NHS
North Bristol
NHS Trust

NHS
University Hospitals
Bristol and Weston
NHS Foundation Trust

Integrated Quality and Performance Report.

Month of publication: August 2026
Data up to June 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.

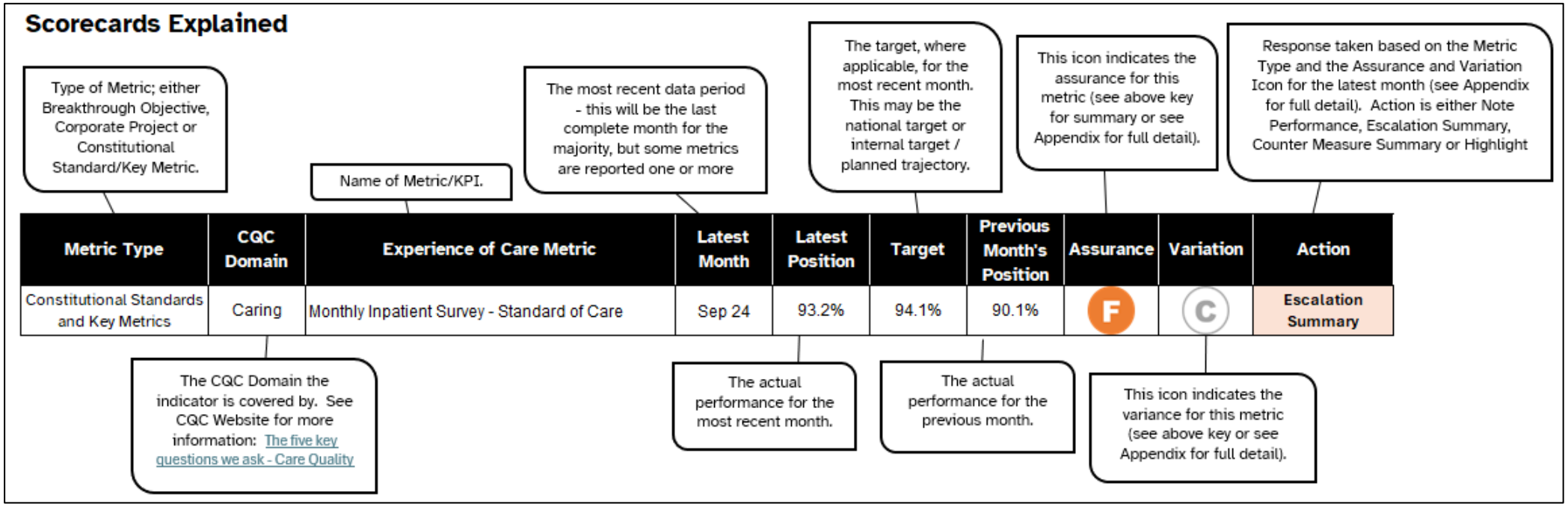
Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance.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



North Bristol NHS Trust

Business Rules and Actions

University Hospitals Bristol and Weston NHS Foundation Trust

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 June, the Group ED 4-hour performance deteriorated to 65.6% and did not meet 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 the Emergency Department and ambulance handover metrics.

The NCTR position slightly worsened in June; 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. The Group is supporting the intermediate care bed work and proceeding with scoping delivery of additional bedded capacity in the community. In addition, Southmead HOU has reviewed the Elgar House provision and is in dialogue with the ICB for funding a proactive model of care.

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 (SHOU) had four complex Plastic Surgery DIEP patients waiting longer than 65 weeks at the end of June 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 June. At SHOU, performance was impacted by challenges in Endoscopy and DEXA, however, improvement is anticipated from July for these two modalities at SHOU. Performance continues to be impacted by a loss of Endoscopy capacity in Weston due to a fire, contributing to a deterioration in May and June 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 May, the Group performance was on target for all three Cancer standards. 28-Day Faster Diagnosis Standard (FDS) reported on target for the third consecutive month, with performance at 80.2% against trajectory of 80.1%. 31-Day performance reported at 94.6% against trajectory of 94.0%, and 62-Day cancer performance reported 72.0% against trajectory of 70.4%, 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 no new cases of MRSA bacteraemia reported for June, 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 June 2026. At UHBW there were seven cases of Hospital onset Escherichia coli reported in June, year to date this equates to 20 cases. The risk of breaching trajectory at this stage appears low There were six cases reported in June at NBT, with 20 cases year to date, remaining below threshold. At UHBW, June saw 13 cases of Clostridium difficile the breakdown is nine Hospital Onset Hospital Acquired (HOHA) and four Community Onset Hospital Acquired (COHA), year to date currently is at 36 cases (22 HOHA and 14 COHA). The ongoing quality improvement focus continues. At NBT June saw nine cases of HOHA and two (COHA) Year to date total of 27 cases (18 HOHA and 9 COHA). Actions are in place with divisions and review through the HCAI group which meets monthly.

At UHBW during June 2026: there have been 144 falls, which per 1000 bed days equates to 4.356, this is below the Trust target of 4.8 per 1000 bed days. There were 97 falls at the Bristol site and 47 falls at the Weston site. There were four falls with moderate physical and/or psychological harm. Divisions which have reported higher falls incidences have conducted an in-depth review of falls and falls with harm to identify themes and learning. Action plans have been developed, implemented and shared throughout the divisions and at the Dementia Delirium and Falls steering group.

During June 2026, UHBW recorded 249 medication-related incidents, one of which resulted in moderate or above harm. Following a recent MNSI investigation recommendation work is ongoing to strengthen the dissemination and uptake of MHRA Drug Safety Updates, ensuring learning is embedded into clinical practice.
During June 2026, NBT recorded 153 medication incidents involving patients; of these, four 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 three 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 VTE risk assessment (VTE RA) compliance has increased (81% against a target of 95%) since CMM implementation and enabling mandatory VTE RAs before being able to prescribe. Next step is to assess quality of the risk assessments. The provision of further teaching sessions to support prescribers in decision making is being progressed. At NBT, VTE reporting compliance has been aligned to the NHS Digital Standard for completion within 14 hours of admission. This has resulted in a reduction in achievement, with June showing 92.6% against a target of 95%. An action plan for improvement is being compiled.

At UHBW in June, 60 patients were eligible for the best practice tariff (BPT) fracture neck of femur, 30/60 patients (50%) were operated on within 36 hours of admission, 51/60 (85%) received timely ortho-geriatric assessment, resulting in 20/60 patients (33%) meeting all BPT criteria. Limitations are likely to continue impacting BPT performance unless additional geriatric support and theatre space is secured.

Patient & Carer Experience

At UHBW the complaints compliance rate increased from 49% in May to 54% in June 2026. Eight responses were returned to the Divisions for amendments which led to delays. Divisional response compliance has dropped from 73% in May to 54% in June impacting on the overall compliance rate. Divisional SPC's are going to be updated monthly and discussed in Divisional meetings, Monthly meetings will involve review of progress to close open complaints and a breakdown of breach reasons, Improvement plans will be developed for each Division.

At NBT the complaints compliance rate increased from 67% in May to 83.5% in June 2026. This is driven by improvement within ASCR and Medicine divisions. Weekly meetings continue between the Divisional Patient Experience Leads and Complaints & PALS Manager. A weekly tracker is shared with senior divisional leaders to escalate overdue complaints and support timely resolution.

NBT Maternity Friends and Family Test (FFT) positive score (% 'Very good' or 'Good') has increased from 83.7% in May to 84% in June 2026. 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 June, above the target of 10.6% triggering commentary.
- **UHBW** turnover is 11.7% in June above the target of 11.5% triggering commentary.

Vacancy Rate
- **NBT** rate is 5.1% in June, 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 3.6% in June, 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, such as information governance below target, action plans in place to address with Subject Matter Experts.
- **UHBW** – Core skills compliance at 90.6% above group target of 90%, an improvement of 0.1%. Information Governance, Moving and Handling, Oliver McGwoan and Resuscitation remain below target with on-going actions in place to address with Subject Matter Experts.

Nationally, NHS England (NHSE) continues to advance its review of statutory and mandatory training content and associated assessment requirements. Learning and Workforce Development is working closely with Subject Matter Experts to ensure awareness of, and engagement with, this national programme of work. An update meeting is scheduled for 29 July to review progress and identify any alignment activities required as part of the merger programme. Oliver McGowan Mandatory Training compliance remains a key priority, with a particular focus on strengthening divisional engagement and increasing completion rates for Level 2 training across the organisation.

Executive Summary

Finance

In Month 3, NBT delivered a £1.0m deficit position, against a deficit plan of £1.3m and is, therefore, on plan. Year to date NBT has delivered a £3.7m deficit position which is on plan.

UHBW delivered a £10.5m deficit in Month 3, against a deficit plan of £10.6m. UHBW's deficit is, therefore, is marginally ahead of plan.

Pay expenditure within NBT, when pass through items are removed, is £0.2m adverse to plan in month. This is driven by under delivery against in-year efficiencies, offset by vacancies.

Pay expenditure in UHBW is £1.9m adverse to plan in month. This is driven mainly by higher than planned substantive and bank costs during June.

The NBT cash balance as at the 30 June 2026 is £18.3m, £20.0m lower than planned due to early payment runs ahead of changing ledger systems. This is a £52.7m reduction from 31 March 2026.

The UHBW cash balance as at the 30 June 2026 is £66.7m, £16.8m higher than planned, a £6.4m decrease 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**	**Jun-26**	**65.6%**	**69.1%**	**68.2%**	?	C	**Escalation Summary**
		Southmead Hospital Operating Unit	Jun-26	57.3%	66.3%	63.8%	?	C	**Escalation Summary**
		City and Weston Hospital Operating Unit	Jun-26	70.0%	70.5%	70.5%	?	C	**Escalation Summary**
Responsive	ED % Spending Over 12 Hours in Department	**Trust**	**Jun-26**	**7.1%**	**4.1%**	**4.7%**	?	C	**Escalation Summary**
		Southmead Hospital Operating Unit	Jun-26	10.1%	8.2%	6.8%	?	C	**Escalation Summary**
		City and Weston Hospital Operating Unit	Jun-26	5.6%	2.9%	3.6%	?	C	**Escalation Summary**
Responsive	ED % Spending Over 4 Hours in Department - Paediatric	**Trust**	**Jun-26**	**89.3%**	**87.6%**	**87.0%**	P	C	**Note Performance**
		Southmead Hospital Operating Unit	Jun-26	80.9%	86.8%	87.0%	P	C	**Note Performance**
		City and Weston Hospital Operating Unit	Jun-26	89.9%	87.7%	87.0%	P	C	**Note Performance**
Responsive	ED Number Spending over 24 Hours in Department	**Trust**	**Jun-26**	**387**	**0**	**163**	F	C	**Escalation Summary**
		Southmead Hospital Operating Unit	Jun-26	193	0	84	F	C	**Escalation Summary**
		City and Weston Hospital Operating Unit	Jun-26	194	0	79	F	C	**Escalation Summary**
Responsive	Ambulance Handover Delays (under 15 minutes)	**Trust**	**Jun-26**	**33.1%**	**40.4%**	**41.5%**	Slide not required for this metric		
		Southmead Hospital Operating Unit	Jun-26	23.0%	37.0%	33.4%	F-	C	**Escalation Summary**
		City and Weston Hospital Operating Unit	Jun-26	40.9%	43.0%	47.7%	?	C	**Escalation Summary**
Responsive	Average Ambulance Handover Time	**Trust**	**Jun-26**	**24.8**	**25.6**	**20.9**	?	L	**Note Performance**
		Southmead Hospital Operating Unit	Jun-26	30.1	28.3	23.9	?	L	**Note Performance**
		City and Weston Hospital Operating Unit	Jun-26	20.7	23.7	18.5	P	L	**Note Performance**
Responsive	% Ambulance Handovers over 45 minutes	**Trust**	**Jun-26**	**11.5%**	**7.0%**	**6.3%**	?	L	**Note Performance**
		Southmead Hospital Operating Unit	Jun-26	19.9%	7.0%	10.6%	?	C	**Escalation Summary**
		City and Weston Hospital Operating Unit	Jun-26	5.0%	7.0%	2.9%	?	L	**Note Performance**
Responsive	Number of patients in corridor care in ED (Average)	**Trust**	**Jun-26**	**39**	**0**	**19**	N/A*	N/A*	**Commentary**
		Southmead Hospital Operating Unit	Jun-26	27	0	10	N/A*	N/A*	**Commentary**
		City and Weston Hospital Operating Unit	Jun-26	13	0	8	N/A*	N/A*	**Commentary**
Responsive	Number of patients in corridor care in G&A beds (Average)	**Trust**	**Jun-26**	**81**	**0**	**68**	N/A*	N/A*	**Commentary**
		Southmead Hospital Operating Unit	Jun-26	49	0	40	N/A*	N/A*	**Commentary**
		City and Weston Hospital Operating Unit	Jun-26	32	0	27	N/A*	N/A*	**Commentary**
Responsive	Number of patients in G&A Escalation Beds (Average)	**Trust**	**Jun-26**	**86**	**0**	**56**	N/A*	N/A*	**Commentary**
		Southmead Hospital Operating Unit	Jun-26	36	0	26	N/A*	N/A*	**Commentary**
		City and Weston Hospital Operating Unit	Jun-26	50	0	29	N/A*	N/A*	**Commentary**
Responsive	No Criteria to Reside	**Trust**	**Jun-26**	**22.6%**	**20.9%**	**21.4%**	?	C	**Escalation Summary**
		Southmead Hospital Operating Unit	Jun-26	22.8%	22.0%	21.8%	?	L	**Note Performance**
		City and Weston Hospital Operating Unit	Jun-26	22.3%	19.7%	21.0%	?	C	**Escalation Summary**

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

Responsiveness

Scorecard page 2

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**	**Jun-26**	**0.5%**	**0.5%**	**0.5%**	?	C	**Escalation Summary**
		Southmead Hospital Operating Unit	Jun-26	0.1%	0.1%	0.1%	P	L	**Note Performance**
		City and Weston Hospital Operating Unit	Jun-26	0.9%	0.9%	0.8%	P	C	**Note Performance**
Responsive	RTT Ongoing Pathways Under 18 Weeks	**Trust**	**Jun-26**	**70.1%**	**71.3%**	**69.8%**	F-	H	**Escalation Summary**
		Southmead Hospital Operating Unit	Jun-26	71.6%	74.2%	71.3%	F-	H	**Escalation Summary**
		City and Weston Hospital Operating Unit	Jun-26	68.9%	68.9%	68.6%	F-	H	**Escalation Summary**
Responsive	Referral To Treatment Number of Ongoing Pathways	**Trust**	**Jun-26**	**92636**	**88222**	**91168**	N/A*	N/A*	**Commentary**
		Southmead Hospital Operating Unit	Jun-26	42031	39824	41187	N/A*	N/A*	**Commentary**
		City and Weston Hospital Operating Unit	Jun-26	50605	48398	49981	N/A*	N/A*	**Commentary**
Responsive	Diagnostics % Over 6 Weeks	**Trust**	**Jun-26**	**6.0%**	**2.9%**	**5.3%**	F-	L	**Escalation Summary**
		Southmead Hospital Operating Unit	Jun-26	1.7%	0.0%	1.0%	?	C	**Escalation Summary**
		City and Weston Hospital Operating Unit	Jun-26	9.5%	4.5%	8.9%	F-	L	**Escalation Summary**
Responsive	Cancer 28 Day Faster Diagnosis	**Trust**	**May-26**	**80.2%**	**80.1%**	**81.4%**	?	C	**Escalation Summary**
		Southmead Hospital Operating Unit	May-26	82.2%	80.2%	83.2%	?	C	**Escalation Summary**
		City and Weston Hospital Operating Unit	May-26	77.3%	80.0%	78.7%	?	C	**Escalation Summary**
Responsive	Cancer 31 Day Decision-To-Treat to Start of Treatment	**Trust**	**May-26**	**94.6%**	**94.0%**	**91.3%**	?	C	**Escalation Summary**
		Southmead Hospital Operating Unit	May-26	90.4%	90.7%	86.5%	F	C	**Escalation Summary**
		City and Weston Hospital Operating Unit	May-26	96.8%	96.0%	94.0%	?	C	**Escalation Summary**
Responsive	Cancer 62 Day Referral to Treatment	**Trust**	**May-26**	**72.0%**	**70.4%**	**70.1%**	?	C	**Escalation Summary**
		Southmead Hospital Operating Unit	May-26	71.6%	67.6%	65.9%	?	C	**Escalation Summary**
		City and Weston Hospital Operating Unit	May-26	72.6%	75.0%	76.5%	?	C	**Escalation Summary**
Responsive	Last Minute Cancelled Operations	**Trust**	**Jun-26**	**1.2%**	No Target	**1.3%**	N/A	C	**Commentary**
		Southmead Hospital Operating Unit	Jun-26	0.8%	0.8%	0.6%	P	C	**Note Performance**
		City and Weston Hospital Operating Unit	Jun-26	1.6%	1.5%	1.8%	F	C	**Escalation Summary**
Responsive	% to Stroke Unit within 4 Hours	**Trust (Southmead Hospital Operating Unit)**	**May-26**	**70.7%**	**90.0%**	**63.0%**	F-	H	**Escalation Summary**
Responsive	Stroke Thrombolysis within 1 hour	**Trust (Southmead Hospital Operating Unit)**	**May-26**	**75.0%**	**60.0%**	**35.7%**	?	C	**Escalation Summary**
Responsive	90% Time in Stroke Unit Performance validated	**Trust (Southmead Hospital Operating Unit)**	**May-26**	**78.3%**	**90.0%**	**73.5%**	F-	C	**Escalation Summary**
Responsive	% Seen within 14 Hours by a Stroke Consultant - Validated	**Trust (Southmead Hospital Operating Unit)**	**May-26**	**81.8%**	**90.0%**	**93.8%**	?	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

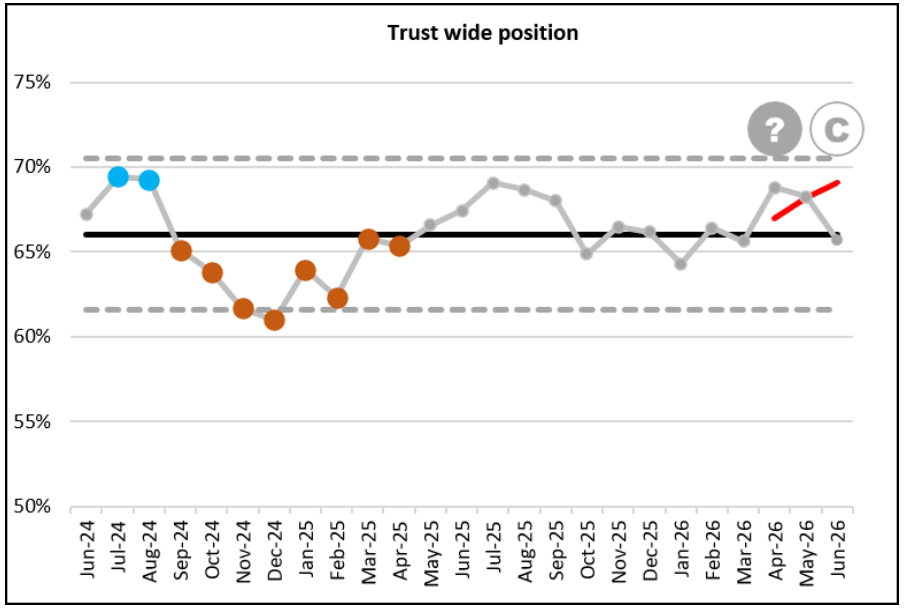
Latest Month
Jun-26

Performance
65.6%

Target
69.1%

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

Performance - Previous
68.2%

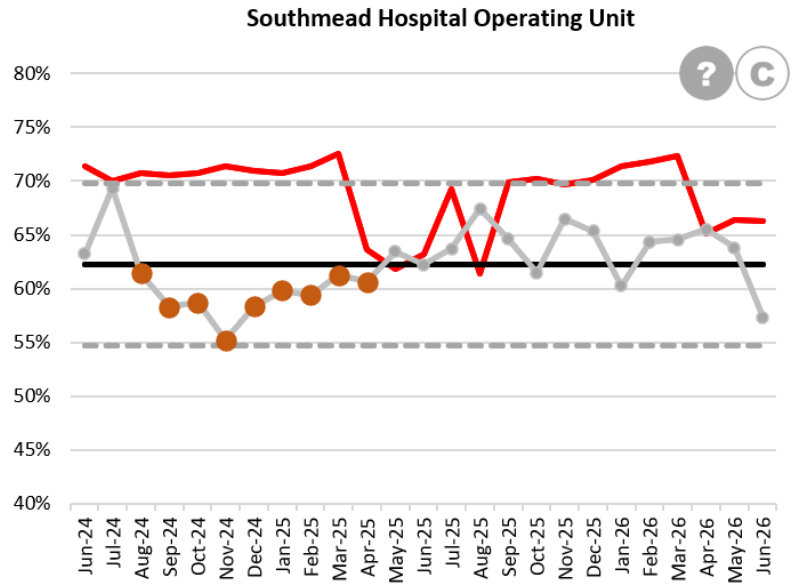


What does the data tell us?
The percentage of patients spending under 4 hours in ED for June performed under target at 65.6%.

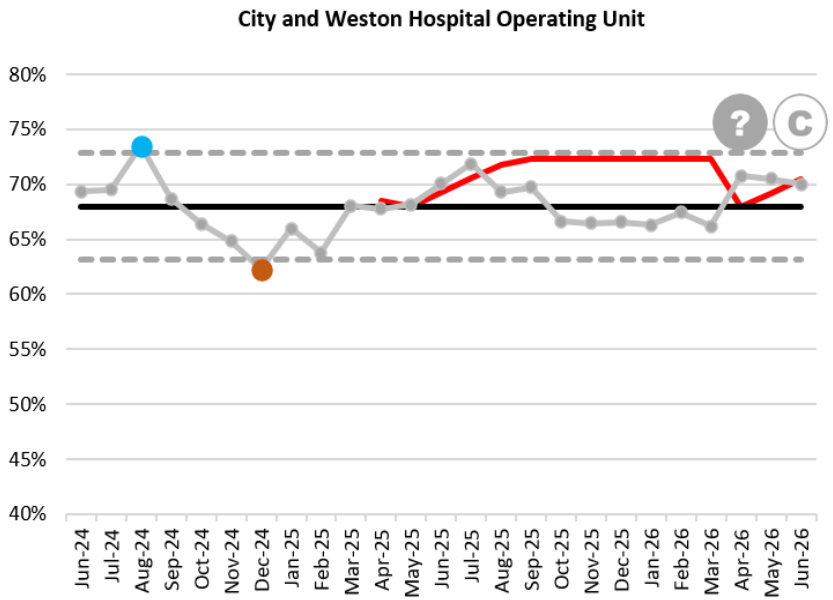
Actions being taken to improve

- 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 (COS), 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. Will become part of refreshed system Minors Programme – proposal under development.
- BNSSG Mental Health ED being developed as a partnership between liaison psychiatry and AWP and will reduce ED attendances for people in crisis. Business case being worked up, estates changes estimated to be ready by mid next year.

Impact on forecast
July is tracking at 66.1% against target of 72.5% (as at the 19th July). All ED sites have been seeing high attendances in July as well as continuing high levels of NCTR.



June performance was challenged due to high attendances associated with the heatwave, including a record day of 412 (c 30% higher than average).
Improvement schemes continue:
1) ED minors move (target date Nov-26) with a four-hour delivery target of 95%.
2) Extended emergency medicine ambulatory care (EEMAC) implementation
3) Southmead's revised COS are being launched in July.
4) Discovery work on digital check-in and streaming and redirection capability has just commenced.



June four-hour performance was broadly maintained. The month included periods of increased demand during the heatwave. Performance improved at BRHC and BEH, but deteriorated at BRI and Weston, reflecting continued pressure across the adult admitted pathway.
Improvement schemes:
•Additional staffing for Surgical SDEC expected to become operational from September.
•Whole-hospital review of quality standards continues; Inter-Professional Standards, reducing delays in specialty review and improving outward flow from ED.

Responsiveness

ED Percentage Spending over 12 Hours in Department

NHS Bristol NHS Group
Bristol | Weston

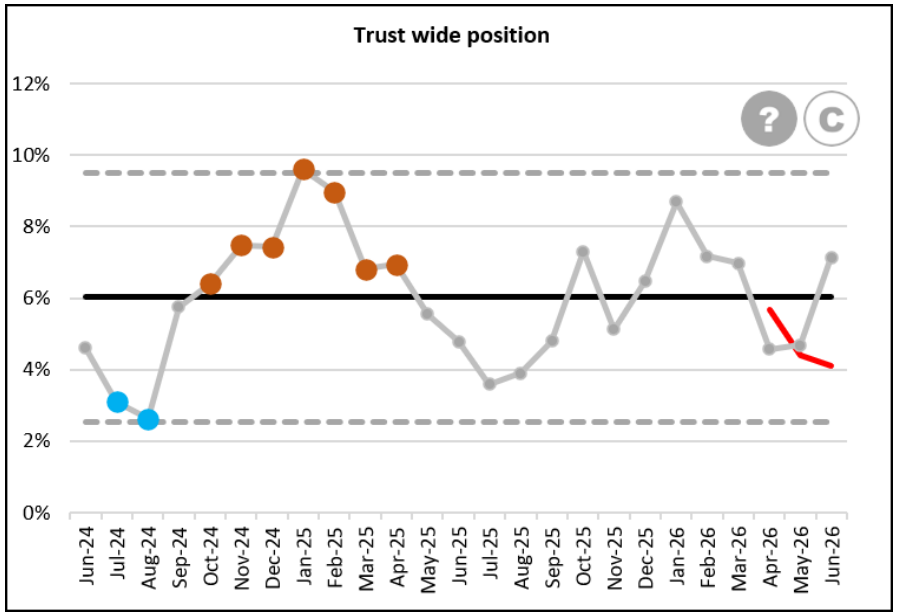
Latest Month
Jun-26

Performance
7.1%

Target
4.1%

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

Performance - Previous
4.7%



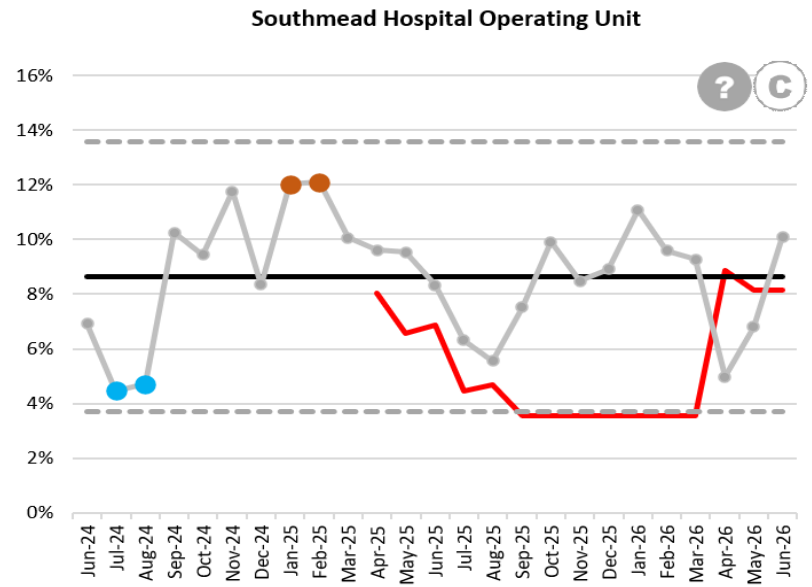
What does the data tell us?
The percentage of patients spending over 12 hours in ED for June deteriorated to 7.1% (4.6% May) and was behind the target of 4.1%

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:

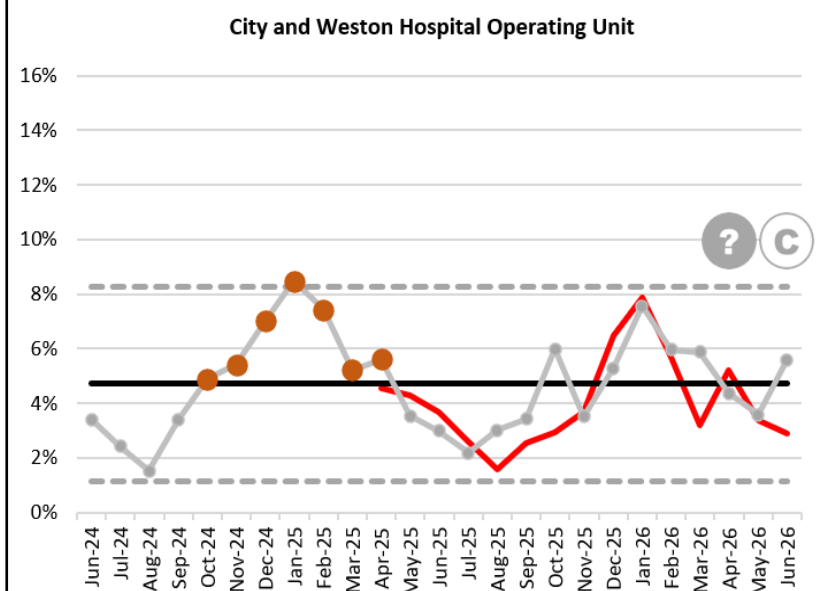
- BNSSG care co-ordination approach – programme starts in September, with pre work focussed on understanding capacity challenges / opportunities across NHS@Home (current occupancy c55% v 80% target) Urgent Community Response and Insulin Management.

Impact on forecast
July is tracking at 5.6% against a plan of 3.6% (as at 19th July).



12-hour performance deteriorated during June due to return to high NCTR and resulting ED exit block.
LOS improvement work:

1) Increasing medical specialty discharges by 1-2 per specialty every weekend. Weekend discharges were the highest ever during June.
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.
4) Every Minute Matters flow improvements, including the highest discharges via discharge lounge ever in June.



12-hour performance deteriorated in June, increasing from 3.6% to 5.6%. There were 498 twelve-hour trolley waits, up from 286 in May, with most occurring at BRI and Weston and linked to pressure on admitted medicine flow.

Actions include monitoring Inter-Professional Standards to reduce delays in specialty assessment, strengthening escalation for patients approaching 12 hours, improving inpatient bed turnaround and maintaining focus on earlier discharge planning through Every Minute Matters. Expanded Surgical SDEC capacity is expected to support improvement from September.

Responsiveness

ED percentage spending under 4 hours in department - Paediatric

NHS Bristol NHS Group
Bristol | Weston

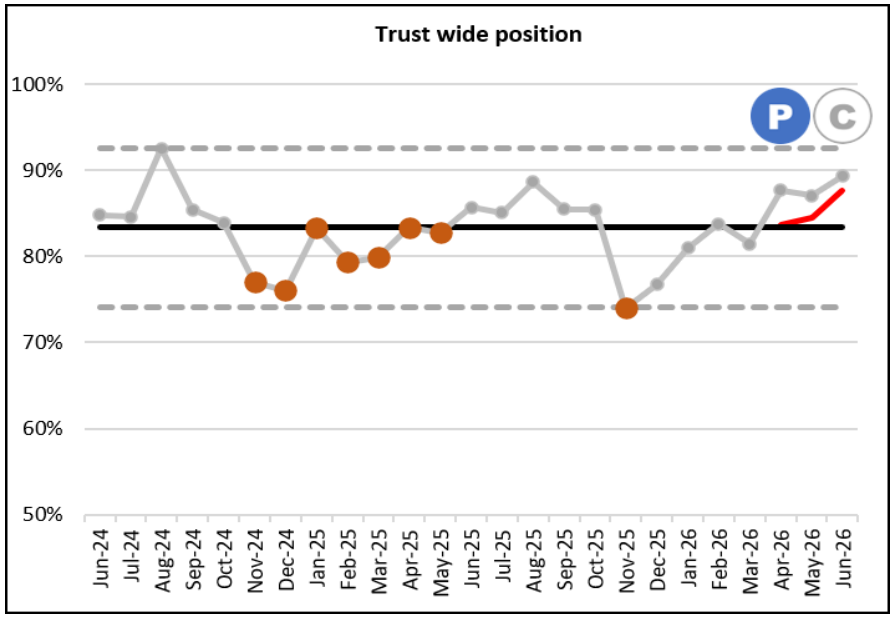
Latest Month
Jun-26

Performance
89.3%

Target
87.6%

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

Performance - Previous
87.0%



What does the data tell us?
4-hour performance for June 2026 was 89.02%, remaining above target.

Actions being taken to improve
Streaming has gone live and will be embedded as BAU; the impact on 4-hour position will be reviewed and assessed in due course.

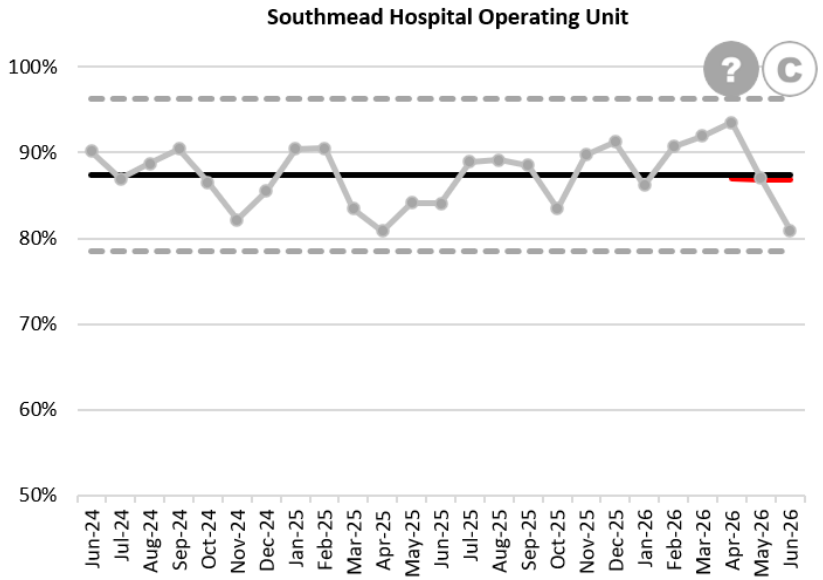
A3 project to be launched with Diagnostics and Therapies division focussing on laboratory turnaround times

Surgical teams to accept speciality referrals via CareFlow. WiFi walkaround being arranged to ensure referrals will be supported using WiFi in BRHC, with WiFi phones being trialled.

Ongoing work with Continuous Improvement Team regarding Children's ED to Caterpillar ward admission pathway. Data to be reviewed in relation to 'downtime' and turnaround of beds to identify quick wins for timely transfer.

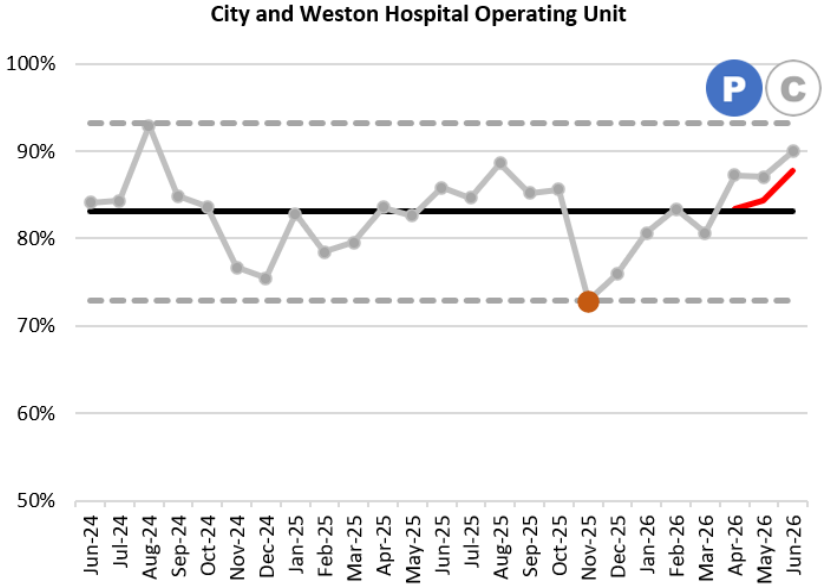
Funding approved for implementation of Extended Emergency Medicine Ambulatory Care (EEMAC) in January 2027. This includes additional medical staffing, and 24/7 patient flow coordinator cover to validate patients in real time.

Impact on forecast
Forecast for July is c. 88.5%.



ED four-hour performance for paediatric patients deteriorated in June. This is associated with the overall challenge in minors' performance at Southmead driven by very high attendances and the resulting deterioration in wait to be seen times.

Improvement actions are detailed in the section for ED 4-hour performance above.



Paediatric four-hour performance improved in June to 89.9%, remaining above target.

Streaming is now live and being embedded, alongside work to improve laboratory turnaround times, introduce CareFlow specialty referrals and streamline transfers from Children's ED to Caterpillar ward. The impact of these changes will continue to be monitored.

Responsiveness

ED Number Spending over 24 Hours in Department

NHS Bristol NHS Group
Bristol | Weston

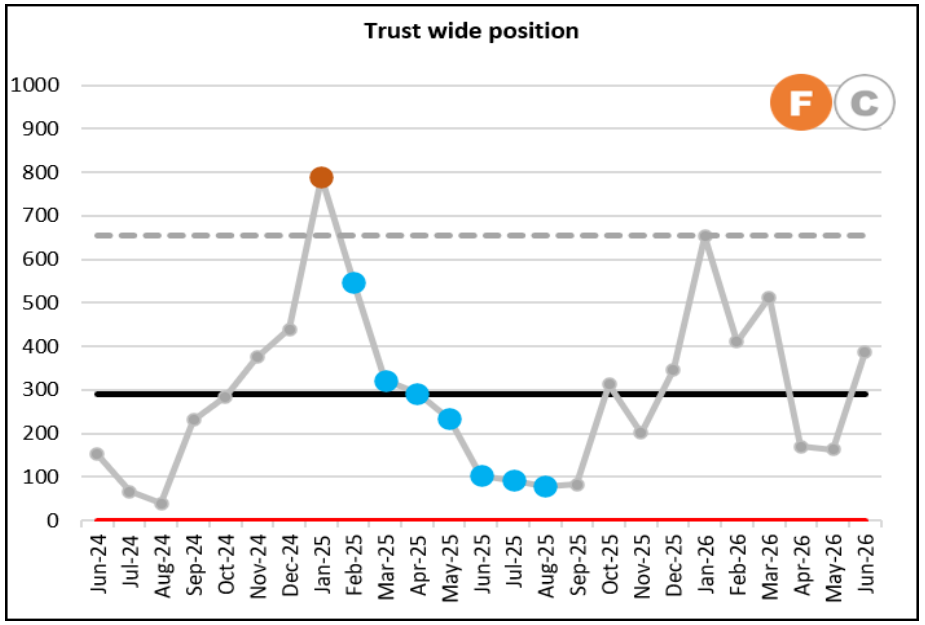
Latest Month
Jun-26

Performance
387

Target
0

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

Performance - Previous
163

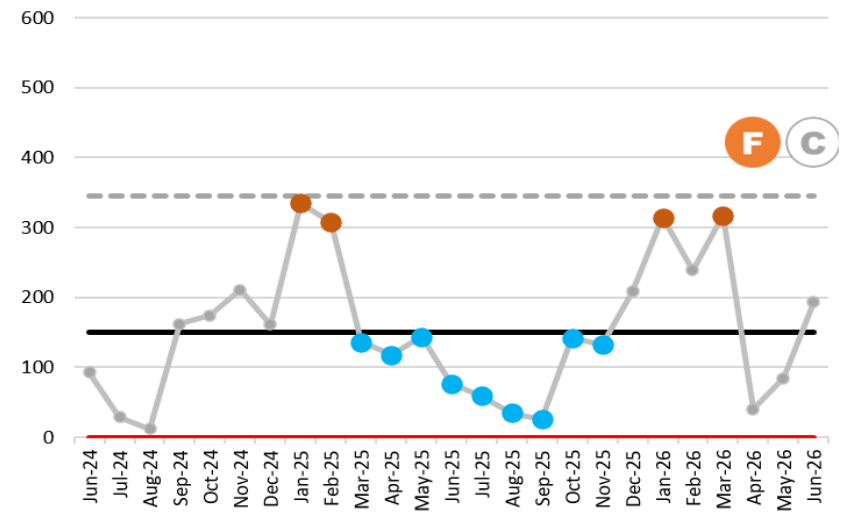


What does the data tell us?
The number of patients spending over 24 hours in ED increased to 387 during June.

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.
- BNSSG Mental Health ED being developed as a partnership between liaison psychiatry and AWP and will reduce ED attendances for people in crisis. Business case being worked up, estates changes estimated to be ready by mid next year.

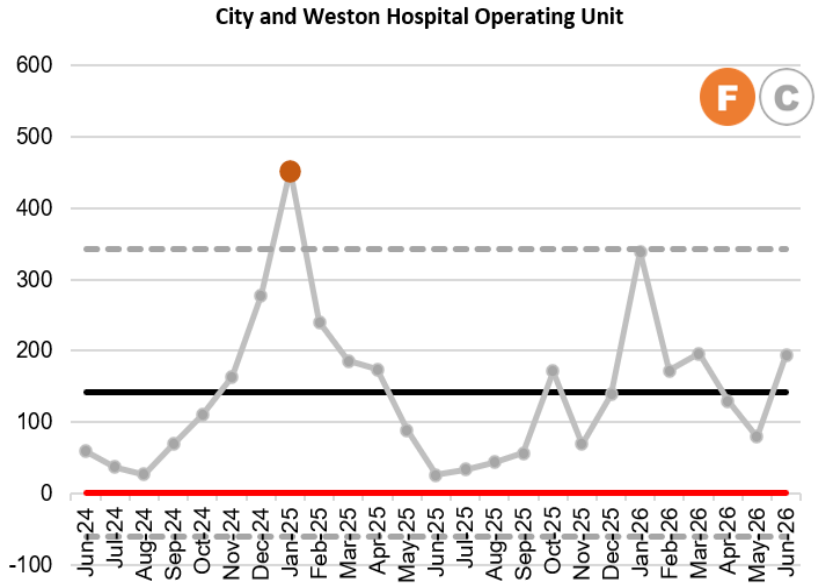
Impact on forecast
The average number of patients spending over 24 hours in ED for July is lower than the previous month (as at 19th July).



Southmead's flow, surge and escalation policy has been reviewed and includes a "red line" approach to 24 hours in ED with escalation actions to support decompression of long waits.

Capital expansion of the surgical SDEC space will be operational from September.

Other actions linked to NCTR will also support long waits which are generally associated with medical bed demand.



24 hour waits increased from 79 in May to 194 in June, reflecting continued pressure on adult admitted flow and inpatient capacity at BRI and Weston.

Actions include improved ED grip meetings to identify patients approaching long waits, strengthened leadership and flow escalation, and renewed focus on the medicine admitted pathway and bed turnaround. Additional Surgical SDEC staffing is expected to support improvement from September.

Responsiveness

Percentage Ambulance Handovers over 45 minutes

NHS Bristol NHS Group
Bristol | Weston

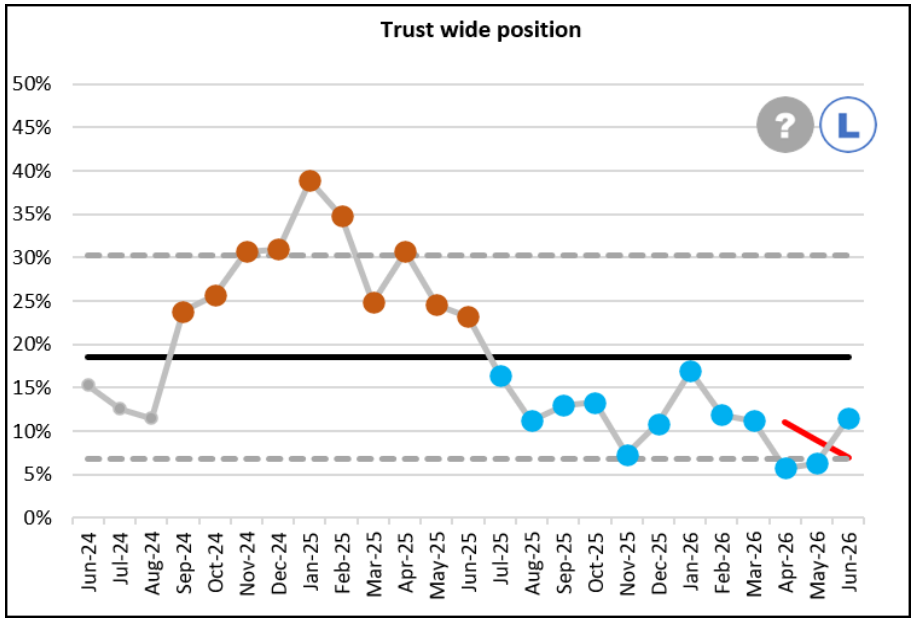
Latest Month
Jun-26

Performance
11.5%

Target
7.0%

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

Performance - Previous Month
6.3%

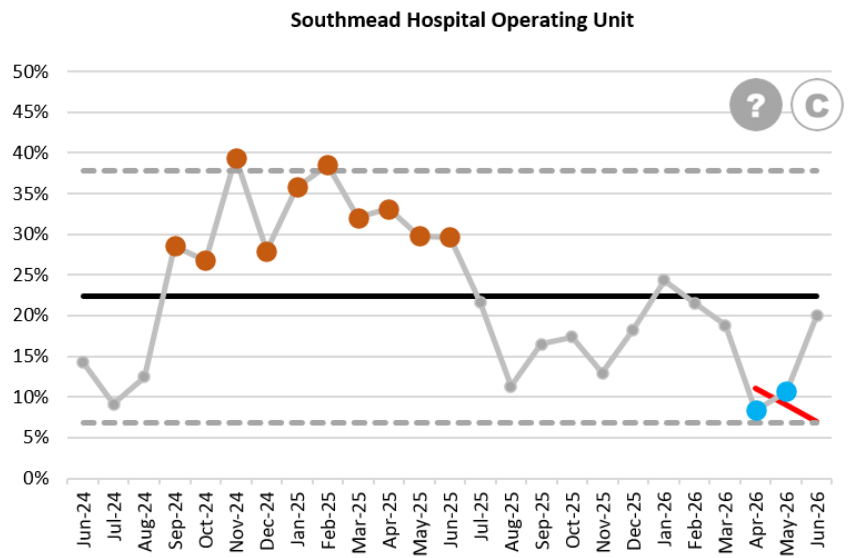


What does the data tell us?
The percentage of ambulance handovers over 45 minutes increased to 11.5% for June against the target of 7.0%.

Actions being taken to improve

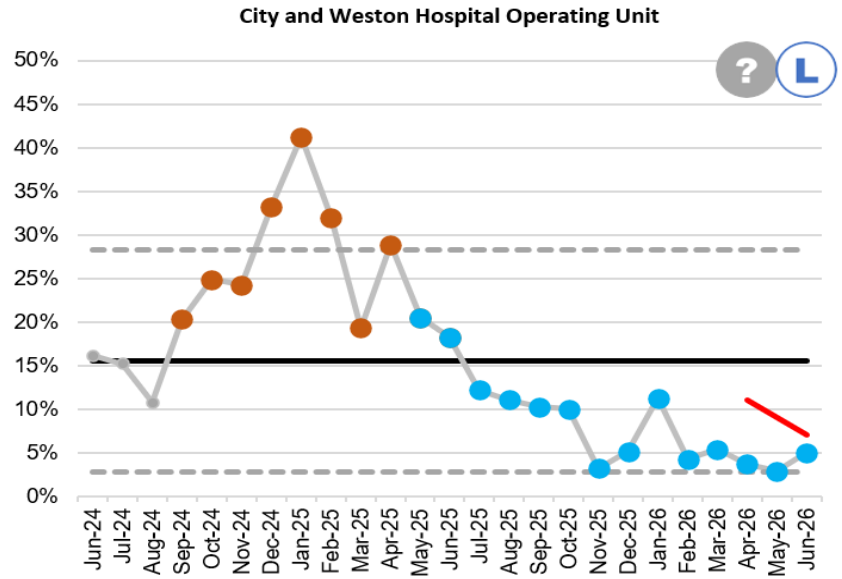
- BNSSG level work on system care co-ordination will formally commence in September and will include a call-before-convey approach for paramedics.
- Expansion to the CEMS service will result in reduced ambulance conveyances throughout the year as this is implemented.

Impact on forecast
July performance is tracking at 9.6% against a target of 6.0% (as at 19th July).



The percentage of handovers over 45 minutes deteriorated during June which was impacted by high ambulance demand and high ED attendances / crowding.

Site visits are being organised for the clinical and operational team to visit other emergency departments to scope improvement ideas which may be applicable at Southmead.



Handovers over 45 minutes increased slightly in June but remained low at approximately 5%, below the long-term mean and below the June threshold target.

Actions focus on improving flow through and out of ED, embedding Inter-Professional Standards, strengthening redirection and escalation processes, and developing Specialty Expected Locations.

Expansion of CEMS from August is expected to further reduce ambulance conveyances.

Responsiveness

Number of patients in corridor care in ED

NHS Bristol NHS Group
Bristol | Weston

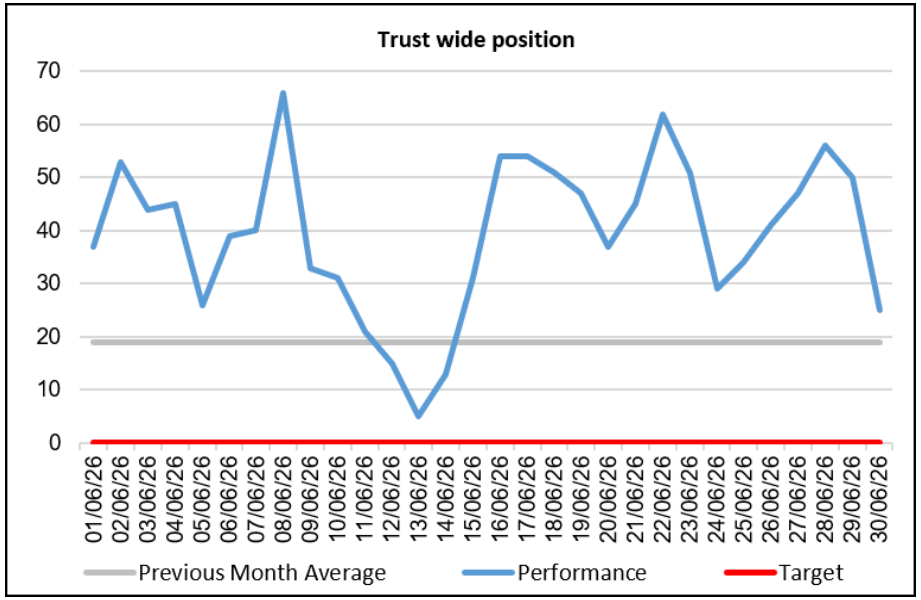
Latest Month
Jun-26

Target
0

Latest Month's Position (average)
39

Trust Level / Corporate Risk
Risk 1940 - Score 20
Risk 2233 - Score 15
Risk 2614 - Score 15

Previous Month's Position
19

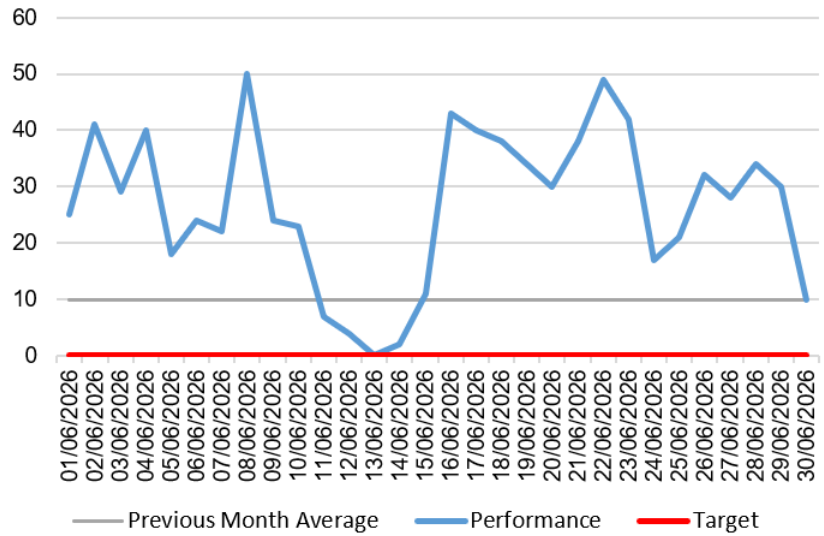


NHS England considers the delivery of corridor care in departments or wards experiencing patient crowding to be unacceptable and should never be considered standard. Patients should only be placed in corridors in extremis and for the shortest possible duration, to ensure the time patients are cared for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

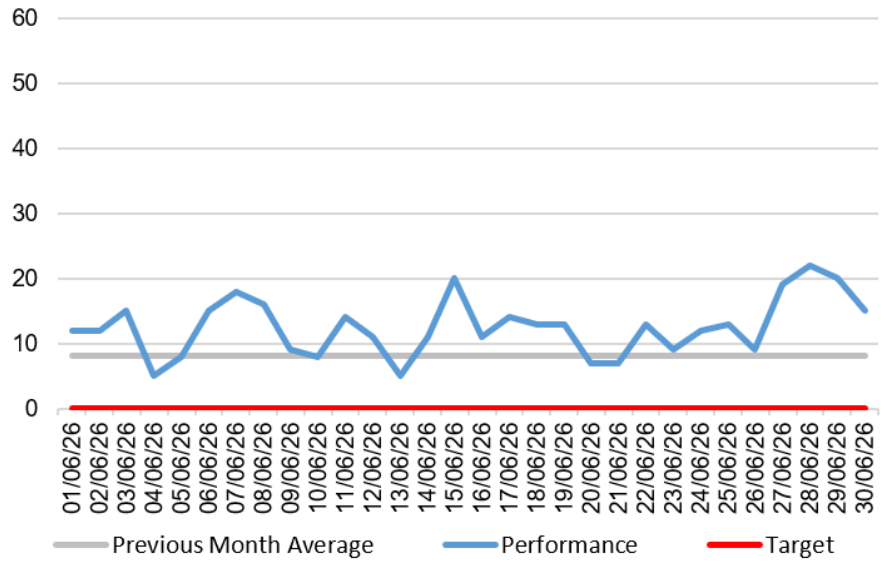
- Improved reporting and monitoring of ED corridor care across both Hospital Operating Units (HOU) supporting greater governance. Scale of opportunity being further defined as corridor care and COS work progresses.
- BNSSG UEC ODG work on system care co-ordination – programme team starts in September



During June, an average of 27 patients were in an ED corridor care space each day, higher than the previous month.

Southmead's GIRFT improvement plan focus for July is on Single Point of Access (SPoA):

- Baseline assessment of capacity opportunities in UCR, virtual wards and insulin administration.
- Project team writing bid for Booking and Referral Standard (BaRS) funding – an interoperability function which smooths referral between services and enables digital booking.



During June, an average of 13 patients per day received care in an ED corridor space, compared with 8 in May, reflecting increased crowding and pressure on admitted flow.

Actions include developing an internal monitoring dashboard, strengthening oversight through HOU operational meetings and embedding the corridor care action plan. The position is expected to remain challenged until wider flow and inpatient capacity improve.

Responsiveness

Number of patients in corridor care in G&A beds

NHS Bristol NHS Group
Bristol | Weston

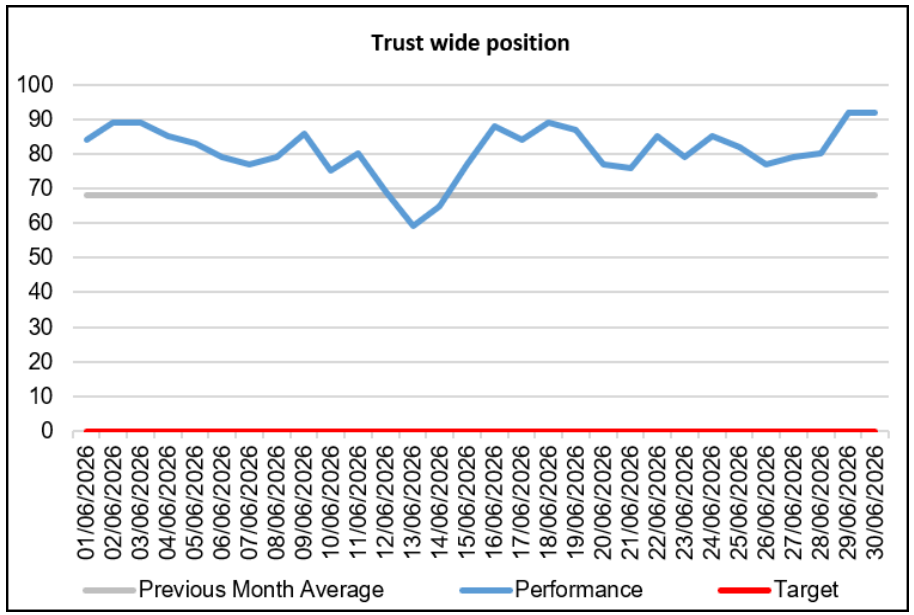
Latest Month
Jun-26

Target
0

Latest Month's Position (average)
81

Trust Level / Corporate Risk
Risk 1940 - Score 20
Risk 2233 - Score 15
Risk 2614 - Score 15

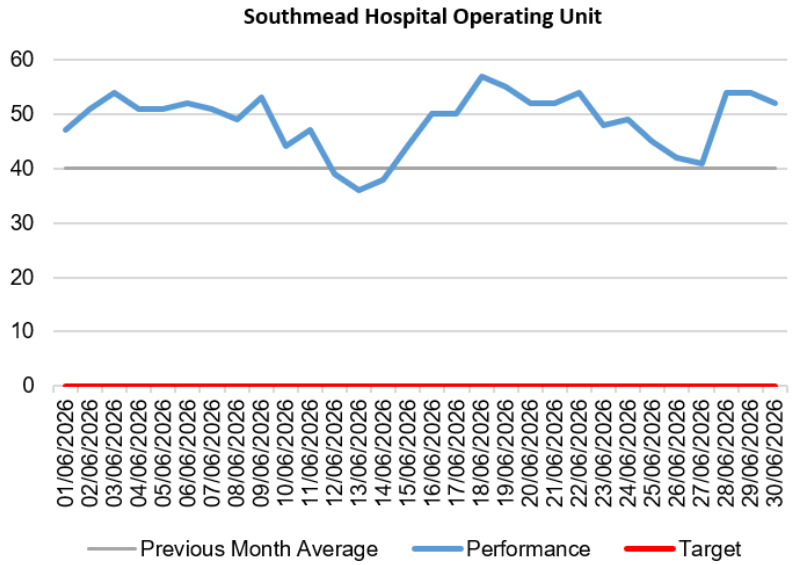
Previous Month's Position
68



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.

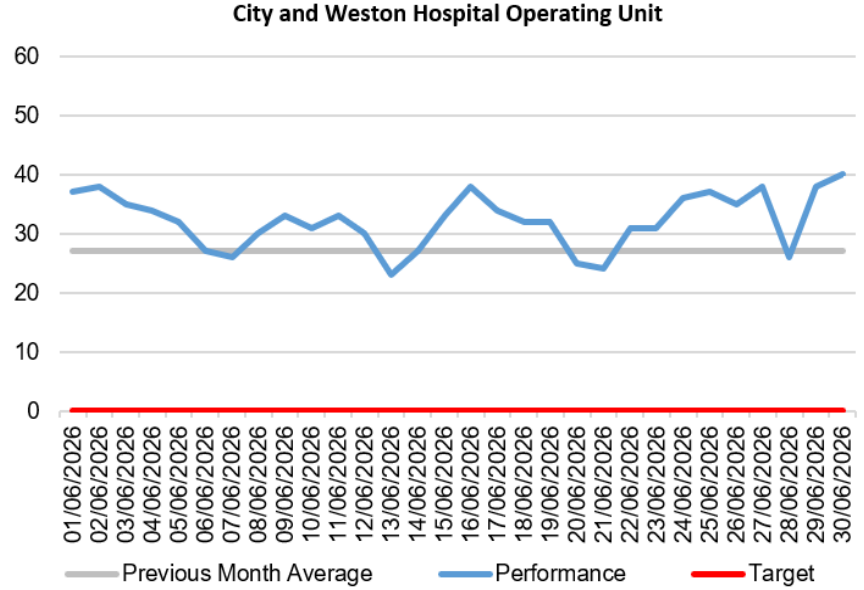
What does the data tell us?
Robust data recording established from 1 April 2026, in line with new national reporting requirements. This included refreshing data using new corridor care definitions (as opposed to previous terminology of temporary escalation areas). Both Campuses use additional bed spaces 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 June, an average of 49 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 June, an average of 32 patients were in a G&A bed corridor care space each day, compared to May (27).

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

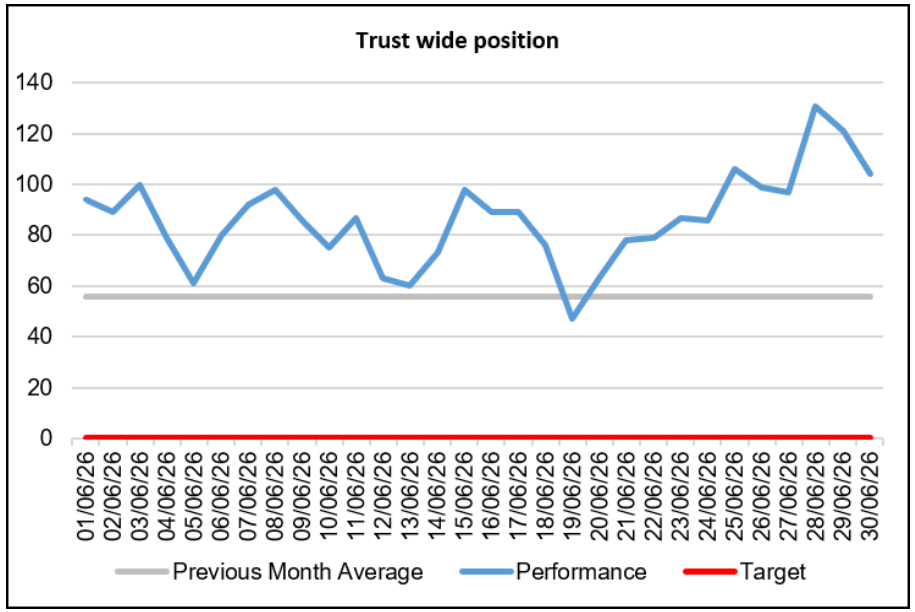
Latest Month
Jun-26

Target
0

Latest Month's Position (average)
86

Corporate Risk
Risk 1940 - Score 20
Risk 2233 - Score 15
Risk 2614 - Score 15

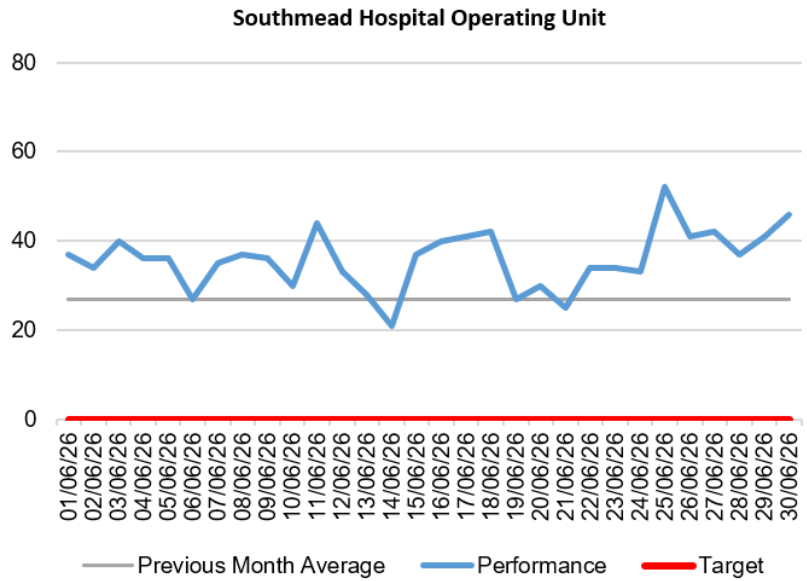
Previous Month's Position
56



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.

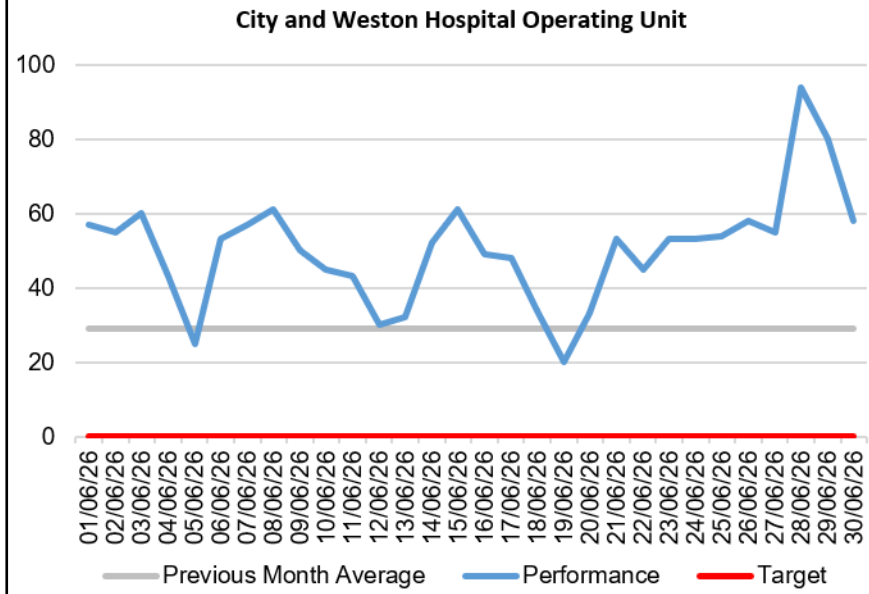
What does the data tell us?
During June, the daily average number of patients in a general and acute escalation space was 86, an increase from the average of 56 in May.

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 36 admitted patients being cared for in escalation beds for the month of June.

Ward occupancy assessment completed for Brunel wards, including input by fire, health & safety, clinical and operational teams, going to HMT w/c 13 July.



There were an average of 50 admitted patients being cared for each day in an escalation bed during June (29 in May).

Responsiveness

Percentage of Inpatients with No Criteria to Reside

NHS Bristol NHS Group
Bristol | Weston

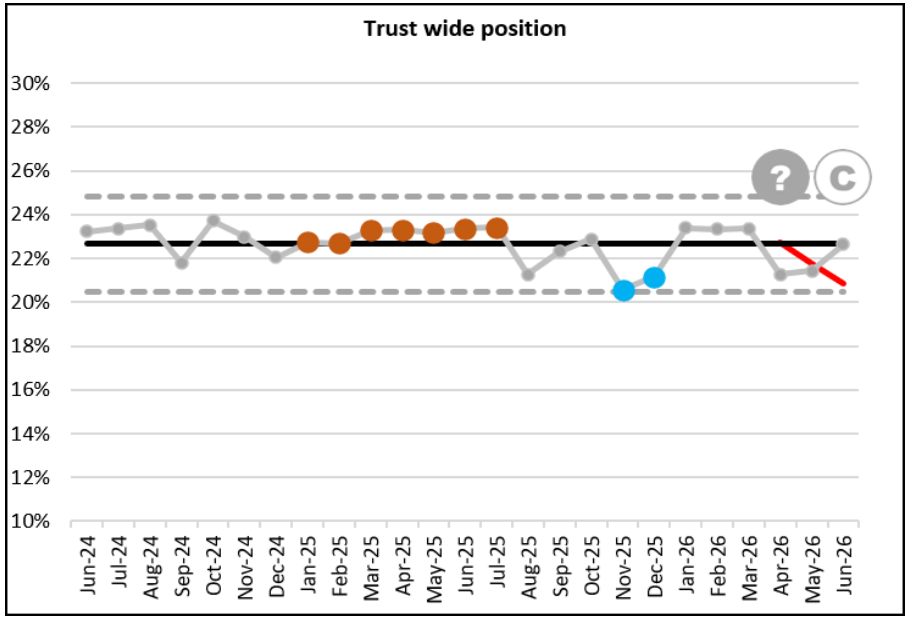
Latest Month
Jun-26

Performance
22.6%

Target
20.9%

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

Performance - Previous
21.4%

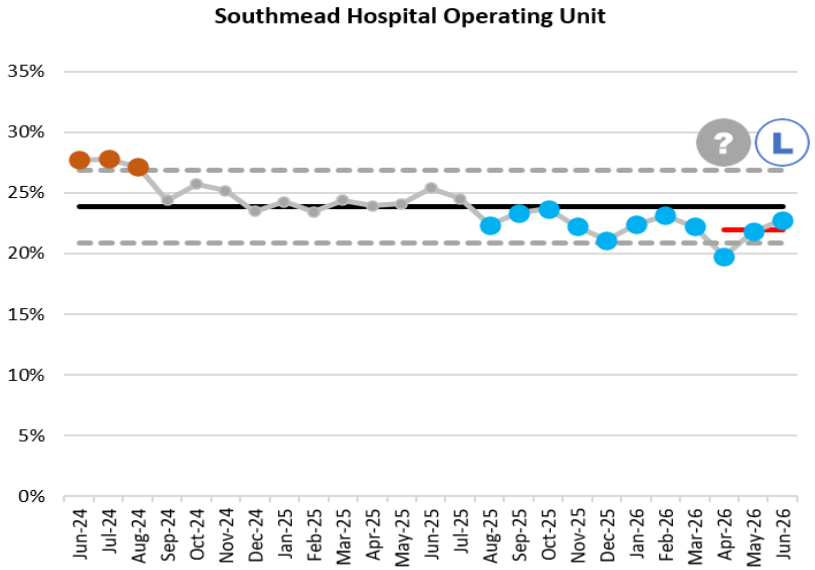


What does the data tell us?
The percentage of patients with no criteria to reside was greater than plan for June, with position of 22.6% against target of 20.9%.

Actions being taken to improve

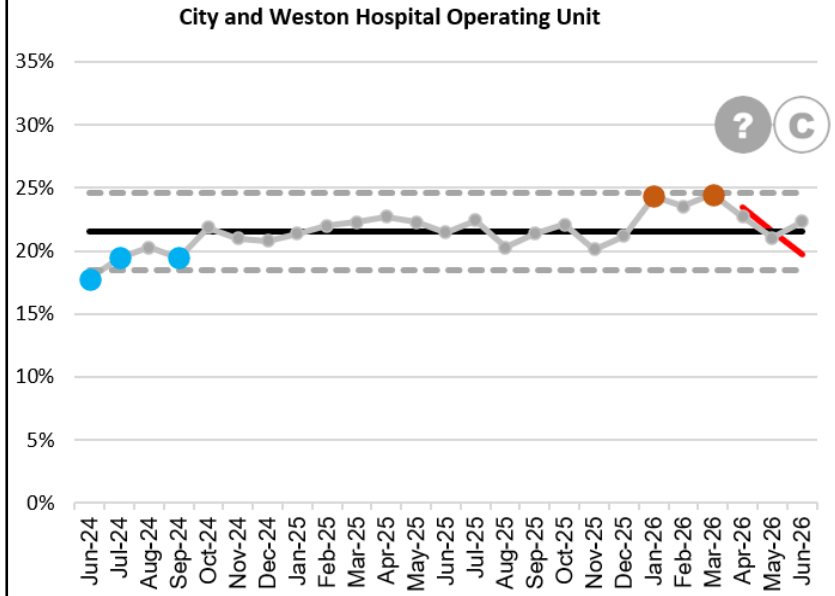
- BNSSG Intermediate Care & Prevention Programme working across five workstreams to improve admission avoidance and discharge facilitation services.
- The Burren business case for 36 additional intermediate care beds goes to SEG w/c 13 July for approval.
- Elgar business case being developed and aligned to Burren business case – taken together the two schemes provide strategic opportunity to reduce NCTR backlogs (Burren) and sustain longer term super-spell reduction and improved patient outcomes (Elgar)

Impact on forecast
July is tracking to deliver a slightly higher NCTR percentage than June and is notably adverse to trajectory. This is having a negative impact on the full range of UEC metrics.



There are four main areas of focus:

1) Burren business case – for decision in July, if supported first admissions early September.
2) Transfer of Care Hub review – a look back and look forward review. Main opportunity is the moving of resource into the community.
3) Elgar business case
4) Supporting the Intermediate Care programme – including development of a business case for a pilot using hospice beds as emergency admission avoidance for EOL patients from ED / pre-hospital.



Areas of focus:

Work with partner organisations to reduce >21 day NCTR length of stay, resulting in 53 fewer bed days.

Improvement in internal delays resulting in reduction in length of stay. Will continue to drive this initiative to support improvements for the rest of the year.

Early Supported Discharge programme resulted in saving 272 bed days and will continue with this initiative for the rest of the year.

Responsiveness

Referral To Treatment Ongoing Pathways Under 18 Weeks

NHS Bristol NHS Group
Bristol | Weston

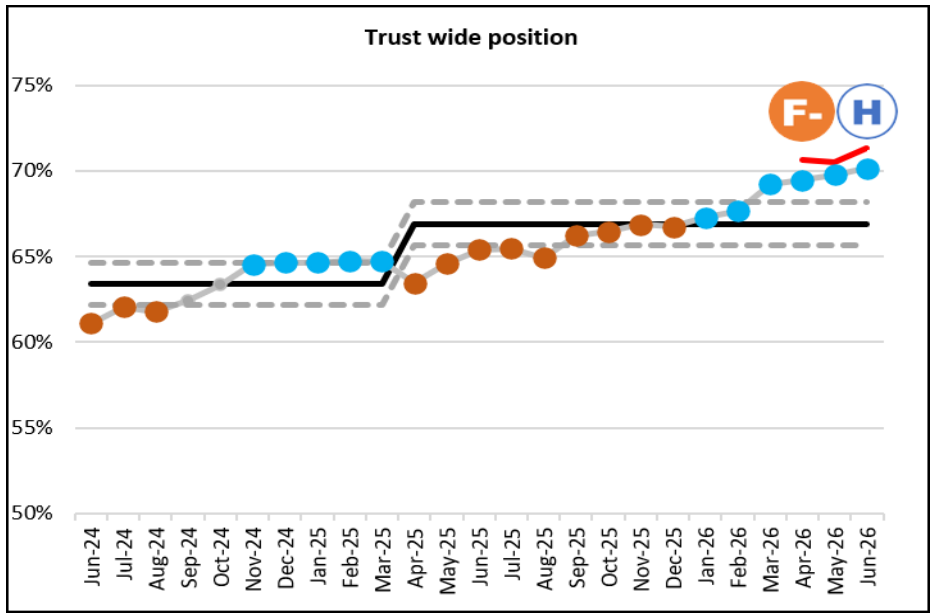
Latest Month
Jun-26

Performance
70.1%

Target
71.3%

Trust Level / Corporate Risk
Risk 801 - Score 12

Performance - Previous
69.8%

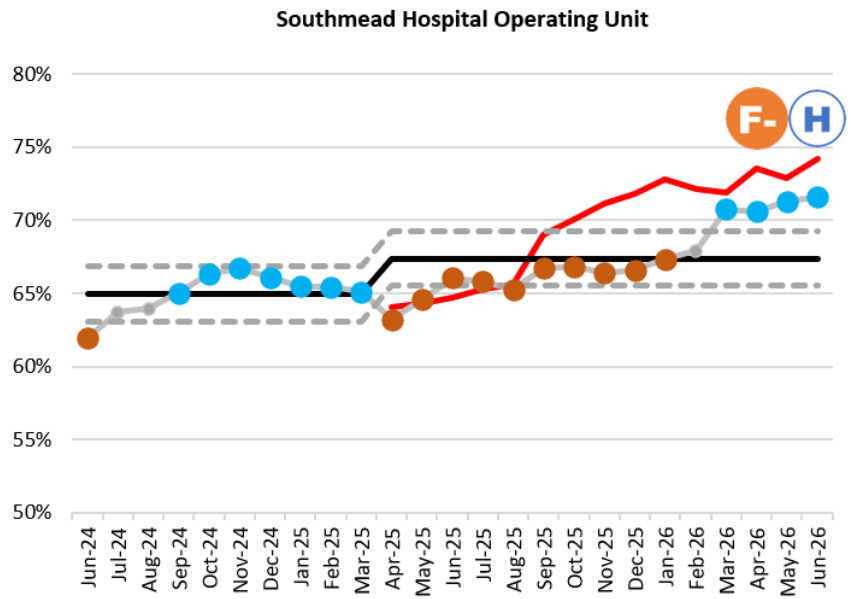


What does the data tell us?
The Group has been trending upwards in its delivery of RTT performance, however, was below trajectory for June.

Actions being taken to improve

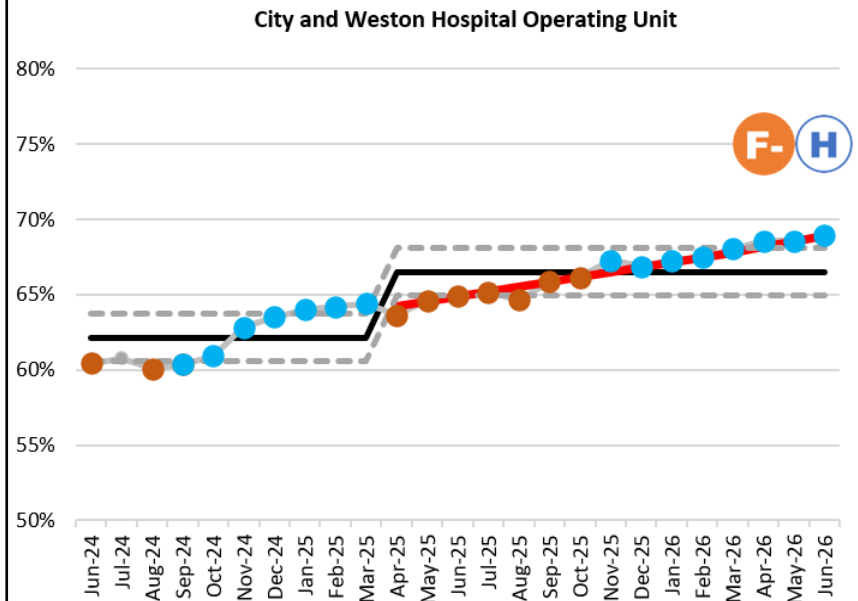
- 2026/27 delivery plans developed with clinical divisions, incorporate additional resource for some of the services requiring greater support to recover their position.
- Both Campuses are utilising DrDoctor for additional patient contacts, identifying whether patients no longer require to be seen (self-limiting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

Planned care GIRFT Board work-stream focused on improving capacity and efficiency in the Admitted schemes. Focusing on theatre productivity and maximising case delivery for patients >18 weeks.



The position at end of June achieved the trajectory target, reporting 68.92% against the target of 68.92%

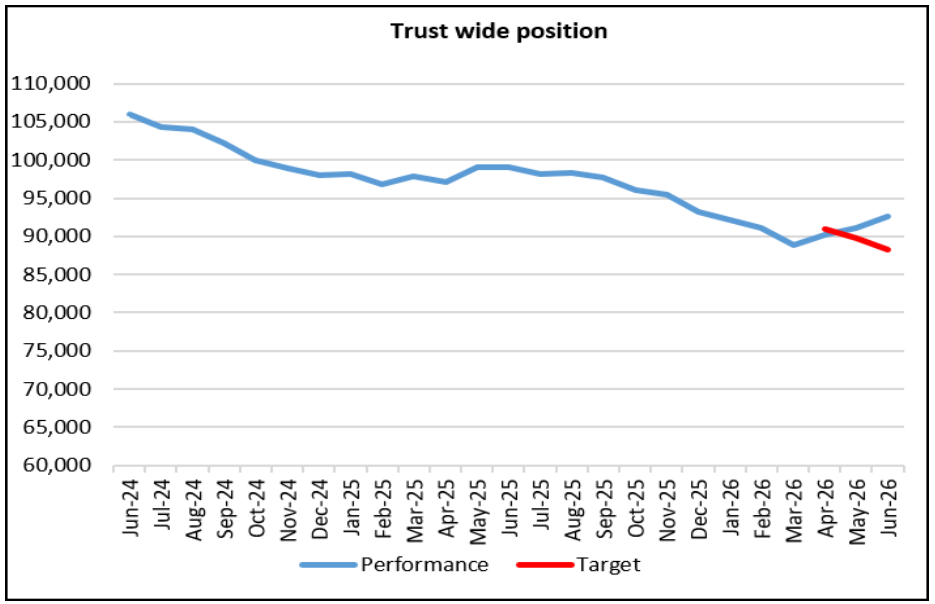
Specialty-level wait to first targets are in place to support the tracking of reducing the waiting time for first appointment. This added focus will support patients' diagnosis earlier in the pathway.

Responsiveness

Referral To Treatment Number of Ongoing Pathways

NHS Bristol NHS Group
Bristol | Weston

Latest Month
Jun-26
Performance
92636
Target
88222
Trust Level / Corporate Risk
Risk 801 - Score 12
Performance - Previous
91168



What does the data tell us?

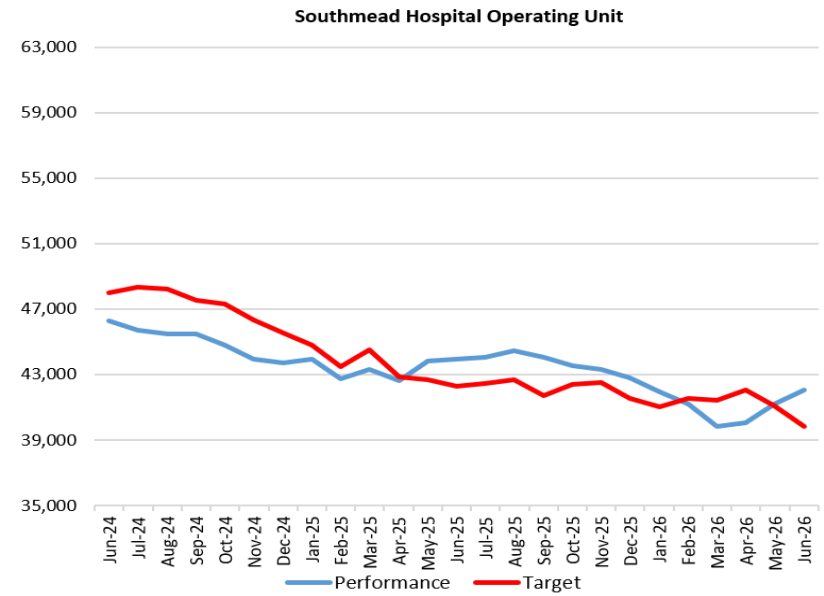
The Group has now been experiencing an increase in wait-list size which has also been observed in Trusts across the South West region.

Actions being taken to improve

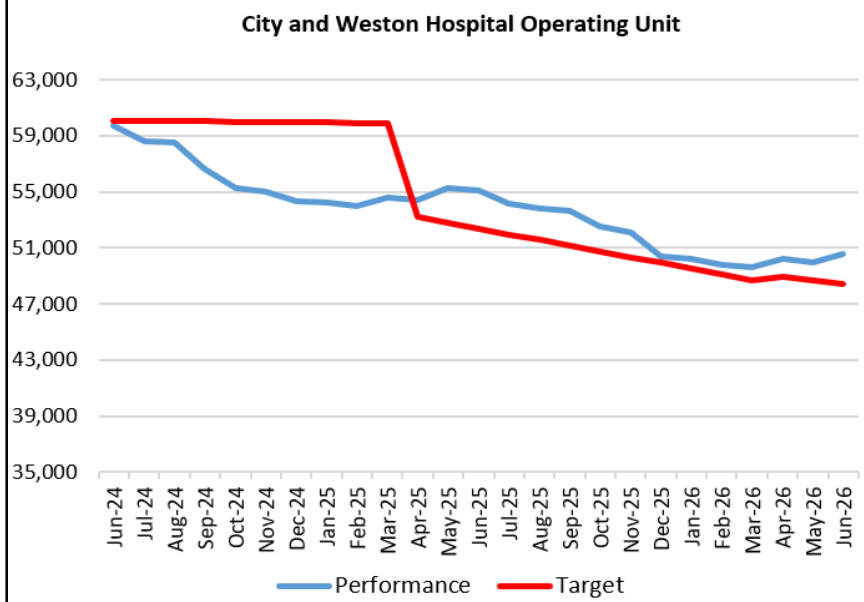
- Focus continues to reduce the overall waiting list size with additional activity required to achieve the reduction in waiting list size target throughout 2026/27.
- In light of the level of regional growth, the Group will be undertaking analysis to better understand the drivers for this un-anticipated demand.

Impact on forecast

Continued focus on delivery of wait list size reduction under review as above.



At the end of June the total waiting list size was 42,031 which was not on target this month, being 6% higher than plan.



At the end of June, the total waiting list size was 50,605 against a target of 48,398

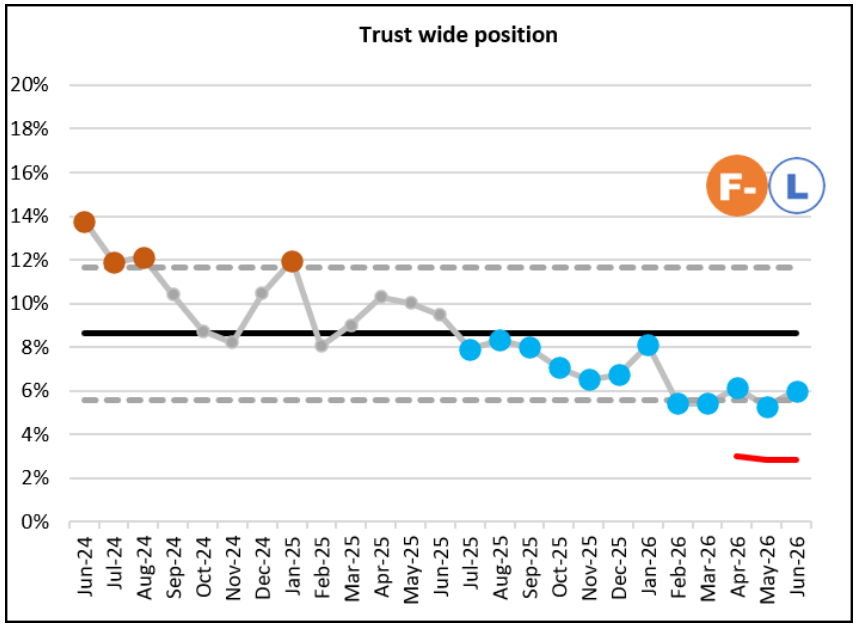
The total waiting list size increased by 624 in comparison to end of May. The waiting list size at the end of June is 4.6% above operating plan.

Responsiveness

Diagnostics Percentage Over 6 Weeks

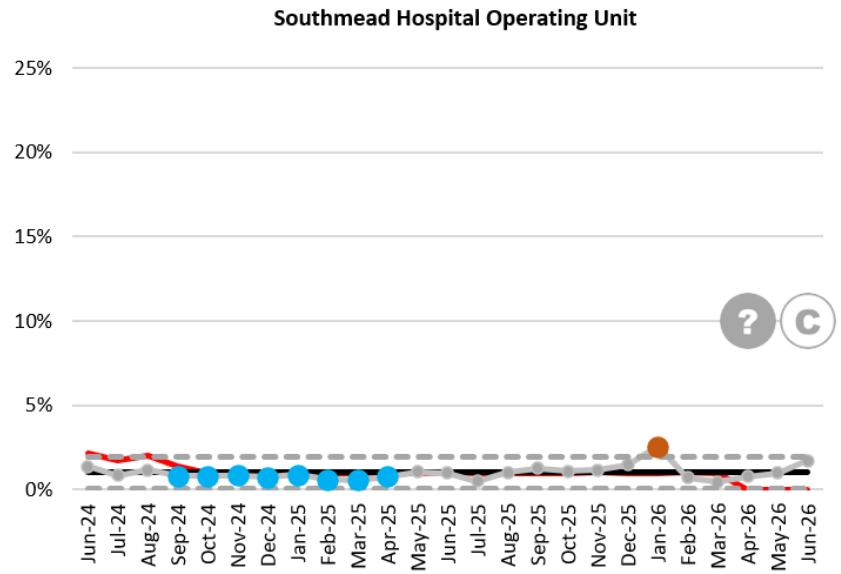
NHS Bristol NHS Group
Bristol | Weston

Latest Month
Jun-26
Performance
6.0%
Target
2.9%
Trust Level / Corporate Risk
Risk 801 - Score 12
Performance - Previous Month
5.3%



What does the data tell us?
Performance was above target for June, which has been impacted by challenges in specific modalities across the HOUs.

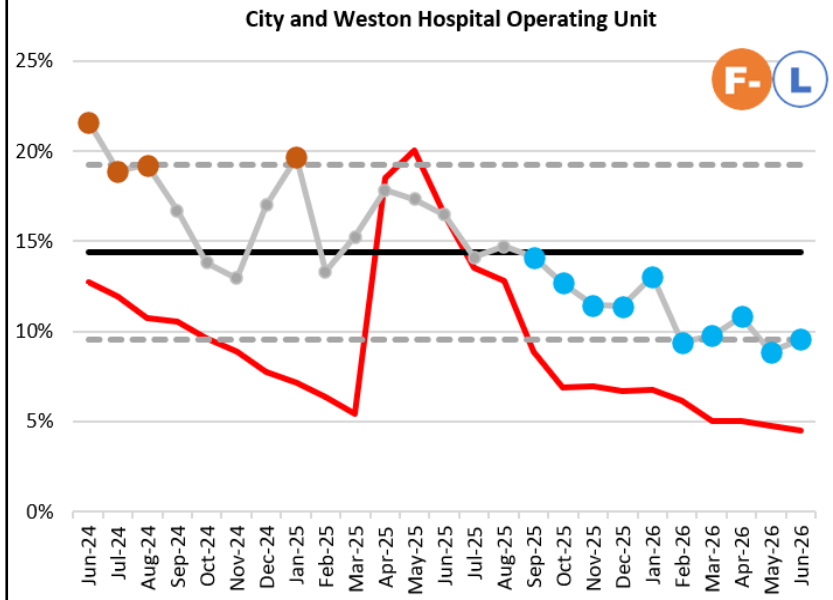
Actions being taken to improve and Impact on Forecast
Detailed in the HOU specific sections – see below.



Performance deteriorated in June to 1.7% and reported above the national target. This was mainly due to challenges in Endoscopy capacity impacted by industrial action rearrangements, but DEXA also experienced a dip in performance.

ID Medical are delivering Endoscopy weekend lists from the beginning of July for additional capacity.

For DEXA, actions include reduced appointment times, additional slots at the end of the day, and training Plain Film Radiographers to deliver scans for leave backfill, plus scope for internal additional capacity (e.g. weekend cover).



Performance declined in June to 9.5% above the national target, driven primarily by pressures in Non-Obstetric Ultrasound (Adult and Paediatric), Cardiac MRI and Endoscopy.

Despite increased activity, the total waiting list grew in June, reflecting a demand and capacity imbalance, impacting July performance.

Actions in progress:

- Endoscopy Vanguard Unit operational from June
- NOUS outsourcing implemented
- Business case approved for a 7-day substantive Cardiac MRI service model

Responsiveness

Cancer - 28 Day Faster Diagnosis

NHS Bristol NHS Group
Bristol | Weston

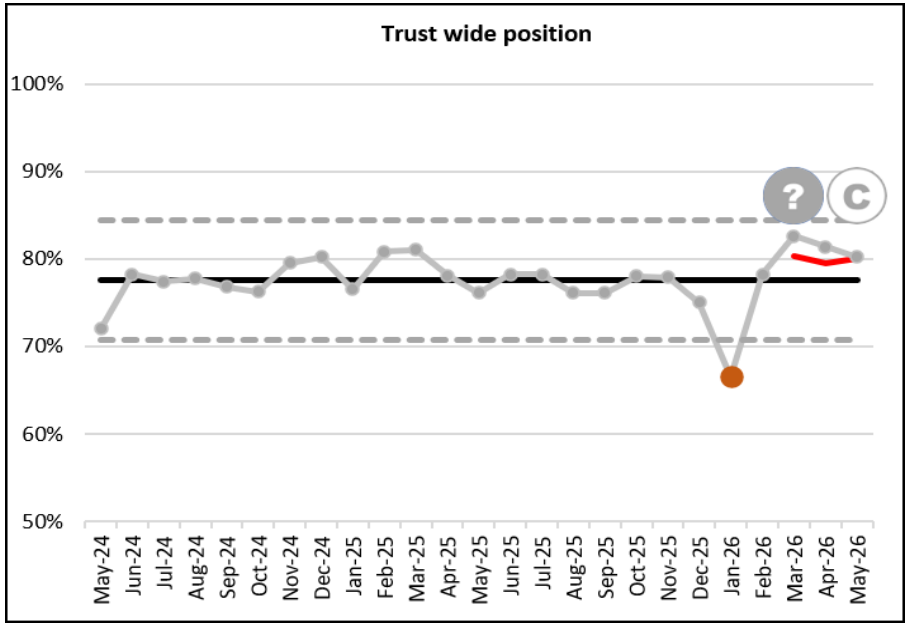
Latest Month
May-26

Performance
80.2%

Target
80.1%

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

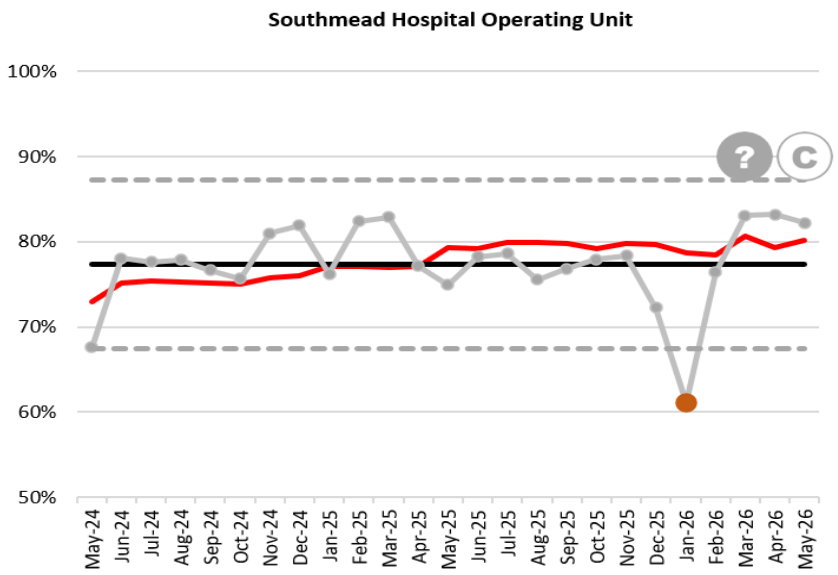
Performance - Previous
81.4%



What does the data tell us?
Performance was slightly lower in May compared to April but remained just 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.

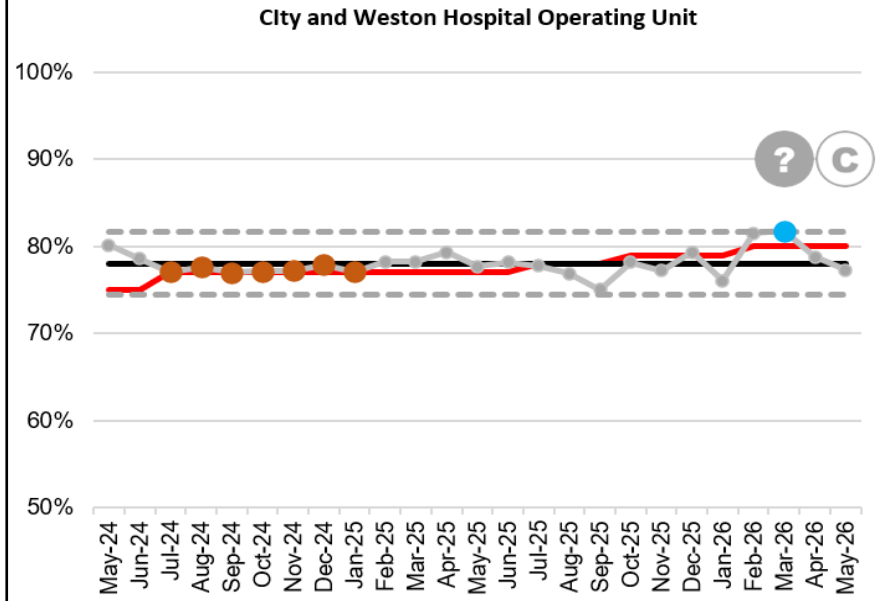


As anticipated and forecast, 28-Day performance delivered to plan in May 2026.

Key areas of focus are meeting the increased demand in Skin and Breast.

Additional high-cost insourcing continues to meet and 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 largely due to impact of the fire at the Weston site on endoscopy provision.

Reprovision of endoscopy capacity on the Weston site (from 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

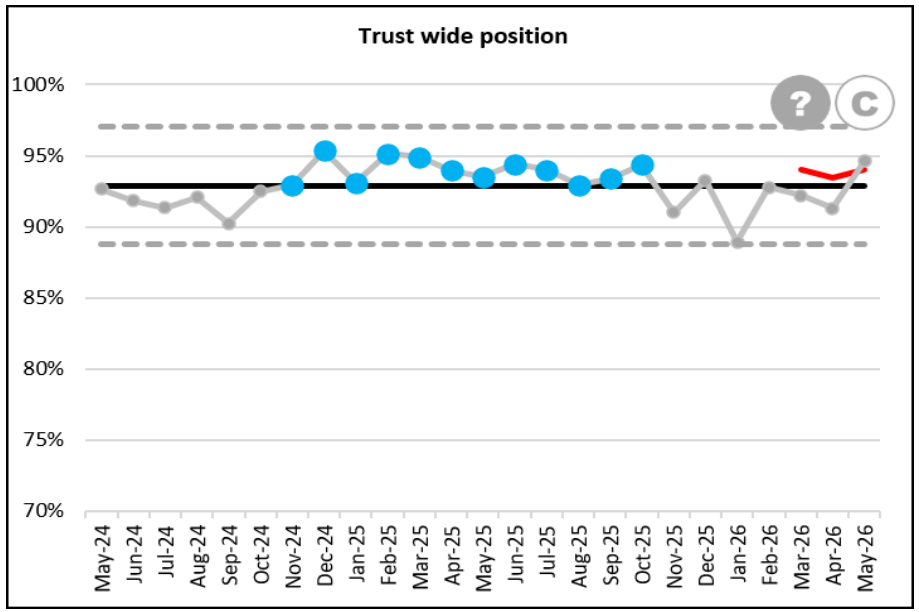
Latest Month
May-26

Performance
94.6%

Target
94.0%

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

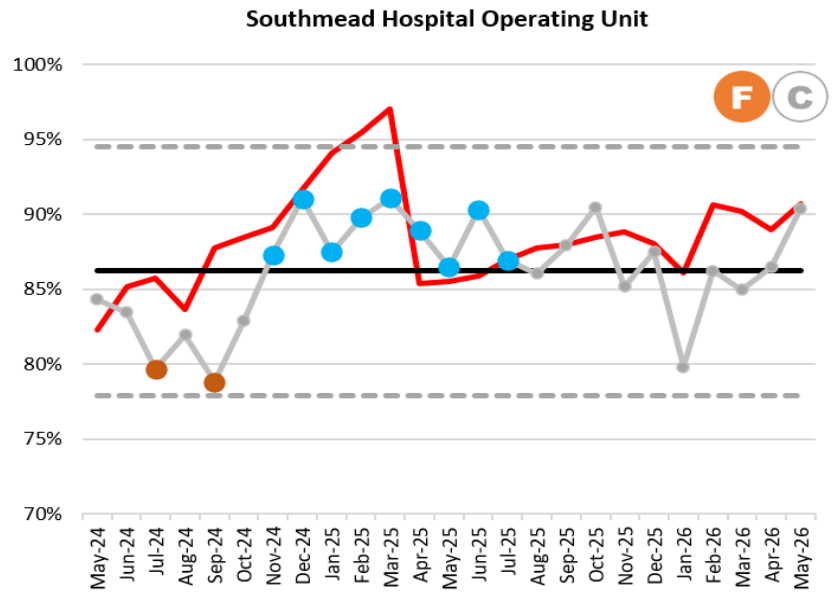
Performance - Previous
91.3%



What does the data tell us?
31-Day performance improved in May and was ahead of target.

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.

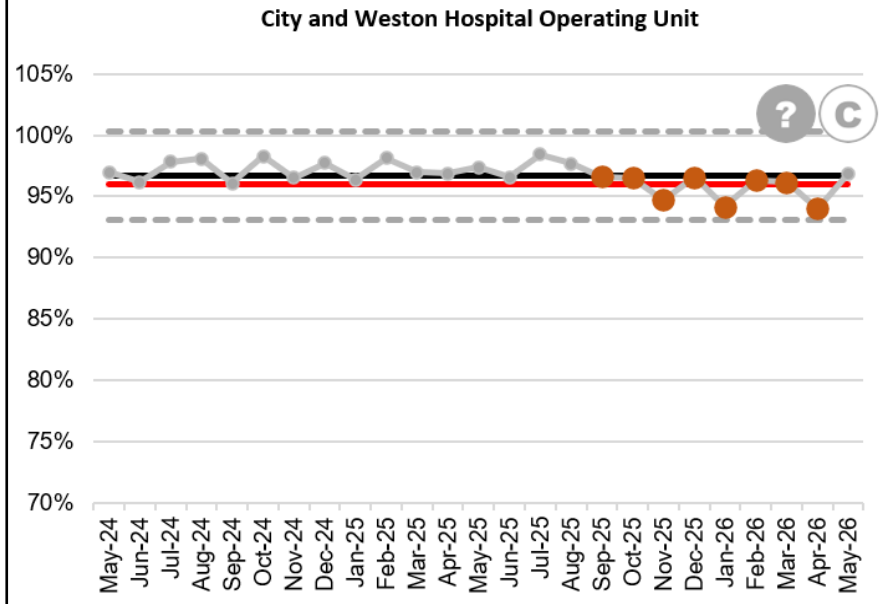
Impact on forecast
Improvements are most closely linked to the Southmead Campus delivery due to the larger size of the wait list.



31-Day performance improved in May and performed only marginally below target for the month.

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

Performance is forecast to be on plan for June.



The standard was compliant with the national threshold of 96% (reporting 96.8%)

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

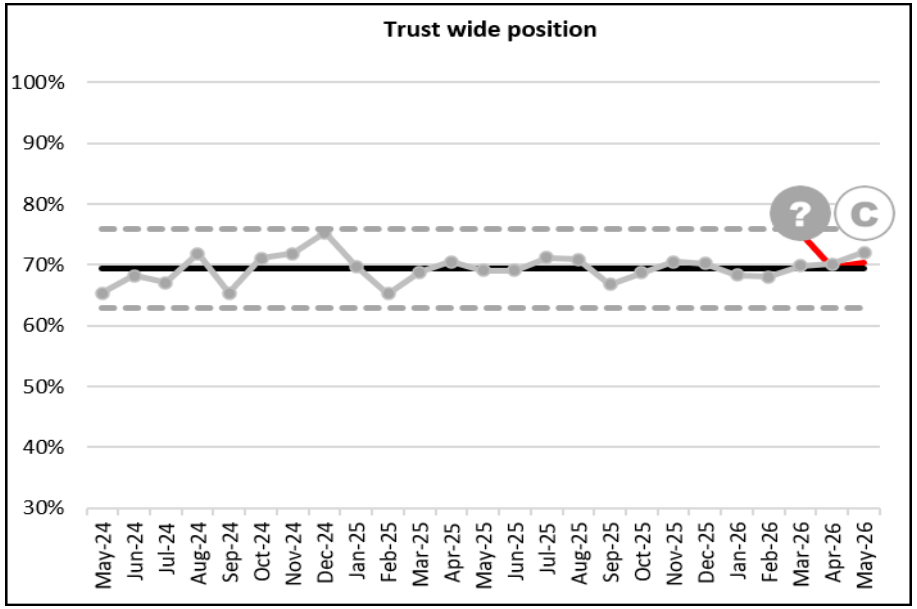
Latest Month
May-26

Performance
72.0%

Target
70.4%

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

Performance - Previous
70.1%

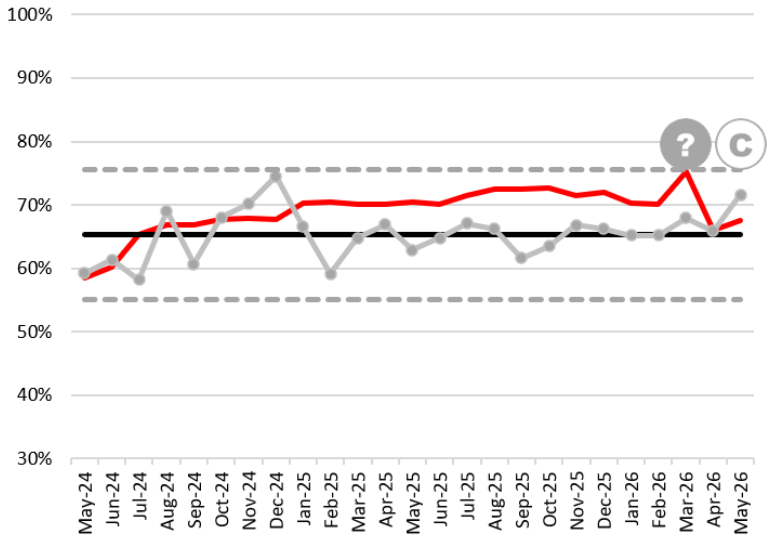


What does the data tell us?
62-Day performance met the trajectory for May.

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
Compliance with trajectory is expected to vary across Q2 as the merged position for Bristol NHS Foundation Trust is reported.

Southmead Hospital Operating Unit

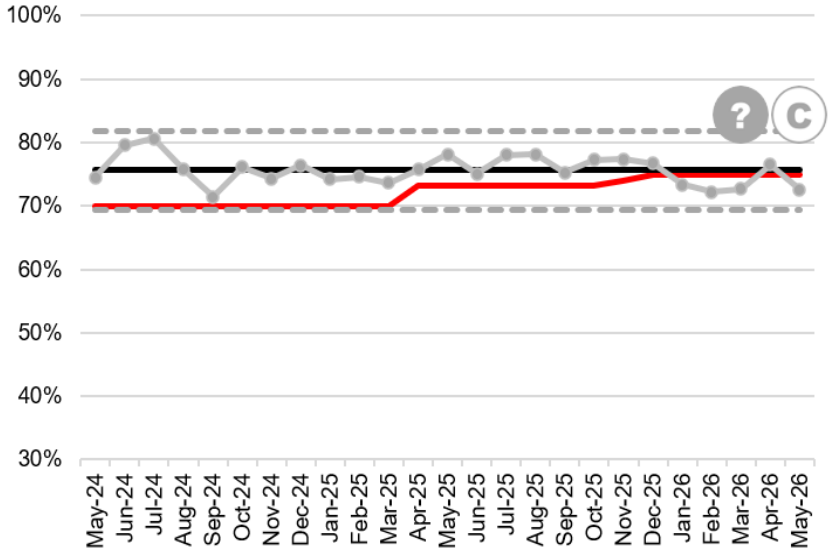


May performance improved and was better than plan at 71.6% against trajectory of 67.6%.

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 has been completed with implementation of a low-risk breast pain pathway underway.

City and Weston Hospital Operating Unit



Performance was non-compliant with the national interim standard and improvement trajectory of 75%

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

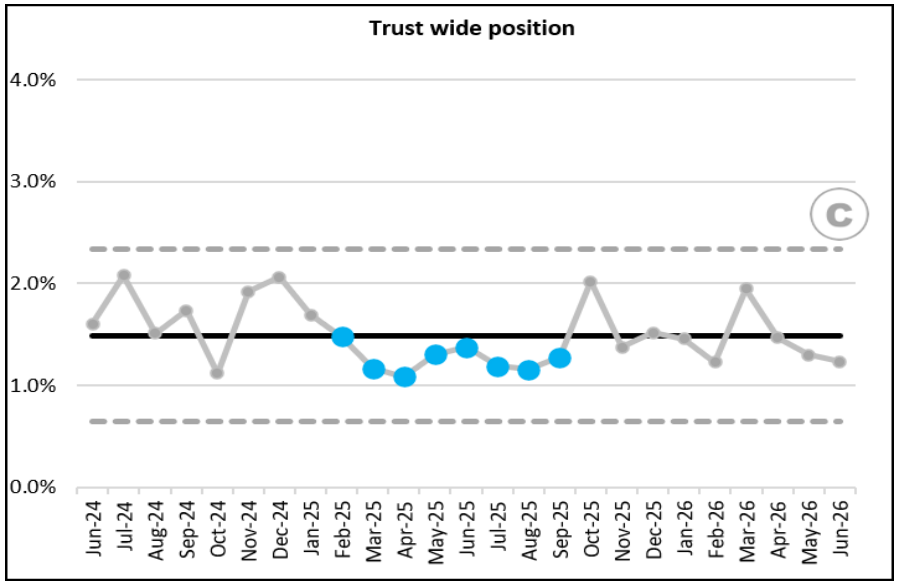
Latest Month
Jun-26

Performance
1.2%

Target
No Target

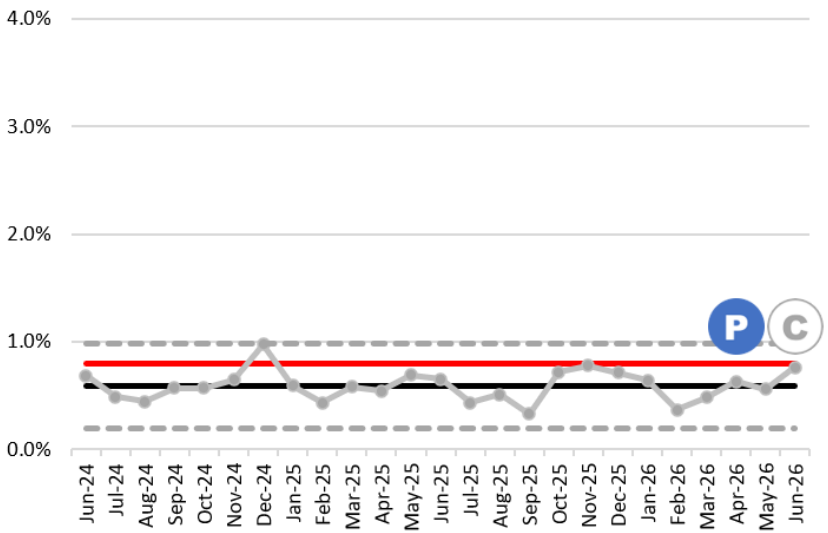
Trust Level / Corporate Risk
Risk 1035 - Score 16

Performance - Previous
1.3%

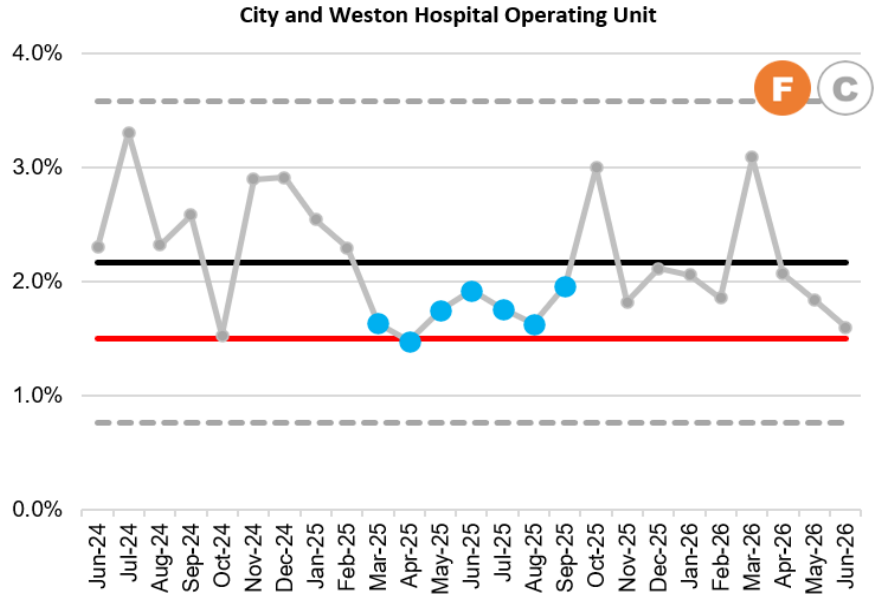


What does the data tell us?
Southmead continues to deliver the national target at less than 0.8% for last minute cancellations. The City Centre and Weston HOU continues to have challenges in delivering to target, however, there have been improvements for the last three months.

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 & June, there was further improvement in last minute cancellations (1.8% in May & 1.6% in June). This is significant considering the continued operational challenges associated with the heatwave and availability of Weston endoscopy rooms and bed pressures on the main sites.

Continued work relating to theatre booking, theatre scheduling and the pre-assessment workstream is expected to support a continued and 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

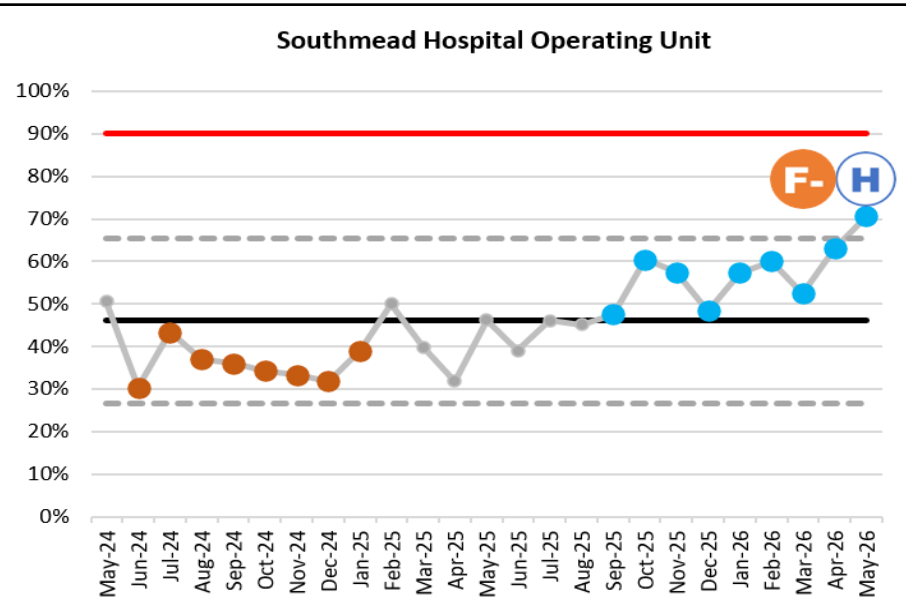
Latest Month
May-26

Target
90.0%

Latest Month's Position
70.7%

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 continued reduced occupancy in May (despite a small peak at the start which then reduced again), the 4-hour to unit performance once again showed our strongest performance. This is coupled with the change in the categorisation of the Stroke Assessment area as it matches the description on SSNAP of a Stroke Unit.

Actions being taken to improve
The Hot Bed SOP has now been fully approved and being implemented imminently.

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 June has increased, owing to a sustained increase in admissions. Therefore, we would expect a small dip in June's performance.

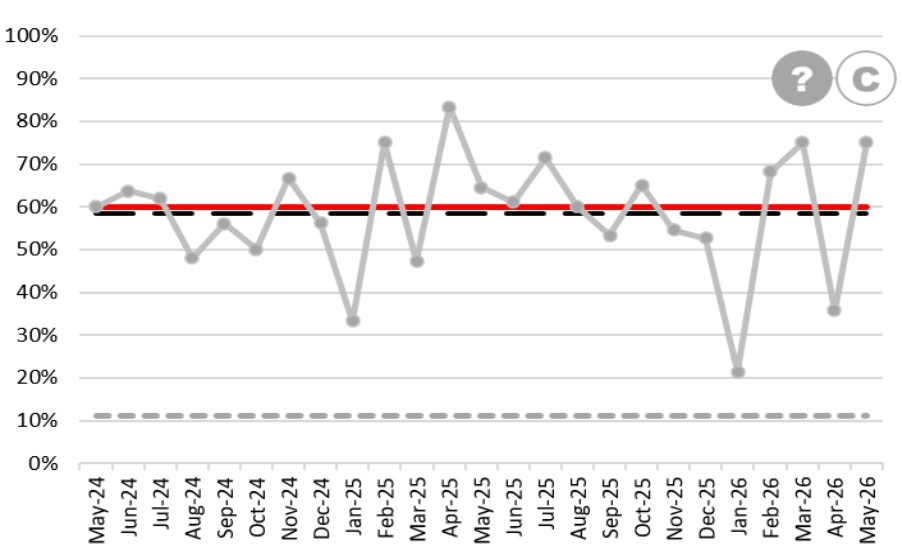
Latest Month
May-26

Target
60.0%

Latest Month's Position
75.0%

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



What does the data tell us?
Following a dip in performance in April, May saw a return to the improved 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 seperating the reporting numbers of extended thrombolysis patients to the DMT.

Actions being taken to improve
Following a dip in total patient numbers thrombolysed in Jan-Mar the bi-weekly reperfusion meeting has been tasked with a deep dive on the reasons that contributed to this.

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 however wake up slots are yet to be implemented.

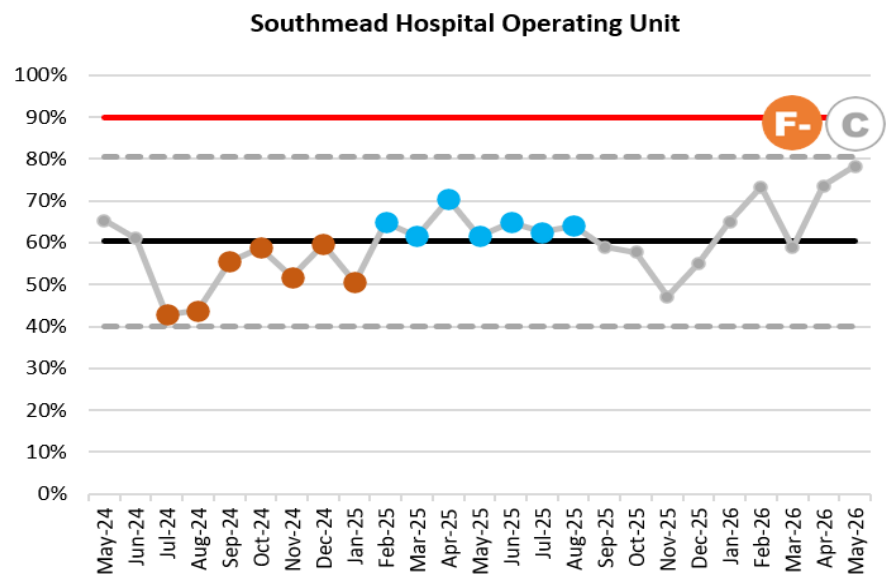
Impact on Forecast
We continue to see stable performance, although slightly impacted by performing more extended thrombolysis.

Responsiveness

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

NHS Bristol NHS Group
Bristol | Weston

Latest Month
May-26
Target
90.0%
Latest Month's Position
78.3%
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

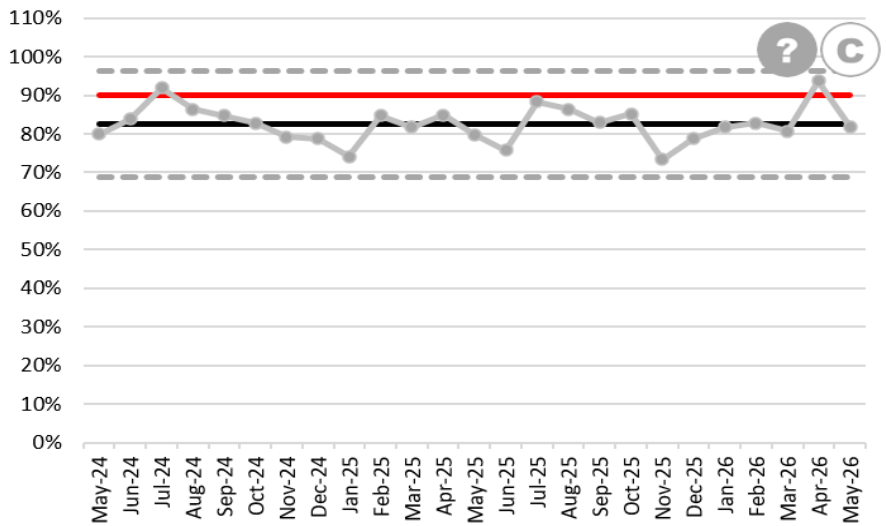


What does the data tell us?
Along with ward to 4-hour performance, 90% stay on a stroke unit performance is related to occupancy rates. April seeing a lower-than-average occupancy for stroke and less patients needing to be outlied. This is reflected in improved performance as despite a small rise in May occupancy levels at the start of the month it then reduced.

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 June so we would expect a small dip in performance.

Latest Month
May-26
Target
90.0%
Latest Month's Position
81.8%
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
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



What does the data tell us?
A slight dip in May's performance, in line with previous months.

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 expected to see continued improvement from this point owing to enhanced data accuracy and completeness of data. However, a need to optimize the form has arisen and therefore current use is paused whilst the form is reviewed and alternatives explored.

Impact on Forecast
Expect to see consistent performance despite the Careflow narrative form alteration.

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	Jun-26	0.8	No Target	0.5	N/A	C	Note Performance
		UHBW	Jun-26	0.2	0.4	0.2	P*	C	Note Performance
Safe	MRSA Hospital Onset Cases	NBT	Jun-26	0	0	0	F	C	Escalation Summary
		UHBW	Jun-26	0	0	1	F	C	Escalation Summary
Safe	CDiff Healthcare Associated Cases	NBT	Jun-26	9	5	2	?	C	Escalation Summary
		UHBW	Jun-26	13	9.08	10	?	C	Escalation Summary
Safe	EColi Hospital Onset Cases	NBT	Jun-26	6	4.00	8	?	C	Escalation Summary
		UHBW	Jun-26	7	9.08	2	?	C	Escalation Summary
Safe	Falls Per 1,000 Beddays	NBT	Jun-26	6.4	No Target	6.0	N/A	C	Commentary
		UHBW	Jun-26	4.3	4.8	4.7	?	C	Escalation Summary
Safe	Total Number of Patient Falls Resulting in Harm	NBT	Jun-26	6	No Target	8	N/A	C	Commentary
		UHBW	Jun-26	4	2	2	?	C	Escalation Summary
Safe	Medication Incidents per 1,000 Bed Days	NBT	Jun-26	4.6	No Target	4.7	N/A	L	Note Performance
		UHBW	Jun-26	7.4	No Target	7.9	N/A	C	Note Performance
Safe	Medication Incidents Causing Moderate or Above Harm	NBT	Jun-26	4	0	7	F	C	Escalation Summary
		UHBW	Jun-26	1	0	1	F	C	Escalation Summary
Safe	Adult Inpatients who Received a VTE Risk Assessment	NBT	Jun-26	92.6%	95.0%	93.8%	?	L	Escalation Summary
		UHBW	Jun-26	81.0%	95.0%	83.0%	F-	H	Escalation Summary
Safe	Staffing Fill Rate	NBT	May-26	102.8%	No Target	102.3%	N/A	C	Note Performance
		UHBW	Jun-26	103.9%	100.0%	103.6%	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	

NHS North Bristol NHS Trust

Quality

Scorecard – Effective & Caring 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
Effective	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	NBT	Feb-26	90.6	100.0	91.0	P*	L	Note Performance
		UHBW	Feb-26	87.7	100.0	88.2	P*	L	Note Performance
Effective	Fracture Neck of Femur Patients Treated Within 36 Hours	NBT	May-26	55.2%	No Target	62.5%	N/A	C	Note Performance
		UHBW	Jun-26	50.0%	90.0%	53.3%	F-	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	NBT	May-26	94.0%	No Target	88.8%	N/A	C	Note Performance
		UHBW	Jun-26	85.0%	90.0%	95.0%	?	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Achieving Best Practice Tariff	NBT	May-26	47.8%	No Target	56.3%	N/A	C	Note Performance
		UHBW	Jun-26	33.3%	No Target	46.7%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Inpatient	NBT	Jun-26	93.7%	No Target	91.7%	N/A	H	Note Performance
		UHBW	Jun-26	96.8%	No Target	96.9%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Outpatient	NBT	Jun-26	93.1%	No Target	94.5%	N/A	L	Escalation Summary
		UHBW	Jun-26	94.8%	No Target	95.1%	N/A	C	Note Performance
Caring	Friends and Family Test Score - ED	NBT	Jun-26	71.9%	No Target	79.2%	N/A	C	Note Performance
		UHBW	Jun-26	87.6%	No Target	85.3%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Maternity	NBT	Jun-26	84.0%	No Target	83.7%	N/A	L	Escalation Summary
		UHBW	Jun-26	94.8%	No Target	100.0%	N/A	C	Note Performance
Caring	Patient Complaints - Formal	NBT	Jun-26	80	No Target	71	N/A	C	Note Performance
		UHBW	Jun-26	74	No Target	56	N/A	C	Note Performance
Caring	Formal Complaints Responded To Within Trust Timeframe	NBT	Jun-26	83.5%	90.0%	67.1%	F	C	Escalation Summary
		UHBW	Jun-26	52.2%	90.0%	49.0%	F-	C	Escalation Summary

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

Quality

Infection Prevention & Control

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

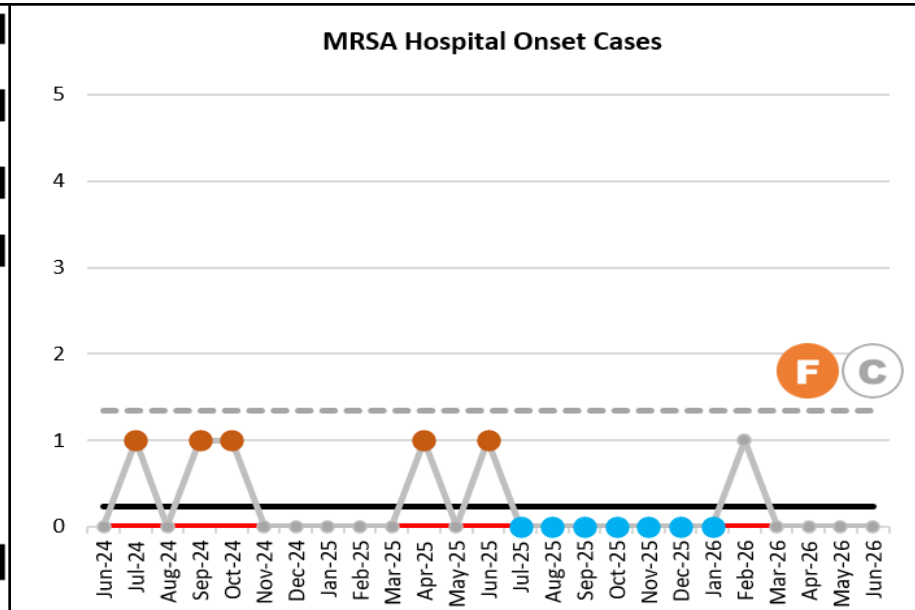
Latest Month
Jun-26

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

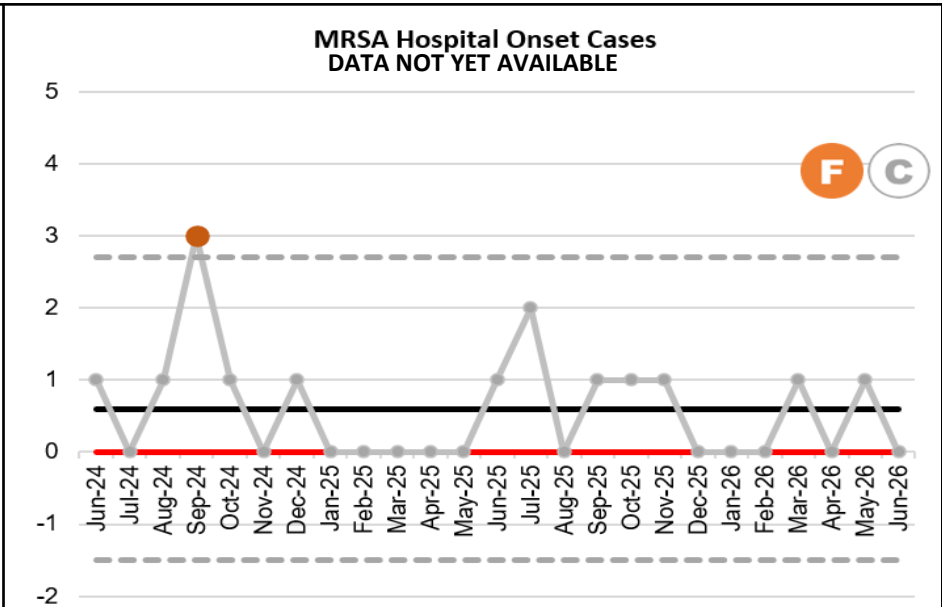


What does the data tell us?
No cases have been reported in June

Actions taken to improve
Actions in place from reviews.

Southmead site 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
Jun-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.

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

What does the data tell us?
There were no MRSA bacteraemia cases reported for the month of June, we have one case reported for the year.

Actions being taken to improve
The case reported YTD was a sample at 48 hours and therefore technically a HOHA, but this is being worked through to potentially reassign with UKHSA colleagues.
Ongoing QI work continues as an BNSSG system focusing on the higher incidence of the MRSA bacteraemia that is seen in this ICS. Most cases are within the community. There are 2 sub-groups, both focusing on health inequalities, including older patients with long term wounds and the second group is those who may not have a permanent residence or addiction. The collaboration is between system partners including UKHSA, local authority public health, primary care, community and acute providers.

Within the Trust MRSA QI is also being coordinated , with focus through the IPC operational group, with the work stream chaired by a Divisional Director of Nursing.

Impact on forecast
One case YTD over trajectory of zero.

Quality

Infection Prevention & Control (c.Diff)

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

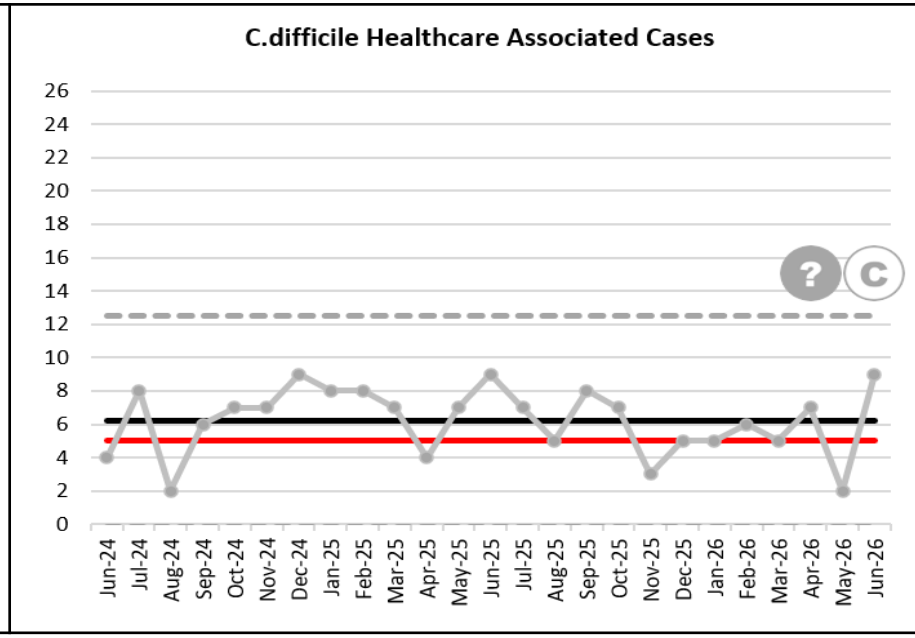
Latest Month
Jun-26

Target
5

Latest Month's Position
9

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

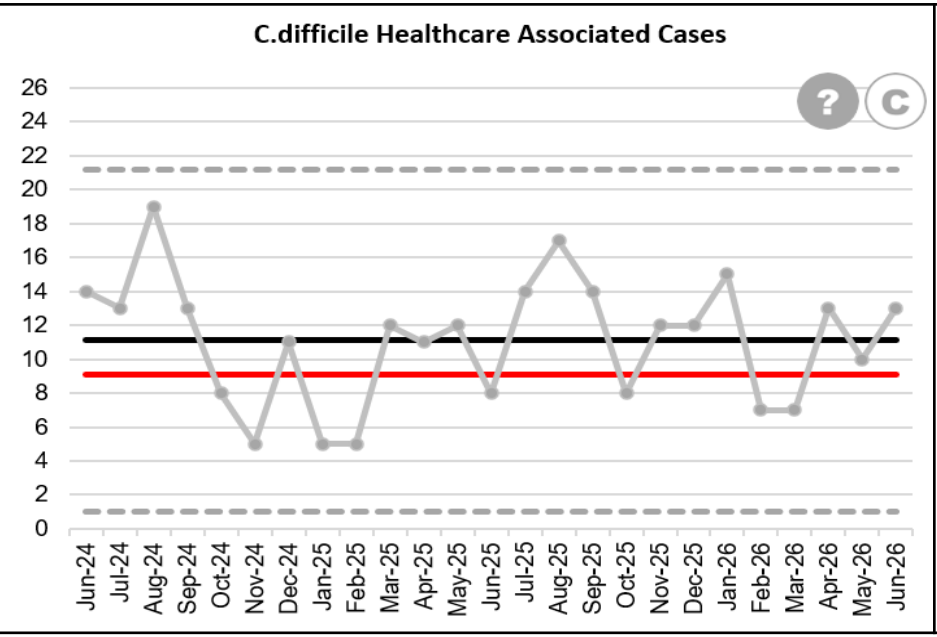
Trust Level Risk
No Trust Level Risk



What does the data tell us?
Cases in June – 9 Hospital Onset Hospital Acquired (HOHA) and 2 Community Onset Hospital Acquired (COHA) – The year total to date – 27 cases 18 HOHA & 9 COHA awaiting NHSE trajectory.
Slight increase of cases in June .

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 , note increase cases for June .



Latest Month
Jun-26

Target
9.08

Latest Month's Position
13

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?
At Bristol City & Weston sites, June saw 13 cases of Clostridium difficile the breakdown is nine Hospital Onset Hospital Acquired (HOHA) and four Community Onset Hospital Acquired (COHA), year to date currently is at 36 cases (22 HOHA and 14 COHA).

Actions being taken to improve
Continued work to improve cleaning standards across the clinical areas, including facilities / matron lead cleaning huddles, to achieve full compliance, focus on commode cleaning improvements, updated diarrhoea risk assessment, ongoing quality improvement focus continues.

C.difficile focused QI work continues, through the operational IPC group, with the work stream being led by a Divisional Director of Nursing. As noted above cleaning standards are an integral part of the improvement activity.

Impact on forecast
YTD cases indicate that there is a risk of breaching trajectory., noting seasonal fluctuation.

Quality

Infection Prevention & Control (E.coli)

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

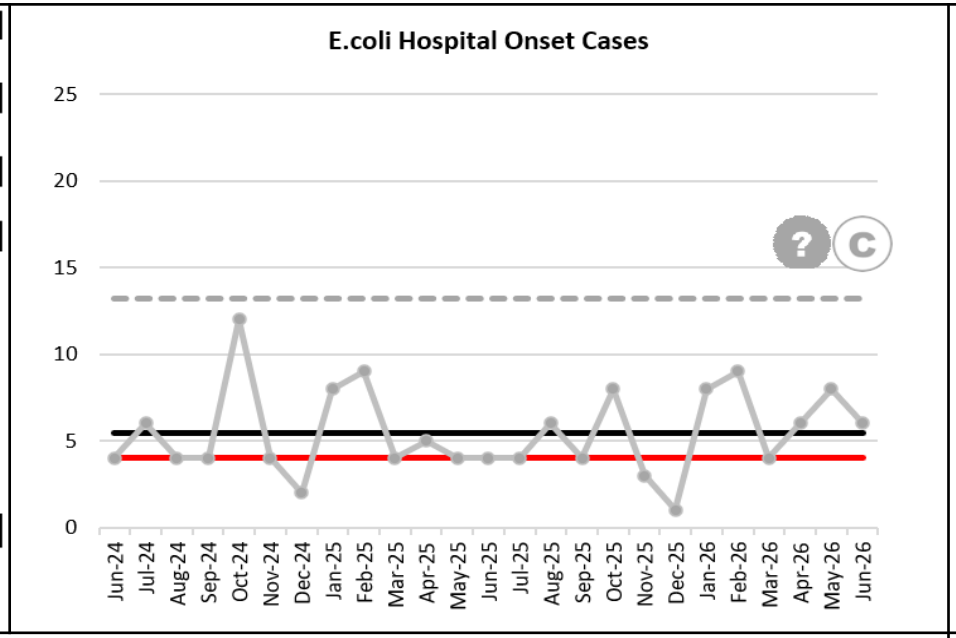
Latest Month
Jun-26

Target
4

Latest Month's Position
6

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

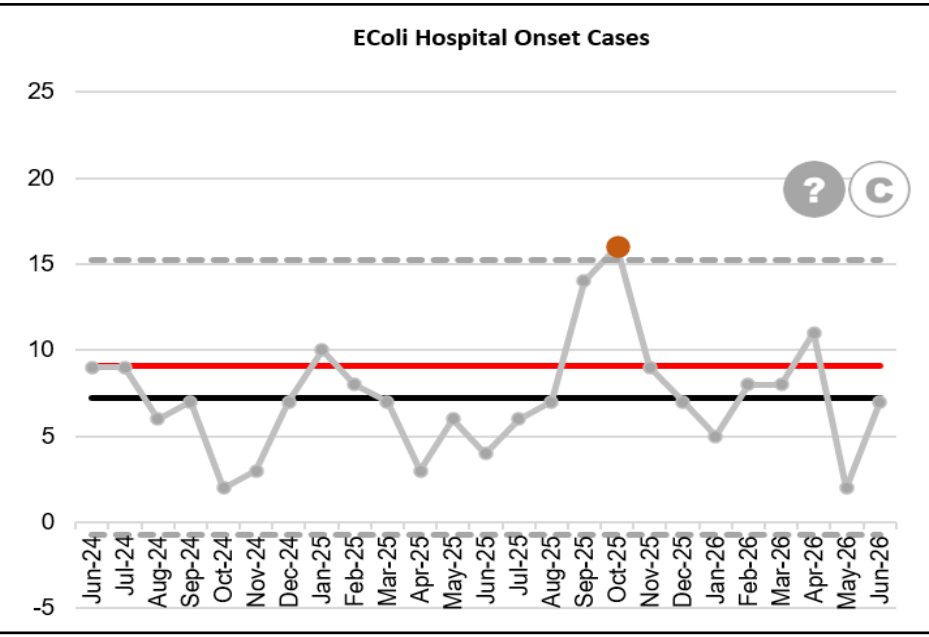
Trust Level Risk
No Trust Level Risk



What does the data tell us?
6 cases in June with a total of 20 to date this year
Slight increase noted with cases still remaining below trajectory position .

Actions being taken to improve
Work on going to role our Pure wick devises as an alternative to using catheters .
Hydration project in some ward areas during the summer months this requires more investment and education .

Impact on forecast
The intention is to continue with a position below trajectory



What does the data tell us?
At UHBW Seven cases of Escherichia Coli were reported in June, this brings the year-to-date figure to 20.

Actions being taken to improve
A formal review of E.coli cases over the last 2 years is being undertaken by the lead IPC Dr. Preliminary findings suggest likely themes / streams of work, but this will be confirmed once the review is complete, which will be before the next IQPR submission with actions for improvement to be confirmed with Ward / Divisional clinical team collaboration.

Impact on forecast
The risk of breaching trajectory at this stage appears low.

Latest Month
Jun-26

Target
9.08

Latest Month's Position
7

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

Corporate Risk
No Corporate Risk

Quality

Falls

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

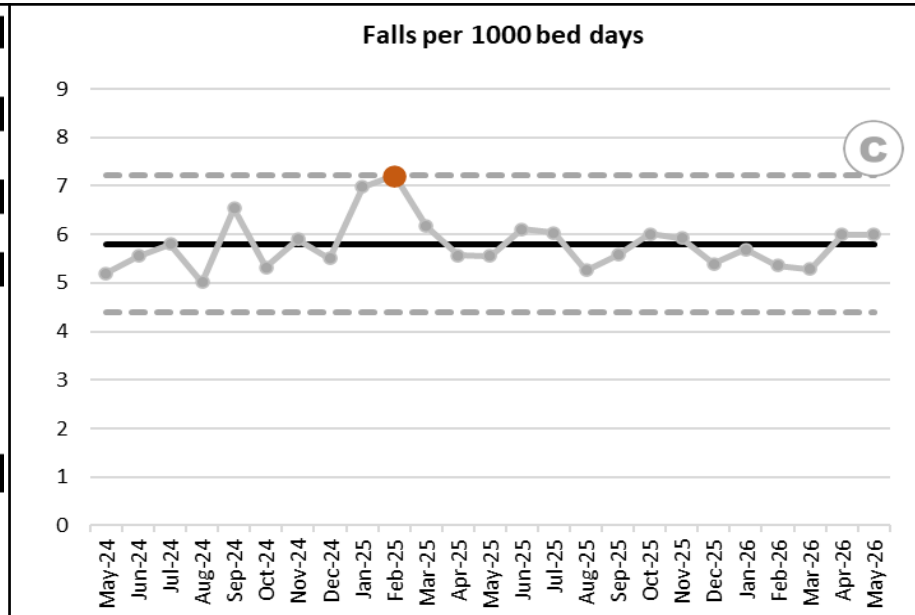
Latest Month
Jun-26

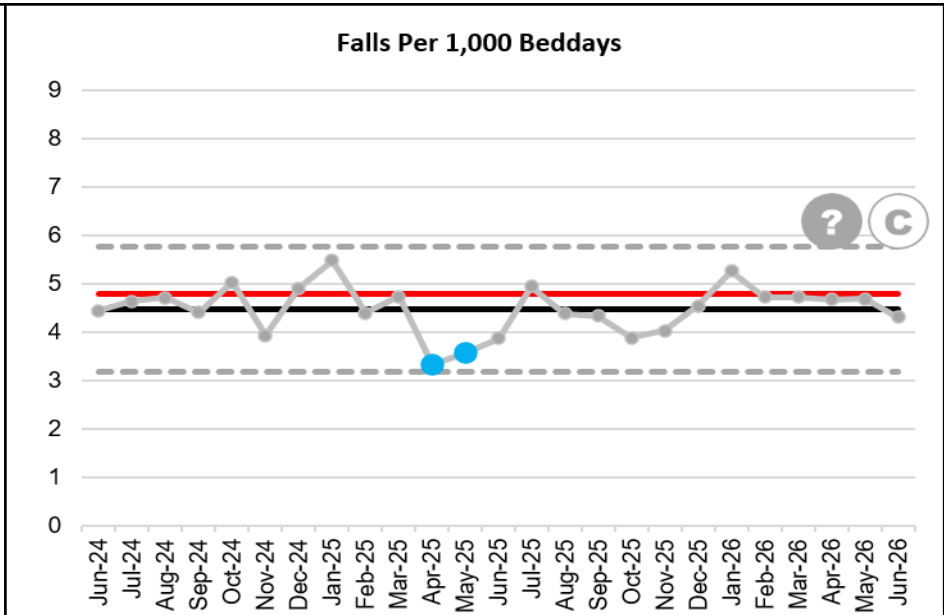
Target
No Target

Latest Month's Position
6

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

Trust Level Risk
No Trust Level Risk





Latest Month
Jun-26

Target
4.8

Latest Month's Position
4.3

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

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

What does the data tell us

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 during June 2026: there have been 144 falls, which per 1000 bed days equates to 4.356, this is below the Trust target of 4.8 per 1000 bed days. There were 97 falls at the Bristol site and 47 falls at the Weston site. There were four falls with moderate physical and/or psychological harm.

The number of falls in June 2026 (144) is less than May 2026 (155). There were four falls with moderate harm, this is higher than the previous month (2).
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

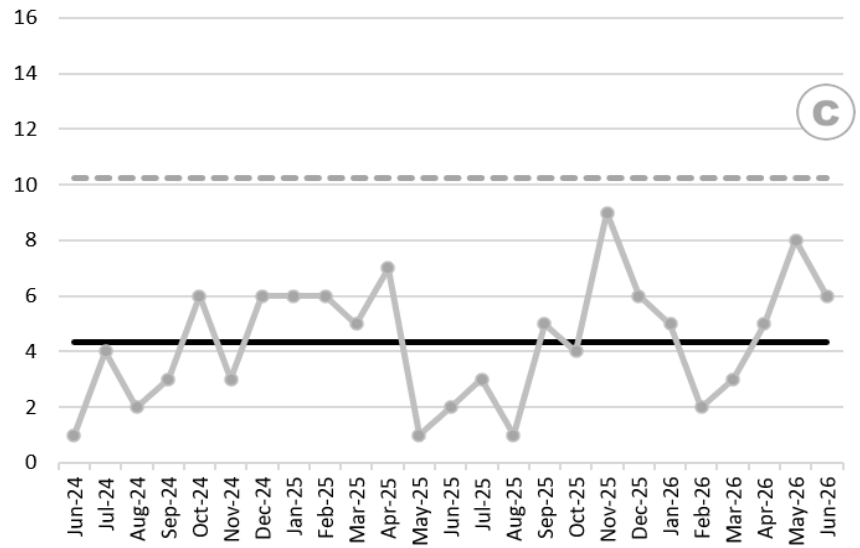
Latest Month
Jun-26

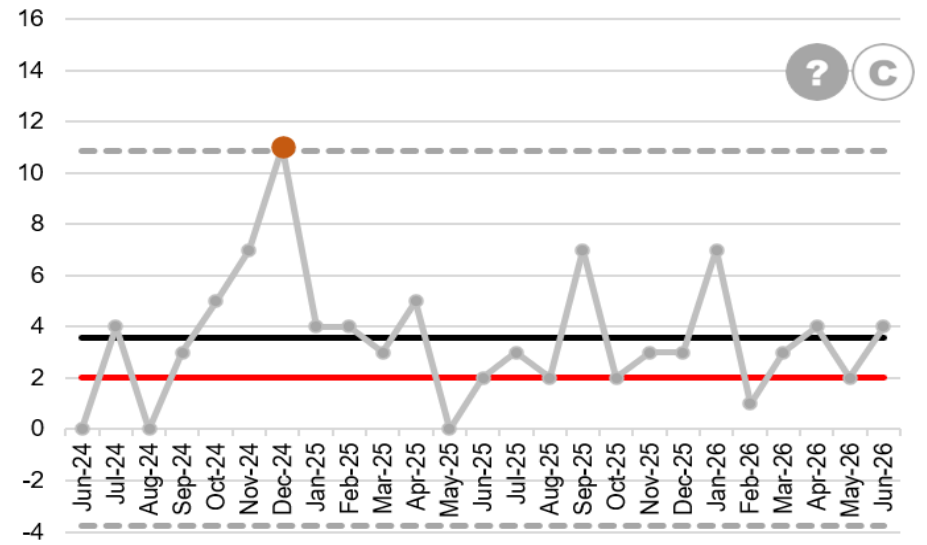
Target
No Target

Latest Month's Position
6

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

Trust Level Risk
No Trust Level Risk





Latest Month
Jun-26

Target
2

Latest Month's Position
4

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

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

See commentary on previous slide.

Actions being taken to improve

- Divisions which have reported higher falls incidences have conducted an in-depth review of falls and falls with harm to identify themes and learning. Action plans have been 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 DDF team continue to deliver education sessions and simulation-based training

Impact on forecast

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

Quality

Medication Incidents

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Jun-26

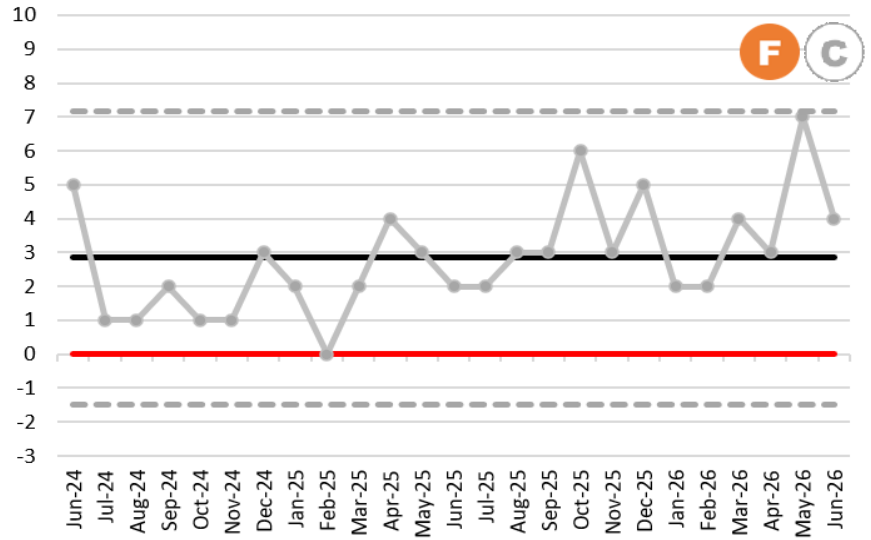
Target
0

Latest Month's Position
4

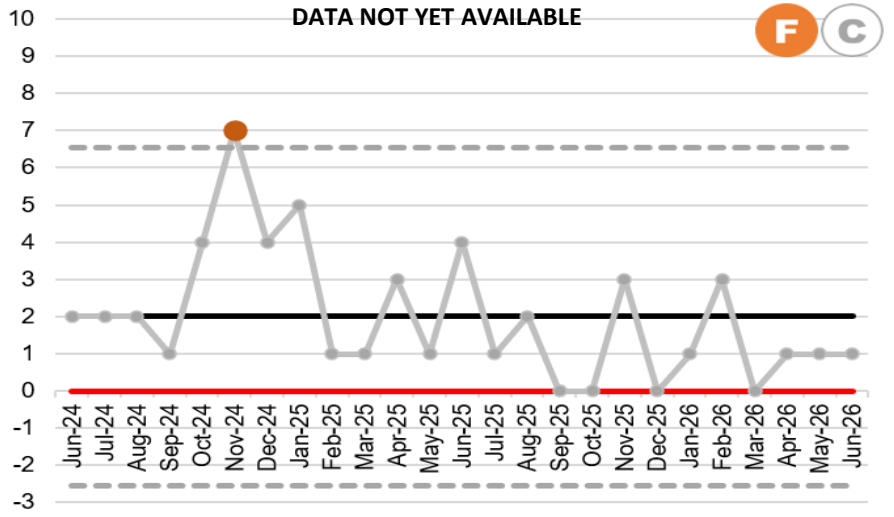
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration

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).

Medication Incidents Causing Moderate or Above Harm



Medication Incidents Causing Moderate or Above Harm



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

Latest Month
Jun-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 June 2026, NBT recorded 153 medication incidents involving patients; of these, four were graded as causing moderate or above harm to a patient (2 x moderate, 1 x severe, 1 x fatal)

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 handling of monoclonal antibodies.

A Learning from Incidents Group has been set up within Pharmacy – this will consider incidents which occur within the department e.g dispensing errors but also those which occur at ward level for which there is learning for the Pharmacy teams.

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 June 2026, UHBW recorded 249 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. Work with nursing colleagues on improving safe and secure handling of medicines is underway.

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

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

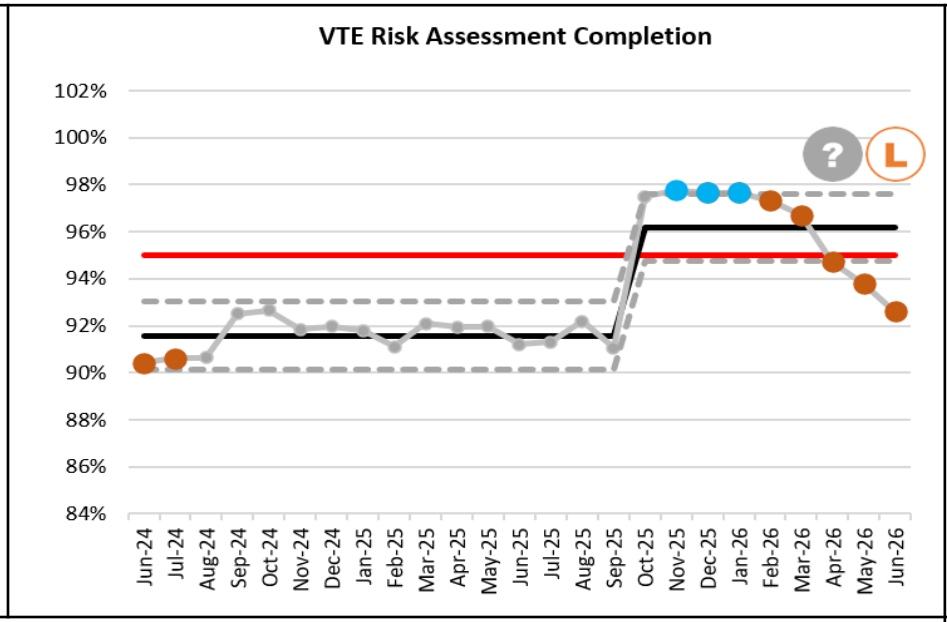
Latest Month
Jun-26

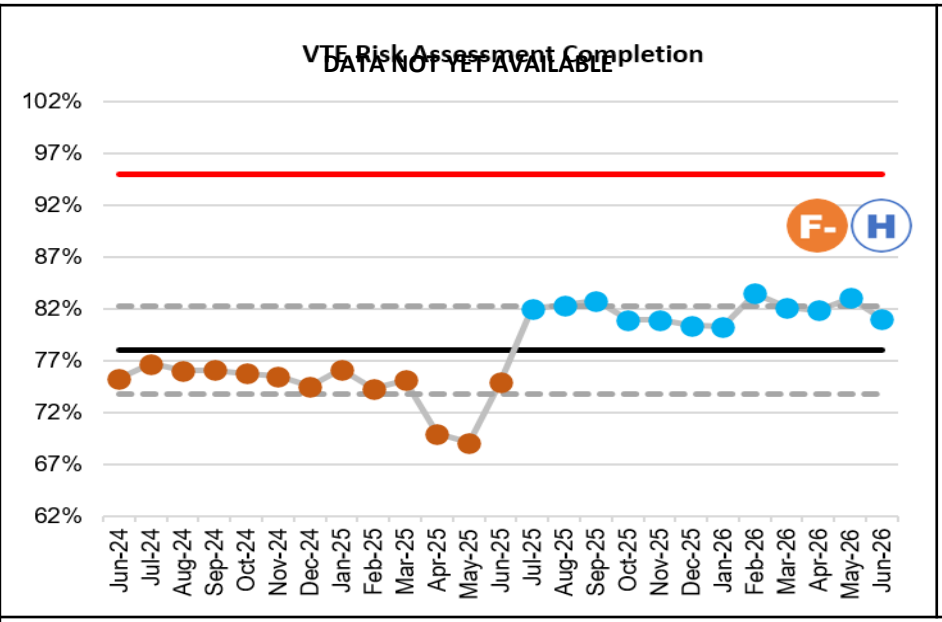
Target
95.0%

Latest Month's Position
92.6%

Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration and last six data points are both hitting and missing target, subject to random variation

Trust Level Risk
No Trust Level Risk





Latest Month
Jun-26

Target
95.0%

Latest Month's Position
81.0%

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)

What the data is telling us

VTE risk assessment compliance increased to ~97% in October 2025 following introduction of mandatory assessment within CMM. From April 2026, reporting was realigned to NHS Digital standards, measuring completion within 14 hours of admission rather than at any point during admission. The apparent reduction shown therefore reflects a change in reporting methodology, not a deterioration in performance. Reported performance is also influenced by cohorting, whereby defined patient groups are treated as VTE RA compliant, contributing to inflation of the headline position.

Actions being taken to improve

Cohort definitions are also being reviewed and refined to ensure they meet national requirements and are applied consistently across the merged organisation. Improving transparency of performance across clinical areas will strengthen operational and divisional oversight.

Impact on forecast

A further reduction is anticipated as national reporting moves to a decision-to-admit standard from July 2026; however, the local impact is likely to be delayed pending implementation within data systems. Improved performance will depend on timely VTE RA completion across all admission pathways.

What the data is telling us

Since the implementation of CMM, and the introduction of mandatory VTE risk assessment completion before prescribing, reported compliance has increased. The next step is to assess the quality of the improved VTE risk assessment rates to ensure that both completion rates and quality are improving simultaneously.

Reported performance is also influenced by cohorting, where certain homogenous patient groups score as compliant if they may not need a VTE RA as it will not change the outcome

Actions being taken to improve

- Review VTE cohort definitions and reporting accuracy.
- Promote awareness of VTE assessment and prescribing resources.
- Provide targeted training on VTE risk assessment and prophylaxis prescribing.

Impact on forecast

The cohort reviews may lead to a dip in our overall VTE RA completion rates however the data will be more accurate

Quality
Safe Staffing

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

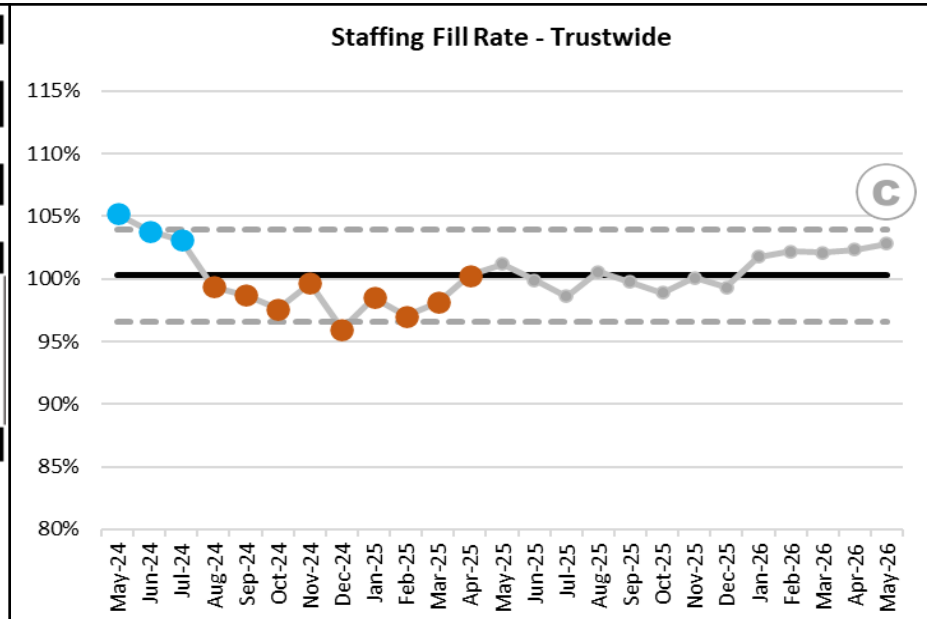
Latest Month
May-26

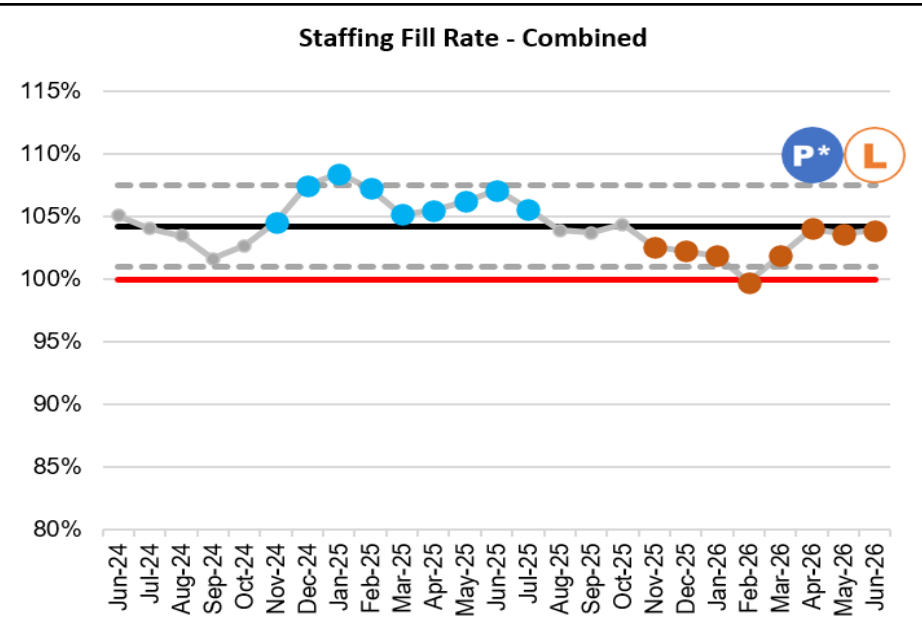
Target
No Target

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
Jun-26

Target
100%

Latest Month's Position
103.9%

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
The overall fill rate dropped below 100% for the first time in February 2026 in a number of years. This was due to a reconfiguration of wards on the City and Weston HOU. Over the past five months the fill rate has recovered and returned to be above the 100% level.

Actions being taken to improve
All the required systems reconfiguration have been updated and the expected moves completed.

Impact on forecast
The combined fill rate is expected to continue to remain above 100%.

NHS North Bristol NHS Trust

Quality

Neck of Femur

NHS University Hospitals Bristol and Weston NHS Foundation Trust

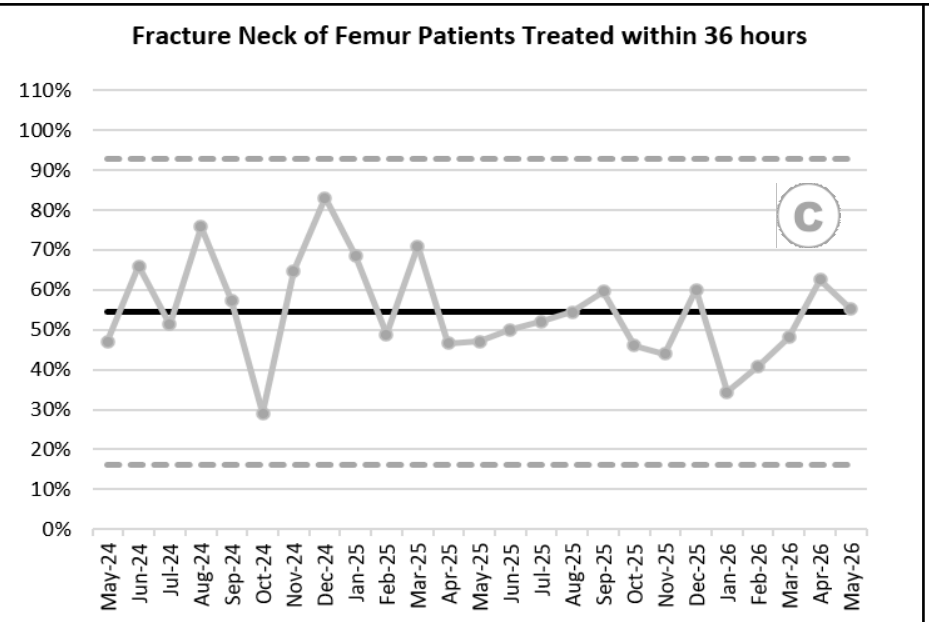
Latest Month
May-26

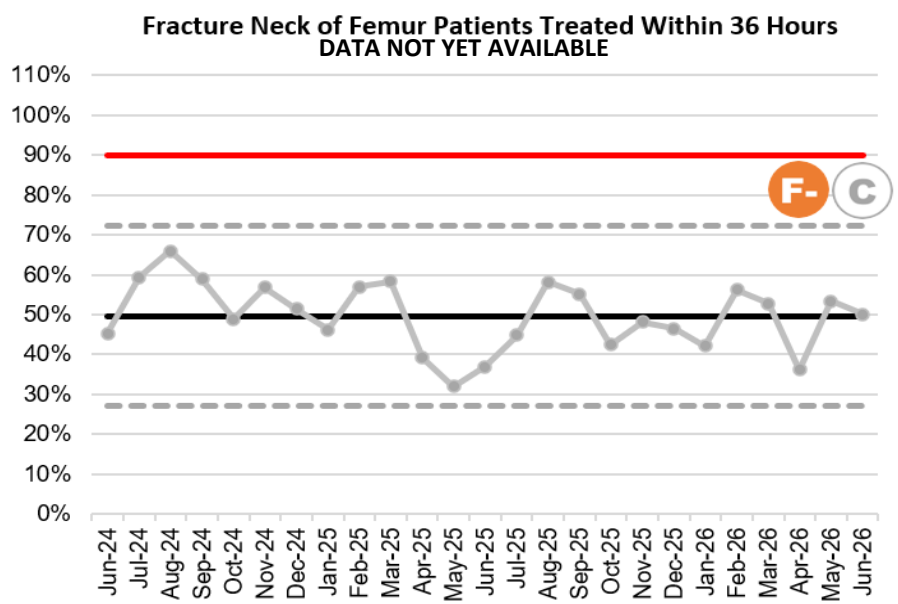
Target
No Target

Latest Month's Position
55.2%

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

Trust Level Risk
No Trust Level Risk





Latest Month
Jun-26

Target
90.0%

Latest Month's Position
50.0%

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 June 60 patients were eligible for the best practice tariff (BPT), 30/60 patients (50%) were operated on within 36 hours of admission, 51/60 (85%) received ortho-geriatric assessment within 72 hours, resulting in 20/60 patients (33%) met all BPT criteria.

Main reasons for missed targets:

At Weston: 11 patients missed the time to surgery target. Reasons for this included lack of theatre space (7); requirement for a specialist surgeon(2) and medical complications preventing timely surgery(1). Seven patients were not reviewed by the ortho-geriatrician, this was due to staffing gaps (single part-time member of staff).

At the BRI: 19 patients missed the time to surgery target. This is primarily due to lack of theatre capacity.

Two patients did not have a timely ortho-geriatrician review due to staffing gaps.

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 Limitations are likely to continue impacting BPT performance unless additional geriatric support and theatre space is secured.

Quality - Neck of Femur

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

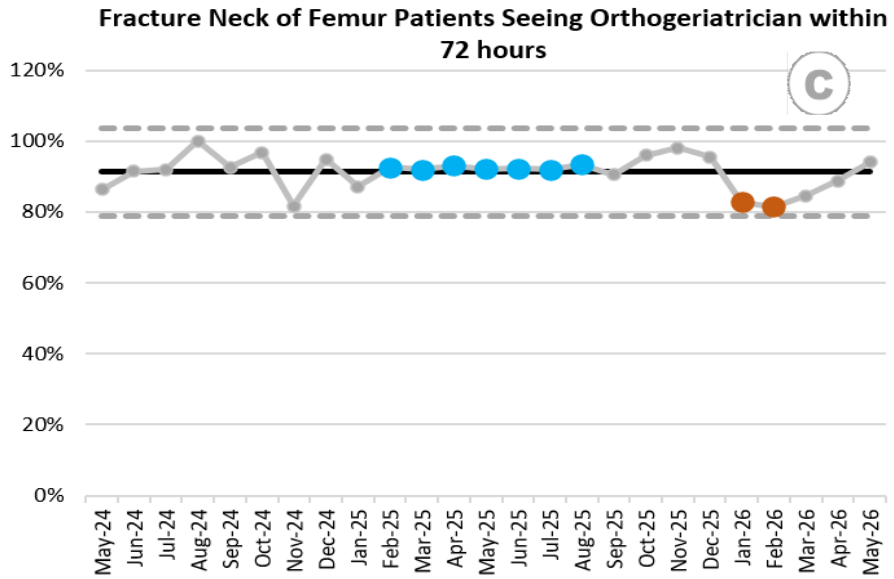
Latest Month
May-26

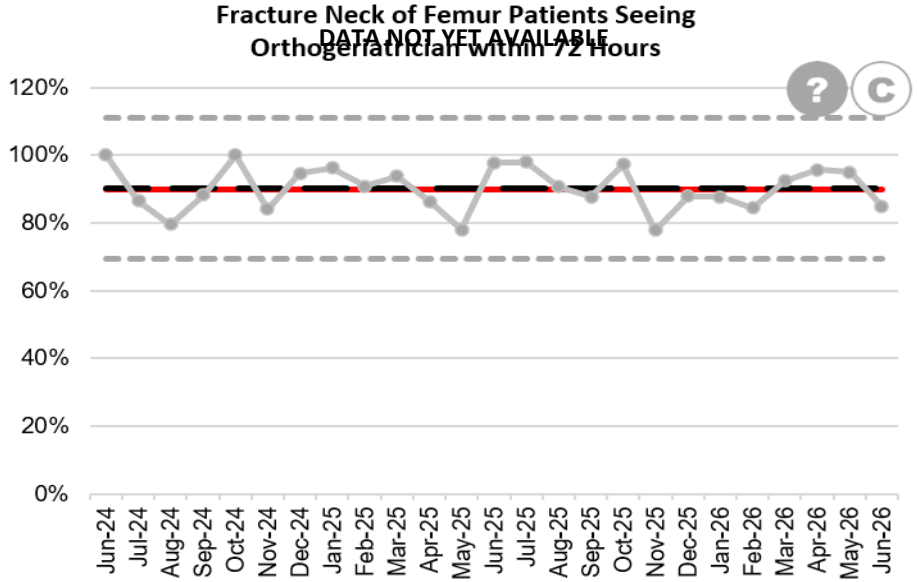
Target
No Target

Latest Month's Position
94.0%

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

Corporate Risk
No Trust Level Risk





Latest Month
Jun-26

Target
90%

Latest Month's Position
85.0%

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?
At Weston: Seven patients were not seen by the single part-time geriatrician. This was due to: No staffing cover for the geriatrician who was on planned leave or over bank holidays/weekends (7) .

At the BRI : Two patients missed a timely Orthogeriatrician (OG) review due to reduced OG cover on Friday-missed time by Monday morning.

Impact on forecast
Weston - The presence of only one part-time geriatrician at Weston remains a persistent constraint especially during periods of high demand. This also impacts on medical delays for patients needing surgery.

BRI- the lack of orthogeriatrican cover on Friday afternoon and over the weekend leads to the patients being delayed with this review until Monday.

Quality

Friends and Family Test (FFT)

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

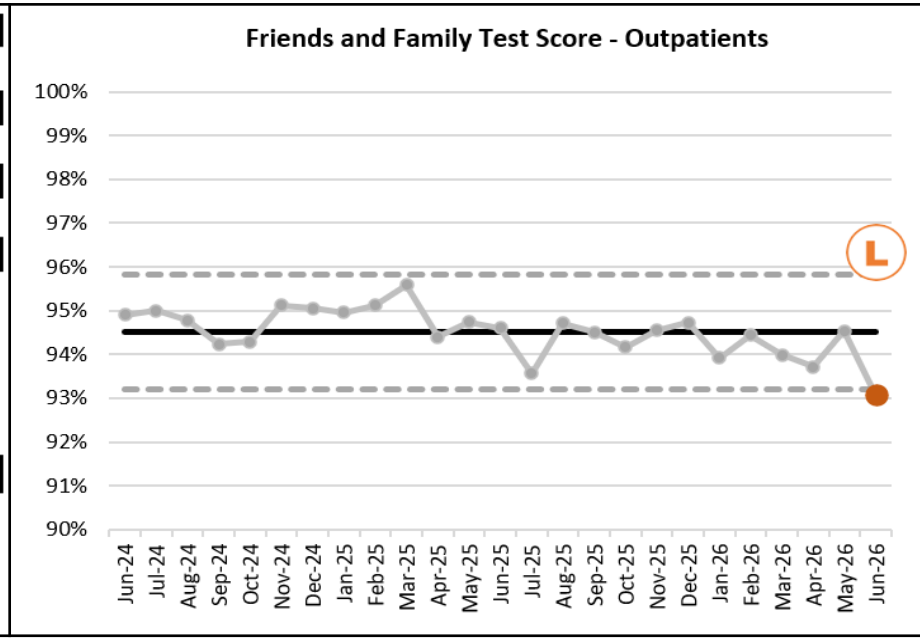
Latest Month
Jun-26

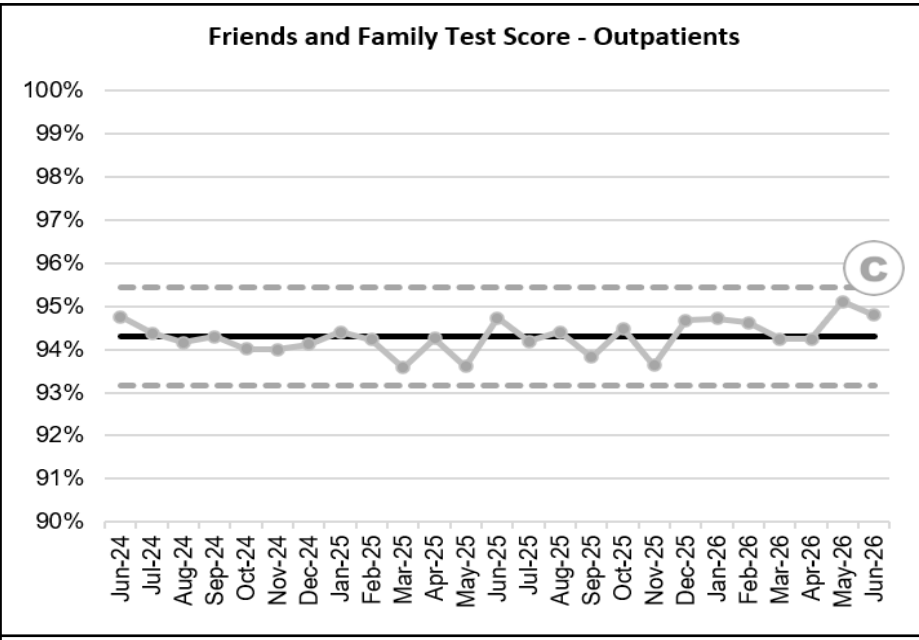
Target
No Target

Latest Month's Position
93.1%

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
Jun-26

Target
No Target

Latest Month's Position
94.8%

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

Corporate Risk
No Corporate Risk

What does the data tell us?
The Outpatient FFT score (total % of patients rating their experience as 'Very good' or 'Good') has decreased slightly to 93.1% in June.

Actions being taken to improve
Performance will be monitored to determine whether this is an isolated variation.

Impact on forecast
Despite the reduction in the latest month's score, overall outpatient FFT performance remains stable and at a consistently high level.

No narrative required as per business rules.

Quality - Friends and Family Test (FFT)

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

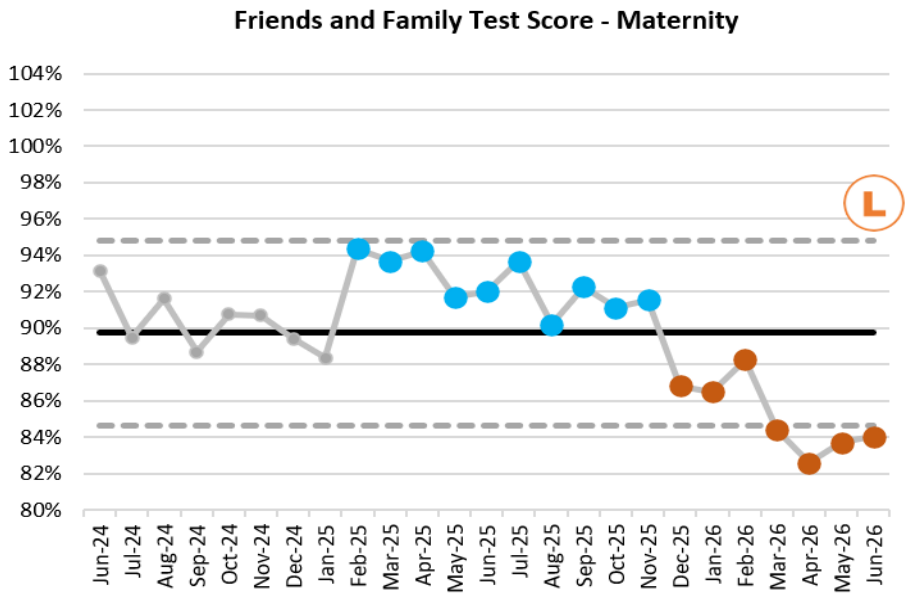
Latest Month
Jun-26

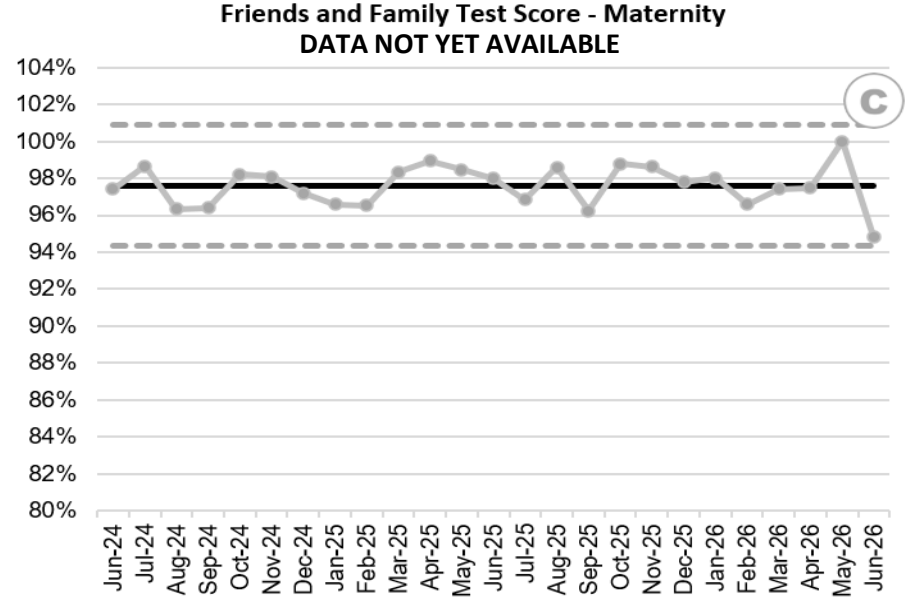
Target
No Target

Latest Month's Position
84.0%

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
Jun-26

Target
No Target

Latest Month's Position
94.8%

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 for the second month running, from 83.7% May to 84% in June. 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 review how this influences the overall score, as there will likely be some variation.

No narrative required as per business rules.

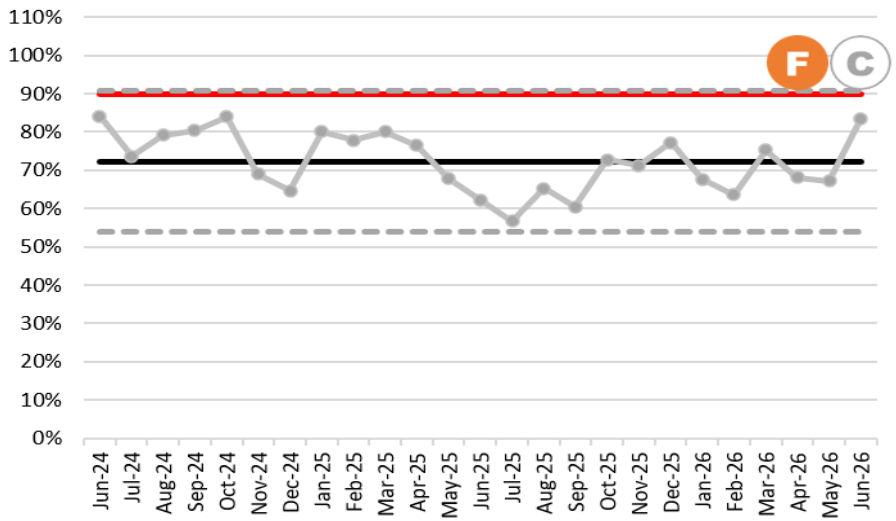
Quality

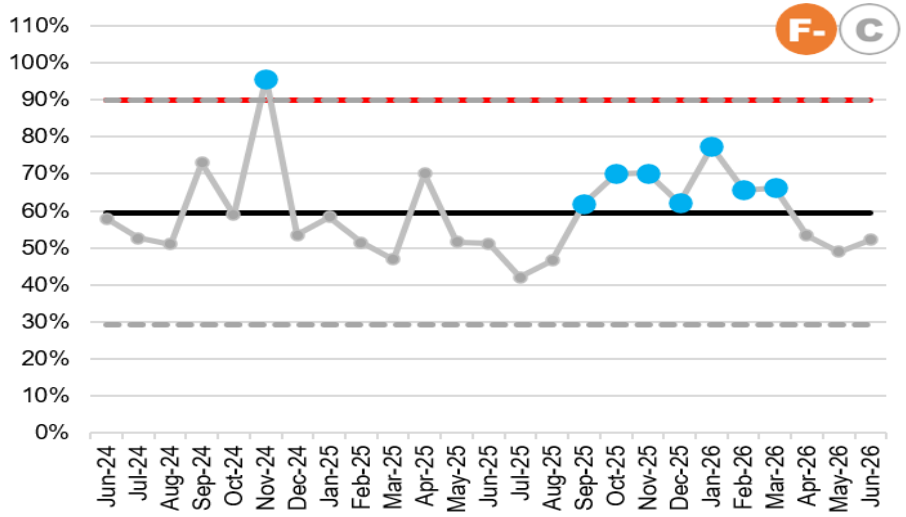
Complaints

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

North Bristol	
Latest Month	Jun-26
Target	90.0%
Latest Month's Position	83.5%
Performance / Assurance	Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration
Trust Level Risk	No Trust Level Risk





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

University Hospitals Bristol and Weston	
Latest Month	Jun-26
Target	90.0%
Latest Month's Position	52.2%
Performance / Assurance	Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration.
Corporate Risk	No Corporate Risk

What does the data tell us?

- The complaint compliance rate has increased significantly from 67% in May to 83.5% in June.
- The increase was driven by a considerable improvement from ASCR (82%), as well as strong performances from WaCH (95%), MED (88%) and NMSK (82%).
- Of the 85 complaints due for response in June, 71 were closed within the agreed timescale, 10 were outside the agreed timescale, and 4 were still open at the time of reporting.

Actions being taken to improve

Complaint compliance continues to be a focus. The Complaints & PALS Manager holds 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.

Impact on forecast

If ASCR can maintain their performance at a similar level and the other divisions also continue to sustain their scores, we expect the overall Trust score to be around the same level, as we focus on consistency.

What does the data tell us?

At UHBW the complaints compliance rate increased from 49% in May to 54% in June 2026.
Eight responses were returned to the Divisions for amendments which led to delays. Divisional response compliance has dropped from 73% in May to 54% in June impacting on the overall compliance rate.
Of the 46 complaints due for response in June, 25 were closed within the agreed timescale, 21 were outside the agreed timescale.

Actions being taken to improve

- Divisional SPC that are going to be updated monthly and discussed in Divisional meetings
- Monthly meetings involve review of progress to close open complaints and a breakdown of breach reasons
- Improvement plans will be developed for each Division now SPC's are available
- X2 admin vacancies in the central team had been held for the Consultation. Now recruiting into these posts, and pursuing Bank cover whilst recruitment processes underway
- Feedback to Divisions on quality of initial responses each month to decrease the number needing to be returned for corrections

Impact on forecast

Complaint handlers will be at full strength week commencing 20th July following absences.
Large number of complaints have been received, covering Admin vacancies will be key to processing the complaints and avoiding breaches

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	Jun-26	11.1%	10.6%	11.1%	N/A*	N/A*	Commentary
		UHBW	Jun-26	11.7%	11.5%	11.7%	N/A*	N/A*	Commentary
Well-Led	Vacancy (Vacancy FTE as Percent of Funded FTE)	NBT	Jun-26	5.1%	2.5%	4.4%	F-	C	Escalation Summary
		UHBW	Jun-26	3.6%	4.8%	3.4%	P*	C	Note Performance**
Well-Led	Sickness (Rolling 12-month)	NBT	Jun-26	4.8%	4.4%	4.8%	N/A*	N/A*	Commentary
		UHBW	Jun-26	4.8%	4.4%	4.8%	N/A*	N/A*	Commentary
Well-Led	Essential Training Compliance	NBT	Jun-26	88.1%	90.0%	88.4%	F	L	Escalation Summary
		UHBW	Jun-26	90.7%	90.0%	90.5%	?	H	Note Performance**

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

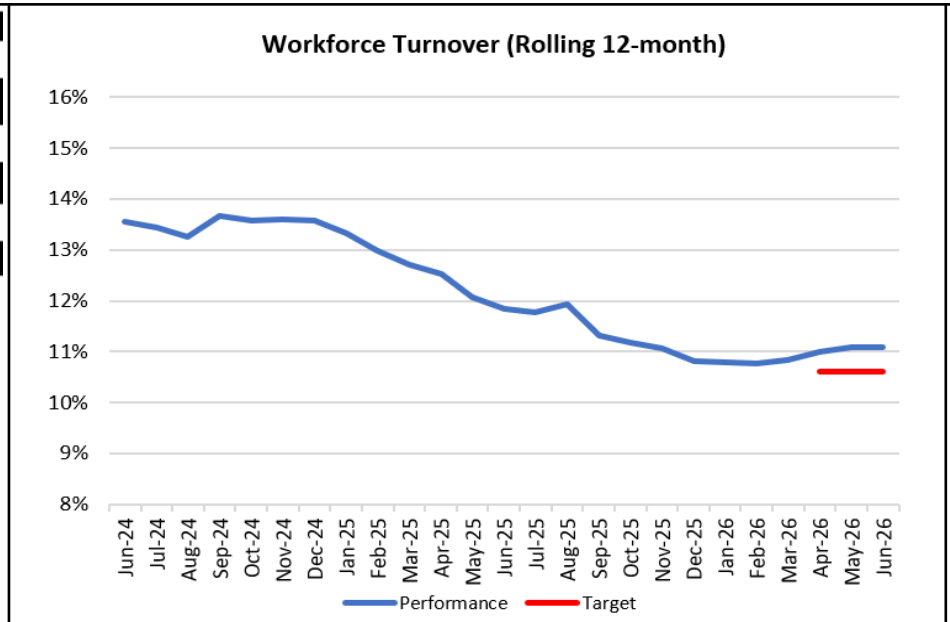
** with commentary

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
Jun-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)



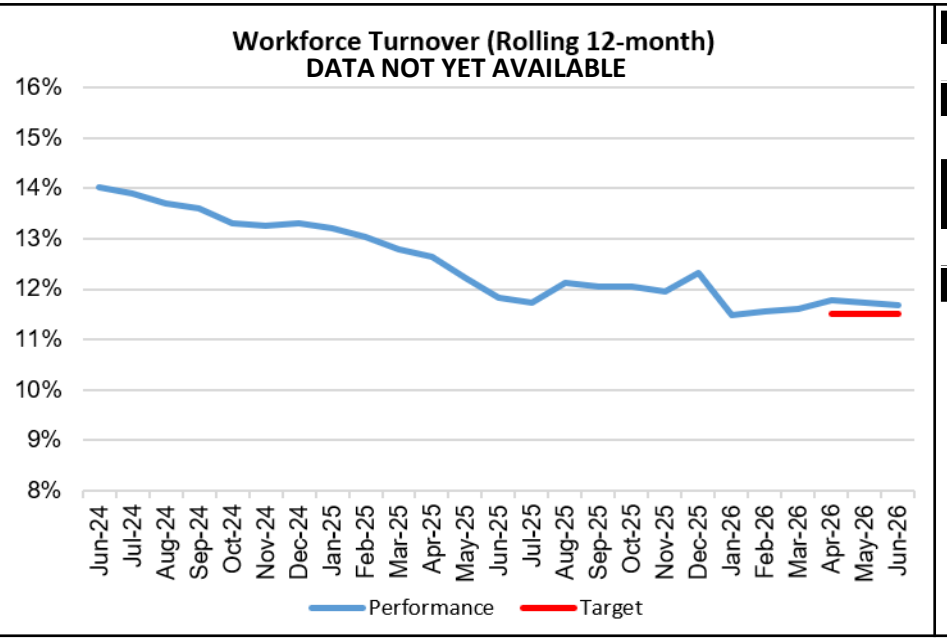
What does the data tell us?
Turnover rate remained static at 11.1% in Jun-26 compared to May-26, driven predominantly by turnover in fixed term staff (rather than permanent contract holders). Leaver FTE reductions were seen in four divisions; the largest was Facilities where leaver FTE reduced by 4.0. There was an increase of 14.0 FTE leavers in Jun-26 compared to May-26, and overall, the 12-month turnover rate remained static as Jun-25 had similar leavers as Jun-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
Jun-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 was 11.7% in June 26, unchanged from May 26. The reduction in leaver FTE was almost entirely balanced out by an increase in average staff in post FTE. Leaver FTE reductions were seen in four divisions; the largest was in Diagnostics and Therapies where leaver FTE reduced by 7.1. The largest staff group reduction was in Nursing and Midwifery Registered, (reducing by 7.6 FTE).

Actions being taken to improve retention

- The post-merger culture plan focus will be engaging in comprehensive approach to developing values across Bristol Foundation Trust.
- Both HOU have been committed to the annual appraisal cycle, reviewing performance and supporting staff with their wellbeing and development
- Plans to deliver business as usual colleague experience work including EDI, Wellbeing and Engagement are in place supporting the development of local People and Culture Plans which aim to improve retention and are aligned to key themes and actions arising from Staff Survey feedback.

Impact on Forecast

- We anticipate that the OD and colleague experience work will positively impact on turnover over time , however, it is recognised that the benefits realisation of OD is a longer-term benefit
- As colleagues become more aligned to the new organisation and gain greater confidence regarding the impact of merger to improve workforce stability and retention

Our People

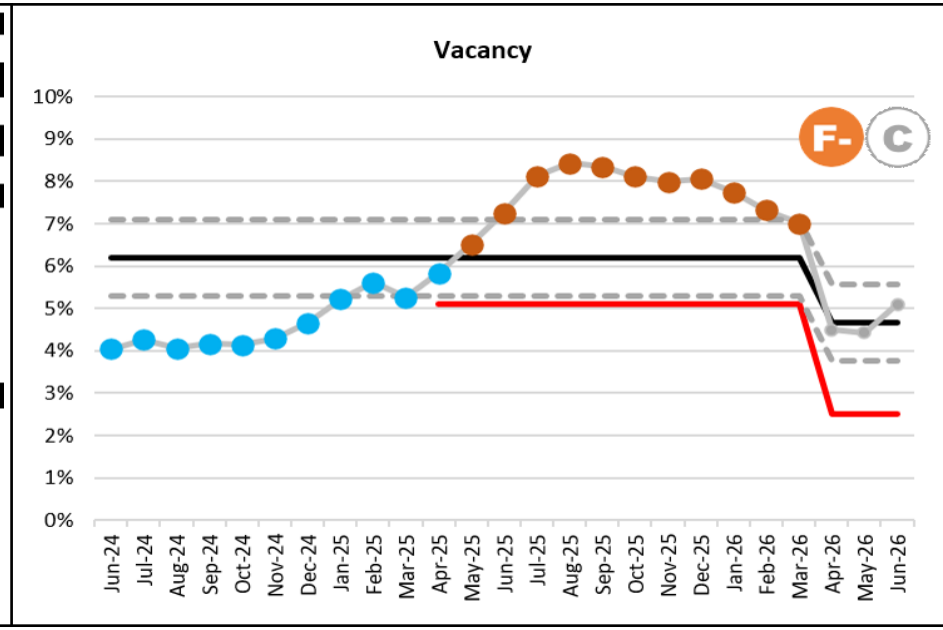
Vacancies

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Jun-26
Target
2.5%
Latest Month's Position
5.1%
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?

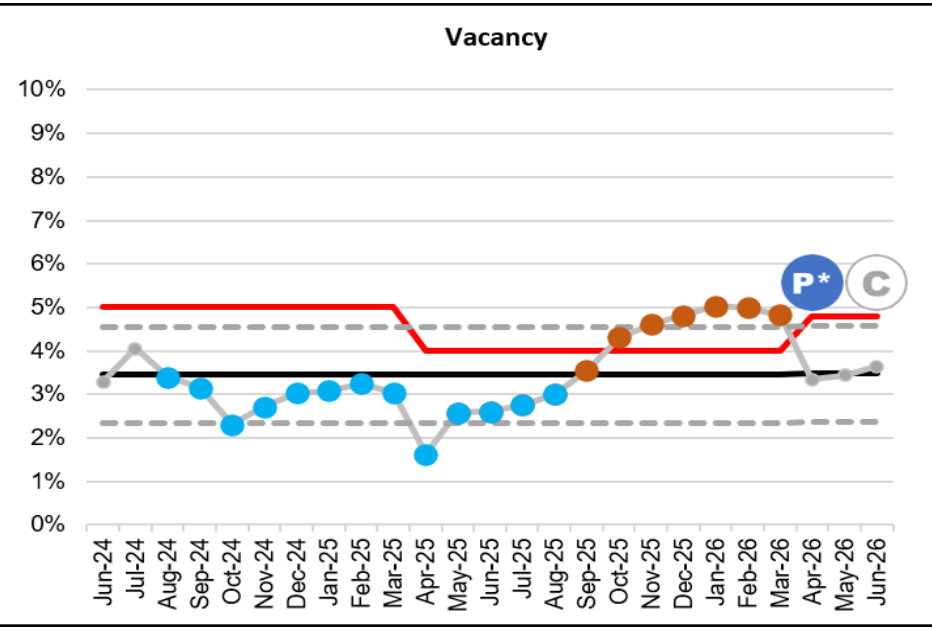
Vacancies increased by 68.5 FTE in June 26. The Funded establishment increased by 38.2 FTE (predominantly in Nursing and Midwifery, Medical and Allied Health Professional Staff). Overall staff in post reduced by 30.4 FTE (predominantly in Medical and Additional Clinical Services Staff). The largest divisional reduction was seen in Women's and Children's where vacancies reduced by 13.5 FTE.

Actions being taken to improve

- **HCSW Supply:** There was no centralised assessment centre in **June 26**. However, more bespoke, Divisional recruitment across the Trust resulted in 21 offers for HCSWs in ASCR and Medicine Divisions
- **RaTSOG meetings** are attended by Recruitment to focus on Divisional areas of vacancy that require extra support
- **Newly Qualifying nurses:** All Recruitment interview days for NQ nurses were completed in **June 26** with 82 nurses interviewed and 33 offers made for students due to qualify over the summer.

Impact on forecast

- Healthcare Support Worker Vacancies increased marginally in **June 26**. Impact of enhanced assessment centres for Band 2/3 HCSW – 34.33 fte predicted to start in Clinical Divisions. in **Jul/Aug 26** and 36.67 fte Band 5s in Nursing and Midwifery



Latest Month
Jun-26
Target
4.8%
Latest Month's Position
3.6%
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 28.7 FTE in June. The Funded establishment increased by 76.9 FTE and the overall staff in post increased by 48.2 FTE. The largest divisional increase was seen in Surgery where vacancies reduced by 19.1 FTE. At staff group level, the largest increase was in Additional Professional Scientific and Technical, where vacancies increased by 29.7 FTE, to a rate of 7.1%.

Actions being taken to improve

- **HCSW Supply:** Adverts are live externally with 41 offers being made in **June 26** across Surgery, Weston and Medicine divisions.
- **Newly Qualifying nurses:** All Recruitment interview days for NQ nurses were completed in June 26 with 225 nurses interviewed and 111 offers made for students due to qualify over the summer.
- **Band 2 Admin and Clerical –** A Commitment to the Community Initiative has providing a waiting list of available candidates available to start an unpaid trial period immediately.
- **Weston Nursing –** A Resourcing and temporary oversight group has now finished with Weston's pipeline at the end of June sitting at 25.92 Band 5RNs and 23.18 HCSWs

Impact on forecast

Impact of recent recruitment for Band 2/3 HCSW – 27.87 fte predicted to start in Clinical Divisions. in **Jun/Jul 26** and 35.61 fte Band 5s in Nursing and Midwifery

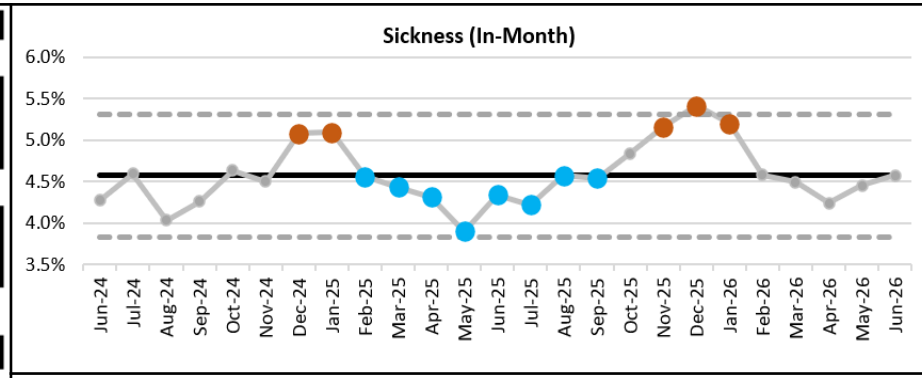
Our People

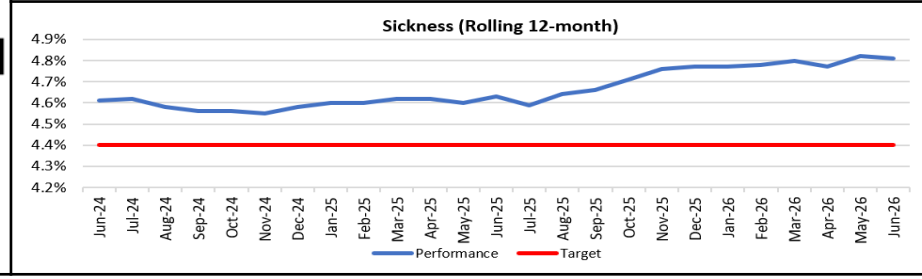
Sickness Absence

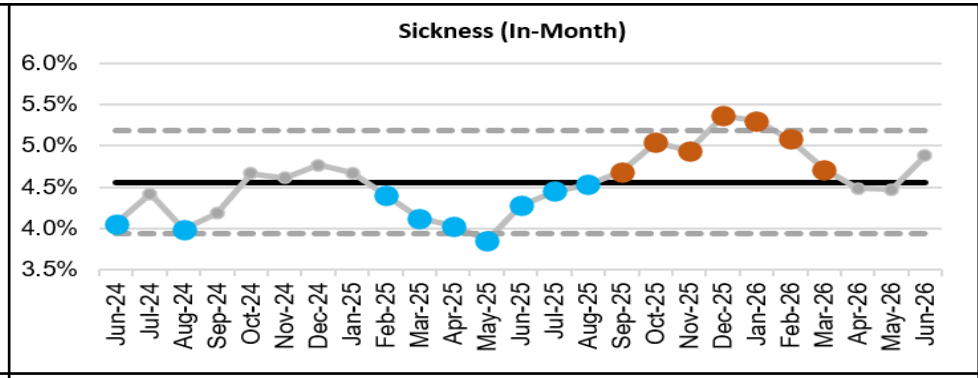
North Bristol NHS Trust

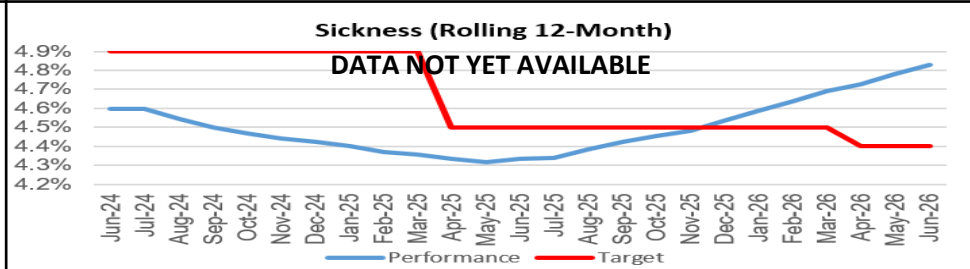
University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Jun-26
Latest Month's Position Rate (In-Month)
4.6%
Latest Month's Position Rate (Rolling 12-Month)
4.8%
Target
4.4%
Trust Level Risk
No Trust Level Risk









Latest Month
Jun-26
Latest Month's Position Rate (In-Month)
4.9%
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 Jun-26 were Stress/Anxiety/Depression/Other Psychiatric Illness , Cold, Cough, Flu , and Other Musculoskeletal. Jun-26 absence rates in month were higher than May-26 (-0.14%) driven by an increase in long-term absence exceeding a reduction in short term absence. Jun-26 absence rates were also higher than Jun-25 absence rates (+0.11%) but this has not significantly impacted our cumulative position
- Long- term absence rates increased in month by +0.10% from May-26 to Jun-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 June remain the same as May - Anxiety/Stress/Depression/Other Psychiatric Illness, Gastrointestinal problems, and Other Musculoskeletal. They accounted for 23.2%, 9.8% and 9.2% of total FTE days lost in June, respectively.
- There was very little change in rolling sickness rates at both divisional and staff group levels. The highest divisional rate continues to be in Facilities and Estates, where rates continue to increase month on month (7.6% in June 26 compared with from 7.5% in May 26). Estates and Ancillary persists as the staff group with the highest sickness rate, at 7.8%.
- Intelligence from across the Southwest indicates that the heatwave had a detrimental impact on attendance in month 3.

Actions being taken to improve

- Joint absence policy (supporting attendance) launched on 1st July with guidance focussed on early intervention and conversations around health and wellness at work. Q&A's sessions being held throughout June and July with refreshed training being developed.
- New Case Management System which will enable manager self-service of sickness reporting in City & Weston.
- 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 & policy recognises need for flexible approach to support those with long term health conditions and disabilities. Guidance created with increased focus on early intervention and conversations around health and wellness at work to ensure earlier and more proactive intervention
- More detailed reporting of absence management enabling targeted manager support and interventions.

Our People

Mandatory and Statutory Training

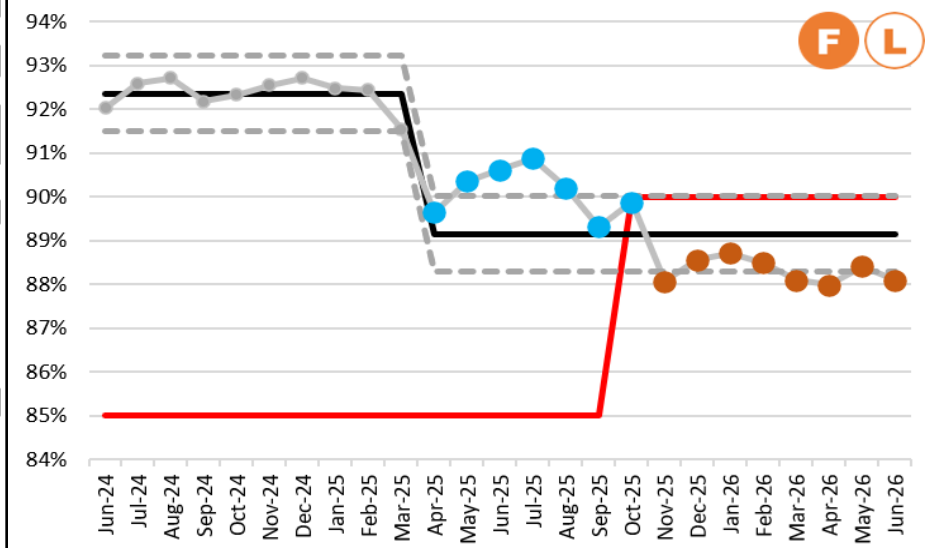
North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month
Jun-26
Target
90.0%
Latest Month's Position
88.1%
Oliver McGowan Tiers 1 and 2 Virtual / Face to Face
41.9%
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

Essential Training Compliance



What does the data tell us?
Contrast in the compliance for the 'all staff' group (88.1%) compared to 'permanent staff' (93%), the latter being above target. However, across both staff groups Information Governance (88.4%) remains below target.

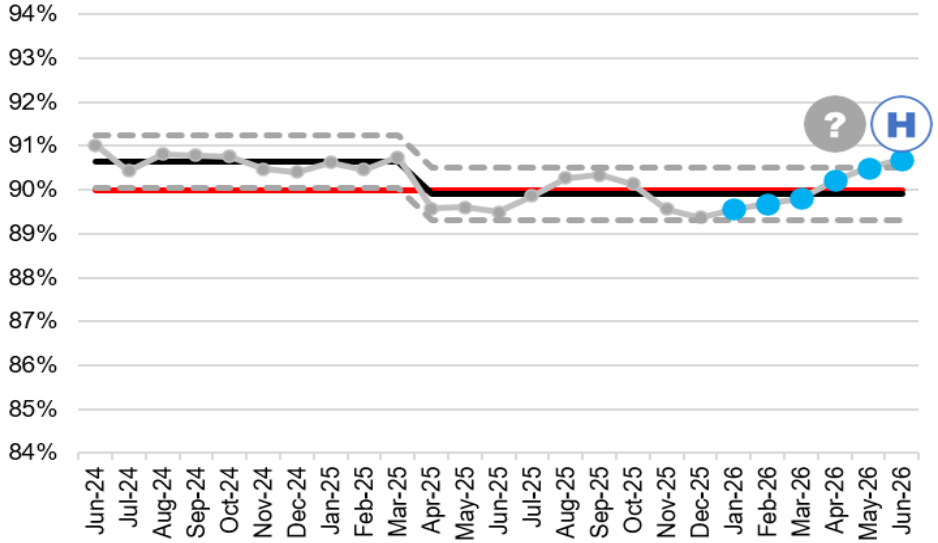
Actions Being Taken to Improve

- **IG:** Existing 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 2% rise in compliance to 49%. 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 2% to 45%**.** The key mitigation of capacity within the ICB OMMT training provision remains robust, flexible and able to accommodate training requests.

Impact on forecast

- **IG:** Maintaining on-going engagement remains a key focus to drive compliance**.**
- **OMMT:** Despite improvements the projected compliance for tiers 1 and 2 will overshoot the Trust target date of April 2027. Currently, based upon current enrolment numbers, meeting target is forecast as July 2027 for tier 1 and October 2027 for tier 2.

Essential Training Compliance



Latest Month
Jun-26
Target
90.0%
Latest Month's Position
90.7%
Oliver McGowan Tiers 1 and 2
50.9%
Performance / Assurance
Special Cause Improving Variation High (where up is improvement) and last six data points are hitting and missing target, subject to random variation.
Corporate Risk
No Corporate Risk

What does the data tell us? Monthly compliance improved by 0.1%, to 90.6%. 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

- **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 but plateaued in month, with only slight increases of 1.6% to 48.7% for tier 1, and 0.8% to 52.0% for tier 2. As per the Southmead commentary, ICB training provision remains robust.
- **Moving & Handling:** The upward compliance trajectory continued, with a 0.7% increase to 84.4%.
- **Resuscitation:** Slight increase of 0.6% to 76.9% this month. Targeted email campaign commenced to improve compliance and recent work with Learning & Development 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:** Despite improvements the projected compliance for tiers 1 and 2 will overshoot the Trust target date of April 2027. Currently, based upon current enrolment numbers, meeting target is forecast as March 2028 for tier 1 and October 2027 for tier 2.

Income & Expenditure

Actual Vs Plan (YTD)

Latest Month

Jun-26

Year to Date Plan

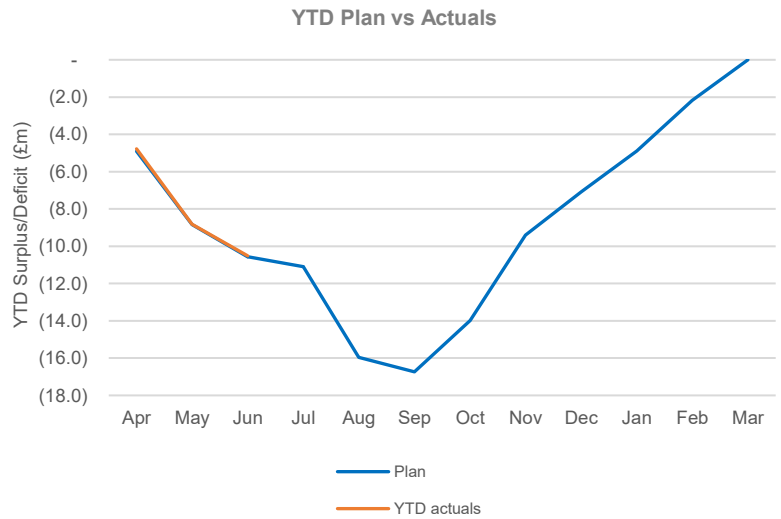
£(3.7)m deficit

Year to Date Actual

£(3.7)m deficit

Summary:

- The financial plan for 2026/27 Month 3 was a deficit of £1.3m. The Trust has delivered a £1.3m deficit and on plan.
- In Month 3, the Trust was behind the recurrent savings target of £7.4m. Due to the start date of schemes, this has driven a £2.1m adverse variance in month.
- This is offset by vacancies of £0.9m on Consultants and AfC staff and delays in investments of £1.2m
- The Trust continues to see high levels of acuity and enhanced care costs which has led to overspends on Nursing of £0.4m.
- This was offset by other underspends on non-pay of £0.4m, predominantly within medical and surgical consumables as stock levels changed during the period end stock takes.
- Elective Recovery is driving an adverse variance of £0.5m driven by ASCR and NMSK.
- This is offset by additional income across all divisions which is £0.5m favourable.
- HPV is causing an adverse variance of £0.3m. This is offset by further one-off benefits and costs coming to a total of £0.3m adverse, a breakdown of this can be seen on the following slides
- There is a large variance on contract income and pay is driven by a notional pension adjustment of £10.0m. This represents NHS England's contribution to pension costs and was required to be posted as part of the NBT close-down ahead of the merger.



Latest Month

Jun-26

Year to Date Plan

£(10.6)m deficit

Year to Date Actual

£(10.5)m deficit

Summary:

- The position at the end of June is a net deficit of £10.5m against a deficit plan of £10.6m. The Trust, therefore, is marginally ahead of plan.
- Significant variances against plan are higher than planned pay expenditure (£5.2m) and increased non-pay costs (£4.0m). The pay and non-pay operating expenditure variances are offset by higher than planned operating income (£8.4m).
- Total staff in post (substantive, bank and agency) has reduced since March 2025. Staffing levels in month were 1WTE 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, industrial action and the number of less than full time Resident Doctors.
- Agency and bank expenditure was higher in month compared with May and is £3.2m higher than planned YTD. Agency expenditure is broadly on plan with expenditure in month of £0.6m, £0.1m higher than May. Bank expenditure is 27% higher than plan mainly due to the cost of industrial action and escalation linked to NCTR, with expenditure in month of £4.7m, £0.9m higher than May.
- The average number of NCTR patients in June is 202, significantly above the system trajectory of 167 This equates to 23% of the Trust's bed base being occupied by NCTR patients.

CIP

Actual Vs Plan (YTD)

North Bristol NHS Trust

University Hospitals Bristol and Weston NHS Foundation Trust

Latest Month

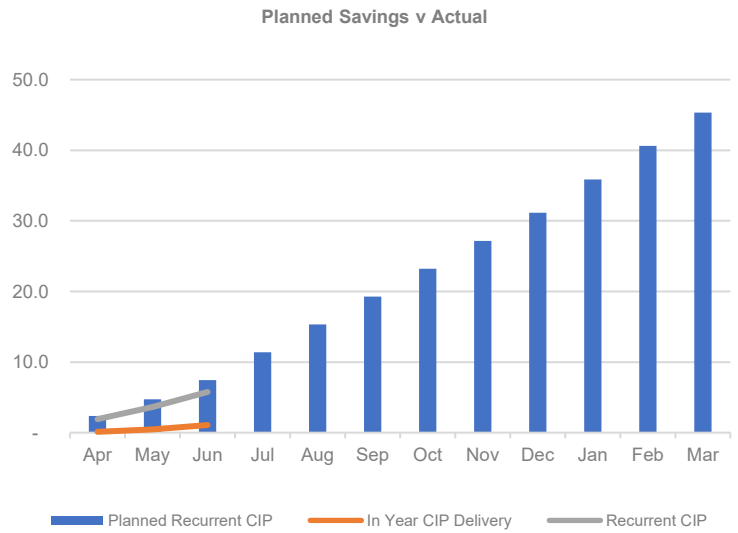
Jun-26

Year to Date Plan

£7.4m

Year to Date Actual

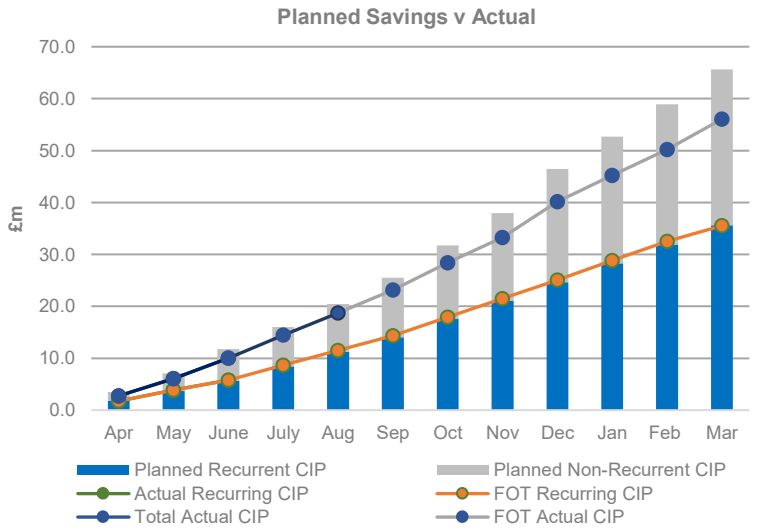
£5.8m



Summary

Summary

- The CIP plan for 2026/27 is for savings of £45.3m with £7.4m planned delivery at Month 3. At Month 3 the Trust has £5.8m of completed schemes on the tracker.
- There are a further £11.7m of schemes in implementation and planning.
- The total identified CIP schemes on the tracker, with pipeline included, would deliver £0.8m less than the target.
- The CIP delivery is the full year effect figure that will be delivered recurrently. Due to the start date of CIP schemes this creates a mis-match between the 2026/27 impact and the recurrent full year impact.



Latest Month

Jun-26

Year to Date Plan

£11.7m

Year to Date Actual

£10.0m

Summary

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 30th June 2026, the Trust is reporting total savings delivery of £10.0m against a plan of £11.7m, a year-to-date savings shortfall of £1.7m. Year-to-date there is a shortfall of £1.9m due to unidentified plans.
- The Trust is currently forecasting savings of £56.1m against the plan of £65.6m. The current forecast delivery shortfall is £9.5m or 15%.
- The current forecast savings is split 63% (£35.5m) recurring schemes and 37% (£20.5m) non-recurring schemes.
- The full year effect forecast outturn at month 3 is £43.1m, a forecast recurrent shortfall of £22.5m or 35%.

Workforce

Pay Costs Vs Plan Run Rate

Latest Month

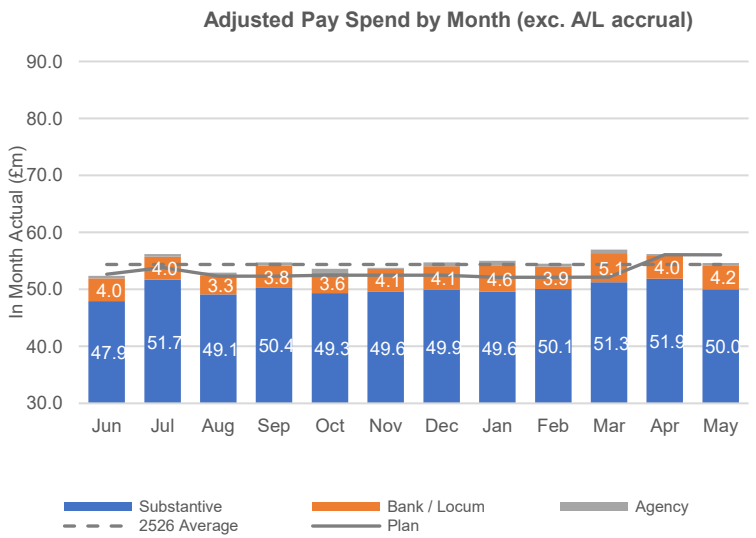
Jun-26

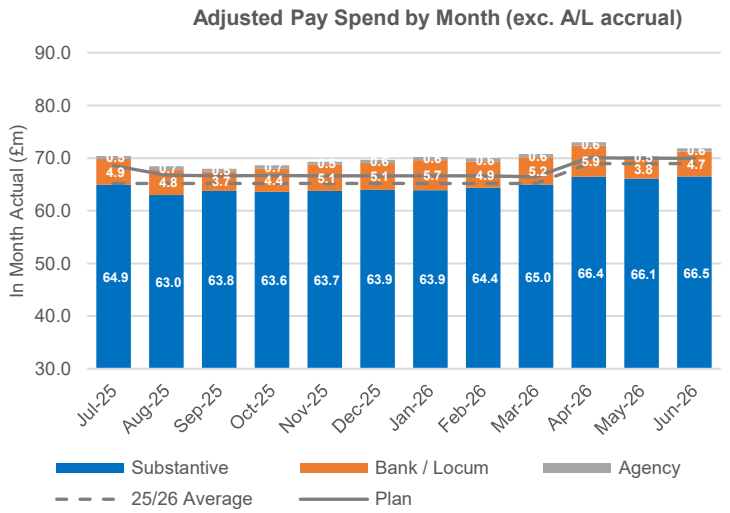
In- Month Plan

£69.3m

In-Month Actual

£55.9m





Latest Month

Jun-26

In-Month Plan

£69.9m

In-Month Actual

£71.8m

Summary

Summary

- Pay spend is £13.3m adverse in month, when adjusted for pass through items, the revised position is £0.2m adverse to plan. The main pass-through item is a £10.0m notional pension adjustment offset in contract income representing NHS England's contribution to pension costs. The main drivers of the remaining variance are:
  - In year CIP - £1.2m adverse, in month impact of recurrent CIP delivery.
  - Escalation and enhanced care - £0.4m adverse in nursing driven by hospital pressures.
  - Vacancies - £0.9m favourable driven by Consultants and non-nursing AfC
  - Delays in investments - £1.2m favourable.
  - The annual leave accrual was re-calculated as at Month 3 driving a £0.7m adverse variance

Summary

Summary

- Total pay expenditure in June is £71.8m, £1.9m higher than plan due to higher than planned substantive and bank staffing costs.
- Pay costs higher than planned values are driven predominantly by medical substantive staffing costs and nursing and medical bank costs exceeding plan. Overall levels of substantive and temporary staffing combined are below the Trust's funded establishment by 1WTE in June.
- Total nursing staffing levels exceed the funded establishment by 175WTE in June. 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

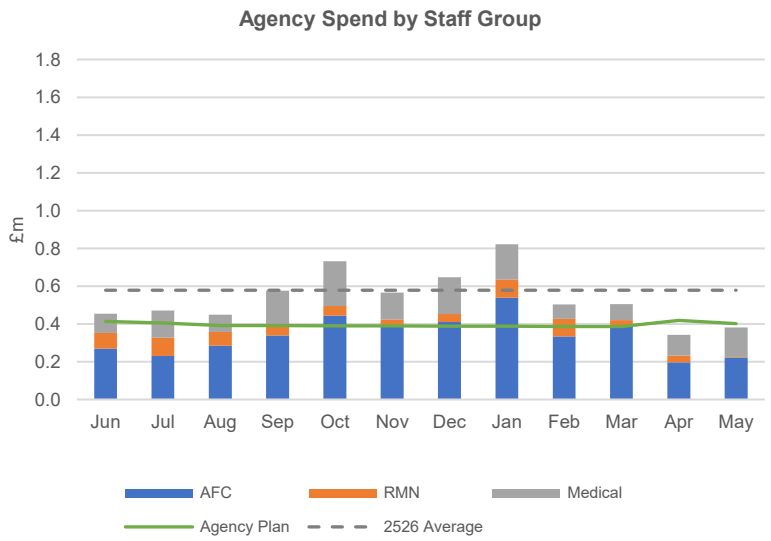
Jun-26

In-Month Plan

£0.4m

In-Month Actual

£0.6m



Summary

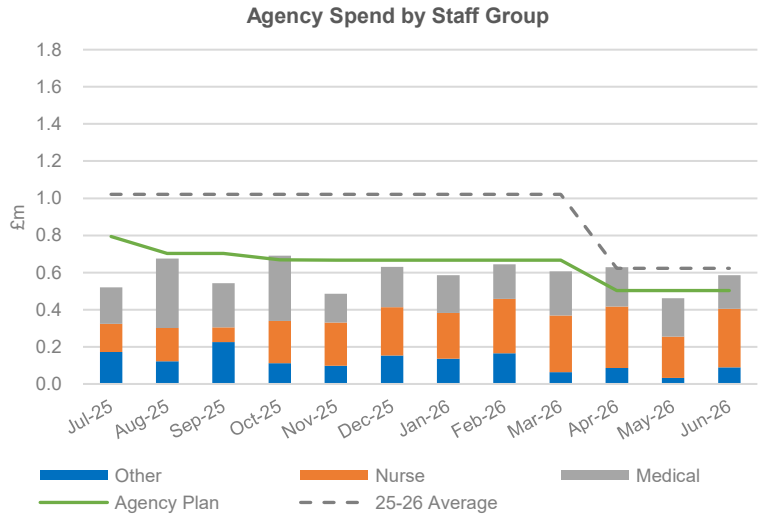
Summary

Monthly Trend

- Agency spend in June has increased compared to May. This is largely driven by an increase in medical agency within the Medicine division to cover gaps in due to retirement and maternity leave.
- 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 April is below 2025/26 average spend. This is due to the renewed focus on temporary staffing spend reductions for this financial year.



Latest Month

Jun-26

In-Month Plan

£0.5m

In-Month Actual

£0.6m

Summary

Summary

Monthly Trend

- Agency expenditure in June is £0.6m against a plan of £0.5m, £0.1m higher than May'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 increased by 24 or 3% in June compared with May.
- Medical agency expenditure is similar to the previous month at £0.2m. The number of shifts covered is also similar at 185 in June compared with 183 in May.

In Month vs Prior Year

- Trustwide agency spend in June is £0.2m or c47% lower than June 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

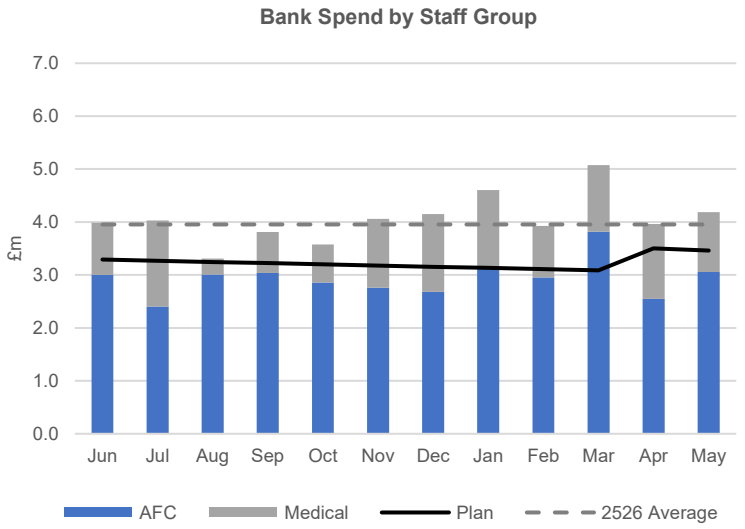
Jun-26

In-Month Plan

£3.3m

In-Month Actual

£4.1m



Summary

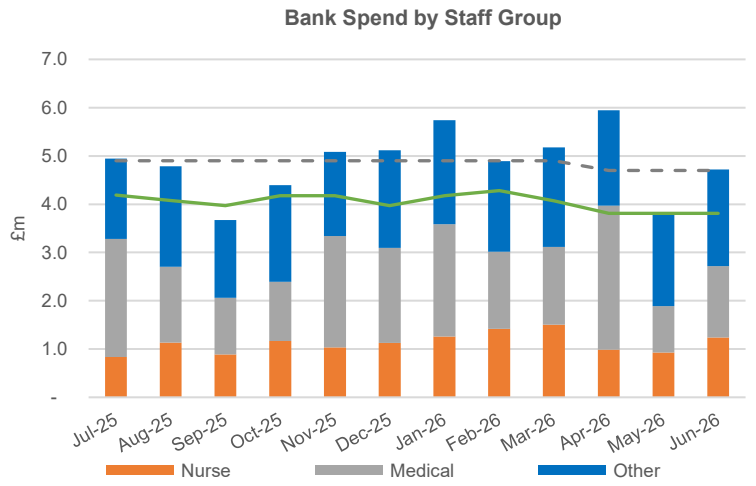
Summary

Monthly Trend

- In June, bank spend has remained consistent with prior months across all divisions

In Month vs Prior Year

- Bank spend in month is in line with the average 2025/26 spend.



Latest Month

Jun-26

In-Month Plan

£3.8m

In-Month Actual

£4.7m

Summary

Summary

Monthly Trend

- Bank costs in June are £4.7m, £0.9m higher than May. Of the £4.7m spent in June, £1.5m relates to medical bank and £1.2m to registered nurse bank.
- Nurse bank expenditure is higher than April and May by c£0.3m.
- Medical bank increased in June by £0.5m, to £1.5m.

In Month vs Prior year

- Bank expenditure in June is £0.6m higher than the same period last year.

Capital

Actual Vs Plan

Latest Month

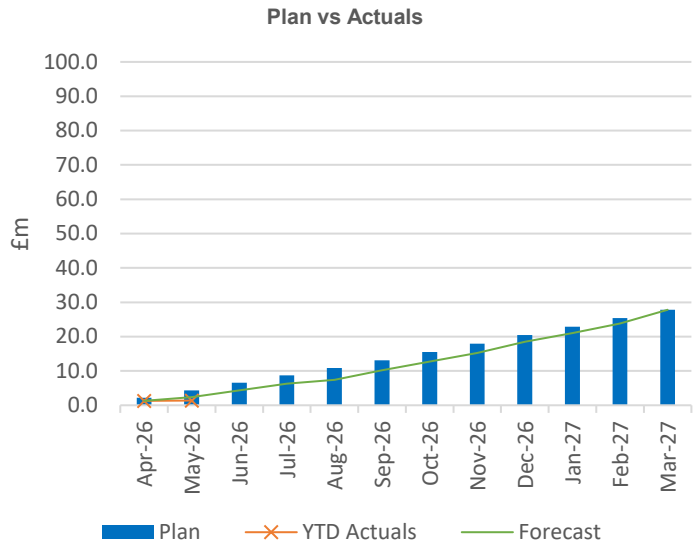
Jun-26

In-Month Plan

£2.0m

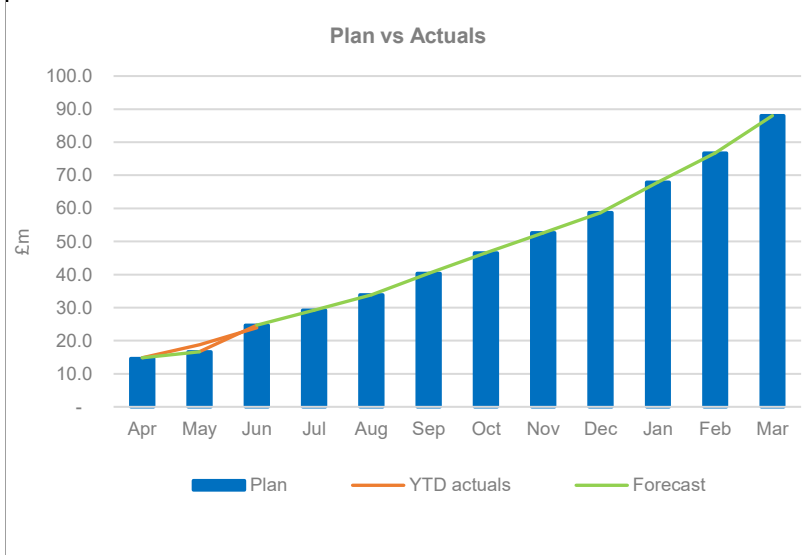
In-Month Actual

£0.7m



Summary

- The Trust's 2026/27 system capital allocation is £24.8m, including £4.3m of additional funding secured by achieving break-even in 2025/26 and £3.0m of projects that have been submitted for national funding.
- Year-to-date spend is £2.5m, behind plan at the end of Q1. Spend in 2026/27, thus far, is in relation to estates projects such as Lithotripter, PSDS and Therapy Hub.
- Spend is expected to accelerate over the coming months as investments complete internal governance and project delivery gathers pace.



Latest Month

Jun-26

In-Month Plan

£8.0m

In-Month Actual

£5.2m

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 June is £23.9m, £0.8m behind the plan of £24.7m.
- Significant variances to plan include slippage against Digital Services (£4.5m), Right of Use Assets (£2.4m) and Estates Safety (£1.8m), offset by over-delivery against Major Capital Schemes (£3.4m), Medical Equipment (£2.1m), Estates Schemes (£1.4m) and Fire Improvement (£0.8m).
- A robust forecasting exercise is underway following Q1 results to identify in-year slippage and any potential in year reallocations.

Cash

Actual Vs Plan

Latest Month

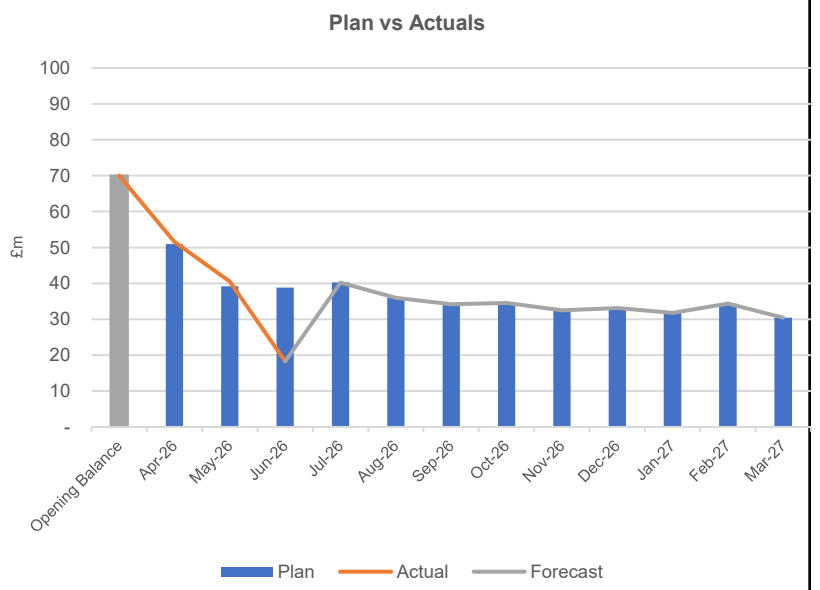
Jun-26

Target

£28.9m

Actual

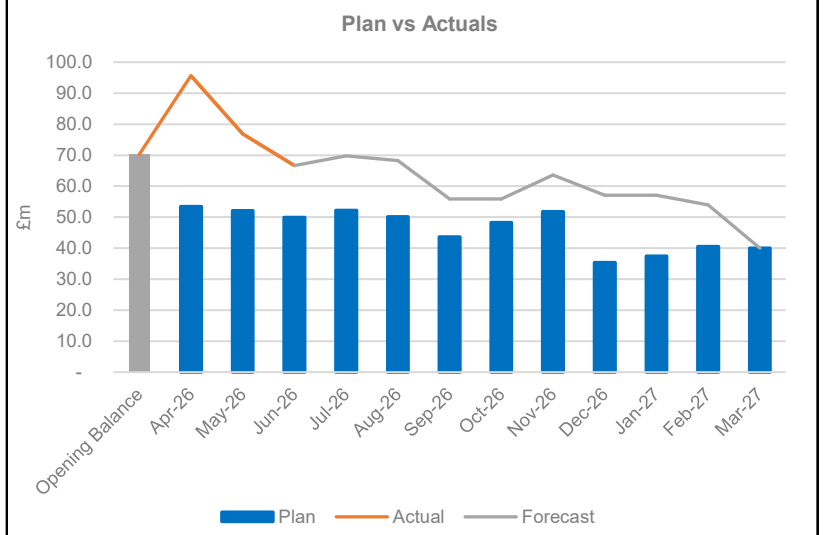
£18.3m



Summary

Summary

- In month cash is £18.3m, which is a £22.2m decrease from May and £20m adverse to plan.
- The cash movement is mainly driven by the early payment of all outstanding invoices to mitigate any potential late payments during the two-week ledger migration process in early July.
- The cash position is expected to return to plan levels in July as the movement explained above is predominantly driven by timing.



Latest Month

Jun-26

Target

£49.9m

Actual

£66.7m

Summary

Summary

- The closing cash balance of £66.7m is a decrease of £6.4m from March.
- The £6.4m decrease from 31st March is due to a net cash inflow from operations of £23.6m, offset by cash outflow of £24.5m relating to investing activities (i.e. capital), and £5.6m on financing activities (i.e. loans, leases & PDC).
- The Trusts total cash receipts in June were £113.6m to cover payroll payments of £70.6m, supplier payments of £49.9m and loan repayments of £3.3m.
- The year end forecast remains at £40m in line with plan.

NHS North Bristol NHS Trust

Assurance and Variation Icons – Detailed Description

NHS University Hospitals Bristol and Weston NHS Foundation Trust

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.
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KEY
Note Performance
Constitutional Standards and Key Metrics = Escalation Summary