NHS Bristol NHS Foundation Trust Bristol | Weston

Meeting of Board of Directors of Bristol NHS Foundation Trust
in Public on Tuesday, 14 July 2026, 10:00 to 12:30
at Lockleaze Sports Centre, Off Bonnington Walk, Lockleaze, Bristol, BS7 9XF

AGENDA

NO.	AGENDA ITEM	PURPOSE	PRESENTER	TIMING
Preliminary Business				
1.	Apologies for Absence	Information	Chair	10:00 (30 mins)
2.	Declarations of Interest	Information	Chair	
3.	Patient Story	Information	Head of Patient Experience	
4.	Minutes of the Last Meeting - 12 May 2026	Approval	Chair	10:30 (5 mins)
5.	Matters Arising and Action Log	Approval	Chair	
6.	Questions from the Public	Information	Chair	10:35 (5 mins)
Strategic				
7.	Chair's Report	Information	Chair	10:40 (10 mins)
8.	Chief Executive's Report	Information	Chief Executive	10:50 (15 mins)
9.	Proposed Trustees Bristol and Weston Hospital Charity	Approval	Hospital Managing Directors	11:05 (5 mins)
BREAK 11:10 - 11:20				
Quality and Performance				
10.	Integrated Quality and Performance Report	Information	Hospital Managing Directors and Executive Leads	11:20 (20 mins)
11.	Patient Safety Incident Response Plan 2026	Approval	Chief Nursing and Improvement Officer	11:40 (10 mins)
People				
12.	Bristol NHS Foundation Trust Values and Behaviours Programme	Information	Chief People & Culture Officer	11:50 (15 mins)

Governance				
13.	Integrated Governance Report including Committee Chairs' Reports and Register of Seals	Information	Committee Chairs	12:05 (15 mins)
Concluding Business				
14.	Any Other Urgent Business - *Verbal Update*	Information	Group Chair	12:20 (5 mins)
15.	Date of Next Meeting **Tuesday, 8 September 2026**	Information	Group Chair	12:25

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Report To:	Board Meeting		
Date of Meeting:	Tuesday, 14 July 2026		
Report Title:	Patient Story- Roger's Story		
Report Author:	Emily Ayling, Head of Patient Experience (Southmead Operating Unit)		
Report Sponsor:	Prof. Steve Hams, Group Chief Nurse & Improvement Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	Patient stories offer valuable insight into the quality of our services, highlighting opportunities for learning and revealing how effectively our systems and processes support, improve, and assure quality. Sharing a patient story with Board members serves two key purposes: • To set a patient-centred context for the meeting. • To help Board members understand the impact of the lived experience on patients, and to reflect on what these experiences reveal about our staff, morale, organisational culture, quality of care, and the environment in which clinicians work.		

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

Roger will be joining us in person to share his story.

Roger had a recent experience (May 2026) within our Trauma & Orthopaedics (T&O) service, including time on Rowan Ward in the new Princess Royal Bristol Surgical Centre. However, his care pathway over the past year has spanned multiple services and sites across the organisation.

Roger's pathway is complex and ongoing. Since his first appointment on 3 July 2025, Roger has received care across a number of sites, including St Michael's (ENT), the BRI (Oncology), the Dental Hospital (tooth extraction and dental restoration), Gate 21 (theatres), and Rowan Ward in the New Surgical Centre for recovery.

Roger's recent experience in T&O was for prophylactic fracture prevention following a diagnosis of a tumour in his bone, he underwent insertion of an intramedullary (IM) nail to the left femur.

We identified Roger through our real-time feedback mechanism, 'patient conversations' with a volunteer while he was recovering on Rowan Ward.

Roger's story is overwhelmingly positive, highlighting a number of examples of good practice and the benefit of Group services such as Trauma and Orthopaedics for patients receiving timely care.

In addition, his story highlights how timely, complex care has been seamlessly coordinated across multiple specialties and sites, as well as the consistent kindness and compassion shown by every member of staff he encountered.	
Strategic and Group Model Alignment	
This aligns with our Clinical Strategy and our commitment to delivering that strategy by working together and listening to Patients, Populations and Partners.	
Risks and Opportunities	
None identified	
Recommendation	
This report is for **Information**	
History of the paper (details of where paper has <u>previously</u> been received)	
N/A	
Appendices:	N/A

DRAFT Minutes of the Public Group Board Meeting of North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)

Held on Tuesday, 12 May 2026 at 10am to 12.45pm
at The Park Centre, Daventry Road, Knowle West, Bristol BS4 1DQ

Present

Joint Members of both Boards:	
Ingrid Barker	Group Chair and Non-Executive Director
Paula Clarke	Group Formation Officer
Neil Darvill	Group Chief Digital Information Officer
Richard Gaunt	Group Non-Executive Director
Steve Hams	Group Chief Nursing and Improvement Officer
Maria Kane	Group Chief Executive
Neil Kemsley	Group Chief Finance and Estates Officer
Linda Kennedy	Group Non-Executive Director
Marc Griffiths	Group Non-Executive Director
Jenny Lewis	Group Chief People and Culture Officer
Pipim Poku Osei	Group Non-Executive Director
Sarah Purdy	Group Non-Executive Director and NBT Vice-Chair
Tim Whittlestone	Group Chief Medical and Innovation Officer
NBT Board members:	
Glyn Howells	Hospital Managing Director, NBT
UHBW Board member:	
Sue Balcombe	Non-Executive Director, UHBW
Stuart Walker	Hospital Managing Director, UHBW

Also In Attendance:

Lavinia Rowsell	Group Director of Corporate Governance
Xavier Bell	Joint Chief of Staff
Jill Jaratina	Interim head of Corporate Governance (*minutes)*
Eliot Nichols	Director of Communications
Layla Hussein	Community Involvement & Partnership Lead (patient story)
Leena Analyse	Adult Safeguarding Lead UHBW (patient story)
Sue Mackenzie	Interim Director of Safeguarding (patient story)
Juliana Cordeiro Sorroche	Modern Matron (patient story)
Sam Willetts	Head of Sustainability ICS BNSSG (item 11)
Professor Fergus Caskey	Group Director of Research (item 12)
Kate Hanlon	Freedom to Speak Up Guardian, UHBW (item 16)
Hilary Sawyer	Freedom to Speak Up Guardian, NBT (item 16)
Observers, partner representatives and members of the public:	
Aravind Ramesh	ST7 Intensive Care Medicine
Yolande Squire	ST7 Anaesthetic)
Christopher Thorne	Senior Intensive Care/Anaesthetic Trainee

Onny Miller	Deputy Divisional Quality Governance Lead (observing item 15- Freedom to Speak Up Annual Report)
Alexandra Nicoll	ST7 Anaesthetic Trainee, NBT
Dipayan Choudhuri	ST6 Anaesthetic Registrar, NBT
Rob Edwards	Public Governor
Peter Tanner	Account Director – Transformation Services, ergea
Apologies	
Roy Shubhabrata	Group Non-Executive Director
Martin Sykes	Group Non-Executive Director and UHBW Vice-Chair
Shawn Smith	Non-Executive Director, NBT

Minute Ref.	***Item***	***Actions***
12/05/26	**Welcomes and Apologies for Absence**	
	Ingrid Barker, Group Chair, welcomed everyone to the meeting. Apologies for absence were received from Roy Shubhabrata, Group Non-Executive Director; Martin Sykes, Group Non-Executive Director and UHBW Vice-Chair and Shawn Smith, Non-Executive Director, NBT.	
12/05/26	**Declarations of Interest**	
	No interests were declared.	
12/05/26	**Patient Story**	
	Layla Hussein, Community Involvement & Partnership Lead; Leena Analyse, Adult Safeguarding Lead (UHBW); Sue Mackenzie, Interim Director of Safeguarding and Juliana Cordeiro-Sorroche, Modern Matron presented the patient story illustrating the care provided to a frail and vulnerable patient with cognitive impairment and complex safeguarding needs. Staff recognised that the patient's needs extended beyond clinical care and responded with compassion, applying the Mental Capacity Act appropriately and implementing robust safeguarding measures to protect the patient from harm. The case required close multidisciplinary and multi-agency working, with effective coordination between ward teams, safeguarding services, operational leads and the local authority. Despite the complexity of the situation, staff remained professional and person-centred throughout, with positive feedback subsequently received from the patient's family regarding the care and support provided. The patient was discharged to a nursing home following a series of best interests meetings and discharge arrangements were developed collaboratively with family members and partner agencies, with ongoing safeguarding oversight and safety planning provided through the local authority. The Board noted that the case had been shared through divisional and governance forums as an example of effective multidisciplinary working and safeguarding practice. The Board commended the professionalism, compassion and advocacy demonstrated by the team throughout the patient's care and noted the complexity of delivering this level of support within the context of wider operational pressures with patients who no longer met the criteria to reside. The Board also reflected on the importance of ensuring that vulnerable patients, particularly those unable to advocate for themselves, have their voices heard and their best interests protected.	

Minute Ref.	Item	Actions
	In response to a question on discharge managed and how staff felt about handing over the care of the patient to external agencies, it was confirmed that several best interest meetings were held, all relevant parties were involved and the safest outcome and onward arrangements were agreed. The Board formally thanked all staff involved in the patient's care for their professionalism, compassion and commitment and noted the learning arising from it, recognising it as an example of effective multidisciplinary working and safeguarding practice. **RESOLVED**: The patient story was noted and welcomed. Layla Hussein, Leena Analyse, Sue Mackenzie and Juliana Cordeiro Sorroche left the meeting.	
12/05/26	**Minutes of the last meeting: 12 May 2026**	
	RESOLVED: the minutes of the meeting of the Board meeting held in public on 12 April 2026 were approved as a correct record of that meeting.	
12/05/26	**Action Log and matters arising**	
	RESOLVED: It was noted that no actions were outstanding.	
12/05/26	**Questions from the public**	
	The Board did not receive questions from members of the public.	
07/03/26	**Group Chair's report**	
	The Group Chair presented the report and highlighted the following: • The Group Chief Executive, Maria Kane had been included in the Health Service Journal (HSJ) Top 50 Chief Executives list, where she had been ranked fifth nationally. • The Council of Governors had approved the extensions to a number of Non-Executive Director terms of office to support Board continuity into the merger. • Internal visits were undertaken with teams involved in the development of single managed services and clinical strategies, including pain services and trauma and orthopaedic services. • Attendance at a service of thanksgiving for our midwives and nurses provided an opportunity to recognise and celebrate the contribution of nurses and midwives across the health and care system. • Ongoing engagement continued with partner organisations, including Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), Sirona Care & Health, primary care representatives and locality partnerships, to strengthen collaborative working across the system. • Meetings were held with local Members of Parliament to discuss matters relevant to the Group and the wider health and care landscape. • Participation in the national Chairs' Reference Group enabled input into the review of the NHS Chair role in the context of the emerging Ten-Year Plan. • The Board noted the appointment of Gill Morgan as the new NHS England Regional Chair for the Southwest.	

Minute Ref.	*Item*	*Actions*
	RESOLVED: The Board noted the Group Chair's report.	
08/05/26	**Chief Executive's Report**	
	The Group Chief Executive presented the report and highlighted the following: • Recent senior leadership changes within NHS England and the Southwest region were noted, including the appointment of Elizabeth O'Mahony as NHS England Finance Director. • An update was provided on the evolving neighbourhood health agenda, including the increasing focus on integrated, preventative and community-based models of care. The Board noted the developing role of Integrated Care Boards as strategic commissioners, together with the continuing uncertainty surrounding aspects of national policy and implementation. • Both NBT and UHBW continued to perform well against the measures set out within the national oversight framework. • There was potential for further industrial action and the importance of maintaining organisational preparedness to minimise any impact on patients, staff and service delivery was highlighted • Positive staff survey results were welcomed, particularly the advocacy scores. • There was ongoing engagement with staff regarding the merger and corporate services transformation. • The first anniversary of the Bristol NHS Group had been recognised. • The twenty-fifth anniversary of the Bristol Royal Hospital for Children was noted. • An update was provided on the forthcoming Health Technology Roadshow and its role in supporting digital transformation and productivity improvement. The Board welcomed the report and acknowledged the strength of the staff survey results, while noting the continued ambition to improve response rates and staff experience further. **RESOLVED: The Board noted the Group Chief Executive's report.**	
09/05/26	**Group Benefits Realisation Quarter 4 2025/26**	
	Paula Clarke, Group Formation Officer presented the Quarter 4 Group Benefits Realisation Report. Members noted that this was the third report produced since the establishment of the Bristol NHS Group. The Board heard that 42 benefits were currently being tracked, of which six had been fully realised. All benefits were reported as being on track, with the exception of one delayed item, which had since been addressed. Members noted that a total of 73 benefits would ultimately be tracked across the programme, covering realised, developing and future measures. Financial benefits had now been embedded within routine financial reporting processes, and a new dashboard had been developed to provide a more strategic and accessible overview of programme benefits. Examples of benefits already	

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	realised were highlighted, including reductions in bureaucracy, improved staff mobility across sites, increased recruitment from areas of social deprivation and research benefits arising from the combined clinical and research expertise of both organisations. Members welcomed the new dashboard format, noting that it provided a clearer and more meaningful presentation of benefit realisation than previous reporting arrangements. In response to a question regarding the extent to which planned benefits were dependent on internal or external funding and wider organisational change, it was confirmed that these dependencies had been considered within financial planning processes where appropriate and remained aligned to the intended trajectory of the five-year programme. Discussion took place regarding the intended audience for the dashboard and how the benefits achieved through the Bristol NHS Group should be communicated more widely. It was acknowledged that there would be value in using staff communications, town hall events and stakeholder engagement opportunities to promote key achievements, supported by practical case studies linked to the Group's strategic priorities. Members sought assurance that future reports would include greater evidence of clinical outcomes arising from the programme. It was confirmed that this remained an ambition as the programme matured and as more evidence of downstream clinical impact became available. **RESOLVED:** The Board noted the progress made on the Group Benefits Realisation Plan and confirmed that the revised benefits dashboard approach meets the Board's assurance requirements.	
10/05/26	**Merger Update**	
	Paula Clarke presented an update on the merger programme and outlined progress since the previous public Board meeting. • NHS England's statutory assurance process was nearing completion, with feedback expected within the following two weeks. • Internal assurance arrangements remained robust, supported by comprehensive Day One and Year One readiness trackers, a series of gateway reviews, and independent assurance activity. • Internal Audit had completed reviews of Gateway 3 and Gateway 4 and had identified no issues or significant risks that would prevent the merger proceeding. • TUPE consultation process had concluded, and responses were being collated and shared with staff. • Significant staff engagement activity had continued throughout the programme, with approximately 139 engagement and consultation events having taken place since January, involving more than 6,200 staff participants. • Engagement with Governors remained positive and they continued to receive the information, support and opportunities for discussion necessary	

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	to fulfil their statutory decision-making responsibilities. Final scrutiny of merger readiness would continue through the Board committee structure ahead of the final approval process. **RESOLVED:** The Board noted the merger update and the assurance provided regarding merger readiness and progress towards completion.	
11/05/26	**Green Plan Annual Report, Delivery Plan and Carbon Reduction Plan**	
	Sam Willtts, Head of Sustainability ICS BNSSG presented the Green Plan Annual Report, Green Plan Delivery Plan and Carbon Reduction Plan. The Board noted the progress achieved in improving energy efficiency, eliminating waste to landfill, increasing the use of electric vehicles and embedding sustainability within clinical services. Reductions in carbon emissions had been delivered despite increasing levels of clinical activity, although further acceleration would be required to achieve the organisation's long-term net zero ambitions. The Green Plan Delivery Plan set out a practical programme of work for the next four years and highlighted the increasing significance of climate adaptation risks, including the impact of rising temperatures, growing service demand, workforce productivity challenges and supply chain resilience. During discussion, the Board emphasised the opportunity to strengthen the link between sustainability, prevention and the shift towards more community-based models of care, recognising that future service redesign and business case development should increasingly consider transport emissions and wider environmental impacts. Assurance was provided that the carbon reduction targets remained achievable, although delivery would be dependent on securing appropriate funding and sustained investment. The Board highlighted the value of investing in sustainability initiatives that generate financial savings which can be reinvested into future environmental projects. Progress already achieved in reducing emissions despite increasing organisational activity was recognised, together with the effective work of the sustainability teams, which are already operating as a combined function ahead of merger. Members agreed that further Board development on sustainability and climate literacy would support strategic decision-making and noted the importance of continuing to strengthen the links between the Green Plan, prevention, service redesign and population health improvement. **Action:** A Board seminar on the green agenda / climate literacy to be scheduled to support Board development and strategic prioritisation. **RESOLVED: The Board** • Approved the Green Plan Annual Report.	Head of sustainability /Corporate Gov Team

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	• Approved the Green Plan Delivery Plan. • Approved the Carbon Reduction Plan.	
12/05/26	**Research and Development Annual Report**	
	Professor Fergus Caskey, Group Director of Research presented the Research and Development Annual Report. The Board noted that the combined research capability funding position placed the organisations at the top of the national league table, with funding of approximately £2.4 million. Significant research achievements over the year included a number of global, European and national-first clinical trials, supported by increasing collaboration between UHBW and NBT and greater cross-site working. Approximately 14,000 patients participated in research studies during the year. The Board heard that merger working had already delivered tangible benefits through a more integrated Research and Development function. Members also noted a number of challenges, including increasingly demanding national expectations for clinical trial set-up times, current performance below national averages, and changes to the NIHR funding formula which require a more strategic and commercially balanced research portfolio. Discussion focused on the importance of ensuring equitable access to research opportunities for under-represented communities and global majority populations. Assurance was provided that work was underway to develop an institutional inclusivity and patient and public involvement strategy, alongside wider regional initiatives to improve participation. The Board considered the implications of the revised funding model and received assurance that a balanced research portfolio would be maintained, with commercially sustainable research helping to support specialist, rare disease and paediatric studies. An update was provided on plans to strengthen research capacity through investment in commercial research infrastructure and improvements to recruitment and vacancy management arrangements. The Board welcomed the report, recognising Research and Development as an example of the positive outcomes arising from collaborative working across the two organisations. **RESOLVED:** The Board noted the Research and Development Annual Report.	
13/05/26	**Group Integrated Quality and Performance report (IQPR)**	
	Stuart Walker, Hospital Managing Director, NBT and Glyn Howells Hospital Managing Director, UHBW presented the access and performance section of the IQPR. The Board noted the continued significant pressures across urgent and emergency care services within both organisations, including high numbers of patients who no longer met the criteria to reside and the ongoing use of escalation capacity. Improved handover performance was reported, alongside continued delivery of planned care improvements, including the elimination of 65-week waits and the maintenance of very low numbers of 52-week waits. Performance in diagnostics remained strong, with NBT recognised as the highest-performing organisation nationally. The Board also noted challenges relating to endoscopy capacity at UHBW following ward losses and the Weston	

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	endoscopy fire, with a temporary unit expected to provide additional capacity. Continued pressure within some cancer pathways was highlighted, including chemotherapy capacity constraints at UHBW and external referral pathway issues affecting NBT. Members discussed how Non-Executive Directors could support the resolution of cancer pathway challenges through wider system relationships. Assurance was provided that further information on external referral pressures would be presented through the appropriate governance route Tim Whittlestone, Chief Medical and Innovation Officer, and Steve Hams, Group Chief Nursing and Improvement Officer, presented the quality and safety section of the report. Members noted ongoing challenges in complaints performance, reflecting both increasing complaint complexity and the growing use of artificial intelligence by complainants, which was contributing to more detailed and lengthy submissions. The Board heard that work was underway to improve understanding of complaint themes and to strengthen the timeliness and quality of responses. Strong maternity performance across the local system was noted, together with ongoing work to understand variation in venous thromboembolism (VTE) assessment performance. During discussion, the Chair observed that complaints performance remained a recurring concern and emphasised the importance of a more focused review to support improvement and assurance overseen by the Quality and Outcomes Committee. Jenny Lewis presented the people section of the IQPR. Members noted continued improvements in workforce indicators, including reductions in vacancy rates across both organisations. Progress was also reported in targeted recruitment activity and community outreach initiatives designed to attract a broader workforce. Falling sickness absence levels were welcomed, with further work planned to better understand the factors contributing to the improvement. There are ongoing efforts to increase compliance with statutory and mandatory training requirements through divisional trajectories, enhanced monitoring and strengthened performance oversight arrangements. Neil Kemsley presented the finance section of the IQPR. Members heard that both Trusts had achieved a year-end surplus and maintained strong cash balances. UHBW had successfully delivered its full Cost Improvement Programme, while NBT had delivered £23 million of savings against a target of £41 million. Full utilisation of capital allocations across both organisations was also reported. Performance in Month 1 of the new financial year was broadly in line with plan, although some financial pressures remained, including the impact of industrial action and elective activity shortfalls at UHBW. The Board congratulated the finance teams on the year-end position and the overall financial performance achieved. **RESOLVED:** The Board noted the Integrated Quality and Performance Report and the updates provided on access and performance, quality and safety, people, and finance.	
14/05/26	**Corridor Care**	

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	Stuart Walker and Glyn Howells presented reports on corridor care across both Trusts, outlining the implementation of new NHS standards and reporting requirements. The Board noted that both organisations had reviewed the use of escalation spaces against the revised national definitions and that the application of these definitions had increased the number of reportable corridor care spaces. It was further noted that some escalation areas remained operationally significant even where they did not meet the formal corridor care definition. Action plans had been developed within both Trusts to reduce corridor care and improve patient flow, with delivery overseen through established urgent care governance arrangements. Future corridor care metrics would also be incorporated into routine performance reporting to strengthen Board oversight. During discussion, members highlighted the potential for unintended consequences whereby certain escalation spaces of poorer quality might fall outside the formal definition, while safer escalation areas could be reported as corridor care. It was agreed that local reporting should continue to provide visibility of all escalation space usage, rather than focusing solely on the national metric. Members also recognised that sustainable reductions in corridor care would be dependent on wider system improvements, including reducing the number of patients with no criteria to reside and improving patient flow across health and care partners. In response to questions, assurance was provided that the national reporting requirement was intended to support improvement and accountability, reflecting the expectation that corridor care should be eliminated wherever possible. Both Trusts confirmed that broader escalation capacity usage would continue to be reported alongside the formal corridor care metric to ensure transparency and avoid any unintended consequences. **RESOLVED:** The Board • Noted the assessment of escalation spaces against the new corridor care definition. • Approved the corridor care action plans for both Trusts. • Noted that corridor care metrics will be incorporated into future performance reporting to support ongoing Board oversight.	
15/05/26	**Accountability Framework**	
	Lavinia Rowsell, Group Director of Corporate Governance presented the Accountability Framework and associated high-level implementation plan, which had been developed for submission to NHS England as part of the merger documentation supporting the Post Transaction Integration Plan (PTIP). The Board noted that the Accountability Framework established a clear structure for roles, responsibilities, decision-making authority and governance arrangements within Bristol NHS Foundation Trust. Members heard that the	

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	framework aligned with the proposed operating model and governance structure and provides the foundations for effective oversight, assurance and escalation across both corporate and operational functions. Lavinia advised that the framework represents a point-in-time position designed to support Day One readiness and governance. It was recognised that the document would continue to evolve as the merged organisation matures and operational arrangements become embedded. Members also noted that a high-level implementation plan had been developed, setting out the key actions required during the transition period and throughout the first year following merger to support the implementation of the framework. During discussion, the importance of achieving an appropriate balance between providing clarity and certainty from Day One and maintaining sufficient flexibility to refine arrangements as the new organisation develops was recognised. Members agreed that the framework would provide a strong basis for safe and effective governance during the transition to Bristol NHS Foundation Trust. **RESOLVED:** The Board approved the Accountability Framework for submission to NHS England. The Board also noted the associated implementation plan.	
16/05/26	**Freedom to Speak Up Annual Report**	
	Xavier Bell, Group Chief of Staff introduced the Freedom to Speak Up (FTSU) Annual Report, and Kate Hanlon, Freedom to Speak Up Guardian, UHBW and Hilary Sawyer, Freedom to Speak Up Guardian for NBT. Xavier Bell provided an overview of speaking up activity across the Group. Members noted the volume of cases raised during the reporting period and the key themes emerging from staff concerns. Continued efforts to promote a positive speaking up culture were highlighted, including awareness-raising activities and engagement across staff groups. The Board heard that the majority of concerns related to behaviours, organisational culture and patient safety, with appropriate processes in place to investigate concerns and ensure timely action. Ongoing improvement initiatives were noted to further strengthen staff confidence in raising concerns and to ensure colleagues feel safe, supported and listened to. Progress in aligning FTSU processes across UHBW and NBT in preparation for merger was also reported. During discussion, Sarah Purdy, Non-Executive Director, sought assurance regarding the extent to which staff felt able to speak up, particularly within pressured or hierarchical environments. Steve Hams advised that confidence levels varied across services but that reporting and engagement trends remained positive. Targeted engagement work and leadership development programmes were continuing to promote psychological safety and openness. Marc Griffiths, Non-Executive Director, asked whether any recurring themes required escalation at Board level. Steve Hams noted that behaviours and	

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	team culture remained the most common themes and were already being addressed through wider workforce, culture and leadership initiatives. Ingrid Barker, Chair, sought assurance that learning arising from concerns was being effectively shared with staff. Maria Kane, Chief Executive, confirmed that learning was disseminated through governance structures and staff communications, with a focus on demonstrating that concerns raised by staff lead to meaningful action and improvement. The Board recognised the importance of Freedom to Speak Up as a key component of organisational culture, staff experience and effective governance. Members welcomed the progress made and noted the continued focus on strengthening feedback mechanisms and monitoring cultural themes through established governance arrangements. **Action:** To present update to November Board **RESOLVED**: The Board • Noted the Freedom to Speak Up Annual Report. • Received assurance regarding the continued development of a positive speaking up culture across the organisation.	Group Chief of Staff
19/05/26	**Integrated Governance report, including Committee Chairs' reports and register of seals**	
	The Board received assurance from its committees regarding the effective oversight of key areas including finance, quality, workforce and audit. Committee Chairs' reports highlighted the principal matters considered during the reporting period, together with key risks and areas of ongoing focus. Members noted that no issues had been escalated requiring additional Board intervention beyond matters already included elsewhere on the agenda. Richard Gaunt sought assurance regarding any gaps within the committee assurance structure. Lavinia Rowsell confirmed that no significant gaps had been identified and that existing assurance arrangements remained comprehensive and aligned to the principal risks facing the organisations. Sarah Purdy asked how the committee structure would evolve following merger. Lavinia advised that the committee architecture would be reviewed and streamlined as part of the governance arrangements for Bristol NHS Foundation Trust to ensure clarity of responsibilities and avoid duplication. In response to a question from Ingrid Barker, Chair, regarding the adequacy of current reporting arrangements, Lavinia confirmed that the reports provided an appropriate level of assurance to the Board, with further refinements planned as governance arrangements mature following merger. Members recognised the important role of Board committees in providing assurance and supporting effective decision-making across the organisation. The Register of Seals was presented for noting and provided assurance that the Trust seals had been used appropriately and in accordance with the organisations' governance requirements.	

Minute Ref.	*Item*	*Actions*
	RESOLVED: The Register of seals update and the reports of the Group Board Committees were noted.	
17/05/26	**Any Other Business**	
	There were no further items of business.	
18/05/26	**Date of Next Meeting - Tuesday, 14 July 2026**	

The meeting ended at 12.45pm

Meeting of Board of Directors held in Public on Tuesday, 14 July 2026

Action Log

Outstanding actions from the meeting held on 12 May 2026					
No.	**Minute reference**	**Detail of action required**	**Executive Lead**	**Due Date**	**Action Update**
1.	*11/05/26*	Green Plan Annual Report, Delivery Plan and Carbon Reduction Plan A Board seminar on the green agenda / climate literacy to be scheduled to support Board development and strategic prioritisation	Head of Sustainability/ Corporate Gov Team	July 2026	The team are working to add this into the workplan and the Board will be advised in due course. **Action Ongoing**
2.	*16/05/26*	Freedom to Speak Up Annual Report To present update on the work of Freedom to Speak Up in November	Group Chief of Staff	November 2026	This item would be brought back to the Board in November 2026. **Action Ongoing**

Report To:	Meeting of the Board of Directors held in Public		
Date of Meeting:	Tuesday 14 July 2026		
Report Title:	Chair's Report		
Report Author:	Bejide Kafele, EA to the Chair of the Bristol NHS Foundation Trust		
Report Sponsor:	Ingrid Barker, the Chair of the Bristol NHS Foundation Trust		
Purpose of the report:	**Approval**	**Discussion**	**Information**
	✓		✓
	The report sets out information on key items of interest to the Board including activities undertaken by the Chair, and Vice Chairs.		
Key Points to Note *(Including any previous decisions taken)*			
The Chair reports to every public Board meeting with updates relevant to the period in question. This report covers the period Tuesday 11 May to Monday 13 July.			
Strategic and Group Model Alignment			
The Chair's report identifies activities throughout the preceding months and those of the Vice Chairs, providing an opportunity for Board discussion and triangulation. Where relevant, the report also covers key developments at the Trust and further afield, including those of a strategic nature.			
Risks and Opportunities			
Not applicable.			
Recommendation			
This report is for discussion and information. The Board is asked to note the activities and key developments detailed by the Chair.			
History of the paper (details of where paper has <u>previously</u> been received)			
n/a			
Appendices:	n/a		

1. Purpose

1.1 The report sets out information on key items of interest to the Trust Board, including the Chair's attendance at events and visits as well as details of the Chair's engagement with Trust colleagues, system partners, national partners, and others during the reporting period.

2. Background

The Trust Board receives a report from the Chair to each meeting of the Board, detailing relevant engagements she and the Vice-Chairs have undertaken.

2.1 Activities across both Operating Units

- The two Trusts formally merged on 1st July. Alongside other board members, the Chair spent the day visiting our teams across the BRI, Eye hospital and Southmead, including catering, porters, security, cleaners, admin teams as well as several wards. There was a very positive feeling around the Trust with many colleagues expressing their delight that the merger has now taken place. The CEO and Chair recorded a film to mark the day which has been widely shared.
- The Chair visited the Cardiology service at UHBW as part of her continuing visits to the Group's Joint Clinical Strategy (JCS) areas. Having already visited a number of JCS services across both operating units, these visits provide an opportunity to meet colleagues and gain insight into the progress being made towards delivering joined-up services for patients across the Group.
- Since the last Board meeting the Chair visited Southmead's Pain service where colleagues spoke about their multidisciplinary approach to improving the lives of people experiencing chronic and severe pain and the positive experience of becoming a Group / Single Managed service with the other part of the team that the Chair visited recently which is based at Unity Health clinic.
- Along with the Vice-Chair (who is also one of our two NED maternity Champions), visited colleagues at City and Weston's Maternity services in St Michael's hospital.
- Hosted the June Community Participation Group held in St Pauls' community learning centre which focussed on Liaison Psychiatry. Also hosted July's meeting held at the Greenway Centre in Southmead, which focussed on the therapies services which are coming together as a Group service.

2.3. Connecting with our Partners

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

- Attended the most recent Bristol NHS Group Partnership Event, which provided a valuable opportunity to spend time with leaders from across the health and care system.
- Visited the University of Bristol's Frenchay campus where Pro vice Chancellor and NED gave a tour of the very impressive innovation hub, detailing the many joint research and innovation initiatives being undertaken between UWE and the Trust.
- Attended the NHS Alliance Conference in Manchester, the UK's annual, leading health and care conference where the Chair spoke as part of a panel on the experience of being a group and the learning from it.
- Alongside NED Poku Osei, the Chair attended a Citizens for Culture roundtable, an event held in central Bristol which explored themes relating to citizens, culture, neighbourhoods, and the health system.
- Attended a GGI Seminar on Neighbourhoods and the 'Left Shift' in the NHS 10 Year Plan' with national NHSE lead, Dr. Claire Fuller.
- Alongside our Chief Medical and innovation office, attended a South Gloucestershire Health Overview and Scrutiny Committee meeting to provide an update on the Group merger.
- Alongside the Hospital Managing Director for Southmead, met with Claire Hazlegrove, MP to provide an update on the merger. They also discussed issues affecting Claire's constituents and discussed ways in which the Trust can ensure we are continually consulting with the communities we serve.

2.4 National and Regional Engagement

The Chair attended several meetings including:

- Bi-monthly touchpoint with Jeff Farrar, Chair of NHS Bristol, North Somerset and South Gloucestershire ICB.
- 121 with Sue Doheny, Southwest Regional Director, NHSE.
- A peer group of Foundation Trust Chairs in the Southwest on governor experience and learning led by the regional Chair and with input by Governwell.
- Alongside executive colleagues and the two vice chairs, participated in the Merger challenge meeting led by NHSE as part of their scrutiny of our readiness.
- NHS Alliance shared leadership forum for Chairs where they heard from Bryan jones from the health Foundation about his research into groups which is soon to be published as a report.
- South-West Regional Chairs meeting led by regional Chair, Dame Gill Morgan, which focused on the theme of quality with input from regional quality Lead, Ben Roe, outlining the Region's approach to its quality strategy.
- Three meetings to input to the design of NHSE's Board Development programme, a newly established initiative designed to support NHS Boards. The Trust has been selected by NHSE to participate in Cohort 1 of this national initiative.

- Participated in the second meeting of the group undertaking a review of NHS Chair roles, led by NHSE Chair, Penny Dash.

3 Vice-Chairs Report

This report details activities undertaken by the Vice-Chairs, in their capacity as Vice Chairs for the individual operating units.

3.1 Vice Chair (City and Weston):

Activities

- Attended an Extraordinary Board meeting regarding the merger.
- Visited City and Weston's Pharmacy team hosted by Jon Standing, Director of Pharmacy.
- Attended an Extraordinary Council of Governors meeting where our Governors voted on the merger.
- Chaired the Finance Committee meeting.
- Attended an extraordinary Group Board meeting where the Board signed off the Annual Report and Accounts for 2026/27 for both University Hospitals Bristol and Weston NHS Foundation Trust (UHBW), and North Bristol NHS Trust (NBT).
- Attended the North Somerset Health Overview and Scrutiny Committee meeting along with the Chair.

Business Meetings:

- Public and Private Board meeting.
- Audit Committee.
- People Committee.
- Regular touchpoints with the Chair, Ingrid Barker, and Vice Chair, Sarah Purdy.

- Touchpoint meeting with Group Non-Exec Directors and Chair.
- Governor/NED engagement session.
- Corporate Trustee meeting.
- Touchpoint meetings with City and Weston's Hospital Managing Director, Stuart Walker.
- Touchpoint meetings with Lavinia Rowsell, Group Director of Corporate Governance.

3.2 Vice Chair (Southmead):

Activities

- Attended a Bristol NHS group partnership event.
- Attended Merger challenge meetings led by NHSE.
- Attended an extraordinary Group Board meeting where the Board signed off the Annual Report and Accounts for 2026/27 for both University Hospitals Bristol and Weston NHS Foundation Trust (UHBW), and North Bristol NHS Trust (NBT). Attended an Extraordinary Council of Governors meeting where our Governors voted on the merger.
- Touchpoint meeting with Lavinia Rowsell, Group Director of Corporate Governance.
- Attended a Merger launch prep meeting to understand plans for day 1 post merger.
- Supported Consultant interviews for Southmead.
- Attended various meetings in preparation for the Chairs annual appraisal which included a review of multi-source feedback from colleagues and stakeholders, and a review of the 2025/26 objectives.
- Held the annual appraisal for the Group Chair alongside Sue Balcombe.
- Visited City and Weston's maternity team.
- Attended training on the NED recruitment led by the external recruiters currently leading the recruitment process for two new NED's.
- Supported the interview panel to shortlist candidates for x2 NED roles.

Business Meetings:

- Southmead Charity Committee.
- Governor/NED engagement session.
- Organ donor committee.
- Remuneration and Nominations committee.
- Cross city maternity champions meeting.
- Regular touchpoints with the Chair, Ingrid Barker, and Vice Chair, Martin Sykes.
- Touchpoint meeting with the Group Non-Exec Directors and Chair.
- Finance and Estates committee meeting.
- Quality of Care committee meeting.
- Maternal and Perinatal Safety Champion meetings.
- Financial sustainability group.
- Southmead Merger Committee.

4 Key developments / Other updates

4.1 Board Insight Visits

NEDs undertook 12 Board Insight Visits in Q1 (April–June) to a range of corporate and clinical services across both operating units. These included visits to Southmead's Research and Delivery, Freedom to Speak Up and Movemakers teams, City and Weston's Maternity Unit, and the Radiology team at South Bristol Community Hospital. Several NEDs also spent time shadowing Consultants Becky Thorpe and Emma Redfern during their ED shifts.

4.2 Fit and Proper Persons Test and Code of Conduct

The annual Fit and Proper Person Test (FPPT) attestations for Board members were submitted to NHS England by the required deadline of 30 June 2026. NHS England introduced the strengthened FPPT Framework for Board members in response to the recommendations of the Kark Review, with the aim of improving accountability, transparency and consistency in the appointment, promotion and ongoing assessment of NHS Board members. The Framework applies to all Board member appointments, promotions and annual assessments and is supported by NHS England's associated guidance, templates and verification requirements.

The Fit and Proper Persons (Directors) Policy for the Bristol NHS Foundation Trust was approved by the Remuneration and Nominations Committee at its meeting in June.

As part of this framework, Board members completed an annual Code of Conduct declaration. An annual declaration to the Code of Conduct provides assurance that Board members have reviewed and reaffirmed their understanding of the standards of behaviour and ethical responsibilities expected of them, while also confirming any relevant changes in circumstances that could give rise to conflicts of interest.

4.3 NED recruitment

The Trust is currently progressing a recruitment process to appoint two Non-Executive Directors to join the Board. This recruitment is focused on ensuring that the Board continues to have the right balance of skills, knowledge and experience to support effective governance, strategic oversight and decision-making. In particular, the Trust is seeking to appoint one Non-Executive Director with finance and estates experience, who will also chair the Finance and Estates Committee, and one Non-Executive Director with population health experience.

The selection process will include both interviews and focus groups scheduled to take place on 16 July. Governors, Board members and wider stakeholders, including representatives from regional NHS England, will be involved in the interview panels and focus groups.

4.4 Merger launch

Day 1 and 2 of merger was underpinned by engagement with colleagues across our 13 hospital sites. Chair Ingrid Barker, the rest of the executive team, senior leaders and a number of non-executive directors visited sites to engage with colleagues, hear views, and give out new lanyards and commemorative pin badges.

Feedback from colleagues was positive about the benefits merging would bring for our patients and people. Colleagues welcomed the opportunity to share experiences and aspirations for the new Trust, as well as ask questions. Despite recent operational pressures due to the heat, the mood was positive and hopeful for the future as Bristol NHS Foundation Trust.

5 Summary and Recommendations

The Board is asked to endorse that from 1 July 2026, Sarah Purdy is appointed as the Senior Independent Director for the Foundation Trust.

Report To:	Trust Board Meeting		
Date of Meeting:	14 July 2026		
Report Title:	Chief Executive's Report		
Report Author:	Xavier Bell, Chief of Staff		
Report Sponsor:	Maria Kane, Chief Executive		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			X
	The report sets out information on key items of interest to Trust Boards, including engagement with system partners and regulators, events, and key staff appointments.		

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

The report seeks to highlight key issues not covered in other reports in the Board pack and which the Boards should be aware of. These are structured into five sections:

- National Topics of Interest
- Integrated Care System Update
- Strategy and Culture
- Operational Delivery
- Engagement & Service Visits

Strategic Alignment

This report highlights work that aligns with the Trusts' strategic priorities.

Risks and Opportunities

N/A

Recommendation

This report is for **Information**. The Boards are asked to note the contents of this report.

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

N/A	

Appendices:	Appendix 1: Merger Briefing

Chief Executive's Report

Background

This report sets out briefing information from the Chief Executive for Board members on national and local topics of interest.

Merger

We are, as of 1 July 2026, the newly formed Bristol NHS Foundation Trust, bringing together North Bristol NHS Trust and University Hospitals Bristol and Weston NHS Foundation Trust into a single organisation.

This marks a significant milestone, building on two years of increasing alignment and the establishment of shared Group clinical services. The transaction received final approval from the Health Minister on behalf of the Secretary of State earlier in June and achieved a 'green' transaction risk rating from NHS England, reflecting national confidence in the readiness of both organisations to deliver the benefits of integration.

Our new organisation is well placed to deliver more consistent, high-quality care, improve access and outcomes for patients, and drive innovation and efficiency across Bristol, North Somerset, South Gloucestershire and the wider region, for the benefit of our Patients, our People, our Populations and the Public Purse.

A more detailed briefing on merger-related matters is set out in **Appendix 1**.

1. National Topics of Interest

1.1. Amos Report - National Maternity and Neonatal Investigation

The National Maternity and Neonatal Investigation (NMNI), chaired by Baroness Valerie Amos, published its final report on 30 June 2026, highlighting significant and longstanding systemic challenges in maternity and neonatal services across England. This includes failures to consistently listen to women and families, inequities in care, fragmented service delivery, workforce pressures, and weaknesses in leadership, culture and accountability. In response, NHS England has issued a national system letter describing this as a "turning point" for maternity and neonatal services and setting out ten urgent priority actions for trusts and systems to implement ahead of a broader National Action Plan due in December 2026. These priority actions are:

- Roll out Martha's Rule across maternity and neonatal services
- Listen to women and families through real-time outcomes, experience measures and clinical audit data reported transparently at Board level
- Establish dual Board-level accountability between Medical Directors and Chief Nursing Officers for maternity and neonatal services
- Participate in the national "Amos into Action" staff listening exercise
- Address inequalities in maternity and neonatal outcomes through implementation of the Perinatal Equity and Anti-discrimination Programme and Maternal Care Bundle
- Ensure 24/7 safety and responsiveness of maternity and neonatal services through appropriate workforce and service arrangements
- Review homebirth services and ensure any identified safety concerns are addressed
- Respond to safety incidents, complaints and concerns with humanity, candour and a trauma-informed approach

- Deliver safe and effective maternity triage, including completion of a Board-level audit and implementation of national guidance
- Strengthen post-death care arrangements and provide Board assurance on compliance with national requirements

Within Bristol NHS Foundation Trust, the Chief Nursing and Improvement Officer is leading a comprehensive review of both the Amos Report and the associated NHS England requirements, including assessment of compliance with the ten priority actions and identification of any gaps against current practice. The findings, risks and proposed actions will be reported to the Board through the Quality and Outcomes Committee, providing oversight of the Trust's response and implementation plan.

1.2. Ockenden Maternity Review

The final report of the Independent Maternity Review into services at Nottingham University Hospitals NHS Trust (the Ockenden Review) was published on 24 June 2026, representing the largest investigation of its kind, reviewing over 2,500 family cases. It identified significant and long-standing failings in safety, leadership, governance and organisational culture, with many instances of avoidable harm linked to failures to recognise deterioration, respond to concerns and listen to women and families. The report sets out a series of immediate and essential actions alongside wider system-level learning to strengthen maternity services nationally. Bristol NHS Foundation Trust will undertake a considered review of the recommendations and their implications to ensure that the lessons identified inform our own continuous improvement in the safety, quality and experience of our care.

Human Tissue Act Compliance and Governance:
The findings from the review into services at Nottingham have reinforced the importance of maintaining robust arrangements for compliance with the Human Tissue Act (HTA) and associated regulatory requirements. Effective governance of human tissue activities is essential to ensure that tissue is obtained, stored, used and disposed of lawfully, ethically and with appropriate consent. The Trust continues to maintain oversight of HTA-regulated activities through established governance processes, designated licence holder and designated individual arrangements, routine audit, staff training and assurance reporting. Any relevant lessons emerging from national reviews and investigations will be considered alongside existing compliance arrangements to identify opportunities for further strengthening of governance, assurance and organisational learning.

1.3. Lord Mann Review

The Lord Mann Review into antisemitism and wider forms of racism in the NHS was published on 4 June 2026, highlighting that discrimination - including racism, antisemitism and Islamophobia - persists within healthcare settings and requires more consistent and systemic action. The review sets out a comprehensive programme of recommendations focused on strengthening leadership and accountability, improving staff support and training, enhancing data and transparency, and embedding inclusive practice across organisations. As an organisation, we will reflect carefully on these findings and undertake a review of their implications locally, with a clear focus on measurable improvements in staff experience, equity and patient care, with progress reported through the People Committee.

1.4. Resident Doctor Industrial Action

In June 2026, the Government set out a comprehensive offer to resident doctors, including reforms to pay progression, reimbursement of exam and professional fees, the creation of up to 4,500 additional training posts, improvements to working conditions through a renewed 10-Point Plan, and strengthened arrangements for Locally Employed Doctors. This offer led to the deferral of planned industrial action while it was considered by members, and following a national ballot concluded on 26 June 2026, resident doctors have now voted to accept the deal, bringing an end to the recent period of industrial action. As an organisation, we will work to implement the requirements of the agreement locally and ensure we fully understand its workforce, training and financial implications, with a focus on improving the experience and retention of our medical workforce and supporting service stability going forward.

1.5. EHRC Code of Practice

The Equality and Human Rights Commission's draft updated Code of Practice for services, public functions and associations was laid before Parliament on 21 May 2026, providing revised guidance on how organisations should apply the Equality Act 2010, including in relation to the provision of single-sex spaces and balancing the rights of different groups. The Code reflects recent legal developments, including clarification of the definition of sex in law, and places emphasis on proportionate, case-by-case decision-making that protects dignity, safety and inclusion for all. Nationally, NHS organisations are updating their guidance and policies to align with this framework. As an organisation, we recognise the sensitivity and complexity of the issues raised and remain committed to implementing the Code in a way that is respectful, inclusive and legally compliant; we will continue to engage with colleagues, staff networks and partners, and will review our policies and approach as further national guidance develops.

1.6. NHS Modernisation Bill

The NHS Modernisation Bill was introduced to Parliament on 13 May 2026 as part of the King's Speech, setting out a significant programme of legislative reform aimed at streamlining national structures, strengthening local system leadership, and empowering patients through improved access to their data. Key proposals include:

- the abolition of NHS England with a transfer of functions to the Department of Health and Social Care and integrated care boards,
- changes to ICB and foundation trust governance, and
- the establishment of a Single Patient Record to support more joined-up care.

The Bill also sets out changes to the patient safety and oversight landscape, alongside wider measures intended to support the ambitions of the NHS 10 Year Health Plan. As the legislation progresses through Parliament, we will continue to monitor developments closely and consider the implications for our organisation, particularly in relation to governance, system working and digital transformation.

1.7. Minimum Standards of Patient Experience

NHS England has published new minimum standards of patient experience for elective care pathways, setting clear expectations for how patients should be communicated with from referral through to completion of care. The standards require patients to be informed within 28 days whether a referral has been accepted, receive regular updates at least every 12 weeks, be given timely appointment information, and have their communication

and accessibility needs recognised throughout their pathway. Trust Boards are expected to assess current performance against these standards, implement any necessary improvements, and publish a statement during 2026/27 outlining their approach to compliance and ongoing progress. The Trust is reviewing these requirements and will ensure that our elective care processes continue to support a positive, transparent and patient-centred experience.

2. Integrated Care System and Partners Updates

2.1. BSW Hospital Group – Group Strategy

In June 2026, the BSW Hospitals Group (comprising Great Western Hospitals NHS Foundation Trust, Royal United Hospitals Bath NHS Foundation Trust, and Salisbury NHS Foundation Trust) shared an update with partners on the development of its emerging Group Strategy, setting out a strengthened approach to collaboration across its three partner trusts to address shared challenges including health inequalities, rising demand and long-term sustainability. The strategy is being developed in alignment with the NHS 10 Year Plan and is structured around four core pillars:

- Caring for people (focusing on safe, compassionate care and reducing inequalities),
- Thriving people (supporting staff wellbeing, inclusion and development),
- Healthy communities (enhancing prevention, access and partnership working, including digital enablement), and
- A sustainable future (driving innovation, financial sustainability and long-term population health).

As a neighbouring system partner, we will continue to engage constructively with this work, recognising opportunities to align priorities and collaborate where appropriate to improve outcomes for our respective populations.

3. Operational Delivery

3.1. Operational Performance

Operational performance has remained extremely pressured across the Group over the past weeks, reflecting sustained high demand and system-wide challenges. NBT (now the Southmead site) declared a critical incident in response to unprecedented levels of attendance in Urgent and Emergency Care, particularly within the minor injuries' pathway. While this incident has now been stood down, activity levels remain high. UHBW (now the City Centre and Weston sites) has experienced similarly high levels of demand and operational pressure over the same period. These pressures have been exacerbated by the recent period of extreme heat, including the first national Red Weather Warning in four years, which led to a system-wide critical incident across BNSSG and the implementation of business continuity measures within both organisations. Alongside this, there continues to be a high degree of national oversight and intervention in relation to operational performance, with NHS England placing a clear expectation on Boards to maintain close awareness of delivery, risks and mitigations during this period.

3.2. National Oversight Framework – Quarter Four Segmentation

On 11 June 2026, NHS England published the Quarter Four segmentation outcomes alongside the updated NHS Oversight Framework for 2026/27, providing a clear basis for assessing provider performance and determining the level of oversight, support and

autonomy applied. In the latest segmentation, University Hospitals Bristol and Weston NHS Foundation Trust is rated at Segment 1, while North Bristol NHS Trust is rated at Segment 2 – meaning no change of segmentation for either organisation.

These results will inform NHS England's approach to working with both organisations over the coming year. Work is now underway to understand how the merged organisation, Bristol NHS Foundation Trust, will be assessed within this framework in due course, recognising that a formal segmentation position for the merged organisation will only be established from Quarter Two of 2026/27.

National Oversight Framework

The updated NHS Oversight Framework (NOF) for 2026/27 sets out how NHS England will oversee integrated care boards and providers, with a continued focus on accountability for delivery against national priorities while supporting recovery and improvement. The framework retains segmentation as the core mechanism for assessing performance, using a set of indicators across quality, access, finance and operational delivery to determine the level of oversight and support required.

The updated framework emphasises a more tailored approach, with greater differentiation between organisations performing strongly - who will benefit from increased autonomy - and those requiring additional support and intervention. It also reinforces the importance of system working, improvement capability and leadership, with oversight designed not only to assure performance but to actively support organisations and systems to deliver sustainable improvement over time

4. Strategy and Culture

4.1. Partnership Event

Together with the Chair, Executives, and Non-Executives, we held our most recent Partnership Event on 18 May 2026, which provided a valuable opportunity for leaders from across health, care and the voluntary, community and social enterprise sector to come together and explore how we can work differently to improve outcomes for our population. The event highlighted the critical role of community partners, whose deep understanding of local needs and trusted relationships are key to addressing health inequalities and supporting prevention. Discussions also reinforced the importance of digital enablement, prevention and partnership working as core enablers of our clinical strategy. We will now work to translate these discussions into tangible actions that support delivery of our priorities for our "four Ps" - Patients, our People, our Populations and the Public Purse.

4.2. Health Tech Showcase Event

In May 2026 Bristol NHS Group (now Bristol NHS Foundation Trust) hosted the first local Health Tech Showcase, which brought together over 250 colleagues from across BNSSG alongside a wide range of health technology partners. The event marked the launch of the emerging strategic themes which will underpin our Digital Strategy:

- Enabling a Transformed Model of Care
- Transforming Care Together
- Our Data Vision
- Technology Foundations

It also highlighted the significant opportunities to use digital solutions in more innovative and impactful ways. Discussions reinforced that real transformation will depend on how we work collaboratively across organisations and with partners to develop and implement these opportunities. The event provided valuable insight and momentum, and we will continue to use this engagement to shape our digital priorities and support delivery of our Clinical Strategy.

4.3. HSJ Digital Awards

Bristol NHS Group colleagues have been recognised through shortlisting for the HSJ Digital Awards 2026. Leah Parry, Chief Information Officer for Nursing, Midwifery and AHPs at UHBW, has been shortlisted for Digital Leader of the Year, recognising her leadership in driving clinically led digital transformation, including the successful rollout of CareFlow Medicines Management. In addition, three further Group initiatives were shortlisted:

- Improving medicines and pharmacy through digital at NBT
- A cross-Trust approach to reducing health inequalities through early cancer detection in liver disease
- Work to improve productivity and efficiency through transforming workplace health check data management.

These nominations highlight the scale and impact of digital innovation across our services.

4.4. Tessa Jowell Centre of Excellence

I am pleased to report that Bristol has been formally designated as a Tessa Jowell Centre of Excellence for Adults for brain tumour services, following a rigorous national assessment process, with confirmation received on 29 June 2026. This recognition highlights the strength of our neuro-oncology services across the Bristol system, with commendation for our integrated networked approach, high-quality neuropathology and chemotherapy services, outstanding nurse-led and patient-centred care, and a strong research and clinical trials portfolio. The award is valid until the next review cycle in 2028 and reinforces our position as a leading centre nationally, while also identifying opportunities for further development, including strengthening rehabilitation provision, neurology capacity and patient engagement.

4.5. Major Trama Network

The South West is taking forward a time-limited trial of a single leadership model across the Peninsula and Severn Major Trauma Operational Delivery Networks, creating a positive opportunity for stronger regional alignment while recognising local excellence. Importantly for Bristol, this includes the expanded leadership role of Dr Julian Thompson, Clinical Director of the Severn Network, whose appointment reflects both national confidence in his leadership and the strength of expertise within Bristol-based teams. This approach is intended to enhance collaboration, improve coordination of patient pathways and system resilience, and provide a stronger collective voice for the South West, while fully maintaining local delivery, relationships and identity. The trial will be carefully evaluated but already represents a significant endorsement of Bristol's clinical leadership and its contribution to high-quality trauma care across the region.

4.6. Retrieve Adult Critical Care Transfer Service

Dr Scott Grier, Clinical Lead for the Retrieve Adult Critical Care Transfer Service at University Hospitals Bristol and Weston, has been recognised nationally through the NHS Excellence Awards, having first been named the South West regional champion for the Leadership Award and progressing to the national shortlist following a highly competitive judging process. This recognition highlights both his personal leadership and the collective achievement of Bristol-based teams in designing and delivering Retrieve - one of the first dedicated adult critical care transfer services in England - which has transformed access to specialist care and strengthened system resilience across the region. The NHS Excellence Awards, run to showcase outstanding innovation and impact, received submissions from across the country, making shortlisting and progression to the national stage a significant endorsement of the quality and impact of work led from Bristol.

4.7. Chief Pharmacist Appointment

I am pleased to confirm the appointment of a single Chief Pharmacist for Bristol NHS Foundation Trust, following a competitive recruitment process. Jon Standing, currently Director of Pharmacy at UHBW, has been appointed to the role, with Matt Kaye, Director of Pharmacy at NBT, acting as Deputy Chief Pharmacist. This is an important step in meeting regulatory requirements and establishing a unified pharmacy service for the new organisation.

4.8. UHBW Medical Director

I am pleased to confirm the appointment of Becky Thorpe as Medical Director for University Hospitals Bristol and Weston – now the City and Weston Site of our newly merged Trust, with effect from 13 July 2026. Becky brings extensive leadership experience, most recently serving as Bristol NHS Group Medical Director for Workforce, alongside previous roles including Deputy Medical Director for Professional Standards, Associate Medical Director for Safety and Quality, and Clinical Lead for the Emergency Department during the pandemic. Becky continues to practise as a Consultant in Emergency Medicine. This appointment provides strong clinical leadership for the organisation and will play an important role in supporting the ongoing development of Bristol NHS Foundation Trust. May I also offer my thanks to the outgoing Medical Director, Rebecca Maxwell who is leaving to take up a post in the BSW system. We're incredibly grateful for her leadership at UHBW, where among many achievements, she has played a key role in supporting the development and delivery of our clinical strategy, and on our journey from an NHS Group to a merged organisation.

4.9. JUC Elections

Following the recent Joint Union Committee (JUC) elections, I would like to ask the Board to join me in congratulating Claire Davies on her appointment as Chair, and Becca Bambridge as Vice Chair. Their election reflects the confidence of staff representatives and provides a strong platform for continued constructive engagement. I look forward to meeting with them both in the near future and to building a positive, collaborative partnership that supports our shared ambition to deliver the best possible outcomes for our staff and the people who use our services.

4.10. International Nurses and Midwives Days

International Nurses Day on 12 May 2026, alongside International Day of the Midwife on 5 May 2026, provided an important opportunity to recognise the skill, professionalism and

compassion of our nursing and midwifery workforce, whose contribution underpins the quality and safety of our services. These occasions were marked locally through a range of activities, including a service of thanksgiving at Bristol Cathedral held in partnership with system colleagues, which brought together over 250 nursing and midwifery staff and partners. The event offered a moment for both celebration and reflection, acknowledging the vital role of these professions and the profound impact they have on patients, families and communities across our system.

National recognition of the excellence of our nursing workforce has also been evident in recent weeks. Katharine Caddick, Consultant Hepatology Nurse at Southmead Hospital, was selected as one of only two Lamp Escorts at the 2026 Florence Nightingale Commemoration Service at Westminster Abbey, a significant national honour reflecting outstanding leadership and contribution to patient care. In addition, Siny Thankachan, Clinical Matron, was invited to a Royal Garden Party in recognition of her achievements through the Florence Nightingale Scholarship and Windsor leadership programme. These achievements highlight the national impact of our nursing and midwifery colleagues and the strength of leadership and innovation within our workforce.

5. Engagement and Visits

5.1. HLTH Conference

I recently attended HLTH Europe 2026 in Amsterdam, one of the largest global health innovation gatherings, bringing together over 5,000 leaders from across healthcare, technology, and research to explore advances in digital transformation and future models of care. During the conference, I participated in a panel highlighting Bristol's leadership in digital innovation, including our progress in tele-dermatology and the development of paperless outpatient pathways. The event provided a valuable opportunity to share our experience, learn from international best practice, and build relationships with system leaders and innovators, particularly in areas such as AI, data and pathway redesign. I look forward to applying these insights to further strengthen our approach to innovation and improve outcomes for the communities we serve.

5.2. NHS Confed

Alongside our Chair, I recently attended NHS ConfedExpo 2026 in Manchester, the UK's leading health and care conference, which brings together thousands of senior leaders, clinicians, policymakers and innovators from across the system. The event provided a valuable opportunity to engage directly with national policy direction, share learning and build relationships with peers and partners, with a strong focus on translating strategy into practical improvements for patients. Through a combination of keynote sessions, panel discussions and informal networking, we were able to exchange ideas, learn from emerging best practice and reflect on how we can continue to strengthen our own delivery and transformation agenda locally. I look forward to taking forward the insights gained and continuing to work collaboratively with partners across the system for the benefit of our staff and the communities we serve.

5.3. Consultant Meetings and Team Visits

Since last reporting to the Board, I have met with consultant colleagues and teams from the following services:

- Paediatric Psychology
- Geriatrics / Care of the Elderly

- Cardiology
- Paediatric Respiratory
- Interventional Radiology
- Neurosurgery

As part of our merger Day One and Day Two engagement and celebrations, I also visited a number of teams and colleagues across Southmead and City Centre sites, including:

Southmead:

- The Emergency Department
- Gate 35 Imaging
- Acute Medical Unit
- Clinical Site Management Office
- Facilities Management
- Post Room
- Linen Room
- Health Records
- IT Workshop
- Pharmacy Clinical Research Office
- Security Office

City Centre:

- BRI Headquarters
- St Michaels Hospital
- Fetal Medicine Unit
- NICU
- Gynaecology
- Adults Audiology

Recommendation

The Boards are asked to note the report.

Maria Kane
Chief Executive

Appendix 1

Merger Briefing

Purpose
This briefing confirms the successful establishment of Bristol NHS Foundation Trust on 1 July 2026, bringing together more than 28,000 staff delivering over 160 clinical services across 13 hospital sites. With an annual turnover exceeding £2.6 billion, the Trust is now one of the largest in the UK, providing care across Bristol, North Somerset and the wider Southwest.

Merger Approval and Go-Live Assurance
Following approvals by the Boards of North Bristol NHS Trust and University Hospitals Bristol and Weston NHS Foundation Trust, the UHBW Council of Governors and NHS England, the Secretary of State for Health approved a grant of application for acquisition, and the merger completed safely and lawfully on 1 July 2026. There has been no disruption to patient care, and the organisation has transitioned as planned into a single Trust.

Merger Delivery – Initial Reflections
The launch of Bristol NHS Foundation Trust has progressed smoothly, with strong engagement from colleagues across clinical and non-clinical services. Feedback gathered during leadership walkabouts highlighted a really positive response to the new organisation, with many staff expressing pride in being part of the merged Trust. Patient care remained the clear priority throughout the day, supported by strong teamwork across wards, departments and services.

Colleagues actively engaged with launch activities, including opportunities to learn more about the new Trust, ask questions and share feedback. Discussions were constructive and focused on practical aspects of the merger, such as branding, systems and future integration plans. Wellbeing Champions and People Partners were visible across sites, helping to ensure colleagues felt supported and informed during the transition.

The Trust remained operationally stable throughout Day 1, with no material merger-related issues identified. Critical organisational, digital and reporting changes were implemented successfully, with no disruption to patient services or core operational processes.

Members of the public may have seen media coverage on the day referring to the possibility of Bristol moving to a single Emergency Department model in the future. The Trust has been clear that there are no current plans, nor any plans for the foreseeable future, to merge the Emergency Departments operating within Bristol NHS Foundation Trust. While the merger creates opportunities to improve services, patient outcomes and value for money, any future service changes would be clinically led and subject to the appropriate statutory, regulatory and governance processes. This would include meaningful engagement and consultation with patients, the public, staff, partners and other stakeholders.

Overall, the first day of operation as Bristol NHS Foundation Trust was successful, with services continuing to operate as planned and colleagues demonstrating professionalism, commitment and a continued focus on delivering high-quality care for patients and communities.

Post-Merger Planning and Benefits Realisation
The Trust has now moved into delivery of our post transaction integration plans (PTIP) with a firm focus upon immediate organisational stability, then delivery of key year 1 changes, and the expected benefits of bringing our two Trusts together. The merger is a key enabler for clinical and corporate services transformation programmes, providing a single platform for delivery at scale as we move forward. Benefits have been specified and represent impact across our 4 Ps with merger creating a stronger, more integrated organisation that can improve outcomes

for patients; support our people to thrive and have richer career opportunities; strengthen our contribution to the health and wellbeing of our populations; and deliver better value for the public purse. Benefits will be reported to the Board quarterly alongside Group benefits realisation.

Board Composition (Post-Merger)
A single statutory Board is now in place for Bristol NHS Foundation Trust, with continuity of Executive and Non-Executive leadership from the previous Bristol NHS Group. Key features include strong independent non-executive representation; defined Vice Chair and Senior Independent Director roles and short-term transitional arrangements to maintain stability and Committee effectiveness.

Charities Merger
The two hospital charities have also come together as **Bristol and Weston Hospitals Charity (BWHC)**, aligning charitable support to the new organisation.

The Trust is therefore well-positioned to move forward with confidence, focused on delivering the full benefits of merger at scale and improving outcomes for the populations we serve.

Report To:	Meeting of Trust Board		
Date of Meeting:	14 July 2026		
Report Title:	Proposed Trustees for Bristol and Weston Hospital Charity Board		
Report Author:	Rebecca Dunn, Interim Trust Director of Business Development and Planning		
Report Sponsor:	Stuart Walker, HMD & Glyn Howells, HMD		
Purpose of the report:	**Approval**	**Discussion**	**Information**
	X		
	To enable the nomination of **two organisationally appointed Trustees** to the Board of BWHC, strengthening the formal relationship between the NHS Trust and the charity.		

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

- **Context and background**
  Following the decision to transfer the undertakings of Southmead Hospital Charity into Bristol and Weston Hospitals Charity (BWHC), to support the merger of North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW), there is a requirement to ensure appropriate governance alignment between the merged Trust and its associated charity.
- **Proposed nominations**
  It is proposed that:
  - Glyn Howells, Hospital Managing Director for the NBT Operating Unit; and
  - Sarah Dodds, Chief Nurse for the UHBW Operating Unit,
    are nominated to the two Trustee positions.
- **Strategic rationale**
  The appointments are intended to:
  - support effective partnership working between BWHC and Bristol NHS FT;
  - ensure strong connectivity between BWHC Board-level decision-making and Trust priorities;
  - maintain alignment between the charity's responsibilities and those of the NHS Hospital Trust it supports.
- **Benefits of the proposed appointments**
  - Executive representation: Glyn Howells provides senior Bristol NHS FT executive representation aligned to the NBT Operating Unit.
  - Continuity: Sarah Dodds provides continuity and clinical insight, already serving on the BWHC Board as a UHBW-appointed Trustee (appointed in XXX).
  - Conflict management: The proposed arrangement maintains clear separation of interests, with Stuart Walker (UHBW HMD) not proposed for a Trustee role, thereby avoiding any potential conflicts in relation to other charitable relationships (notably The Grand Appeal, which is particularly relevant to the UHBW Operating Unit).

- **Governance considerations**
  While nominated by the organisation, both individuals will act as independent charity Trustees, bound by their legal duties to act in the best interests of BWHC and in accordance with its governing documents and regulatory requirements.
- **Board assurance**
  This approach provides assurance that:
  - the nominations are made in accordance with the agreement set out in the Deed of Understanding between Bristol NHS FT and BWHC;
  - governance arrangements between the Trust and BWHC are coherent**,** connected and proportionate;
  - BWHC decision-making is appropriately informed by the operational and strategic context of the Trust;
  - partnership arrangements are strengthened following the charity transfer and Trust merger.
- **Decision requested**
  The Trust Board is asked to:
  - confirm the nomination of Glyn Howells and Sarah Dodds as organisationally appointed Trustees to BWHC; and
  - note their willingness to undertake these roles on behalf of Bristol NHS FT.

Strategic and Group Model Alignment
This approach fulfils the requirements agreed in the Deed of Understanding that has been agreed between Bristol NHS FT and BWHC.
Risks and Opportunities
Nominated Trustees, whilst representing the organisation, become Trustees in their own right. Their first priority is to act in the best interests of BWHC.
Recommendation

- This report is for **Approval**

The Trust Board is asked to:

- confirm the nomination of Glyn Howells and Sarah Dodds as organisationally appointed Trustees to BWHC; and
- note their willingness to undertake these roles on behalf of Bristol NHS FT.

History of the paper (details of where paper has <u>previously</u> been received)	
The Deed of Understanding was agreed at the May 2026 Group Board.	
Appendices:	

NHS Bristol NHS Foundation Trust Bristol | Weston

Report To:	Board Meeting		
Date of Meeting:	Tuesday, 14 July 2026		
Report Title:	Integrated Quality and Performance Report (IQPR)		
Report Author:	David Markwick, Director of Performance Julie Crawford, Head of Patient Safety Emma Harley, Head of Strategic Workforce Planning, Laura Brown, Head of HR Information Services (HRIS) Kate Herrick, Head of Finance	Lisa Whitlow, Director of Performance Paul Cresswell, Director of Quality Governance Benjamin Pope, Associate Director for Workforce Planning, People Systems and Data Simon Davies, Assistant Director of Finance	
Report Sponsor:	Responsiveness – Philip Kiely, Trust Chief Operating Officer Quality – Sarah Dodds, Trust Director of Nursing, Becky Maxwell Trust Medical Director Our People – Alex Nestor, Trust Director of People Finance – Jeremy Spearing, Trust Director of Finance	Responsiveness – Nicholas Smith, Trust Chief Operating Officer Quality – Su Monk, Trust Director of Nursing, Samir Patel, Trust Medical Director Our People – Sarah Margetts, Interim Director of People Finance – Elizabeth Poskitt, Trust Director of Finance	
Purpose of the report:	**Approval**	**Discussion**	**Information**
			✓
	To provide an overview of NBT and UHBW's performance across Urgent and Planned Care, Quality, Workforce and Finance domains.		

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

This report provides an overview of NBT and UHBW's performance across Urgent and Planned Care, Quality, Workforce and Finance domains.

Throughout the report, UHBW, NBT and Group logos are used as identifiers for the content and are reflective of the transitional nature of the reporting moving from Group to merged Trust. This will be updated to the Bristol NHS Foundation Trust logo once the IQPR is reporting July data in August, as agreed with the Group Executive Management Team and Merger Programme Board.

Strategic and Group Model Alignment

This report aligns to the objectives in the CQC domains of Safe, Effective, Caring, Responsive and Well Led.

Risks and Opportunities

Risks are listed in the report against each performance area.

Recommendation

This report is for **Information**	
History of the paper (details of where paper has <u>previously</u> been received)	
	N/A
Appendices:	NBT PQSM UHBW PQOM Monthly Metrics

University Hospitals Bristol and Weston NHS Foundation Trust

Integrated Quality and Performance Report.

Month of publication: July 2026
Data up to May 2026

NHS North Bristol NHS Trust

Contents

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Key to KPI Variation and Assurance Icons

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

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.

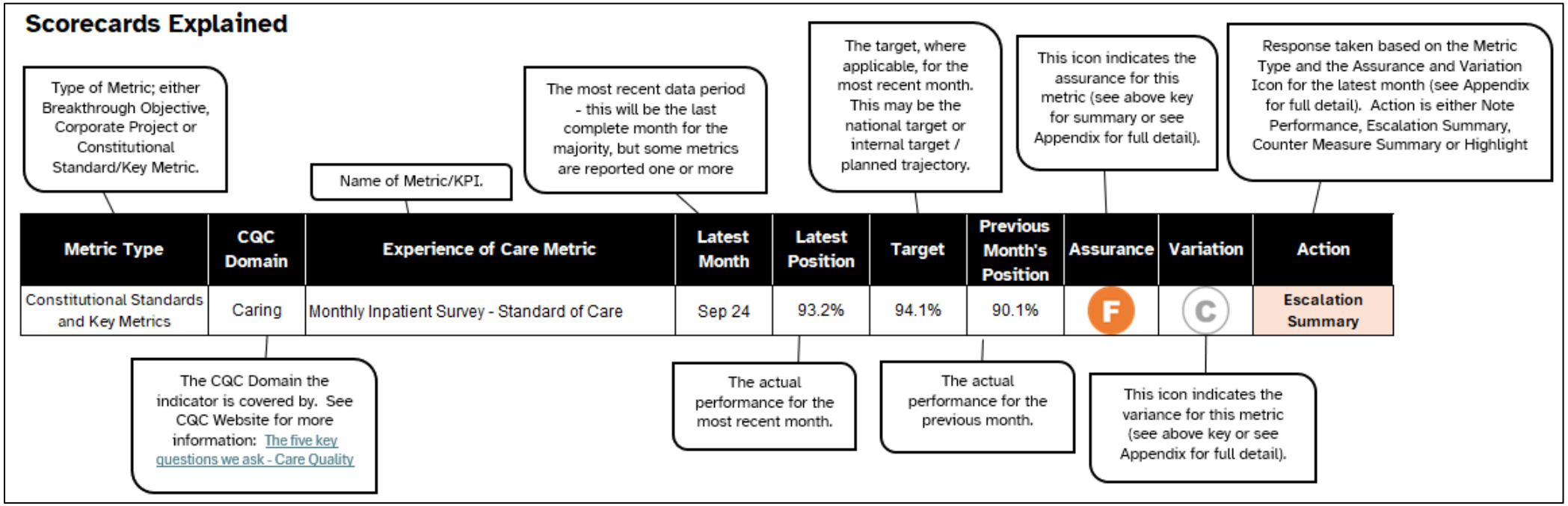
Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (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 a 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 a 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



Business Rules and Actions

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

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

Executive Summary – Group Update

Responsiveness

Urgent Care

During May, the Group ED 4-hour performance was 68.2%, achieving target for the month. A combination of demand, high bed occupancy and continued high levels of NCTR, continues to create a challenging clinical, operational and performance environment, thus impacting on 12-hour total time in the Emergency Department and ambulance handover metrics.

The improved Group NCTR position noted in April was maintained during May, noting that the System ambition to reduce the NC2R percentage to 15% by March 2026 was not achieved, delivery of which was a core component of the Trusts ability to deliver the 78% ED 4-hour performance requirement for March 2026. However, the refreshed ICS discharge programme is underway, alongside a detailed redesign of the NCTR Ambition Plan, with System-level and Hospital Operating Unit-level NCTR trajectories having been agreed. An overview of challenges relating to flow was discussed in the Board seminar in April with agreement to look at risk thresholds and appetite to support more directly system partners.

Elective Care

The Group continues to exceed the NHSE ambition that less than 1% of the total waiting are waiting over 52 weeks. Southmead Hospital Operating Unit (HOU) had four complex Plastic Surgery DIEP patients waiting longer than 65 weeks at the end of May 2026 due to ongoing absence in the consultant body.

Diagnostics

The Group has been experiencing a steady reduction in breaches of the Diagnostic test standard, but the overall position did not meet the target for May. Performance was impacted by a sustained loss of Endoscopy capacity in Weston due to a fire, contributing to a deterioration in May's position for the City Centre and Weston Hospital Operating Unit (HOU). Recovery actions are in place to support the more challenged, specialist modalities at the City Centre and Weston HOU with performance expected to continue to recover into 2026/27.

Cancer Wait Time Standards

For April, the Group performance for the 28-Day Faster Diagnosis Standard (FDS) reported above target for the second consecutive month, with performance at 81.4% against trajectory of 79.6%. 62-Day cancer performance was also on target for April, reporting at 70.1% against trajectory of 69.5%. There are specific actions related to improvements for each Hospital Operating Unit as tumour site delivery varies, for example, improvement in 31-Day performance will be linked more closely to recovery actions at the Southmead Hospital Operating Unit.

Executive Summary – Group Update

Quality

Patient Safety

At UHBW there has been one new case of MRSA bacteraemia reported for May, continued scrutiny remains in place with focused QI work continuing for intravenous line care and MRSA prevention. At NBT there have been no new cases in May 2026. NBT are participating in regional work focussing on learning from MRSA and MSSA.

At UHBW there were two cases of Hospital onset Escherichia. coli reported in May, year to date this equates to 13 cases. The cases being reviewed suggest that older patients and those undergoing GI surgery are at greater risk. This work is included in the QI focused activity being led by a Director of Nursing. There were 8 cases reported in May at NBT, with 14 cases year to date, remaining below threshold.

At UHBW Clostridium difficile cases in May 2026 were 10 . These were 5 Hospital Onset Hospital Acquired(HOHA) and 5 Community Onset Hospital Acquired (COHA). The year-to-date total is now 23 (13 HOHA & 10 COHA) with an anticipated NHSE Limit / trajectory of 109 (based on 2025/26) QI work continues with refocused emphasis around cleaning and achieving the required standards. A targeted Divisional review with actions is underway. At NBT May saw 2 cases of Hospital Onset Hospital Acquired Clostridium Difficile. Year to date total of 16 cases (9 HOHA and 7 COHA). Actions are in place with divisions and review through the HCAI group which meets monthly.

At UHBW for May 2026: there have been 155 falls, which per 1000 bed days equates to 4.730, this is below the Trust target of 4.8 per 1000 bed days. There were 93 falls at the Bristol site and 62 falls at the Weston site. There were two falls with moderate physical and/or psychological harm which is a reduction from the four seen in April 2026. Divisions which have reported higher falls incidences are currently undertaking reviews of falls and falls with harm to identify themes and learning. These include promotion of the 'Call don't fall' campaign to encourage call bell use.

During May 2026, UHBW recorded 260 medication-related incidents, one of which resulted in moderate or above harm. A resource proposal is being developed to define the pharmacy workforce capacity required to support sustained medicines safety improvement across the Hospital Group. During May 2026, NBT recorded 153 medication incidents involving patients; of these, seven were graded as causing moderate or above harm to a patient (5 x moderate, 1 x severe, 1 fatal with PSII underway). There have been a higher than usual number of moderate harm and above incidents this month – it is however of note that 3 of the moderate incidents occurred prior to May and were related to Hospital Acquired Thrombosis cases reported. Actions are underway with divisions to improve safe and secure handling of medicines. A resource proposal is in development to enhance current medicines safety improvement work.

At UHBW, in May 60 patients were eligible for Fracture Neck of Femur best practice tariff, with 28 meeting all criteria. Reasons for not meeting the criteria relate to capacity within theatres and availability of appropriate geriatrician review. Extra theatre space is created where possible to reduce theatre delays.

Patient & Carer Experience

UHBW have now aligned complaint reporting with NBT processes, as a result the data update covers April and May and also re-categorised breaches to report on the month they were due, and not the month in which the response was sent. In May UHBW received 56 complaints with Surgery and Women and Children's remaining the highest-volume areas, 11 complaints responded to in May were reopened, these were mostly in Women's and Children's (4), 99% of all complaints actioned within 45 days with 56 cases were closed in May. The compliance rate for complaints responded to within agreed timescales decreased from 53% in April 2026 to 49% in May 2026. A review of individual divisional compliance using SPC charts, and weekly meeting between the complaints manager and Divisional leads, will allow focus on divisions to review case compliance and quality of response to ensure that the divisions improve month to month.

At NBT the complaints compliance rate decreased from 68% in April to 67% in May 2026. ASCR and Medicine received the most complaints. Clinical Care & Treatment theme represented 63% of total complaints (71). Weekly meetings continue between the Divisional Patient Experience Leads and Complaints & PALS Manager. A complaints improvement programme has been developed and will be presented to CQG in July.

NBT Maternity Friends and Family Test (FFT) positive score (% 'Very good' or 'Good') has increased from 82.6% in April to 83.7% in May. The decline in Friends and Family Test (FFT) scores across maternity services has been clearly recognised, with a comprehensive programme of work underway to address the key drivers of patient experience, particularly around communication. An action plan has been implemented, targeting drivers of poor scores.

Executive Summary – Group Update

Our People

Please note the changes in metric definitions:
Turnover – both Trusts have aligned to a single definition of turnover, aligned to NHS England guidance. The run rate charts now reflect the new definition for the whole historic period. 2026/27 targets are also aligned to the new definition. The change for UHBW means the inclusion of all fixed term contract holders (except Resident Doctors in Training), for NBT the change means the inclusion of Clinical Fellows as NBT already included all other Fixed Term Contract holders in the definition (except Resident Doctors in Training).
Staff in Post – both Trusts have aligned to a single NHS England definition of staff in post and thus vacancy rates. For UHBW the material change is the inclusion of staff on unpaid maternity and adoption leave in staff in post (staff on paid maternity and adoption leave were already included) and for NBT that change has meant the inclusion of all staff in maternity and adoption leave (previously entirely excluded). Vacancy rate calculated with the new aligned staff in post definition has been reflected in the SPC charts from Apr-26 by adding a process control step change from Mar-26 to Apr-26. The step change ensures the change in definition does not inappropriately impact the statistical process control.
Targets – for both metrics due to variation in current positions sovereign targets have been set which will be presented at 'campus' level and aggregated 'Trust' level post-merger.

Turnover
- **NBT** turnover is 11.1% in May, above the target of 10.6% triggering commentary.
- **UHBW** turnover is 11.7% in May above the target of 11.5% triggering commentary.

Vacancy Rate
- **NBT** rate is 4.4% above the target of 2.5%, this triggers an escalation summary however it must be noted that 2.5% is the year end Mar-27 target position.
- **UHBW** rate is 3.4% in May, below the target of 4.8%.

Sickness
- **NBT** rate is 4.8%, above the target of 4.4%, triggering an escalation summary.
- **UHBW** rate is 4.8%, above the target of 4.4%, triggering an escalation summary.

Essential Training
- **NBT** – Core skills compliance for all staff remains marginally below target at 88%. Individual titles, below target, action plans in place to address with Subject Matter Experts.
- **UHBW** – Core skills compliance at 90.5% above group target of 90%, an improvement of 0.3%. Information Governance, Moving and Handling, OMMT and Resuscitation remain below target with on-going actions in place to address with Subject Matter Experts.

Nationally, NHSE continues to progress an overall review of statutory/mandatory subjects content and assessment. Learning and Workforce Development continues to engage with Subject Matter Experts to ensure engage and awareness of the national piece of work, with an update meeting being scheduled to highlight alignment work required of the merge. Oliver McGowan compliance continues to be a particular focus for compliance with greater emphasis upon increased divisional engagement with level 2 learning.

Executive Summary

Finance

In Month 2 (May), NBT delivered a £1.3m deficit position, against a deficit plan of £1.3m and is, therefore, on plan.

UHBW delivered a £8.8m deficit in Month 2, against a deficit plan of £8.8m. UHBW's deficit is, therefore, in line with plan.

Pay expenditure within NBT, when pass through items are removed, is £0.9m favourable to plan in month. This is driven by non-recurrent benefits.

Pay expenditure in UHBW is £0.4m adverse to plan in month. This is driven mainly by higher than planned substantive costs. Temporary staffing expenditure is on plan during May.

The NBT cash balance as at the 31 May 2026 is £40.5m, £1.3m higher than planned, a £29.5m reduction from 31 March 2026.

The UHBW cash balance as at the 31 May 2026 is £76.9m, £24.8m higher than planned, a £3.8m increase from 31 March 2026.

Responsiveness

Scorecard

NHS Bristol NHS Group
Bristol | Weston

CQC Domain	Metric	Hospital Operating Unit	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	ED % Spending Under 4 Hours in Department	**Trust**	**May-26**	**68.2%**	**68.2%**	**68.8%**	?	C	**Escalation Summary**
		Southmead Hospital Operating Unit	May-26	63.8%	66.4%	65.5%	?	C	**Escalation Summary**
		City Centre and Weston Hospital Operating Unit	May-26	70.5%	69.1%	70.8%	?	C	**Escalation Summary**
Responsive	ED % Spending Over 12 Hours in Department	**Trust**	**May-26**	**4.7%**	**4.4%**	**4.6%**	?	C	**Escalation Summary**
		Southmead Hospital Operating Unit	May-26	6.8%	8.2%	5.0%	?	C	**Escalation Summary**
		City Centre and Weston Hospital Operating Unit	May-26	3.6%	3.4%	4.4%	?	C	**Escalation Summary**
Responsive	ED % Spending Over 4 Hours in Department - Paediatric	**Trust**	**May-26**	**87.0%**	**84.6%**	**87.7%**	P	C	**Note Performance**
		Southmead Hospital Operating Unit	May-26	87.0%	86.9%	93.5%	P	C	**Note Performance**
		City Centre and Weston Hospital Operating Unit	May-26	87.0%	84.3%	87.2%	P	C	**Note Performance**
Responsive	ED Number Spending over 24 Hours in Department	**Trust**	**May-26**	**163**	**0**	**170**	F	C	**Escalation Summary**
		Southmead Hospital Operating Unit	May-26	84	0	40	F	C	**Escalation Summary**
		City Centre and Weston Hospital Operating Unit	May-26	79	0	130	F	C	**Escalation Summary**
Responsive	Ambulance Handover Delays (under 15 minutes)	**Trust**	**May-26**	**41.5%**	**35.5%**	**43.9%**	Slide not required for this metric		
		Southmead Hospital Operating Unit	May-26	33.4%	31.8%	40.9%	F-	C	**Escalation Summary**
		City Centre and Weston Hospital Operating Unit	May-26	47.7%	38.2%	46.3%	P	C	**Note Performance**
Responsive	Average Ambulance Handover Time	**Trust**	**May-26**	**20.9**	**25.6**	**20.22**	P	L	**Note Performance**
		Southmead Hospital Operating Unit	May-26	23.9	28.3	21.7	P	L	**Note Performance**
		City Centre and Weston Hospital Operating Unit	May-26	18.5	23.7	19.1	P	L	**Note Performance**
Responsive	% Ambulance Handovers over 45 minutes	**Trust**	**May-26**	**6.3%**	**9.0%**	**5.7%**	?	L	**Note Performance**
		Southmead Hospital Operating Unit	May-26	10.6%	9.0%	8.3%	?	C	**Escalation Summary**
		City Centre and Weston Hospital Operating Unit	May-26	2.9%	9.0%	3.7%	?	L	**Note Performance**
Responsive	Number of patients in corridor care in ED (Average)	**Trust**	**May-26**	**19**	**0**	**20**	N/A*	N/A*	**Commentary**
		Southmead Hospital Operating Unit	May-26	10	0	9	N/A*	N/A*	**Commentary**
		City Centre and Weston Hospital Operating Unit	May-26	8	0	10	N/A*	N/A*	**Commentary**
Responsive	Number of patients in corridor care in G&A beds (Average)	**Trust**	**May-26**	**68**	**0**	**67**	N/A*	N/A*	**Commentary**
		Southmead Hospital Operating Unit	May-26	40	0	36	N/A*	N/A*	**Commentary**
		City Centre and Weston Hospital Operating Unit	May-26	27	0	31	N/A*	N/A*	**Commentary**
Responsive	Number of patients in G&A Escalation Beds (Average)	**Trust**	**May-26**	**56**	**0**	**65**	N/A*	N/A*	**Commentary**
		Southmead Hospital Operating Unit	May-26	27	0	26	N/A*	N/A*	**Commentary**
		City Centre and Weston Hospital Operating Unit	May-26	29	0	39	N/A*	N/A*	**Commentary**
Responsive	No Criteria to Reside	**Trust**	**May-26**	**21.4%**	**21.8%**	**21.3%**	?	C	**Escalation Summary**
		Southmead Hospital Operating Unit	May-26	21.8%	22.0%	19.7%	?	L	**Note Performance**
		City Centre and Weston Hospital Operating Unit	May-26	21.0%	21.6%	22.7%	?	C	**Escalation Summary**

*Cannot generate Assurance and Variation icons as data is provided as a run chart

Responsiveness

Scorecard

NHS Bristol NHS Group
Bristol | Weston

CQC Domain	Metric	Hospital Operating Unit	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	RTT Percentage Over 52 Weeks	**Trust**	**May-26**	**0.5%**	**0.5%**	**0.4%**	F-	L	Escalation Summary
		Southmead Hospital Operating Unit	May-26	0.1%	0.9%	0.1%	P	L	Note Performance
		City Centre and Weston Hospital Operating Unit	May-26	0.8%	0.9%	0.7%	F-	L	Escalation Summary
Responsive	RTT Ongoing Pathways Under 18 Weeks	**Trust**	**May-26**	**69.8%**	**70.5%**	**69.5%**	F-	H	Escalation Summary
		Southmead Hospital Operating Unit	May-26	71.3%	72.9%	70.6%	F-	H	Escalation Summary
		City Centre and Weston Hospital Operating Unit	May-26	68.6%	68.5%	68.6%	F-	H	Escalation Summary
Responsive	Referral To Treatment Number of Ongoing Pathways	**Trust**	**May-26**	**91168**	**89733**	**90269**	N/A*	N/A*	Commentary
		Southmead Hospital Operating Unit	May-26	41187	41068	40068	N/A*	N/A*	Commentary
		City Centre and Weston Hospital Operating Unit	May-26	49981	48665	50201	N/A*	N/A*	Commentary
Responsive	Diagnostics % Over 6 Weeks	**Trust**	**May-25**	**5.3%**	**3.0%**	**6.1%**	F-	L	Escalation Summary
		Southmead Hospital Operating Unit	May-25	1.0%	1.0%	0.8%	?	C	Escalation Summary
		City Centre and Weston Hospital Operating Unit	May-26	8.9%	4.8%	10.8%	F-	L	Escalation Summary
Responsive	Cancer 28 Day Faster Diagnosis	**Trust**	**Apr-26**	**81.4%**	**79.6%**	**82.6%**	?	C	Escalation Summary
		Southmead Hospital Operating Unit	Apr-26	83.2%	79.3%	83.1%	?	L	Escalation Summary
		City Centre and Weston Hospital Operating Unit	Apr-26	78.7%	80.0%	81.8%	?	C	Escalation Summary
Responsive	Cancer 31 Day Decision-To-Treat to Start of Treatment	**Trust**	**Apr-26**	**91.3%**	**93.4%**	**92.2%**	?	C	Escalation Summary
		Southmead Hospital Operating Unit	Apr-26	86.5%	89.0%	85.0%	F	C	Escalation Summary
		City Centre and Weston Hospital Operating Unit	Apr-26	94.0%	96.0%	96.2%	?	L	Escalation Summary
Responsive	Cancer 62 Day Referral to Treatment	**Trust**	**Apr-26**	**70.1%**	**69.5%**	**69.8%**	?	C	Escalation Summary
		Southmead Hospital Operating Unit	Apr-26	65.9%	66.0%	67.9%	F-	C	Escalation Summary
		City Centre and Weston Hospital Operating Unit	Apr-26	76.5%	75.0%	72.7%	?	C	Escalation Summary
Responsive	Last Minute Cancelled Operations	**Trust**	**May-26**	**1.3%**	No Target	**1.5%**	N/A	C	Commentary
		Southmead Hospital Operating Unit	May-26	0.5%	0.8%	0.6%	P	C	Note Performance
		City Centre and Weston Hospital Operating Unit	May-26	1.8%	1.5%	2.1%	F	C	Escalation Summary
Responsive	% to Stroke Unit within 4 Hours	**Trust (Southmead Hospital Operating Unit)**	**Apr-26**	**62.6%**	**90.0%**	**52.4%**	F-	H	Escalation Summary
Responsive	Stroke Thrombolysis within 1 hour	**Trust (Southmead Hospital Operating Unit)**	**Apr-26**	**35.7%**	**60.0%**	**75.0%**	?	C	Escalation Summary
Responsive	90% Time in Stroke Unit Performance validated	**Trust (Southmead Hospital Operating Unit)**	**Apr-26**	**73.3%**	**90.0%**	**58.8%**	F-	C	Escalation Summary
Responsive	% Seen within 14 Hours by a Stroke Consultant - Validated	**Trust (Southmead Hospital Operating Unit)**	**Apr-26**	**93.7%**	**90.0%**	**80.6%**	?	C	Escalation Summary

*Cannot generate Assurance and Variation icons as data is provided as a run chart

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

ED percentage spending under 4 hours in department

NHS Bristol NHS Group
Bristol | Weston

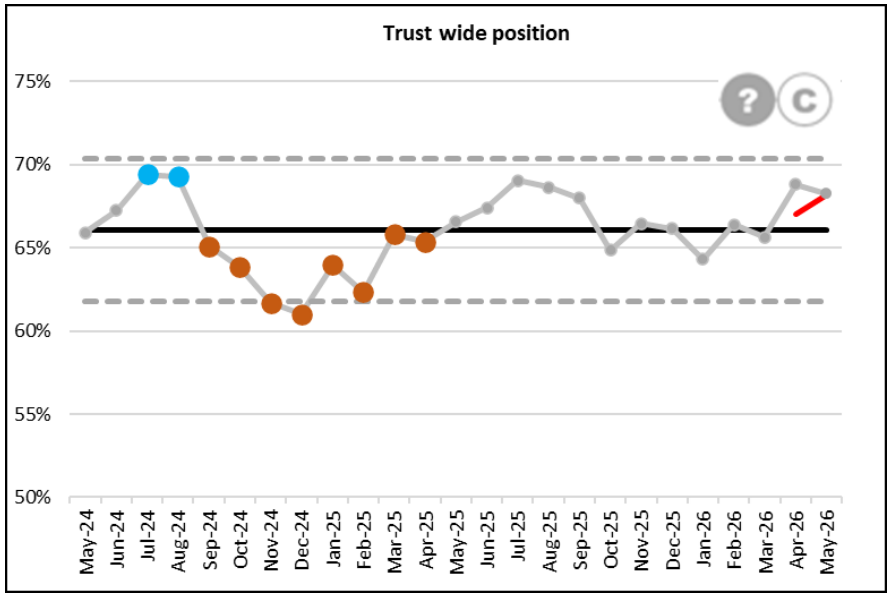
Latest Month
May-26

Performance
68.2%

Target
68.2%

Trust Level / Corporate Risk
Risk 1940 - Score 20
Risk 7769 - Score 20

Performance - Previous Month
68.8%

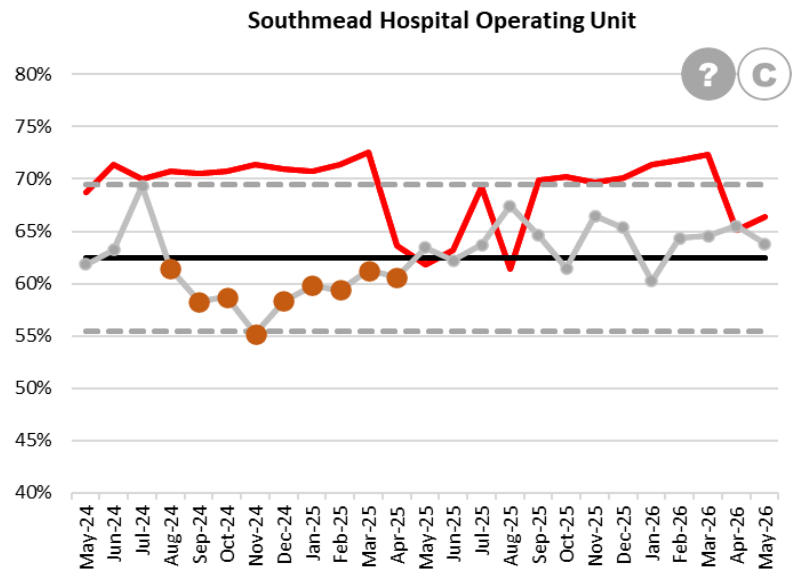


What does the data tell us?
The percentage of patients spending under 4 hours in ED for May performed on target at 68.2%.

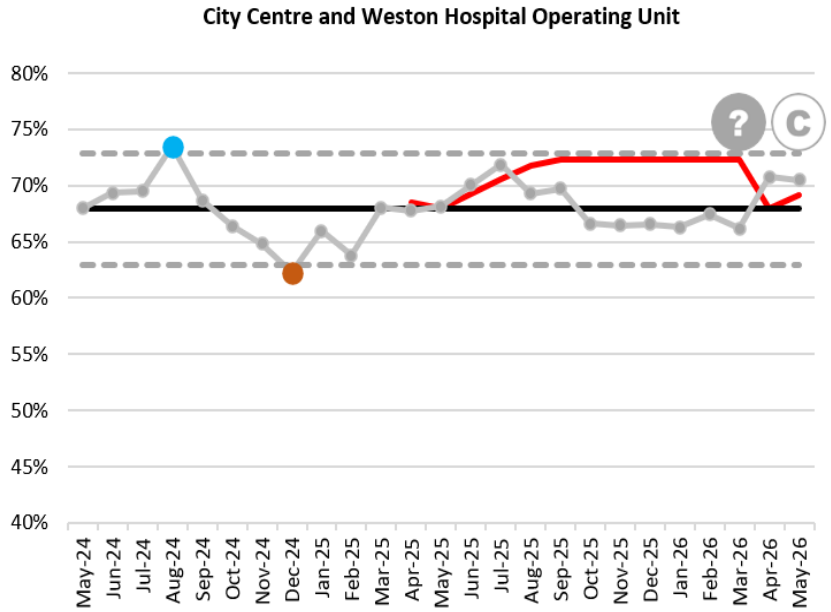
Actions being taken to improve

- The Group continues to work with system partners on the NCTR improvement plans to support flow within the Hospitals.
- Both Hospital Operating Units (HOU) within the Group have similar delivery plans focussing on Clinical Operational Standards, delivery of GIRFT improvements, SDEC optimisation and the Every Minute Matters programme.
- BNSSG Urgent Treatment Centre Strategy – being worked up through the UEC operational delivery group, currently in discovery phase with analysis of system data underway.
- BNSSG Mental Health ED being developed as a partnership between liaison psychiatry and AWP and will reduce ED attendances for people in crisis.

Impact on forecast
June is tracking at 66.0% against target of 69.1% (as at the 17th June). The Southmead HOU in-month performance for June has been particularly affected by increased attendances and higher than planned NCTR.



Wait to be seen times were below the mean for the fourth consecutive month, despite attendances being the highest for the previous two years.
Work continues on the ED minors move (target date Nov-26) to an alternative onsite location, with a four-hour delivery target of 95%.
The current minors' area will be developed according to the NHSE Model ED and extended emergency medicine ambulatory care (EEMAC) guidance, removing a number of patients from four-hour clock rules. The performance benefits of this change have been modelled and are currently being tested.
Capital expansion of the surgical SDEC space will be operational from September.



4 hr performance largely maintained across all sites with a very minor (0.3%) decrease, despite an increase in attendances. BEH improved from 89% in April to 92% in May.

Acute Medical Triage (AMT) service is planned within front door footprint to be delivered by Winter 2026 alongside an augmented SDEC model, anticipated to reduce ED crowding and ED waits.

Whole hospital review of ED 'quality standards' is progressing, with a specific focus on embedding the Inter-Professional Standards, reducing delays in specialty reviews in ED and improving outward flow from ED.

Responsiveness

ED Percentage Spending over 12 Hours in Department

NHS Bristol NHS Group
Bristol | Weston

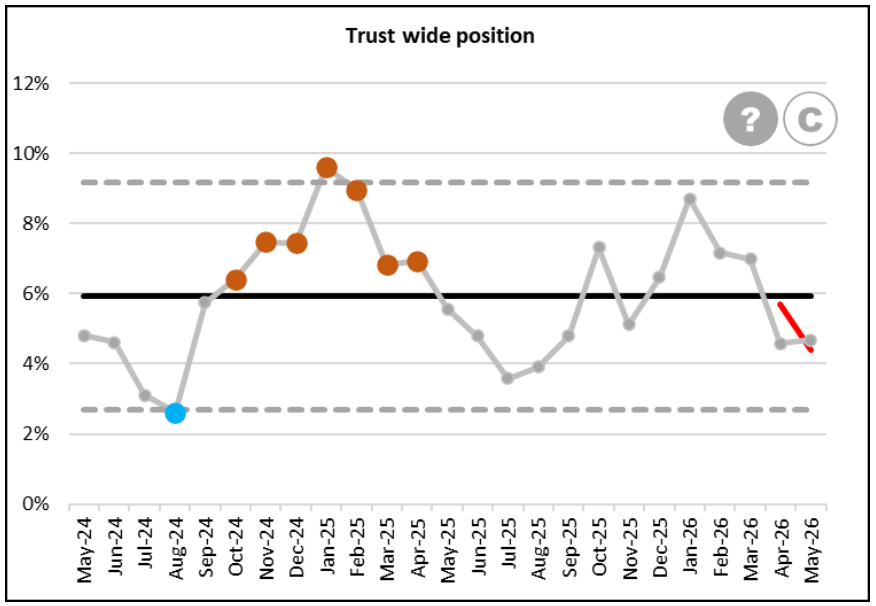
Latest Month
May-26

Performance
4.7%

Target
4.4%

Trust Level / Corporate Risk
Risk 1940 - Score 20
Risk 7769 - Score 20

Performance - Previous Month
4.6%

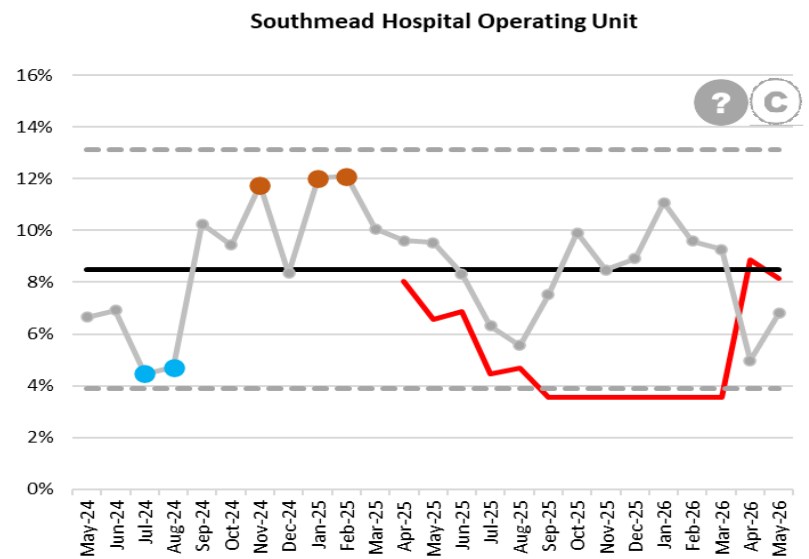


What does the data tell us?
The percentage of patients spending over 12 hours in ED for May marginally deteriorated to 4.7% (4.6% April) and was below the target of 4.4%.

Actions being taken to improve
Both Hospital Operating Units (HOU) have similar delivery plans focussing on Clinical Operational Standards, delivery of GIRFT improvements, SDEC optimisation and Every Minute Matters.

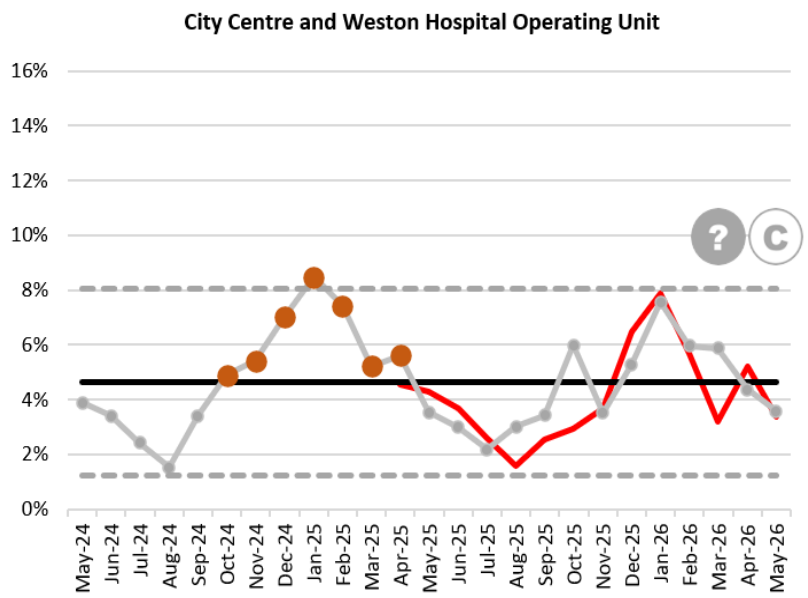
System work commences, supported by SEG, in September on developing the BNSSG care co-ordination approach. Phase one of the work will focus on ensuring frontline community and primary care services have the tools they need (including adequate capacity) to avoid admission.
Learning has been shared by the Plymouth system on their x-ray car scheme. Whilst the work may not be directly replicable in BNSSG. The UEC Operational Delivery Group is scoping how BNSSG can reach the target patient group and avoid admissions for older people who have fallen but not sustained any fractures.

Impact on forecast
June is tracking at 6.6% against a plan of 4.7% (as at 17th June).



Despite NCTR increasing back to c21% during May, some improvement to 12-hour performance has been held (c6% v 9% in March).
Weekend discharges were c50% of weekday averages during May. A project to improve this position and to reduce LOS more generally has commenced with focus on three key areas:

1) Increasing medical specialty discharges by 1-2 per specialty every weekend
2) Review of radiology capacity to maintain seven-day decision making / progression of care
3) Audit of wider weekend discharge capability across all clinical and operational services.



Improvements in 12 hr waits observed across BRI and WGH sites. Inter-professional standards embedded and monitored in support of cross-divisional review of time to specialty assessment.

Renewed focus on the medicine admitted pathway with actions identified to support the turn around time of inpatient beds and strengthen the process for escalation of 12 hr breaches in ED

Continued emphasis on Every Minute Matters programme addressing efficiencies in flow and discharge processes tailored to each division and incorporating discharge planning for patients from the start of their journey in ED.

Responsiveness

ED Number Spending over 24 Hours in Department

NHS Bristol NHS Group
Bristol | Weston

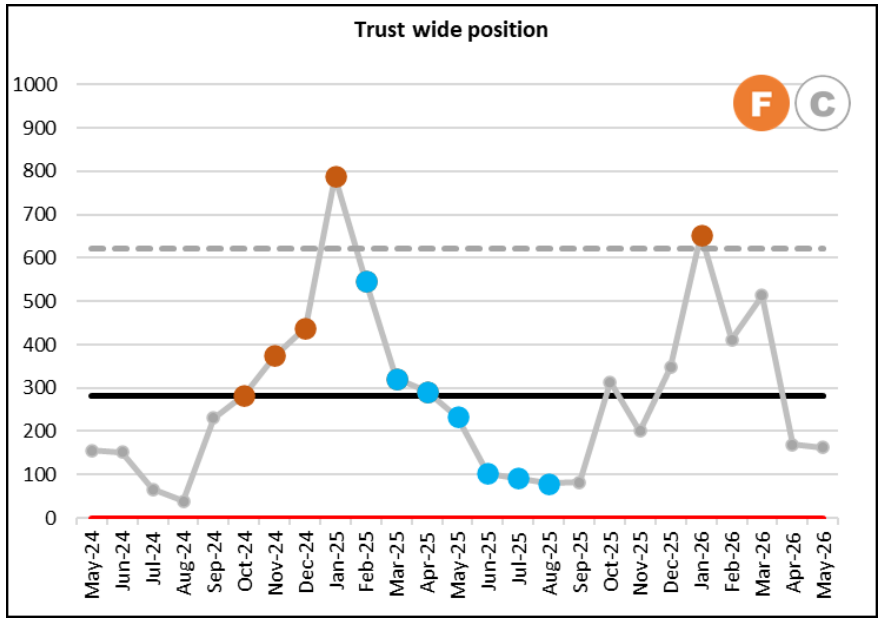
Latest Month
May-26

Performance
163

Target
0

Trust Level / Corporate Risk
Risk 1940 - Score 20
Risk 7769 - Score 21

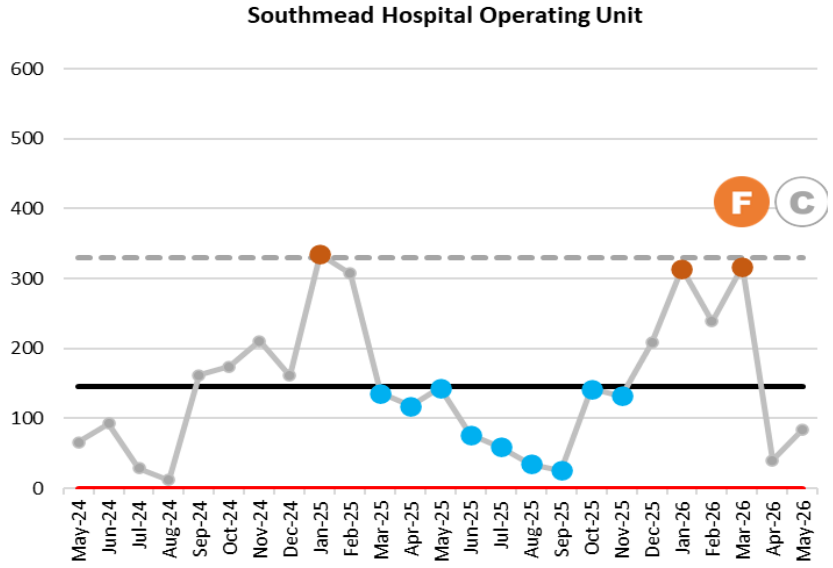
Performance - Previous Month
170



What does the data tell us?
The number of patients spending over 24 hours in ED decreased to 163 during May.

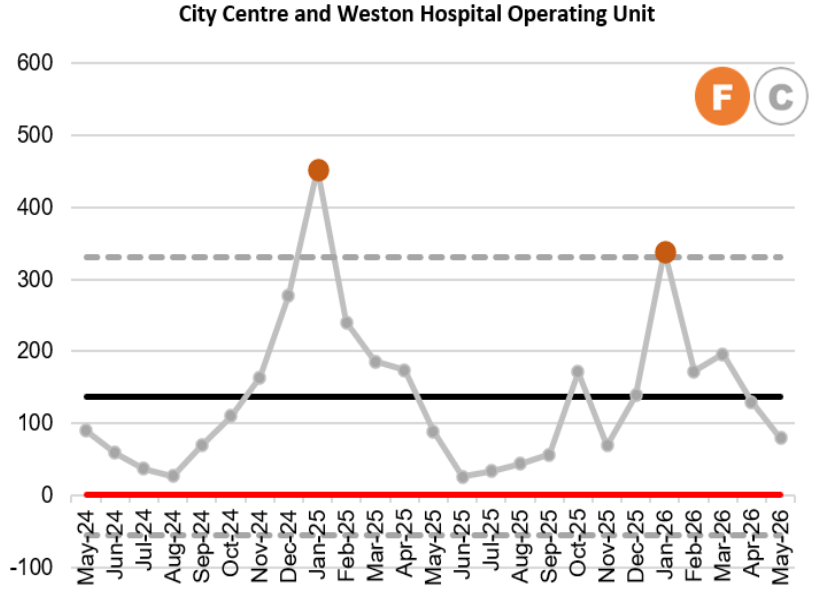
Actions being taken to improve
- Admitted flow – see actions related to 12-hour ED delays.
- Both Hospital Operating Units (HOU) are reviewing their escalation policies and approach to 24 hours in ED, reflecting the national “red line” stance.

Impact on forecast
June has seen an increase in the number of patients spending over 24 hours in ED compared to the previous month.



Mental health liaison colleagues are working with AWP to design and implement a Crisis Assessment Centre which will take referrals from police, other health professionals and 111 and will divert patients who would otherwise have attended ED.

Southmead’s flow, surge and escalation policy is under review and includes a "red line" approach to 24 hours in ED with escalation actions to support decompression of long waits.



An improvement in 24 hr waits observed across BRI and WGH sites in May (79 vs 130 in April).

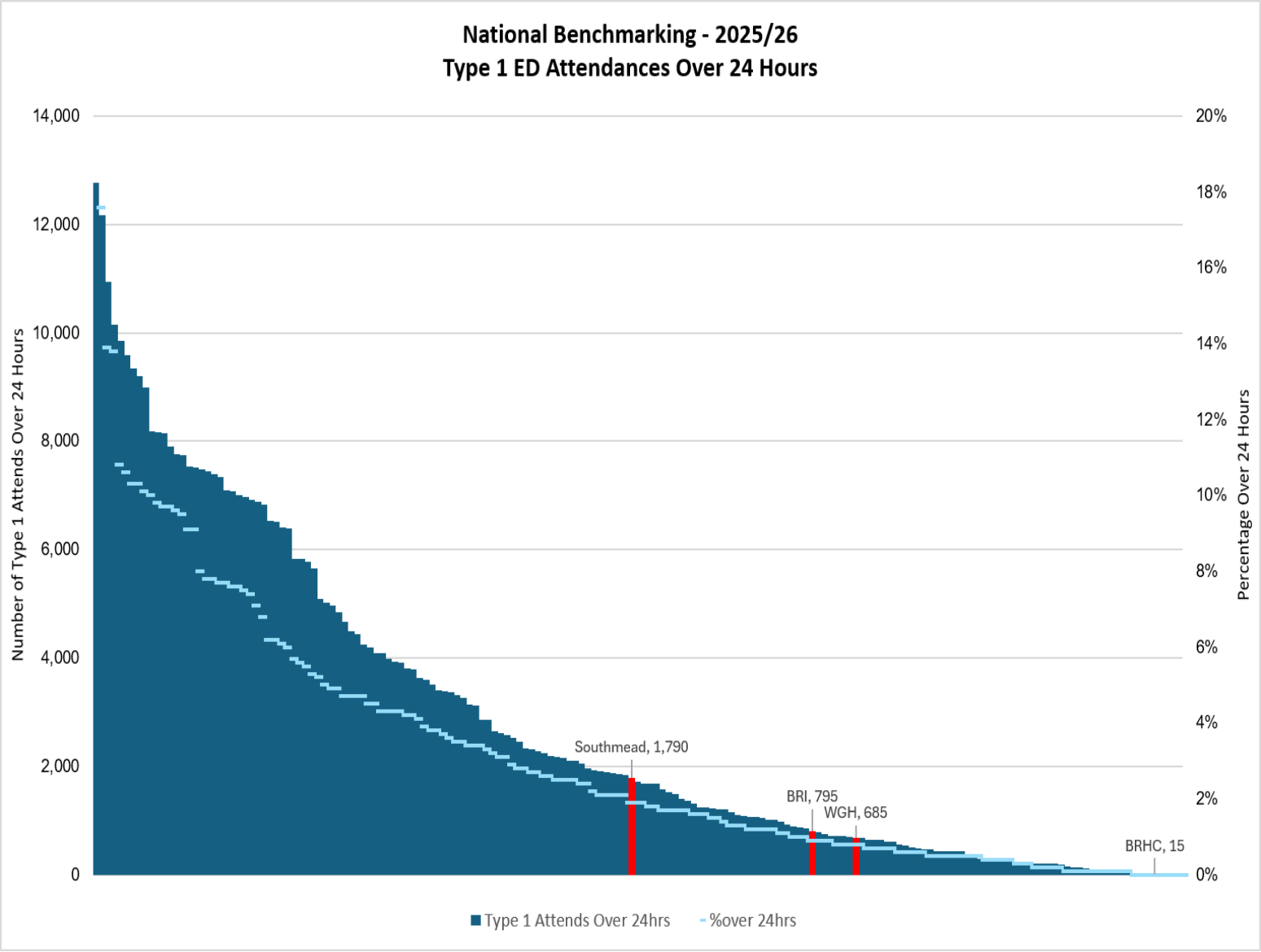
Approval of business case for additional staffing for Surgical SDEC, supporting greater utilisation of the area and reduced ED waits.

Improved ED grip meetings will enable earlier identification of patients nearing 12 hours.

Revised leadership / flow meetings designed to enable a clear escalation route for long waits.

Responsiveness - Benchmarking

ED Number Spending over 24 Hours in Department



Data recently published highlighted the national challenge with 24 hour waits in ED.

During 2025/26, the national average percentage of patient spending 24 hours or longer in a Type 1 ED was c3.1%, noting that the trust with the greatest issue reported that 17.6% of patients attending ED during 2025/26 were in the department for 24 hours or longer.

Reviewing the same set of data, the four Bristol NHS Group sites reported the following:

- Southmead: 1.6%
- BRI: 0.9%
- Weston: 0.8%
- Bristol Royal Hospital for Children: 0%

Across the Group, this equates to 1.1% of all Type 1 ED attendances

Responsiveness

Percentage Ambulance Handovers over 45 minutes

NHS Bristol NHS Group
Bristol | Weston

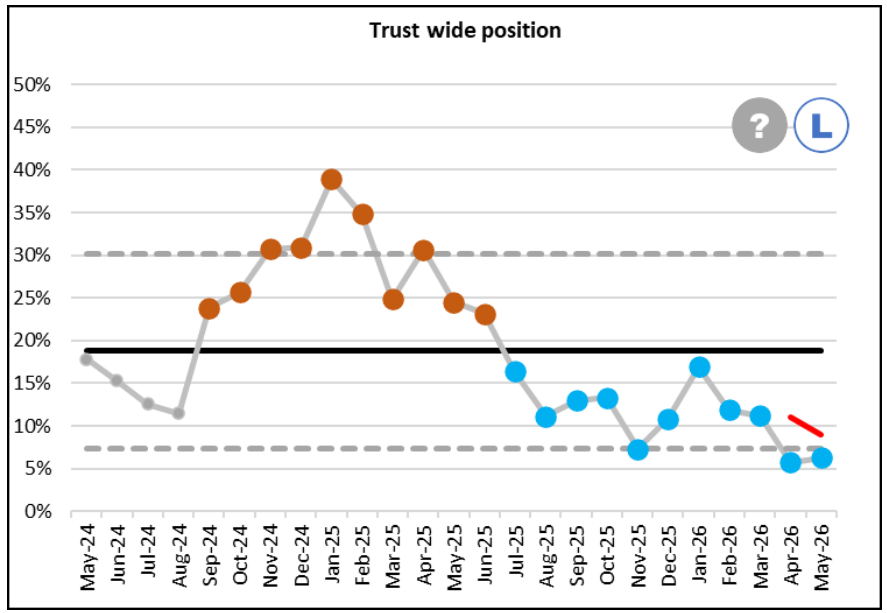
Latest Month
May-26

Performance
6.3%

Target
9.0%

Trust Level / Corporate Risk
Risk 1940 - Score 20
Risk 7769 - Score 20

Performance - Previous Month
5.7%

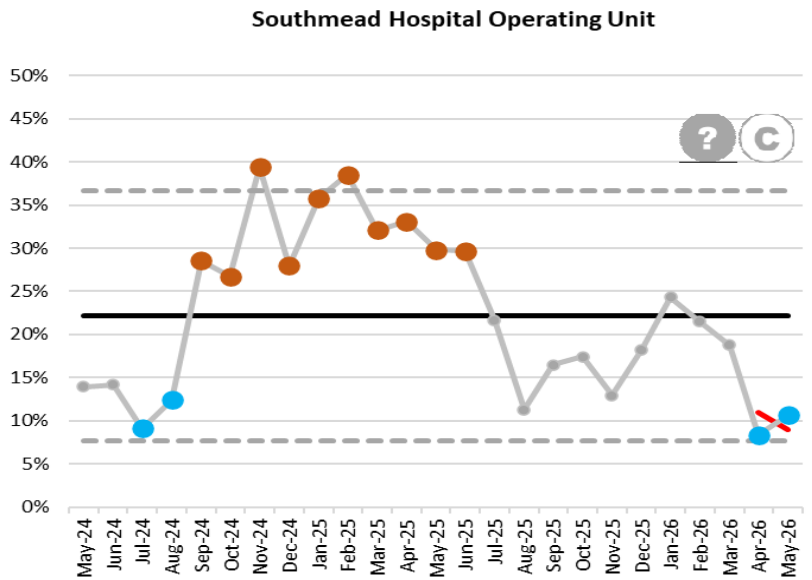


What does the data tell us?
The percentage of ambulance handovers over 45 minutes was 6.3% for May against the target of 9.0%.

Actions being taken to improve

- BNSSG level work on system care co-ordination will formally commence in September and will include a call-before-convey approach for paramedics.
- Expansion to the CEMS service will result in reduced ambulance conveyances throughout the year as this is implemented.
- Further learning and recommendations from the BNSSG Rapid Emergency Assessment Framework (REAF) group review of the SWASFT Timely Handover Plan were presented at the BNSSG UEC Operational Delivery Group (ODG) in May with recommendations including a whole system approach to eliminating long ambulance waits, noting the capacity constraints across the system which contribute to this bottleneck.

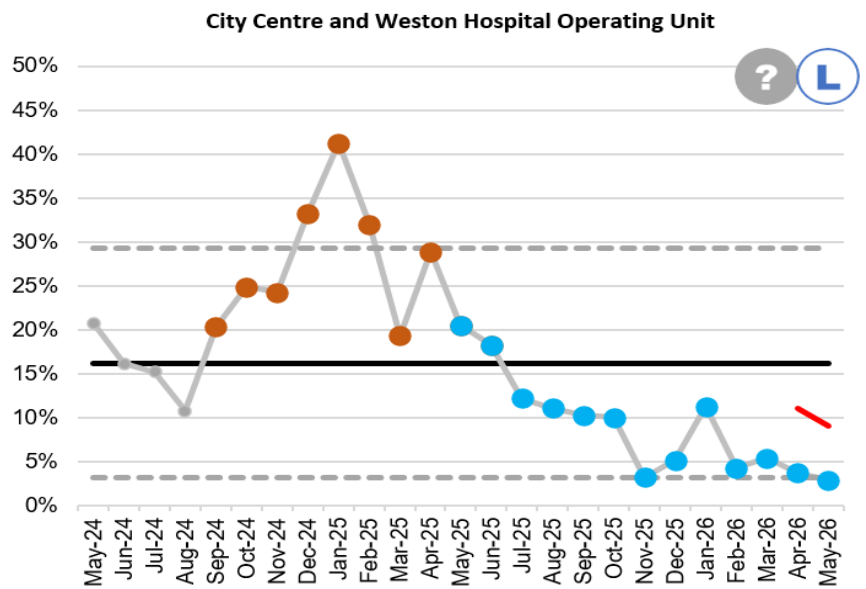
Impact on forecast
June performance is tracking at 9.1% against a target of 7.0% (as at 17th June).



% handovers over 45 minutes was slightly up in May but remained below the mean for the second month in a row.

An operational review with SWAST will be conducted during June / July to identify and work on further improvements.

Other improvements include rolling out a "Speciality Expected Locations" approach as an alternative to ED for patients accepted for speciality care.



% handovers over 45 mins continued to improve during May despite an increase in conveyances compared to April.

Actions focussed on enabling improved flow through and out of ED, include embedding the Inter-Professional Standards, Acute Medical Triage service, enhanced redirection processes and strengthening the processes regarding use of escalation spaces and corridor care.

Position will remain challenged due to the closure of two inpatient wards

Responsiveness

Number of patients in corridor care in ED

NHS Bristol NHS Group
Bristol | Weston

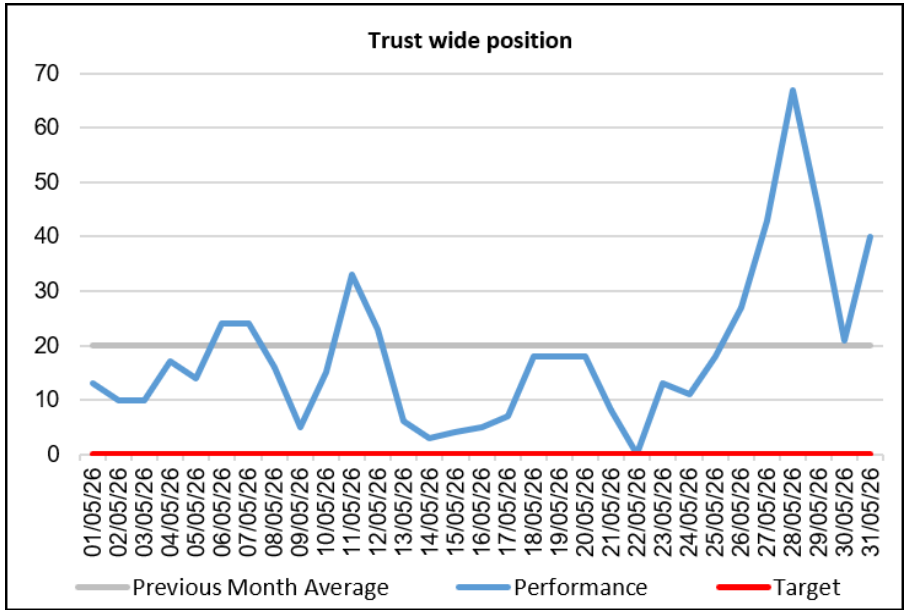
Latest Month
May-26

Target
0

Latest Month's Position (average)
19

Trust Level / Corporate Risk
Risk 1940 - Score 20
Risk 2233 - Score 15

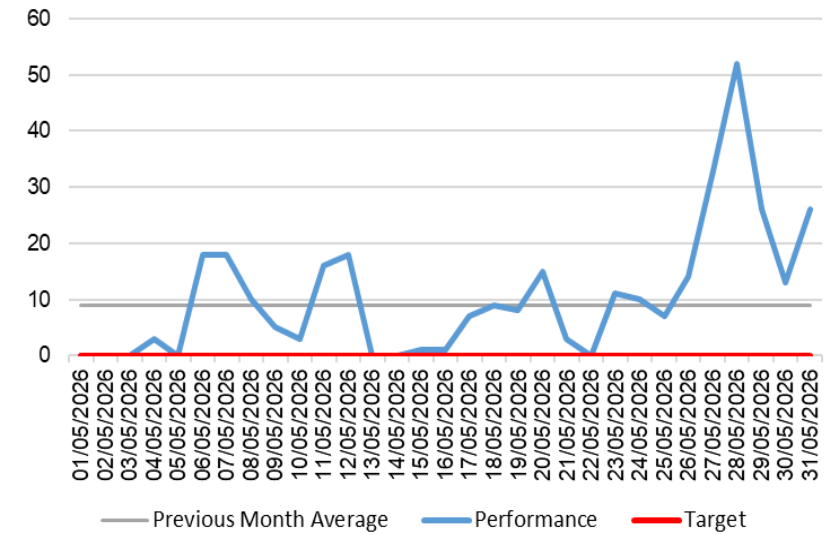
Previous Month's Position
20



NHS England considers the delivery of corridor care in departments or wards experiencing patient crowding to be unacceptable and should never be considered standard. Patients should only be placed in corridors in extremis and for the shortest possible duration, to ensure the time patients are cared for in this environment is kept to a minimum.

What does the data tell us?
Robust data recording established from 1 April 2026, in line with new national reporting requirements. This included refreshing data using new corridor care definitions (as opposed to previous terminology of temporary escalation areas).

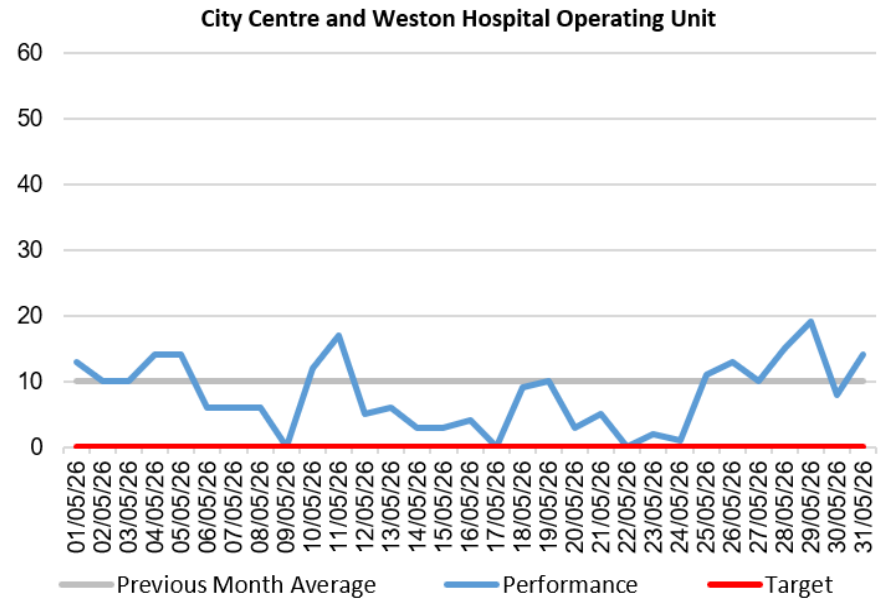
Actions being taken to improve and Impact on forecast
Improved reporting and monitoring of ED corridor care across both Hospital Operating Units (HOU) supporting greater governance. Scale of opportunity being further defined as corridor care and COS work progresses.



During May, an average of 10 patients were in an ED corridor care space each day, slightly higher than the previous month.

Aligned to the GIRFT improvement guide and the paper presented to Board in April, programme of work now sitting under NBT GIRFT board.

Action plan includes:
- Policy alignment
- Data quality and incident reporting
- Patient experience focus
- Operational flow improvements aligned to Clinical Operational Standards (COS) workstreams



During May, an average of 8 patients were in an ED corridor care space each day, an improvement when compared to April (10).

Actions to improve include:
- Improved internal reporting and monitoring dashboard in development.
- Improved governance of corridor care use through HOU-wide operational meetings.
- Review and embed actions within corridor care action plan

Responsiveness

Number of patients in corridor care in G&A beds

NHS Bristol NHS Group
Bristol | Weston

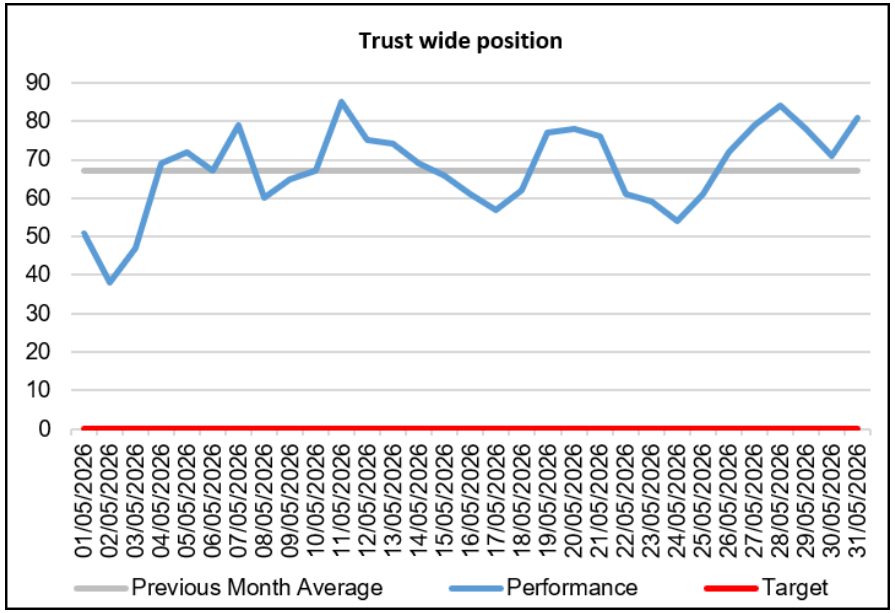
Latest Month
May-26

Target
0

Latest Month's Position (average)
68

Trust Level / Corporate Risk
Risk 1940 - Score 20
Risk 2233 - Score 15

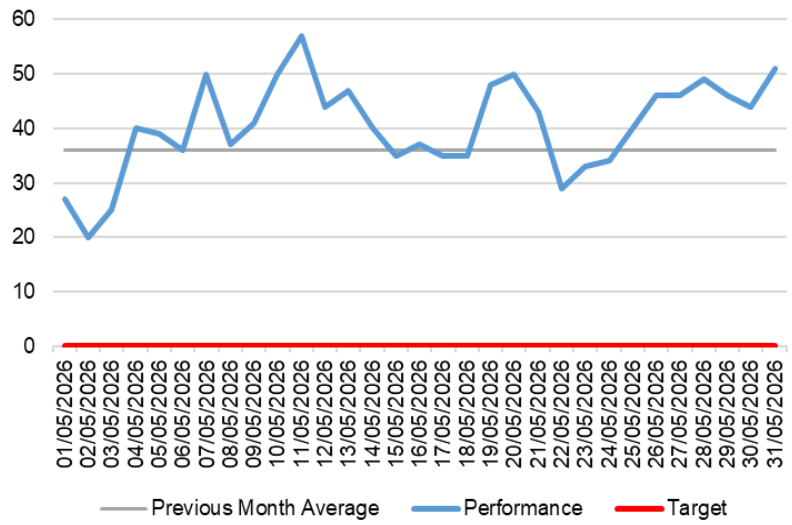
Previous Month's Position
67



NHS England considers the delivery of corridor care in departments or wards experiencing patient crowding to be unacceptable and should never be considered standard. Patients should only be placed in corridors in extremis and for the shortest possible duration, to ensure the time patients are cared for in this environment is kept to a minimum.

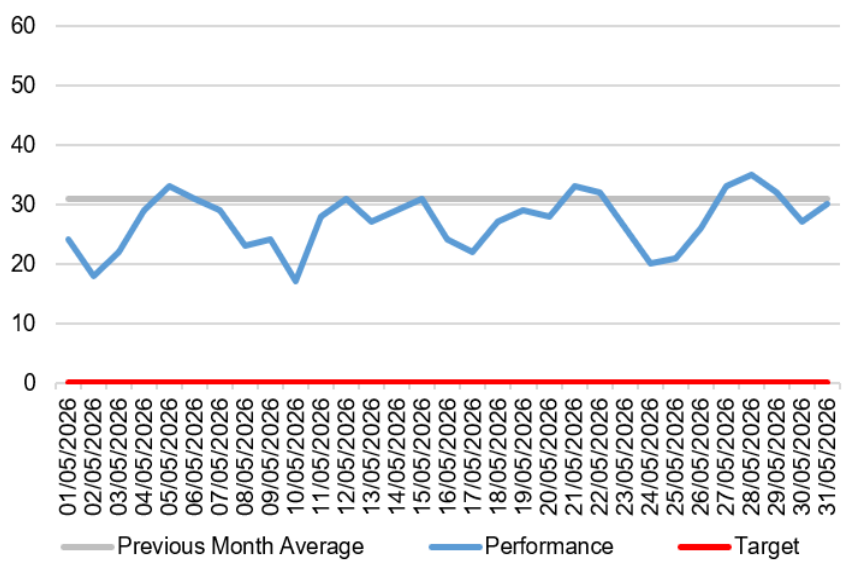
What does the data tell us?
Robust data recording established from 1 April 2026, in line with new national reporting requirements. This included refreshing data using new corridor care definitions (as opposed to previous terminology of temporary escalation areas). Both Campuses use additional bed spaces that are classed as G&A corridor care to decompress the Emergency Departments, and this better manages clinical risk.

Actions being taken to improve and Impact on forecast
Improved reporting and monitoring of ED corridor care across both Hospital Operating Units (HOU) supporting greater governance. Scale of opportunity being further defined as corridor care and COS work progresses.



During May, an average of 40 patients were in a G&A bed corridor care space each day.

See slide above re: ED corridor care for details on actions being taken to improve.



During May, an average of 27 patients were in a G&A bed corridor care space each day, an improvement when compared to April (31).

See slide above re: ED corridor care for details on actions being taken to improve.

Responsiveness

Number of patients in Escalation G&A beds

NHS Bristol NHS Group
Bristol | Weston

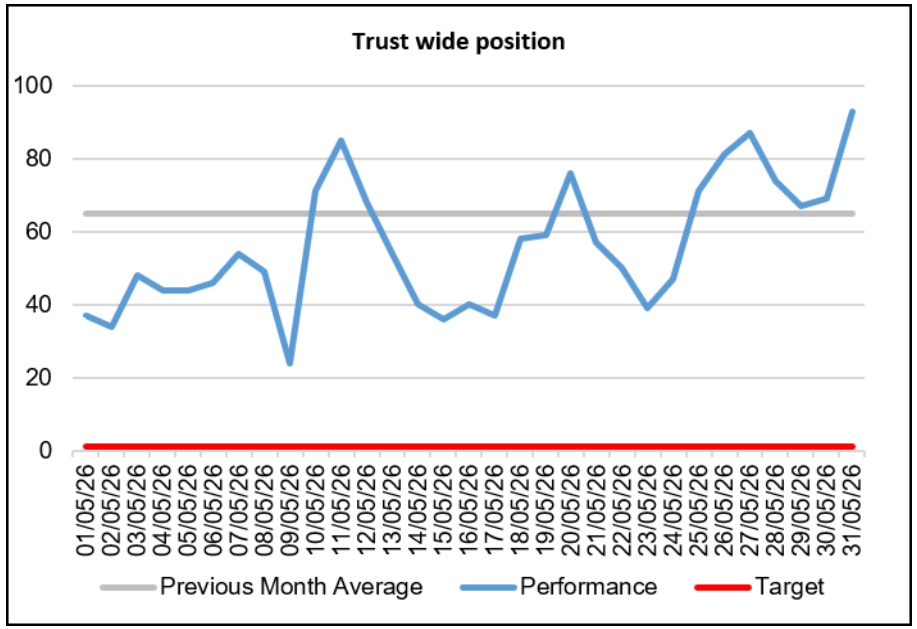
Latest Month
May-26

Target
0

Latest Month's Position (average)
56

Corporate Risk
Risk 1940 - Score 20
Risk 2233 - Score 15

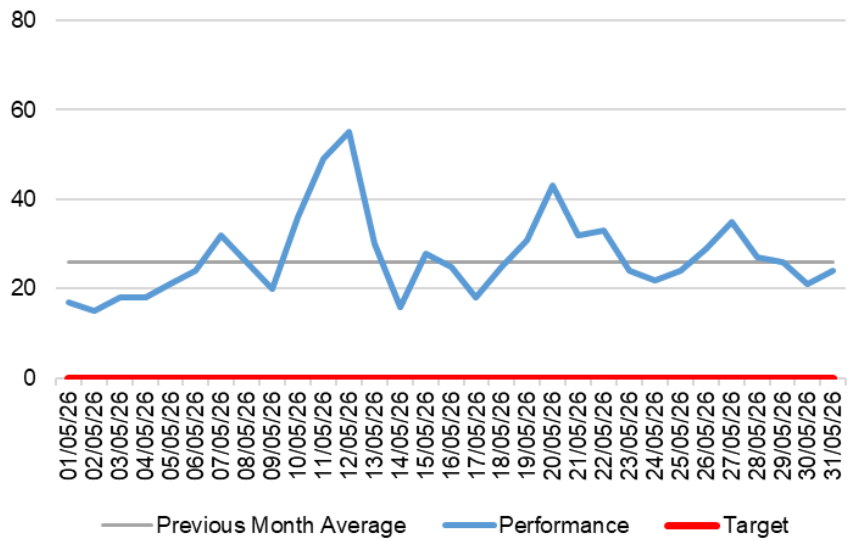
Previous Month's Position
65



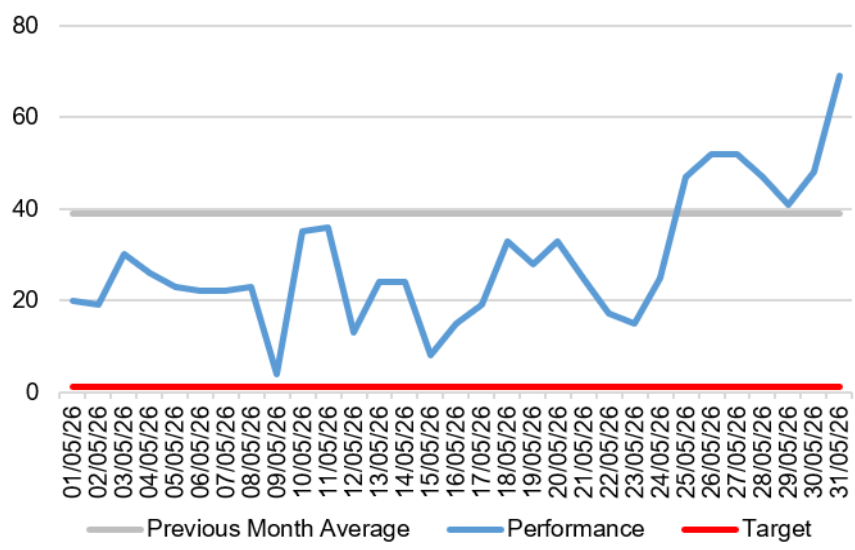
Bed occupancy across both Campuses regularly exceeds 100%, necessitating the use of general and acute escalation space. In reference to the previous slide, it should be noted that Corridor Care beds are in addition to these escalation beds.

What does the data tell us?
During May, the daily average number of patients in a general and acute escalation space was 56, a reduction from the average of 65 in April.

Actions being taken to improve and Impact on forecast
Scale of opportunity being further defined as corridor care and COS work progresses.



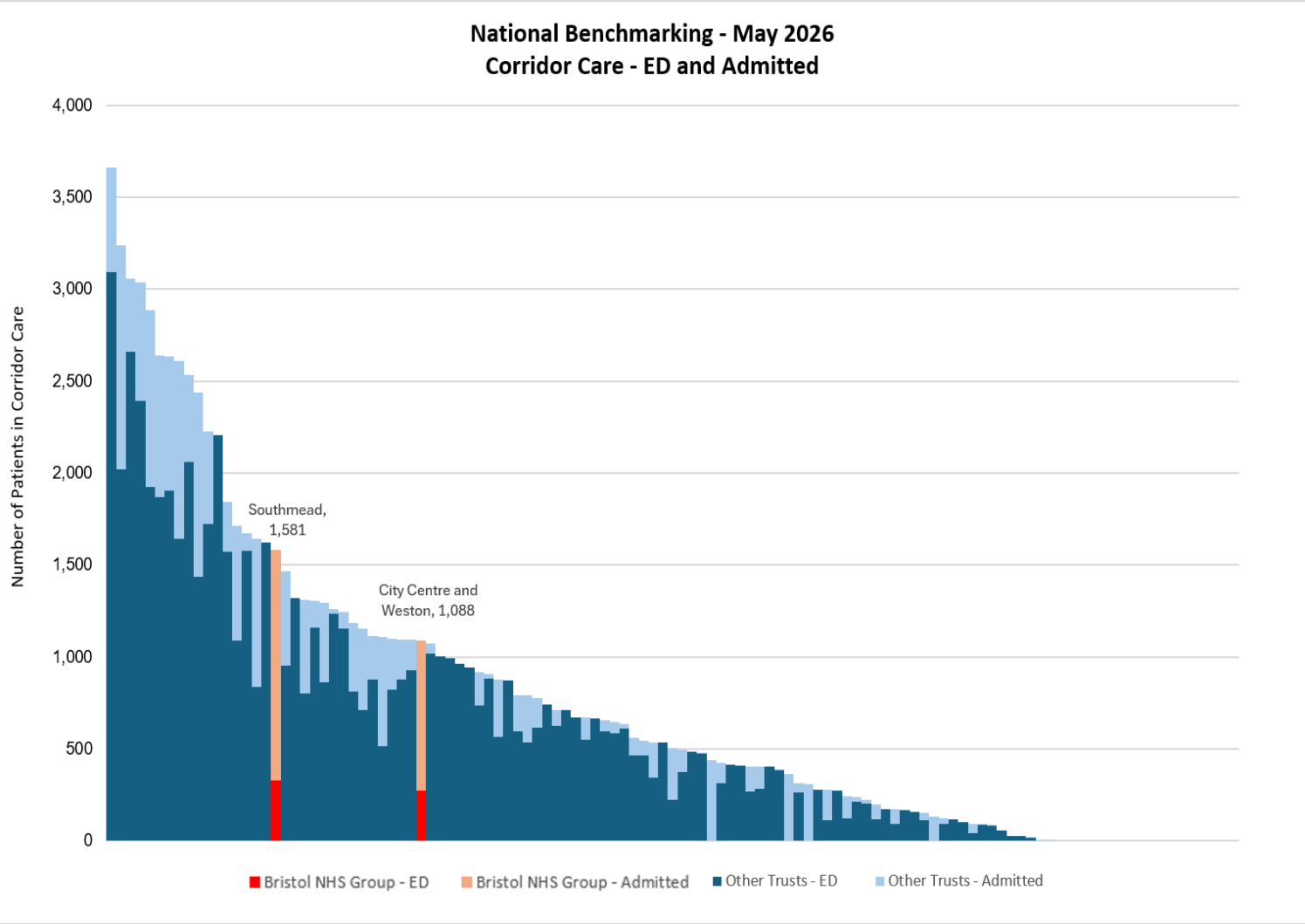
There were an average of 27 admitted patients being cared for in an escalation beds for the month of May.



There were an average of 29 admitted patients being cared for each day in an escalation bed during May (39 in April).

Responsiveness - Benchmarking

Corridor Care



During May 2026 the national trust average number of patients who received some form of corridor care was 771 (average of 594 in ED and 177 in G&A beds).

The trust with the highest volumes reported 3,661 patients in corridor care (3,090 in ED and 571 in G&A beds). 19 of 117 Trusts reported no cases of corridor care.

Reviewing the same set of data, the two Bristol NHS Group Hospital Operating Units reported the following:

- Southmead Corridor Care ED: 327 (3% of attendances)
- Southmead Corridor Care Admitted: 1254
- **Southmead Corridor Care Total: 1581**

- City Centre and Weston Corridor Care ED: 271 (2% of attendances)
- City Centre and Weston Corridor Care Admitted: 817
- **City Centre and Weston Corridor Care Total: 1088**

Across the Group, this equates to:
- Bristol NHS Group Corridor Care ED: 598
- Bristol NHS Group Corridor Care Admitted: 2071
- **Bristol NHS Group Corridor Care Total: 2669**

Responsiveness

Percentage of Inpatients with No Criteria to Reside

NHS Bristol NHS Group
Bristol | Weston

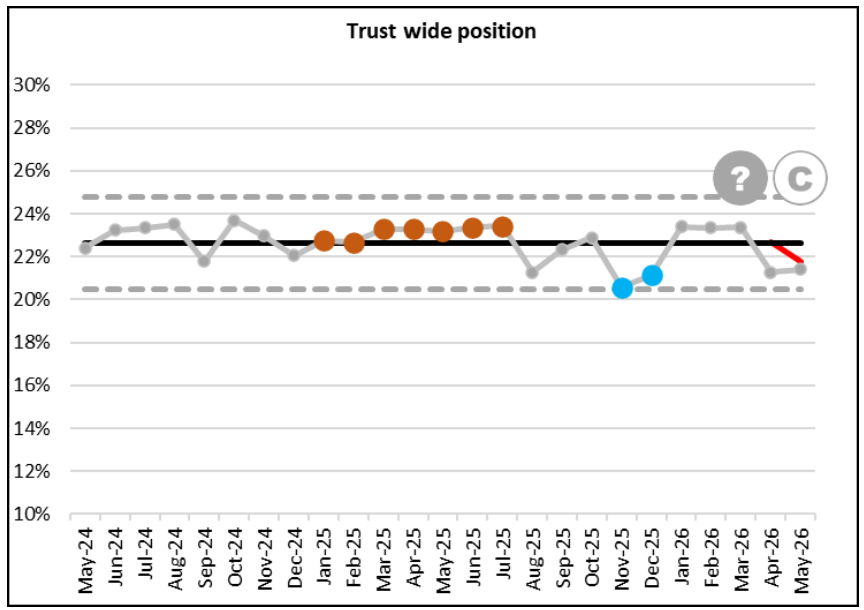
Latest Month
May-26

Performance
21.4%

Target
21.8%

Trust Level / Corporate Risk
Risk 2182 - Score 12
Risk 423 - Score 25
Risk 8252 - Score 20

Performance - Previous Month
21.3%

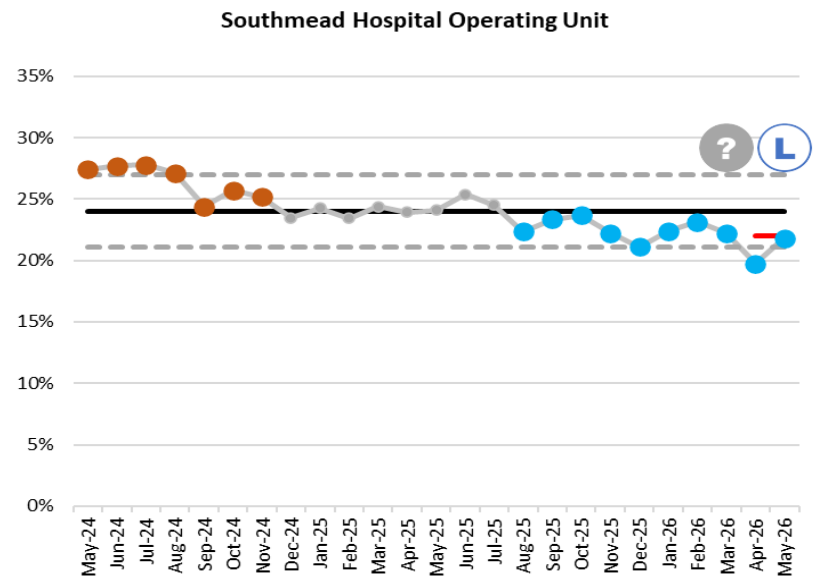


What does the data tell us?
The percentage of patients with no criteria to reside was on plan for May, with position of 21.4% against target of 21.8%.

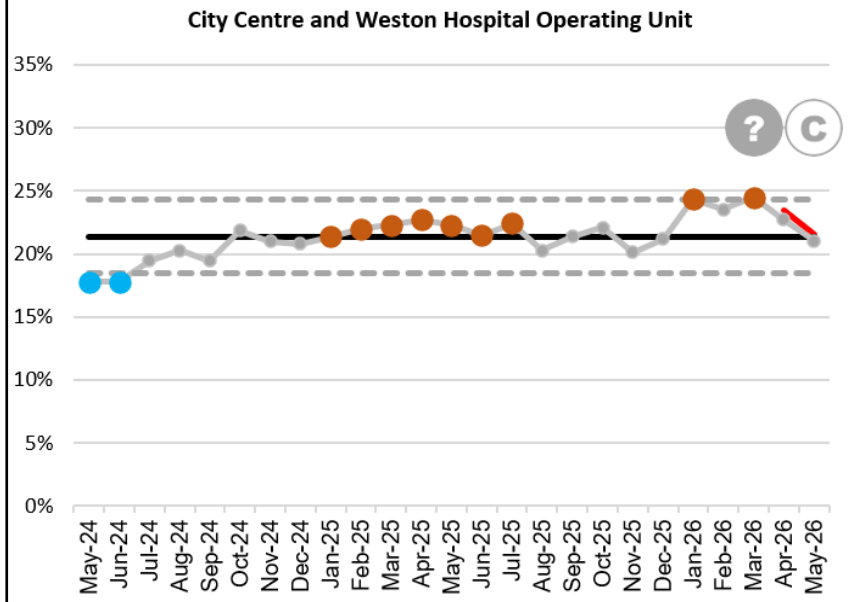
Actions being taken to improve

- System-wide Intermediate Care Data & Benefits Delivery Group established, chaired by the Southmead HOU Hospital Managing Director.
- The Burren business case being developed to provide additional 52 intermediate care beds for 12 months in the community – case goes to GEM for sign off on 17 June 2026
- Elgar business case being developed and aligned to Burren business case – taken together the two schemes provide strategic opportunity to reduce NCTR backlogs (Burren) and sustain longer term superspell reduction and improved patient outcomes (Elgar)
- Sirona leading on new model of care for Home Based Intermediate Care (HBIC)

Impact on forecast
June is tracking to deliver similar performance to May.



Test of Change Weeks (ToCW) –May cycle being evaluated. Schemes identified so far will focus on releasing time to care by testing online referrals into community nursing and matching Frailty@home discharges with suitable at home care, thereby expanding the patient suitability criteria.
Implementation of a Transfer of Care Hub based End of Life Discharge Team has reduce LOS for EOL patients by 10 days on average.
Operational grip improvements - include closing down all referrals to community on-day, ensuring all discharge medications for are ready by the evening prior on the day before discharge, daily action touchpoint meetings with partners in the Transfer of Care Hub to eliminate blocks in discharge planning.



Focus with partner organisations to reduce >21 day NCTR length of stay with seven fewer patients in May, resulting in 320 fewer bed days

Improvement in internal delays for three consecutive months resulting in reduction in length of stay.

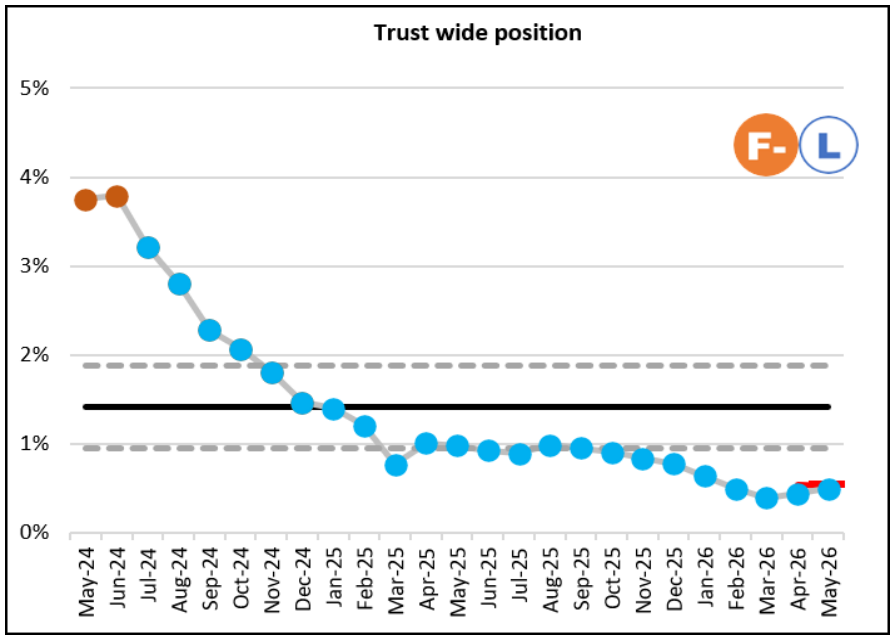
93 patients left hospital through Early Supported Discharges saving 309 bed days

Responsiveness

Referral To Treatment Percentage Over 52 Weeks

NHS Bristol NHS Group
Bristol | Weston

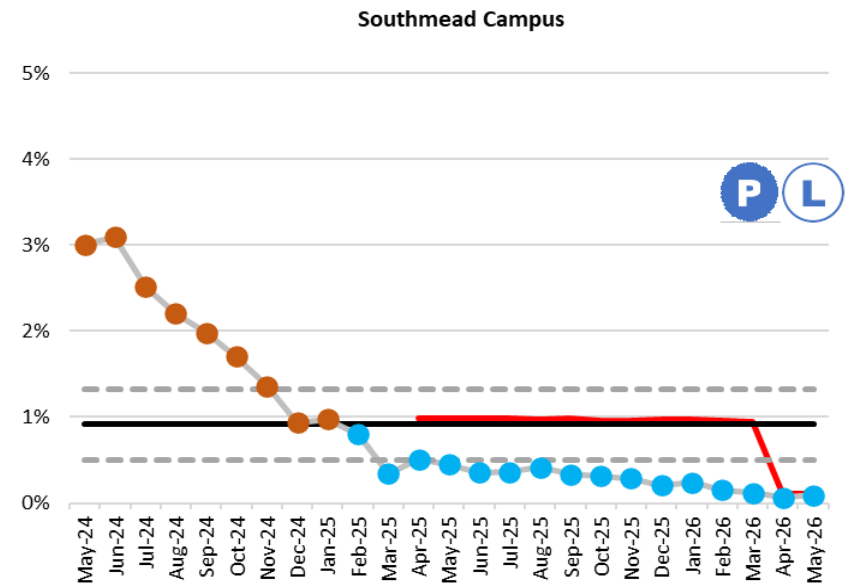
Latest Month
May-26
Performance
0.5%
Target
0.5%
Trust Level / Corporate Risk
Risk 801 - Score 12
Performance - Previous
0.4%



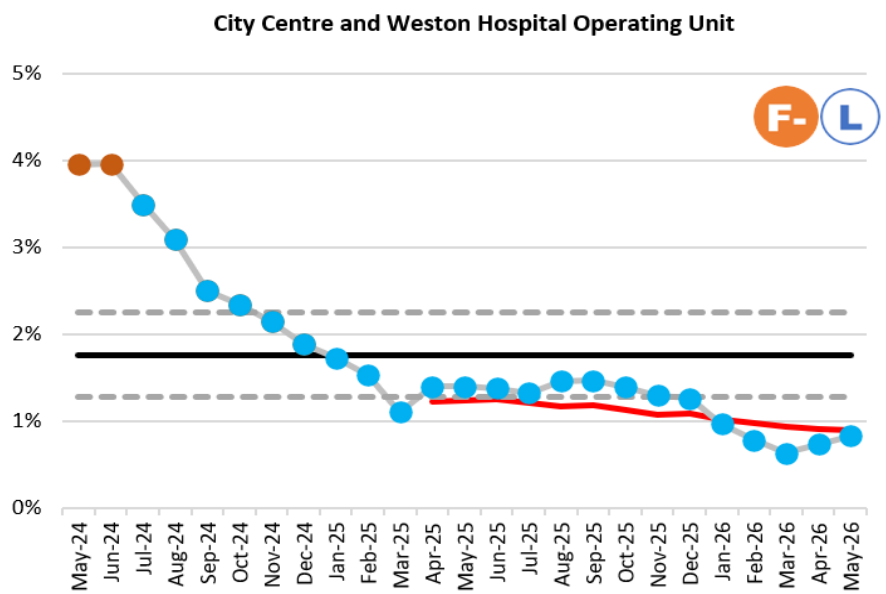
What does the data tell us?
The Group has been experiencing consistent improvements in reducing waits for treatment in excess of 52 weeks since July 2024.

Actions being taken to improve
Both Hospital Operating Units (HOU) have continued to utilise additional capacity and productivity improvements to deliver sustainable reductions in long-waiting patients.

Impact on forecast
The Group anticipates continued month-on-month improvements.



At Southmead, less than 0.1% of the patients on the referral to treatment waiting list have been waiting more than 52 weeks.



416 patients were waiting for 52 weeks or more at the end of May (368 in April), against the total waiting list size of 49,981 (0.8% of waiting list vs trajectory 0.9)%.

Paediatric Dentistry Consultant capacity and a continued challenge with recruiting to this specialised role has led to an increase in long waits within this particular specialty. Plans are in place to recover the position, supported by additional oversight from Chief Operating Officer.

Responsiveness

Referral To Treatment Ongoing Pathways Under 18 Weeks

NHS Bristol NHS Group
Bristol | Weston

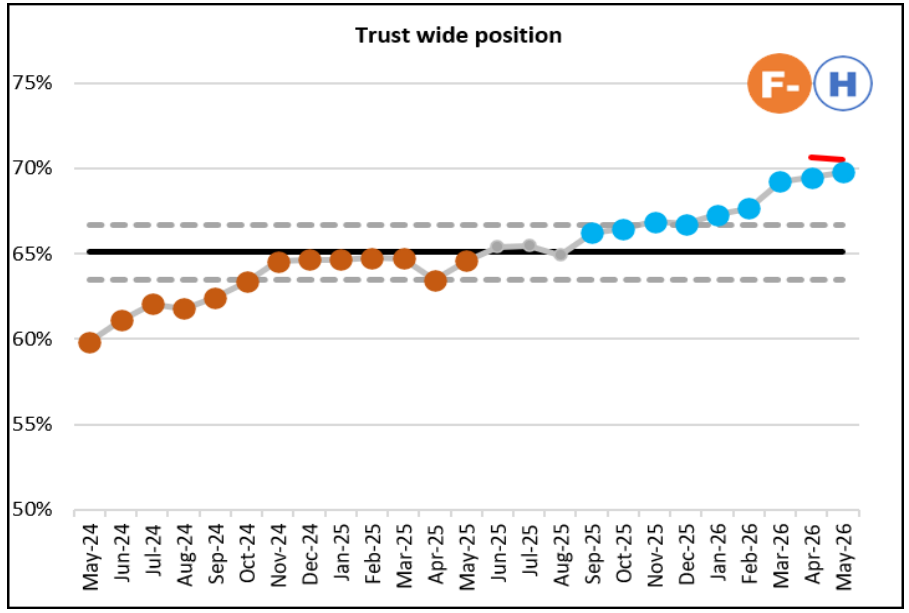
Latest Month
May-26

Performance
69.8%

Target
70.5%

Trust Level / Corporate Risk
Risk 801 - Score 12

Performance - Previous
69.5%

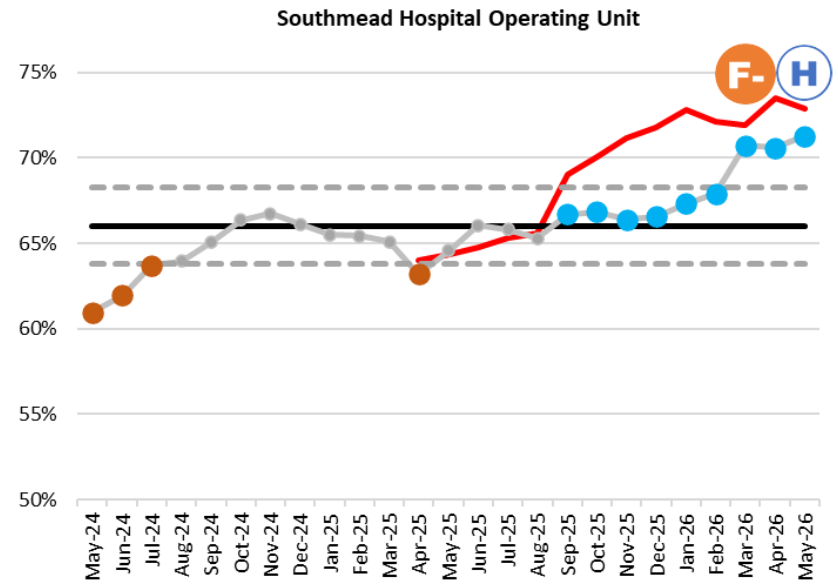


What does the data tell us?
The Group has been consistently trending upwards in its delivery of RTT performance and has exceeded the 2025/26 minimum performance requirement of 65%.

Actions being taken to improve

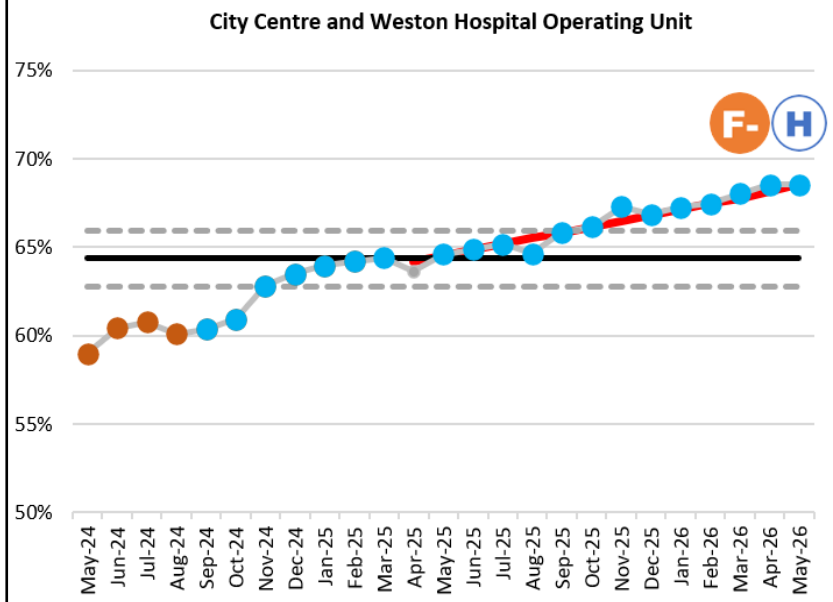
- 2026/27 delivery plans developed with clinical divisions, incorporate additional resource for some of the services requiring greater support to recover their position.
- Both Campuses are utilising DrDoctor for additional patient contacts, identifying whether patients no longer require to be seen (self-limiting 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 into 2026/27.



2026/27 delivery plans developed with clinical divisions incorporate additional resource for some of the services (e.g. Cardiology, Gastroenterology, General Surgery, Gynaecology) requiring greater support to recover their position.

The planned care GIRFT board work-stream is focused on improving capacity and efficiency in the Admitted schemes. Focusing on theatre productivity and maximising case delivery for patients over 18 weeks.



The reported position at end of May was 68.6% against the target of 68.5%

Wait to first targets are in place by speciality to support the tracking of reducing the waiting time for first appointment. This added focus will ensure that patients are diagnosed earlier in the pathway.

Responsiveness

Referral To Treatment Number of Ongoing Pathways

NHS Bristol NHS Group
Bristol | Weston

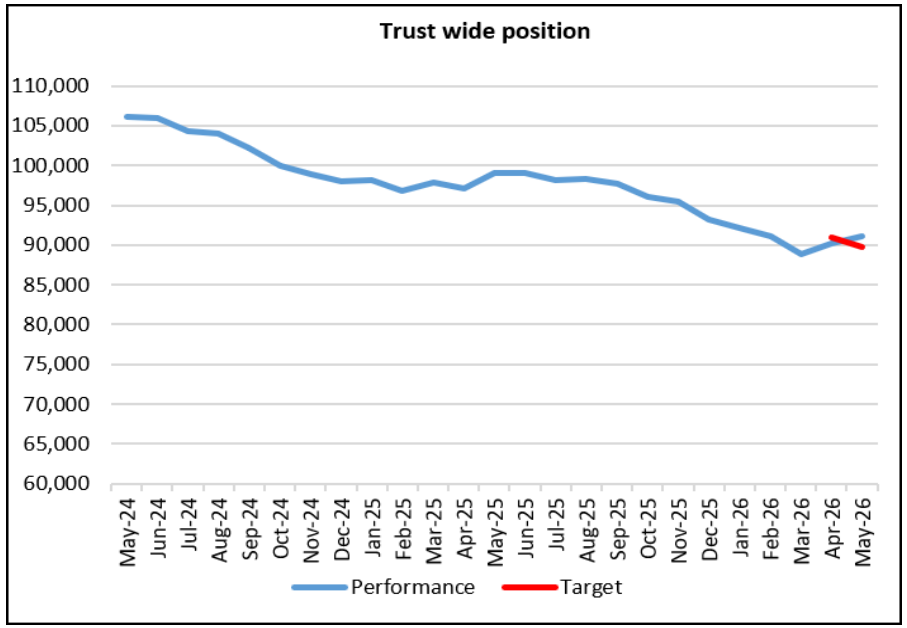
Latest Month
May-26

Performance
91168

Target
89733

Trust Level / Corporate Risk
Risk 801 - Score 12

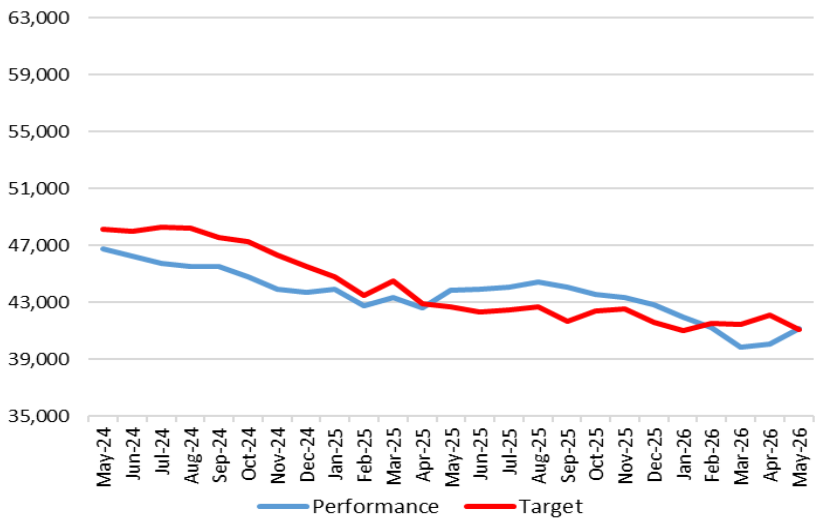
Performance - Previous
90269



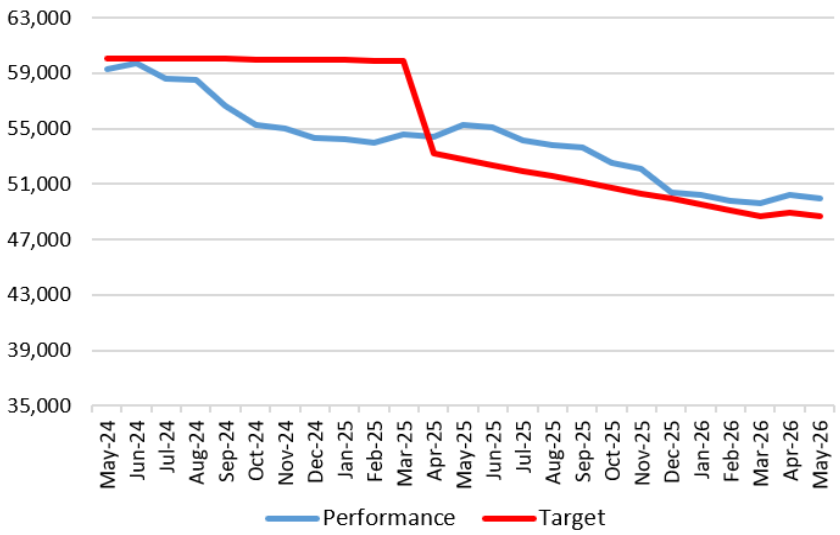
What does the data tell us?
The Group has been experiencing a steady reduction in wait list size.

Actions being taken to improve
Focus continues to reduce the overall waiting list size with additional activity required to achieve the reduction in waiting list size target throughout 2026/27.

Impact on forecast
Continued delivery of wait list size reduction.



At the end of May, the total waiting list size was 41,187 which was only marginally above the target of 41,068 for the month.



At the end of May, the total waiting list size was 49,981 against a target of 48,665.

A focussed validation exercise during May helped to further reduce the waiting list size from April, noting that there have been increases in the Neurology service (c100 increase) associated with consultant gaps in both Neurology and Uveitis.

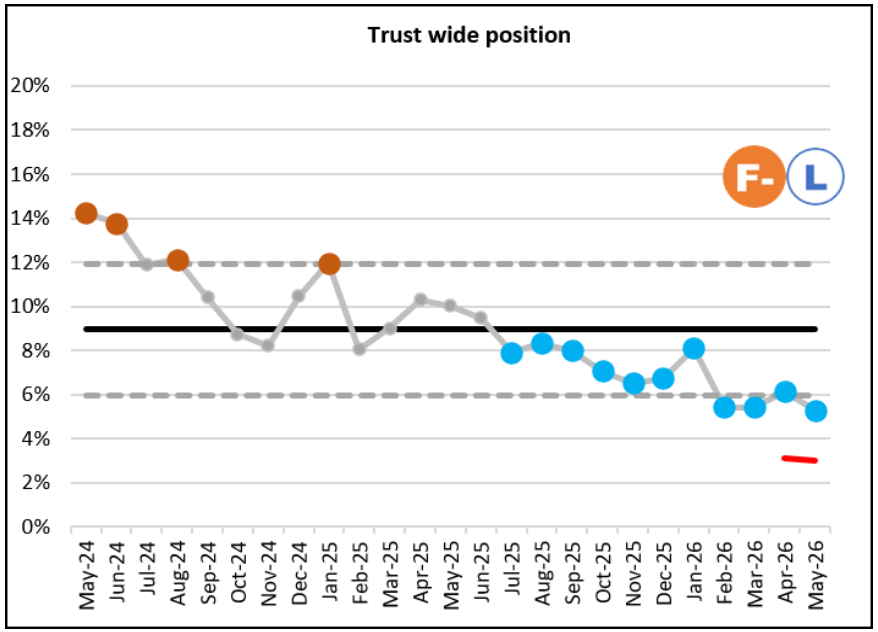
Whilst the service are recruiting into vacancies, waiting list initiatives are being stood up to address this growth.

Responsiveness

Diagnostics Percentage Over 6 Weeks

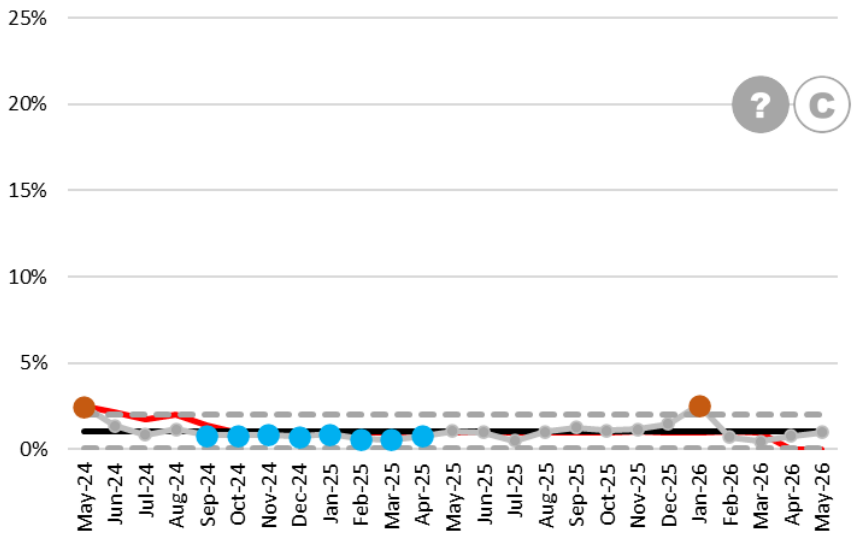
NHS Bristol NHS Group
Bristol | Weston

Latest Month
May-26
Performance
5.3%
Target
3.0%
Trust Level / Corporate Risk
Risk 801 - Score 12
Performance - Previous Month
6.1%

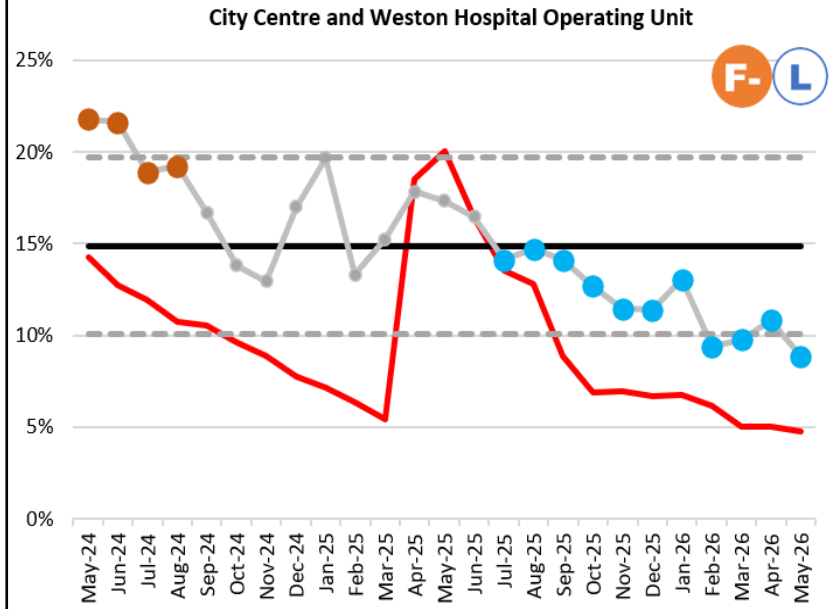


What does the data tell us?
The Group has been experiencing a steady reduction in breaches of the standard; however, performance was above target for May.

Actions being taken to improve and Impact on Forecast
Detailed in the City Centre and Weston Campuses update below.



The Southmead Hospital Operating Unit has been back to delivering constitutional standard since February 2026.



A number of modalities are achieving the Diagnostic 6ww national standard of <1% including Adult MRI, noting that performance challenges remain in Endoscopy, Cardiac and Paediatric sub-specialities.

Despite performance improvement, the total waiting list has increased in May which will have an impact to June performance.

Actions underway to address waiting list increase and performance include:

- Endoscopy Vanguard Unit stood up in June
- NOUS outsourcing
- Deep dive into growth in CT waiting list increase

Responsiveness

Cancer - 28 Day Faster Diagnosis

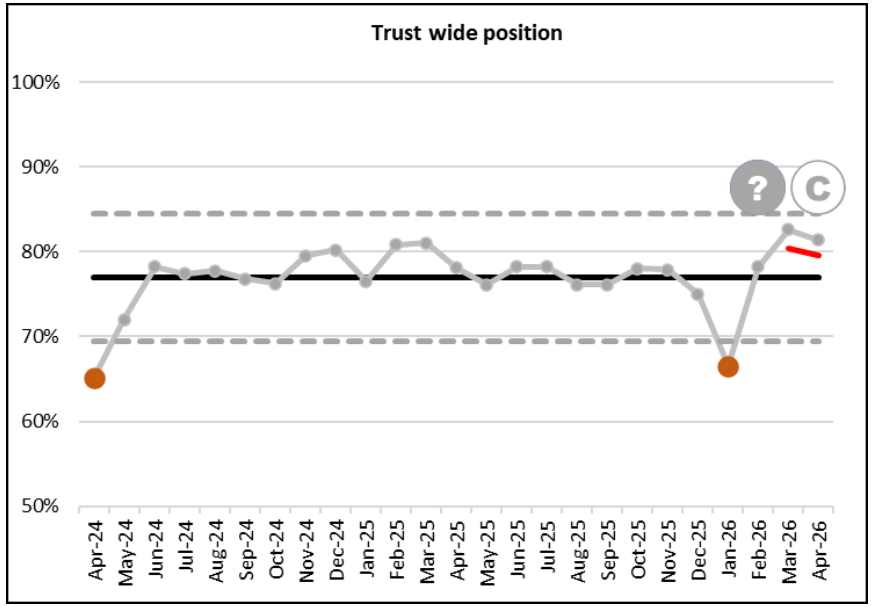
Latest Month
Apr-26

Performance
81.4%

Target
79.6%

Trust Level / Corporate Risk
Risk 988 - Score 15
Risk 6782 - Score 12

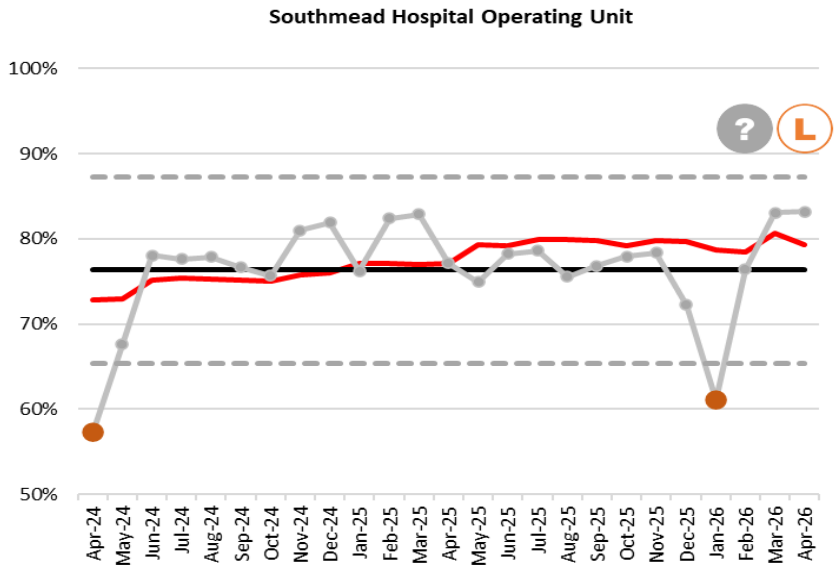
Performance - Previous Month
82.6%



What does the data tell us?
Performance was slightly lower in April compared to March but remained ahead of target and the national standard.

Actions being taken to improve
Tumour site delivery varies considerably across the Hospital Operating Units (HOUs); therefore, actions related to improvements are detailed in the relevant sections below.

Impact on forecast
The Group anticipates ongoing delivery of this standard.

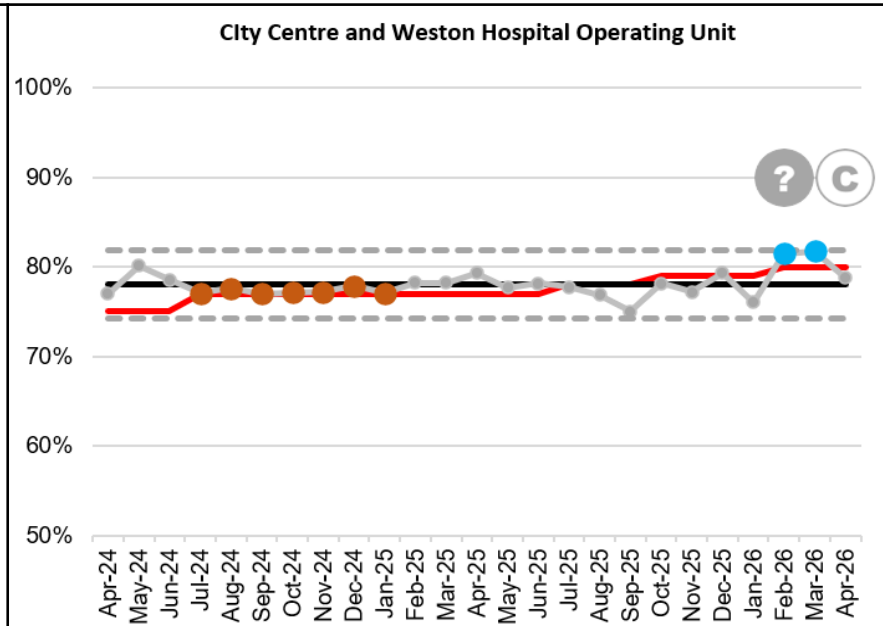


As anticipated and forecast, 28-Day performance delivered to plan in April 2026.

Key areas of focus are 1st OPA within Breast and diagnostic capacity and turnaround times in Urology. SWAG and NHSE funding has been approved.

Additional high-cost insourcing to clear the backlog of patients waiting over 28 days for a diagnosis and review of core capacity delivered by Southmead staff.

The 2026/27 trajectory is on plan.



The position was not compliant due to impact of the fire at the Weston site on endoscopy provision.

Reprovision of endoscopy capacity on the Weston site (expected 22/06) will address the main cause of deterioration, however a further, short-term, deterioration will be seen before improvement as patients who have declined other sites attend for their procedures

A return to trajectory in Q2 is expected

Responsiveness

Cancer - 31 Day Decision-To-Treat to Start of Treatment

NHS Bristol NHS Group
Bristol | Weston

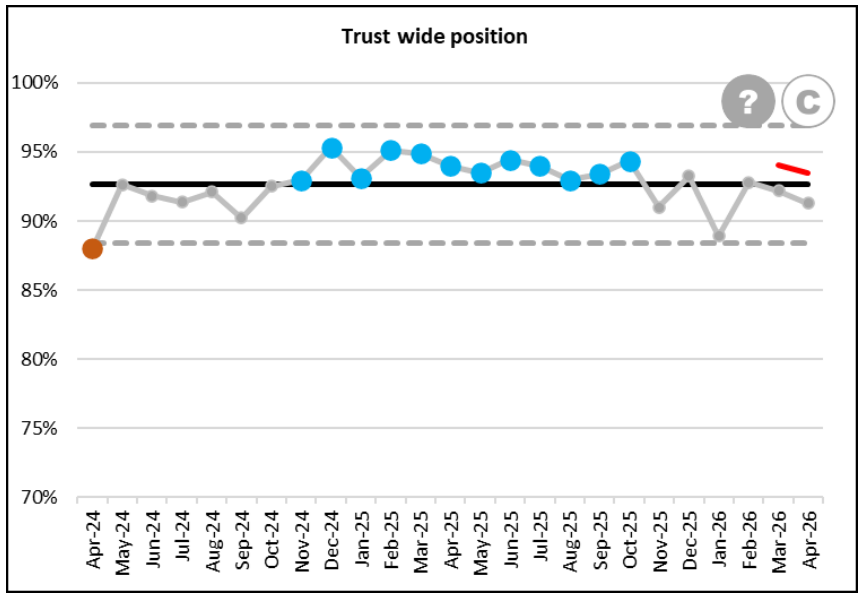
Latest Month
Apr-26

Performance
91.3%

Target
93.4%

Trust Level / Corporate Risk
Risk 988 - Score 15
Risk 5532 - Score 12

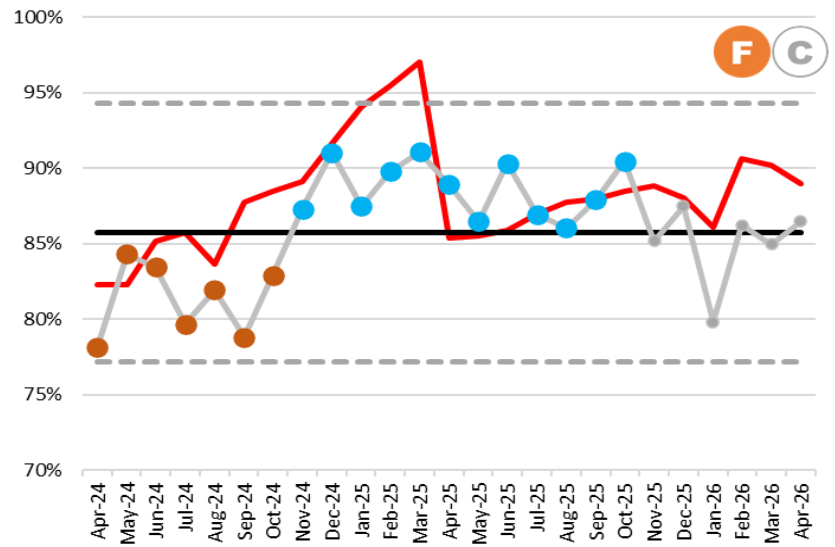
Performance - Previous Month
92.2%



What does the data tell us?
31-Day performance did not meet the trajectory for April.

Actions being taken to improve
Tumour site delivery varies considerably across the Hospital Operating Units (HOU); therefore, actions related to improvements are detailed in the relevant sections below.

Impact on forecast
Improvements are most closely linked to the Southmead Campus delivery due to the larger size of the wait list.

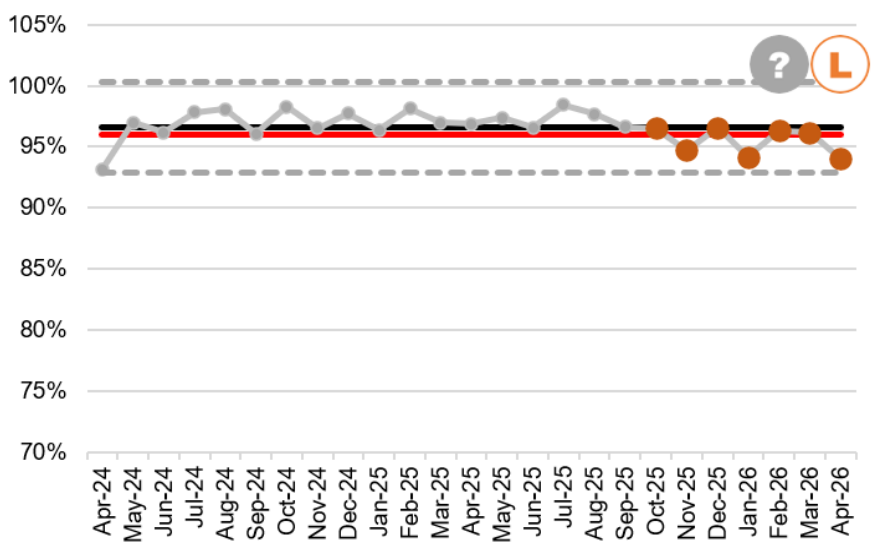


31-Day performance did not meet the trajectory for April 2026.

Southmead treated less cancer patients in the month than planned, and many of these patients had already waited more than 31 days for their treatment.

Stretching recovery plans are in place to deliver additional treatments with recovery plans being monitored on a weekly basis through a COO-led governance.

Southmead is currently off plan for May 2026 at <1% variation.



The standard was not compliant with the national standard but did meet NHSE's interim compliance threshold of 94%.

Additional chemotherapy facility is being built at South Bristol Community Hospital (originally anticipated in November, now expected Q4) and mitigations, including additional chemotherapy capacity being put on at weekends in the meantime.

Performance will likely oscillate in the range of 94-96% until Q4 when the new chemotherapy unit opens.

Responsiveness

Cancer - 62 Referral To Treatment

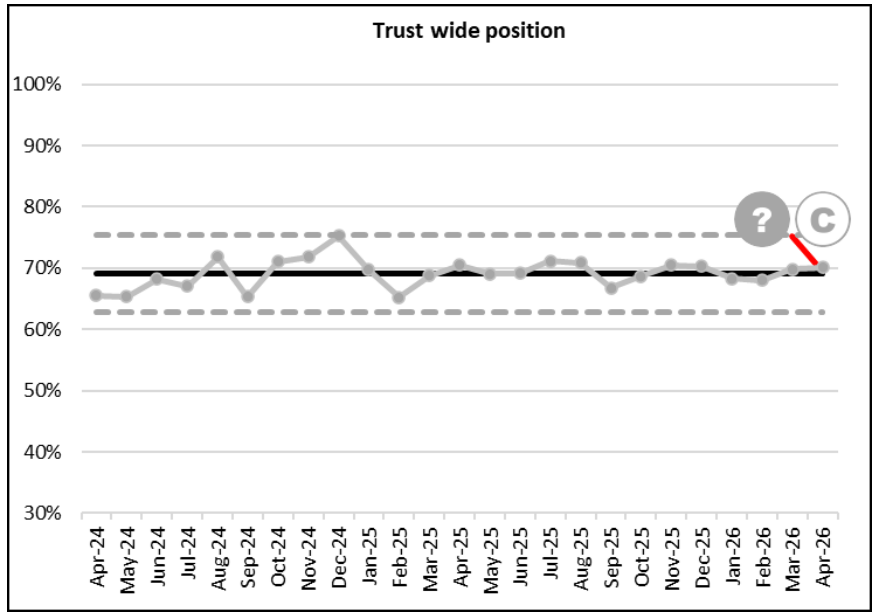
Latest Month
Apr-26

Performance
70.1%

Target
69.5%

Trust Level / Corporate Risk
Risk 988 - Score 15
Risk 5531 - Score 12

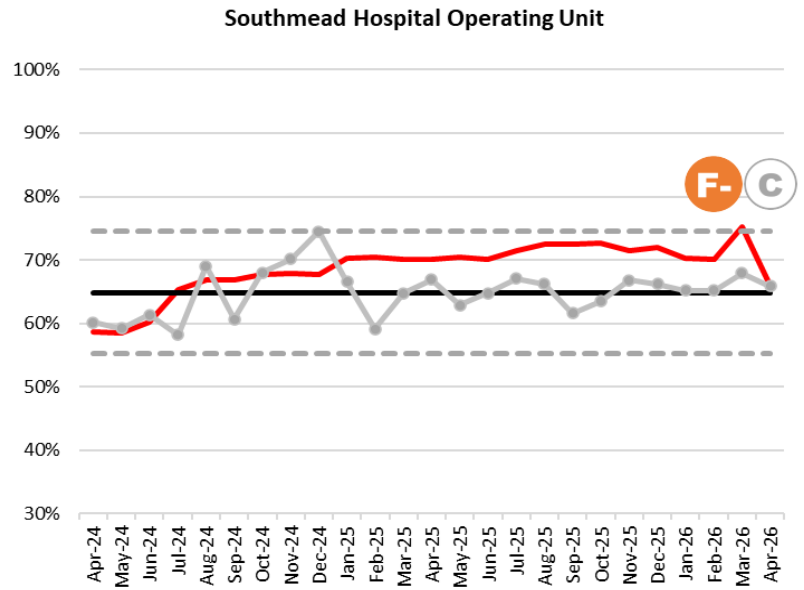
Performance - Previous Month
69.8%



What does the data tell us?
62-Day performance met the trajectory for April.

Actions being taken to improve
Tumour site delivery varies considerably across the Hospital Operating Units (HOU); therefore, actions related to improvements are detailed in the relevant sections below.

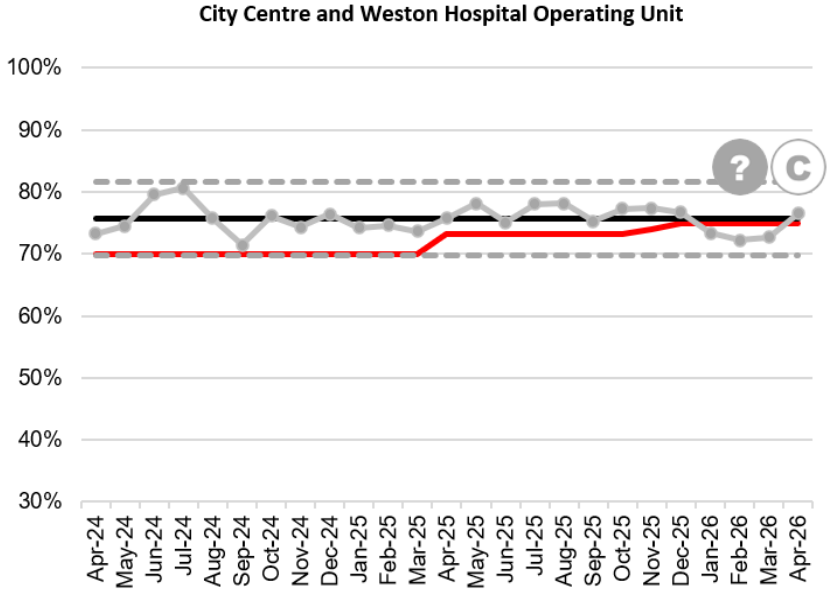
Impact on forecast
Early indications are that 62-day performance in May is likely to be very close to achieving the 75% target.



April performance was just off plan for April (off plan by 0.1%)

Urology has shown improvement and is on track against the specialty improvement plan. Regional support is being provided to support demand management of Inter-provider Transfers, a specific area of growth.

Breast Services are challenged in both screening and symptomatic pathways; this is primarily driven by workforce challenges relating to hard-to-recruit radiologists. A specific review of the breast pathway utilising GIRFT guidance and principles is underway.



Performance was compliant with the trajectory and interim compliance threshold.

Improvement actions are the same as for the 31-day standard (see previous slide)

Compliance with the trajectory will depend on chemotherapy delivery and may vary until end of Q4

Responsiveness

Last Minute Cancelled Operations - Percentage of Elective Admissions

NHS Bristol NHS Group
Bristol | Weston

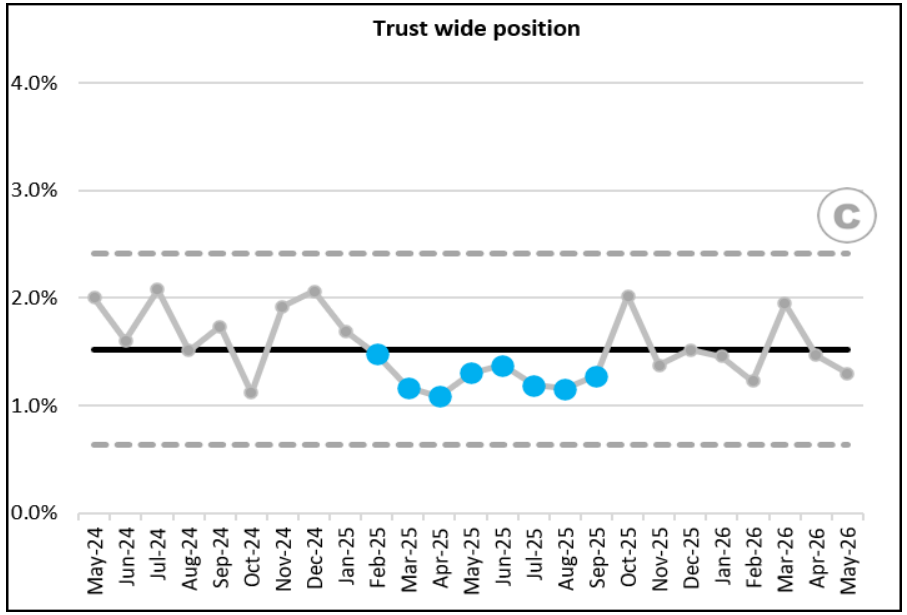
Latest Month
May-26

Performance
1.3%

Target
No Target

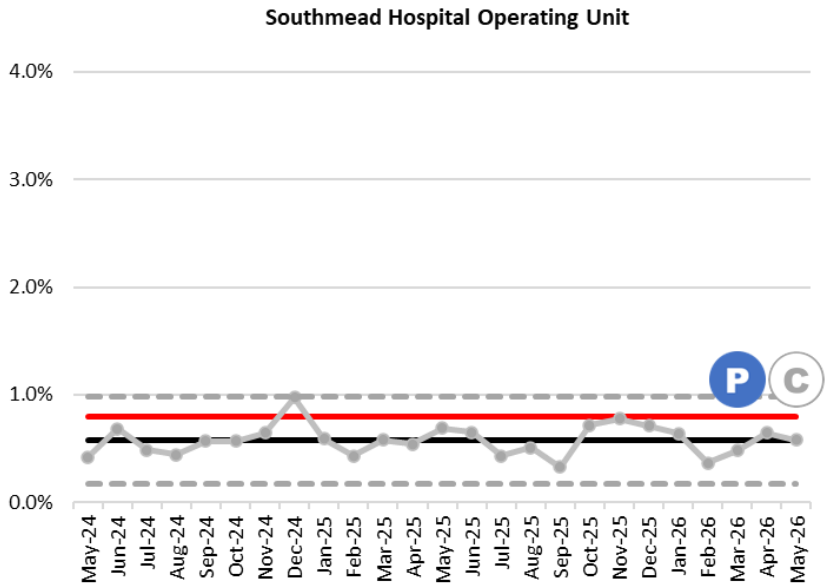
Trust Level / Corporate Risk
Risk 1035 - Score 16

Performance - Previous
1.5%

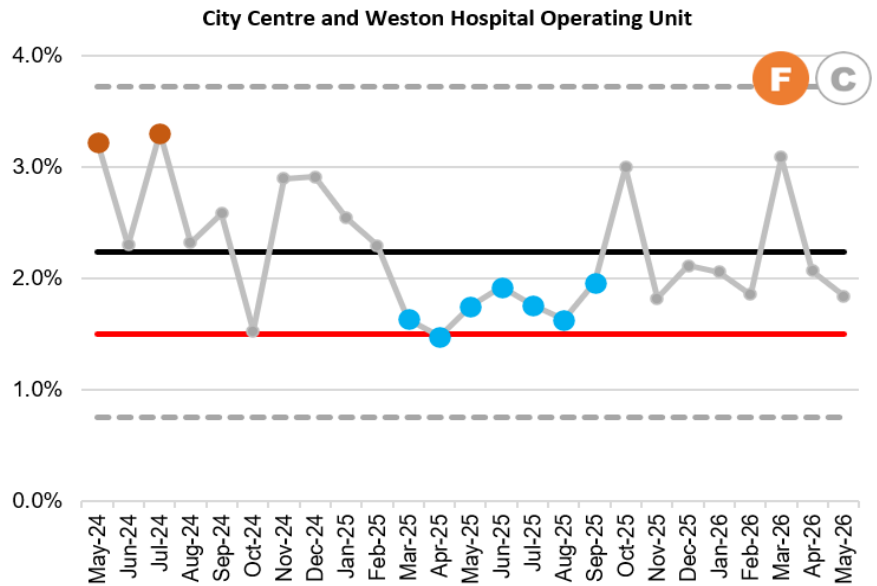


What does the data tell us?
Southmead continues to deliver the national target at less than 0.8% for last minute cancellations, however, the City Centre and Weston Hospital Operating Unit (HOU) continues to have challenges in this area.

Actions being taken to improve and Impact on Forecast
Detailed in the City Centre and Weston HOU update below.



Southmead continues to meet the national target of less than 0.8% for last minute cancelled operations.



During May, there was further improvement in last minute cancellations (1.8% in May vs 2.1% in April) whilst there were continued operational challenges associated with the availability of Weston endoscopy rooms as well as notable bed pressures on the main sites.

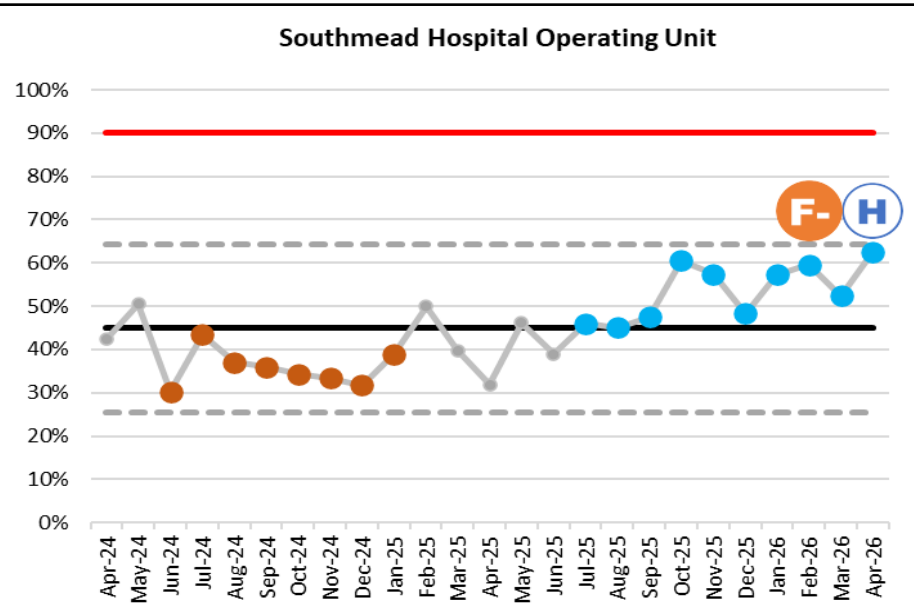
Continued work relating to theatre booking, theatre scheduling and the pre-assessment workstream is expected to support a sustainable reduction in last minute cancellations in coming months.

Responsiveness

Stroke Performance – To Unit within 4 Hours and Thrombolysis within 1 hour

NHS Bristol NHS Group
Bristol | Weston

Latest Month
Apr-26
Target
90.0%
Latest Month's Position
62.6%
Performance / Assurance
Special Cause Improving Variation High, where up is improvement but target is greater than upper limit
Trust Level Risk
Risk 1704 - There is a risk that patients receive sub-optimal stroke care and face potential worse clinical outcomes as a result of poor Trust performance against delivery of key national benchmarks (15).



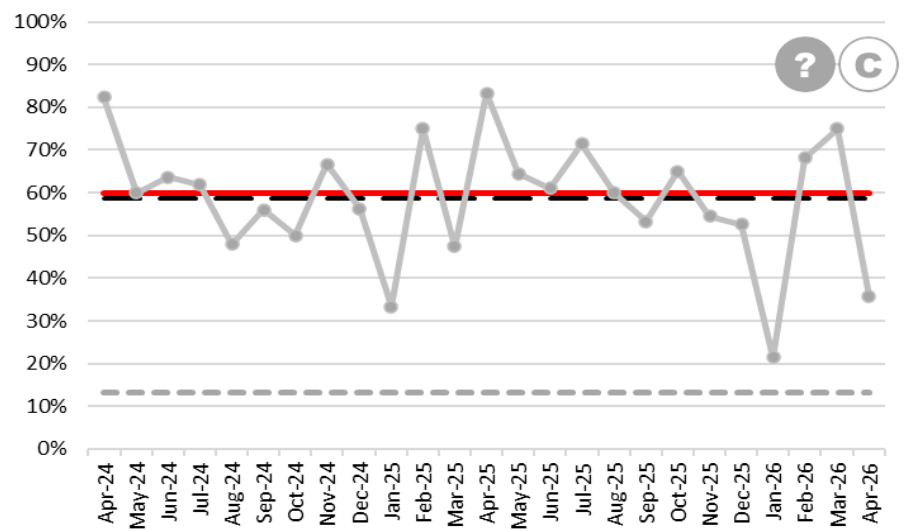
What does the data tell us?
Following reduced occupancy in April, the 4-hour to ward performance showed our strongest performance for two years. This is coupled with the change in categorisation of the Stroke Assessment area as it matches the description on SSNAP (Sentinel Stroke National Audit Programme) of a Stroke Unit.

Actions being taken to improve
The Hot Bed SOP has gone through Stroke and NMSK clinical governance - including consulting with NBT and BRI site teams. This was approved by Operational Management Board on 10th June.

This metric is directly related to occupancy. Work with the ICB for further community provision is being undertaken and progressing.

Impact on Forecast
Occupancy in May has increased slightly, owing to a spike in admissions. We would expect a dip in May's performance.

Latest Month
Apr-26
Target
60.0%
Latest Month's Position
35.7%
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
Risk 1704 - There is a risk that patients receive sub-optimal stroke care and face potential worse clinical outcomes as a result of poor Trust performance against delivery of key national benchmarks (15).



What does the data tell us?
Following strong performance in February and March, April saw a dip in performance. As noted previously, thrombolysis figures are based on a small patient cohort, which contributes to variability.

As we continue to provide an increasing amount of extended window thrombolysis on a case-by-case basis, often requiring additional investigations to support safe and well-informed decision-making we are working with NMSK DMT in how to best provide these figures to accurately reflect the service provided.

Actions being taken to improve
A bi-weekly reperfusion meeting is now well established, along with our strengthened governance and review processes.

Timelier access to MRI is required to support decision-making for extended thrombolysis. The imaging business case which includes an additional wake-up MRI slot and timely access to CTP has been approved.

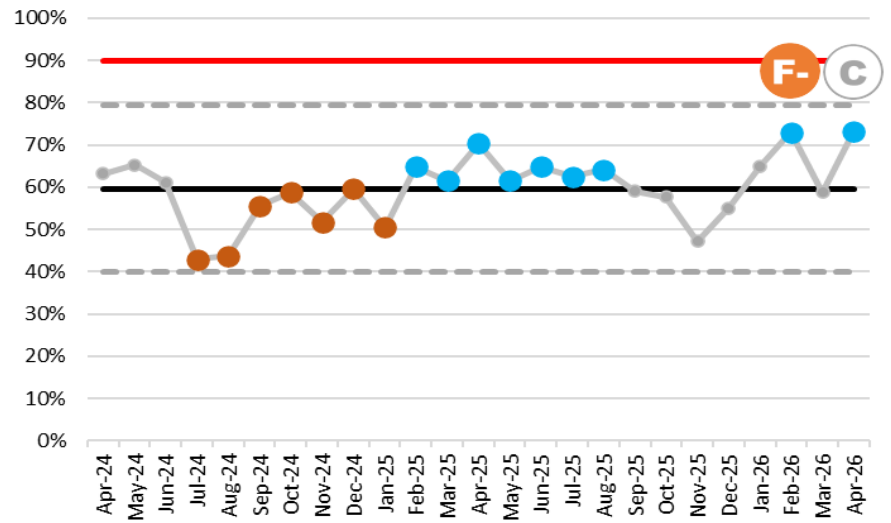
Impact on Forecast
We continue to see stable performance, although slightly impacted by performing more extended thrombolysis.

Responsiveness

Stroke Performance – Time in Unit and Seen Within 14 Hours by a Consultant

NHS Bristol NHS Group
Bristol | Weston

Latest Month
Apr-26
Target
90.0%
Latest Month's Position
73.3%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
Risk 1704 - There is a risk that patients receive sub-optimal stroke care and face potential worse clinical outcomes as a result of poor Trust performance against delivery of key national benchmarks (15).

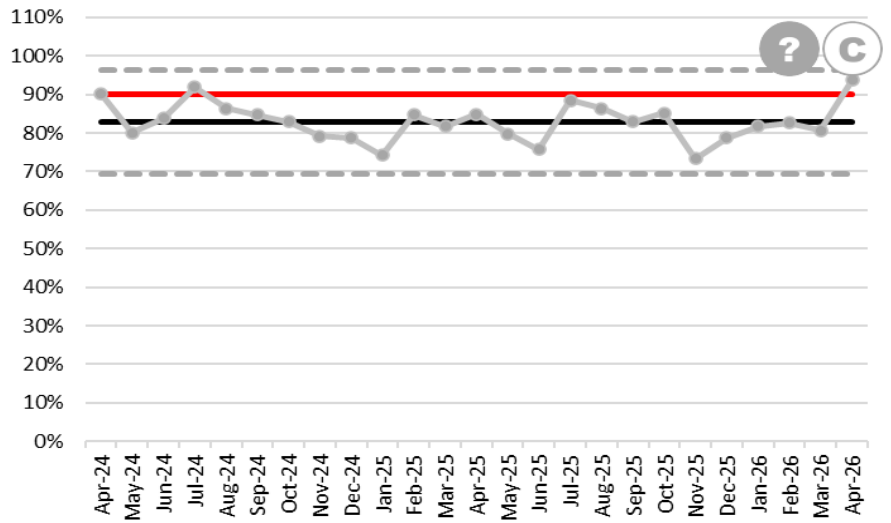


What does the data tell us?
Along with ward to 4 hour performance, 90% stay on a stroke unit performance is related to occupancy rates. April seeing a lower than average occupancy for stroke and less patients needing to be outlied.

Actions being taken to improve
System-level work, with the ICB for further community provision is being undertaken and progressing, which in turn releases acute capacity.

Impact on Forecast
Occupancy levels have risen in May so we would expect a dip in performance.

Latest Month
Apr-26
Target
90.0%
Latest Month's Position
93.7%
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
Risk 1704 - There is a risk that patients receive sub-optimal stroke care and face potential worse clinical outcomes as a result of poor Trust performance against delivery of key national benchmarks (15).



What does the data tell us?
Continued improvement in April. Our strongest performance in two years.

Actions being taken to improve
Recent performance continues to be supported by a more sustainable and consistent consultant rota.

Following the launch of a Careflow narrative form in April 2026 we now see the expected improvement from this point owing to enhanced data accuracy and completeness of data.

This is also monitored through SSNAP, providing an additional layer of oversight and external benchmarking.

Impact on Forecast
Expect to see consistent performance then improved performance over the coming months as data completeness improves. May's uptick in patient admissions will affect the improvement.

NHS North Bristol NHS Trust

Quality

Scorecard – Safe Metrics

NHS University Hospitals Bristol and Weston NHS Foundation Trust

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Safe	Pressure Injuries Per 1,000 Beddays	NBT	May-26	0.5	No Target	0.5	N/A	C	Note Performance
		UHBW	May-26	0.2	0.4	0.3	P*	C	Note Performance
Safe	MRSA Hospital Onset Cases	NBT	May-26	0	0	0	F	C	Escalation Summary
		UHBW	May-26	1	0	0	F	C	Escalation Summary
Safe	CDiff Healthcare Associated Cases	NBT	May-26	2	5	7	?	C	Escalation Summary
		UHBW	May-26	10	9.08	13	?	C	Escalation Summary
Safe	EColi Hospital Onset Cases	NBT	May-26	8	4.00	6	?	C	Escalation Summary
		UHBW	May-26	2	9.08	11	?	C	Escalation Summary
Safe	Falls Per 1,000 Beddays	NBT	May-26	6.0	No Target	6.0	N/A	C	Commentary
		UHBW	May-26	4.7	4.8	4.7	?	C	Escalation Summary
Safe	Total Number of Patient Falls Resulting in Harm	NBT	May-26	11	No Target	6	N/A	C	Commentary
		UHBW	May-26	2	2	4	?	C	Escalation Summary
Safe	Medication Incidents per 1,000 Bed Days	NBT	May-26	4.7	No Target	4.3	N/A	L	Note Performance
		UHBW	May-26	7.9	No Target	9.1	N/A	C	Note Performance
Safe	Medication Incidents Causing Moderate or Above Harm	NBT	May-26	7	0	3	F	C	Escalation Summary
		UHBW	May-26	1	0	1	F	C	Escalation Summary
Safe	Adult Inpatients who Received a VTE Risk Assessment	NBT	May-26	97.2%	95.0%	97.5%	P*	C	Note Performance
		UHBW	May-26	83.0%	95.0%	81.9%	F-	H	Escalation Summary
Safe	Staffing Fill Rate	NBT	May-26	102.8%	No Target	102.3%	N/A	C	Note Performance
		UHBW	May-26	103.6%	100.0%	104.0%	P*	L	Escalation Summary

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

Quality

Scorecard – Effective & Caring Metrics

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	Jan-26	91.0	100.0	91.1	P*	L	Note Performance
		UHBW	Jan-26	88.2	100.0	87.4	P*	L	Note Performance
Effective	Fracture Neck of Femur Patients Treated Within 36 Hours	NBT	Apr-26	81.5%	No Target	72.7%	N/A	C	Note Performance
		UHBW	May-26	53.3%	90.0%	36.2%	F-	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	NBT	Apr-26	88.9%	No Target	95.5%	N/A	C	Note Performance
		UHBW	May-26	95.0%	90.0%	95.7%	?	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Achieving Best Practice Tariff	NBT	Apr-26	74.1%	No Target	68.2%	N/A	C	Note Performance
		UHBW	May-26	46.7%	No Target	34.0%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Inpatient	NBT	May-26	91.7%	No Target	92.1%	N/A	C	Note Performance
		UHBW	May-26	96.9%	No Target	96.1%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Outpatient	NBT	May-26	83.7%	No Target	82.6%	N/A	C	Note Performance
		UHBW	May-26	95.1%	No Target	94.2%	N/A	C	Note Performance
Caring	Friends and Family Test Score - ED	NBT	May-26	79.2%	No Target	80.8%	N/A	C	Note Performance
		UHBW	May-26	85.3%	No Target	85.4%	N/A	L	Escalation Summary
Caring	Friends and Family Test Score - Maternity	NBT	May-26	83.7%	No Target	82.6%	N/A	L	Escalation Summary
		UHBW	May-26	100.0%	No Target	97.5%	N/A	C	Note Performance
Caring	Patient Complaints - Formal	NBT	May-26	70	No Target	70	N/A	C	Note Performance
		UHBW	May-26	56	No Target	94	N/A	H	Escalation Summary
Caring	Formal Complaints Responded To Within Trust Timeframe	NBT	May-26	67.1%	90.0%	68.1%	F-	C	Escalation Summary
		UHBW	May-26	49.0%	90.0%	53.4%	F	C	Escalation Summary

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

Quality

Infection Prevention & Control

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

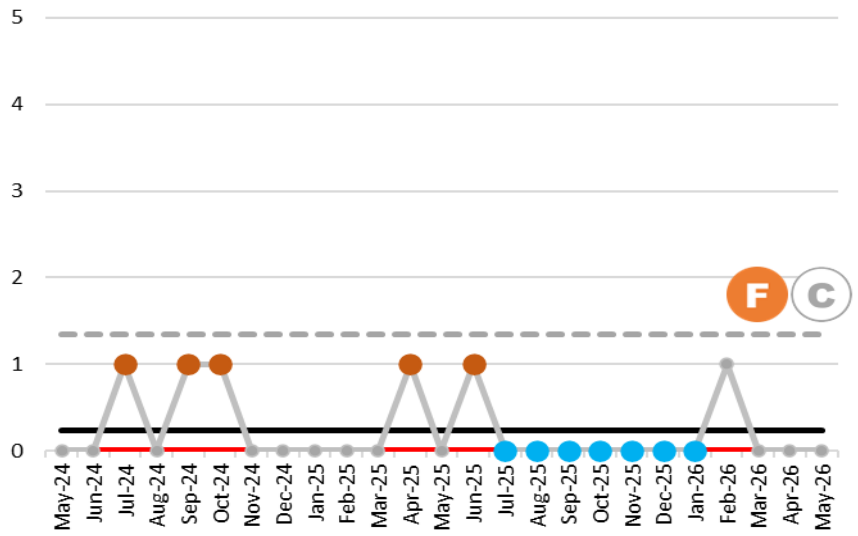
Latest Month
May-26

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

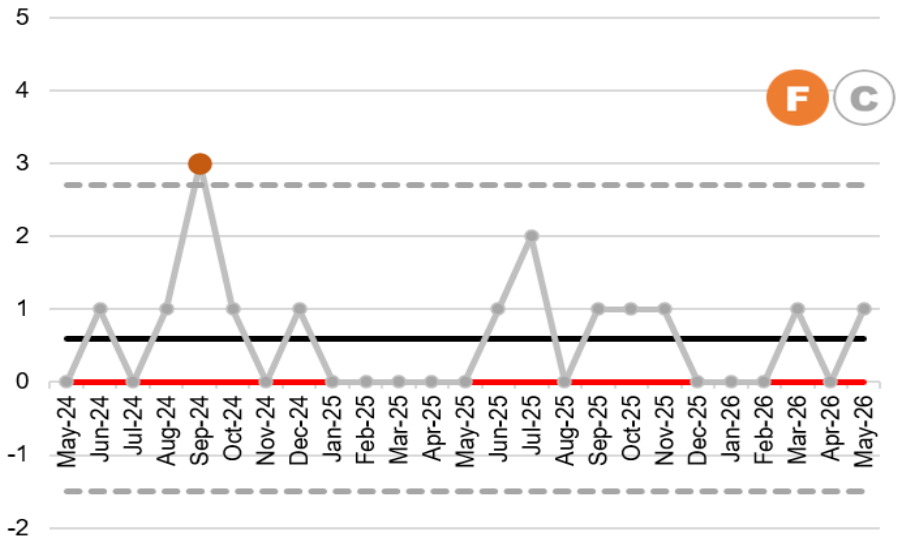


What does the data tell us?
No cases have been reported in May

Actions taken to improve
Actions in place from reviews.

NBT is taking part in some regional ICB improvement work focusing on MSSA and MRSA reduction, learning from all MRSA cases, sharing learning, and looking at causation

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



Latest Month
May-26

Target
0

Latest Month's Position
1

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.

Corporate Risk
Risk 6013 - Risk that the Trust exceeds its NHSE/I limit for Methicillin Resistant Staphylococcus aureus bacteraemia's (12)

What does the data tell us?
The trust has reported one case in May, year to date is now one.

Actions being taken to improve
This case has been reviewed was a complex critical care patient. The likely source was their chest. There is greater context with the case but no specific new learning identified at this stage.

Impact on forecast
The NHSE limit for MRSA bacteraemia is zero, therefore UHBW is above trajectory.

Quality

Infection Prevention & Control

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

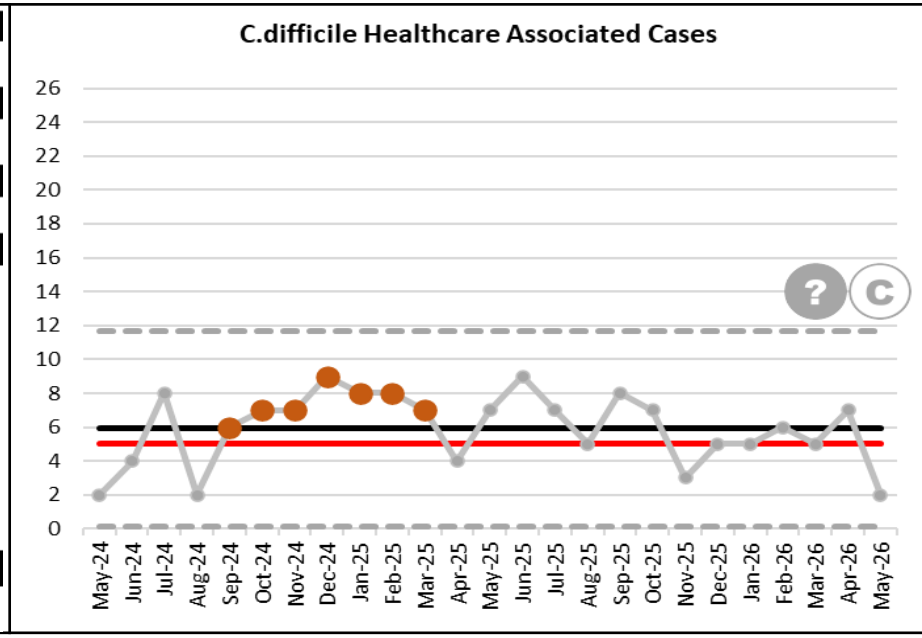
Latest Month
May-26

Target
5

Latest Month's Position
2

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

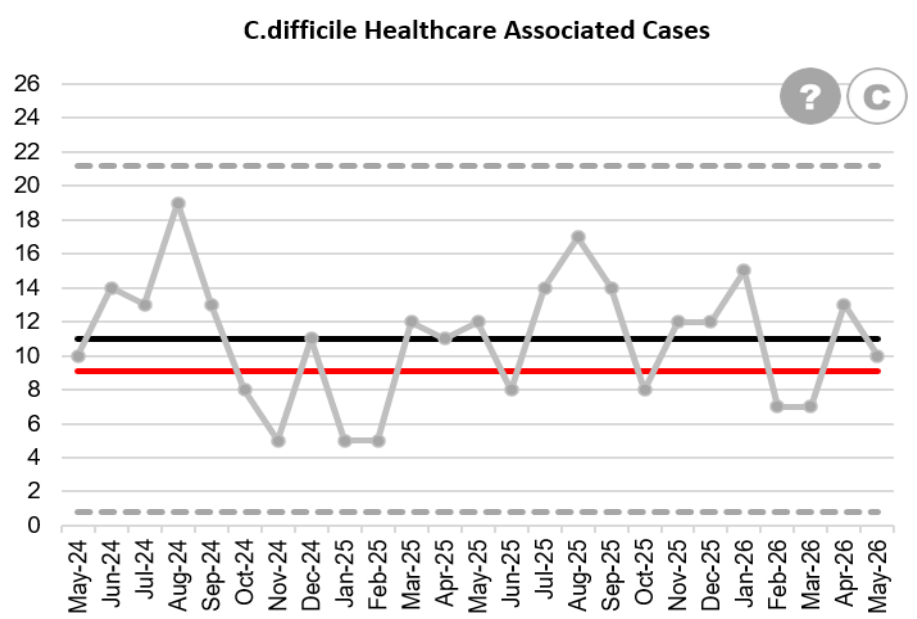
Trust Level Risk
No Trust Level Risk



What does the data tell us?
Cases in May –2 Hospital Onset Hospital Acquired (HOHA) and 3 Community Onset Hospital Acquired (COHA) – The year total to date – 16 cases 9 HOHA & 7 COHA awaiting NHSE trajectory.

Actions being taken to improve
C Diff ward round in place.
Red cleaning in place in bays as part of summer bay hoist programme as part of C Diff reduction programme .
Education with staff with sampling continues .
Cases are reviewed and presented at HCAI group monthly for discussion and learning
NBT contribute to both regional and national C Diff improvement plans .

Impact on forecast
Cases at present are lower than last years trajectory



Latest Month
May-26

Target
9.08

Latest Month's Position
10

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)

What does the data tell us?
C. difficile cases in May 2026 were 10 . These were 5 HOHA and 5 COHA. The year-to-date total is now 23 (13 HOHA & 10 COHA) with an anticipated NHSE Limit / trajectory of 109 (based on 2025/26)

Actions being taken to improve
The ongoing QI work continues with refocused emphasis around cleaning and achieving the required standards. There is a higher incidence in some Divisions than others, based on risk and case mix / age profile / speciality managed through the Division. A targeted Divisional review with actions is underway.

Impact on forecast
The numbers fluctuate seasonally. The risk is that at month 3, 23 cases, could breach the anticipated NHSE limit.

Quality

Infection Prevention & Control

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

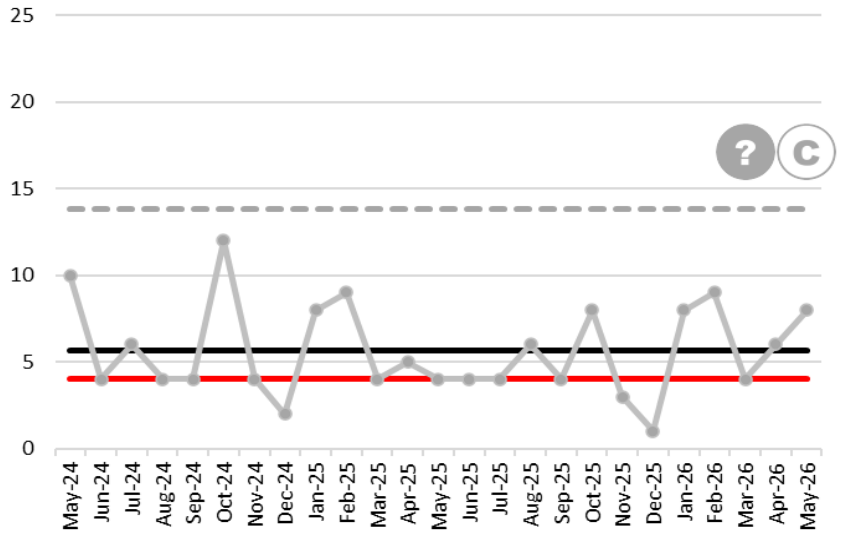
Latest Month
May-26

Target
4

Latest Month's Position
8

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

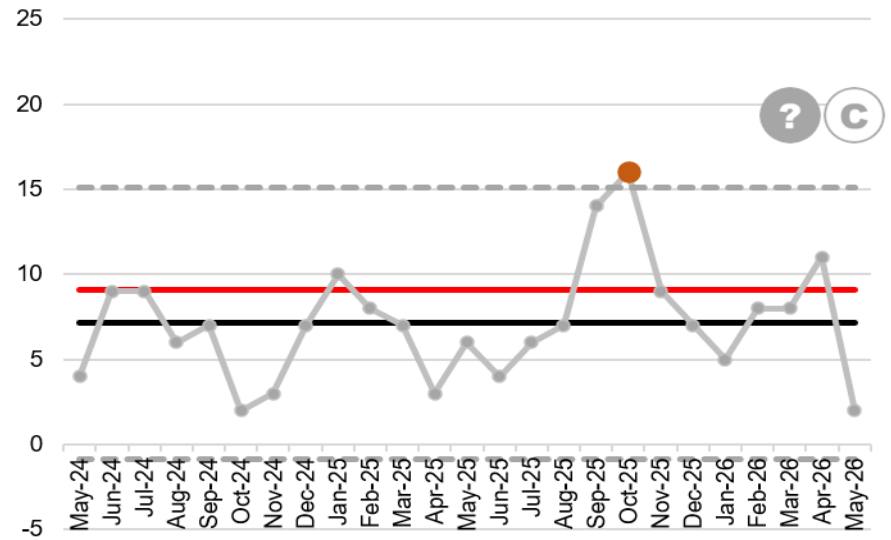
Trust Level Risk
No Trust Level Risk



What does the data tell us?
8 cases reported in May total year to date - 14 cases

Actions being taken to improve:
Working alongside BD Medical, looking at catheter care and reduction of CAUTI as a quality improvement project.

Impact on forecast:
Cases remain below the threshold .



What does the data tell us?
The trust reported two cases of E.coli in May. Year-to-date figures is 13 cases. NHSE limit for 2025 / 26 as bench-mark.

Actions being taken to improve
The cases being reviewed suggest that older patients and those undergoing GI surgery are at greater risk. This work is included in the QI focused activity being led by a Director of Nursing.

Impact on forecast
Based on the forecast UHBW should be within threshold at this point but noting seasonal fluctuations and variation.

Latest Month
May-26

Target
9.08

Latest Month's Position
2

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

Corporate Risk
No Corporate Risk

Quality

Falls

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

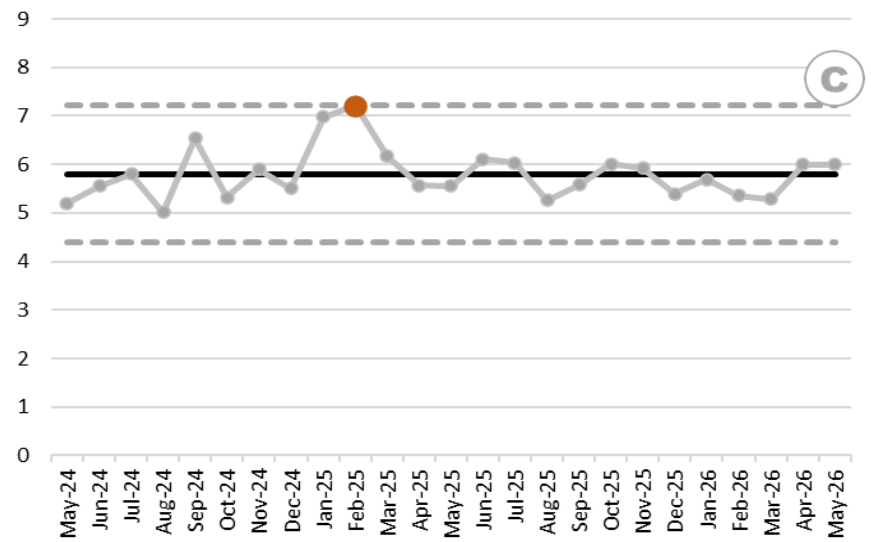
Latest Month
May-26

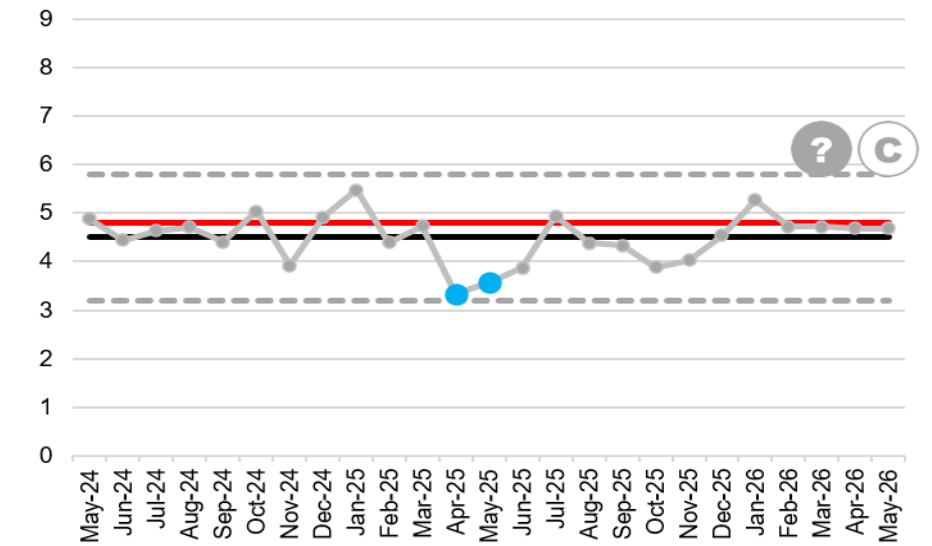
Target
No Target

Latest Month's Position
6

Performance / Assurance
Common Cause (natural/expected) variation with no target

Trust Level Risk
No Trust Level Risk





Latest Month
May-26

Target
4.8

Latest Month's Position
4.7

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

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

What does the data tell us

At NBT for May 2026: there have been a sustained number of falls. The Hospital Director of Nursing is undertaking an exercise to review the current hospital falls improvement plan. Previously the Trust had not set a fixed target for inpatient falls and has monitored fall rates using Statistical Process Control (SPC) and respond to variation and anomalies in real time. This approach reflects changes in our patient case mix and demand, as we are seeing an increasing proportion of frail and complex cohorts of patients (e.g. specialist neurological patients), both of which carry higher falls risk.

The Director of Nursing review of the current falls improvement work programme will focus on the balance of risk management with promoting patient independence, positive risk-taking, and a culture of open reporting. Setting rigid targets may risk unintended consequences, including reduced reporting or overly restrictive care approaches.

What does the data tell us

At UHBW for May 2026: there have been 155 falls, which per 1000 bed days equates to 4.730, this is below the Trust target of 4.8 per 1000 bed days. There were 93 falls at the Bristol site and 62 falls at the Weston site. There were two falls with moderate physical and/or psychological harm.

The number of falls in May 2026 (155) is more than April 2026 (153). There were two falls with moderate harm, this is lower than the previous month (4).
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

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

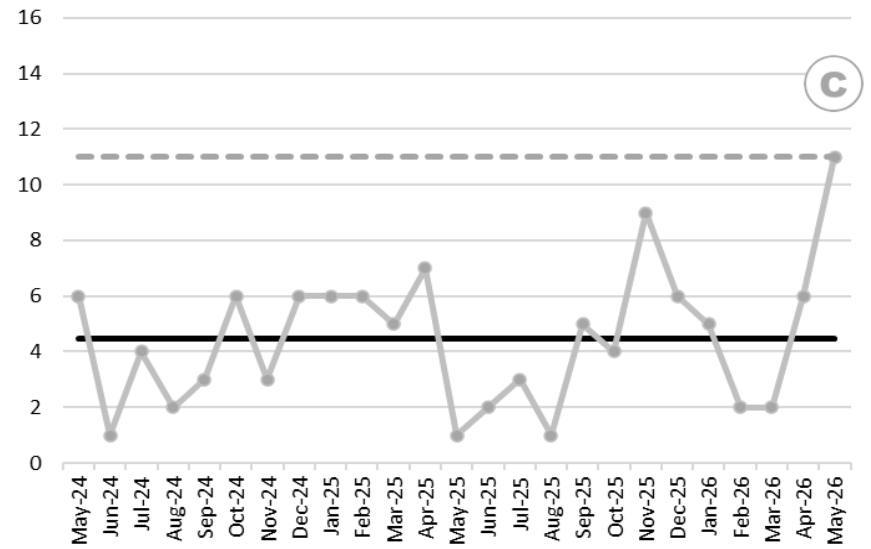
Latest Month
May-26

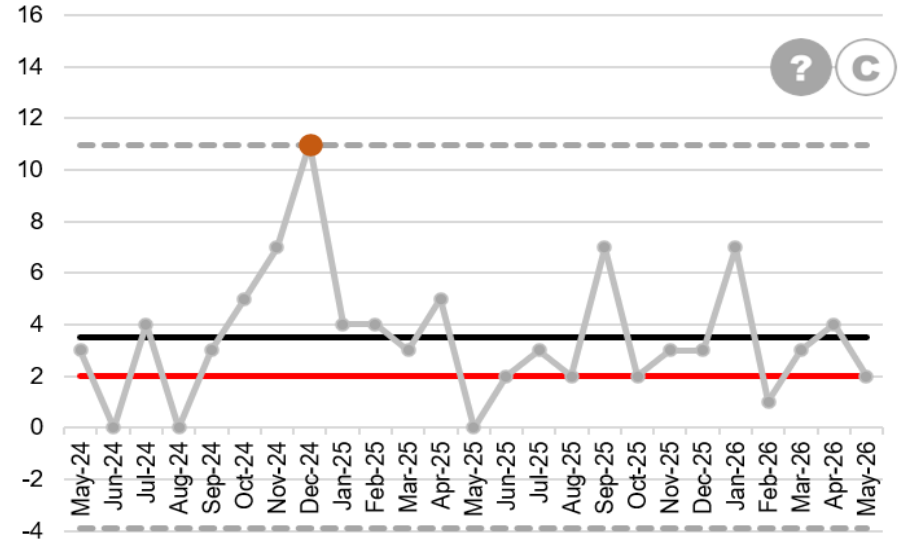
Target
No Target

Latest Month's Position
11

Performance / Assurance
Common Cause (natural/expected) variation with no target

Trust Level Risk
No Trust Level Risk





Latest Month
May-26

Target
2

Latest Month's Position
2

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

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

See commentary on previous slide.

Actions being taken to improve

Divisions which have reported higher falls incidences are currently undertaking reviews of falls and falls with harm to identify themes and learning. Action plans will be developed, implemented and shared throughout the divisions and at the Dementia Delirium and Falls steering group.

- Promotion of the 'Call don't fall' campaign to encourage call bell use.
- We continue to work on personalisation, prediction, participation and prevention as a framework for reducing falls and falls with harm across the Trust.
- Quality improvement projects for the next 12 months have commenced, these include 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 Dementia, Delirium and Falls 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

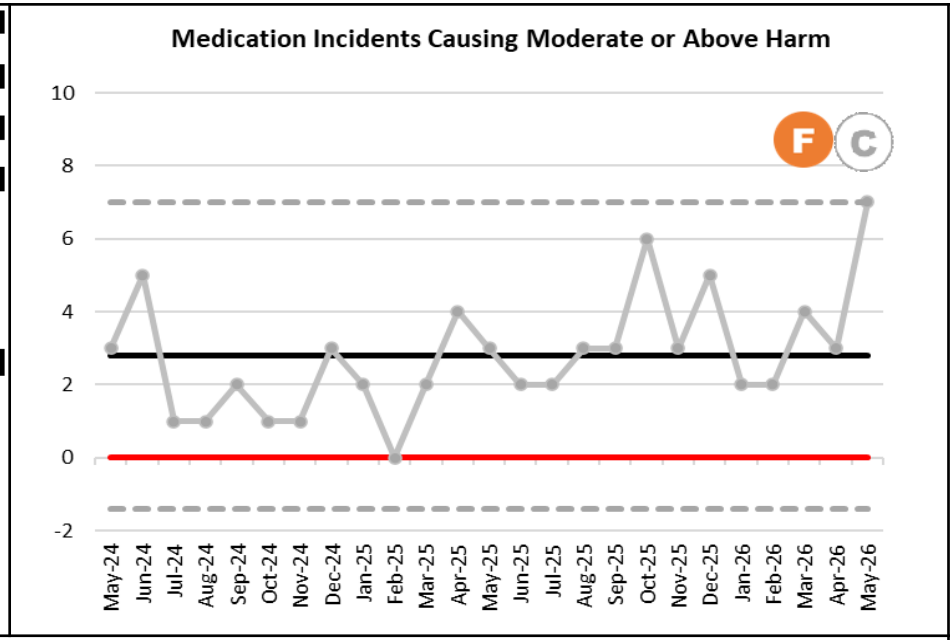
Medication Incidents

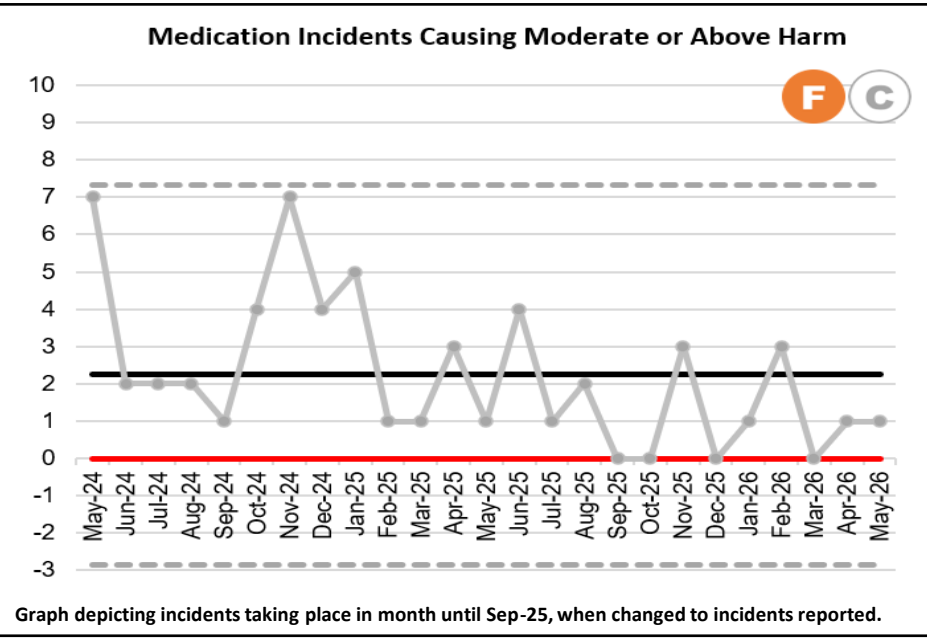
North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
May-26
Target
0
Latest Month's Position
7
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).
Risk 2134 - risk to patient safety and service provision due to insufficient staffing within the Pharmacy Medicines Governance & Safety Team (16).





Graph depicting incidents taking place in month until Sep-25, when changed to incidents reported.

Latest Month
May-26
Target
0
Latest Month's Position
1
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.
Corporate Risk
Risk 7633 - Reliance on paper-based medication prescribing and administration (16)
Risk 8386 - Risk that patients come to harm from a known medication allergy (20)

What does the data tell us?
During May 2026, NBT recorded 153 medication incidents involving patients; of these, seven were graded as causing moderate or above harm to a patient (5 x moderate, 1 x severe, 1 x fatal (PSII underway)).
There have been a higher than usual number of moderate harm and above incidents this month – it is however of note that 3 of the moderate incidents occurred prior to May and were related to Hospital Acquired Thrombosis cases reported. This peak is likely due to the regular programme of audit work undertaken on behalf of the thrombosis committee. Plan to liaise with auditing team and team to better understand the pattern of audit data collection and its impact on incident figures and reporting.

Actions being taken to improve
Work with nursing colleagues on improving safe and secure handling of medicines is ongoing.
Various workstreams related to learning from individual incidents and feedback from other Trusts are underway e.g how to avoid mis-selection of Methylprednisolone products (IV vs IM) and safe handing of monoclonal antibodies.
The Medicines Governance team are also working closely with the CMM team to identify any emerging themes or trends in terms of incidents which may be related to changes in process following adoption of CMM.
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 May 2026, UHBW recorded 260 medication-related incidents, one of which resulted in moderate or above harm.

Actions being taken to improve
System-level actions following incidents associated with the prescribing and administration of subcutaneous syringe drivers on the CareFlow Medicines Management (CMM) system are being reviewed through the Patient Safety Group and monitored via a Trust level risk . Work is ongoing to strengthen the dissemination and uptake of MHRA Drug Safety Updates, ensuring learning is embedded into clinical practice.

Learning from medication incidents is routinely shared via Medicines Governance Group and with BNSSG system partners through system medicines quality and safety meetings.

A resource proposal is being developed to define the pharmacy workforce capacity required to support sustained medicines safety improvement across the Hospital Group with a Trust risk being monitored via Medicines Governance Group.

Quality

VTE Risk Assessments

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

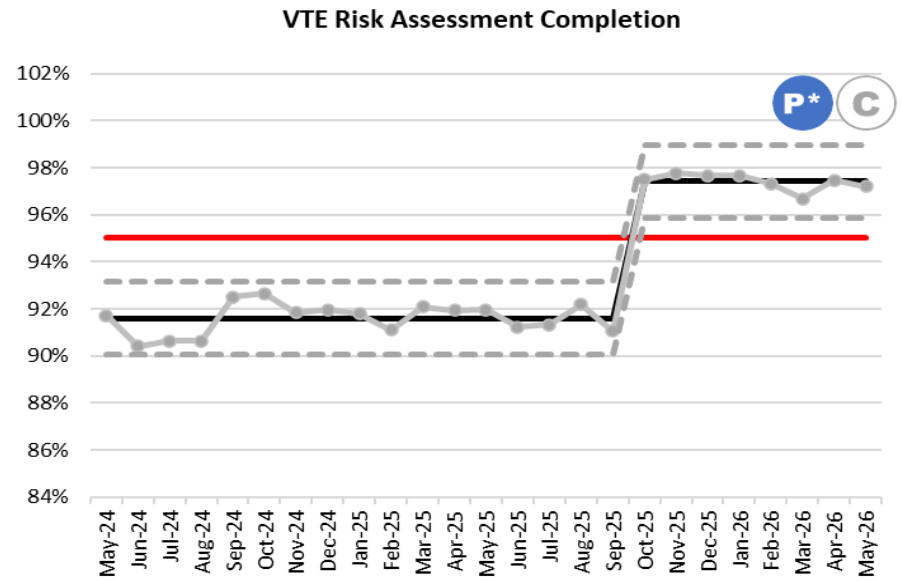
Latest Month
May-26

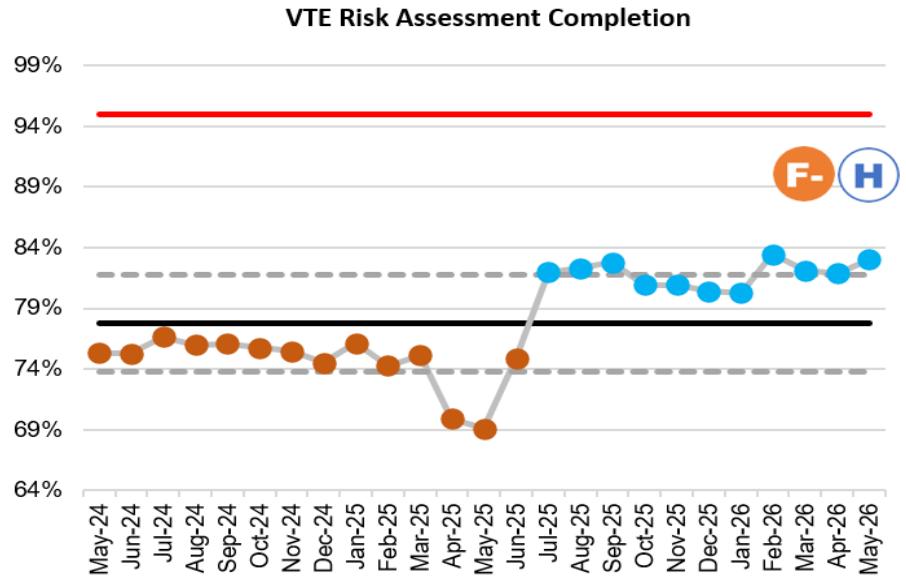
Target
95.0%

Latest Month's Position
97.2%

Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is improvement

Trust Level Risk
No Trust Level Risk





Latest Month
May-26

Target
95.0%

Latest Month's Position
83.0%

Performance / Assurance
Special Cause Improving Variation High, where up is improvement but target is greater than upper limit.

Corporate Risk
Risk 8448 - Risk that VTE prophylaxis is not prescribed when indicated (16)

No narrative required as per business rules.

What the data is telling us

VTE RA compliance has remained below the 95% target despite improvement following CMM mandation from July 2025. Reporting applies the NHS Digital standard of completion within 14 hours of admission. Performance is influenced by cohorting and a higher proportion of patients admitted via the Emergency Department, where VTE RA is not mandated at the point of assessment.

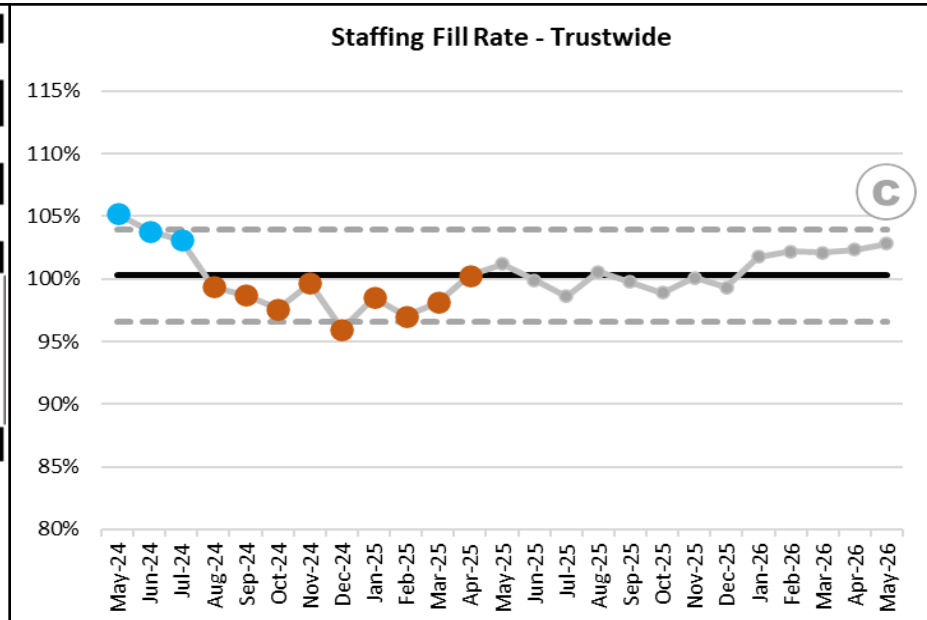
Actions being taken to improve

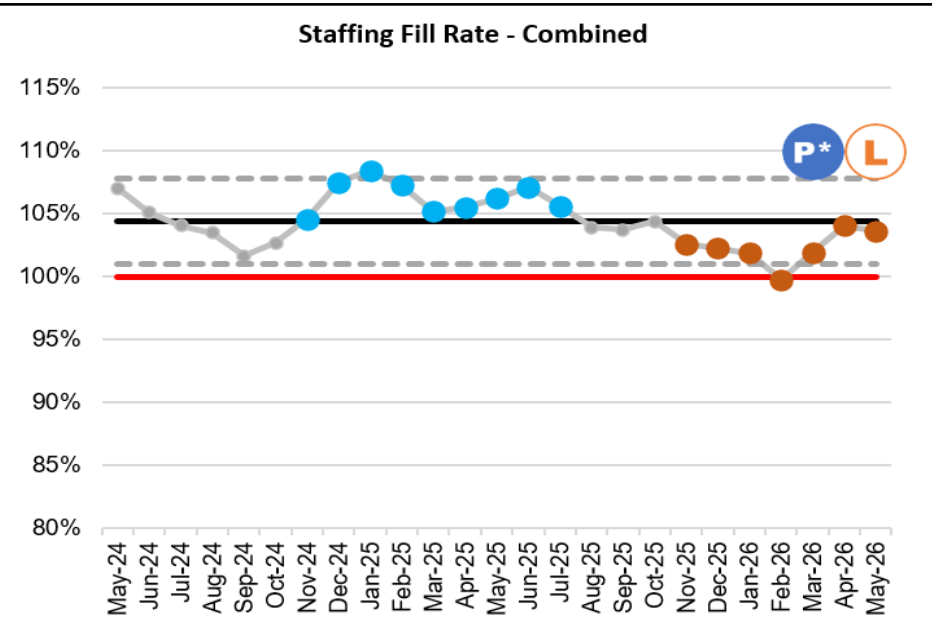
Cohort definitions are being reviewed and refined to ensure they meet national requirements and are applied consistently across the merged organisation. Improving transparency of performance through clearer cohorting and more consistent presentation of data across clinical areas will strengthen operational and divisional oversight.

Impact on forecast

Reported compliance is expected to reduce as cohort definitions are standardised, removing artificial inflation. Further pressure is anticipated as national reporting moves to a decision-to-admit standard from July 2026; however, the local impact may be delayed pending implementation within data systems. Sustained improvement will depend on timely VTE RA completion across all admission routes.

Latest Month
May-26
Target
No Target
Latest Month's Position
102.8%
Performance / Assurance
Common Cause (natural/expected) variation with no target
Trust Level Risk
No Trust Level Risk





Latest Month
May-26
Target
100%
Latest Month's Position
103.6%
Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration but target is less than lower limit.

Corporate Risk
Risk 8383 - Risk that inability to recruit and retain specialist staff continues (16)

No narrative required as per business rules.

What the data is telling us
Following closure of two ward areas leading to an increase in fill rates across wards and the slight dip below 100% seen in February the overall fill rate has improved and remains above 100%.

Actions being taken to improve
Continuing the twice daily staffing meeting to assess the shift-by-shift staffing risks and to mitigate those areas requiring staffing support to ensure all patients are kept safe.
Proactive safe staffing assessments both within Divisions and at each staffing meeting to ensure robust future shift planning is in place .

Impact on forecast
Trend is expected to return to normal as the effects of the ward moves lessen over the next couple of months.

North Bristol NHS Trust

Quality

Neck of Femur

University Hospitals Bristol and Weston NHS Foundation Trust

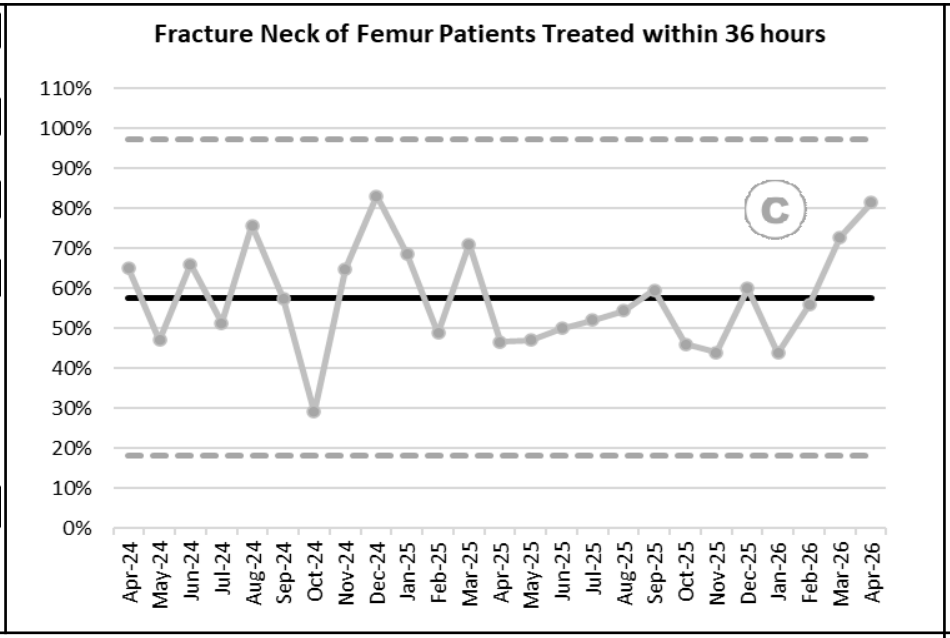
Latest Month
Apr-26

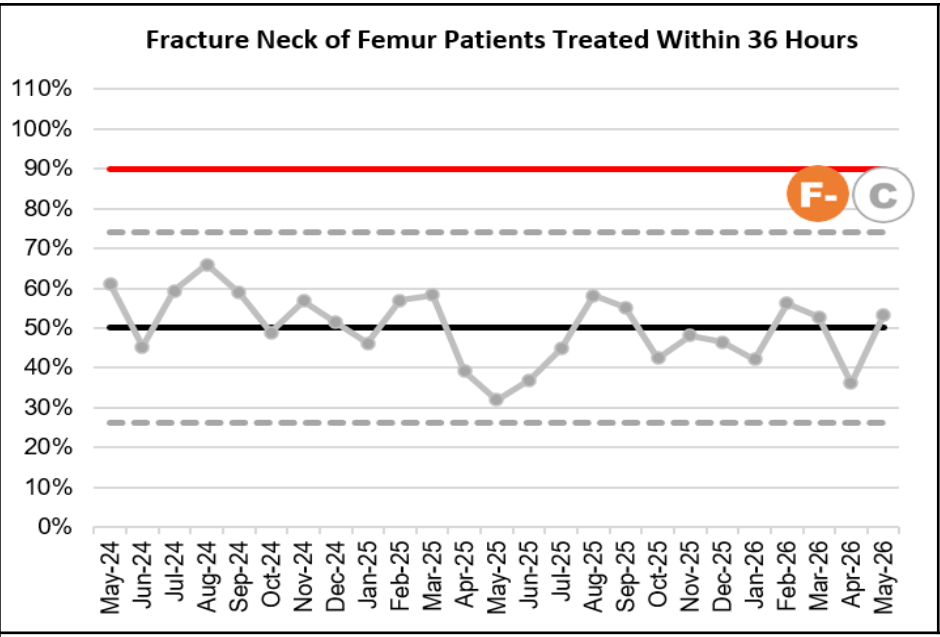
Target
No Target

Latest Month's Position
81.5%

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

Trust Level Risk
No Trust Level Risk





Latest Month
May-26

Target
90.0%

Latest Month's Position
53.3%

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?

At UHBW in May, 60 patients were eligible for the best practice tariff (BPT), 32 patients (53.3%) were operated on within 36 hours of admission, 57/60 (95%) received ortho-geriatric assessment within 72 hours, resulting in 28/60 patients (46.7%) met all BPT criteria.

Main reasons for missed targets:

At the BRI- 23 patients missed the 36 hours to theatre target due to the lack of theatre space. One patient missed the 72-hour ortho-geriatrician review target due to the reduced service cover on a Friday resulting in the patient not being seen until Monday morning.

At Weston- five patients missed time to surgery due to lack of theatre space (three cases) or a specialist surgeon being required (two cases). Two patients were not seen by geriatrician due to annual leave and no cover arrangements.

Actions being taken

Extra theatre space is created where possible to reduce theatre delays. Elective theatre lists or CEPOD are often used at short notice to create extra support for trauma.

Impact on forecast

Half day trauma lists (Tues and Thurs) and specialist trauma being planned on other lists impacts on daily admissions for surgery. The presence of one part-time geriatrician at Weston during periods of high demand.

North Bristol NHS Trust

Quality

Neck of Femur

University Hospitals Bristol and Weston NHS Foundation Trust

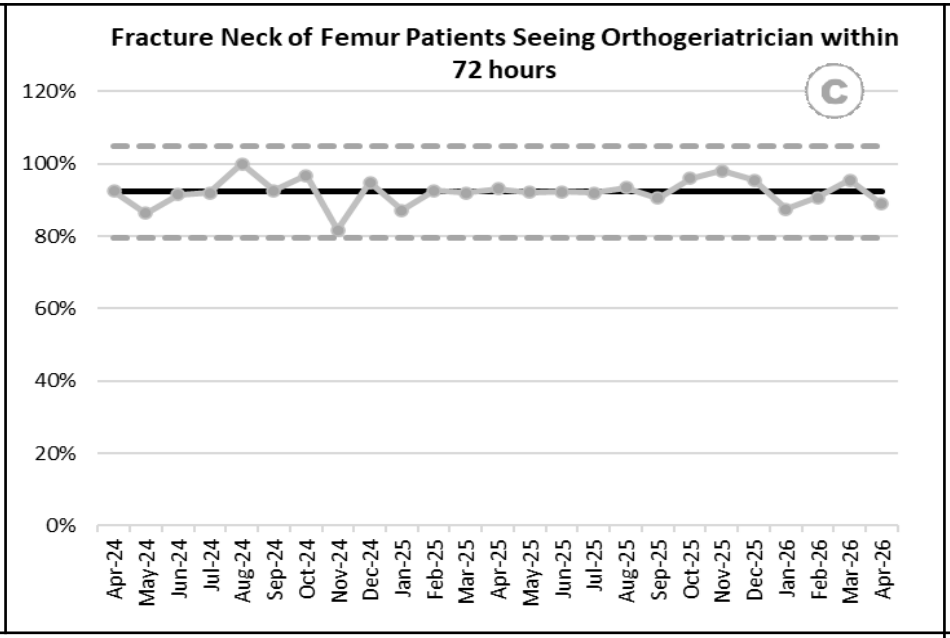
Latest Month
Apr-26

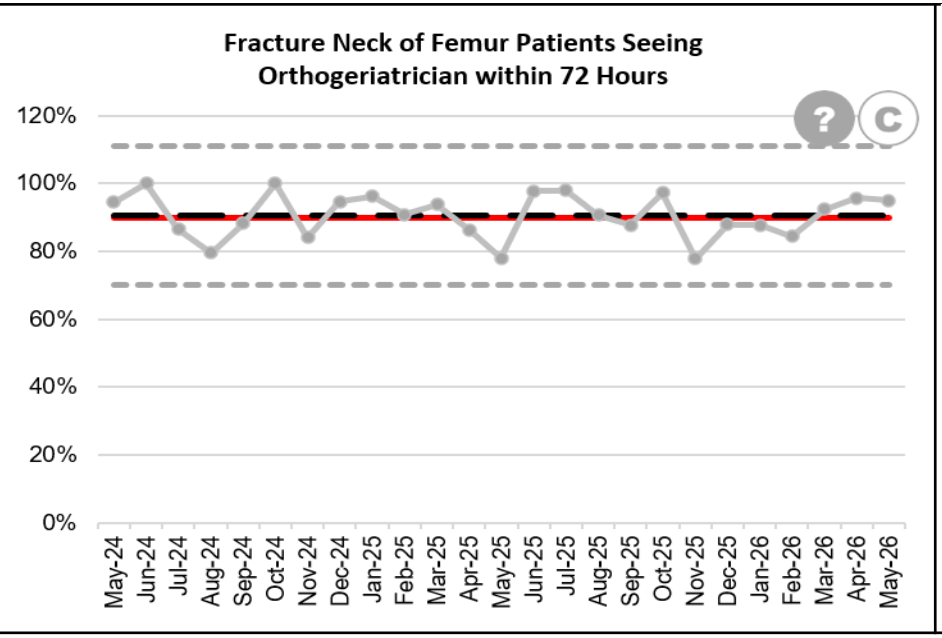
Target
No Target

Latest Month's Position
88.9%

Performance / Assurance
Common Cause (natural/expected) variation with no target

Corporate Risk
No Trust Level Risk





Latest Month
May-26

Target
90%

Latest Month's Position
95.0%

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

Corporate Risk
No Corporate Risk

No narrative required as per business rules.

What does the data tell us?
21 out of 23 patients (91%) received ortho-geriatrician assessment within 72 hours.
Achieving above target for past 3 months .

Impact on forecast
Weston has one part-time geriatrician impacting timely review of patients at times of high demand or planned periods of annual leave.

Quality

Friends and Family Test (FFT)

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

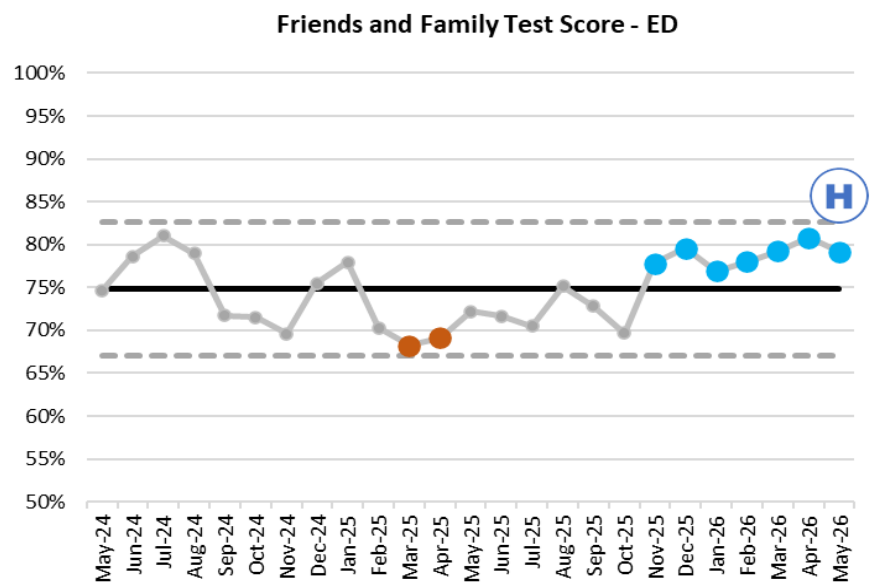
Latest Month
May-26

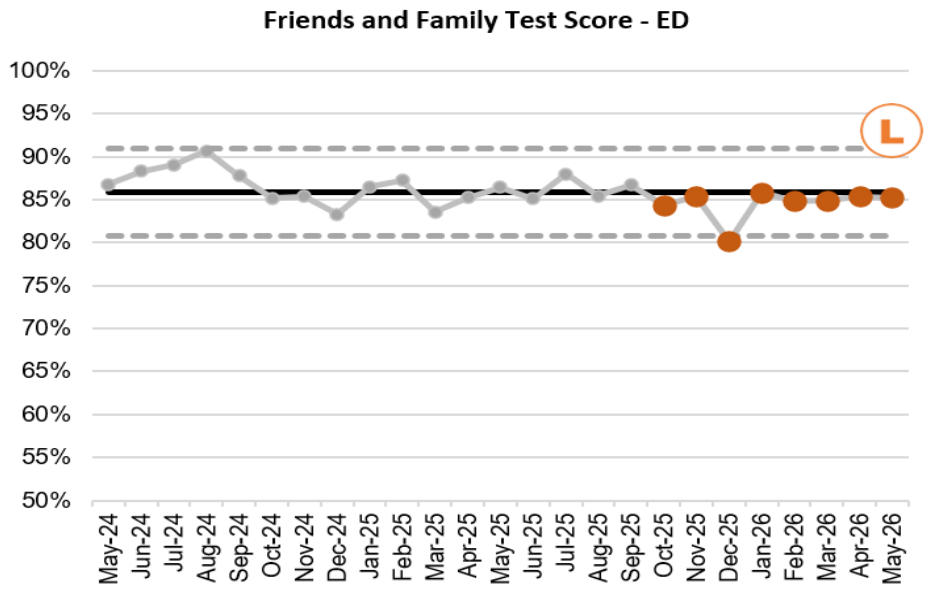
Target
No Target

Latest Month's Position
79.2%

Performance / Assurance
Special Cause Improving Variation High, where up is improvement and there is no target

Trust Level Risk
No Trust Level Risk





Latest Month
May-26

Target
No Target

Latest Month's Position
85.3%

Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration.

Corporate Risk
No Corporate Risk

No narrative required as per business rules.

What does the data tell us?

The overall FFT score for UHBW's ED's was 85.9% in May 2026 (April 2026 was 85.4%) which is above the latest published (April 2026) national average for ED's (80%).

Whilst overall performance remains above the national benchmark, the control chart indicates Special Cause Concerning Variation (Low).

Actions being taken

FFT data is updated on a weekly basis to the Patient Feedback Hub (IQVIA). All Trust ED management teams have routine access to FFT data and free-text comments in order to identify trends and themes and take remedial action as necessary. The scores for BRI ED and BRHC ED have been also flagged directly with those management teams.

Impact on forecast

FFT scores for EDs are heavily correlated to increased urgent care pressure on our hospitals which can create longer wait times to be seen resulting in poorer feedback from patients. The sustained reduction in FFT scores is likely driven by ongoing operational pressures including high volume and acuity of patients and delays in patient pathways.

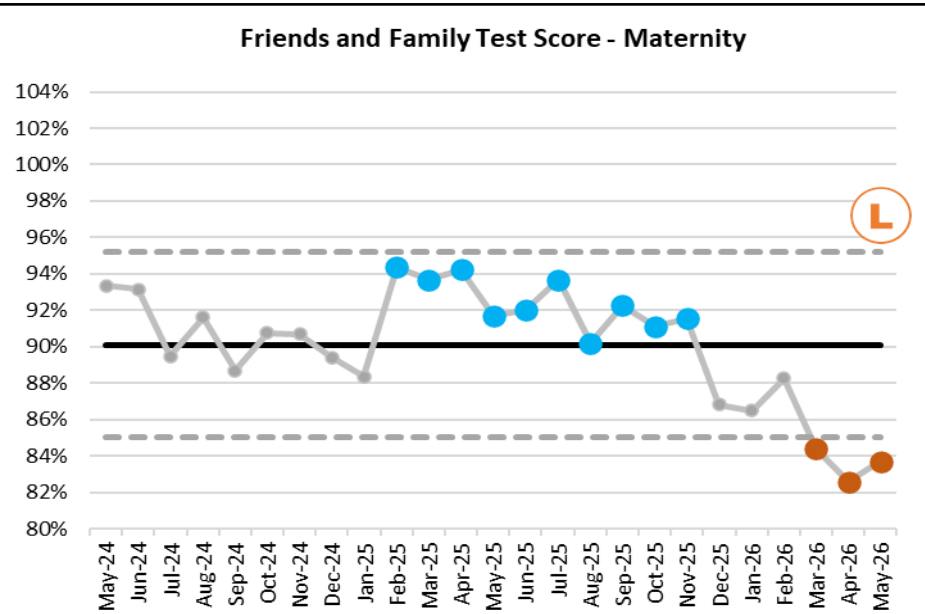
Latest Month
May-26

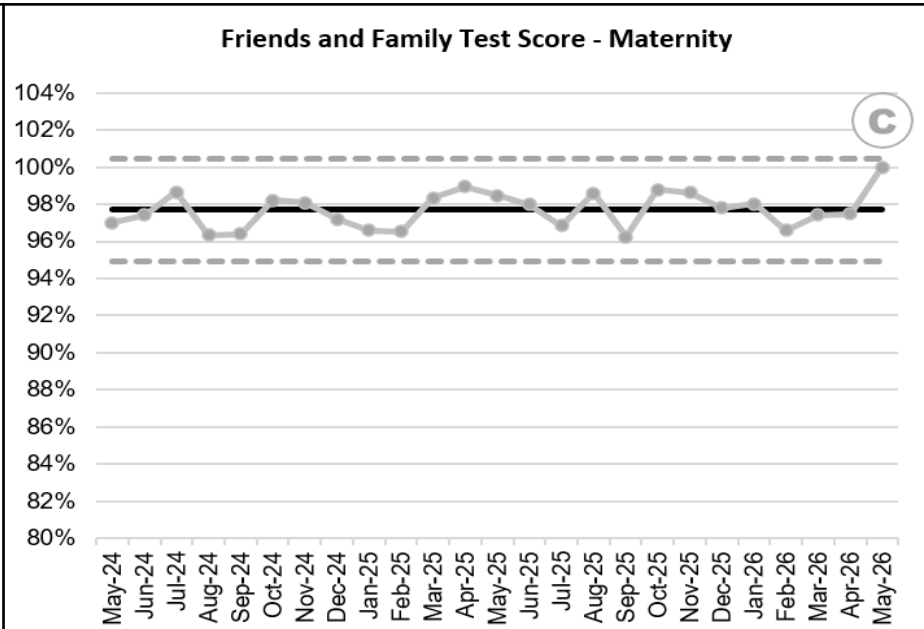
Target
No Target

Latest Month's Position
83.7%

Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration and there is no target

Trust Level Risk
No Trust Level Risk





Latest Month
May-26

Target
No Target

Latest Month's Position
100.0%

Performance / Assurance
Common Cause (natural/expected) variation where up is improvement.

Corporate Risk
No Corporate Risk

What does the data tell us?

The Maternity FFT score (total % of patients rating their experience as 'Very good' or 'Good') has increased from 82.6% in April to 83.7% May. The decline in Friends and Family Test (FFT) scores across maternity has been clearly recognised, with a comprehensive action plan to address the key drivers of patient experience, particularly around communication, with a primary focus on the community midwifery teams.

Actions being taken to improve

The maternity team has implemented an FFT action plan targeting key drivers of poor scores, including improved weekend access via a centralised triage line, updating the BRAIN tool, supporting partners through Dad Matters, and developing equitable, holistic pain assessment approaches.

These actions aim to increase the proportion of women and families rating their experience as "Good" or "Very Good."

Impact on forecast

The Trust transitioned to a new FFT provider on 1 April 2026, aligning with UHBW. As part of this, our Maternity feedback now comprises of feedback from Antenatal, Birth, Postnatal Ward and Postnatal Community services. Antenatal feedback was not previously captured. As this introduces a new data source for Maternity, we will monitor how this influences the overall score in the coming months, as there will likely be some variation.

No narrative required as per business rules.

Quality
Complaints

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

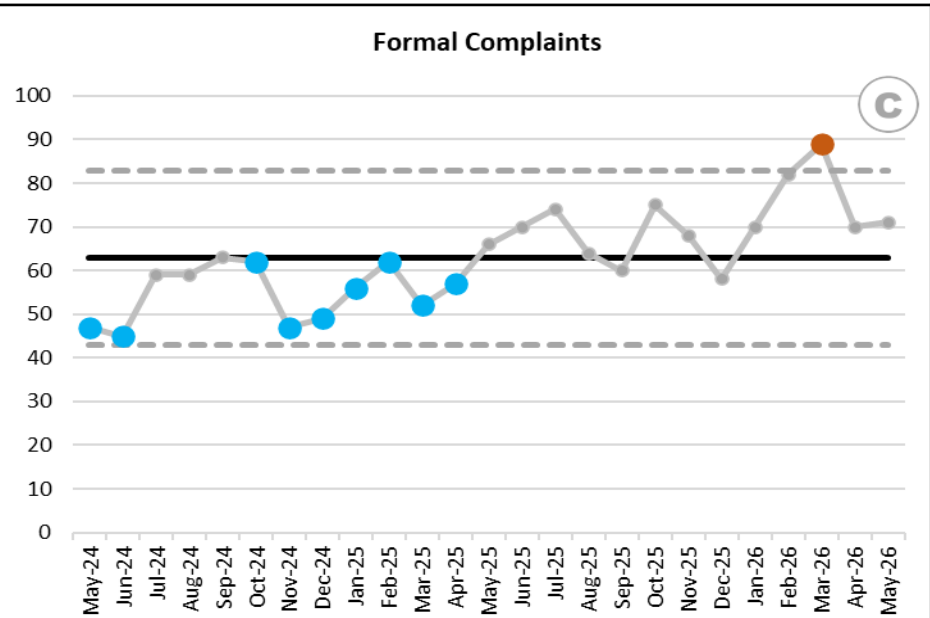
Latest Month
May-26

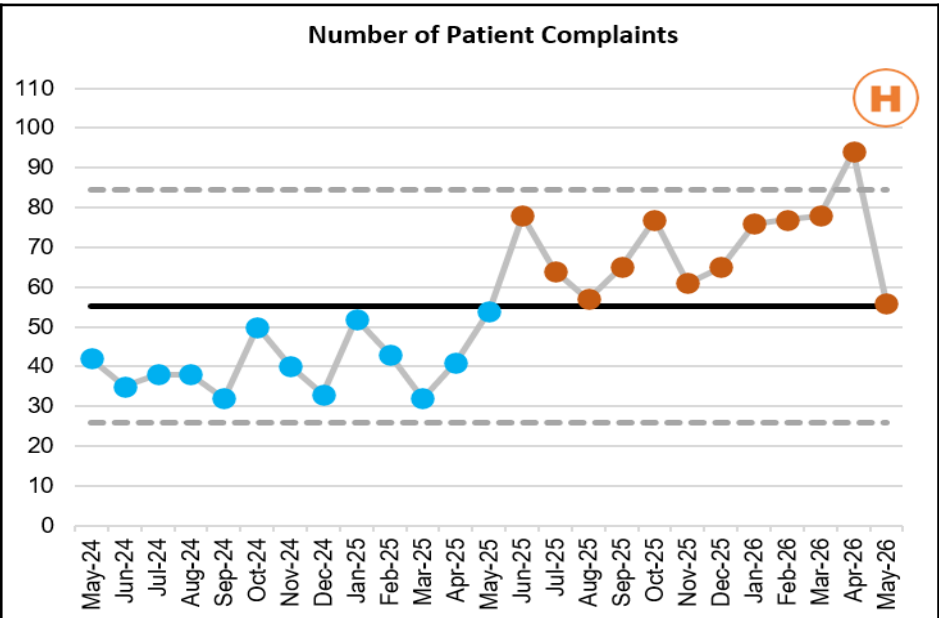
Target
No Target

Latest Month's Position
70

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
May-26

Target
No Target

Latest Month's Position
56

Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration.

Corporate Risk
No Corporate Risk

What does the data tell us?

- In May, the Trust received 71 complaints, which was 1 more than the previous month, and 5 more compared to the previous year.
- ASCR and MED received the most complaints, with 17 each.
- Clinical Care & Treatment was the most common lead theme of the complaints received, with 63% of the total. Of which the most selected sub-themes were: 'clinical care' and 'assessment/diagnosis'
- The lead specialities that received the most complaints are Emergency Medicine (9), followed by Maternity Urology and Gynaecology (all with 8). The remainder were spread across 19 other specialities.

Actions being taken to improve

We continue to monitor trends with divisional patient experience teams. In response to a sustained rise in complaints and declining performance, a complaints improvement programme has been developed, with details to be shared at the Quality and Outcomes Committee in July.

Impact on forecast

It is difficult to predict the number of complaints received each month. This fluctuates largely based on patients' experience of the care and treatment they receive and often reflects the operational pressures faced by the Trust and changes in activity level.

The number of PALS concerns received in May was 163, which is 18% increase on the previous year.

What does the data tell us?

- In May the Trust received 56 complaints with Surgery and Women & Children's remaining the highest-volume areas
- 11 complaints responded to in April were reopened, these were mostly in Women's and Children's
- 99% of all complaints actioned within 45 days with 56 cases closed in May

Actions being taken to improve

We are continuing to work with divisions to proactively extend complex complaints.

Prompt sending of complaints to divisions within 72 hours of complaint received, ensuring concerns are reviewed promptly by division.

A trust wide complaints improvement programme has been developed which will be shared at the Quality and Outcomes Committee in July. Divisional thematic reviews to aid learning and improve experience will be part of this.

Impact on forecast The large volume of complaints from both the backlog and the increased numbers received are now under investigation or complete and therefore we will see the number of cases closed increase in the next couple months.

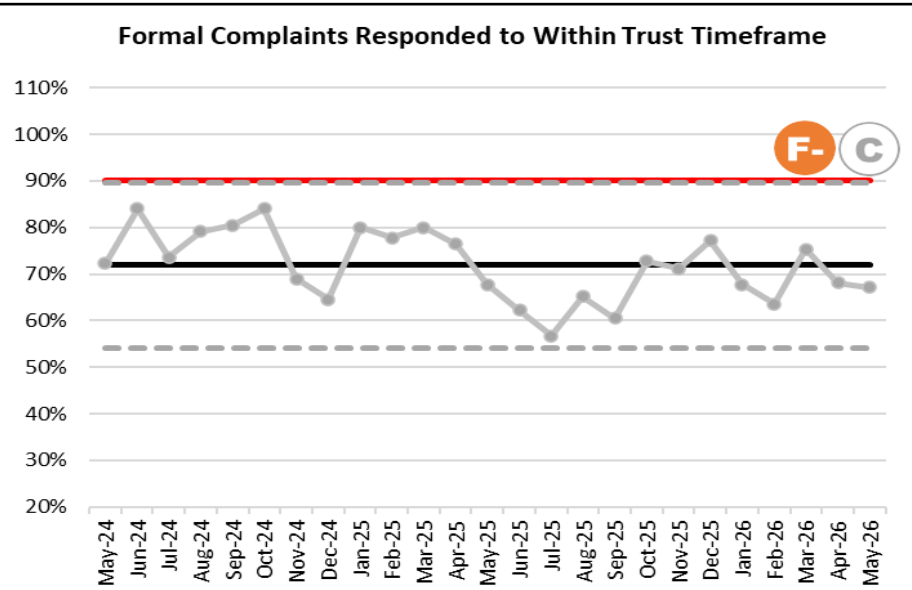
Quality
Complaints

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
May-26
Target
90.0%
Latest Month's Position
67.1%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration

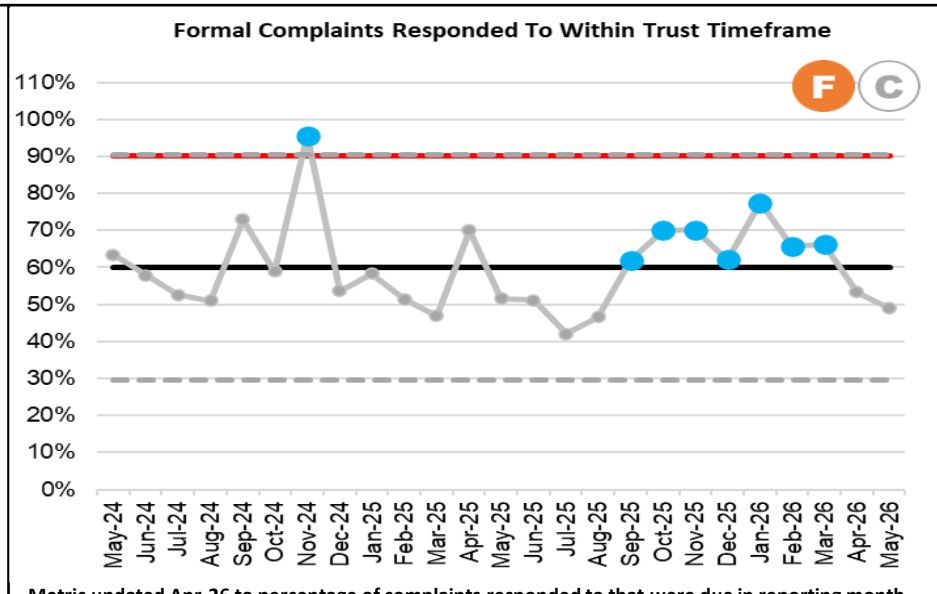
Trust Level Risk
No Trust Level Risk



What does the data tell us?
- The complaint compliance rate decreased slightly from 68% in April to 67% in May.
- Of the 70 complaints due for response in May, 47 were closed within the agreed timescale, 17 were outside the agreed timescale, and 6 were still open at the time of reporting.

Actions being taken to improve
- The Complaints & PALS Manager continues to hold weekly meetings with divisional patient experience teams to review upcoming/overdue cases, addressing complexities and agreeing appropriate resolutions, including proportionate extensions. A weekly tracker is shared with senior divisional leaders to escalate overdue complaints and support timely resolution.
- In response to a sustained rise in complaints and declining performance, a complaints improvement programme has been developed, with details to be shared at the Quality and Outcomes Committee in July.

Impact on forecast
The Trust score is still largely affected by ASCR performance (53% for May), as well as fluctuating results in other divisions, which have less of an impact on the Trust overall score due to the volume they receive compared to ASCR. There were strong performances in WaCH and MED.



Metric updated Apr-26 to percentage of complaints responded to that were due in reporting month

Latest Month
May-26
Target
90.0%
Latest Month's Position
49.0%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration.
Corporate Risk
No Corporate Risk

What does the data tell us?
UHBW have aligned complaint reporting with NBT processes, as a result the data update covers April and May. T This also includes re-categorised breaches to report on the month they were due, and not the month in which the response was sent. The compliance rate decreased from 53% in April 2026 to 49% in May 2026.
Six responses were returned to the Divisions for amendments which led to delays. In addition, there were delays in Divisional processes and the Trust Management Team sign off processes.

Actions being taken to improve
- Development of monthly Divisional SPC charts and a RAG rating of open complaints to align with NBT processes is being developed. This will support targeted improvement actions to be agreed for the Divisions
- Escalation policy for both PALS and Complaints team and divisional patient experience teams is being reviewed to enable improved responses.
- Complaints manager meeting with Divisional leads monthly to identify actions for improvement, and monitor progress

Impact on forecast
It was predicted that with some key staff absences and aligning reporting, there would be an impact in compliance figures in April and May. This has improved and with training for Divisional and Trust management teams this compliance is expected to improve. A review of individual divisional compliance using SPC charts will allow focus on divisions to review case compliance to ensure that the divisions improve month to month.

NHS North Bristol NHS Trust

Our People
Scorecard

NHS University Hospitals Bristol and Weston NHS Foundation Trust

	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Well-Led	Workforce Turnover (Rolling 12-month)	NBT	May-26	11.1%	10.6%	11.0%	N/A*	N/A*	Commentary
		UHBW	May-26	11.7%	11.5%	11.8%	N/A*	N/A*	Commentary
Well-Led	Vacancy (Vacancy FTE as Percent of Funded FTE)	NBT	May-26	4.4%	2.5%	4.5%	F-	C	Escalation Summary
		UHBW	May-26	3.4%	4.8%	3.3%	P*	C	Note Performance**
Well-Led	Sickness (Rolling 12-month)	NBT	May-26	4.8%	4.4%	4.8%	N/A*	N/A*	Commentary
		UHBW	May-26	4.8%	4.4%	4.7%	N/A*	N/A*	Commentary
Well-Led	Essential Training Compliance	NBT	May-26	88.4%	90.0%	88.0%	F	L	Escalation Summary
		UHBW	May-26	90.5%	90.0%	90.2%	?	C	Escalation Summary

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

** with commentary

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

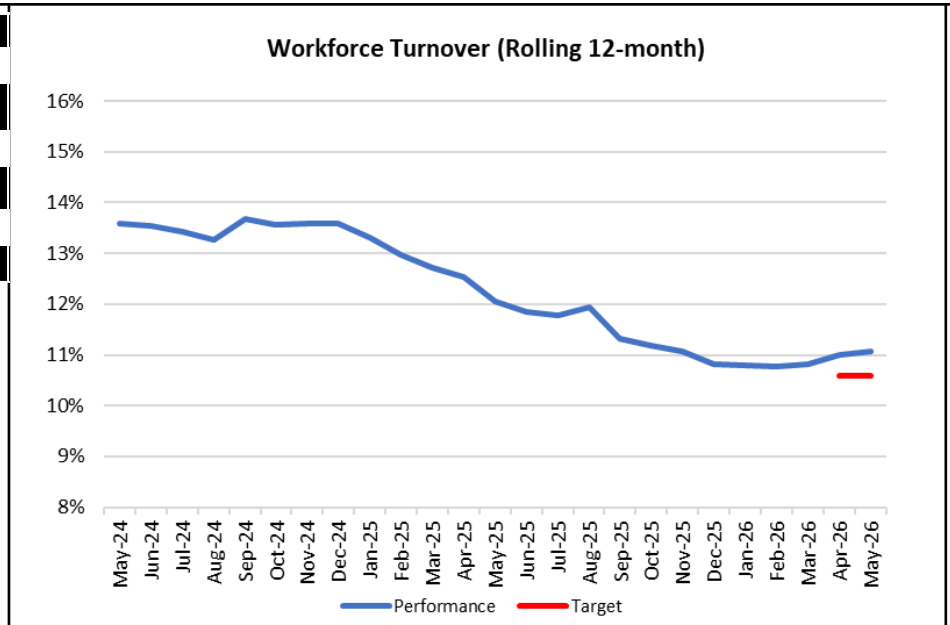
Retention

Latest Month
May-26

Target (Rolling 12-month)
10.6%

Turnover Rate
11.1%

Trust Level Risk
Risk 1979 -
There is a risk to our clinical teams and services due to the inability to recruit into vacant specialist medical roles (16)



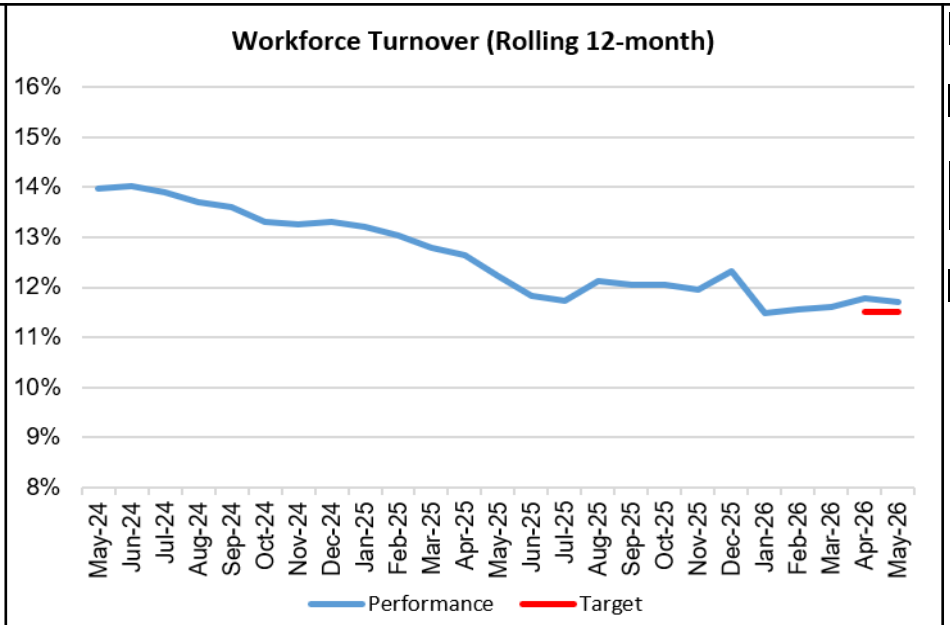
What does the data tell us?
Turnover rate increased from 11.0% in Apr-26 to 11.1% in May-26, driven predominantly by turnover in fixed term staff (rather than permanent contract holders). Mutually agreed resignations in Administrative and Clerical Staff reduced from 12.9 FTE in Apr-26 to 0.8 FTE in May-26. There was a reduction of 21.5 FTE leavers in May-26 compared to Apr-26, however overall, the 12-month turnover rate increased as May-25 had fewer leavers than May-26.

Actions being taken to improve retention

- We have a robust OD plan for CST, and a culture merger plan which covers both Trusts. The CST plan focuses on team cohesion and leadership behaviours which has the greatest impact on retention. The merger plan pre-merger focus is on leadership and listening into action
- Both Trusts are focusing on the completion of appraisals, supporting staff with their wellbeing and development
- Plans to deliver business as usual colleague experience work including EDI, Wellbeing and Engagement are in place and support the development of local People and Culture Plans which aim to improve retention. These are clearly aligned to addressing staff survey results and themes.
- Merger information provision through both 'Day 1' guides as well as managerial briefings to support staff understanding changes (over 360 managers briefed across both NBT and UHBW

Impact on Forecast

- We anticipate that the OD and colleague experience work will positively impact on turnover, however, it is recognised that the benefits realisation of OD is a longer-term benefit
- Anticipated reduction of turnover as staff understanding of impacts of merger is improved



Latest Month
May-26

Target (Rolling 12-month)
11.5%

Turnover Rate (Rolling 12-month)
11.7%

Corporate Risk
Risk 8383 -
Risk that inability to recruit and retain specialist staff continues (16)

What does the data tell us?
Turnover reduced from 11.8% in April 26 to 11.7% in May 26. The reduction was the result of a 11.1 FTE reduction in 12-month leavers compared to the previous month and an average staff in post FTE reduction of 25.8 FTE compared to the previous month. Leaver FTE reductions were seen in four divisions; the largest was in Medicine where leaver FTE reduced by 7.1. The largest staff group reduction was in Administrative and Clerical (reducing from 339.4 FTE to 331.5 FTE).

Actions being taken to improve retention

- We have a robust OD plan for CST, and a culture merger plan which covers both Trusts. The CST plan focuses on team cohesion and leadership behaviours which has the greatest impact on retention. The merger plan pre-merger focus is on leadership and listening into action
- Both Trusts are focusing on the completion of appraisals, supporting staff with their wellbeing and development
- Plans to deliver business as usual colleague experience work including EDI, Wellbeing and Engagement are in place and support the development of local People and Culture Plans which aim to improve retention. These are clearly aligned to addressing staff survey results and themes.
- Merger information provision through both 'Day 1' guides as well as managerial briefings to support staff understanding changes (over 360 managers briefed across both NBT and UHBW)

Impact on Forecast

- We anticipate that the OD and colleague experience work will positively impact on turnover, however, it is recognised that the benefits realisation of OD is a longer-term benefit
- Anticipated reduction of turnover as staff understanding of impacts of merger is improved

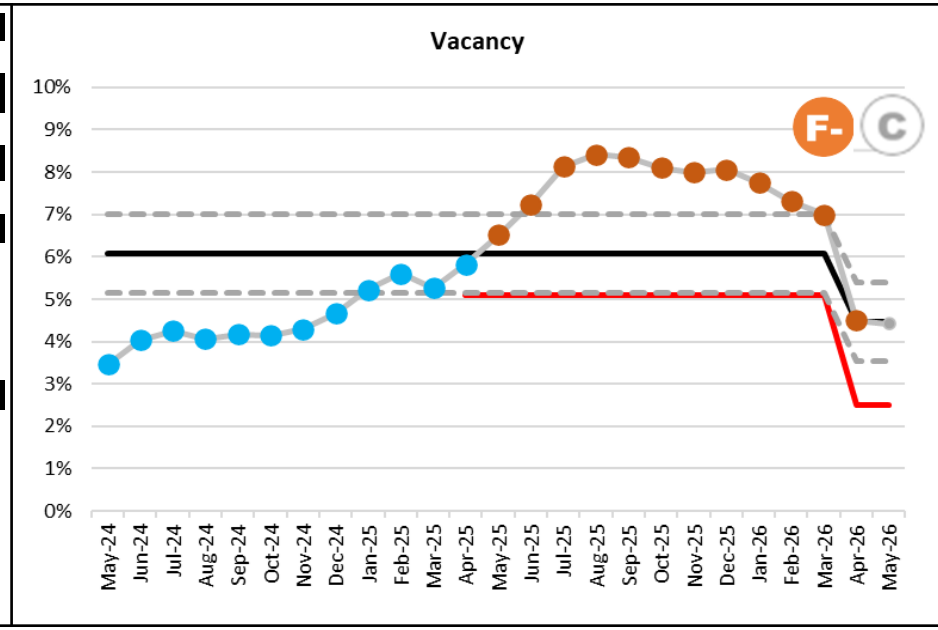
Our People

Vacancies

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
May-26
Target
2.5%
Latest Month's Position
4.4%
Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration
Trust Level Risk
Risk 1979 -
There is a risk to our clinical teams and services due to the inability to recruit into vacant specialist medical roles (16)



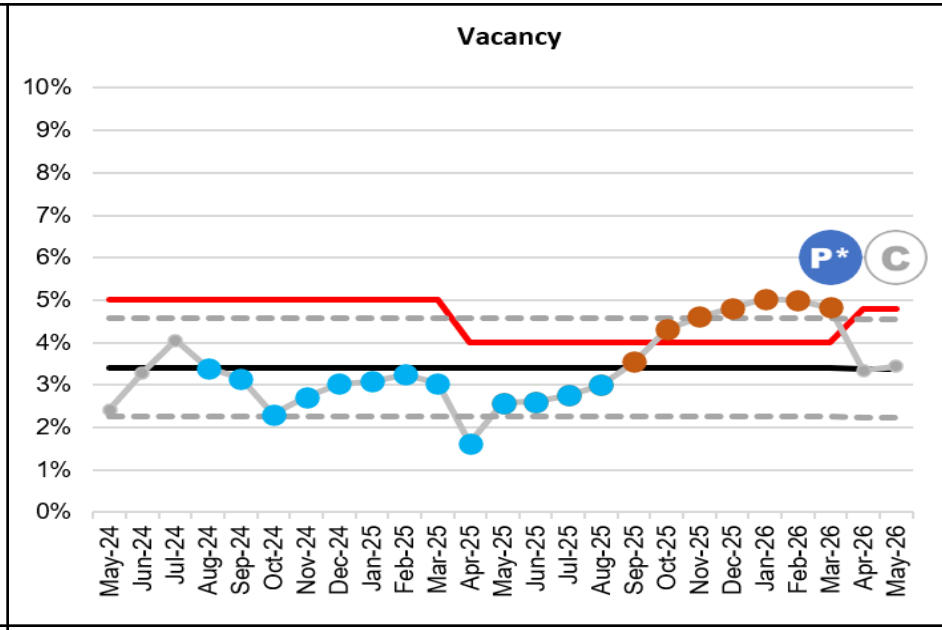
What does the data tell us?
Vacancies reduced by 9.6 FTE in May. The Funded establishment increased by 11.4 FTE (predominantly in Nursing and Midwifery, Healthcare Science and Medical Staff). Overall staff in post increased by 21 FTE (predominantly in Nursing and Midwifery, Support to Clinical Staff and Estates and Ancillary Staff). The largest divisional reduction was seen in ASCR where vacancies reduced by 12.6 FTE.

Actions being taken to improve

- **HCSW Supply:** There was no centralised assessment centre in **May 26**. However, more bespoke, Divisional recruitment across the Trust resulted in 46 offers for HCSWs and MSWs in Surgery, Midwifery, AFU and Neuro wards.
- **RaTSOG meetings** are attended by Recruitment to focus on Divisional areas of vacancy that require extra support
- **Newly Qualifying nurses:** An open day/ Interview day for NQ has been scheduled for early **June 26**. Applications for this have been shortlisted and 91 candidates have been invited.

Impact on forecast

- Healthcare Support Worker Vacancies have dropped consistently from **Jan 26** to **May 26**. Impact of enhanced assessment centres for Band 2/3 HCSW – 29.17 fte predicted to start in Clinical Divisions. in **Jun/Jul 26 and 36.45** fte Band 5s in Nursing and Midwifery



Latest Month
May-26
Target
4.8%
Latest Month's Position
3.4%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit where down is improvement.
Corporate Risk
Risk 8383 -
Risk that inability to recruit and retain specialist staff continues (16)

What does the data tell us?
Vacancies increased by 12.5 FTE in May. The Funded establishment reduced by 3.6 FTE and the overall staff in post reduced by 16.2 FTE. The largest divisional reduction was seen in Women's and Children's where vacancies reduced by 25.4 FTE. At staff group level, there was a mixture of increases and reductions, the most notable change was in Unregistered Nursing, where vacancies increased by 25.6 FTE, to a rate of 4.4%.

Actions being taken to improve

- **HCSW Supply:** Adverts are live externally with 24 offers being made in **May 26 –** 17 of these for the Weston Division
- **Newly Qualifying nurses:** two interview days for the Bristol Royal Hospital for Children were completed in **May 26** where over 130 candidates were interviewed. Three more dates are scheduled for June across Children's and Adult's nursing.
- **Band 2 Admin and Clerical –** A Commitment to the Community Initiative, providing a waiting list of available candidates available to start an unpaid trial period immediately
- **Weston Nursing –** A Resourcing and temporary oversight group was set up to look at Weston Vacancies. 22 Registered Nurse roles and 13 HCSW roles were recruited to in **May 26.** Volume recruitment is planned in **May 26** in Weston for RNs and HCSWs

Impact on forecast
Two HCSWs started in **May 26** with an additional 78 offers in the pipeline. 16 of which have start dates booked **Jun/July 26**

Our People

Sickness Absence

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

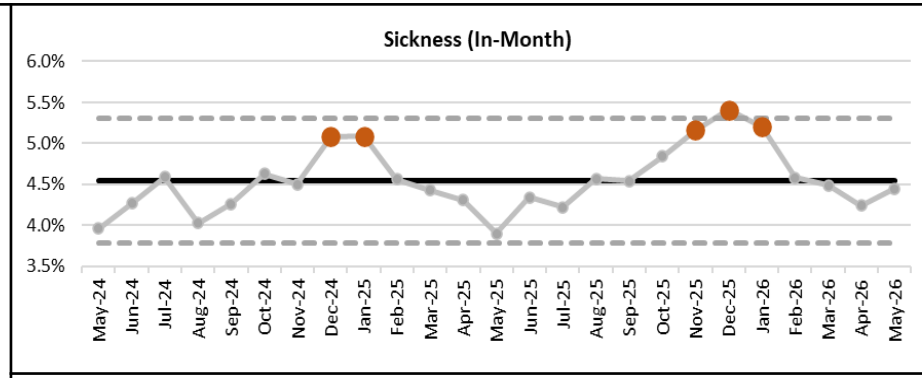
Latest Month
May-26

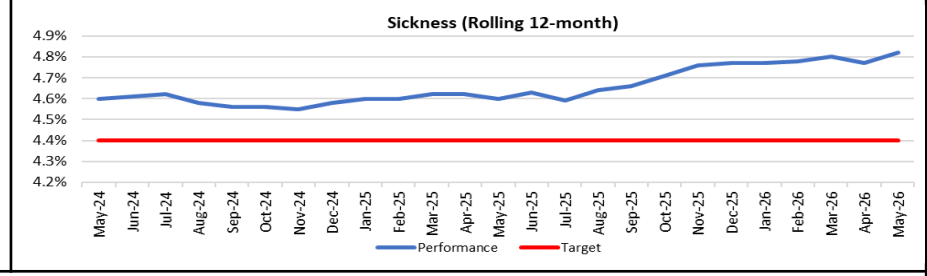
Latest Month's Position Rate (In-Month)
4.5%

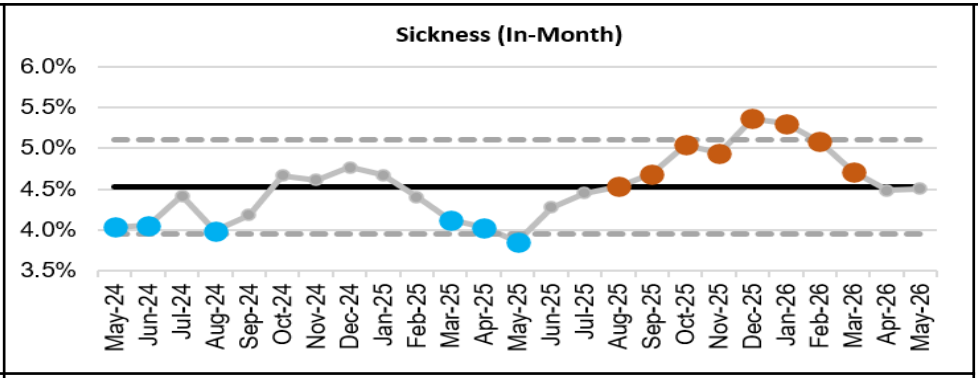
Latest Month's Position Rate (Rolling 12-Month)
4.8%

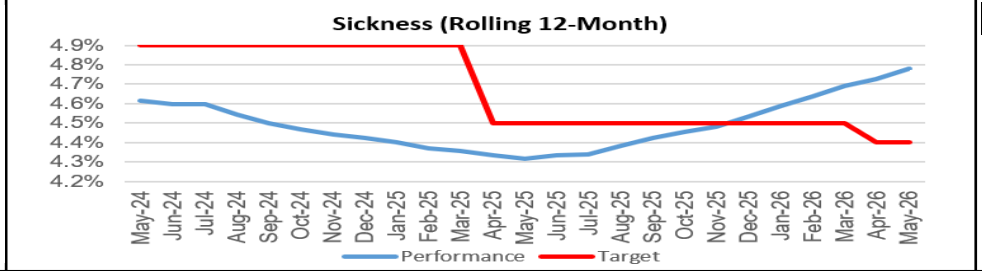
Target
4.4%

Trust Level Risk
No Trust Level Risk









Latest Month
May-26

Latest Month's Position Rate (In-Month)
4.5%

Latest Month's Position Rate (Rolling 12-Month)
4.8%

Target (Rolling 12-month)
4.4%

Corporate Risk
No Corporate Risk

What does the data tell us?

- Top three contributors for May-26 were Stress/Anxiety/Depression/Other Psychiatric Illness , Other Musculoskeletal and Cold, Cough, Flu. May-26 absence rates in month were marginally higher Apr-26 (-0.05%) driven by an increase in long-term absence exceeding a reduction in short term absence. May-26 absence rates were also higher than May-25 absence rates (+0.29%) but this has not significantly impacted our cumulative position
- Long- term absence rates increased in month by +0.13% from Apr-26 to May-26
- Stress/Anxiety/Depression/Other Psychiatric Illness (SAD) and Musculoskeletal Problems remaining top contributors

Actions being taken to improve

- Proposed changes to return to work process to allow early identification and triangulation of absence causes and effective approaches for management incorporated into new sickness absence policy effective from 01/07/26 – **Jun 26**
- New Group Breakthrough Priority project, 'Keeping Well at Work', to tackle through prevention the top two causes of absence for both Trusts, creating and promoting a safe and healthy workplace. This focus aligns with staff survey findings. Project paper shared at GEM W/ C 15.06.26

Impact on Forecast

- Improved and amended Caseworker benchmarks will mean more effective oversight and management of cases, resulting in improved levels of sickness absence. These will be introduced as part of the new sickness policy introduction, and the merging of NBT and UHBW ER systems in Aug 26.
- Breakthrough Objective Keeping well at Work - Reduce sickness absence to 4.4% within 12 months and improve wellbeing scores in the 2026 staff survey.

What does the data tell us?

- Top contributors for May were Anxiety/Stress/Depression/Other Psychiatric Illness, Gastrointestinal problems, and Other Musculoskeletal. They accounted for 24.3%, 10.2% and 9.5% of total FTE days lost, respectively.
- Sickness rates remain highest in Facilities and Estates and rates continue to increase month on month (increased to 7.5% in May 26 from 7.3% in April 26). This was the largest divisional increase. Estates and Ancillary continues to be the staff group with the highest sickness rate; absence increased from 7.5% to 7.7% in May.

Actions being taken to improve

- Joint absence policy (supporting attendance) ratified and will be launched for 1 July – Merger go Live data
- Joint supporting attendance policy guidance created with increased focus on early intervention and conversations around health and wellness at work.
- Supporting attendance Q&A's being held throughout June and July to promote new supporting attendance policy
- Drop-in sessions organised for new Supporting attendance policy
- Refreshed supporting attendance policy training being developed.
- New Group Breakthrough Priority project, 'Keeping Well at Work', to tackle, through prevention, the top two causes of absence for both Trusts, creating and promoting a safe and healthy workplace. This focus aligns with staff survey findings.

Impact on Forecast

- New absence policy includes updated prompt points to ensure a clear, consistent approach to absence management.
- New policy recognises need for flexible approach to support those with long term health conditions and disabilities.
- Joint supporting attendance policy guidance created with increased focus on early intervention and conversations around health and wellness at work to ensure earlier and more proactive intervention

Our People

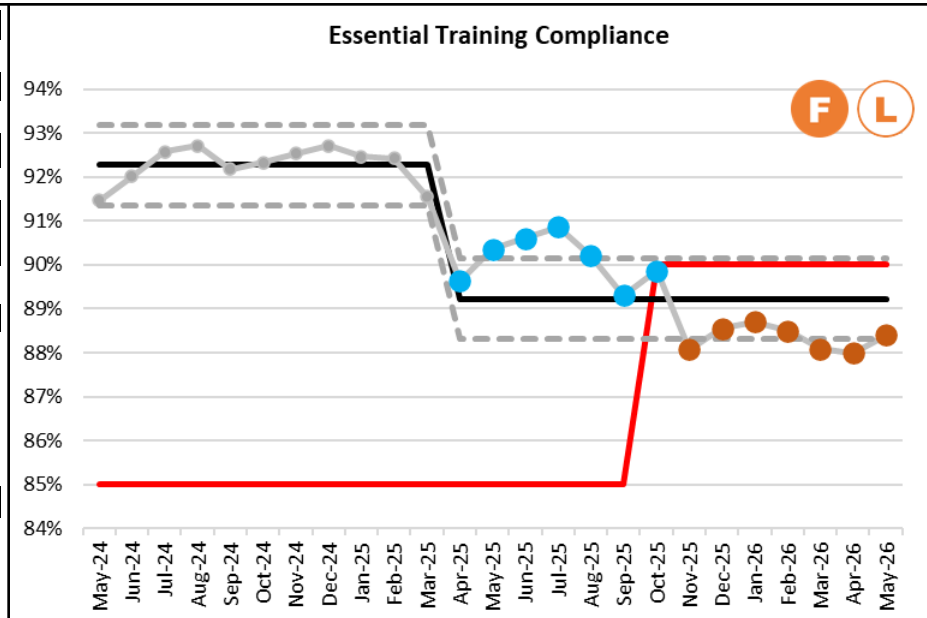
Mandatory and Statutory Training

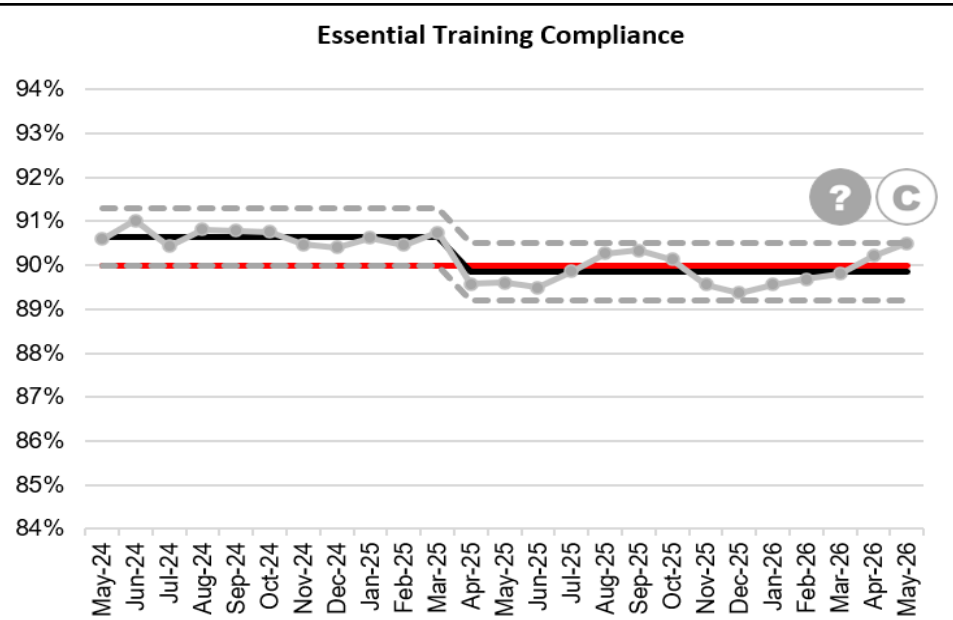
NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
May-26
Target
90.0%
Latest Month's Position
88.4%
Oliver McGowan Tiers 1 and 2 Virtual / Face to Face
38.8%
Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration and last six data points are less than target

Trust Level Risk
No Trust Level Risk





Latest Month
May-26
Target
90.0%
Latest Month's Position
90.5%
Oliver McGowan Tiers 1 and 2
49.9%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
No Corporate Risk

What does the data tell us?
Whilst compliance for the 'all staff' group is below group target at 88.4%, nevertheless compliance for permanent staff is above target at 93%. Within the permanent staff group, the core subjects of Information Governance (88.8%) and Resuscitation (89.9%) remain below target.

Actions Being Taken to Improve
- **IG:** On-going SME monitoring and engagement with divisions to target specific areas for improvement.
- **OMMT:** Compliance for tier 1 group continued earlier in-year improvements with a monthly 4.5% rise in compliance to 44.1%. The success of the 'out-of-core' hours sessions, for estates and facilities, has secured funding into the new financial year for continued provision, as well as the extension of this model to tier 2 provision. Equally, tier 2 compliance continued to increase by 3.7% to 41.4%.
- **Resuscitation:** Work underway to review current resuscitation level assignments to ensure accuracy and relevance.

Impact on forecast
- **IG:** Maintaining on-going engagement remains a key focus to drive compliance.
- **OMMT:** Notable positive impact upon tier 1 compliance from the 'out-of-hours' sessions and increased focus upon divisional attendance numbers is positively impact compliance. In conjunction with the ICB which monitors and report back to the group upon DNA rates for Tier 2 provision.
- **Resuscitation:** Ensuring accuracy and relevance of assignments for distinct levels will serve to ensure clarity of requirements and support compliance improvements.

What does the data tell us? Monthly compliance improved by 0.3%, to 90.5%. On-going targeting of lower compliance rates within the individual subject areas: Information Governance; Moving & Handling; Resuscitation; and Oliver McGowan (OMMT).

Actions Being Taken to Improve
- **IPC:** Rate has improved upon previous month, to above target.
- **IG:** The eLearning module is promoted to all staff to improve compliance.
- **OMMT:** Reporting as per NBT narrative: the introduction of a new 'out of core' hours webinar drove improvements amongst Estates and Facilities colleagues. Compliance for both tiers continues to improve, with slight increases of 0.1% to 47.1% for tier 1, and 0.4% to 51.2% for tier 2.
- **Moving & Handling:** The upward compliance trajectory continued, with a 1.7% increase to 83.7%.
- **Resuscitation:** Slight increase of 0.7% to 76.3% this month. Targeted email campaign commenced to improve compliance and work with L&D to review portfolio groups, to ensure currency.

Impact on forecast
- **Moving & Handling:** The increase in manual handling trainers has improved capacity to deliver the Level 2 programme and therefore compliance through greater availability.
- **IG and Resuscitation:** On-going discussions with Subject Matter Experts support the robust of the target audience and therefore compliance improvement
- **OMMT:** Replicating the tier 1 'out-of-hours' sessions for tier 2 staff improve training capacity and potential compliance

Income & Expenditure

Actual Vs Plan (YTD)

Latest Month

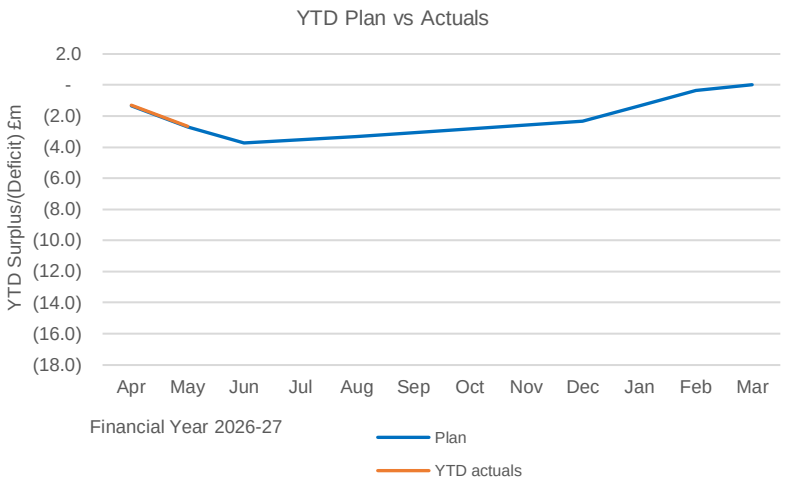
May-26

Year to Date Plan

£(2.7)m deficit

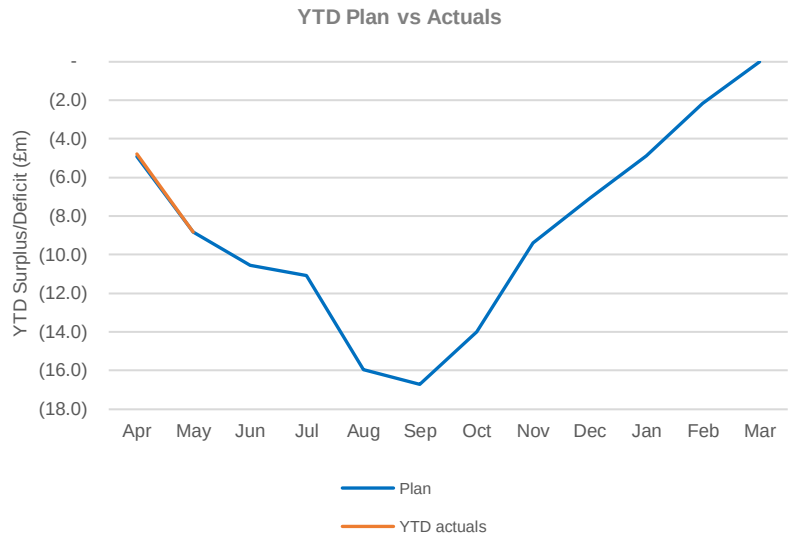
Year to Date Actual

£(2.7)m deficit



Summary:

- The financial plan for 2026/27 Month 2 was a deficit of £1.3m. The Trust has delivered a £1.3m deficit and on plan.
- In Month 2, the Trust was behind the recurrent savings target of £4.7m. Due to the start date of schemes, this has driven a £2.0m adverse variance in month.
- This is offset by vacancies of £1.1m on Consultants and AfC staff, delays in investments of £0.7m and interest receivable of £0.2m.
- There were further industrial action costs seen in Month 2, due to Month 1 estimates being lower than actuals driving a £0.2m adverse variance.
- The Trust continues to see high levels of acuity and enhanced care costs which has led to overspends on Nursing of £0.4m.
- Elective Recovery is driving an adverse variance of £0.3m driven by ASCR and NMSK.
- These overspends are offset by non-recurrent benefits of £0.7m as well as underspends of £0.2m against in-tariff drugs



Latest Month

May-26

Year to Date Plan

£(8.8)m deficit

Year to Date Actual

£(8.8)m deficit

Summary:

- The position at the end of May is a net deficit of £8.8m against a deficit plan of £8.8m. The Trust, therefore, is on plan.
- Key variances against plan are higher than planned pay expenditure (£3.3m) and above plan non-pay costs (£3.0m). The pay and non-pay operating expenditure variances are offset by higher than planned operating income (£5.8m).
- Total staff in post (substantive, bank and agency) has reduced since March 2025. Staffing levels in month were 24WTE below funded establishment. YTD nursing and medical grades are driving the adverse pay position due to the additional use of registered mental health nurses, staffing of bed escalation areas linked to NCTR, the cost of industrial action and the number of less than full-time Resident Doctors.
- Agency and bank expenditure was lower in month compared with April, although overall is £2.2m higher than planned YTD. Agency expenditure is broadly on plan with expenditure in month of £0.5m, £0.1m lower than April. Bank expenditure is 28% higher than plan mainly due to the cost of industrial action and bed escalation linked to NCTR, with expenditure in month of £3.8m, £2.1m lower than April.
- The average number of NCTR patients in May is 177, significantly above the system trajectory of 103. This equates to 21% of the Trust's bed base being occupied by NCTR patients.

CIP

Actual Vs Plan (YTD)

Latest Month

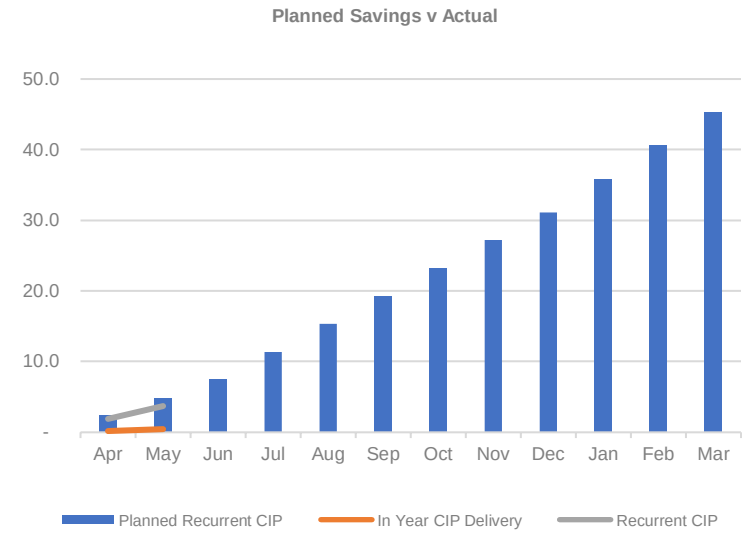
May-26

Year to Date Plan

£4.7m

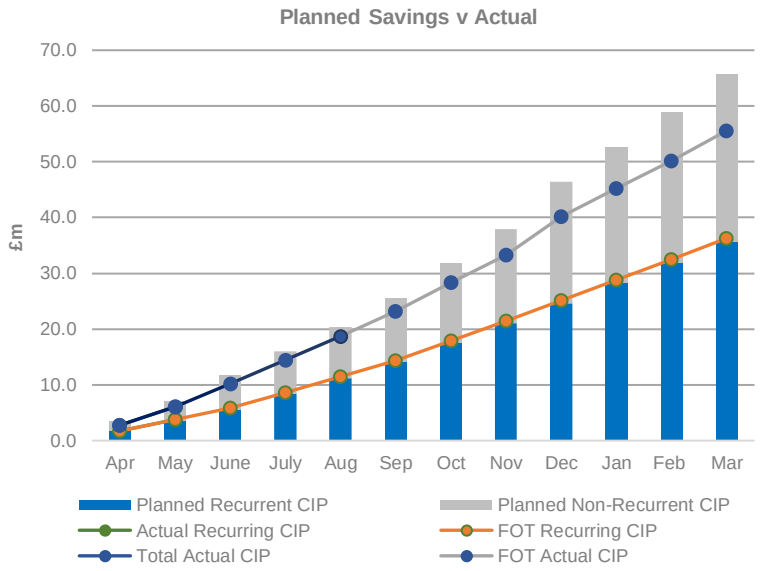
Year to Date Actual

£3.7m



Summary

- The CIP plan for 2026/27 is for savings of £45.3m with £4.7m planned delivery at Month 2. At Month 2 the Trust has £3.7m of completed schemes on the tracker.
- 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 2026/27 impact and the recurrent full year impact.



Latest Month

May-26

Year to Date Plan

£7.1

Year to Date Actual

£6.1m

Summary

- The Trust's 2026/27 recurrent savings plan is £65.6m.
- The Divisional plans represent 84% or £54.8m of the Trust plans. 16% or £10.8m sits centrally with the corporate finance team.
- As at 31st May 2026, the Trust is reporting total savings delivery of £6.1m against a plan of £7.1m, a year-to-date savings shortfall of £1.0m. Of the year-to-date savings shortfall, £1.3m is due to unidentified plans.
- The Trust is currently forecasting savings of £55.5m against a plan of £65.6m. The current forecast delivery shortfall is £10.1m or 15%.
- The current forecast savings is split 65% (£36.2m) recurring schemes and 35% (£19.3m) non-recurring schemes.
- The full year effect forecast outturn at month 2 is £43.5m, a forecast recurrent shortfall of £22.1m or 34%.

Workforce

Pay Costs Vs Plan Run Rate

Latest Month

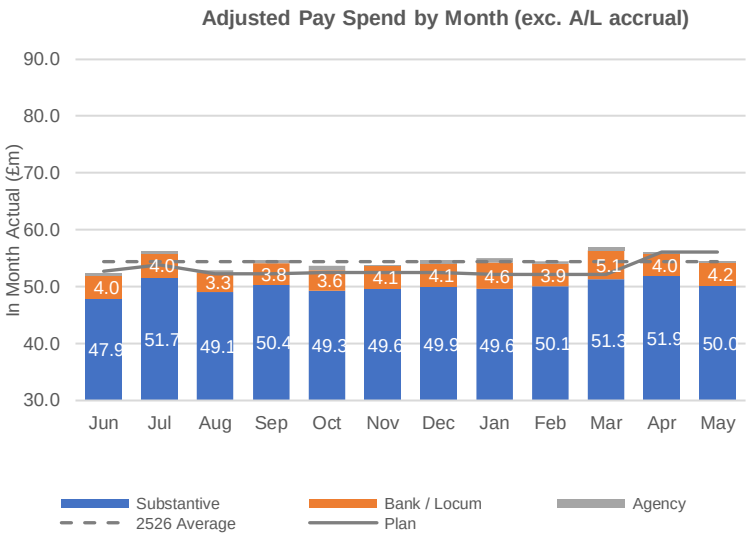
May-26

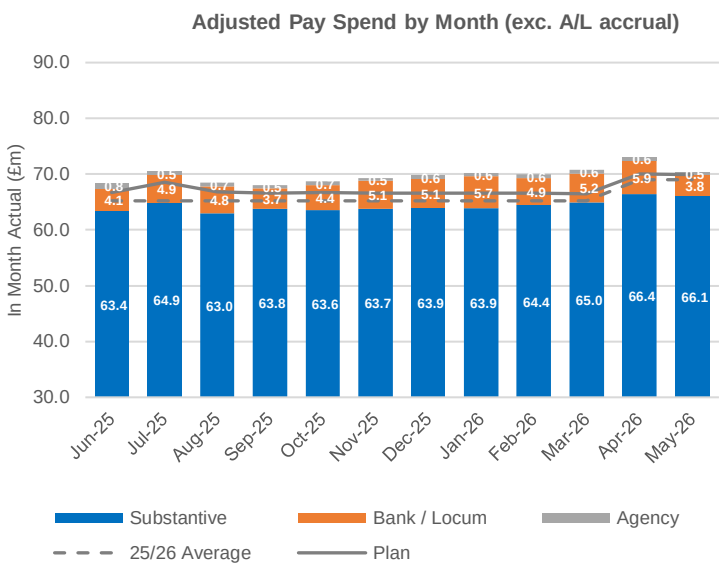
In Month Plan

£56.8m

In Month Actual

£54.6m





Latest Month

May-26

In Month Plan

£69.9m

In Month Actual

£70.4m

Summary

Summary

- Pay spend is £2.2m favourable in month, when adjusted for pass through items, the revised position is £0.9m favourable to plan. The main drivers are:
  - In year CIP - £1.0m adverse, in month impact of recurrent CIP delivery.
  - Escalation and enhanced care - £0.4m adverse in nursing driven by hospital pressures.
  - Industrial action - £0.2m adverse as Month 1 costs were higher than estimated.
  - Vacancies - £1.0m favourable driven by Consultants and non-nursing AfC
  - Non-Recurrent Benefits - £0.7m favourable.
  - Delays in investments - £0.7m favourable.

Summary

Summary

- Total pay expenditure in May is £70.4m, £0.5m higher than plan due to higher than planned substantive staffing costs.
- Pay costs higher than planned values are driven predominantly by medical substantive staffing costs exceeding plan. Overall levels of substantive and temporary staffing combined are below the Trust's funded establishment by 14WTE in May.
- Total nursing staffing levels exceed the funded establishment by 164WTE in May. Contributing factors to the ongoing over-establishment are the use of escalation capacity, high levels of acuity requiring additional mental health input and staff absence.

Temporary Staffing

Agency Costs Vs Plan Run Rate

Latest Month

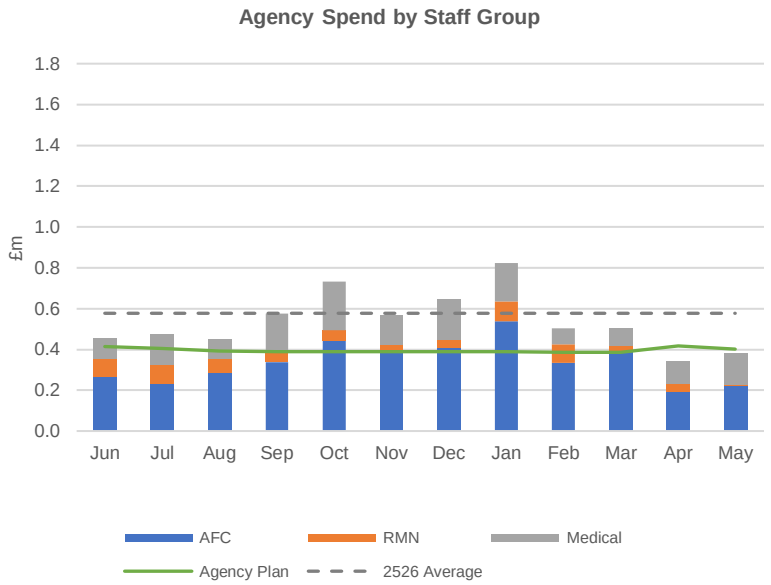
May-26

In Month Plan

£0.4m

In Month Actual

£0.4m



Summary

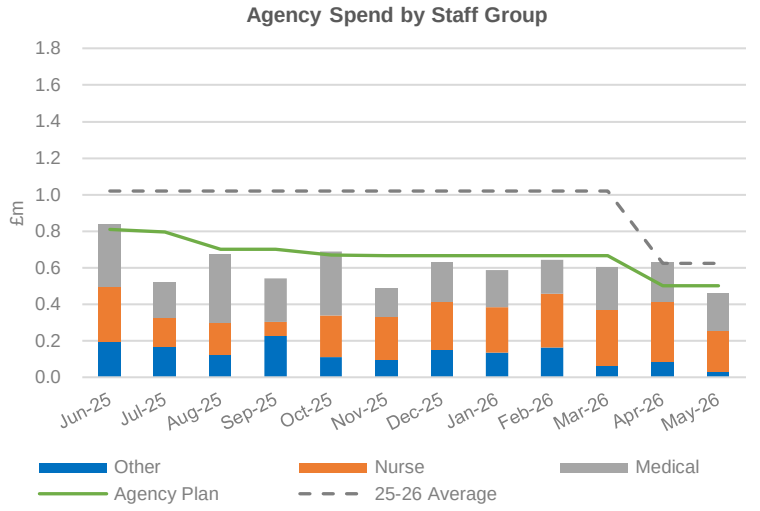
Summary

Monthly Trend

- Agency spend in May has increased compared to April. This is largely driven by an increase in agency costs within Consultants in Medicine due to sickness and vacancies.
- Overall spend in month is driven by consultant agency usage in Medicine and ASCR covering vacancies, nursing agency usage in ICU, ED and Gastroenterology wards driven by escalation (ED) and acuity (ICU and Gastro).

In Month vs Prior Year

- Trustwide agency spend in May is below 2025/26 average spend. This is due to the renewed focus on temporary staffing spend reductions for this financial year.



Latest Month

May-26

In Month Plan

£0.5m

In Month Actual

£0.5m

Summary

Summary

Monthly Trend

- Agency expenditure in May is in line with plan at £0.5m, £0.1m lower than April's agency expenditure.
- Agency usage continues to be largely driven by additional escalation bed capacity across nursing and medical staffing due to a deterioration in the NCTR. The use of registered mental health nurses is also a key driver.
- Nurse agency shifts decreased by 197 or 22% in May compared with April.
- Medical agency expenditure is consistent with the previous month. The number of shifts covered has decreased from 214 in April to 168 in May.

In Month vs Prior Year

- Trustwide agency spend in May is £0.3m or c35% lower than May 2025. This is due to increased controls and scrutiny implemented across Divisions with the support Trust's Nurse and Medical leadership.

Temporary Staffing

Bank Costs Vs Plan Run Rate

Latest Month

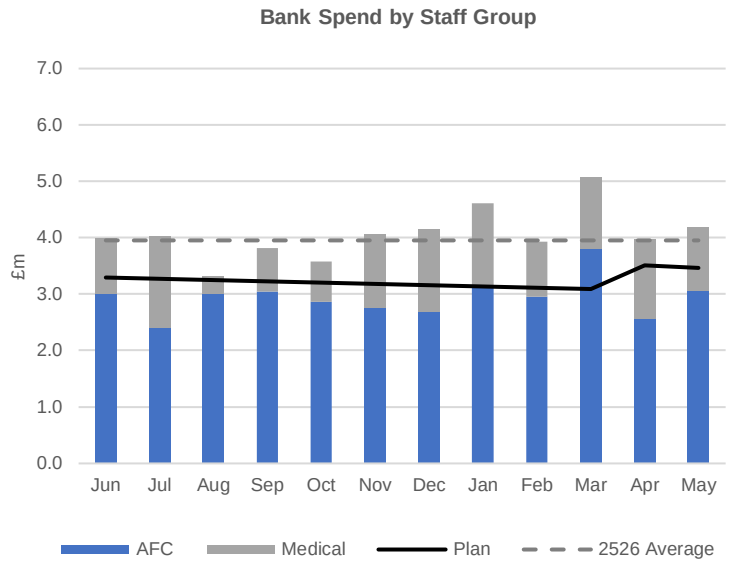
May-26

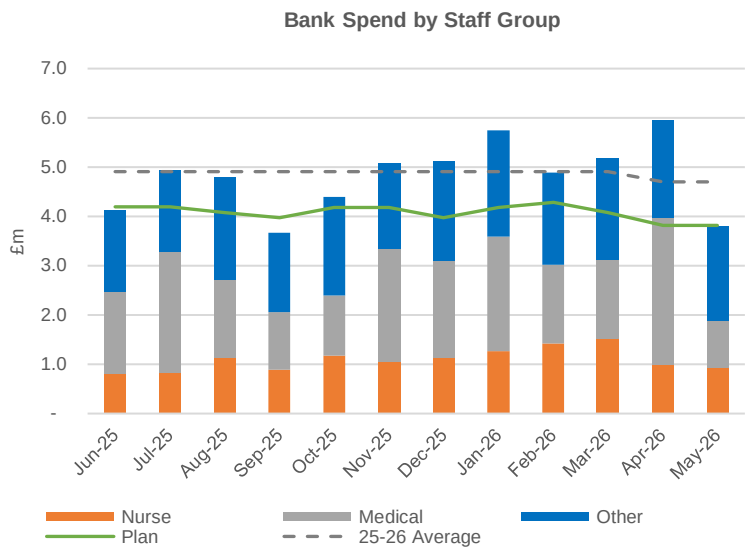
In Month Plan

£3.5m

In Month Actual

£4.2m





Latest Month

May-26

In Month Plan

£3.8m

In Month Actual

£3.8m

Summary

Summary

Monthly Trend

- In May, there has been an increase in bank spend compared to April. Increases compared to April can be seen across the Trust and is reflective of the operational strain in the hospital during the month.

In Month vs Prior Year

- Trustwide Bank spend in May is above 2025/26 average spend. This is driven by vacancy levels.

Summary

Summary

Monthly Trend

- Bank costs in May are £3.8m, £2.1m lower than April. £1.3m of the reduction is due to costs associated with industrial action in April. Of the £3.8m spent in May, £1.5m relates to medical bank and £0.9m to registered nurse bank.
- Nurse bank expenditure remains consistent with April at £0.9m.
- Medical bank reduced in May by £2.0m, £0.7m more than the cost of industrial action in April.

In Month vs Prior year

- Bank expenditure in May is £0.5m lower than the same period last year.

Capital

Actual Vs Plan

Latest Month

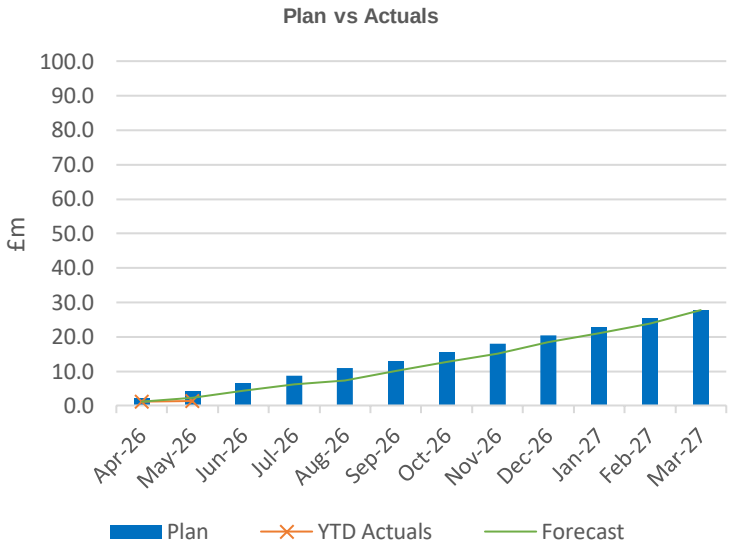
May-26

In Month Plan

£1.1m

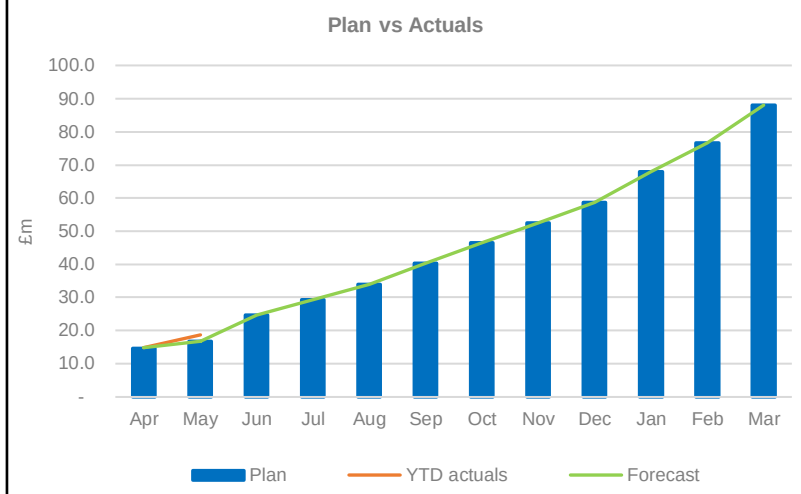
In Month Actual

£0.1m



Summary

- The Trust currently has a system capital allocation of £22.4m for 2026/27, of which £4.3m relates to additional funding awarded to the Trust as a result of achieving a break even position in 2025/26. A further £1.8m of projects have been taken forward for national funding.
- Year to date spend in Month 2 was £1.4m.



Latest Month

May-26

In Month Plan

£2.0m

In Month Actual

£3.9m

Summary

- Following NHSE confirmation of capital funding allocations of £39.0m, the Trust submitted a revised 2026/27 capital plan to NHSE on 18th March 2026 totalling £88.0m. The sources of funding include:
  - -£40.3m CDEL allocations from the BNSSG ICS capital envelope;
  - -£39.0m PDC matched with CDEL from NHSE including centrally allocated schemes;
  - -£7.2m Right of use assets (leases); and
  - -£1.5m for donated asset purchases.
- Expenditure at the end of May is £18.8m, £2.1m ahead of the plan of £16.7m.
- Significant variances to plan include slippage against Digital Services (£4.8m) offset by over-delivery against Major Capital Schemes (£1.8m), Medical Equipment (£1.7m) and right of use assets (IFRS16) (£2.6m).
- A robust full forecasting exercise will be scheduled at the end of Q1, with a requirement to fully re-profile all schemes to identify any potential in year reallocations.

Cash

Actual Vs Plan

Latest Month

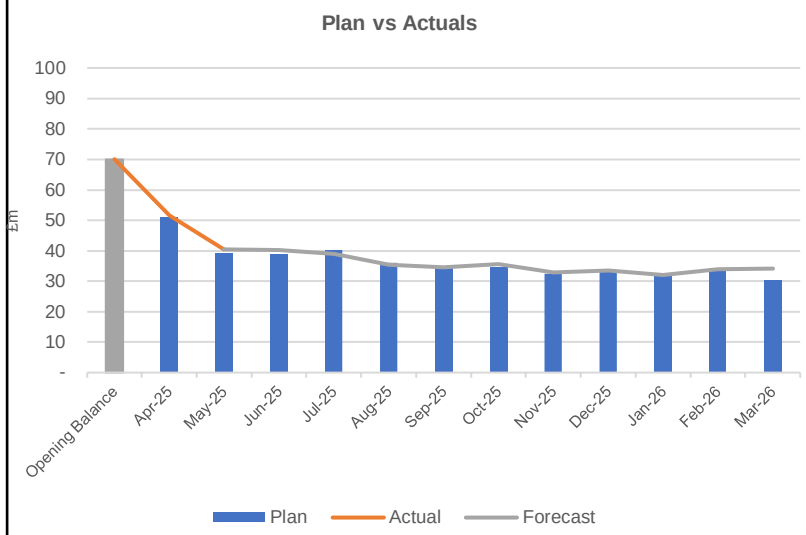
May-26

Target

£39.1m

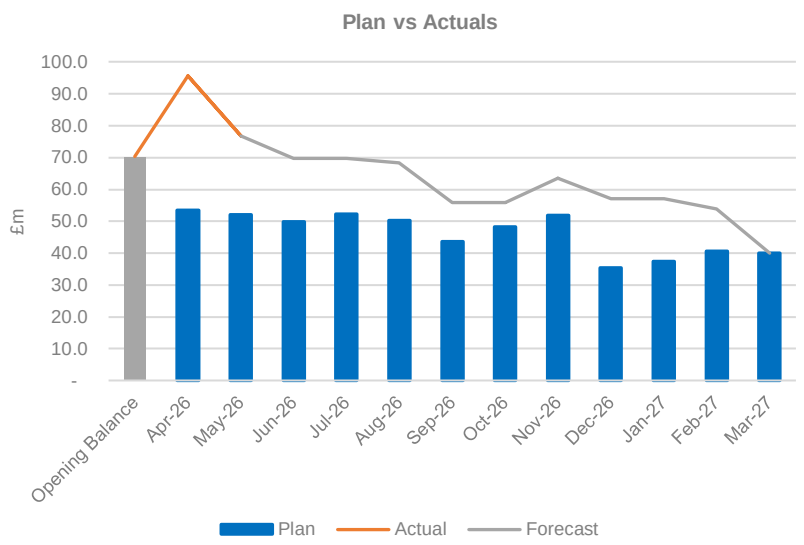
Actual

£40.5m



Summary

- In month cash is £40.5m, which is an £11.0m decrease from April driven by the payment of capital invoices received in the prior year
- The cash balance is £1.3m favourable to plan



Latest Month

May-26

Target

£52.1m

Actual

£76.9m

Summary

- The closing cash balance of £76.9m is an increase of £3.8m from March.
- The £3.8m increase from 31st March is due to a net cash inflow from operations of £23.4m, offset by cash outflow of £18.0m relating to investing activities (i.e. capital), and £1.6m servicing financing activities (i.e. loan interest and lease principal).
- The Trusts total cash receipts in May were £112.7m to cover payroll payments of £69.7m and supplier payments of £61.7m.
- The year end forecast remains at £40m in line with plan.
-

Assurance and Variation Icons – Detailed Description

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

KEY
Note Performance
Constitutional Standards and Key Metrics = Escalation Summary

North Bristol NHS Trust

Perinatal Quality Surveillance Matrix (PQSM) Dashboard data

Month of Publication June 2026
Data up to April 2026

Activity	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
Number of women who gave birth (>=24 weeks or <24 weeks live)	456	453	467	439	460	477	466	473	454	397	434	453
Number of women who gave birth (>=22 weeks)	456	455	467	439	460	480	480	483	454	397	436	451
Number of babies born (>=24 weeks or <24 weeks live)	464	463	473	444	466	483	461	473	459	403	439	461
Number of livebirths 22+0 to 26+6 weeks	3	4	1	9	1	2	2	3	3	4	3	1
Number of livebirths 24+0 to 36+6 weeks	40	32	33	43	27	32	30	41	36	41	27	35
Number of livebirths <24 weeks	0	1	0	3	2	0	1	0	2	1	0	4
Induction of labour rate %	31.6%	32.7%	29.1%	33.3%	30.0%	28.1%	31.7%	29.2%	29.3%	26.2%	31.8%	28.9%
Unassisted birth rate %	42.1%	41.5%	45.4%	44.2%	46.7%	44.2%	47.3%	44.4%	40.3%	42.8%	44.5%	45.0%
Assisted birth rate %	14.0%	9.3%	8.8%	9.8%	8.0%	8.4%	10.2%	7.2%	10.8%	9.6%	12.0%	6.0%
Caesarean section rate (overall) %	43.2%	49.0%	45.6%	46.0%	45.0%	47.0%	42.5%	48.4%	48.0%	46.9%	43.5%	48.8%
Elective caesarean section rate %	20.4%	22.3%	22.7%	22.1%	22.4%	21.8%	18.7%	25.8%	29.9%	24.4%	21.7%	23.0%
Emergency caesarean section rate %	22.8%	26.7%	22.9%	23.9%	22.6%	25.2%	23.9%	22.6%	27.1%	22.4%	21.9%	25.8%

Safe - Maternity Workforce	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
One to one care in labour (as a percentage)* excludes BBAs	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Compliance with supernumerary status for labour ward coordinator	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Number of times maternity unit attempted to divert or on divert	0	1	1	0	1	1	1	2	1	1	1	3
Number of obstetric consultant non-attendance to 'must attend' clinical situations	0	0	0	0	0	0	0	0.0	0	0	0	0
Consultant Led MDT ward rounds on CDS day	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Consultant Led MDT ward rounds on CDS evening/night	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Percentage of 'staff meets acuity' - CDS	65%	52%	65%	72%	45%	49%	54%	55	55%	51%	59%	51%
Percentage of 'up to 3 MWs short' - CDS	45%	44%	33%	25%	50%	39%	43%	39	41%	38%	34%	43%
Percentage of '3 or more MW's short' - CDS	8%	5%	2%	3%	6%	12%	4%	6	4%	11%	7%	6%
Confidence factor in Birthrate+ (data recording on CDS)	82.3%	73.9%	87.1%	84.4%	86.6%	83.9%	75.3%	79%	75.0%	83.0%	80.0%	79.0%

Safe - Maternity Workforce	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
Band 5/6/7 Midwifery Vacancy Rate (inclusive of maternity leave) WTEs	-0.87%	0.77%	2.22%	4.53%	4.60%	4.36%	0.92%	1.84%	0.89%	0.08%	0.69%	-1.08%
Obstetric Consultant Vacancy Rate (inclusive of maternity leave) WTEs	0.00%	0.00%	0.00%	0.00%	0.00%	1.50%	1.50%	2.0%	5.00%	5.00%	5.00%	5.00%
Obstetric Resident Doctor Vacancy Rate (inclusive of maternity leave) WTEs	2%	2%	2%	0%	0%	1%	1%	0.0%	0%	0%	0%	0%
Midwifery Shift Fill Rate (%) - inpatient services day	100.1%	94.5%	94.0%	95.5%	93.6%	93.2%	92.3%	90.1%	92.2%	91.7%	90.21%	92.9%
Midwifery Shift Fill Rate (%) - inpatient services night	100.1%	103.6%	99.8%	97.7%	95.5%	99.7%	97.3%	92.1%	94.7%	93.9%	91.3%	91.1%
Obstetric Shift Fill Rate - acute services* day	100.0%	100.0%	100.0%	99.0%	98.0%	100.0%	99.0%	99.0%	100.0%	100.0%	100.0%	100.0%
Obstetric Shift Fill Rate - acute services* night	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	99.0%	100.0%	100.0%	100.0%	100.0%

Safe - Neonatal Workforce	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
Number of NICU consultant non-attendance to 'must attend' clinical situations	0	0	0	0	0	0	0	0	0	0	0	0
Band 5/6/7 Neonatal Nursing Vacancy Rate (inclusive of maternity leave) WTEs	12.23%	10.79%	13.72%	14.71%	16.94%	14.22%	12.45%	14.89%	13.44%	8.52%	9.19%	-0.73%
Neonatal Nurse Qualified in Speciality establishment rate	52%	54%	63%	63%	63%	60%	60%	60%	65%	59%	59%	59%
Neonatal Consultant Vacancy Rate (inclusive of maternity leave) WTEs	0%	0%	0%	5%	5%	5%	5%	5%	5%	5%	5%	5%
Neonatal Resident Doctor Vacancy Rate (inclusive of maternity leave) WTEs	0%	8%	8%	8%	8%	8%	8%	8%	0.00%	0.00%	0%	5%
Neonatal Nursing Fill Rate (%) - acute services* using BAPM acuity tool (national avg 81%)	91.8%	96.6%	100.0%	88.5%	86.0%	100.0%	100.0%	96.6%	71.4%	87.3%	85.2%	98.1%
Neonatal Nursing QIS Fill Rate (%) - acute services using BAPM acuity tool	49.2%	55.2%	50.0%	37.7%	28.3%	82.8%	92.3%	76.6%	39.5%	45.5%	52.0%	54.7%
Neonatal (Medical) Shift Fill Rate (%) - acute services* day using BAPM acuity tool	100.0%	100.0%	98.0%	97.8%	97.8%	96.0%	95.0%	95.0%	100.0%	100.0%	100.0%	100.0%
Neonatal (Medical) Shift Fill Rate (%) - acute services* Night using BAPM acuity tool	95.7%	95.0%	94.6%	94.0%	93.3%	95.0%	95.0%	95.0%	100.0%	100.0%	100.0%	100.0%

Training	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
Training compliance fetal wellbeing day - Obstetric Consultants	90%	80%	80%	80%	56%	90%	100%	95%	95%	95%	90%	94%
Training compliance fetal wellbeing day - Other Obstetric Doctors	85%	81%	78%	80%	84%	94%	87% (93%)	63%	68%	70%	76%	86%
Training compliance fetal wellbeing day - Midwives (ALL)	85%	81%	81%	82%	80%	90%	97%	92%	90%	88%	90%	90%
Training compliance in maternity emergencies and multi-professional training - Obstetric Consultants	85%	90%	90%	90%	100%	94%	100%	95%	100%	95%	89%	79%
Training compliance in maternity emergencies and multi-professional training - Other Obstetric Doctors	100%	96%	97%	69%	81%	90%	94%	65%	68%	77%	86%	92%
Training compliance in maternity emergencies and multi-professional training - Midwives (ALL)	92%	91%	92%	93%	82%	93%	97%	92%	91%	88%	87%	86%
Training compliance in maternity emergencies and multi-professional training - Anaesthetic Consultants	69%	62%	63%	63%	70%	100%	96%	92%	84%	88%	87%	85%
Training compliance in maternity emergencies and multi-professional training - Other Anaesthetic Doctors	77%	75%	86%	87%	88%	90%	100%	92%	85%	52%	60%	55%
Training compliance in maternity emergencies and multi-professional training - Maternity care assistants - ALL	84%	87%	91%	90%	77%	88%	95%	91%	94%	90%	86%	89%

Training	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
Training compliance annual local NBLS - Midwives (ALL)							99%	90%	89%	86%	87%	87%
Training compliance annual local NBLS - NICU Consultants	100%	92%	91%	91%	91%	91%	100%	94%	71%	93%	100%	100%
Training compliance annual local NBLS - NICU Resident doctors (who attend any births)	100%	100%	100%	94%	100%	100%	100%	94%	100%	100%	83%	79%
Training compliance annual local NBLS NICU ANNPs (ALL)	70%	70%	60%	80%	100%	100%	100%	100%	81%	100%	100%	100%
Training compliance annual local NBLS NICU Nurses (Band 5 and above)	91%	93%	91%	94%	98%	96%	96%	98%	87%	96%	91%	96%
Training compliance annual local NBLS APs, HCAs and nursery nurses (dependant on their roles within the service - for local policy to determine)	89%	89%	90%	95%	97%	97%	97%	93%	82%	98%	95%	96%

Safe - Delivery Metrics	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
Number of shoulder dystocias recorded (vaginal births)	11	6	10	5	4	8	10	5	6	6	9	11
% of women with a high degree (3rd and 4th) tear recorded	5.0%	3.5%	5.5%	5.9%	2.8%	5.9%	4.9%	3.7%	3.0%	5.7%	6.5%	4.7%
Number of women with a retained placenta following birth requiring MROP	9	9	8	9	9	17	6	17	11	7	10	12
Number of babies with an Apgar Score <7 at 5 mins (all gestations)	13	12	4	10	8	8	5	8	8	12	6	8

Infant Feeding & Skin to Skin	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
% of babies where breastfeeding initiated within 48 hours	81.0%	80.2%	84.7%	82.7%	83.2%	83.1%	87.1%	80.2%	79.3%	80.6%	81.9%	80.5%
% of babies breastfeeding on Day 10	70.9%	75.5%	76.3%	78.5%	70.5%	77.6%	78.0%	76.0%	76.6%	74.3%	76.8%	78.8%
% of babies breastfeeding at transfer to community	67.1%	70.3%	72.9%	75.7%	72.2%	73.9%	73.7%	72.0%	72.1%	73.0%	71.1%	78.8%
% of babies where skin to skin recorded within 1st hour of birth	83.1%	82.6%	84.9%	83.5%	83.4%	84.1%	84.7%	81.3%	80.6%	81.3%	81.7%	86.3%

Perinatal Morbidity and Mortality inborn	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
Total number of perinatal deaths (excluding late fetal losses & TOP)	2	4	3	4	1	2	0	4	2	2	2	2
Number of late fetal losses 16+0 to 23+6 weeks excl TOP	3	5	4	0	5	4	4	0	2	1	2	2
Number of stillbirths (>=24 weeks excl TOP)	2	3	3	0	0	1	0	2	2	1	2	0
Stillbirths per 1000 live births	4.31	6.48	6.34	0.00	0.00	2.07	0.00	0.42	0.60	2.48	4.56	0.00
12 month rolling Still Births per 1000 live births												2.27
Number of neonatal deaths : 0-6 Days	0	0	0	2	1	0	0	1	0	0	0	2
Number of neonatal deaths : 7-28 Days	0	1	0	2	0	1	0	1	0	1	0	0
Neonatal Deaths before 28 days per 1000 live births (ALL)	0.0	2.2	0.0	4.5	2.1	2.1	0.0	4.2	0.0	2.5	0.0	2.0
* NND before 28 days per 1000 live births (Inborn babies only)	0.0	2.2	0.0	4.5	4.6	6.4	0.0	11.1	0.0	8.6	0.0	2.0
12 month rolling NND before 28 days per 1000 live births (Inborn babies only)												3.3
PMRT grading C or D themes in report	2	2	1	0	0	1	1	0	1	0	1	0
Suspected brain injuries in term (37+0) inborn neonates (no structural abnormalities) (MNSI referral)	0	1	0	0	0	0	0	0	1	0	2	0

Maternal Morbidity and Mortality	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
Number of maternal deaths (MBRRACE)	0	0	1	0	0	1	0	1	0	0	0	1
Direct causes	0	0	0	0	0	0	0	0	0	0	0	0
Indirect causes	0	0	1	0	0	1	0	1	0	0	0	1
Number of women who received enhanced care on CDS (HDU)	33	39	39	23	30	38	31	38	32	25	19	31
Number of women who received level 3 care (ICU)	1	1	1	0	0	0	0	0	3	3	1	2

Insight	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
Number of incident reported	106	124	56	113	100	106	122	135	117	110	108	106
Number of incidents graded as moderate or above (total) (Physical Harm)	0	1	0	6	4	1	0	1	1	2	6	2
incident moderate harm or above (not PSII, excludes MNSI)	0	1	4	6	4	1	0	0	0	0	1	3
incident PSII (excludes MNSI)	1	0	0	0	0	0	0	0	0	0	0	0
New MNSI referrals accepted	0	1	0	0	0	0	0	0	1	0	0	0
Outlier reports (eg. MNSI/NHSR/CQC) or other organisation with a concern or request for action made directly with Trust	0	0	0	1	0	0	0	0	0	0	0	0
Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	0	0	0	0	0
Trust Level Risks	3	4	5	5	5	5	7	5	6	4	3	2

NICU Data	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
Neonatal Admission to NICU	46	52	48	52	37	48	43	63	57	63	43	48
of which Inborn Babies booked with NBT	33	33	29	38	26	28	31	40	41	46	28	31
of which Inborn Babies -booked elsewhere	3	4	5	4	1	1	3	4	3	4	3	3
of which readmission	5	6	3	2	4	9	2	9	5	3	5	9
of which ex-utero admission	4	9	8	5	3	6	4	7	5	7	3	4
of which source of admission cannot be derived	1	0	1	1	3	2	3	1	0	1	1	0
Neonatal Admission to Transitional Care	36	35	36	40	40	26	30	32	23	24	14	29

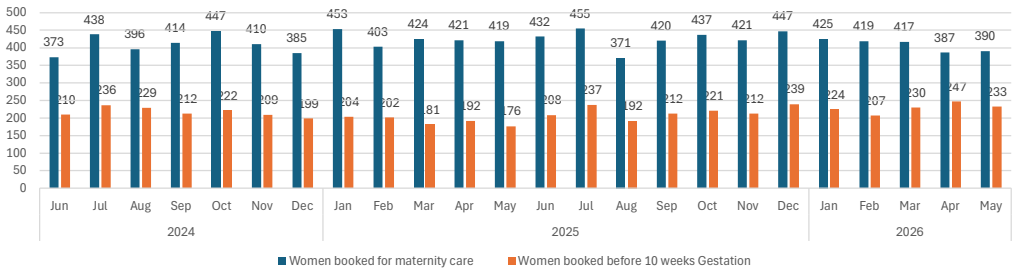
NICU Data	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
Admission rate at term (all)	4.8%	3.9%	5.8%	5.9%	3.9%	4.9%	6.0%	5.0%	6.2%	8.6%	5.1%	3.3% (14)
Admission Rate at Term that meet ATAIN Criteria	3.1%	5.1%	3.8%	5.7%	3.8%	3.1%	5.7%	3.8%	3.8%	5.0%	2.6%	
NICU babies transferred to another unit for higher/specialist care	4	5	2	1	4	4	6	8	5	6	4	
NICU babies transferred to another unit due to a lack of available resources	2	3	0	0	4	2	9	12	9	0	3	
NICU babies transferred to another unit due to insufficient staffing	0	0	0	0	0	0	0	0	0	0	0	
Attempted baby abduction	0	0	0	0	0	0	0	0	0	0	0	0

Involvement	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
Friends and family Test score (response rate % who rated 'very good' or 'good') NICU	100%	100%	100%	100%	100%	86%	91%	100%	100%	100%	100%	
Friends and family Test score (response rate % who rated 'very good' or 'good') Maternity	91%	92%	94%	93%	92%	90%	91%	87%	89%	94%	83%	83%
Service User feedback: Number of Compliments (formal)	78	61	79	69	63	60	46	47	48	60	64	180
Service User feedback: Number of Complaints (formal)	9	2	6	16	3	3	4	4	6	6	7	6
Staff feedback from frontline champions and walk-abouts (number of themes)	Meeting	Walk-about minutes	Meeting	Walk-about minutes	Meeting	Walk-about minutes	Meeting	Walk-about minutes	Meeting notes.docx	Safety Champions minutes February 2026v0.1.docx	Walk around tracker	03 April (Trust Level Meeting)

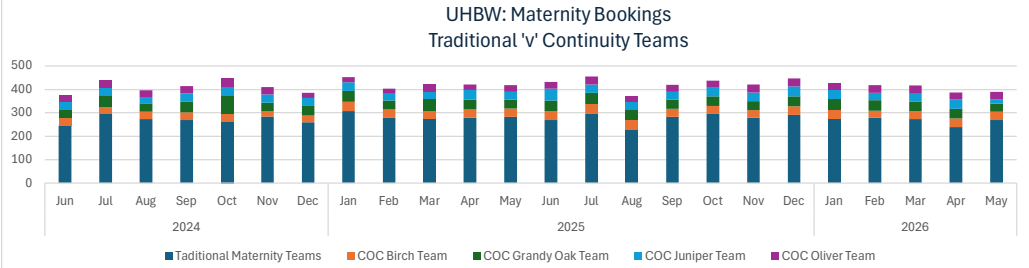
Maternity Triage	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
Attendance to triage	943	888	996	880	963	1167	1077	1026	1101	1039	1110	1116
BSOTS KPI Initial assessment within 15 minutes	63%	66%	65%	64%	56%	48%	47%	49%	48%	45%	54%	41%
NICE Safer Staffing Red Flag Initial assessment within 30 minutes	91%	91%	93%	90%	86%	81%	75%	78%	80%	75%	83%	70%
Calls answered by triage (Day 0730-2000)	979	977	1150	997	1118	1262	1071	1120				
Calls answered by triage (Night 2000-0700)	291	352	368	323	354	414	381	399				
Patient Self -Discharges in Maternity Triage				19	25	30	43	25	20	14	18	24
Total Calls answered by Maternity Triage									1587	2383	2500	3055
Total Calls abandoned by Maternity Triage >60 secs										156	197	157
Phone calls abandoned on triage (Day 0730-2000)	204	154	149	152	242	230	237	216				
Phone calls abandoned on triage (Night 2000-0700)	26	37	36	25	24	32	47	31				
Calls answered by other clinical areas (CDS and Mendip - Day + Night)	522	522	536	484	493	615	542	505				
Phone calls abandoned in other clinical areas (CDS and Mendip - Day + Night)	22	28	30	28	14	34	29	18				

Perinatal Quality Oversight Model - Data
UHBW: Maternity Metrics (May 2026)

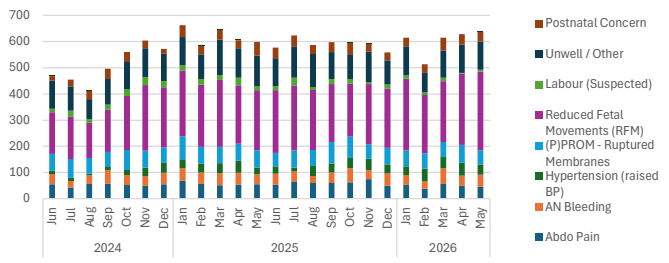
UHBW: Monthly Maternity Bookings



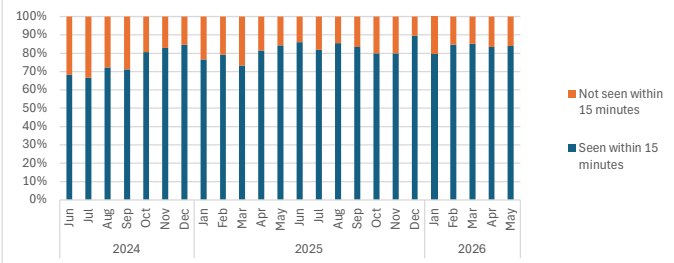
UHBW: Maternity Bookings Traditional 'v' Continuity Teams



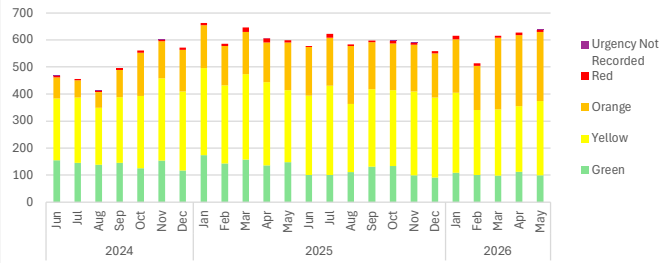
UHBW: Triage Attendances (by primary reason)



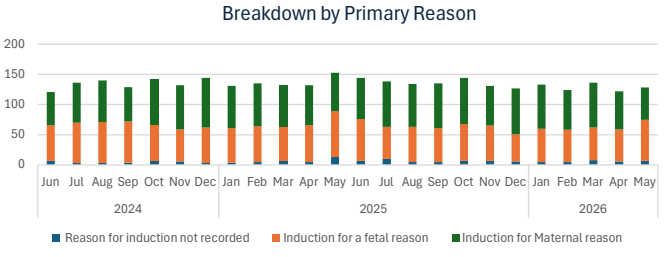
UHBW: Triage Attendances seen within 15 minutes (%)



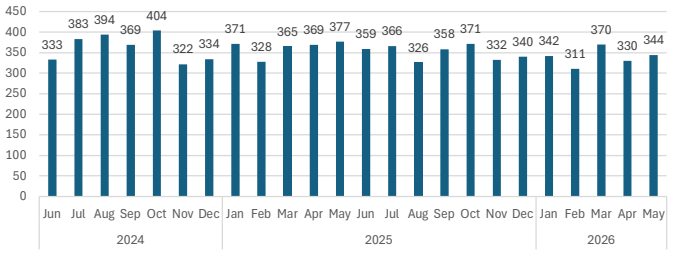
UHBW: Triage Attendances by Pathway Level of Urgency



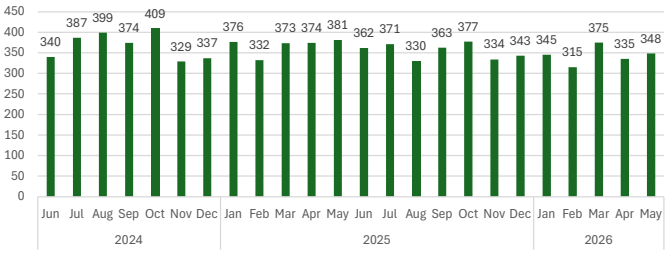
UHBW: Number of Inductions Breakdown by Primary Reason



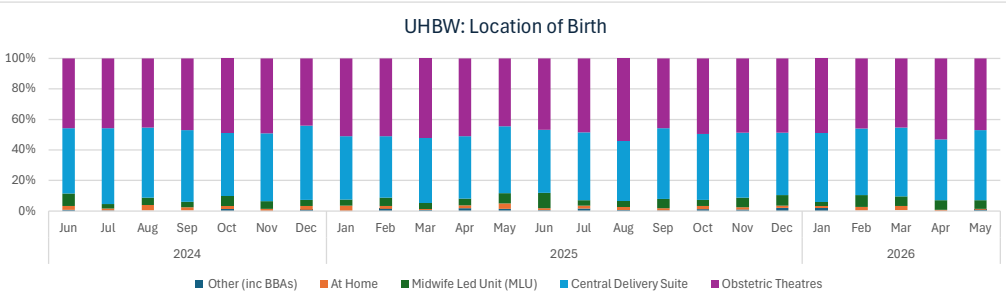
UHBW: Number of Registerable Births (Women)



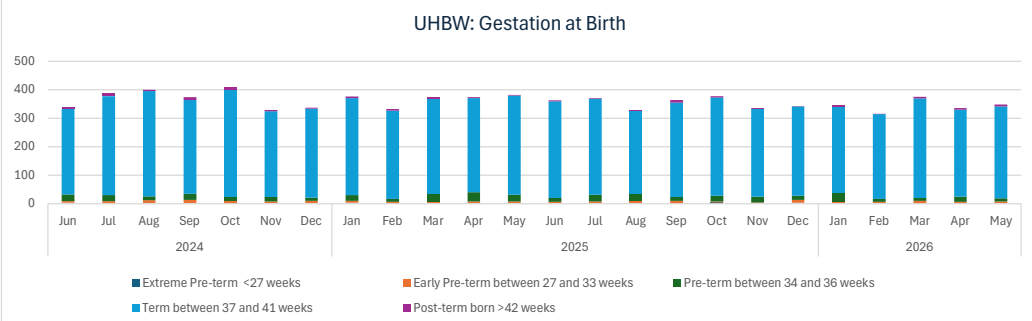
UHBW: Number of Registerable Births (Babies)



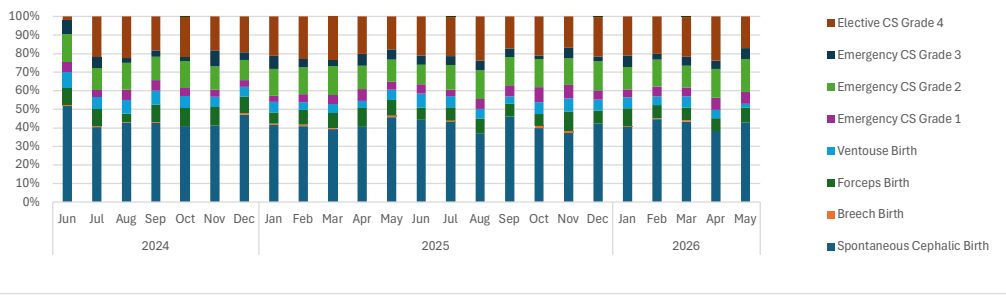
UHBW: Location of Birth



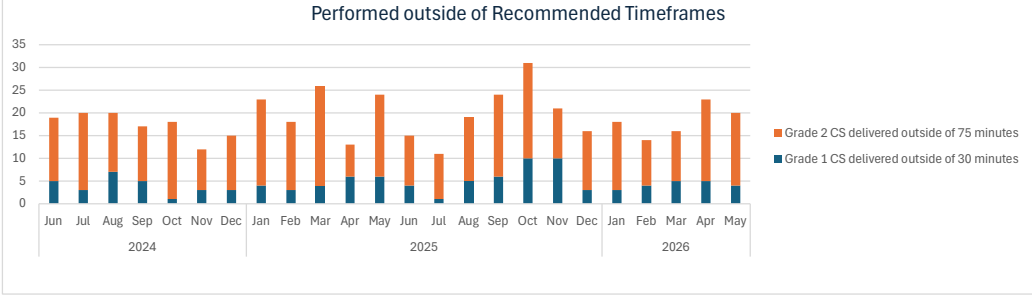
UHBW: Gestation at Birth



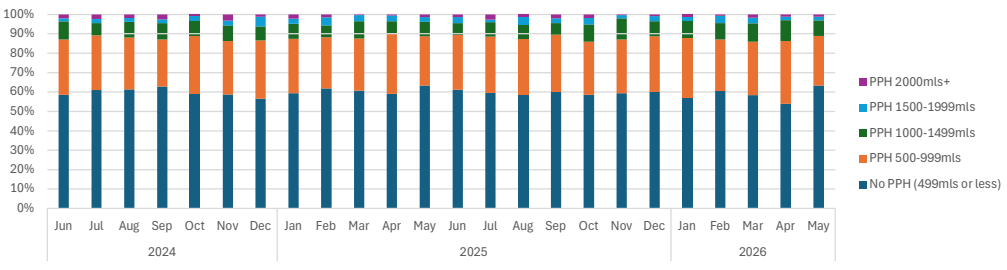
UHBW: Mode of Birth



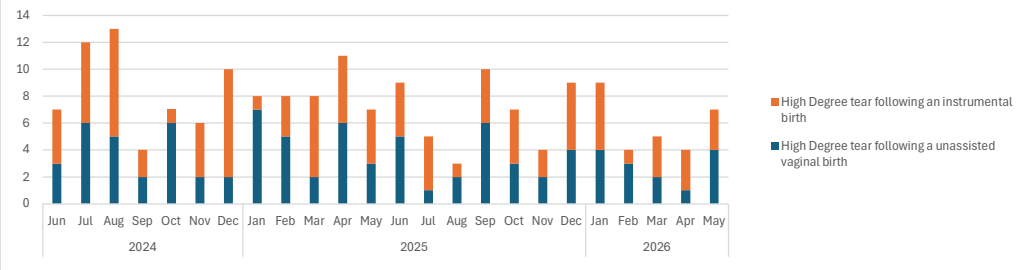
UHBW: Number of Category 1 and Category 2 Caesarean Sections Performed outside of Recommended Timeframes



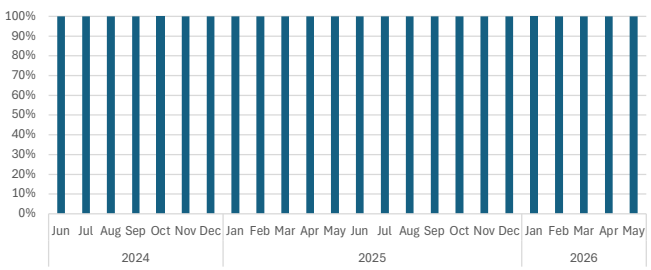
UHBW: Postpartum Haemorrhage (PPH)



UHBW: Number of Women with a high degree (3rd or 4th vaginal tear)

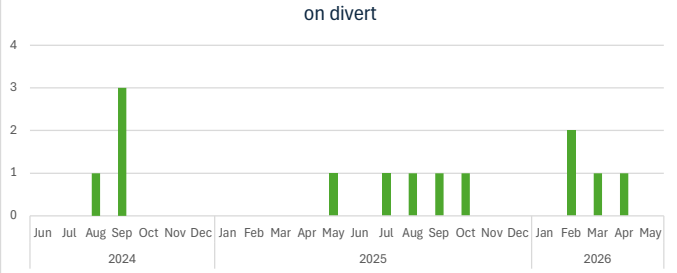


UHBW : One to One care in labour (excludes BBAs)

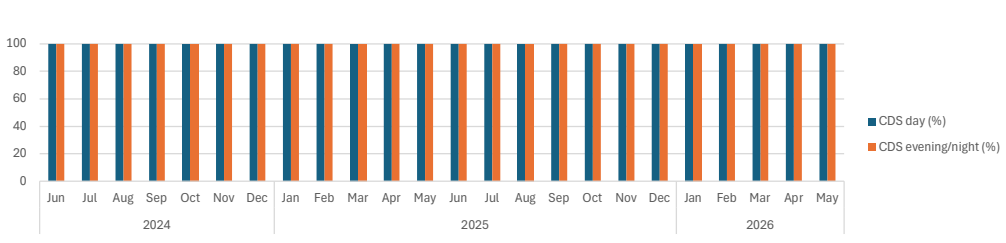


UHBW: Compliance with supernumerary status for labour ward coordinator

UHBW: Number of times the maternity unit attemted to divert or on divert

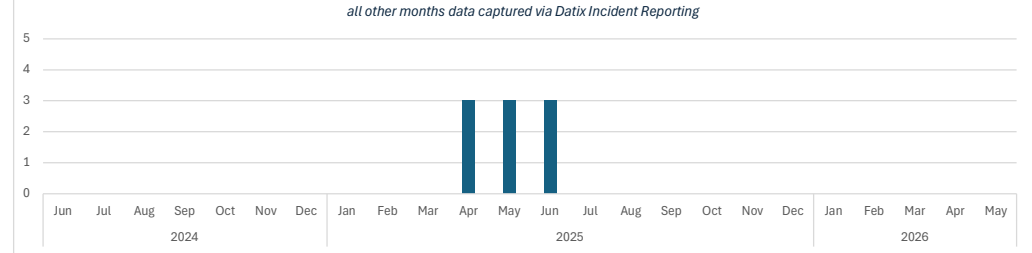


UHBW: Consultant Led MDT Ward Rounds on CDS (%)



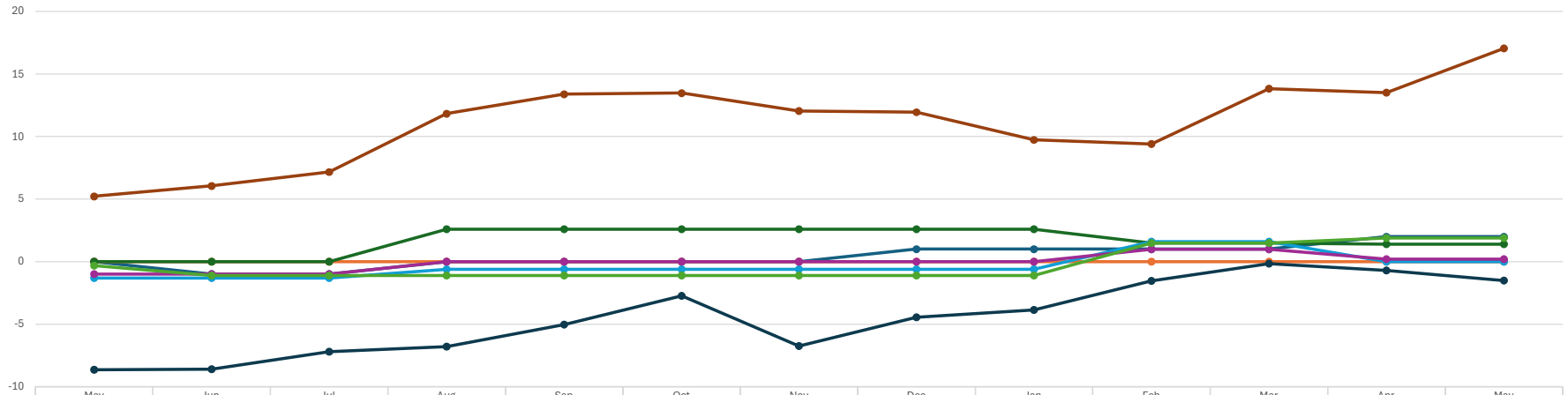
UHBW: Number of obstetric consultant non-attendance to 'must attend' clinical situations

** Full MIS Audit completed April, May & June 2025 & April, May 2026 (currently underway in June 2026)*
all other months data captured via Datix Incident Reporting



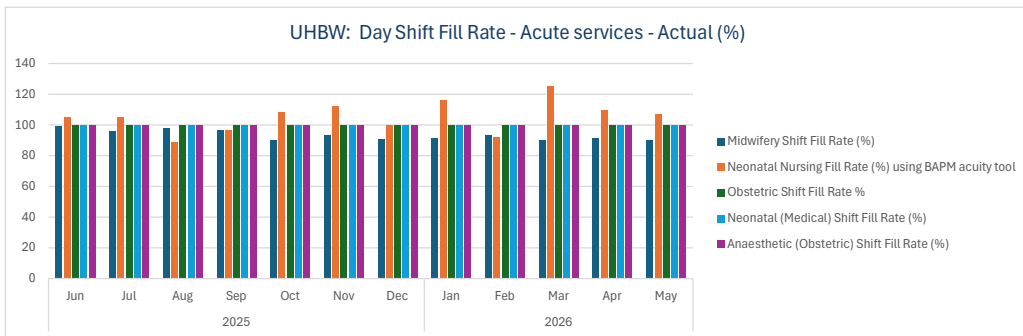
UHBW: Workforce & Acuity (May 2026)

UHBW: Obstetric, Neonatal & Midwifery Vacancy Rates

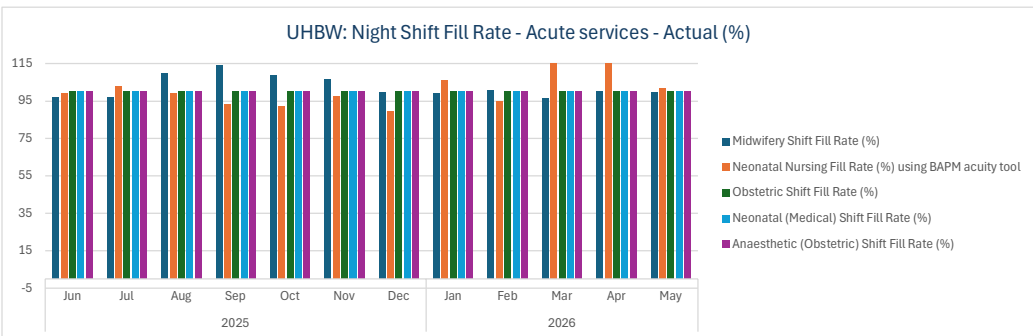


	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
	2025								2026				
Obstetric Consultant Vacancy Rate WTEs	0	-1	-1	0	0	0	0	1	1	1	1	2	2
Neonatal Consultant Vacancy Rate WTEs	0	0	0	0	0	0	0	0	0	0	0	0	0
Obstetric Registrar Vacancy Rate WTEs	0	0	0	2.6	2.6	2.6	2.6	2.6	2.6	1.5	1.5	1.4	1.4
Neonatal Registrar Vacancy Rate WTEs	-1.3	-1.3	-1.3	-0.6	-0.6	-0.6	-0.6	-0.6	-0.6	1.6	1.6	0	0
Obstetric SHO Vacancy Rate WTEs	-1	-1	-1	0	0	0	0	0	0	1	1	0.2	0.2
Neonatal SHO Vacancy Rate WTEs	-0.3	-1.1	-1.1	-1.1	-1.1	-1.1	-1.1	-1.1	-1.1	1.5	1.5	1.9	1.9
Band 5/6/7 Midwifery Vacancy Rate WTEs	-8.64	-8.6	-7.2	-6.79	-5.03	-2.74	-6.74	-4.45	-3.86	-1.54	-0.15	-0.7	-1.5
Band 5/6/7 Neonatal Nursing Vacancy Rate WTEs	5.22	6.06	7.16	11.83	13.39	13.47	12.05	11.94	9.73	9.41	13.83	13.51	17.05

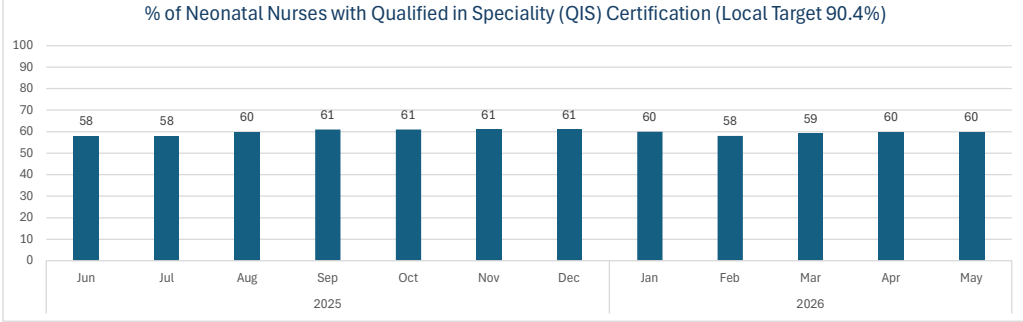
UHBW: Day Shift Fill Rate - Acute services - Actual (%)



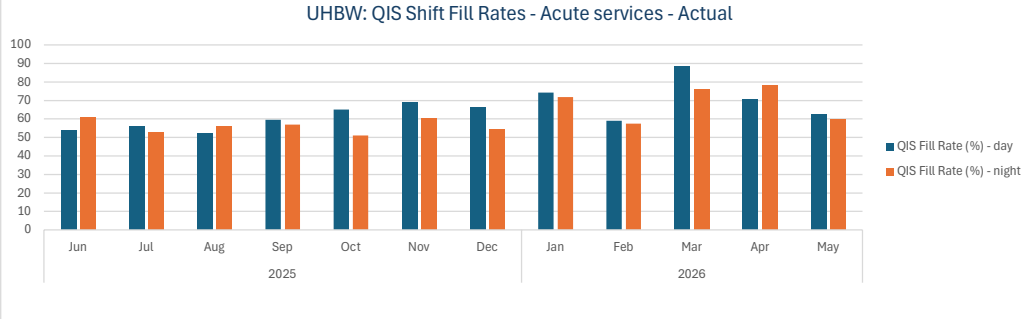
UHBW: Night Shift Fill Rate - Acute services - Actual (%)



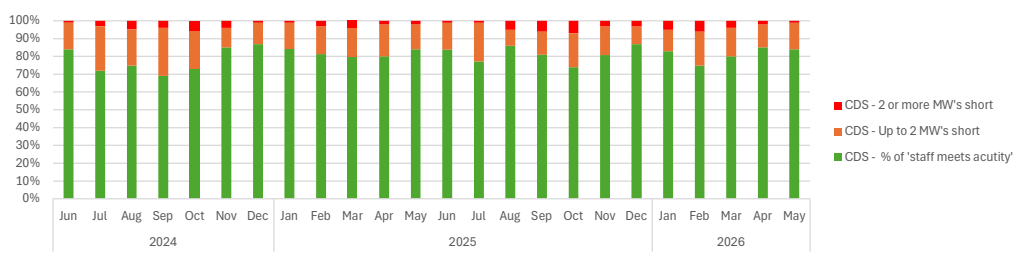
% of Neonatal Nurses with Qualified in Speciality (QIS) Certification (Local Target 90.4%)



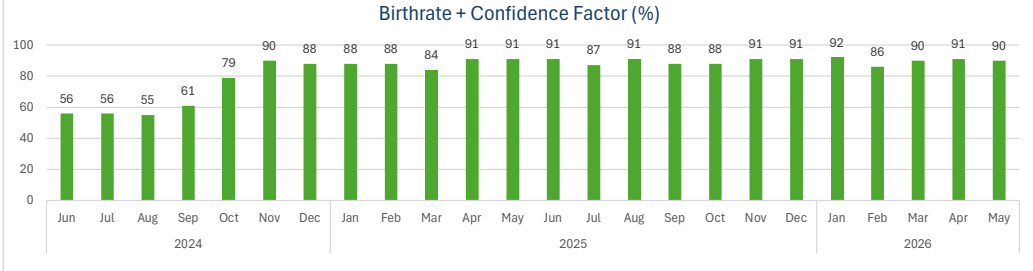
UHBW: QIS Shift Fill Rates - Acute services - Actual



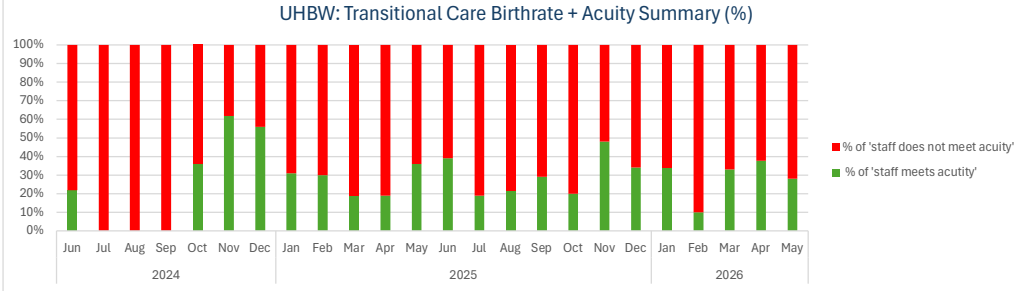
UHBW: CDS Birthrate + Acuity Summary (%)



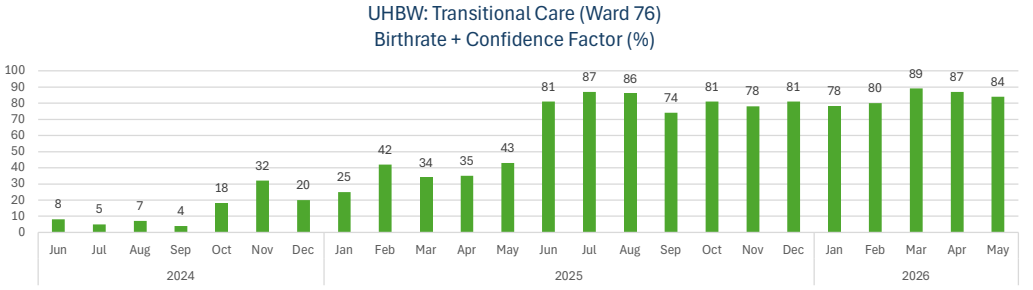
UHBW: CDS (Ward 77) Birthrate + Confidence Factor (%)



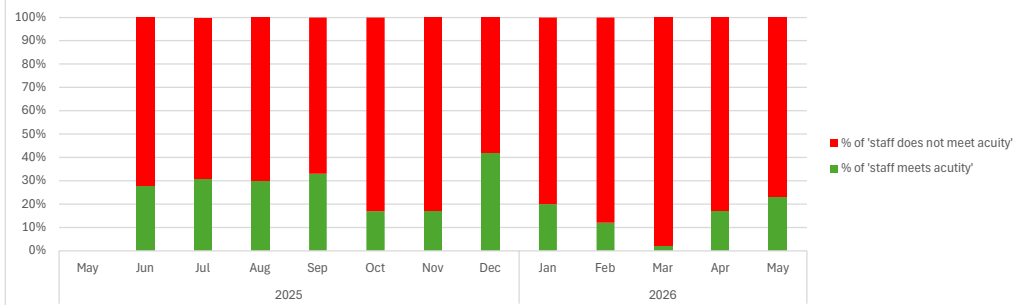
UHBW: Transitional Care Birthrate + Acuity Summary (%)



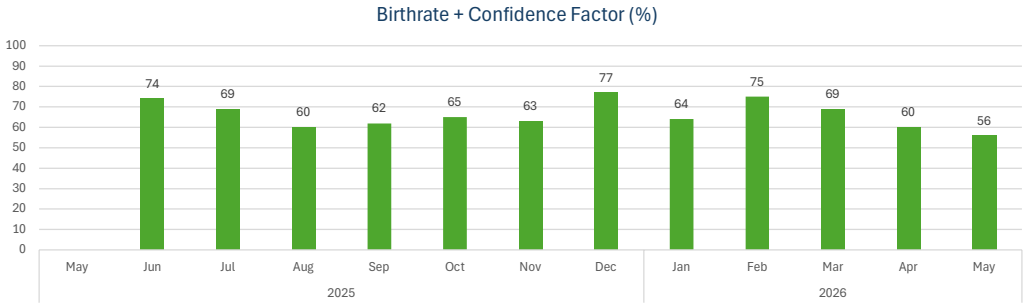
UHBW: Transitional Care (Ward 76) Birthrate + Confidence Factor (%)



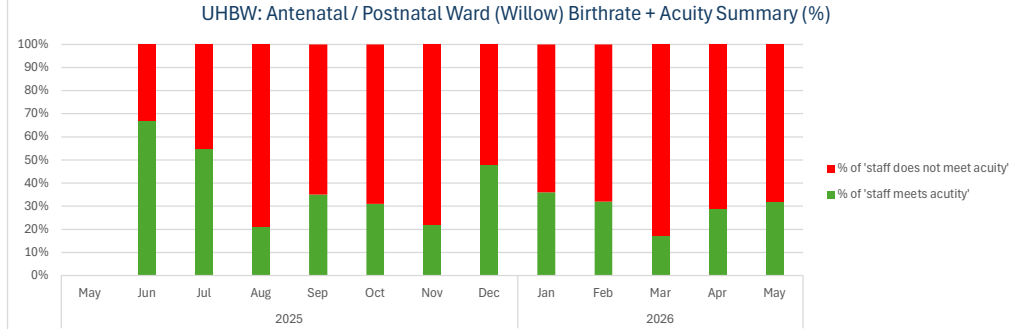
UHBW: Antenatal / Postnatal Ward (Oak) Birthrate + Acuity Summary (%)



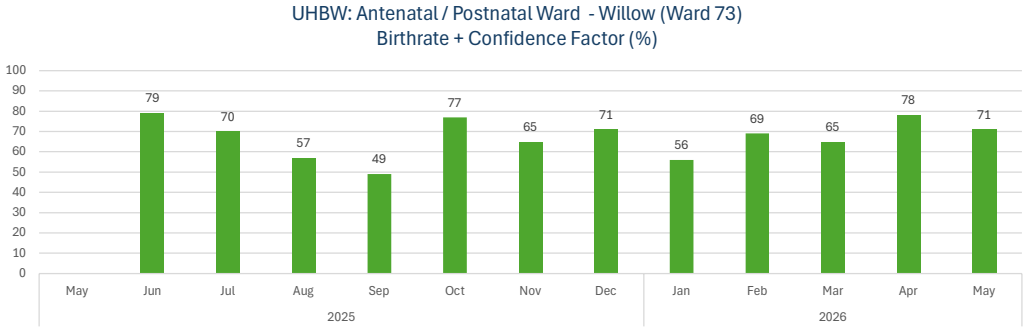
UHBW: Antenatal / Postnatal Ward - Oak (Ward 73) Birthrate + Confidence Factor (%)



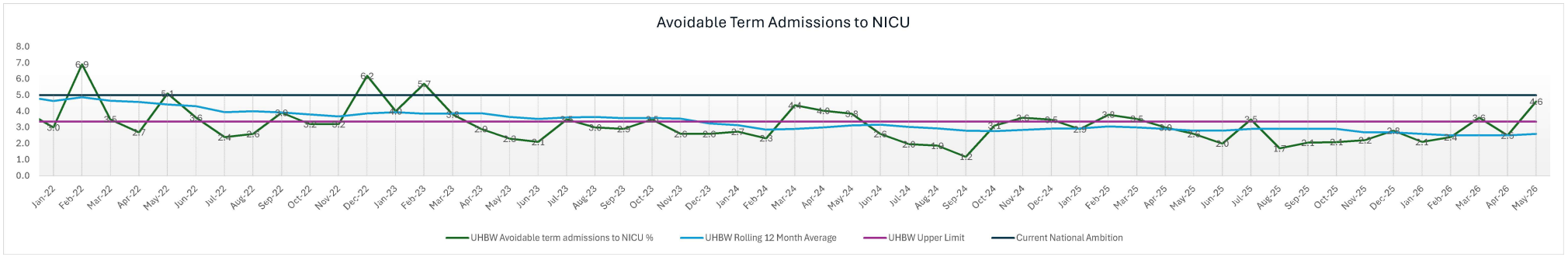
UHBW: Antenatal / Postnatal Ward (Willow) Birthrate + Acuity Summary (%)

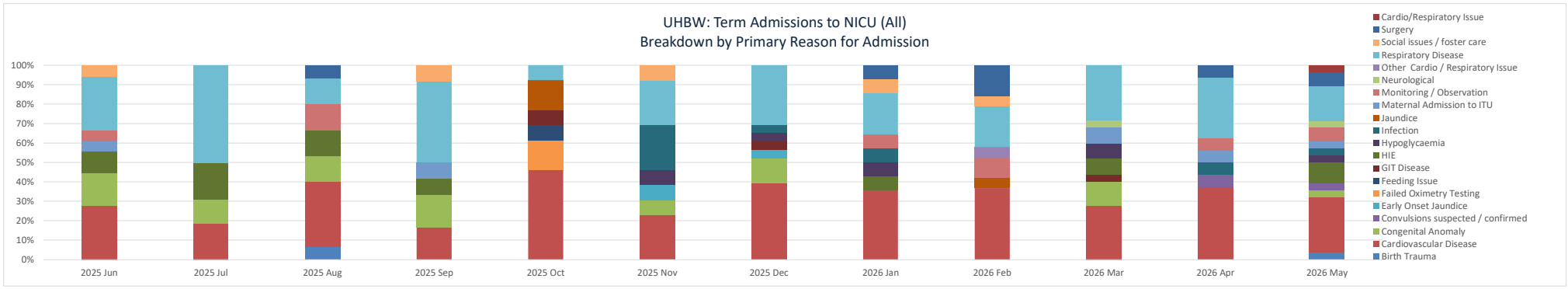


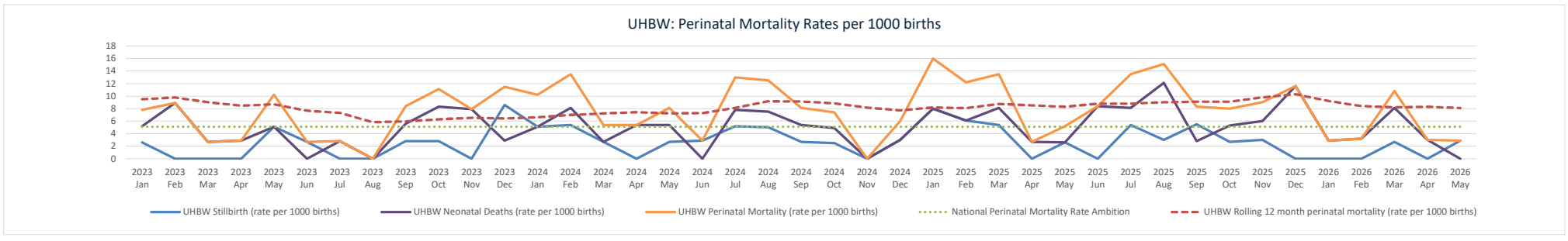
UHBW: Antenatal / Postnatal Ward - Willow (Ward 73) Birthrate + Confidence Factor (%)

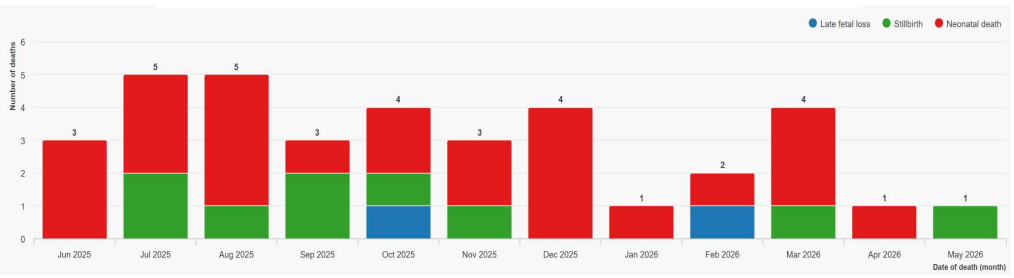


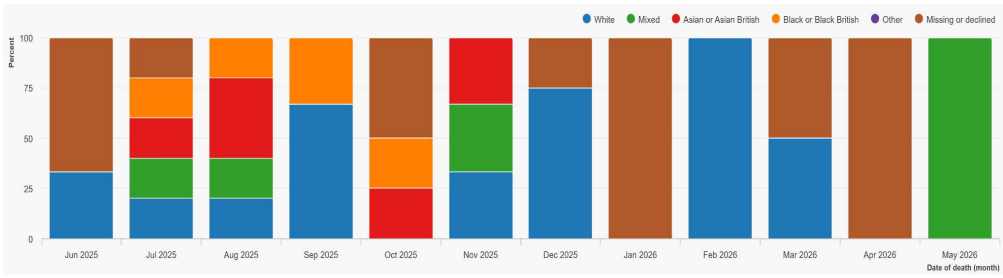
UHBW: Patient Safety Metrics (May 2026)

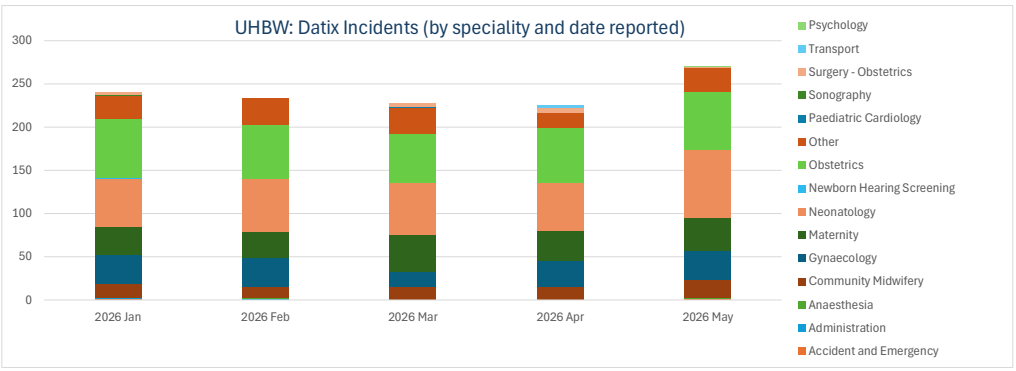


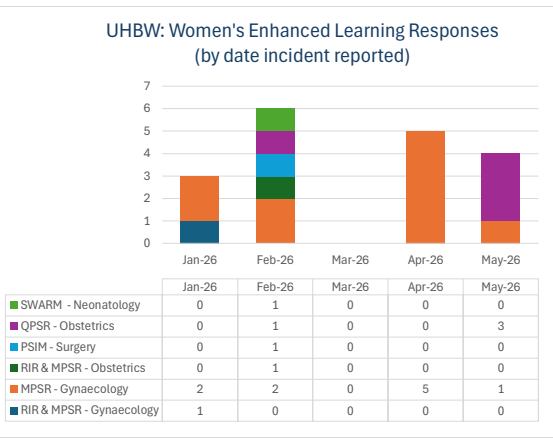




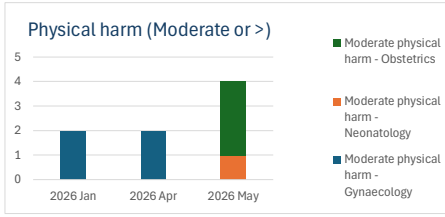


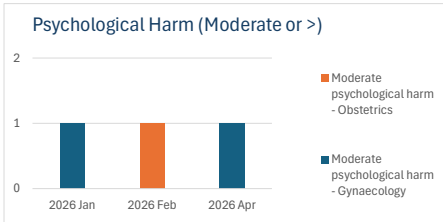


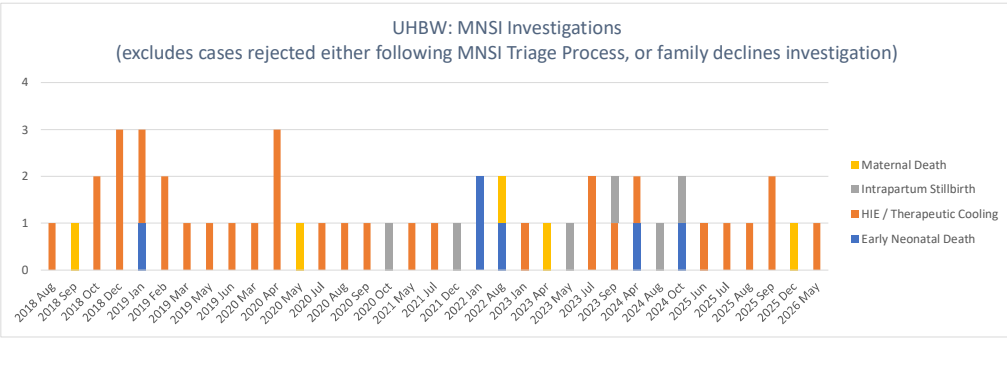


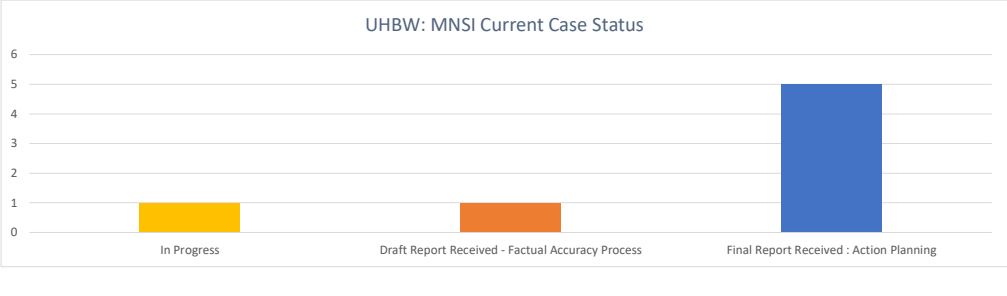


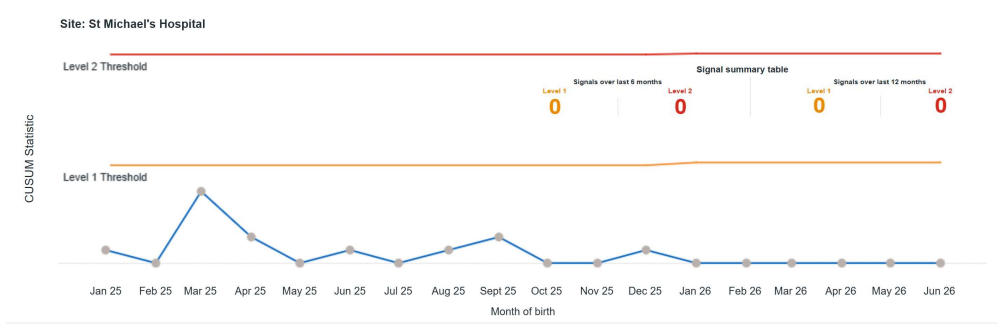
	Jan-26	Feb-26	Mar-26	Apr-26	May-26
SWARM - Neonatology	0	1	0	0	0
QPSR - Obstetrics	0	1	0	0	3
PSIM - Surgery	0	1	0	0	0
RIR & MPSR - Obstetrics	0	1	0	0	0
MPSR - Gynaecology	2	2	0	5	1
RIR & MPSR - Gynaecology	1	0	0	0	0

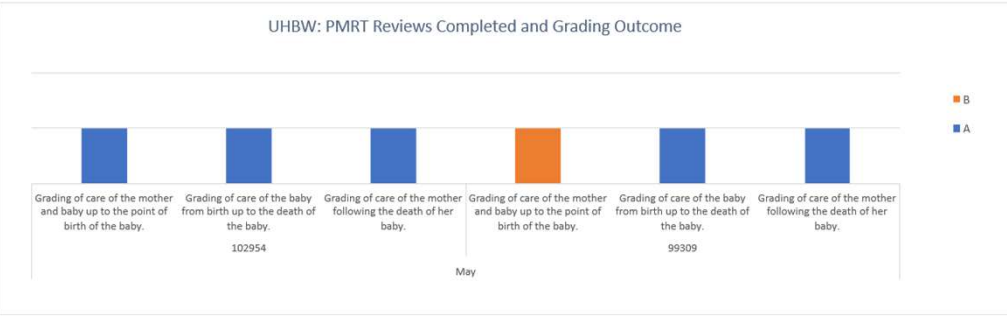


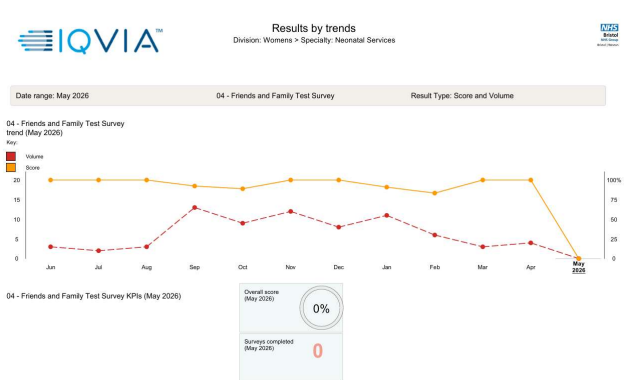












UHBW: Governance Oversight (May 2026)

Maternity Incentive Scheme - Year 8

Published: 31st March 2026
Submission date: 2nd March 2027

Board Progress Dashboard

Maternity Incentive Scheme Year 8: Progress Against Standards

Trust:	UHBW	Reporting period:	End May 2026 update

MIS Year 8 element	Standard area	Current status	High-level progress update	Key risk / gap	Next steps / action required	Lead	Timescale
A	Workforce and capacity	Green	Review of the new Year 8 workforce and capacity requirements is underway. Initial assessment at end May indicates no anticipated issues.	No material risk identified at this stage; evidence mapping is still in progress.	Complete review of requirements and confirm evidence sources for future Board assurance.	Maternity leadership team	June 2026
B	Training	Green	Review of the new training standard is underway. A second training date has been declared for the end of August 2026.	No anticipated issues. End August date to be confirmed and capacity monitored.	Confirm the August training date and continue monitoring training trajectory.	Maternity & Neonatal education teams	End August 2026
C	Learning from reviews and investigations	Green	Review of the new learning requirements is underway, including how current review and investigation processes align to Year 8.	No anticipated issues identified. Evidence collation and thematic reporting requirements to be confirmed.	Map current PMRT, incident, investigation and claims learning outputs against the standard.	Governance lead	June 2026
D	Service-user voice and equity	Green	Review of service-user voice and equity requirements is underway. Current arrangements are being mapped against the updated standard.	No anticipated issues identified. Evidence of representative feedback and equity actions to be collated.	Confirm evidence sources for MNVP or service-user involvement, equity data and improvement actions.	Maternity leadership team / MNVP	June 2026
E	Care bundles	Green	Review of care bundle requirements is underway, including Saving Babies Lives Care Bundle, Maternal Care Bundle planning and pulse oximetry guidance.	No anticipated issues identified. Detailed implementation evidence to be confirmed.	Complete gap review and agree reporting route for care bundle progress.	Clinical leads	June 2026
F	Board oversight, governance, culture and leadership	Green	Review of Board oversight, governance, culture and leadership requirements is underway. Existing reporting routes are being checked against Year 8.	No anticipated issues identified. Evidence of Board-level oversight to be collated as the year progresses.	Align routine reporting, escalation and culture improvement updates to Year 8 requirements.	Governance lead	June 2026

Overall Position

Measure	Current position
Overall forecast compliance	On track
Standards rated Green	6 / 6
Standards rated Amber	0 / 6
Standards rated Red	0 / 6
Main risk to compliance	No anticipated issues at end May 2026. Review of new standards and evidence mapping remains underway.
Board action required	Note the end-May position and support continued review and evidence collation.

Position statement: This is an early update at end May 2026. Review of the new Year 8 standards is underway across all six elements and no anticipated issues have been identified at this stage.

Saving Babies Lives Care Bundle (SBLV3.2)

Board Progress Dashboard

Saving Babies' Lives Care Bundle Version 3.2: Progress Against Standards

Trust:	UHBW	Reporting period:	End May 2026 update

SBLBC element	Standard area	Current status	High-level progress update	Key risk / gap	Next steps / action required	Lead	Timescale
1	Smoking in pregnancy	Amber	Partially implemented. Latest LMNS validated position: 70%. Self-assessment position: 60%.	TTD data reliability issue affecting confidence in reporting and pathway assurance for smoking in pregnancy.	Validate TTD data source, confirm reporting methodology and complete gap review ahead of the next LMNS audit on 27 May 2026.	TTA Clinical leads	June 2026
2	Fetal growth restriction	Green	Fully implemented. Latest LMNS validated position: 100%. Self-assessment position: 100%.	UAD scan capacity may affect timely surveillance for fetal growth restriction pathways.	Review UAD scan capacity, confirm escalation arrangements and maintain audit evidence for next LMNS assurance review.	Clinical leads	June 2026
3	Reduced fetal movements	Green	Fully implemented. Latest LMNS validated position: 100%. Self-assessment position: 100%.	No material risk identified at this stage. Continue monitoring consistency of pathway use.	Maintain compliance monitoring and confirm evidence remains current for next LMNS audit.	Clinical leads	June 2026
4	Fetal monitoring in labour	Green	Fully implemented. Latest LMNS validated position: 100%. Self-assessment position: 100%.	No material risk identified at this stage. Continue routine surveillance of training, escalation and audit outputs.	Continue routine reporting and prepare evidence pack for next LMNS assurance review.	Fetal monitoring lead	June 2026
5	Preterm birth	Amber	Partially implemented. Latest LMNS validated position: 85%. Self-assessment position: 85%.	Element remains partially implemented. Remaining actions and evidence need to be confirmed.	Review outstanding actions, confirm trajectory to full implementation and prepare update for LMNS audit.	Clinical leads	June 2026
6	Diabetes	Amber	Partially implemented. Latest LMNS validated position: 67%. Self-assessment position: 67%.	Documentation capture in BadgerNet and timing of HbA1c recording require improvement to evidence pathway compliance.	Strengthen BadgerNet documentation capture, agree HbA1c timing expectations and confirm evidence position ahead of the LMNS audit.	Diabetes / obstetric medicine leads	June 2026

Overall Position

Measure	Current position
Overall forecast compliance	On track with actions. Current position remains partially implemented overall, with focused work underway ahead of the next LMNS audit. Awaiting confirmation from LMNS of May 2026 Audit Compliance assessment.
Standards rated Green	3 / 6
Standards rated Amber	3 / 6
Standards rated Red	0 / 6
Main risk to compliance	Key issues relate to Element 1 TTD data reliability, Element 2 UAD scan capacity, and Element 6 documentation capture in BadgerNet and timing of HbA1c.
Board action required	Note the end-May position, presented current position to LMNS Response Group in June 2026, awaiting verification of the LMNS audit completed end May 2026.

Position statement: This is an end-May 2026 update. Saving Babies' Lives Care Bundle Version 3.2 remains partially implemented overall, with three elements fully implemented and three elements requiring continued focused action.

Ockenden Actions

Board Progress Dashboard

Ockenden Report Actions

Overall Position

Measure	Current position
Overall forecast compliance	On track, with two actions requiring continued oversight.
Overall compliance	97.8%
Completed and evidenced	77 of 91 assurance questions completed and evidenced; 12 are not applicable.
Open RAG profile	0 Red, 1 Amber, 1 Green, 0 Blue
Main risks to completion	Neonatal staffing action requires progression; bereavement champion expansion remains in progress.
Board action required	Note the end-April position and support continued progression of IEA13 and IEA14 actions.

Board Progress Dashboard

Ockenden action area	Assurance questions	N/A	Red	Amber	Green	Blue	Completed & evidenced	Compliance	Current position / key issue	Next steps
Workforce Planning and Sustainability	11	1	0	0	0	0	10	100.00%	Complete	No current exception
Supporting Families	3	0	0	0	0	0	3	100.00%	Complete	No current exception
Safe Staffing	10	2	0	0	0	0	8	100.00%	Complete	No current exception
Pre-term Birth	4	1	0	0	0	0	3	100.00%	Complete	No current exception
Postnatal Care	4	0	0	0	0	0	4	100.00%	Complete	No current exception
Obstetric Anaesthesia	5	2	0	0	0	0	3	100.00%	Complete	No current exception
Neonatal Care	8	3	0	1	0	0	4	87.50%	Amber	IEA14 - neonatal staffing action required
Multidisciplinary Training	9	0	0	0	0	0	9	100.00%	Complete	No current exception
Learning from Maternal Deaths	3	2	0	0	0	0	1	100.00%	Complete	No current exception
Labour and Birth	6	0	0	0	0	0	6	100.00%	Complete	No current exception
Incident Investigations and Complaints	7	0	0	0	0	0	7	100.00%	Complete	No current exception
Escalation and Accountability	5	0	0	0	0	0	5	100.00%	Complete	No current exception
Complex Antenatal Care	5	0	0	0	0	0	5	100.00%	Complete	No current exception
Clinical Governance and Leadership	7	1	0	0	0	0	6	100.00%	Complete	No current exception
Bereavement Care	4	0	0	0	1	0	3	75.00%	Green	IEA13 - bereavement champion role expansion in progress
TOTAL	91	12	0	1	1	0	77	97.80%	On track	Continue evidence review and close IEA13 / IEA14 actions.

Next Steps for Progression

- IEA13 - Expand the new Bereavement Champion role to support 7-day bereavement support.
- IEA14 - Progress neonatal staffing action and provide further assurance through divisional governance routes.
- Maintain evidence collation and sign-off discipline across all completed Ockenden action areas.

RAG Key

N/A	N/A for UHBW or national action
Red	Immediate remedial action required to progress
Amber	Action required for successful delivery of this activity
Green	Activity on target
Blue	Completed activity - evidence sign-off required
White	Completed activity - evidence signed off

Position statement: This is an end-May 2026 Board progress dashboard for Ockenden actions. Overall compliance is high at 97.8%, with no red actions. Continued oversight is required for Neonatal Care and Bereavement Care actions until final evidence and delivery are complete.

Maternal Care Bundle

Board Progress Dashboard

Maternal Care Bundle

MCB element	Standard area	Current status	High-level progress update	Key risk / gap	Next steps / action required	Lead	Timescale
1	Venous thromboembolism (VTE)	Amber – Benchmarking underway	Initial review of current VTE pathways, risk assessment processes, documentation and escalation arrangements is underway.	Benchmarking to confirm current position and identify evidence gaps.	Complete benchmarking and include findings in the implementation plan.	[Insert lead]	Next quarterly maternity report
2	Pre-hospital and acute care	Amber – Benchmarking underway	Benchmarking activity is underway to assess current arrangements for recognition, escalation and acute response pathways.	Alignment of pathways, handover processes and evidence capture to be confirmed.	Complete benchmarking and agree priority actions with clinical leads.	[Insert lead]	Next quarterly maternity report
3	Epilepsy in pregnancy	Amber – Benchmarking underway	Current pathways and multidisciplinary interfaces are being reviewed against the new bundle requirements.	Further assessment required to confirm referral routes, specialist input and documentation standards.	Complete gap analysis and identify actions for the implementation plan.	[Insert lead]	Next quarterly maternity report
4	Maternal mental health	Amber – Benchmarking underway	Benchmarking is underway across current screening, referral, escalation and support arrangements.	Evidence of consistent capture, referral and follow-up arrangements to be mapped.	Confirm baseline position and agree improvement actions where required.	[Insert lead]	Next quarterly maternity report
5	Obstetric haemorrhage	Amber – Benchmarking underway	Current obstetric haemorrhage pathways, emergency response arrangements, training links and audit evidence are being reviewed.	Benchmarking required to confirm compliance and identify any implementation gaps.	Complete benchmarking and include any required actions in the Board implementation plan.	[Insert lead]	Next quarterly maternity report

Overall Position

Measure	Current position
Overall forecast compliance	On track at this early stage, subject to completion of benchmarking and approval of the implementation plan.
Elements at benchmarking stage	5 / 5
Elements with implementation plan developed	0 / 5 - implementation plan to be developed once benchmarking has been completed.
Standards rated Green	0 / 5
Standards rated Amber	5 / 5 - reflects early-stage benchmarking rather than identified non-compliance.
Standards rated Red	0 / 5
Main risk to compliance	Implementation actions, owners and timescales are not yet confirmed pending completion of benchmarking.
Board action required	Note the end-April position and support completion of benchmarking. Receive the implementation plan with the next quarterly maternity report.

RAG Key

Green	On track / compliant evidence available
Amber	Benchmarking or action required; no current red risk identified
Red	Significant gap or delivery risk requiring escalation
Blue	Completed activity with evidence sign-off required

Position statement: This is an early update at end May 2026. Benchmarking activities are taking place across each Maternal Care Bundle element. An implementation plan will be developed once benchmarking has been completed and will be presented to the Board with the next quarterly maternity report.

NHS Three Year Delivery Plan

Maternity and Neonatal Three Year Delivery Plan Oversight Tool - Outlier summary

Contents page

This sheet shows, for each ICB and Trust, how many measure results are demonstrating better outcomes / progress or needing further support / improvement, and which measures these relate to

Select organisation (table): University Hospitals Bristol and Weston NHS Foundation Trust

MBRRACE-UK metrics: Better outcomes – Poorer outcomes
All other metrics: More positive – Improvement / support needed

Select ICB or Trust level map: Trust
Select positive/negative outlier map: Positive

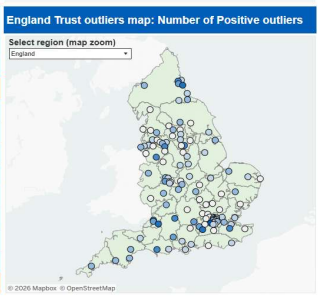
University Hospitals Bristol and Weston NHS Foundation Trust outlier summary: comparison to national result / benchmark

	Total measures	Negative outliers	Positive outliers
Total	41	2	10
Listening to and working with women and families with compassion	12	1	3
Growing, retaining and supporting our workforce	13		4
Developing and sustaining a culture of safety, learning and support	13		3
Standards and structures that underpin safer, more personalised, and more equitable care	3	1	

T1b:Involvement in antenatal care decisions	88.9%
T1e:Involvement in decisions during labour and birth	84.5%
T1ni:Baby Friendly Accreditation - Maternity	0.0%
T1nii:Baby Friendly Accreditation - Neonatal	100.0%
T2ai:Midwives' satisfaction with recognition for good work	56.3%
T2bi:Midwives' satisfaction with work being valued by your organisation	46.7%
T2ii:Midwife Sickness Absence Rate	4.6%
T2iii:Obstetric Sickness Rate	1.8%
T3bi:Midwives' confidence in organisations response to concerns about unsafe clinical practice	66.7%
T3ci:Midwives' recommendation of the service	90.3%
T3cii:Obs & Gynae recommendation of the service	88.2%
T4biii:Neonatal Mortality Rate (Stabilised) (MBRRACE)	2.8

England Trust outliers map: Number of Positive outliers

Select region (map zoom): England



University Hospitals Bristol and Weston NHS Foundation Trust: Growing, retaining and supporting our workforce

Measure	Unit of Measurement	Latest Period	England Value	Latest Value	Baseline	Past Trend	Change from baseline
Midwife Sickness Absence Rate	Percentage	February 2026	6.2%	4.6%	3.6%		1.0% ▲
Midwife Turnover Rate	Percentage	Year to March 2026	6.3%	8.0%	12.1%		-4.1% ▼
Midwives' satisfaction with recognition for good work	Percentage	2025	41.5%	56.3%	49.0%		7.3% ▲
Midwives' satisfaction with work being valued by your organisation	Percentage	2025	33.4%	46.7%	37.5%		9.2% ▲
Obs & Gynae satisfaction with recognition for good work	Percentage	2025	51.4%	64.7%	60.0%		4.7% ▲
Obs & Gynae satisfaction with work being valued by your organisation	Percentage	2025	43.9%	55.9%	33.3%		22.5% ▲
Obstetric Sickness Rate	Percentage	February 2026	2.4%	1.8%	0.5%		1.3% ▲
Opportunities to discuss and agree learning needs at the start of training - Obst..	Percentage	2025	94.9%	100.0%	100.0%		0.0% →
Opportunities to discuss and agree learning needs at the start of training - Trai..	Percentage	2025	87.9%	85.7%	62.5%		23.2% ▲
Overall educational experience - Obstetrics and Gynaecology Specialist Traine..	Percentage	2025	60.8%	75.0%	92.3%		-17.3% ▼
Overall educational experience - Trainee Midwives	Percentage	2025	80.0%	71.4%	35.7%		35.7% ▲
Permitted to attend learning opportunities - Obstetrics and Gynaecology Speci..	Percentage	2025	56.7%	41.7%	61.5%		-19.9% ▼
Permitted to attend learning opportunities - Trainee Midwives	Percentage	2025	79.3%	81.0%	42.9%		38.1% ▲

Key
Past Trend: Baseline (Period closest to the publication of the three year delivery plan in March 2023)
Change from baseline (colour): Significant deterioration from baseline; No significant change from baseline; Significant improvement from baseline; Not appropriate for significance testing
Change from baseline (symbol): ▼ Decrease; ▲ Increase; → No change

University Hospitals Bristol and Weston NHS Foundation Trust: Listening to and working with women and families with compassion

Measure	Unit of Measurement	Latest Period	England Value	Latest Value	Baseline	Past Trend	Change from baseline
Adequacy of information or explanations during postnatal hospital care	Percentage	2025	60.9%	54.3%	58.7%		-4.4% ▼
Adequacy of time spent discussing physical and mental health at the 6-8 week..	Percentage	2025	39.9%	32.5%	30.1%		2.5% ▲
Awareness of medical history during antenatal check-ups	Percentage	2025	53.4%	47.6%	55.0%		-7.4% ▼
Baby Friendly Accreditation - Maternity	Percentage	April 2026	32.7%	0.0%	0.0%		0.0% →
Baby Friendly Accreditation - Neonatal	Percentage	April 2026	16.4%	100.0%	100.0%		0.0% →
Being listened to during antenatal check-ups	Percentage	2025	84.1%	85.5%	88.9%		-3.3% ▼
Being listened to during postnatal care	Percentage	2025	77.2%	82.8%	83.1%		-0.3% ▼
Consideration of personal circumstances during postnatal care at home	Percentage	2025	74.5%	75.8%	78.1%		-2.3% ▼
Involvement in antenatal care decisions	Percentage	2025	81.9%	88.9%	82.4%		6.5% ▲
Involvement in decisions during labour and birth	Percentage	2025	76.9%	84.5%	78.2%		6.3% ▲
Kind and compassionate treatment during labour and birth	Percentage	2025	83.1%	87.5%	87.6%		-0.1% ▼
Response to concerns during labour and birth	Percentage	2025	81.6%	83.8%	87.5%		-3.7% ▼

Key
Past Trend: Baseline (Period closest to the publication of the three year delivery plan in March 2023)
Change from baseline (colour): Significant deterioration from baseline; No significant change from baseline; Significant improvement from baseline; Not appropriate for significance testing
Change from baseline (symbol): ▼ Decrease; ▲ Increase; → No change

University Hospitals Bristol and Weston NHS Foundation Trust: Standards and structures that underpin safer, more personalised, and more equitable care

Measure	Unit of Measurement	Latest Period	England Value	Latest Value	Baseline	Past Trend	Change from baseline
Neonatal Mortality Rate (MBRRACE)	Rate per 1,000	2024	N/A	2.9	4.3		-1.4 ▼
Neonatal Mortality Rate (Stabilised) (MBRRACE)	Rate per 1,000	2024	N/A	2.8	N/A		N/A ✕
Preterm Birth Rate (MSDS)	Percentage	February 2026	6.0%	6.0%	6.7%		-0.7% ▼
Stillbirth Rate (MBRRACE)	Rate per 1,000	2024	N/A	2.9	3.5		-0.5 ▼
Stillbirth Rate (Stabilised) (MBRRACE)	Rate per 1,000	2024	N/A	3.5	N/A		N/A ✕

Key
Past Trend: Baseline (Period closest to the publication of the three year delivery plan in March 2023)
Change from baseline (colour): Significant deterioration from baseline; No significant change from baseline; Significant improvement from baseline; Not appropriate for significance testing
Change from baseline (symbol): ✕ Baseline comparison not available; ▼ Decrease

University Hospitals Bristol and Weston NHS Foundation Trust: Developing and sustaining a culture of safety, learning and support

Measure	Unit of Measurement	Latest Period	England Value	Latest Value	Baseline	Past Trend	Change from baseline
Comfortable raising concerns - Obstetrics and Gynaecology Specialist Trainees	Percentage	2025	76.0%	66.7%	100.0%		-33.3% ▼
Comfortable raising concerns - Trainee Midwives	Percentage	2025	72.5%	59.1%	18.8%		40.3% ▲
Midwives' confidence in organisations response to concerns about unsafe clini..	Percentage	2025	53.1%	66.7%	57.7%		9.0% ▲
Midwives' experience of learning culture	Percentage	2025	72.4%	82.6%	81.2%		1.4% ▲
Midwives' recommendation of the service	Percentage	2025	70.3%	90.3%	85.6%		4.7% ▲
Obs & Gynae confidence in organisations response to concerns about unsafe ..	Percentage	2025	52.5%	67.6%	46.7%		21.0% ▲
Obs & Gynae experience of learning culture	Percentage	2025	68.9%	73.5%	64.3%		9.2% ▲
Obs & Gynae recommendation of the service	Percentage	2025	75.6%	88.2%	86.7%		1.6% ▲
Quality of clinical supervision out of hours for doctors	Percentage	2025	79.9%	87.5%	100.0%		-12.5% ▼
Quality of shift handovers for trainee doctors	Percentage	2025	89.3%	100.0%	92.9%		7.1% ▲
Recommendation of the training post - Obstetrics and Gynaecology Specialist ..	Percentage	2025	64.2%	66.7%	100.0%		-33.3% ▼
Recommendation of the training post - Trainee Midwives	Percentage	2025	79.2%	68.2%	46.7%		21.5% ▲
Supportive working environment for trainee doctors	Percentage	2025	72.2%	70.6%	81.3%		-10.7% ▼

Key
Past Trend: Baseline (Period closest to the publication of the three year delivery plan in March 2023)
Change from baseline (colour): Significant deterioration from baseline; No significant change from baseline; Significant improvement from baseline; Not appropriate for significance testing
Change from baseline (symbol): ▼ Decrease; ▲ Increase

UHBW: CNST Training Compliance (May 2026)

UHBW: Fetal Wellbeing Training * Projected Compliance based on forward bookings	Compliance as of: 30/04/2026	Projected Compliance as of: 31/08/2026	Projected Compliance as of: 30/11/2026
Number of Obstetric Consultants	19	19	19
Number compliant with Fetal Wellbeing Training	16	17	17
Maternity / Parenting Leave / Long Term Sickness exceptions	1	1	2
Number of new started within 3 month grace period	0	0	0
	89.5	94.7	100
Number of Obstetric Staff (excluding consultants)	42	42	34
Number compliant with Fetal Wellbeing Training	32	35	31
Maternity / Parenting Leave / Long Term Sickness exceptions	1	1	1
Number of new started within 3 month grace period	6	2	0
	92.9	90.5	94.1
Number of Midwifery Staff	261	261	261
Number compliant with Fetal Wellbeing Training	217	228	231
Maternity / Parenting Leave / Long Term Sickness exceptions	23	25	25
Number of new started within 3 month grace period	2	0	0
	92.7	96.9	98.1

UHBW: Obstetric Emergencies Training * Projected Compliance based on forward bookings	Compliance as of: 30/04/2026	Projected Compliance as of: 31/08/2026	Projected Compliance as of: 30/11/2026
Number of Obstetric Consultants	19	19	19
Number compliant with Obstetric Emergencies Training	17	18	17
Maternity / Parenting Leave / Long Term Sickness exceptions	1	1	2
Number of new started within 3 month grace period	0	0	0
	94.7	100.0	100.0
Number of Obstetric Medical Staff (excluding consultants)	42	42	35
Number compliant with Obstetric Emergencies Training	33	37	31
Maternity / Parenting Leave / Long Term Sickness exceptions	1	1	1
Number of new started within 3 month grace period	7	0	0
	97.6	90.5	91.4
Number of Midwifery Staff	261	261	261
Number compliant with Obstetric Emergencies Training	211	221	225
Maternity / Parenting Leave / Long Term Sickness exceptions	25	25	25
Number of new started within 3 month grace period	0	0	0
	90.4	94.3	95.8
Number of Maternity Support Workers	48	48	48
Number compliant with Obstetric Emergencies Training	38	43	43
Maternity / Parenting Leave / Long Term Sickness exceptions	1	1	1
Number of new started within 3 month grace period	0	0	0
	81.3	91.7	91.7
Number of Anaesthetic Consultants	35	35	35
Number compliant with Obstetric Emergencies Training	31	34	34
Maternity / Parenting Leave / Long Term Sickness exceptions	0	0	0
Number of new started within 3 month grace period	0	0	0
	88.6	97.1	97.1
Number of Anaesthetic Medical Staff (excluding consultants)	39	39	34
Number compliant with Obstetric Emergencies Training	35	36	31
Maternity / Parenting Leave / Long Term Sickness exceptions	0	0	0
Number of new started within 3 month grace period	0	0	0
	89.7	92.3	91.2

UHBW: Neonatal Basic and Enhance Life Support Training compliance * Projected Compliance based on forward bookings	Compliance as of: 31/04/2026	Projected Compliance as of: 31/08/2026	Projected Compliance as of: 30/11/2026
Number of NICU Consultants	13	13	13
Number Compliant with Neonatal Resuscitation Training (Basic & Additional)	12	13	13
Excemption	0	0	0
Number of new started within 3 month grace period	0	0	0
	92.3	100.0	100.0
Number of NICU Medical Staff (Excluding consultuants)	29	24	24
Number Compliant with Neonatal Resuscitation Training (Basic & Additional)	17	19	23
Excemption	0	0	0
Number of new started within 3 month grace period	0	3	0
	58.6	91.7	95.8
Number of ANNPs	8	8	8
Number Compliant with Neonatal Resuscitation Training (Basic & Additional)	3	8	8
Excemption	0	0	0
Number of new started within 3 month grace period	0	0	0
	37.5	100	100
Number of NICU Nursing Staff (Band 5)	79	79	79
Number Compliant with Neonatal Resuscitation Training (Basic)	46	70	72
Maternity / Parenting Leave / Long Term Sickness exceptions	5	5	5
Number of new started within 3 month grace period	3	0	0
	68.4	94.9	97.5
Number of NICU Nursing Staff (Band 6, 7 & 8)	49	49	49
Number Compliant with Neonatal Resuscitation Training (Basic & Additional)	38	42	45
Maternity / Parenting Leave / Long Term Sickness exceptions	3	3	3
Number of new started within 3 month grace period	0	0	0
	83.7	91.8	98.0

NHS
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Report To:	Trust Board		
Date of Meeting:	14th July 2026		
Report Title:	Patient Safety Incident Response Plan 2026		
Report Author:	Ashley Windebank-Brooks, Head of Patient Safety, NBT Julie Crawford, Head of Patient Safety, UHBW		
Report Sponsor:	Steve Hams, Chief Nursing and Improvement Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
	X		
	This report presents an updated Patient Safety Incident Response Plan for the former trusts, moving to a combined approach for the new merged organisation. Following review at the June Quality & Outcomes Committee, this report seeks Board approval.		

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

The Patient Safety Incident Response Plan (PSIRP) sets out how the organisation meets NHS Patient Safety requirements under the Patient Safety Incident Response Framework (PSIRF) by applying a proportionate, learning-focused approach to patient safety incidents. It defines how incidents are identified, triaged, and responded to using a range of methods aligned to risk, harm, and learning potential.

It provides Board assurance that patient safety improvement is intelligence-led, transparent, and continuously evaluated. Ultimately, its core purpose is to strengthen organisational learning and deliver sustainable improvements in safety, rather than solely producing reports

Both trusts within the NHS Bristol Group had legacy PSIRPs in place and work commenced in late 2025 to develop a Group PSIRP with the prospect of this supporting a single merged trust requirements from 1st July 2026.

The work has been undertaken alongside a range of wider patient safety alignment activities, including various ‘day 1’ policies, prioritised through the Merger Programme. It provides a core anchor to accelerate a ‘single trust’ approach to patient safety incident management. This has been reviewed through patient safety governance routes at each trust and finally the respective Clinical Quality groups in June 2026, which have endorsed this version.

The proposed plan refreshes the priorities and approach to proportionately responding to patient safety events.

Following analysis of our safety profile, the following priorities are recommended for adoption:

- Mental Capacity Act, Consent and Shared-decision making
- Medicine Safety (particularly prescribing processes)
- Venous Thromboembolism (VTE)
- Discharge/Transfer of Care delays and failures

Other identified safety risks (e.g. falls, pressure ulcers, IPC) will continue to be managed through established improvement and assurance routes.

The Quality & Outcomes Committee reviewed this report, the Plan and Situational Awareness summary at the June 2026 meeting and supported its adoption for the next two years. We are now seeking Board approval.

Strategic and Group Model Alignment

This plan provides one approach across the merged trust and contributes to the ongoing alignment of patient safety practices. The plan contributes to our objectives of delivering great care through a learning focus and change to reduce risk of incidents occurring.

Risks and Opportunities

- This plan presents an opportunity to utilise human factors to understand the contributory factors of safety risks and develop richer insight for sustainable and targeted improvement.
- Failure to convert findings and recommendations from learning exercises into improvement will limit the organisations' ability to reduce risk to as low as reasonably practicable.

Recommendation

This report is for Board **Approval** in line with PSIRF requirements.

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

UHBW Clinical Quality Group	3rd June 2026
NBT Clinical Quality Group	12th June 2026
Quality & Outcomes Committee	25th June 2026

Appendices:	Patient Safety Incident Response Plan PSIRF Plan – Situational Awareness Summary

Bristol NHS Foundation Trust Patient Safety Incident Response Plan (PSIRP) 2026-2028

Authors: Tom Yuen, Anne Reader, Julie Crawford UHBW, Ashley Windebank-Brooks, NBT.

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

Situational Analysis
Key Findings

Data: 1st April 2024 to 30th September 2025

NBT and UHBW

In 2025/26, we completed a comprehensive situational analysis of the safety climate across NBT and UHBW to shape our first Group-wide approach to learning from patient safety events.
This work informed a Patient Safety Plan focused on the key risks and themes identified from multiple sources of intelligence.
It also enables targeted Patient Safety Investigations and thematic reviews to inform future improvement priorities and strengthen the quality of care we provide.

UHBW & NBT Legacy PSIRF Plans 2023/26.

University Hospital Bristol & Weston NHS Foundation Trust (UHBW)

- At UHBW in 2023- 25 the PSIRP plan identified these priorities:
- Staff/staff communication at transfer of care
- Safe discharge (systems to enable review of clinical information prior to discharge)
- Treatment delay/failure (internal/clinical causes of inpatient delays)
- Medication: delayed or non-administration of high-risk medicines
- Maternity/perinatal (clinical care): lack of recognition of maternal or child intra-partum deterioration
- Equipment: lack of functioning CSSD/medical equipment

North Bristol NHS Trust (NBT)

At NBT in 2023- 25 the previous PSIRP plan identified these priorities:

- Responding well to clinically changing conditions
- Patient flow
- Delays in care (Women & Children's)
- Medication
- Listening to Patients & Families (Women & Children's)
- Patient falls

Patient Safety Incident Investigations 2023-6

Year 2023-26 UHBW have completed 25 PSII investigation undertaken by our specialist investigators.

Themes/ Category investigated in 24/25 and 25/26:

Theme category	Number of Investigations
Treatment Delay	6
Wrong site/ wrong item surgery (Never Event)	3
Communication/ consent	3
Retained device/ item (Never event)	2
Medication	2

Number of PSII's commissioned at NBT (PSII's are often completed by Directorate teams due to only one Specialist investigator in post at NBT during that period).

Period	PSIIs commissioned	Never Events
Apr 2024 – Mar 2025	14	2 (Jan 2025)
Apr 2025 – Mar 2026 (to date)	11	3

Number of PSII's commissioned at NBT (PSII's are often completed by Directorate teams due to only one Specialist investigator in post at NBT during that period).

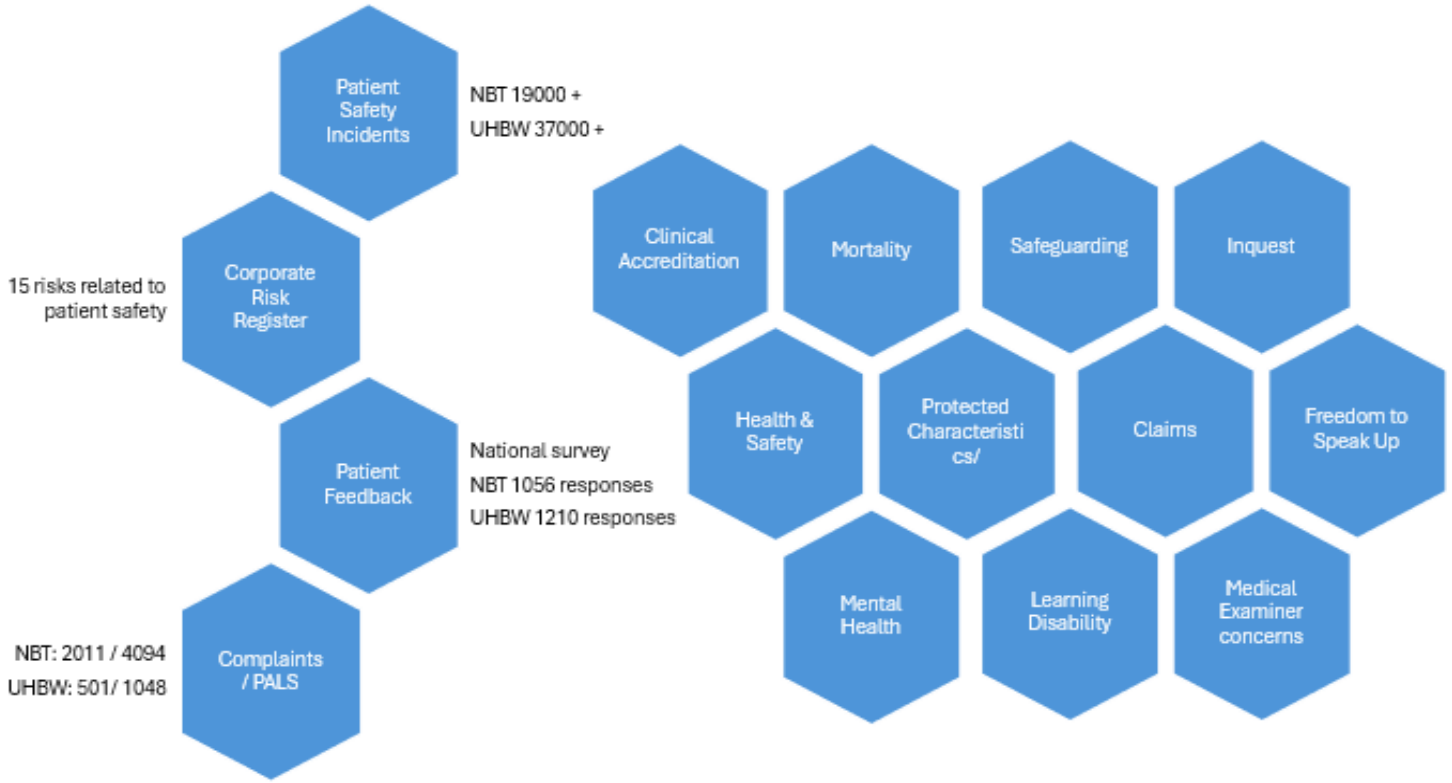
Stakeholder Engagement

We engaged with the below stakeholders across NBT & UHBW to understand the repeated themes that they are seeing from their data sources that potentially is having an impact on Patient Safety

Stakeholder engagement	Clinical and operational leaders Patient safety specialists Patient Safety Partners Freedom to Speak Up intelligence Patient and carer feedback Trust Quality and Safety governance structures
Quantitative sources	Patient safety incidents (LFPSE / Datix) Levels of Concern (LFPSE) Complaints Patient feedback (IQVIA) Health and Safety incidents Safeguarding intelligence Freedom to Speak Up themes Inquests Claims Medical Examiner concerns Learning from Deaths reviews Corporate Risk Register Equality and health inequalities intelligence
Qualitative sources	Incident narratives Patient and family feedback Staff engagement feedback Patient Safety Partner insight Learning disability, autism and mental health safety themes

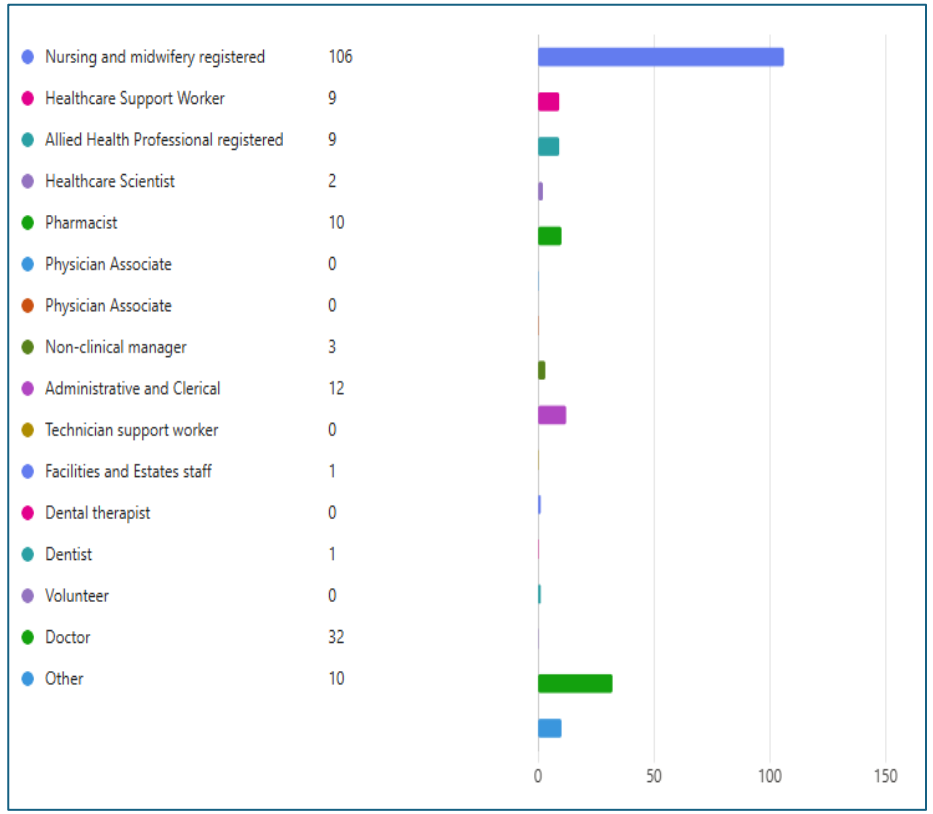
Sources of data

Data: 1 st April 2024 to 30th September 2025
Partners engaged (NBT + UHBW)



UHBW & NBT Patient Safety Staff Survey

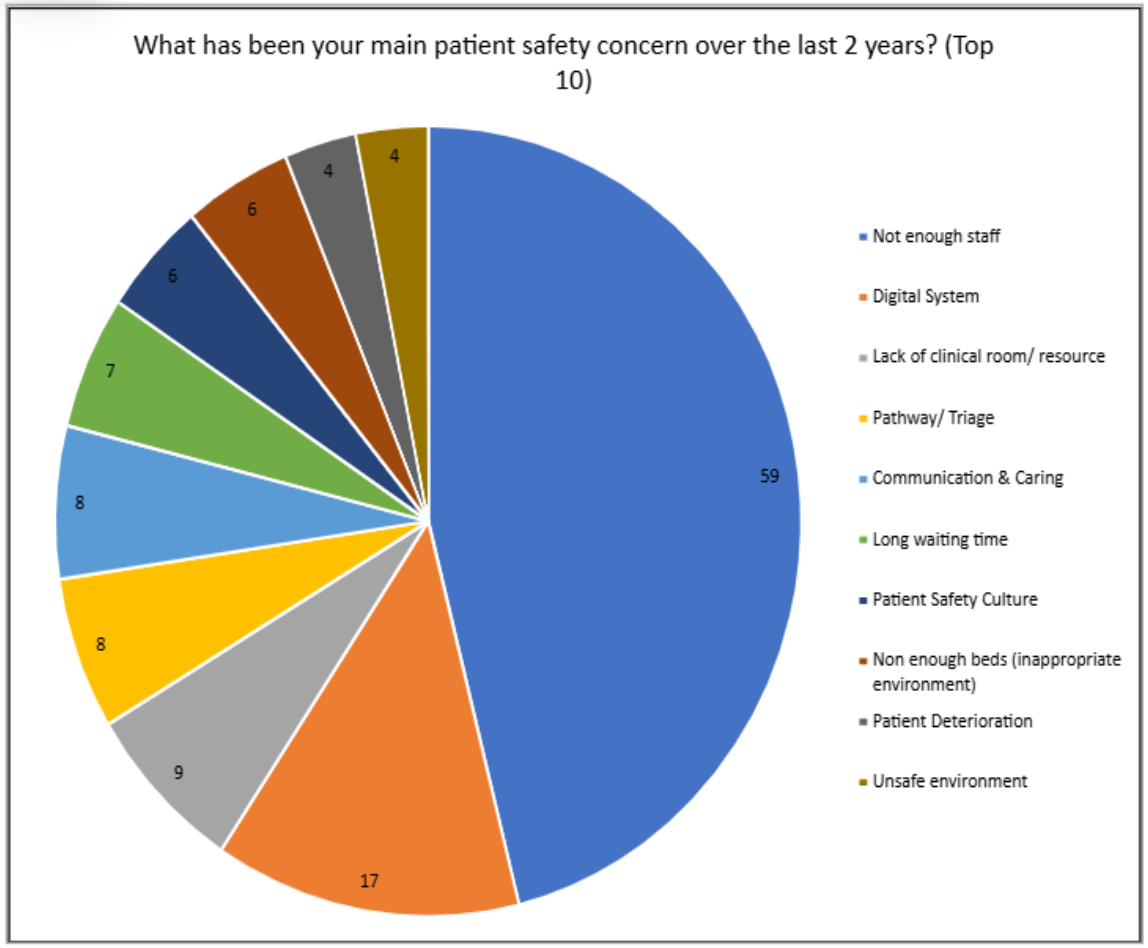
Staff Groups who contributed.



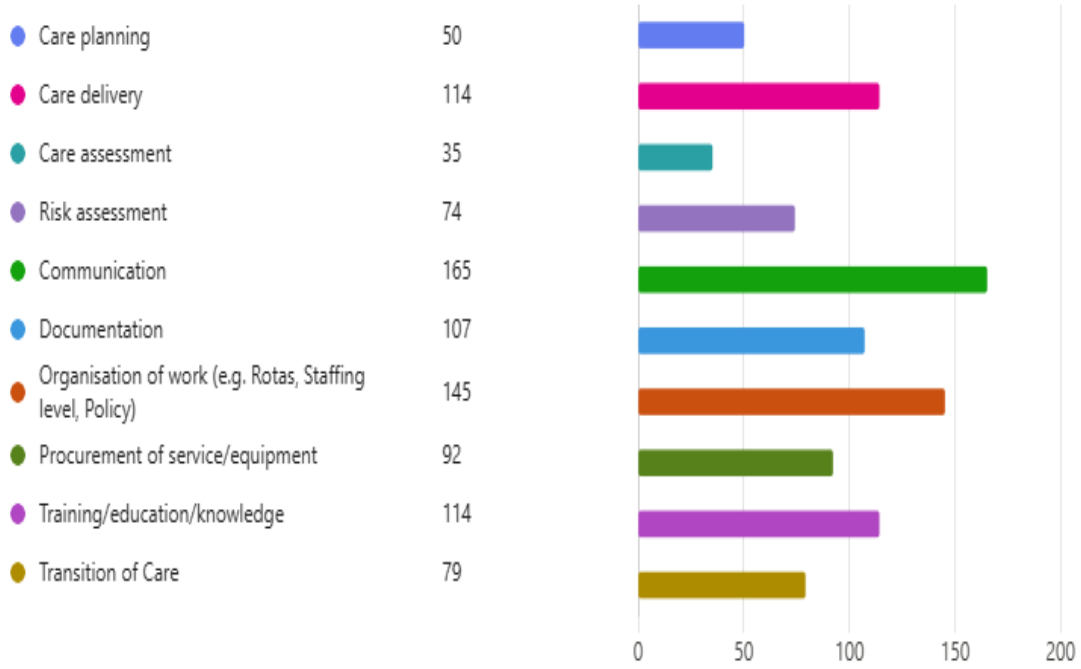
We undertook a Trustwide staff surgery from November 2025- January 2026 asking for staff to inform us about what they have identified as their most significant safety risks.

195 members of staff took the time to reply to our Patient Safety Staff Survey.

UHBW & NBT Patient Safety Staff Survey Findings



Top 5 Contributory Factors for Patient Safety incidents



Themes identified across all sources

Themes	Patient Safety team	Risk	Experience/ feedback	Complaints / PALS	Inquest	Claims	Medical Examiner	Safeguarding	FTSU	Learning Disability	Clinical accreditation	Health & Safety	Protected Characteristics	Mental Health
Tissue Viability	Y							Y						
Medication	Y		Y		Y		Y			Y				
Patient Falls	Y	Y			Y							Y		
Clinical Assessment or Review	Y	Y	Y	Y	Y		Y			Y				Y
Treatment or Procedure	Y	Y	Y		Y		Y			Y			Y	Y
Admission, Discharge, Transfer, Transport	Y	Y	Y	Y			Y				Y		Y	
Documentation	Y	Y		Y			Y							
Service Provision	Y	Y											Y	
Appointments	Y	Y	Y	Y	Y								Y	
Infection Prevention and Control	Y	Y												
Medical Device or Equipment	Y											Y		
Blood Transfusion	Y													
Communications		Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	
Staff fatigue								Y						
Verbal/ Physical Aggression to staff		Y						Y	Y			Y		
Learning disabilities/ Mental Health/ MCA					Y		Y			Y				Y

Longlisted Themes

We identified several recurring themes and assessed them for inclusion on the PSIRP shortlist. Decisions to include or exclude themes were based on existing improvement workstreams and whether this was fully addressing the residual risks.

Longlisted theme from situational analysis	Existing improvement work	Shortlisted as key patient safety risk for PSIRP	Rationale
Mental Capacity Act, consent and shared decision-making	Consent programme / reasonable adjustments work; MCA training and compliance monitoring; learning disability and autism improvement work.	Yes	High-risk, cross-cutting theme affecting patient rights, safety and experience; learning needed to improve reliability of capacity assessment, documentation and shared decision-making across pathways.
Medicines safety (particularly prescribing processes)	Pharmacy medicines safety programme; Post implementation of electronic prescribing optimisation; antimicrobial stewardship; high-risk medicines workstreams.	Yes	Recurring harm theme with strong potential for system learning; focus on prescribing reliability and human factors in digital systems to reduce error and variation.
Venous thromboembolism (VTE)	VTE risk assessment and prophylaxis improvement work; audit and feedback; pathway and documentation optimisation.	Yes	Preventable harm with established standards; focus on improving reliability of assessment, prescribing and follow-through across services.
Discharge delays and failures / transfer of care delays or failures	System flow and discharge improvement work; pathway redesign; discharge summary and communication improvements; ICS operational improvement projects.	Yes	High-volume, cross-organisational risk; learning will focus on handover, coordination, documentation and escalation to reduce harm and improve timeliness.
Communication and handover failures	Handover standardisation work (e.g., SBAR); safety huddles; digital discharge summary improvements; team training and local improvement.	No	Important cross-cutting contributor to many events; addressed within the selected priorities (especially discharge/transfer) and through existing improvement and assurance routes.
Delays in diagnostics	Diagnostics recovery and performance programmes; pathway redesign; reporting backlog management; digital optimisation.	No	Significant operational risk but currently being progressed through established performance and improvement programmes; will be kept under review via PSIM risk sensing.
Staffing levels and staff fatigue	Workforce planning and safe staffing reviews; wellbeing and fatigue initiatives; escalation processes and roster optimisation.	No	Underlying contributory factor across many risks; managed primarily through workforce and operational governance, with human factors input into learning responses where relevant. into learning responses where relevant.
Falls	Dementia Delirium and Falls Team lead on improvement work across the organisation.	No	Existing improvement workstream in place across the organisation. Falls that trigger RIDDOR reporting or contribute to a patient's death will trigger Patient Safety learning responses.

Bristol NHS Foundation Trust Patient Safety Incident Response Plan 2026-2027

Patient safety incident type or issue	Planned response	Anticipated improvement route	Rationale
Mental Capacity Act, consent and shared decision making	Thematic reviews, targeted learning responses, patient and family engagement	Inform improvement work on consent processes and reasonable adjustments	MCA has been highlighted by multiple disciplines including Inquests, Complaints, Mortality Improvement, and Learning Disability, raising concerns on communication, consent, documentation, and practice.
Medicines safety prescribing processes	Thematic reviews and learning responses	Strengthen prescribing systems and integration with existing programmes	Medication ranks in the top 3 incidents in both NBT and UHBW. It is also a boarder theme identified in patient experience, inquest, mortality improvement, learning disability, and staff survey.
Venous thromboembolism (VTE)	Thematic reviews and focused learning	Improve reliability of risk assessment and prophylaxis	This is under category Incident - Clinical Assessment/ Review (UHBW – rank 2, NBT – rank 5), delay/ failure in diagnosis/ monitoring. Highlighted by various disciplines during this review consultation.
Discharge and transfer of care	Thematic learning and multidisciplinary reviews	Inform system-wide discharge improvement work	This has been highlighted in National Patient survey, both NBT and UHBW. Rank number 6 in incidents, both NBT and UHBW. Also mentioned in corporate risks, complaints, inquest, mortality improvement and protected characteristics.

Patient Safety Incident Response Plan

Effective date: May 2026
Estimated refresh date: October 2027

	NAME	TITLE	SIGNATURE	DATE
Author	Julie Crawford Ashley Windebank-Brooks	Head of Patient Safety, UHBW Head of Patient Safety, NBT		May 2026
Reviewer	Bristol NHS Group Patient Safety Groups, Clinical Quality Groups.	Group CMIO, Group CNIO, Group Medical Director of Safe and Effective Care, Hospital Director of Nursing & Medical Director (UHBW and NBT), Directorate/ Divisional Directors, Directors of Quality/Governance, Patient Safety, Humna Factors and Improvement leads, Pharmacy, Patient Experience, Legal, FTSU, Safeguarding, Mortality Surveillance leads, Human Factors Team.		May 2026
Authoriser	Group Quality Committee / Group Quality & Safety governance	Bristol NHS Group/ Bristol NHS Foundation Board Trust (or delegated committee) in line with governance requirements		

Contents

Foreword

The safety and wellbeing of every patient is at the heart of everything we do across Bristol NHS Group. I am pleased to introduce our Patient Safety Incident Response Plan, which sets out a single, Group-wide approach to learning from patient safety events and strengthening the quality of care we provide.

Aligned to the Patient Safety Incident Response Framework (PSIRF), this Plan sets clear expectations for proportionate, learning focussed responses, using a systems and human factors approach to understand what influences safe care in real world conditions. It reinforces our commitment to a just and restorative culture supporting colleagues, promoting openness and transparency, and ensuring the genuine engagement and involvement of those affected by patient safety events.

Through this Plan, we will strengthen how we identify learning, translate insight into improvement, and sustain change over time. Delivery will be supported by clear governance, oversight and accountability, providing assurance at both Group and local levels that actions are implemented and make a measurable difference.

We will work in partnership with patients, families and carers, ensuring they are listened to with compassion and involved appropriately throughout our response. I encourage every colleague to engage with this Plan and to demonstrate the behaviours it describes openness, curiosity and a commitment to continuous improvement. Together, across Bristol NHS Group, we will create the conditions for safer care and better outcomes for the populations we serve.

Steve Hams
Group Chief Nurse / Executive Lead for Patient Safety
Bristol NHS Group
May 2026

Introduction

We are pleased to present the first Bristol NHS Foundation Trust Patient Safety Incident Response Plan (PSIRP), bringing together how the merged organisations University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and North Bristol NHS Trust (NBT), will respond to patient safety incidents over the next 12–18 months by prioritising and coordinating learning across our services, recognising local contexts, and working in partnership with patients, families and staff to translate learning into meaningful safety improvements.

The plan has been developed in line with the Patient Safety Incident Response Framework (PSIRF). PSIRF moves us away from a 'one size fits all' approach and towards learning responses that are proportionate, systems-focused and grounded in the realities of frontline care. It recognises that patient safety incidents differ in risk and learning potential; therefore, we will always consider what is the most appropriate learning response likely to generate meaningful learning to inform improvement.

In developing this plan, we have drawn on multiple sources of intelligence to understand our patient safety incident profile and improvement priorities, including incident reporting and investigation themes, human factors analysis data, claims and complaints insight, medical examiner feedback, mortality reviews, audit findings, national alerts and external review recommendations. We have also worked with colleagues across clinical and corporate services and listened to patient, family and carer feedback to help us focus our learning where it can make the greatest difference.

We aim to embed Human factors across the Trust helping us to understand how the wider system influences safety in everyday care. This supports learning responses that look beyond individual actions to the conditions in which care is delivered, and it reinforces a positive safety culture in which colleagues can speak up, share concerns and learn. The insights gained will inform the design of improvements and strengthen the delivery and assurance of safer care.

This plan is intentionally not fixed. We will remain flexible and responsive to emerging risks, new learning and feedback from patients, families and staff. We will be open and transparent about what we learn and how we improve, and we will review and refresh our approach in line with our planned timetable and any significant changes to risk or service delivery.

Our services

The Bristol NHS Foundation Trust brings together UHBW and NBT to provide acute, community and specialist services across Bristol, Weston and the wider South-West. Across multiple hospital and community sites, we deliver care from the very beginning of life to later stages, serving a core population of more than 500,000 people and providing a range of specialist and tertiary services for patients from across the region and beyond. Our updated Group Clinical Strategy for 2026/7 sets out a clearer, more ambitious direction for delivering joined-up, equitable care in Bristol and Weston shaped by the views of our patients and delivered in collaboration with our healthcare system partners. This includes bringing duplicated services together under single leadership with shared planning and aligned pathways, reframing how services are delivered through prevention,

early intervention and more accessible remote and community-based models, and reimagining the future of care through neighbourhood-focused, digitally enabled services and modernised infrastructure as we develop our longer-term clinical strategy for 2027–2032.

North Bristol NHS Trust (NBT)

NBT is a centre of excellence for healthcare in the South-West and one of the largest hospital trusts in the UK, providing both tertiary specialist services and district general hospital services.

NBT has seven Corporate Directorates. The central Patient Safety Team works alongside the Patient Experience Team, Quality Audit & Assurance Team and Quality Governance Systems Team within the Nursing & Quality Directorate. Five clinical divisions – Medicine; Women and Children's Health (WCH); Neurosciences and Musculoskeletal (NMSK); Anaesthesia, Surgery, Critical Care and Renal (ASCR); and Core Clinical Services (CCS) are supported by divisional Quality Governance and Patient Involvement & Experience teams, working collaboratively with central governance, safety and experience teams.

University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)

UHBW is a Foundation Trust that delivers more than 100 different clinical services across 10 sites. Our staff provide general diagnostic, medical and surgical services to the populations of central Bristol, south Bristol and North Somerset, delivered primarily from our Bristol city centre campus and Weston General Hospital, with some services also delivered in community settings such as South Bristol Community Hospital.

UHBW provide specialist tertiary services to a wider population throughout the South-West and beyond, including children's services such as paediatric trauma, cardiac and cancer services, alongside other nationally commissioned specialist services. Services are delivered through five clinical divisions across the Bristol and Weston campuses, supported by a management team at Weston General Hospital and a sixth division providing support and infrastructure for service delivery.

Group/ New Trust Strategic Priorities and Quality Priorities (2026/27)

This Patient Safety Incident Response Plan (PSIRP) sits alongside Bristol NHS Group's wider strategic and quality priorities for 2026/27. Aligning our priorities at merger across UHBW and NBT supports a consistent approach to learning, improvement and risk management as we work towards closer integration as a Group.

Bristol NHS Group strategic context

The Bristol NHS Group was formed in May 2025 and will fully merge in July 2026 becoming the new Bristol NHS Foundation Trust, the Group Board have approved an initial set of Group priorities linked to our four Ps: Patients, People, Populations and the Public Purse as the two Trusts align and work together.

A core principle for our Group operating model is to focus on the things we can do better once and together balancing local operating unit functions with what we do only once across the Group. Given the commonality of our priorities, our underpinning Group Clinical Strategy and our anticipated merger, we are aligning our strategic priorities and Patient First Triangles into a single set of Group (and potential merged organisation) priorities for 2026/27, reflecting alignment with the National Oversight Framework.

Group Vision

Our vision is to deliver highly reliable, safe care by strengthening our safety culture, learning quickly when things go wrong, and designing systems that prevent avoidable harm so people can trust us with confidence. We will measurably reduce avoidable harm and strengthen safety culture scores across the Group.

Trust Quality priorities 2026/27

These priorities focus on experience, safety, timeliness and the consistent delivery of high-quality care, with an explicit emphasis on reducing inequalities.

1. Enhance experience of care improve communication and support for people waiting for planned care; strengthen discharge planning and communication (including digital discharge summaries and near real-time feedback); ensure equitable maternity experiences through feedback and anti-discrimination programmes; and target inequalities in experience using health data and local insight.

2. Strengthen safety of care embed an aligned approach to PSIRF and deliver priority safety programmes (including Martha's Rule and early warning systems); deliver evidence-based care reliably; improve maternity safety using national schemes and near real-time safety signals; and prevent infection and tackle antimicrobial resistance through Board-agreed priorities.

3. Improve timeliness and quality delivery reduce long waits for elective care through planned care reform; improve cancer and diagnostics timeliness in line with national standards; improve urgent and emergency care flow to reduce waits and overcrowding; and develop a Group-wide Quality Management System that integrates standards, safety, experience and governance.

Safety of Care Objectives:

1. Develop our Group safety management system, embed an aligned approach to PSIRF, develop a Board-approved Group Patient Safety Incident Response Plan, ensure patient safety specialists/partners are in place, and fully implement all three components of Martha's Rule in acute inpatient settings.

2. Deliver consistently high-quality, evidence-based care every day of the week align to the National Quality Board (NQB) Quality Strategy direction, implement Modern Service

Frameworks as they are launched, and deliver National Care Delivery Standards to reduce unwarranted variation.

3. Reduce avoidable deterioration and harm for children – implement the digital Paediatric Early Warning System (PEWS) requirements across paediatric inpatient settings, Neonatal Early Warning Score (NEWTT2) and Maternity Early Warning Score (MEWS) in Maternity & Neonatal settings.

4. Maternity safety step-change – deliver Maternity Incentive Scheme (MIS) Year 8, embed the Maternity Outcomes Signal System (MOSS) as a near real-time safety signal, and begin implementation of the Maternal Care Bundle.

5. Prevent infection and tackle antimicrobial resistance (AMR) – reduce healthcare-associated infections (MRSA bacteraemia, *C. difficile* infection, and *E. coli* bacteraemia) and deliver the three Board-agreed AMR priorities (e.g., stewardship/optimal prescribing, infection prevention and control, and diagnostics/surveillance and feedback loops).

Patient Safety across the Bristol NHS Group/ Bristol NHS Foundation Trust.

Bristol NHS Foundation Trust is developing a combined approach to patient safety, bringing together the strengths of UHBW and NBT and aligning ways of working. Our ambition is to build a Group Safety Management System (SMS), moving from reliance on reactive investigation alone to a proactive, risk-based approach that helps us anticipate harm, learn from weak signals and act earlier. As our Group Quality Management System (QMS) development objectives are realised, the SMS will be a core component. Governance will flow through existing Trust and Group quality and safety structures, with the Patient Safety Insight Meeting (PSIM) attended by our staff involved in incidents, Divisional and Corporate Patient Safety teams functioning to hear emerging risks, commission learning responses and monitor the delivery and impact. We will refine our approach iteratively, informed by staff and patient feedback, investigation and thematic learning, and periodic PSIRP refreshes, supporting a stronger safety culture and consistent, high-quality responses for patients, families and staff across both Trusts.

Development of a Patient Safety Management System (SMS)

Over the life of this plan, Bristol NHS Group will develop a Patient Safety Management System (SMS) to provide a systematic and comprehensive approach to identify emerging issues & risks, to analyse. respond proportionately to incidents turning learning into sustained improvement. Then monitor and evaluate the effectiveness of the safety actions. Learning not only from data but additionally from frontline engagement , “Work as done”. It will bring together the processes, roles, measures and governance needed to manage safety proactively and reactively, with clear ownership and feedback loops.

The SMS will include policies, processes and culture:

- Proactive safety analysis to identify emerging issues & risks.
- Identification of existing approaches that effectively manage safety.

- Risk sensing and early warning through triangulated intelligence (e.g., incidents, complaints, claims, mortality themes, human factors themes, workforce/capacity pressures, Freedom to Speak Up).
- Monitoring and evaluation of the effectiveness of safety controls (e.g., escalation pathways, early warning systems, medicines safety controls).
- Proportionate PSIRF learning responses, including high-quality Patient Safety Incident Investigations (PSIIs) by specialist investigators.
- Improvement routes that connect learning to existing programmes ,operational priorities and organisational risks both clinical and non-clinical.
- Qualitative and quantitative metrics that provide assurance, including tracking actions and impact.
- Cultural enablers, including psychological safety, human factors, just culture behaviours, Freedom to Speak Up (FTSU) and meaningful involvement of patients, families and Patient Safety Partners.

Delivering Patient Safety within the Bristol NHS Group/ Bristol NHS Foundation Trust.

At former UHBW and NBT sites, a small central team setting standards and strategic direction while providing practical support, training and advice across the full range of patient safety activity. Operational divisions/ directorates will continue to hold day today ownership for managing patient safety incidents and risks, supported by the central team.

Core Patient Safety activities across the Group include:

- Continue to embed the NHS Patient Safety Strategy and PSIRF ways of working.
- Ensure learning drives Trust and Group patient safety improvement programmes.
- Contribute to local and national programmes (e.g., maternity, Martha's Rule).
- Strengthen safety culture and recruit/support Patient Safety Partners.
- Provide and improve patient safety training aligned to the National Patient Safety Syllabus.
- Maintain Duty of Candour compliance and support patients/families to be involved in safety.
- Identify and mitigate emerging risks and implement national patient safety alerts.
- Develop the Group SMS within the emerging QMS (standards, consistent learning, and assurance of action and impact).
- Human factors integration.

Other sources of insight that inform patient safety across the group include:

- Learning from Deaths mortality reviews, also known as Structured Judgement Reviews (SJRs) for adult patients triggered by governance concerns.
- Learning from mandatory SJRs for patients with severe mental illness, learning disabilities and autism
- Child Death Reviews (CDR) and perinatal mortality reviews (PMR)
- LEarning from Lives and DEaths – People with a Learning Disability and Autistic People (LeDer) Routine quality surveillance.
- Freedom to Speak Up (FTSU).

- Safeguarding concerns, complaints, patient feedback and inquests.
- Human factors insight data.

Developing our approach and capacity to respond to Patient Safety incidents

National patient safety incident response standards set clear expectations for the seniority, capability and time required to undertake high-quality learning responses, including meaningful engagement with patients, families and staff. Across Bristol NHS Group, this has informed how we are strengthening our approach so that learning responses are sustainable, timely and consistent, and so that we focus our most intensive responses on our highest risks.

The aims of this approach are to:

1. Conduct fewer, higher-quality investigations to identify wider system and organisational learning.
2. Focus on our highest patient safety risks.
3. Enable more agile local learning from incidents where this is the most appropriate response.

Specialist Patient Safety Investigators

The Group Patient Safety Team is establishing a core team of Patient Safety Investigators to lead Patient Safety Incident Investigations (PSIIs) and selected thematic reviews, applying a systems-based approach and human factors knowledge. Directorates and Divisions will contribute clinical and subject matter expertise to these responses and will also lead proportionate, locally delivered PSIRF learning responses where appropriate, ensuring timely feedback to those affected. As these ways of working embed, we will review our capacity assumptions and operating model during the life of the plan. The Divisional Patient Safety teams will remain central to learning, leading timely local learning responses, supported by the Corporate Patient Safety Team to select the right response, build capability and turn learning into improvement.

Our ambition is for all learning responses to use a human factors methods to understand how care is delivered in real-world conditions and how system factors influence safety and performance. This will promote fair, learning focused responses by strengthening systems learning and reducing inappropriate individual blame. The Corporate Patient Safety Team supported by the Group Human Factors Team will provide analytical insight, training, guidance and specialist support to build capability and apply PSIRF standards integrated with Human factors consistently across the Group.

Examples of proportionate, service-led learning responses include:

- Multi-professional safety reviews (MDT reviews)
- After Action Reviews (AARs)
- Swarm huddles and other structured rapid learning discussions.

See Appendix 1: National patient safety learning response methods

Proactive safety management and investigations

Alongside incident learning, we will expand proactive safety analysis to identify and manage risk before harm occurs. The newly convened Patient Safety Incident Meeting (PSIM) will provide the horizon scanning route to identify and respond to emerging system risks, commissioning planned, risk-based learning responses informed by human factors and systems thinking. This will complement (not replace) PSIRF incident led learning.

- Risk sensing and early warning: triangulate intelligence (incidents, complaints/claims, feedback, FTSU, mortality themes, alerts and operational pressures) to spot emerging risks.
- Review of safety controls: check key controls are in place and effective (e.g., escalation, equipment checks, antimicrobial stewardship) and strengthen where needed.
- Learning from good practice: identify how teams succeed under pressure and spread what works.
- Escalation to the relevant forum- Depending on the issue this will be escalated to the relevant group in line with our governance structure.

Involvement of Patients, Families and Carers

We will involve patients, families and carers after patient safety incidents in a compassionate, inclusive and proportionate way. This aligns with PSIRF guidance (See Bristol NHS Group Patient Safety Incident Response Policy) and Duty of Candour (see Bristol NHS Group Duty of Candour Policy) and helps us understand what happened, its impact, and what matters most for improvement.

The operational team will coordinate involvement, supported by the Group Patient Safety Team and Patient Experience colleagues as needed. Patient Safety Partners will help design and assure our approach and test whether we close the feedback loop. Complex cases (e.g. complaints, inquests or safeguarding) will be coordinated and escalated through local governance routes.

Equality, Diversity and Inclusion (EDI) considerations

In all learning responses, we will consider whether EDI factors or protected characteristics influenced access, experience or outcomes. Where relevant, we will document the analysis in the report and make recommendations to address any inequity or unwarranted variation.

Involvement and support for staff

We will support a just and compassionate learning culture by enabling staff to contribute safely and without inappropriate blame, involving relevant experts, explaining the chosen learning response and how information will be used, and providing appropriate time and support (including wellbeing services and Freedom to Speak Up). We will use human factors and systems thinking, share outcomes and what has changed, coordinate any parallel processes (e.g. HR, complaints, inquests or safeguarding) and escalate immediate risk or psychological safety concerns through local governance routes.

Situational Analysis of Patient Safety Activity

University Hospitals Bristol & Weston NHS Foundation Trust (UHBW)

At UHBW in 2023- 25 the previous PSIRP plan identified these priorities:

- Staff/staff communication at transfer of care
- Safe discharge (systems to enable review of clinical information prior to discharge)
- Treatment delay/failure (internal/clinical causes of inpatient delays)
- Medication: delayed or non-administration of high-risk medicines
- Maternity/perinatal (clinical care): lack of recognition of maternal or child intra-partum deterioration
- Equipment: lack of functioning CSSD/medical equipment

Between July 2023 and April –2026, UHBW have completed 25 PSII investigation undertaken by our specialist investigators.

Themes/ Category investigated in 24/25 and 25/26:

Theme category	Number of Investigations
Treatment Delay	6
Wrong site/ wrong item surgery (Never Event)	3
Communication/ consent	3
Retained device/ item (Never event)	2
Medication	2

North Bristol NHS Trust (NBT)

At NBT in 2023- 25 the previous PSIRP plan identified these priorities:

- Responding well to clinically changing conditions
- Patient flow
- Delays in care (Women & Children's)
- Medication
- Listening to Patients & Families (Women & Children's)
- Patient falls

Number of PSII's commissioned at NBT (PSII's were often completed by Directorate teams due to only one Specialist investigator in post at NBT during that period).

Period	PSIIs commissioned	Never Events
Apr 2024 – Mar 2025	14	2 (Jan 2025)

Apr 2025 – Mar 2026 (to date)	11	3

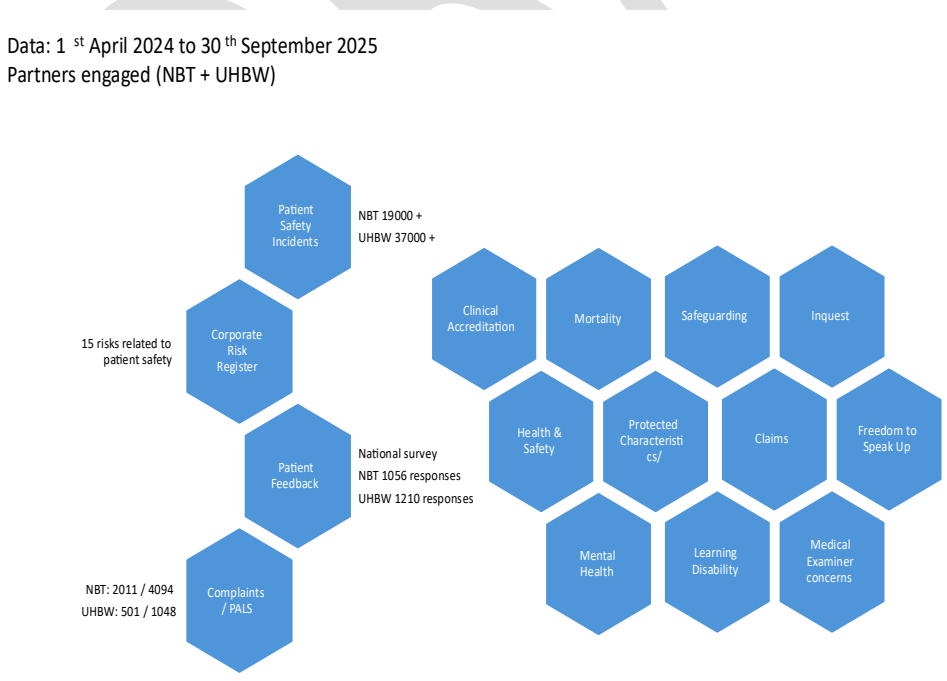
Defining our Patient Safety Incident Profile

We have undertaken a comprehensive situational analysis of our current patient safety risk profile across all services within the pre-merger UHBW & NBT Trusts 2023/5. (*There is an in-depth supporting PowerPoint presentation that holds the detail of the first three steps of the process and their outputs).*

This work brought together quantitative and qualitative intelligence to create a single, shared view of where harm occurs most frequently, where the potential for severe harm is greatest, and where there is the strongest opportunity for system learning. We triangulated themes across incident reporting (including Learning from Patient Safety Events (LFPSE) and local reporting systems), formal feedback and assurance routes, and staff and patient insight to ensure the profile reflects both measured signals and lived experience of care. As PSIRF has matured in both organisations, we have recognised that underlying themes often cut across multiple incident categories and this will be reflected in the final PSIRP themes that we will chose to investigate

The incident profile was developed collaboratively with clinical and operational leaders, patient safety specialists, Patient Safety Partners and Quality and Safety governance forums, and it was informed by Freedom to Speak Up intelligence and patient, carer and family feedback. Two to three years of data were reviewed across the premerger UHBW and NBT Trusts (2023–2025). Analysis and synthesis of the dataset were led by the Patient Safety analyst, resulting in a set of cross-cutting themes that now underpin the prioritisation of learning responses within this PSIRP.

Figure 1: Illustration of the sources of data that have informed the Group PSIRF Plan



Stakeholder engagement

The patient safety incident profile was developed collaboratively, drawing on:

Stakeholder engagement	Clinical and operational leaders Patient safety specialists Patient Safety Partners Freedom to Speak Up intelligence Patient and carer feedback Trust Quality and Safety governance structures Human Factors Team
Quantitative sources	Patient safety incidents (LFPSE / Datix) Levels of Concern (LFPSE) Complaints Patient feedback (IQVIA) Health and Safety incidents Safeguarding intelligence Freedom to Speak Up themes Inquests Claims Medical Examiner concerns Learning from Deaths reviews Corporate Risk Register Equality and health inequalities intelligence
Qualitative sources	Incident narratives Patient and family feedback Staff engagement feedback Patient Safety Partner insight Learning disability, autism and mental health safety themes Human factors situational insights.

Defining our patient safety improvement profile

As PSIRF has matured across our organisations, we have recognised that our PSIRF plan priorities do not necessarily mirror the most frequently reported incident categories; instead, they reflect underlying themes that cut across multiple categories. We will ensure that Patient Safety learning will inform and support the Patient Safety improvement strategies within the organisation.

Our patient safety improvement profile comes from a range of sources and includes:

- The Trust Patient First Programme which has identified organisation-wide improvement areas.
- Existing quality improvement programmes
- Existing Patient Safety Improvement Programmes
- ICS operational improvement projects

- National Patient Safety Improvement programmes
- West of England Patient Safety Collaborative Programme
- Learning from the 2023-2025 Patient Safety Incident Response Plan for NBT& UHBW

Key safety themes identified

Please see Appendix 2: Themes identified across all sources of data.

The following system level themes were identified across multiple datasets and have formed our PSIRF plan shortlist:

Longlisted theme from situational analysis	Shortlisted as key patient safety risk for PSIRP
Mental Capacity Act, consent and shared decision-making	Yes
Medicines safety (particularly prescribing processes)	Yes
Venous thromboembolism (VTE)	Yes
Discharge delays and failures / transfer of care delays or failures	Yes
Communication and handover failures	No
Clinical assessment & delays in diagnostics	No
Staffing levels and staff fatigue	No
Falls	No

(See Appendix 3: for the more detailed rationale for our decision making to retain or exclude from our shortlisting).

Our Patient Safety Incident Response Plan: National Requirements

The Guide to responding proportionately to patient safety incidents defines requirement and sets out whether mandated responses is a PSII or some other response type, including referring the event to another organisation to manage. Learning from these responses will inform ongoing improvement work and this PSIRP.

The Group/ Trust will continue to meet all nationally mandated patient safety incident response requirements, including (*this may be subject to change following national review):

Our Trust Patient Safety Incident Response Plan 2026/27

We will decide between a Patient Safety Incident Investigation (PSII) and other PSIRF learning responses using a proportionate, flexible approach focused on learning and improvement. Decisions will consider the views of those affected, what is already known, the potential for wider system learning and our capacity to respond well.

We will use the Patient Safety Insight Meeting (PSIM) as the decision-making forum, supporting engagement with those affected, ensuring independence where needed, and maintaining oversight of learning.

We will select the PSIRF method most likely to produce meaningful learning and improvement. Where multidisciplinary learning responses are used, we will refer to these as Multi-Professional Safety Reviews (MPSRs) to distinguish them from clinical MDT meetings.

Selecting the PSIRP Priorities

We have selected priorities that are consistent across multiple data sources, reflect system risks, persist despite existing controls and have potential to cause significant harm if not addressed.

This reflects our maturing PSIRF approach, clearer Group-wide themes and alignment with existing improvement programmes. We will refine priorities as learning develops.

Based on the Trust's patient safety incident profile, the following priority issues have been identified for focused learning responses:

PSIRF Plan NHS Bristol Group Priorities for 2026/7:

Patient safety incident type or issue	Planned response	Anticipated improvement route	Rationale
Mental Capacity Act, consent and shared decision-making	PSII, Thematic reviews, MPSR.	Inform improvement work on consent processes and reasonable adjustments	MCA has been highlighted by multiple disciplines including Inquests, Complaints, Mortality Improvement, and Learning Disability, raising concerns on communication, consent, documentation, and practice.
Medicines safety prescribing processes	PSII, Thematic reviews, MPSR.	Strengthen prescribing systems and integration with existing programmes	Medication ranks in the top 3 incidents in both NBT and UHBW. It is also a broader theme identified in patient experience, inquest, mortality improvement work, learning disability, and staff survey.

Venous thromboembolism (VTE)	PSII, Thematic review, MPSR.	Improve reliability of risk assessment and prophylaxis	This is under category Incident - Clinical Assessment/ Review (UHBW – rank 2, NBT – rank 5), delay/ failure in diagnosis/ monitoring. Highlighted by various disciplines during this review consultation.
Discharge and transfer of care	PSII, Thematic learning, MPSR.	Inform system-wide discharge improvement work	This has been highlighted in National Patient survey, both NBT and UHBW. Rank number 6 in incidents, both NBT and UHBW. Also mentioned in corporate risks, complaints, inquest, mortality improvement and protected characteristics.

Other identified risks (e.g. falls, pressure ulcers, IPC) will continue to be managed through established improvement and assurance routes.

References and Key Relevant Documents

Patient Safety Incident Response Framework - NHS England » Patient Safety Incident Response Framework

Engaging and involving patients, families and staff following a patient safety incident - NHS England » Engaging and involving patients, families and staff following a patient safety incident

Appendix 1: National Learning Response Methods

Method	Description
Patient safety incident investigation (PSII)	A PSII offers an in-depth review of a single patient safety incident or cluster of incidents to understand what happened and how.
Multidisciplinary team (MDT) review – Known at the Bristol NHS Group as a Multi-Professional Safety Review (MPSR) – this is in order to prevent confusion around MDT reviews undertaken in clinical settings.	An MDT review supports health and social care teams to learn from patient safety incidents that occurred in the significant past and/or where it is more difficult to collect staff recollections of events either because of the passage of time or staff availability. The aim is, through open discussion (and other approaches such as observations and walk throughs undertaken in advance of the review meeting(s)), to agree the key contributory factors and system gaps that impact on safe patient care.
Swarm huddle	The swarm huddle is designed to be initiated as soon as possible after an event and involves an MDT discussion. Staff 'swarm' to the site to gather information about what happened and why it happened as quickly as possible and (together with insight gathered from other sources wherever possible) decide what needs to be done to reduce the risk of the same thing happening in future.
After action review (AAR)	AAR is a structured facilitated discussion of an event, the outcome of which gives individuals involved in the event understanding of why the outcome differed from that expected and the learning to assist improvement. AAR generates insight from the various perspectives of the MDT and can be used to discuss both positive outcomes as well as incidents. It is based around four questions: • What was the expected outcome/expected to happen? • What was the actual outcome/what actually happened? • What was the difference between the expected outcome and the event? • What is the learning?

Appendix 2: Themes identified across all sources

Themes	Patient Safety team	Risk	Experience/ feedback	Complaints/ PALS	Inquest	Claims	Medical Examiner	Safeguarding	FTSU	Learning Disability	Clinical accreditation	Health & Safety	Protected Characteristics	Mental Health
Tissue Viability	Y							Y						
Medication	Y		Y		Y		Y			Y				
Patient Falls	Y	Y			Y							Y		
Clinical Assessment or Review	Y	Y	Y	Y	Y		Y			Y				Y
Treatment or Procedure	Y	Y	Y		Y		Y			Y			Y	Y
Admission, Discharge, Transfer, Transport	Y	Y	Y	Y			Y				Y		Y	
Documentation	Y	Y		Y			Y							
Service Provision	Y	Y											Y	
Appointments	Y	Y	Y	Y	Y								Y	
Infection Prevention and Control	Y	Y												
Medical Device or Equipment	Y											Y		
Blood Transfusion	Y													
Communications		Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	
Staff fatigue								Y						
Verbal/ Physical Aggression to staff		Y						Y	Y			Y		
Learning disabilities/ Mental Health/ MCA					Y		Y			Y				Y

Appendix 3: PSIRF Plan Longlisting (more detailed rationale).

Longlisted theme from situational analysis	Existing improvement work	Shortlisted as key patient safety risk for PSIRP	Rationale
Mental Capacity Act, consent and shared decision-making	Consent programme / reasonable adjustments work; MCA training and compliance monitoring; learning disability and autism improvement work.	Yes	High-risk, cross-cutting theme affecting patient rights, safety and experience; learning needed to improve reliability of capacity assessment, documentation and shared decision-making across pathways.
Medicines safety (particularly prescribing processes)	Pharmacy medicines safety programme; Post implementation of electronic prescribing optimisation; antimicrobial stewardship; high-risk medicines workstreams.	Yes	Recurring harm theme with strong potential for system learning; focus on prescribing reliability and human factors in digital systems to reduce error and variation.
Venous thromboembolism (VTE)	VTE risk assessment and prophylaxis improvement work; audit and feedback; pathway and documentation optimisation.	Yes	Preventable harm with established standards; focus on improving reliability of assessment, prescribing and follow-through across services.
Discharge delays and failures / transfer of care delays or failures	System flow and discharge improvement work; pathway redesign; discharge summary and communication improvements; ICS operational improvement projects.	Yes	High-volume, cross-organisational risk; learning will focus on handover, coordination, documentation and escalation to reduce harm and improve timeliness.
Communication and handover failures	Handover standardisation work (e.g., SBAR); safety huddles; digital discharge summary improvements; team training and local improvement.	No	Important cross-cutting contributor to many events; addressed within the selected priorities (especially discharge/transfer) and through existing improvement and assurance routes.
Clinical assessment & delay in diagnostics.	Diagnostics recovery and performance programmes; pathway redesign; reporting backlog management; digital optimisation.	No	Significant operational risk but currently being progressed through established performance and improvement programmes; will be kept under review via PSIM risk sensing.
Staffing levels and staff fatigue	Workforce planning and safe staffing reviews; wellbeing and fatigue risk	No	Underlying contributory factor across many risks; managed primarily through workforce and operational

Longlisted theme from situational analysis	Existing improvement work	Shortlisted as key patient safety risk for PSIRP	Rationale
	management ; escalation processes and roster optimisation.		governance, fatigue programme of work into learning responses where relevant.
Falls	Dementia Delirium and Falls Team (BRI & Weston) / Falls Team (Southmead) lead on improvement work across the organisation.	No	Existing improvement workstream in place across the organisation. Case by case evaluation of whether a Patient Safety learning response will be taken.

Report To:	Trust Board		
Date of Meeting:	14 July 2026		
Report Title:	Bristol NHS Foundation Trust Values and Behaviours Programme		
Report Author:	Elliot Nichols, Chief Communications and Engagement Officer & Alex Nestor, Director of People (City and Weston)		
Report Sponsor:	Jenny Lewis, Chief People and Culture Officer		
Purpose of the report:	**Approval**	**Discussion**	**Information**
		X	X
	This paper provides an update on the proposed approach to developing and launching a new set of values and behavioural commitments for Bristol NHS Foundation Trust. The approach, timetable and additional resource requirement have been considered and approved by GEM. The Board is asked to note this and endorse the strategic approach, particularly how the Board, Governors, staff, partners, patients, communities and the public will be involved. The values will be one of the first major cultural acts of the new Trust, helping to define how we care, lead, work together, make decisions and hold ourselves to account.		

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

- The People Committee received the Merger OD & Culture paper on 26 March 2026 which outlined clear areas of focus pre and post-merger. Values creation was agreed a post-merger activity potentially aligned to the new Trust's Vision and Clinical Strategy.
- Towards the later phase of pre-merger staff engagement the conversation shifted from pre and day one merger readiness to post merger and the future of our single organisation, with staff keen to know the timeline for creating our Values which will help unite us and play an important part in establishing and embedding our desired culture, fit for the future.
- GEM has therefore approved the proposed approach, timetable and (in principle) the additional resource requirement for the programme.
- The proposal is to build from the proud histories and existing values of both predecessor organisations and develop a short, memorable and usable set of values, likely to be around five, each supported by practical behavioural commitments.
- Whilst not losing the successes of the past it is important for the programme to be guided by clear strategic anchors, including the NHS Constitution, NHS People Promise, Group Summary Benefits Case, NHS 10-Year Health Plan, Joint Clinical Strategy, future Trust identity, CQC Well-Led and Quality Board expectations.
- The values should not simply describe the organisations as they are today. They need to help move the new Trust towards its future direction, including prevention, community based care, digital and data, integration, equity, flexible multidisciplinary working, partnership, public accountability and better use of public resources
- The ambition is to 'reach' the majority of staff 'actively engage' up to 14,000 colleagues through one or more routes, and 'involve' targeted groups in deeper discussion, testing and validation.
- The engagement approach will also include, patients, carers, Governors, partners, communities and the wider public. Partner engagement will begin with the Trust's top 100 stakeholder list before widening to communities and the public.

- The programme will build on the marginalised voices approach developed for merger engagement, so under-heard colleagues can influence the values, not simply receive information about them.
- The Staff Awards on 2 October, with nearly 800 staff expected to attend, will provide an important opportunity to capture stories, language, pride and emotional resonance.
- The proposed launch date is Tuesday 1 December 2026, with Tuesday 8 December as a backup, followed by operationalisation from January to April 2027.
- The engagement will need to include clear, accessible messaging on the key strategic drivers shaping the new Trust, so staff and stakeholders understand why the values must be future facing rather than simply describing the organisations as they are today.

Strategic Alignment

- This programme is aligned to the creation of Bristol NHS Foundation Trust and the need to build a single organisational identity that is credible, inclusive and future facing.
- It will help translate the merger from a legal and structural change into something meaningful for staff, patients, Governors, partners and communities.
- The values and behaviours need to support the Joint Clinical Strategy, Group Summary Benefits Case, NHS 10-Year Health Plan, the three national shifts, CQC Well Led expectations and the Trust's anticipated future approach to Integrated Health Organisation development.
- The timing is important. The Trust needs to maintain cultural momentum after Day 1, while ensuring the values are in place ahead of the anticipated next phase of clinical strategy engagement and launch.

Risks and Opportunities

- **Risk**: If the programme is delayed, the Trust may miss the December launch window and lose an important early cultural moment for the new organisation.
- **Risk**: If the process is seen as predetermined, the values may feel imposed or inauthentic. If under-heard staff, patients and communities are not properly included, the values may not reflect the full workforce or the populations the Trust serves.
- **Opportunity**: Done well, this programme can build ownership, pride and confidence across staff groups and sites, while strengthening the Trust's public, Governor and partner narrative.
- **Opportunity**: Launching the values with behavioural commitments, leader materials and an operationalisation plan gives the Trust a practical route to embed them into decision making, appraisal, recruitment, induction, leadership development, recognition, performance conversations and local team development.

Recommendation

The Board is asked to:

1. **Note** that GEM has approved the proposed approach, timetable and additional resource requirement.
2. **Endorse** the proposed approach to Board, Governor, staff, partner, patient, community and public involvement.
3. **Note** the ambition to 'reach' the majority of staff, and 'actively engage' up to 14,000 colleagues, and 'involve' targeted groups in deeper discussion, testing and validation.
4. **Note** the proposed launch date of Tuesday 1 December 2026, with Tuesday 8 December as a backup, followed by operationalisation from January to April 2027.

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

People Committee, 26 March 2026

Merger Programme Board, 1 April 2026

Group Executive Meeting, 17 June 2026.

Appendices:	Bristol NHS Foundation Trust Values and Behaviours Programme: Board paper.

Bristol NHS Foundation Trust Values and Behaviours Programme

Board Paper

1. Purpose

This paper sets out the proposed strategic approach to developing and launching a new set of values and behavioural commitments for Bristol NHS Foundation Trust.

The approach, timetable and additional resource requirement have been considered and approved by GEM. The Board is now asked to note this approval and endorse the strategic approach, with particular focus on how the Board, Governors, staff, partners, patients, communities and the public will be involved.

2. Why this matters

The values will be one of the first major cultural acts of the new Trust.

They need to build from the proud histories and existing values of both predecessor organisations, while creating something that is fit for the future and able to support the Trust's strategy, culture, leadership, decision making and accountability.

This is not a brand, communications or word choice exercise. The purpose is to develop values and behaviours that staff recognise, understand, feel some ownership of, and can use in real situations. They should help guide how we care, lead, work together, involve patients and communities, make decisions, allocate resources and hold ourselves to account.

The values should not simply describe the organisations as they are today. They need to help move the new Trust towards its future direction, including prevention, community based care, digital and data, integration, equity, flexible multidisciplinary working, partnership, public accountability and better use of public resources.

3. Strategic approach

The programme will be guided by clear strategic anchors, including the NHS Constitution, NHS People Promise, Group Summary Benefits Case, NHS 10-Year Health Plan, Joint Clinical Strategy, future Trust identity, CQC Well-Led expectations, Quality Board requirements and wider safety, quality, governance, leadership and culture frameworks.

A key part of the engagement approach will therefore be clear, accessible messaging on the strategic drivers shaping the new Trust and its ability to be agile for the future. Not all staff, patients, Governors, partners or community voices will be fully familiar with the policy, regulatory and strategic context shaping the new Trust. The programme will need to set out why the values should not simply describe the organisations as they are today but help move Bristol NHS Foundation Trust towards its future direction. This includes, but is not limited to:

- The three national shifts: from hospital to community, analogue to digital, and sickness to prevention.
- The Joint Clinical Strategy and the future development of clinical services.
- CQC Well-Led, Quality Board and wider safety, quality, governance and leadership expectations.
- The NHS People Promise and the new NHS Staff Standards.
- The Trust's future approach to prevention, community-based care, digital and data, integration, equity, flexible multidisciplinary working, partnership, public accountability and better use of public resources.

The aim is to develop a short, memorable and usable set of values, likely to be around five, each underpinned by practical behavioural commitments. The final number should remain open through engagement, but the output must be simple enough to remember and practical enough to use.

The values need to work at several levels. They need to mean something to staff and teams, but also to leaders, patients, carers, Governors, partners, communities and the wider public. They should support the way the Trust makes difficult decisions, allocates resources, leads change and works with others.

The programme will be Trust-led, with specialist external support where that adds value. The Trust will retain ownership of the narrative, governance, internal communications, stakeholder handling, launch and final judgement. External support will focus on areas such as digital engagement infrastructure, engagement design, independent analysis, segmentation, validation focus groups, equality and inclusion testing, challenge testing, evidence reporting and practical behavioural scenario development.

4. Engagement ambition

The scale of the programme is significant. Ideally it needs to reach 28,000 staff, more than a dozen hospital and community sites, three local authority areas, Governors, partners, patients, communities and the public.

For this programme:

- *Reach* means people are aware of the work, understand why it matters and know how to take part.
- *Engage* means people actively provide feedback that is captured, analysed and used.
- *Involve* means people take part in deeper discussion, testing or validation, such as focus groups, targeted workshops, staff network sessions, patient and community groups, partner sessions or structured Governor discussions.

At this stage our targeted KPI's are:

Audience	Reach ambition	Engage ambition	Involve ambition
Staff	Majority of 28,000 staff	Up to 14,000 feedback points/interactions	500 through workshops, focus groups, staff networks, Town Halls and site sessions and validation
Governors	All Governors reached	Majority invited to comment	Targeted Governor session(s), including Lead Governor involvement
Partners	Top 100 stakeholder list reached	30 responses or conversations	10 deeper partner conversations and a partner workshops
Patients/carers	Existing patient routes reached	100 responses/inputs	30 involved through groups, patient leaders or targeted sessions. Two dedicated sessions with the Community Participation Group (on in engagement and one in analysis.)
Communities/public	Public route available and promoted	300 responses/inputs	Two targeted sessions through VCSE, Healthwatch or local authority/community routes
Under-heard voices	Specific routes in place	Participation monitored by available demographics	Targeted sessions through staff networks, community partners and accessible/offline routes

Success will not be measured only by the number of people who submit feedback. It will also depend on whether staff and stakeholders are aware of the work, understand why it matters, see visible opportunities to take part, trust that the process is genuine, and can recognise how feedback has shaped the final values and behaviours.

The programme should include a clear “you said, we did” evidence trail, showing who was engaged, what was heard, how feedback shaped the final values and what decisions were taken as a result.

5. Staff engagement and marginalised voices

Staff engagement will be the largest – though far from exclusive - element of the programme.

The engagement approach will need to be visible, practical and positive. It should feel like an energising and forward looking moment for colleagues, not a dry corporate exercise. It should use a mix of digital, face-to-face and virtual engagement, supported by staff networks, site activity, leadership routes, existing meetings, staff-side routes and targeted work with colleagues who may otherwise be less likely to take part.

The programme will build on the marginalised voices approach developed for merger engagement. This means recognising that some colleagues are less likely to be reached through standard corporate channels because of language, disability, neurodiversity, digital exclusion, banding, working pattern, location, long-term absence, parental leave or other factors.

The values engagement will therefore use accessible materials, trusted networks, offline routes, direct outreach and visible feedback loops to ensure under-heard colleagues can influence the work, not simply receive information about it.

We also intend to use existing activity to support the engagement. For instance, the Trust’s first BFT Staff Awards on 2 October will provide an important opportunity during the engagement period. With nearly 800 staff expected to attend, it should not be overloaded with process, but it gives the Trust a valuable opportunity to capture stories, language, pride and emotional resonance from a large and highly engaged staff audience.

6. Board, Governor, partner, patient and public involvement

Accessibility and inclusion are central to all we do – and this is no exception. As such, the Board is specifically asked to endorse the approach and provide strategic assurance that the process is sufficiently inclusive, evidence-led and aligned to the future direction of the Trust.

Board involvement should take place at key points in the process:

- Early endorsement of the strategic approach and engagement principles.
- Early and active input into the engagement process.
- Review of emerging themes and analysis before the final values are confirmed.
- Final approval of the values and behavioural commitments before launch.

Governors will also need to be involved early and meaningfully. This should include early briefing, involvement in the engagement period, participation in validation activity and a role in testing whether the values support the future identity of the Trust.

Patients and carers will be involved through our Community Participation Group, patient experience routes, involvement groups, patient leaders, service level groups and targeted conversations where appropriate. Existing insight from complaints, PALS, patient experience and engagement work should also be used where it helps us understand what people already expect from the organisation.

Partners will be engaged because the values need to support system working and the Trust’s external role. This will begin with the Trust’s top 100 stakeholder list, before widening through local authorities, VCSE organisations, Healthwatch, the armed forces, universities, primary care, community providers and other system partners.

Community and public involvement should be practical and proportionate. The focus should be on quality, relevance and representativeness, not simply raw numbers. The programme should actively

seek input from communities and groups whose voices are less often heard, while also providing a simple wider public route for comment.

7. Timeline and rationale

The proposed launch date for the values, behaviours, visual identity and leader toolkit is Tuesday 1 December 2026, with Tuesday 8 December as a backup. This would be followed by operationalisation from January to April 2027.

The timing is important for four reasons:

- **First**, the Trust needs to maintain cultural momentum after Day 1. Without this, the merger risks feeling legal, structural and administrative rather than something that shapes how the organisation works and behaves.
- **Second**, the values can helpfully be in place ahead of the anticipated next phase of clinical strategy engagement and launch. This will allow them to support how the Trust talks about care, prevention, community, digital, integration, partnership and population health.
- **Third**, the autumn engagement window allows the programme to dovetail with existing staff and leadership activity, including the Staff Survey period and the Staff Awards.
- **Fourth**, a December launch allows the values to be introduced before the heaviest winter pressure period and then operationalised from January to April 2027. If the launch moves beyond early December, the work risks losing momentum and becoming caught between winter pressures, Christmas, reduced attention and competing organisational priorities.

The proposed timeline is:

- **July**: Confirm governance, supplier support, engagement approach and mobilisation.
- **August**: Build awareness, finalise engagement materials and prepare staff, partner, patient, community and Governor routes.
- **September to mid-October**: Run the main values creation engagement period (six weeks).
- **Second half of October**: Complete analysis and identify emerging themes.
- **First half of November**: Validate emerging findings with targeted groups, including Board, Governors, staff, patients, partners and community voices.
- **Second half of November**: Finalise values, behaviours, launch narrative, leader materials and approval route.
- **Tuesday 1 December**: Preferred launch date.
- **Tuesday 8 December**: Backup launch date.
- **January to April 2027**: *Phase two* - operationalise through appraisal, recruitment, induction, leadership development, recognition, performance conversations, local team materials and corporate documentation.

8. Resource and delivery model

Resource has been allocated from within the Communications & Engagement, OD and People teams.

9. Risks and mitigations

The main risks are timing, credibility, deliverability and legitimacy.

If the programme is delayed, there is a risk that the Trust misses the December launch window and loses an important early cultural moment. This will be mitigated through early mobilisation, clear governance, rapid procurement and a focused delivery timetable.

If the process is seen as predetermined, the values may feel imposed or inauthentic. This will be mitigated by being clear that the strategic anchors are fixed, but the language, behaviours and practical meaning will be shaped through engagement.

If under-heard voices are not properly included, the values may not reflect the full workforce or the communities the Trust serves. This will be mitigated through accessible materials, trusted networks,

offline routes, staff networks, targeted sessions, patient and community routes, and ongoing review of engagement gaps.

If the work becomes too operational or campaign-led, the Trust risks creating words and posters rather than values that shape behaviour. This will be mitigated by launching with behavioural commitments, leader materials and a defined operationalisation phase.

10. Recommendation

The Board is asked to:

1. **Note** that GEM has approved the proposed approach, timetable and additional resource requirement.
2. **Endorse** the proposed approach to Board, Governor, staff, partner, patient, community and public involvement.
3. **Note** the ambition to ‘reach’ the majority of staff, and ‘actively engage’ up to 14,000 colleagues, and involve targeted groups in deeper discussion, testing and validation.
4. **Note** the proposed launch date of Tuesday 1 December 2026, with Tuesday 8 December as a backup, followed by operationalisation from January to April 2027.

Report To:	Meeting of the Board of Directors in Public		
Date of Meeting:	Tuesday 14 July 2026		
Report Title:	Integrated Governance Report		
Report Author:	Rachel Hartles, Corporate Governance Officer		
Report Sponsor:	Lavinia Rowsell, Group Director of Corporate Governance		
Purpose of the report:	**Approval**	**Discussion**	**Information**
			x
	To present the integrated governance report, which brings together the Committee Chairs' upwards reports and the registers of seals for UHBW and NBT.		

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

Attached are the following items for the Board's information:

Committee Chairs' Reports from the May and June 2026 meetings:
Audit Committee (Appendix A) – 16 June 2026
Digital Committee (Appendix B) – 28 May 2026
Finance & Estates Committee (Appendix C) – 26 May 2026
People Committee (Appendix D) – 26 May 2026
Quality and Outcomes Committee (Appendix E) – 28 May 2026
Quality and Outcomes Committee (Appendix F) - 25 June 2026

Register of Seals – May to June 2026 (Appendix G) (see below)
Agreement to Surrender Level 3, St James' Court
Deed of Variation for Xray at South Bristol Community Hospital

Strategic Alignment

These documents directly support the Board's new governance model being implemented.

Risks and Opportunities

None.

Recommendation

This report is for **Information.**
The Board is asked to note the appendices to this report.

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

N/A

Appendices:	See above

Appendix G: Register of Seals: May to June 2026

i) North Bristol NHS Trust (NBT)

There was no use of NBT's seal between March to April 2026.

ii) University Hospital Bristol and Weston NHS FT (UHBW)

Reference Number	Document	Date Signed
935	Agreement to Surrender Level 3, St James' Court	01 June 2026
936	Deed of Variation for Xray at South Bristol Community Hospital	11 June 2026

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Meeting of Board of Directors of Bristol NHS Foundation Trust in Public on Tuesday 14 July 2026

Reporting Committee	**Group Audit Committee – June 2026 meeting**
Chaired By	**Richard Gaunt, Group Non-Executive Director**
Executive Lead	**Neil Kemsley, Group Chief Finance & Estates Officer**

For Information

- **Annual reports and Accounts for UHBW and NBT:** The Committee reviewed the 2025/26 Annual Reports and Accounts for both UHBW and NBT and received positive assurance from internal and external auditors. Both organisations received satisfactory internal audit opinions, although the Committee noted a deterioration in assurance reflected by a number of limited assurance reports and emphasised the importance of preventing repeat findings. The Committee:
    - Approved the UHBW Annual Accounts for recommendation to the Trust Board, subject to minor amendments.
    - Approved the UHBW Annual Report and Annual Governance Statement for recommendation to the Trust Board.
    - Approved the NBT Annual Accounts and Letter of Representation for recommendation to the Trust Board.
    - Approved the NBT Annual Report and Annual Governance Statement for recommendation to the Trust Board.

- **External Audit Conclusions:** The Committee received positive reports from both external auditors with no significant issues identified in relation to financial statements or value-for-money arrangements.

- **Day One Merger Governance Framework:** The Committee approved the key governance documents required for the new merged organisation, including:
    - Standing Financial Instructions (SFIs)
    - Scheme of Delegation
    - Scheme of Matters Reserved for the Board
    - Risk Management Policy
    - Declarations of Interest Policy
    - NHS Provider Licence Declaration
    - Anti-Bribery, Corruption and Transparency Statements

- **Board Assurance Framework (BAF):** The Committee reviewed the Board Assurance Framework noting that digital capability underpinned a wide range of organisational risks and should be reflected more clearly across the framework, along with emerging risks and opportunities associated with artificial intelligence (AI).

For Board Awareness, Action or Response

The Committee is able to provide assurance to the Board regarding the adequacy of internal control, risk management and governance arrangements.
Key Decisions and Actions
Additional Chair Comments
Update from ICB Committee
N/A

Date of next meeting:	**Wednesday 29 July 2026**

Meeting of the Board of Directors of Bristol NHS Foundation Trust held in Public on 14 July 2026

Reporting Committee	**Group Digital Committee – 28 May 2026 meeting**
Chaired By	**Roy Shubhabrata, Group Non-Executive Director**
Executive Lead	**Neil Darvill, Group Chief Digital Information Officer**

For Information

The Committee met on 28 May 2026 and received updates on the merger of North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW). These were merger transaction assurance and day 1 readiness/Post-Transaction Integration Plan (PTIP) updates. The Committee's conclusions were reported to the Group Board on 2 June 2026. The Committee on 28 May also received a report on digital benchmarking and future collaborations, an update on progress with the Group Digital Strategy, an operational update, an annual review of information governance service arrangements and internal audits of data security and protection toolkits (DSPT), risk management updates, including the Board Assurance Framework and corporate risk report, and upward reports from other meetings, including the Digital Hospital Programme Board.

For Board Awareness, Action or Response (including risks)

The Committee took assurance from all the reports it considered and welcomed the significant progress and achievements in a number of areas (e.g. positive internal audits of DSPT and good progress with the Group Digital Strategy). There were concerns raised again (as they had been at previous meetings) about digital capacity going into the new organisation and the need for further digital investment, including in workforce and skills, as well as the need to work increasingly in partnership e.g. with Gloucestershire and the ICB. Cyber-security risks were also discussed, as was the increasing use of AI in cyber-attacks, and the additional concerns this raised. The Committee also discussed the need for strengthening links between the Digital Committee and the Quality and Outcomes Committee, as effective use of digital solutions was vital to improving quality, safety and experience outcomes for patients.

Key Decisions and Actions

The Committee approved the updated PTIP and took assurance from the day 1 merger readiness plans (as reported to the Board on 2 June). Among other things, the Committee:

- supported a phased and prioritised digital roadmap which reflected current capacity
- recognised the need to strengthen core digital capability, including specialist skills and workforce capacity
- encouraged further work to expand automation and demand management to reduce operational pressure
- supported continued work on EPR mobilisation, including exploration of partnership options with Gloucestershire
- supported further exploration of a regional shared digital services model with the ICB and

• agreed that key digital capacity risks should continue to be escalated through appropriate governance routes.
Additional Chair Comments
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Date of next meeting:	Thursday 23 July 2026

Meeting of Group Board of Directors of NBT and UHBW held in Public
14 July 2026

Reporting Committee	**Group Finance and Estates Committee – 26 May 2026**
Chaired By	**Martin Sykes, Group Non-Executive Director**
Executive Lead	**Neil Kemsley, Group Chief Finance & Estates Officer**

For Information

Overview

The meeting focused on reviewing financial performance, savings delivery, and productivity improvement across the organisations within the context of merger readiness and ongoing governance. Discussions centred on financial results for the first month of the year, risks and progress against cost improvement programmes, and broader productivity opportunities informed by national benchmarking. The Committee also reviewed merger assurance and integration planning, alongside key governance, risk, and safety updates. Overall, the session balanced immediate financial pressures with longer-term transformation and readiness for organisational consolidation.

1.Trust Joint Finance Report

The Committee received a detailed report from the Finance Directors setting out NBT's and UHBW's financial performance for April 2026, together with the key financial risks facing both organisations.

2. Cost Improvement Programme (CIP) and NHSE Efficiency opportunities update

The Committee received a summary of the Cost Improvement Programme (CIP) and financial positions across both organisations. Delivery against plan remained under pressure, notwithstanding progress within savings programmes.

Actions were in place to strengthen performance, including targeted support in key areas, accelerated delivery through divisional planning and a continued focus on reducing higher-risk and unidentified schemes.

3. Merger Assurance and Corporate Services Transformation

The Committee received confirmation of a positive assurance position for merger readiness following a gateway review undertaken on 13 May, with all areas rated green.

Members noted the supportive feedback received from NHS England and the absence of objections from Governors, enabling progression towards final approval.

4.Day 1 Readiness and Post-Transaction Integration Plan (PTIP)

The Committee received an update on the refreshed post-transaction integration plan, including the establishment of governance structures to transition into post-merger oversight arrangements.

Members endorsed the proposed approach, supporting progression and emphasising the importance of maintaining delivery focus beyond day one of the merger.

4. Health and Safety and Fire Incident Update

The Committee received an update reporting no escalations from subcommittees, alongside improvements in risk ratings across a number of areas, including critical infrastructure systems.

Members noted the positive outcome of recent audits, with only minor non-conformances identified. The Committee also highlighted a significant increase in reported incidents of verbal abuse, noting that further investigation and follow-up actions were required to understand and address the underlying causes.

5. Health & Safety Policy and Fire Safety Policy
The Committee approved the updated Health & Safety Policy and Fire Safety Policy in preparation for the merger.

7. Board Assurance Framework - Quarterly Report
The Committee received an update outlining minor revisions to principal risks and plans to improve the visibility of assurance. Members noted feedback highlighting the need for risk reporting to more explicitly reflect the impact of corridor care, particularly in the context of ongoing discharge pressures.

8. UHBW Fire Update including Fire Evacuation/Safety Internal Audit Response
The Committee received an update on strengthened governance arrangements, including enhanced divisional assurance processes. Members noted that further work was underway to establish a clear line of assurance linking risk assessments to capital planning processes.

For Board Awareness, Action or Response	
There were no other matters that the Committee wished to bring to the attention of the Board.	
N/A	
Additional Chair Comments	
There were no other matters that the Committee wished to bring to the attention of the Board.	
Update from ICB Committee	
N/A	
Date of next meeting:	**28 July 2026**

Meeting of the Board of Directors in Public on 14 July 2026 in Lockleaze Sports Centre, Off Bonnington Walk, Lockleaze, Bristol, BS7 9XF

Reporting Committee	**People Committee**
Chaired By	**Linda Kennedy**
Executive Lead	**Jenny Lewis**

For Information

- The Committee received its first update from the People Strategy Oversight Group and was assured that arrangements are progressing to align people governance, reporting structures and oversight mechanisms across the two organisations. No matters requiring escalation were identified.
- The Committee considered the NHS England Transforming People Services programme. Members noted that the South West has been identified as an accelerator region and discussed opportunities for the organisation to position itself as a future provider of regional people services, alongside risks relating to digital infrastructure, implementation capacity and workforce impacts.
- The Committee reviewed progress on violence and aggression prevention, including development of a joint action plan, sexual safety initiatives and work to address race-related violence and aggression. Members highlighted the importance of improving reporting culture and addressing microaggressions.
- The Committee received an overview of national immigration rule changes, the impact across both Trusts, and the work being undertaken to support this. They discussed the impact =on workforce planning, staff wellbeing, recruitment and retention, noting potential implications for internationally recruited staff and workforce sustainability.
- Workforce performance information demonstrated improving trends in vacancy and sickness rates, although both remain above target. The Committee noted ongoing work focusing on musculoskeletal conditions, stress, fatigue and staff wellbeing.

For Board Awareness, Action or Response

- The Board is asked to note the strategic significance of the NHS Transforming People Services programme and support continued engagement in regional discussions and planning.
- The Board is asked to note concerns regarding the workforce, wellbeing, financial and recruitment implications associated with changes to immigration policy and to note that work is being undertaken to support this.
- For Board awareness, the Committee identified digital capability, AI adoption and future workforce skills as critical enablers of transformation programmes, merger integration and future workforce models.

Key Decisions and Actions

- The Committee approved the proposed People Metrics Framework approach, aligning metrics to the six People Strategy priorities and supporting thematic deep dives.
- The Committee approved the workforce, organisational development and culture elements of the Post-Transaction Integration Plan and confirmed assurance regarding Day 1 merger readiness.

• The Committee supported the merger assurance position and agreed that identified residual workforce risks are understood and subject to appropriate mitigation and oversight. • The Committee noted progress on Corporate Services Transformation, including workforce consultation activity, redeployment arrangements and staff support measures.
Additional Chair Comments
Transformation, workforce sustainability and merger readiness were the dominant themes of discussion. Members emphasised the importance of balancing transformational ambitions with staff wellbeing, engagement and operational delivery. Particular attention was given to culture, inclusion, workforce capability, digital maturity and AI-enabled transformation as critical enablers of future success.
Update from ICB Committee
No specific matters requiring Board escalation were identified. The Committee noted opportunities to continue learning from system-wide work relating to workforce planning, staff safety, violence and aggression prevention, and inclusion.

Date of next meeting:	**28 July 2026**

Meeting of the Board of Directors of Bristol NHS Foundation Trust held in Public on 14 July 2026

Reporting Committee	**Quality and Outcomes Committee – 28 May 2026 meeting**
Chaired By	**Sarah Purdy, Non-Executive Director**
Executive Lead	**Professor Steve Hams, Group Chief Nursing and Improvement Officer**

For Information
The Committee met on 28 May 2026 and received updates on the merger of North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW). These were merger transaction assurance and day 1 readiness/Post-Transaction Integration Plan (PTIP) updates. The Committee's conclusions were reported to the Group Board on 2 June 2026. The Committee on 28 May also received a detailed integrated quality and performance report (IQPR) update, as well as updates on CQC assurance; matters discussed by the Clinical Quality Groups of NBT and UHBW; patient safety; infection prevention and control; Human Tissue Authority (HTA), internal audit and Fuller Inquiry considerations and progress against action plans; maternity and neonatal quality and safety; and risk management, including the Board Assurance Framework and corporate risk report.
For Board Awareness, Action or Response
The Committee did not escalate any issues of concern to the Board. They did however wish to draw the Board's attention to the significant assurance the Committee received about the merger readiness plans and the PTIP (as reported to the Board on 2 June); to the extensive plans to improve 4-hour ED waiting time performance; to the recent successful CQC engagement and visit; and to the good progress being made to improve compliance and address the HTA inspection findings, internal audit findings and Fuller Inquiry recommendations.
Key Decisions and Actions
The Committee approved the updated PTIP and took assurance from the day 1 merger readiness plans (as reported to the Board on 2 June). They noted, welcomed and took assurance from the other reports they considered, supported the improvement plans (in relation to the HTA and internal audit findings regarding mortuary services), agreed to a "complaints" deep-dive in June (as agreed by the Board previously) and a "birthing outside guidelines" deep-dive in the Autumn. They noted that the IQPR was under further development and particularly welcomed the planned inclusion in future IQPRs of corridor care data and Never Event data.
Additional Chair Comments
The Chair would like to thank those involved in developing the merger assurance around quality and clinical services and recognise the significant amount of work this has entailed.
Date of next meeting: **Thursday 25 June 2026**

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Meeting of Group Board of Directors held in Public
14 July 2026

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

For Information

The Committee met on 25 June 2026 and received the following reports:

1. **Merger Launch Update (Verbal):** The Committee received assurance that preparations for the merger remained on track ahead of Day One Implementation. The Committee noted the significant achievement of obtaining the highest available NHS England assurance rating and the extensive work undertaken across both organisations to support merger readiness.

2. **Joint Clinical Strategy Update (Verbal):** The Committee received an update on progress with the Joint Clinical Strategy and noted that Phase 1 remained on track, with ten Group Clinical Services commencing from 1 July 2026 and further services progressing towards implementation. Development of the wider clinical strategy was continuing through engagement with clinicians, primary care colleagues, community partners and universities, with particular focus on frailty, chronic obstructive pulmonary disease (COPD) and diabetes pathways. The Committee also noted that Phase 3 had commenced, focusing on the development of a single Foundation Trust Clinical Strategy from 2027 onwards. Overall, the Committee received assurance that good progress was being made across all phases of the programme and requested a further update in September.

3. **Community Participation Group Update:** The Committee received an update on the work of the Community Participation Group (CPG), which was established in September 2025. The Committee heard that valuable insight had been gained from community participants on a range of issues, including psychiatric liaison services and wider health inequalities, helping to inform service development and strategic planning. Members also noted ongoing work to strengthen engagement with voluntary, community and social enterprise (VCSE) organisations and local communities to ensure a broad range of voices continue to contribute to the development of services. The Committee received assurance regarding the ongoing development of community participation arrangements and the organisation's commitment to public and community involvement.

4. **Integrated Quality and Performance Report (IQPR):** The Committee received the Integrated Quality and Performance Report and noted that both Trusts continued to experience significant pressures across urgent and emergency care services. Members were advised that urgent and emergency care performance had deteriorated during the reporting period, including against the four-hour and 24-hour standards, reflecting sustained demand and ongoing challenges with patient flow. The Committee noted that high numbers of patients with no criteria to reside and continued use of corridor care remained significant operational risks across the system. Despite these pressures, diagnostic performance remained strong and cancer performance continued to improve against agreed trajectories, while elective recovery remained broadly stable. The Committee received assurance regarding the actions

being taken to manage performance and patient flow but requested that future reports more clearly reflect the deterioration in 24-hour Emergency Department performance and the associated risks.

5. **Clinical Quality Groups Upward Report:** The Committee received assurance that improvement work continued across both Trusts in relation to Duty of Candour compliance and incident management. The Committee also discussed a risk concerning an apparent backlog of clinical correspondence within CareFlow and was advised that a detailed review and harm assessment were underway, which would be reported to the next meeting.

6. **Group Quality Accounts 2025 - 26:** The Committee reviewed the final Group Quality Accounts and approved their publication and finalisation on behalf of the Board. Members noted the positive and constructive external stakeholder feedback received and recorded their appreciation to the teams involved in producing the Accounts. The Committee noted that these represented the final separate Quality Accounts for NBT and UHBW prior to the publication of a single Quality Account for the merged organisation next year. The Committee was satisfied that the Quality Accounts were complete, compliant and appropriate for final publication.

7. **Patient Safety Incident Response Plan (PSIRP) 2026/27:** The Committee reviewed and supported the adoption of the first joint Patient Safety Incident Response Plan (PSIRP) for the new organisation. Developed in line with NHS England requirements, the Plan identifies four organisational learning priorities: Mental Capacity Act compliance; medicines safety and prescribing; venous thromboembolism (VTE) risk assessment and prophylaxis; and discharge and transfer of care. Members welcomed the collaborative approach taken across both organisations in developing the Plan and received assurance that it would remain responsive to emerging risks and learning. The Committee therefore recommended the PSIRP 2026/27 for formal Board approval.

8. **Group Safeguarding Upward Report (Q3 and Q4):** The Committee received the Group Safeguarding Annual Report and noted the significant safeguarding activity undertaken across both organisations. Members were advised that neglect remained a key safeguarding theme and that a small number of Prevent-related concerns had been managed during the reporting period. The Committee received assurance regarding safeguarding training compliance and staff competence, despite a slight reduction in Level 3 training performance. Members also noted ongoing work to improve safeguarding data reporting and intelligence, particularly at UHBW, through the Corporate Services Transformation Programme. The Committee was advised that improvements in safeguarding reporting and analytical capability were expected during the autumn and received assurance that safeguarding arrangements remained effective across the Group.

9. **Quarterly Experience of Care Report (Q4):** The Committee received assurance that patient experience remained broadly stable across both Trusts, with improvements noted in NBT inpatient and Emergency Department services. Members noted a deterioration in NBT maternity and UHBW Emergency Department experience scores and reviewed actions being taken to address these areas. The Committee also discussed increasing complaint volumes and complexity, with complaint response performance remaining below target. Assurance was provided that a formal complaints improvement programme was being developed to strengthen performance, learning and oversight.

10. **Maternity and Neonatal:** The Committee received an update from the Maternity Safety Champions and discussed non-normative birthing choices, revisions to the Perinatal Quality Oversight Model (PQOM), and progress towards the alignment of maternity, neonatal and gynaecology services across the Group. Members also considered the increasing complexity of maternal mental health and

safeguarding concerns, alongside ongoing estates challenges affecting maternity environments. The Committee formally acknowledged the publication of the Ockenden Review and received assurance that its recommendations would be reviewed and incorporated into future improvement plans, with ongoing oversight provided through the Committee.

11. **Annual Review of EQIA Schemes (NBT and UHBW):** The Committee received assurance that robust Equality and Quality Impact Assessment (EQIA) processes remained in place across both Trusts to support the delivery of Cost Improvement Programmes and ensure potential impacts on quality were appropriately assessed and mitigated. Members noted strong compliance with EQIA requirements and welcomed plans to develop a single, aligned EQIA process for the new organisation, drawing on best practice from both Trusts.

For Board Awareness, Action or Response (including risks and escalations)

The Committee agreed to escalate key matters to the Board, including:

- That the Group Quality Accounts had been approved for publication.
- The Committee supported approval of the Patient Safety Incident Response Plan (PSIRP) 2026/27.
- The publication of the Ockenden Review and that the Trust's response to the recommendations would be provided to the Committee and Board in the autumn.
- The continued deterioration in urgent and emergency care performance, ongoing corridor care pressures, the risk concerning the CareFlow clinical correspondence review and associated harm assessment, and the increasing complaints volume and complexity.

Key Decisions and Actions

The Board is asked to:

- Note the report and the assurances provided by the Quality and Outcomes Committee.
- Approve the Patient Safety Incident Response Plan (PSIRP) 2026/27.
- Note the Committee's approval of the Group Quality Accounts 2025/26 on behalf of the Board.

Additional Chair Comments

On behalf of the committee, the Chair thanked Shawn Smith and Sue Balcombe for their valued contributions to the work of the Committee**.**

Date of next Committee meeting:	Thursday, 30 July 2026
Appendices:	Appendix 1: Patient Safety Incident Response Plan (PSIRP) 2026/27