agency spend in August of £0.7m is below August 2024 spend of £1.2m. 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

	<div>Latest Month</div> <div>Aug-25</div> <div>In-Month Plan</div> <div>£3.3m</div> <div>In-Month Actual</div> <div>£4m</div>	<div>Bank Spend by Staff Group</div> <table border="1"><caption>Bank Spend by Staff Group (Left Chart)</caption><thead><tr><th>Month</th><th>AFC (£m)</th><th>Medical (£m)</th><th>Plan (£m)</th><th>24-25 Average (£m)</th></tr></thead><tbody><tr><td>Sep-24</td><td>2.6</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>3.0</td></tr><tr><td>Nov-24</td><td>2.4</td><td>0.7</td><td>4.0</td><td>3.0</td></tr><tr><td>Dec-24</td><td>2.1</td><td>1.2</td><td>4.0</td><td>3.0</td></tr><tr><td>Jan-25</td><td>2.7</td><td>0.8</td><td>4.0</td><td>3.0</td></tr><tr><td>Feb-25</td><td>2.5</td><td>0.9</td><td>4.0</td><td>3.0</td></tr><tr><td>Mar-25</td><td>2.7</td><td>1.2</td><td>4.0</td><td>3.0</td></tr><tr><td>Apr-25</td><td>2.5</td><td>1.0</td><td>3.5</td><td>3.0</td></tr><tr><td>May-25</td><td>2.5</td><td>0.8</td><td>3.3</td><td>3.0</td></tr><tr><td>Jun-25</td><td>3.0</td><td>1.0</td><td>3.3</td><td>3.0</td></tr><tr><td>Jul-25</td><td>2.4</td><td>0.9</td><td>3.3</td><td>3.0</td></tr><tr><td>Aug-25</td><td>3.0</td><td>1.0</td><td>3.3</td><td>3.0</td></tr></tbody></table> <p>£m</p> <p>Sep-24 Oct-24 Nov-24 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25</p> <p>AFC Medical Plan 24-25 Average</p>	Month	AFC (£m)	Medical (£m)	Plan (£m)	24-25 Average (£m)	Sep-24	2.6	0.8	3.5	3.5	Oct-24	2.3	0.7	4.0	3.0	Nov-24	2.4	0.7	4.0	3.0	Dec-24	2.1	1.2	4.0	3.0	Jan-25	2.7	0.8	4.0	3.0	Feb-25	2.5	0.9	4.0	3.0	Mar-25	2.7	1.2	4.0	3.0	Apr-25	2.5	1.0	3.5	3.0	May-25	2.5	0.8	3.3	3.0	Jun-25	3.0	1.0	3.3	3.0	Jul-25	2.4	0.9	3.3	3.0	Aug-25	3.0	1.0	3.3	3.0	<div>Latest Month</div> <div>Aug-25</div> <div>In-Month Plan</div> <div>£4.1m</div> <div>In-Month Actual</div> <div>£4.8m</div>
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Summary	<div>Summary</div> <div>Monthly Trend</div> <ul style="list-style-type: none">In August, there has been an increase in bank spend compared to run rate. The increase has largely been in nursing, driven by an increase in vacancies due to the Surgical Centre and Safer Staffing Investments in month being covered by bank staff. <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 within Medicine. Compared to last year, the costs will have increased on run rate due to the National Insurance increases brought in from M1.	<div>Summary</div> <div>Monthly Trend</div> <ul style="list-style-type: none">Bank costs in August are £4.8m, a decrease of £0.1m from £4.9m in July (including £0.8m relating to Industrial Action). Costs are £1.0m higher than plan YTD, due mainly to costs associated with Industrial Action. Of the £4.8m spent in August, £1.6m relates to medical bank and £1.1m to registered nurse bank.Nurse bank expenditure increased by £0.3m in August from £0.8m in July, whilst shifts decreased by c1,000 or 14% . The average cost per shift increased by 58% compared with the previous month.Medical bank decreased to pre-industrial action levels in August, reducing by £0.8m to £1.6m . <div>In Month vs Prior year</div> <ul style="list-style-type: none">Bank expenditure in August is consistent with the same period last year.																																																																		

Capital Actual Vs Plan











	<div>Latest Month</div> <div>Aug-25</div> <div>In-Month Plan</div> <div>£3.1m</div> <div>In-Month Actual</div> <div>£1.8m</div>	<div>Plan vs Actuals</div> <table border="1"><caption>Plan vs Actuals Data (North Bristol NHS Trust)</caption><thead><tr><th>Month</th><th>Plan (£m)</th><th>YTD actuals (£m)</th><th>Forecast (£m)</th></tr></thead><tbody><tr><td>Apr-25</td><td>1.0</td><td>0.5</td><td>1.0</td></tr><tr><td>May-25</td><td>2.0</td><td>1.0</td><td>2.0</td></tr><tr><td>Jun-25</td><td>3.0</td><td>1.5</td><td>3.0</td></tr><tr><td>Jul-25</td><td>4.0</td><td>2.0</td><td>4.0</td></tr><tr><td>Aug-25</td><td>5.0</td><td>2.5</td><td>5.0</td></tr><tr><td>Sep-25</td><td>6.0</td><td>3.0</td><td>6.0</td></tr><tr><td>Oct-25</td><td>7.0</td><td>3.5</td><td>7.0</td></tr><tr><td>Nov-25</td><td>8.0</td><td>4.0</td><td>8.0</td></tr><tr><td>Dec-25</td><td>9.0</td><td>4.5</td><td>9.0</td></tr><tr><td>Jan-26</td><td>10.0</td><td>5.0</td><td>10.0</td></tr><tr><td>Feb-26</td><td>11.0</td><td>5.5</td><td>11.0</td></tr><tr><td>Mar-26</td><td>12.0</td><td>6.0</td><td>12.0</td></tr></tbody></table> <div>£m</div> <div>PlanYTD actualsForecast</div>	Month	Plan (£m)	YTD actuals (£m)	Forecast (£m)	Apr-25	1.0	0.5	1.0	May-25	2.0	1.0	2.0	Jun-25	3.0	1.5	3.0	Jul-25	4.0	2.0	4.0	Aug-25	5.0	2.5	5.0	Sep-25	6.0	3.0	6.0	Oct-25	7.0	3.5	7.0	Nov-25	8.0	4.0	8.0	Dec-25	9.0	4.5	9.0	Jan-26	10.0	5.0	10.0	Feb-26	11.0	5.5	11.0	Mar-26	12.0	6.0	12.0	<div>Latest Month</div> <div>Aug-25</div> <div>In-Month Plan</div> <div>£3.2m</div> <div>In-Month Actual</div> <div>£5.3m</div>
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Summary	<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 5 was £1.8m, of which £0.4m was against the Bristol Surgical Centre. This takes the overall year to date spend to £8.1m, of which £5.7m 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.Overall spend on the Bristol Surgical Centre to date is £47.9m, of which £38.0m 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>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">-£40.5m 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 August is £21.0m, £1.4m behind the plan of £22.4m.Significant variances to plan include slippage on Major Capital (£8.3m), offset by ahead of plan delivery against Estates Schemes (£1.7m) and Right of Use assets (£2.1m).Management of the delivery of the capital plan has been revised to drive project delivery via the Trust's Capital Group, newly formed Estates Delivery Board and the Capital Programme Board. <div>Risks</div> <ul style="list-style-type: none">The Trust is unable to utilise its full CDEL without the support of brokerage via either system partners or NHSE South West.																																																					

Cash

Actual Vs Plan

	<div>Latest Month</div> <div>Aug-25</div> <div>Target</div> <div>£37.8m</div> <div>Actual</div> <div>£50.7m</div>	<div>Plan vs Actuals</div> <table border="1"><caption>Plan vs Actuals Data (North Bristol NHS Trust)</caption><thead><tr><th>Month</th><th>Plan</th><th>Actual</th><th>Forecast</th></tr></thead><tbody><tr><td>Opening Balance</td><td>78</td><td>78</td><td>78</td></tr><tr><td>Apr-25</td><td>58</td><td>58</td><td>58</td></tr><tr><td>May-25</td><td>38</td><td>52</td><td>52</td></tr><tr><td>Jun-25</td><td>38</td><td>42</td><td>42</td></tr><tr><td>Jul-25</td><td>35</td><td>40</td><td>40</td></tr><tr><td>Aug-25</td><td>38</td><td>50</td><td>50</td></tr><tr><td>Sep-25</td><td>35</td><td>45</td><td>45</td></tr><tr><td>Oct-25</td><td>35</td><td>40</td><td>40</td></tr><tr><td>Nov-25</td><td>32</td><td>38</td><td>38</td></tr><tr><td>Dec-25</td><td>22</td><td>35</td><td>35</td></tr><tr><td>Jan-26</td><td>20</td><td>32</td><td>32</td></tr><tr><td>Feb-26</td><td>25</td><td>35</td><td>35</td></tr><tr><td>Mar-26</td><td>18</td><td>30</td><td>30</td></tr></tbody></table>	Month	Plan	Actual	Forecast	Opening Balance	78	78	78	Apr-25	58	58	58	May-25	38	52	52	Jun-25	38	42	42	Jul-25	35	40	40	Aug-25	38	50	50	Sep-25	35	45	45	Oct-25	35	40	40	Nov-25	32	38	38	Dec-25	22	35	35	Jan-26	20	32	32	Feb-26	25	35	35	Mar-26	18	30	30	<div>Plan vs Actuals</div> <table border="1"><caption>Plan vs Actuals Data (University Hospitals Bristol and Weston NHS Foundation Trust)</caption><thead><tr><th>Month</th><th>Plan</th><th>Actual</th><th>Forecast</th></tr></thead><tbody><tr><td>Opening Balance</td><td>72.4</td><td>72.4</td><td>72.4</td></tr><tr><td>Apr-25</td><td>85</td><td>75</td><td>75</td></tr><tr><td>May-25</td><td>78</td><td>78</td><td>78</td></tr><tr><td>Jun-25</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Jul-25</td><td>75</td><td>75</td><td>75</td></tr><tr><td>Aug-25</td><td>72</td><td>78</td><td>78</td></tr><tr><td>Sep-25</td><td>65</td><td>65</td><td>65</td></tr><tr><td>Oct-25</td><td>68</td><td>68</td><td>68</td></tr><tr><td>Nov-25</td><td>68</td><td>68</td><td>68</td></tr><tr><td>Dec-25</td><td>65</td><td>65</td><td>65</td></tr><tr><td>Jan-26</td><td>75</td><td>75</td><td>75</td></tr><tr><td>Feb-26</td><td>78</td><td>78</td><td>78</td></tr><tr><td>Mar-26</td><td>60</td><td>60</td><td>60</td></tr></tbody></table>	Month	Plan	Actual	Forecast	Opening Balance	72.4	72.4	72.4	Apr-25	85	75	75	May-25	78	78	78	Jun-25	70	70	70	Jul-25	75	75	75	Aug-25	72	78	78	Sep-25	65	65	65	Oct-25	68	68	68	Nov-25	68	68	68	Dec-25	65	65	65	Jan-26	75	75	75	Feb-26	78	78	78	Mar-26	60	60	60	<div>Latest Month</div> <div>Aug-25</div> <div>Target</div> <div>£72.4m</div> <div>Actual</div> <div>£79.3m</div>
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Summary	<div>Summary</div> <ul style="list-style-type: none">In month cash is £50.7m, which is a £9.1m increase from July.The movement in month is driven by £5.9m pre-payment from BNSSG ICB and a £6m increase in payables due to delays in processing invoices caused by Oracle downtime.The cash balance has decreased by £27.7m 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 £12.9m above plan and the year end cash balance is forecast to be £10.9m above plan, primarily driven by lower than forecast capital cash spend.	<div>Summary</div> <ul style="list-style-type: none">The closing cash balance of £79.3m is a £3.1m increase since July and £7.0m increase from 31st March 2025.The £7.0m increase from 31st March is due to a net cash inflow from operations of £31.7m, offset by cash outflow of £20.9m relating to investing activities (i.e. capital), and cash outflow of £3.8m on financing activities (i.e. loans, leases & PDC).As reported in the Statement of Financial Position, the movement in assets and liabilities, relates to:<ul style="list-style-type: none">for assets, the cash negative movement of £16.1m reflects the movement in the accrued income and prepayment balances, andfor liabilities, the cash positive movement of £36.1m reflects the increase in trade and other payables and deferred income.The Trust's total cash receipts in August were £121.7m offset by payroll payments of £70.7m and supplier payments of £47.9m.YTD cash balances are £6.9m above plan and the forecast year end cash balance is on plan at £60.8m.																																																																																																																		

Assurance and Variation Icons – Detailed Description

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