

**Meeting of Board of Directors of Bristol NHS Foundation Trust  
in Public on Tuesday, 08 September 2026, 10.00 to 12.30  
St James Court, Clifton and Hotwells Rooms, Cannon Street, Bristol, BS1 3LH**

**AGENDA**

| NO.                            | AGENDA ITEM                                                                                      | PURPOSE     | PRESENTER                                       | TIMING             |
|--------------------------------|--------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------|--------------------|
| <b>Preliminary Business</b>    |                                                                                                  |             |                                                 |                    |
| 1.                             | Apologies for Absence                                                                            | Information | Chair                                           | 10:00<br>(30 mins) |
| 2.                             | Declarations of Interest                                                                         | Information | Chair                                           |                    |
| 3.                             | Patient Story                                                                                    | Information | Heads of Patient Experience                     |                    |
| 4.                             | Minutes of the last meeting held on 14 July 2026                                                 | Approval    | Chair                                           | 10:30<br>(5 mins)  |
| 5.                             | Matters Arising and Action Log                                                                   | Approval    | Chair                                           |                    |
| 6.                             | Questions from the Public                                                                        | Information | Chair                                           | 10:35<br>(5 mins)  |
| <b>Strategic</b>               |                                                                                                  |             |                                                 |                    |
| 7.                             | Chair's Report                                                                                   | Information | Chair                                           | 10:40<br>(10 mins) |
| 8.                             | Chief Executive's Report                                                                         | Information | Hospital Managing Director                      | 10:50<br>(10 mins) |
| 9.                             | Group Benefits Realisation Report - Quarter 1 2026/27                                            | Information | Trust Formation Officer                         | 11.00<br>(15 mins) |
| <b>BREAK 11.15-11.25</b>       |                                                                                                  |             |                                                 |                    |
| <b>Quality and Performance</b> |                                                                                                  |             |                                                 |                    |
| 10.                            | Baroness Amos' and Ockenden Ten-Point Plan Response                                              | Approval    | Chief Nursing and Improvement Officer           | 11:25<br>(10 mins) |
| 11.                            | Integrated Quality and Performance Report                                                        | Information | Hospital Managing Directors and Executive Leads | 11:35<br>(40 mins) |
| 12.                            | Learning from Deaths Annual Report 2025/6                                                        | Information | Chief Medical & Innovation Officer              | 12:05<br>(5 mins)  |
| <b>People</b>                  |                                                                                                  |             |                                                 |                    |
| 13.                            | Medical Revalidation and Appraisal Framework for Quality Assurance and Improvement (FQAI) Report | Approval    | Chief Medical & Innovation Officer              | 12:10<br>(5 mins)  |
| <b>Governance</b>              |                                                                                                  |             |                                                 |                    |

| NO.                        | AGENDA ITEM                                                                                                                                                                                                                                            | PURPOSE                     | PRESENTER                                                | TIMING             |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------|--------------------|
| 14.                        | Integrated Governance Report including Committee Chairs' Reports,<br><br><ul style="list-style-type: none"> <li>Audit Committee Terms of Reference (ToRs)</li> </ul>                                                                                   | Information<br><br>Approval | Committee Chairs<br><br>Director of Corporate Governance | 12:15<br>(10 mins) |
| <b>Concluding Business</b> |                                                                                                                                                                                                                                                        |                             |                                                          |                    |
| 15.                        | Any Other Urgent Business – <i>Verbal Update</i> <ul style="list-style-type: none"> <li>Annual Members Meeting and Health Fair will take place on 24 September 2026 at Bristol Rovers Memorial Stadium, Filton Avenue, Bristol, UK, BS7 0BF</li> </ul> | Information                 | Chair                                                    | 12:25<br>(5 mins)  |
| 16.                        | Date of Next Meeting<br><b>Tuesday, 10 November 2026</b>                                                                                                                                                                                               | Information                 | Chair                                                    |                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |             |
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| Report To:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Meeting of Trust Board                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |             |
| Date of Meeting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 08 September 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |             |
| Report Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Breast cancer, recovery and holistic support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |             |
| Report Author:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Layla Hussein– Community Involvement and Partnership Lead                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |             |
| Report Sponsor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Steve Hams – Group Chief Nurse & Improvement Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |             |
| Purpose of the report:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Discussion | Information |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            | x           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Patient stories reveal a great deal about the quality of our services, the opportunities we have for learning, and the effectiveness of systems and processes to manage, improve and assure quality. The purpose of presenting a patient story to Board members is: <ul style="list-style-type: none"><li>• To set a patient-focussed context for the meeting.</li><li>• For Board members to understand the impact of the lived experience for patients and for Board members to reflect on what the experience reveals about our staff, morale and organisational culture, quality of care and the context in which clinicians work.</li></ul> |            |             |
| Key Points to Note (Including any previous decisions taken)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |             |
| <p>Lilly, 59, was diagnosed with Stage 3 breast cancer in her left breast. Her treatment has been extensive and has included 8 rounds of chemotherapy, a left mastectomy and 15 sessions of radiotherapy.</p> <p>Lilly is now continuing with longer-term treatment, including a zoledronic acid infusion every six months for three years and daily Ribociclib for three years.</p> <p>Lilly speaks very positively about the doctors and nurses who have cared for her and the clinical treatment she has received. However, her experience also highlights that treating cancer is only one part of a person's journey.</p> <p>her story highlights an important question about what happens around and beyond successful clinical treatment: how well do we support the whole person to recover, regain confidence and have the best possible opportunity to remain well?</p> <p>Lily's care involved several services and hospital sites. Her biopsy and elements of her initial care took place at Southmead OU, other treatment was provided in Bristol OU, and her mastectomy ultimately took place in Weston OU.</p> <p>At one point, Lily was offered an earlier date for surgery at Southmead but did not feel psychologically prepared for surgery to happen so quickly. Having surgery in Weston gave her another option, although this also meant travelling further. Lily recognises that she was fortunate to have family members who were able to drive and support her.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |             |

Her experience provides an opportunity to consider how patients experience pathways that cross organisational and geographical boundaries and whether factors such as transport, family support, confidence and ability to navigate services can create different experiences and opportunities for patients.

### **Treating the cancer and supporting the person**

One of the strongest themes within Lily's story is the difference between coping physically with cancer treatment and coping psychologically.

Lily feels she managed many of the physical aspects of treatment relatively well, but the diagnosis had a profound impact on her confidence, sense of control and psychological wellbeing. She continues to experience some of these effects, including difficulties with sleep.

Importantly, Lily did not initially recognise how significantly her psychological wellbeing had been affected. She later sought support herself and, following assessment, was identified as having medium-to-high psychological support needs.

Reflecting on this, Lily said:

"I realised I could have had the psychological support earlier on, as I didn't realise how much things were affecting me."

Her experience raises an important question about whether we can rely on patients experiencing major illness and treatment to recognise their own psychological support needs and know when and how to ask for help.

There is an opportunity to consider how psychological and emotional needs can be identified proactively and earlier within pathways, alongside assessment and treatment of physical needs.

### **From providing information to enabling recovery**

Lily describes receiving a significant amount of information and leaflets throughout her cancer journey. However, having information available did not necessarily mean she felt able to translate that information into action.

Lily described this very simply "I'm not good at following instructions and being left to get on with things alone. I need hands-on support."

She felt that more practical support, support groups and opportunities to connect with peers who had experienced cancer would have helped her navigate treatment and recovery.

Her experience demonstrates an important distinction between providing information and enabling people to understand, act on and benefit from that information.

A universal offer may be available to everyone, but patients will differ in their confidence, health literacy, psychological wellbeing, social circumstances, cultural context and ability to navigate complex information and services. Providing the same intervention to everyone therefore does not necessarily create an equitable opportunity for recovery.

## Looking beyond treatment "What do I need to do now?"

As Lily moves beyond active treatment, one of the questions she is left with is:

"I don't know what I need to do long term to ensure I have the optimum chances to remain cancer free."

Lily wants to take an active role in protecting her future health. She wants to understand what she can realistically do around diet, physical activity, wellbeing and lifestyle to support her recovery and long-term health.

Her experience therefore presents an opportunity to consider how we support people not simply to complete treatment, but to live well following treatment.

### Culturally responsive support

As a South Asian woman, Lily has also reflected on the relevance of some of the standard dietary and healthy lifestyle information she received.

The foods people eat, how families prepare meals and wider cultural and social circumstances can influence how easily generic health advice can be translated into everyday life.

Lily's experience therefore raises a broader health equity question: are we providing everyone with the same information, or are we providing people with the support they individually need to have an equitable opportunity to recover and remain well?

This creates opportunities to work with patients and communities to co-design culturally responsive approaches to nutrition, physical activity, psychological wellbeing and long-term recovery.

Lily's story is particularly relevant as the NHS increasingly seeks to move from sickness to prevention and from hospital-based care towards greater support within communities.

Her experience demonstrates that this shift cannot simply mean transferring more responsibility for recovery and self-management to patients.

For some people, information and digital resources may be sufficient. Others may benefit from more personalised, practical or hands-on support, peer networks, community-based interventions or culturally relevant approaches.

Lily's story invites the Board to consider not only:

**"Did we treat the cancer well?"** but also did we create the conditions that gave this person the best and most equitable opportunity to recover well and remain well

### Strategic and Group Model Alignment

This work aligns to the Experience of Care / Patient & Carer Experience priority at NBT and UHBW.

### Risks and Opportunities

As services increasingly support patients to self-manage and move elements of care closer to home and communities, there is also a risk of transferring responsibility to patients without sufficiently recognising differences in health literacy, psychological wellbeing, culture, digital access, transport, family support and wider social circumstances.

Lily's story aligns with the Experience of Care / Patient & Carer Experience priorities and provides important learning for the development of increasingly person-centred and equitable models of care.

The story supports the strategic direction towards prevention, earlier intervention, personalised care and a greater focus on supporting people within their communities.

It also provides a health equity lens through which to consider these changes. As care increasingly moves beyond the hospital and places greater emphasis on prevention, recovery and self-management, services need to recognise that patients have different levels of health literacy, confidence, resources, social support and ability to navigate care.

The opportunity is therefore not simply to provide equal access to services and information, but to develop proportionate and culturally responsive approaches that give different individuals and communities an equitable opportunity to achieve good health outcomes

#### **Recommendation**

This report is for **INFORMATION**.

The Board is asked to **NOTE** the report

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

None

Not applicable

#### **Appendices:**

None

**DRAFT Minutes of the Public Board Meeting of Bristol NHS Foundation Trust (BFT)**  
**held on Tuesday, 14 July 2026 at 10am to 12.25pm**  
**at Lockleaze Sports Centre, Bonnington Walk, Lockleaze, Bristol, BS7 9XF**

**Present**

**Board Members:**

|                  |                                             |
|------------------|---------------------------------------------|
| Ingrid Barker    | Chair and Non-Executive Director            |
| Sue Balcombe     | Non-Executive Director                      |
| Paula Clarke     | BFT Formation Officer                       |
| Richard Gaunt    | Non-Executive Director                      |
| Steve Hams       | Chief Nursing and Improvement Officer       |
| Glyn Howells     | Hospital Managing Director, Southmead       |
| Maria Kane       | Chief Executive                             |
| Neil Kemsley     | Chief Finance and Estates Officer           |
| Linda Kennedy    | Non-Executive Director                      |
| Marc Griffiths   | Non-Executive Director                      |
| Jenny Lewis      | Chief People and Culture Officer            |
| Pipim Poku Osei  | Non-Executive Director                      |
| Sarah Purdy      | Non-Executive Director                      |
| Roy Shubhabrata  | Non-Executive Director                      |
| Martin Sykes     | Non-Executive Director                      |
| Stuart Walker    | Hospital Managing Director, City and Weston |
| Tim Whittlestone | Chief Medical and Innovation Officer        |

**Also In Attendance:**

|                  |                                                                  |
|------------------|------------------------------------------------------------------|
| Emily Ayling     | Head of Patient Experience ( <i>for the patient story</i> )      |
| Xavier Bell      | Chief of Staff                                                   |
| Karline Bowen    | Corporate Governance Officer                                     |
| Roger            | Patient ( <i>for the patient story</i> )                         |
| Richard Gwinnell | Senior Corporate Governance Officer ( <i>author of minutes</i> ) |
| Elliot Nichols   | Chief Communications and Engagement Officer                      |
| Lavinia Rowsell  | Director of Corporate Governance                                 |

**Observers, partner representatives, colleagues and members of the public:**

|                 |                                                              |
|-----------------|--------------------------------------------------------------|
| Hannah Crofton  | Intensive care doctor applicant                              |
| Tom Clolce      | Consultant applicant                                         |
| Caroline Gamlin | Non-Executive Director, North Somerset Integrated Care Board |
| Joshua Gaunt    | Medical Illustration team ( <i>audio-visual recording</i> )  |
| Michaela Gorea  | Ear, Nose and Throat Specialty Doctor, City and Weston       |
| Daniel Kazmi    | Liaison Group                                                |
| Archie Maher    | Netcompany                                                   |
| Florence Renaud | Medical Illustration team ( <i>audio-visual recording</i> )  |
| Michael Taylor  | Cinapsis                                                     |
| Carl Woodroffe  | Cinapsis                                                     |

|                   |               |
|-------------------|---------------|
| <b>Apologies:</b> | None received |
|-------------------|---------------|

| <b>Minute Ref.</b> | <b>Item</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Actions</b> |
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| <b>01/07/26</b>    | <b>Welcomes and Apologies for Absence</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |
|                    | Ingrid Barker, Trust Chair, welcomed everyone to the meeting. No apologies for absence had been received; every member of the Board was present. Ingrid Barker reminded members that today was Martin Sykes' and Sue Balcombe's last Board meeting, as they were due to step down in the next few weeks, and that Shawn Smith had stepped down at the end of June. Ingrid thanked Martin, Sue and Shawn for their significant contributions to the Board and extended them best wishes for the future, on behalf of the Board.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |
| <b>02/07/26</b>    | <b>Declarations of Interest</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
|                    | No interests were declared at this stage. Minute 09/07/26 below refers to an interest declared later in the meeting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |
| <b>03/07/26</b>    | <b>Patient Story</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |
|                    | <p>Roger, a local resident, introduced himself and told his story, of various health issues he had experienced since 3 July 2025. Roger had been seen, examined, tested, diagnosed and treated by or at numerous healthcare settings, including his GP surgery, St Michael's Hospital, Bristol Dental Hospital, McMillan, Southmead, Sirona, the Head and Neck Clinic, the Bristol Royal Infirmary (BRI), Endoscopy and other facilities, receiving CT scans, MRI scans, audiology tests, 35 sessions of radiotherapy, 2 sessions of chemotherapy and various other treatments over 80 hospital visits during those 12 months, so had a great deal of experience of numerous services and facilities delivered by the Trust and other organisations. Roger gave details of the dates, visits, treatments, operations and conversations he had been involved in and the names of various doctors, consultants, nurses and other health professionals he had seen.</p> <p>Roger concluded that every member of staff he had encountered had kept him well informed, had been open, honest, informative, and had explained complex issues in simple terms. His discharge had been a little slow and he had experienced some delays in radiotherapy (which he felt was inevitable over 35 sessions, with some machines out of order at times and surprisingly high patient numbers), on two occasions he felt treated a little procedurally (in the PET CT scan process and chemotherapy, which required lengthy time alone) but overall, he felt his treatment and care had been "brilliant", that departments were stretched but the co-ordination was "fantastic" and he was very grateful for the treatment and care he had received.</p> <p>Roger responded to comments and questions from Board members, that:</p> <ul style="list-style-type: none"> <li>• 80 appointments was remarkable; some appointments or conversations could have been held over Teams or on the phone, instead of requiring him to visit hospital, but he was retired and preferred face to face interaction and reassurance</li> <li>• he had been offered support (outside family and friends) by McMillan and others, and had received lots of useful information</li> <li>• he had attended a McMillan presentation, but found the video depressing</li> <li>• he knew he could ask for support or information whenever he wanted it and was quite capable of doing so</li> </ul> |                |

| <b>Minute Ref.</b> | <b>Item</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Actions</b> |
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|                    | <ul style="list-style-type: none"> <li>• he did not have to re-explain his situation or treatment history whenever he saw someone new or attended somewhere for the first time (except in Rowan Ward); everyone was very good at knowing the position</li> <li>• everyone he met had given him the time and respect he hoped for, had welcomed him and been caring, friendly and professional; this compared well to when he had received physiotherapy at a private health clinic and at Sirona.</li> </ul> <p>Ingrid Barker thanked Roger for his story and reminded Board members that it had arisen from the real-time feedback from patients work which was already embedded in Trust systems. She commented that Roger's story was good to hear and very encouraging; that his journey had involved most NHS services, and his story was overwhelmingly positive; one of seamless, co-ordinated care, with no long waits, by people who knew who he was and treated him as a real person, and good communication throughout.</p> <p><b>RESOLVED:</b> The Board noted and welcomed Roger's patient story.</p> <p><i>Roger and Emily Ayling were thanked again and left the meeting.</i></p>                                                                                                                                                         |                |
| <b>04/07/26</b>    | <b>Minutes of the last Board meeting: 12 May 2026</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |
|                    | <b>RESOLVED:</b> the minutes of the meeting of the Board held in public on 12 May 2026 were approved as a correct record of that meeting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
| <b>05/07/26</b>    | <b>Action Log and matters arising</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |
|                    | <b>RESOLVED:</b> the Board action log was noted. No actions were outstanding.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |
| <b>06/07/26</b>    | <b>Questions from the public</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |
|                    | <p>The Board received the following question from Amanda Bryant (which was read out by Lavinia Rowsell, Director of Corporate Governance, in the absence of Amanda Bryant):</p> <p>"I would like to discuss the fact the union flag is no longer flown at Cossham Hospital and hear the reasons why. There are various reasons/rumours circulating and would like the chance to talk about why it is important to the local community and find a way to have it reinstated. It is a fund-raising tool for the hospital and I am not sure this is a known fact.</p> <p>I have a petition which has been done face to face and not online with over 1000 signatures in support of the flag and ethos behind it being flown. I have been to the hospital and spoke to staff and contractors on site so feel I may be able to explain and discuss any issues. The flag being flown at the hospital is not related any political views. It is a flag on a designated flagpole to celebrate and commemorate people whilst raising funds for the hospital."</p> <p>Glyn Howells, Hospital Managing Director, Southmead gave the following reply:</p> <p>"No flags are currently being flown at Cossham because of safety concerns around accessing the flagpole which is located on the roof of the hospital and is unfortunately no longer safe to access.</p> |                |

| <b>Minute Ref.</b> | <b>Item</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Actions</b> |
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|                    | <p>We are currently working with the League of Friends regarding the option of a replacement at ground level, which would be safer and easier to access – planning consent has been sought and is being waited on. Once this is in place, we will of course work with the League of Friends to agree how the sponsored raising of flags can be reinstated appropriately.”</p> <p>Ingrid Barker, Chair, stated that the response would be sent to Amanda Bryant in line with normal procedure.</p> <p>There were no further public questions.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| <b>07/07/26</b>    | <b>Chair’s report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |
|                    | <p>The Board considered a report of the Trust Chair, setting out information on key items of interest to the Board including activities undertaken by the Chair and Vice Chairs during the reporting period.</p> <p>Ingrid Barker, Trust Chair, presented her report, highlighting:</p> <ul style="list-style-type: none"> <li>visits she had undertaken, including on 1 July, the day of the merger between University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and North Bristol NHS Trust (NBT), where she had witnessed strong positivity amongst staff</li> <li>her similarly positive visits to various Trust/Group Clinical Services, including Cardio, Trauma and Orthopaedics, Pain, and Therapies</li> <li>visits she had undertaken with Sarah Purdy (NED maternity and neonatal safety champion) to various maternity and neonatal wards at St Michael’s Hospital, during which she and Sarah were assured with the high level of compassion and care given to women in Bristol by the Trust</li> <li>various partnership and locality visits she had undertaken</li> <li>the recent Trust-hosted partnership event, bringing together leaders from across the local health and care system</li> <li>her visit to the Innovation Centre at the University of the West of England, with Marc Griffiths, where she had observed many interesting ‘future of healthcare’ initiatives, such as robotics and AI developments</li> <li>the recent NHS Alliance Conference she had attended with Maria Kane in Manchester</li> <li>her attendance at the South Gloucestershire Council Health Overview and Scrutiny Committee and their continued scrutiny around the Frenchay site</li> <li>her recent meeting with Claire Hazelgrove MP</li> <li>engagements and meetings attended by the former Vice-Chairs of UHBW and NBT.</li> </ul> <p><b>RESOLVED: the Board:</b></p> <p>(1) noted the Chair’s report and<br/>(2) appointed Sarah Purdy as the Senior Independent Director for the Bristol NHS Foundation Trust.</p> |                |
| <b>08/07/26</b>    | <b>Chief Executive’s Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |
|                    | <p>The Board considered a report of the Chief Executive, setting out information on key items of interest to the Board, including engagement with system partners and regulators, events, and key staff appointments.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |

| Minute Ref. | Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Actions |
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|             | <p data-bbox="261 241 1091 273">Maria Kane, Chief Executive, presented her report, highlighting:</p> <ul data-bbox="261 309 1305 1720" style="list-style-type: none"> <li>the historic milestone reached on 1 July 2026; that of the merger of UHBW and NBT and the formation of the Bristol NHS Foundation Trust (BFT)</li> <li>the considerable amount of hard work which went into the merger and the formation of the new Trust, and the need to continue to deliver and monitor the benefits of the new Trust in terms of the “four Ps”: Patients, our People, our Populations and the Public Purse</li> <li>the highly positive feedback from, and high degree of energy and goodwill amongst staff about the new Trust</li> <li>significant developments nationally around maternity and neonatal services, including the National Maternity and Neonatal Investigation chaired by Baroness Amos and the national action plan expected later this year, as well as the Ockenden Review into Nottingham University Hospitals NHS Trust, with BFT due to conduct its own ‘lessons learned’ review soon</li> <li>other national developments including the review of mortuary services and Trusts’ compliance with the Human Tissue Authority (HTA) Act, as well as the publication in June of the Lord Mann review into antisemitism and wider forms of racism in the NHS</li> <li>positive news on the ending of the resident doctor industrial action, with a potential for consultant industrial action on the horizon</li> <li>recently published minimum patient experience standards, which would be incorporated into the Trust’s quality management system</li> <li>operational performance challenges and the recently declared critical incident, particularly associated with the ongoing heatwave; red weather warnings detailed expected impacts on vulnerable people’s health</li> <li>the partnership event held on 18 May, which was well attended and provided a valuable opportunity for leaders from across health, care and the voluntary, community and social enterprise sectors to come together and explore how we can work differently to improve outcomes for our population</li> <li>the recent designation of Bristol as a Tessa Jowell Centre of Excellence for adults for brain tumour services</li> <li>the recognition of BFT colleagues (Scott Grier and Julie Thomson) in national awards</li> <li>the appointment of a new Chief Pharmacist (Jon Standing) for BFT</li> <li>the appointment of Becky Thorpe as Medical Director (City and Weston) and her thanks to outgoing UHBW Medical Director Becky Maxwell</li> <li>the appointment of Claire Davies as Joint Union Committee (JUC) Chair</li> <li>the HLTH Europe 2026 event she had attended in Amsterdam, which was one of the largest global health innovation gatherings, bringing together over 5,000 leaders from across healthcare, technology and research to explore advances in digital transformation and future models of care</li> <li>various other meetings she had attended and visits she had undertaken, as listed in the report.</li> </ul> <p data-bbox="261 1756 836 1787">Board members commented and discussed:</p> <ul data-bbox="261 1823 1305 2054" style="list-style-type: none"> <li>that Bristol had been a pilot for Martha’s Rule; the expertise and experience already gained was useful and would be used to roll it out further</li> <li>the Amos and Ockenden reviews were not particularly surprising; women in some places suffered shocking childbirth experiences</li> <li>the findings of these reviews would be analysed in terms of local service delivery and any findings or action plans would influence the further bringing together of maternity and neonatal services across Bristol</li> </ul> |         |

| Minute Ref. | Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Actions |
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|             | <ul style="list-style-type: none"> <li>the People Team was undertaking a gap analysis (which would be submitted to the People Committee in September) following the Lord Mann report, recognising that the Trust was keen to tackle discrimination in all its forms</li> <li>the Board was anticipating Black Maternity Matters training in the near future</li> <li>NEDs agreed that staff were overwhelmingly positive and engaged about the merger and the new Trust, and congratulated and thanked everyone involved for all their hard work</li> <li>new commercial partnership opportunities around pharmacy, which should be maximised; the newly appointed Chief Pharmacist would play a key role</li> <li>the sufficiency of guidance for staff about the heatwave and hot weather</li> <li>the need to do more in terms of investing in buildings, air conditioning and so on and the impact of the extreme hot weather in terms of increasing respiratory, cardiology and other service demand</li> <li>recent national acknowledgement that more investment in hospital buildings was needed</li> <li>that hot weather standard operating procedures and patient safety guidelines were in place, including measures such as moving air conditioning units, relaxing uniform policy and so on, with particular focus on frail and elderly patients, who were particularly at risk from hot weather events</li> <li>the declaration of a critical incident and additional communications issued around the ongoing hot weather</li> <li>further anticipated discussions about climate change and sustainability, including a recent approach for a collaboration project from the West of England Combined Authority (WECA).</li> </ul> <p><b>RESOLVED:</b> the Board noted the Chief Executive's report.</p> |         |
| 09/07/26    | <b>Proposed Trustees for the Bristol and Weston Hospital Charity (BWHC) Board</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |
|             | <p>The Board considered a report of the Hospital Managing Directors for Southmead Hospital and City and Weston Hospitals, seeking the nomination of two organisationally appointed Trustees to the Board of BWHC, strengthening the formal relationship between the Trust and the charity. Glyn Howells briefly outlined the report.</p> <p><b>RESOLVED:</b> The Board:</p> <ol style="list-style-type: none"> <li>(1) confirmed the nomination of Glyn Howells and Sarah Dodds as organisationally appointed Trustees to BWHC and</li> <li>(2) noted the willingness of Glyn Howells and Sarah Dodds to undertake these roles on behalf of Bristol NHS Foundation Trust.</li> </ol> <p>Glyn Howells declared his new interest; that of Trustee of BWHC.</p> <p><i>The Board adjourned at this point for a short comfort break.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |
| 10/07/26    | <b>Integrated Quality and Performance Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |
|             | <p>The Board considered a report of various Executive Directors, informing them of key activity and performance information across the Trust.</p> <p>Stuart Walker, Hospital Managing Director, City &amp; Weston Hospitals and Glyn Howells, Hospital Managing Director, Southmead Hospital, presented the</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |

| Minute Ref. | Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Actions |
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|             | <p>access and performance section of the IQPR. Stuart noted that the written report contained data to the end of May, and updated the Board with more recent data, relating to the new Trust. Stuart reported that regional monitoring was now taking place in relation to the new Trust (BFT) and the first monthly monitoring meeting had been held (looking at BFT's performance, as a new Trust).</p> <p>The Board heard about the continued significant pressures across urgent and emergency care services within the Trust and within the legacy Trusts (the former UHBW and NBT), including higher than predicted demand, particularly at Southmead (with attendances 20% higher than planned for daily at present), high impacts of the sustained extreme hot weather, particularly affecting frail and elderly people, high numbers of patients who no longer met the criteria to reside, ongoing use of escalation capacity in wards, and lengths of stay and bed days increasing. The Trust was working closely with system partners and had positive action plans in place but 4-hour, 12-hour and other targets were proving challenging to meet. The Trust was also working closely with NHS England on 'corridor care' monitoring and definitions, with 32 beds previously classed as 'corridor care' at Southmead redefined as planned escalation beds.</p> <p>Elective (planned care) performance was strong overall, with waiting lists rising slightly in June and ongoing impacts of no criteria to reside numbers and the loss of two wards at the BRI. Performance in diagnostics remained strong, with NBT the highest-performing Trust nationally. The Board noted ongoing challenges relating to endoscopy capacity at UHBW and that backlogs were reducing, following the opening of the Weston Vanguard unit and the outsourcing of non-obstetric ultrasound tests. An unexplained increase in CT scan demand was also being assessed. Continued pressure and increased demand within some cancer pathways (e.g. skin cancer) were highlighted, including chemotherapy capacity constraints at UHBW and external referral pathway issues affecting NBT. Additional capacity was due to come onstream but had not yet come to fruition.</p> <p>Marc Griffiths, NED referred to the hard work of staff which he had witnessed on a recent visit to the Emergency Department at the BRI, in particular, during a sustained heatwave. He referred to the business case put forward to the Integrated Care Board (ICB) and asked whether there was any news on whether the Community Emergency Medicine Service (CEMS) could be funded 7 days a week (rather than the existing 5 days a week). He asked for a timeline and potentially a presentation to the Board in due course. Stuart Walker and Tim Whittlestone, Chief Medical and Innovation Officer, referred to ongoing discussions at system level around CEMS and other admission avoidance initiatives and advised that further discussions should be held at a later date. Martin Sykes asked similarly about when more work on admission avoidance would proceed. Ingrid Barker and Stuart Walker commented that collaborative work was ongoing elsewhere with system partner organisations.</p> <p>Steve Hams, Group Chief Nursing and Improvement Officer and Tim Whittlestone, Chief Medical and Innovation Officer, presented the quality and safety sections of the report. Members noted that the National Quality Strategy had been published in the last few minutes and ongoing challenges in complaints performance, reflecting both increasing complaint complexity and the growing use of artificial intelligence by complainants, which was contributing to more detailed and lengthy submissions. They were informed of a recent improvement in performance on complaint response times and a deep dive into complaints, which was planned by the Quality and Outcomes Committee later in July.</p> |         |

| Minute Ref. | Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Actions |
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|             | <p>The Board heard about the strong performance and significant demand across maternity and neonatal services, detailed in the Perinatal Quality Surveillance Matrix (PQSM) data attached to the report, and that triage data would in future also be included. Close to 2,000 women a month were being seen over both hospital operating units, with 3,000 phone calls a month to Southmead alone and more work to be done on levelling up performance across the Trusts (e.g. in terms of the percentage of patients assessed within 15 minutes). The data was required to be presented and also went to the Quality and Outcomes Committee; more work would be done on drawing out the key messages for the Board. The key issues in maternity and neonatal services were around communications (between different professional disciplines and between staff and expectant women), and access for women, as had traditionally been the case. Work was being done to align the services better across the new Trust, and at Southmead particularly, learning from some systems in use at St Michael's.</p> <p>The Board also heard about performance in stroke and neck of femur, with stroke performance improving, work completed on consultant rotas and more work to do on neck of femur delays as part of the Clinical Strategy. Sue Balcombe thanked Tim and welcomed the stroke improvement, whilst emphasising the need to improve neck of femur services at the BRI and Weston, as the people served there deserved the same level of service delivered at Southmead.</p> <p>Jenny Lewis, Chief People and Culture Officer presented the people section of the IQPR, highlighting continued reductions in vacancy rates across the Trust and more work taking place to reduce sickness absence rates, which would be reported to the People Committee.</p> <p>Neil Kemsley, Chief Finance and Estates Officer presented the finance section of the IQPR. Members heard from Neil about the current deficit position at both legacy Trusts and the new Trust, as well as details of capital spend, cash balances, a marginal shortfall on elective income (due to a fall in activity levels), and progress with achieving cost improvement programme (CIP) savings against targets. Neil also reported that good progress was being made towards a single ledger for the new Trust, that a review was underway of the new Trust's savings risks, and that work on the productivity pack would be reported to the Finance and Estates Committee. Neil emphasised the significant costs of industrial action (around £2 million) and the impact of that on Trust finances.</p> <p><b>RESOLVED:</b> The Board noted the Integrated Quality and Performance Report and the updates provided on access and performance, quality and safety, people, and finance.</p> |         |
| 11/07/26    | <b>Patient Safety Incident Response Plan (PSIRP) 2026</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |
|             | <p>The Board considered a report of the Chief Nursing and Improvement Officer, providing an update on the PSIRP for the former Trusts, moving to a combined approach for the new Trust, and seeking approval of the PSIRP for 2026.</p> <p>Steve Hams outlined the report briefly, explaining that the plan had already been endorsed by the Quality and Outcomes Committee and the Clinical Quality Groups of both former Trusts. Steve referred to the significant amount of collaborative work involved in formulating the PSIRP and outlined the four key</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |

| Minute Ref. | Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Actions |
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|             | <p>priorities for action, as detailed in the report. Steve also added “Maternity Services” to that list, resulting in five key priorities overall.</p> <p>Discussion focused on Human Factors and the fatigue management work which was underway and progressing well, looking at how systems were designed and the risks of getting it wrong. Ingrid Barker referred to anticipated regional work on Human Factors in the near future. The need for a whole system approach was emphasised, and a report to the Board was expected in the coming months.</p> <p>Steve responded to questions about patient experience around discharge and transfer of care delays, particularly focussing on the increasing health equity lens, the ongoing development of relevant health equity data and the emerging Health Inequality Strategy. Ingrid Barker emphasised the need for all Board papers to be cognisant of health equity issues.</p> <p><b>RESOLVED:</b> The Board approved the Patient Safety Incident Response Plan for 2026, in line with PSIR Framework requirements, and agreed that “Maternity Services” be added to the list of key priorities.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |
| 12/07/26    | <b>Bristol NHS Foundation Trust Values and Behaviours Programme</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |
|             | <p>The Board considered a report of the Chief People and Culture Officer, providing an update on the proposed approach to developing and launching a new set of values and behavioural commitments for Bristol NHS Foundation Trust.</p> <p>Jenny Lewis outlined the report, highlighting:</p> <ul style="list-style-type: none"> <li>• the key links between culture, values and behaviours</li> <li>• the importance of creating something new and better for the new Trust, recognising the different journeys and histories of the two legacy Trusts</li> <li>• the involvement of external stakeholders as well as internal stakeholders in the process of building new values for the new Trust</li> <li>• the importance of the left shift (away from hospital) envisaged in the NHS 10 Year Plan and the need for the Trust to be forward looking</li> <li>• the need to be creative and inclusive, enabling stakeholders to express themselves freely and enabling different cultures to have a voice (e.g. in a different setting than normal, such as around a kitchen table).</li> </ul> <p>Discussion focused on the need to involve the Community Participation Group (CPG) in the creation of the new values and “shaping the soul of our new organisation”, as the CPG would be able to help reach communities which were traditionally less engaged, and the need for work on the values to align closely with work on the emerging Clinical Strategy for the new Trust. Board members emphasised the need for the values creation exercise to be fun, to generate energy, enthusiasm and optimism, and to be inclusive and creative, and also to ensure staff were given time (away from the day job) to engage in the process.</p> <p>The Board welcomed and supported the planned approach and looked forward to updates in the coming months.</p> <p><b>RESOLVED:</b> The Board:</p> <p>(1) Noted that GEM (Group Executive Meeting) has approved the proposed approach, timetable and additional resource requirement.</p> |         |

| <b>Minute Ref.</b> | <b>Item</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Actions</b> |
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|                    | <p>(2) Endorsed the proposed approach to Board, Governor, staff, partner, patient, community and public involvement.</p> <p>(3) Noted the ambition to reach the majority of staff, actively engage up to 14,000 colleagues, and involve targeted groups in deeper discussion, testing and validation.</p> <p>(4) Noted the proposed launch date of Tuesday 1 December 2026, with Tuesday 8 December as a backup, followed by operationalisation from January to April 2027.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
| <b>13/07/26</b>    | <b>Integrated Governance report, including Committee Chairs' reports and register of seals</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |
|                    | <p>The Board considered a report on the use of the UHBW and NBT seals, along with assurance from the following committees regarding the effective oversight of key areas within their remits:</p> <ul style="list-style-type: none"> <li>• Audit Committee – meeting held on 16 June 2026</li> <li>• Digital Committee – meeting held on 28 May 2026</li> <li>• Finance and Estates Committee – meeting held on 26 May 2026</li> <li>• People Committee – meeting held on 26 May 2026</li> <li>• Quality and Outcomes Committee – meetings held on 28 May 2026 and 25 June 2026.</li> </ul> <p>Committee Chairs' reports briefly highlighted the principal matters considered during the reporting period, together with key risks and areas of ongoing focus. Committee Chairs commented briefly on the key issues discussed by their committees in the above meetings and noted that no issues had been escalated for Board attention or intervention, beyond matters already included elsewhere on the agenda for the Board meeting.</p> <p>Sarah Purdy (Chair of the Quality and Outcomes Committee) (QOC) voiced her thanks to Shawn Smith and Sue Balcombe for their significant contributions to QOC during their service on the committee.</p> <p>The Register of Seals was presented for noting and provided assurance that the former UHBW and NBT seals had been used appropriately and in accordance with the organisations' governance requirements.</p> <p><b>RESOLVED:</b> The Register of Seals update and the Board Committee Chairs' reports were noted.</p> |                |
| <b>14/07/26</b>    | <b>Any Other Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |
|                    | Ingrid Barker, Chair, reiterated her thanks on behalf of the Board to Sue Balcombe, Martin Sykes and Shawn Smith for their significant contributions to the Board (and the Boards of NBT and UHBW) and reminded Board members that there would be further opportunities at a later date to say goodbye.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |
| <b>15/07/26</b>    | <b>Date of Next Meeting:</b> Tuesday, 8 September 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |

The meeting ended at 12.25pm

## Meeting of Board of Directors held in Public on Tuesday, 08 September 2026

### Action Log

| Outstanding actions from the meeting held on 14 July 2026 |                  |                                                                                                                                                                                                              |                                            |               |                                                                                                                                 |
|-----------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------|
| No.                                                       | Minute reference | Detail of action required                                                                                                                                                                                    | Executive Lead                             | Due Date      | Action Update                                                                                                                   |
| 1.                                                        | 11/05/26         | <u>Green Plan Annual Report, Delivery Plan and Carbon Reduction Plan</u><br>A Board seminar on the green agenda / climate literacy to be scheduled to support Board development and strategic prioritisation | Head of Sustainability/ Corporate Gov Team | July 2026     | <b>Suggest to close:</b> Board development scheduling in progress and this will incorporate the Green agenda / Climate literacy |
| 2.                                                        | 16/05/26         | <u>Freedom to Speak Up Annual Report</u><br>To present update on the work of Freedom to Speak Up in November                                                                                                 | Group Chief of Staff                       | November 2026 | This item would be brought back to the Board in November 2026.<br><b>Action Ongoing</b>                                         |

|                                                                                                                                                                                                                                                                                                         |                                                                                                                                      |                   |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|
| <b>Report To:</b>                                                                                                                                                                                                                                                                                       | Meeting of the Trust Board in Public                                                                                                 |                   |                    |
| <b>Date of Meeting:</b>                                                                                                                                                                                                                                                                                 | Tuesday 8 September 2026                                                                                                             |                   |                    |
| <b>Report Title:</b>                                                                                                                                                                                                                                                                                    | Chair's Report                                                                                                                       |                   |                    |
| <b>Report Author:</b>                                                                                                                                                                                                                                                                                   | Bejide Kafele, EA to the Chair of the Bristol NHS Foundation Trust                                                                   |                   |                    |
| <b>Report Sponsor:</b>                                                                                                                                                                                                                                                                                  | Ingrid Barker, the Chair of the Bristol NHS Foundation Trust                                                                         |                   |                    |
| <b>Purpose of the report:</b>                                                                                                                                                                                                                                                                           | <b>Approval</b>                                                                                                                      | <b>Discussion</b> | <b>Information</b> |
|                                                                                                                                                                                                                                                                                                         |                                                                                                                                      |                   | <b>x</b>           |
|                                                                                                                                                                                                                                                                                                         | The report sets out information on key items of interest to the Board including activities undertaken by the Chair, and Vice Chairs. |                   |                    |
| <b>Key Points to Note</b> <i>(Including any previous decisions taken)</i>                                                                                                                                                                                                                               |                                                                                                                                      |                   |                    |
| The Chair reports to every public Board meeting with updates relevant to the period in question. This report covers the period Tuesday 14 July to Monday 7 September.                                                                                                                                   |                                                                                                                                      |                   |                    |
| <b>Strategic Alignment</b>                                                                                                                                                                                                                                                                              |                                                                                                                                      |                   |                    |
| The Chair's report identifies activities throughout the preceding months and those of the Vice Chairs, providing an opportunity for Board discussion and triangulation. Where relevant, the report also covers key developments at the Trust and further afield, including those of a strategic nature. |                                                                                                                                      |                   |                    |
| <b>Risks and Opportunities</b>                                                                                                                                                                                                                                                                          |                                                                                                                                      |                   |                    |
| Not applicable.                                                                                                                                                                                                                                                                                         |                                                                                                                                      |                   |                    |
| <b>Recommendation</b>                                                                                                                                                                                                                                                                                   |                                                                                                                                      |                   |                    |
| This report is for discussion and information. The Board is asked to note the activities and key developments detailed by the Chair.                                                                                                                                                                    |                                                                                                                                      |                   |                    |
| <b>History of the paper (details of where paper has <u>previously</u> been received)</b>                                                                                                                                                                                                                |                                                                                                                                      |                   |                    |
| n/a                                                                                                                                                                                                                                                                                                     |                                                                                                                                      |                   |                    |
| <b>Appendices:</b>                                                                                                                                                                                                                                                                                      | n/a                                                                                                                                  |                   |                    |

## **1. Purpose**

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

## **2. Background**

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

### **2.1 Activities across both Operating Units**

- The Chair visited the Cardiology service at Southmead as part of her continuing visits to the Trust's Clinical Strategy / Single Managed Services areas. Having already visited their counterparts at City and Weston, the Chair met with the team to understand the progress being made towards delivering joined-up services for patients across the Trust.
- The Chair accompanied Richard Crompton, Chair of the South West Ambulance Service Trust (SWAST) on a tour of Southmead's Emergency department, where they met with colleagues from across the team.
- The Chair, along with the CEO visited the Bristol Royal Hospital for Children to join in the celebrations following their 25<sup>th</sup> Birthday in April. The Chair and CEO met with colleagues who have worked at the hospital since its inception, the paediatric burns team who had relocated from Frenchay Children's hospital, and visited the Fairground, an area adapted to accommodate outpatient activity. They also met with the Youth Ambassadors, a group of young people who have direct experience of using the Children's Hospital services.

### **2.2 Connecting with our Partners**

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

- The Chair visited our partners at OneCare alongside Southmead's Hospital Managing Director, where they discussed opportunities for collaboration, collective ambitions, and the development of a strategic clinical approach.
- The Chair hosted an in-person health and social care round table alongside Councillor Bell, leader of North Somerset council, which was curated in partnership with our CEO and the CEO of OneCare.

### **2.4 National and Regional Engagement**

The Chair attended several meetings including:

- Bi-monthly touchpoint with Jeff Farrar, Chair of NHS Bristol, North Somerset and South Gloucestershire ICB.
- Attended a meeting with NHSE and Deloitte to kick start the Boad development programme board (see below).
- Hosted Gill Morgan, Chair of NHSE South West, at Southmead's THQ.

### 3 Vice-Chairs Report

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

#### 3.1 Vice Chair (Martin Sykes):

##### Activities

- Completed a Board Insight visit with the mortuary team at St Michaels hospital.

##### Business Meetings:

- Finance committee.
- Audit Committee.
- People committee.
- Council of governors.
- Regular touchpoints with the Chair, Ingrid Barker, and Vice Chair, Sarah Purdy.
- Touchpoint meeting with the Non-Exec Directors and Chair.
- Governors Strategy Group.
- Meeting with the Trust's CEO.
- Meeting with Lead Governor.

#### 3.2 Vice Chair (Sarah Purdy):

##### Activities

- Supported the recruitment panel for the NED interviews.
- Attended a garden party hosted by the Bristol and Weston hospitals charity.
- Attended a presentation run through and tour ahead of a Get It Right First Time (GIRFT) Accreditation visit.
- Attended an event at the University of Bristol to witness the signing of our memo of understanding.
- Supported the GIRFT accreditation visit alongside colleagues at Southmead.

##### Business Meetings:

- Governor/NED engagement session.
- Remuneration and Nominations committee.
- Regular touchpoints with the Chair, Ingrid Barker, and Vice Chair, Martin Sykes.
- Touchpoint meeting with the Non-Exec Directors and Chair.
- Quality Focus group.
- Finance and Estates committee meeting.
- Maternal and neonatal Safety Champion meetings.
- Perinatal safety champions meeting.
- Extraordinary nominations and appointments committee.

## **4 Key developments / Other updates**

### **4.1 NED Appraisals**

The Chair has begun conducting annual appraisals for NED's, all of which must be completed by the end of September 2026. Appraisal discussions are an opportunity to reflect on the past 12 months as well as set objectives and focus for the coming year. Every NED will jointly agree objectives linked to the Trust's priorities, including an EDI and personal development objective to ensure that NED's continue to support the overall delivery of the Trusts objectives.

### **4.2 NED recruitment/appointments**

Following a successful recruitment process for a new Non-Executive Director with a focus on population health, the Council of Governors, at its meeting on 30 July 2026, approved the appointment of Christina Gray. Christina brings extensive senior public health and system leadership experience, including as Director of Communities and Public Health at Bristol City Council, and has worked across public health, commissioning, prevention, community development and health inequalities over a number of years. Her experience of working with local communities, partners and health and care organisations will be particularly valuable as the Trust strengthens its focus on population health, prevention, neighbourhood working and reducing inequalities. Subject to the successful completion of references and Fit and Proper Person Test checks, Christina will commence in post on 1 November 2026.

Recruitment to the Finance and Estates Non-Executive Director role recommenced on 26 August 2026 with interviews scheduled for October. The Council of Governors also approved the extension of Martin Sykes' term of office until 1 December 2026. This short extension will support continuity of Board-level leadership and oversight of finance and estates matters while recruitment to the vacant Finance and Estates Non-Executive Director role is completed.

### **4.3 Board Development Programme**

The Board will be participating in Cohort 1 of NHS England's Board Development Programme, a nationally recognised 12-month development journey for provider and ICB boards across England. The programme is designed to support stronger boards, sharper decision-making and better collective impact, with development tailored to each Board's context, priorities and current challenges. It will include three in-person whole-board development days, supported learning between sessions, and access to wider resources and expert insight on themes such as board effectiveness, continuous improvement, transformation, system leadership, information and assurance, and board dynamics. The Trust's programme will begin with its first Board development day on 13 October 2026, which will focus on the role, purpose and impact of the Board and will help shape the Board's development priorities for the year ahead. The programme provides an important opportunity for the Board to learn together, strengthen its collective leadership and

ensure it is well placed to support the Trust's strategic ambitions and the delivery of high-quality care for patients and communities.

#### **4.4 Governor Elections**

Governors represent the views of staff and the public when key decisions are made at our Trust. This means that as a Foundation Trust we are accountable to the local community, the patients we care for and the staff we employ. This year, we have the following seats available:

- Public – Bristol: 3 seats
- Public – South Gloucestershire: 2 seats
- Public – North Somerset: 3 seats
- Staff – Non-clinical: 2 seats

Nominations are open from Friday 28 August to Monday 21 September and ballots will be held in October 2026. New Governors will take up their roles from 1 November 2026.

#### **4.5 Annual Members Meeting**

This year, we will be hosting our Annual Meeting and Health Fair 2026 on Thursday 24 September, from 4.30pm to 7.15pm, at the Memorial Stadium, home of Bristol Rovers Football Club. The evening will begin with a Health Fair, where local NHS teams and community organisations will be available to talk about the support and services available in the local area. There will also be an opportunity to explore some of the innovations helping to transform patient care and improve outcomes for the communities we serve. Our Annual Meeting will then showcase some of the outstanding work taking place across the Trust, including developments in robotic surgery, the impact of our collaboration with Bristol Rovers Community Trust, and our priorities for the year ahead. Most importantly, it is an opportunity for our communities to put share their views, and for the Trust leaders to hear how local people and communities are helping to shape the future of healthcare across our region.

### **5 Summary and Recommendations**

The Board is asked to note the activities and key developments detailed by the Chair.

|                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                        |                   |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|
| <b>Report To:</b>                                                                                                                                                                                                                                                                                                                                                                                                   | Meeting of the Trust Board in Public                                                                                                                                   |                   |                    |
| <b>Date of Meeting:</b>                                                                                                                                                                                                                                                                                                                                                                                             | 8 September 2026                                                                                                                                                       |                   |                    |
| <b>Report Title:</b>                                                                                                                                                                                                                                                                                                                                                                                                | Chief Executive Report                                                                                                                                                 |                   |                    |
| <b>Report Author:</b>                                                                                                                                                                                                                                                                                                                                                                                               | Aimee Jordan-Nash, Business Support Manager                                                                                                                            |                   |                    |
| <b>Report Sponsor:</b>                                                                                                                                                                                                                                                                                                                                                                                              | Maria Kane, Chief Executive                                                                                                                                            |                   |                    |
| <b>Purpose of the report:</b>                                                                                                                                                                                                                                                                                                                                                                                       | <b>Approval</b>                                                                                                                                                        | <b>Discussion</b> | <b>Information</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                        |                   | <b>X</b>           |
|                                                                                                                                                                                                                                                                                                                                                                                                                     | The report sets out information on key items of interest to Trust Board, including engagement with system partners and regulators, events, and key staff appointments. |                   |                    |
| <b>Key Points to Note</b> <i>(Including any previous decisions taken)</i>                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                        |                   |                    |
| <p>The report seeks to highlight key issues not covered in other reports in the Board pack and which the Board should be aware of. These are structured into five sections:</p> <ul style="list-style-type: none"> <li>• National Topics of Interest</li> <li>• Integrated Care System Update</li> <li>• Strategy and Culture</li> <li>• Operational Delivery</li> <li>• Engagement &amp; Service Visits</li> </ul> |                                                                                                                                                                        |                   |                    |
| <b>Strategic Alignment</b>                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                        |                   |                    |
| This report highlights work that aligns with the Trust's strategic priorities.                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                        |                   |                    |
| <b>Risks and Opportunities</b>                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                        |                   |                    |
| N/A                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                        |                   |                    |
| <b>Recommendation</b>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                        |                   |                    |
| This report is for Information. The Board is asked to note the contents of this report.                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                        |                   |                    |
| <b>History of the paper (details of where paper has <u>previously</u> been received)</b>                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                        |                   |                    |
| N/A                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                        |                   |                    |
| <b>Appendices:</b>                                                                                                                                                                                                                                                                                                                                                                                                  | N/A                                                                                                                                                                    |                   |                    |

# Chief Executive's Report

## Background

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

### 1. National and Regional Topics of Interest

#### 1.1. Neighbourhood Health and System Reform

Neighbourhood health remains central to national policy and the NHS 10 Year Health Plan. During the reporting period, I have continued to work with colleagues across Bristol, North Somerset and South Gloucestershire (BNSSG), and Gloucestershire, to consider how we can strengthen prevention, deliver more care closer to home and develop increasingly integrated models of care. This work brings both opportunities and challenges, particularly for communities experiencing the greatest inequalities. Bristol NHS Foundation Trust has an important role in supporting system reform, strengthening local partnerships and shaping more joined-up, person-centred care for Bristol and the wider region.

#### 1.2. Provider Capability Assessment

NHS England has now published the 2026 Provider Capability Assessment requirements for NHS trust boards. The assessment forms part of the National Oversight Framework and requires Boards to undertake an evidence-based self-assessment across six domains of organisational capability, prior to submission to NHS England. The 2026 requirements are broadly consistent with last year's process, but include additional emphasis on cyber security and digital maturity at Board level, and Board-level oversight of staff wellbeing. The Trust is now working through the requirements and will bring the completed self-assessment through the relevant governance committees for Board approval ahead of the NHS England submission deadline.

#### 1.3. Resident Doctor Deal Implementation

National arrangements are being developed for implementation of the proposed resident doctor agreement and associated medical workforce reforms. The proposals cover pay, expansion of specialty training, Royal College fees, appraisal and progression, together with greater consistency in contractual arrangements for locally employed doctors. The Trust is reviewing the potential implications with support from Medical Workforce and People colleagues. No local changes will be made until the national position is confirmed, and we will continue to monitor emerging guidance and requirements.

#### 1.4. NHS Leadership Developments

I welcome the appointment of Catherine Falconer as Bristol City Council's Director of Public Health, Wellbeing and Communities, succeeding Christina Gray later this year. Catherine brings significant experience in health equity, governance and system leadership. I look forward to working with her and partners across the city as we continue our shared work to improve population health and reduce inequalities.

## **2. Integrated Care System Update**

### **2.1. Partnership Working**

The formation of Bristol NHS Foundation Trust creates further opportunities for collaboration across BNSSG and the wider South West. Recent engagement with system partners has focused on public health, workforce development, neighbourhood health and collaborative service redesign. We continue to build strong relationships with local government, community providers, voluntary sector partners and neighbouring NHS organisations, while engaging with regional and national bodies to ensure local perspectives inform wider system discussions.

### **2.2. Integrated Health Organisation and Intermediate Care Development**

The Trust continues to play a leading role in the development of integrated models of care across BNSSG. This includes leadership of the Intermediate Care Programme, work to strengthen rehabilitation capacity and the development of neighbourhood-based delivery models. Further work is also under way with partners on community provision, prevention and place-based care. Together, these developments support our ambition to deliver more joined-up care, improve patient flow and create a more sustainable model of care for the future.

### **2.3. North Somerset Healthcare Roundtable**

The North Somerset Healthcare Roundtable provided a valuable opportunity to consider how Bristol NHS Foundation Trust can support more integrated, preventative and community-based care across the wider population we serve. Discussion recognised progress at Weston General Hospital, including improvements in urgent care performance, reduced ambulance handover delays and the continued development of admission-avoidance pathways. It also highlighted continuing system challenges, including rising urgent care demand, delayed transfers of care and persistent health inequalities. Working with our partners, we will continue to develop neighbourhood health approaches, reduce avoidable admissions and length of stay, and strengthen prevention, early intervention and community-based care. The discussion highlighted the growing importance of integrated approaches to urgent care, prevention and intermediate care, reinforcing the Trust's strategic role across the wider BNSSG system.

### **2.4. Strengthening our partnership with the University of Bristol**

I am delighted that Bristol NHS Foundation Trust and the University of Bristol have signed a new agreement to strengthen our partnership in research, education and training, and to share our knowledge and expertise. Our aim is clear: to translate new ideas and discoveries into better care for patients in Bristol and beyond. Our teams already have a strong record of research with university colleagues. This agreement will help us build on that work, develop new ideas together and translate promising discoveries into patient care more quickly. I would also like to congratulate Professor Caroline Relton on her appointment as the next Pro Vice-Chancellor for the Faculty of Health and Life Sciences at the University of Bristol. I look forward to working with Professor Relton and continuing to strengthen the partnership between our organisations in support of research, innovation and patient care.

### **3. Strategy and Culture**

#### **3.1. Building Bristol NHS Foundation Trust**

The first months of Bristol NHS Foundation Trust have seen continued progress in bringing together services, teams, organisational processes and culture. This has included the further development of Group Clinical Services, continued alignment of corporate functions and the introduction of shared policies and processes to support colleagues working as one organisation. This remains a significant programme of work, and I would like to thank colleagues across the Trust for their continued commitment. The progress made provides a strong foundation for improving care for patients and communities.

#### **3.2. Values and Culture Programme**

Engagement has begun to develop a single set of values for Bristol NHS Foundation Trust. Colleagues, governors, partners, patients, community representatives and voluntary sector organisations are contributing through town halls, workshops, walkarounds, focus groups and deliberative events. This is an important opportunity to define the culture, behaviours and shared identity of our new organisation, ensuring that the voices of our staff, patients and communities shape the principles that guide our future.

#### **3.3. Clinical Strategy and Research**

Implementation of the Group Clinical Strategy continues, supporting more integrated clinical services and greater consistency of care for patients. Alongside this, the Trust continues to build on its strengths in research and innovation through collaboration with academic and industry partners. Research remains central to our strategic ambitions and to translating new knowledge and ideas into improved care and outcomes for patients.

#### **3.4. Emergency 24/7 Documentary**

During August, the BBC documentary series Emergency 24/7 was broadcast nationally, featuring services at Southmead Hospital. The six-part series follows patient journeys through the Emergency Department and wider hospital services, showcasing the professionalism, compassion and expertise of our colleagues. I would like to thank the clinical teams and everyone involved in supporting the programme, which offers a powerful insight into the outstanding work taking place across the organisation every day.

### **4. Operational Delivery**

#### **4.1. Summer Operational Resilience**

Throughout July and August, the Trust responded to sustained operational pressures, including periods of hot weather and regional Heat Health Alerts. Clinical, operational and corporate teams worked closely to maintain safe services and support patients, visitors and colleagues. Following the recent critical and business continuity incidents associated with extreme heat, both Hospital Operating Units completed formal debriefs to identify learning and strengthen future preparedness, including environmental management, cooling infrastructure and business continuity planning. I would like to thank colleagues across the organisation for their professionalism and commitment during this challenging period.

#### **4.2. Clinical Operational Standards**

The Trust has introduced new Clinical Operational Standards at Southmead Hospital, aligning local practice with national urgent and emergency care guidance and supporting

greater consistency in patient flow, escalation, assessment and clinical decision-making. Building on established arrangements across the City Centre and Weston sites, the standards are an important step towards greater consistency of practice across the Trust and support our continued focus on quality, safety and operational performance.

#### **4.3. GIRFT Visit**

The Trust recently welcomed the national Getting It Right First Time (GIRFT) team to the Elective Centre at Southmead Hospital. The visit provided an opportunity to showcase progress in elective recovery, productivity and service delivery, while identifying opportunities for further improvement and shared learning.

#### **4.4. Information Governance and Data Security**

Protecting confidential information and maintaining public trust are fundamental responsibilities for all NHS organisations. Following recent national concerns, and a letter from Jim Mackey emphasising the importance of appropriate access to patient, staff and employment records, the Trust has reinforced expectations for all colleagues on information governance, data protection and system access. The confidence placed in us by patients, colleagues and communities must be respected at all times; access to confidential information must be lawful, appropriate and directly related to an individual's role.

#### **4.5. Winter planning**

Winter planning for 2026/27 is currently underway across the Trust, with work focused on ensuring services are prepared to manage the anticipated increase in demand during the winter period while maintaining patient safety, quality of care and performance standards. In line with NHS requirements, the Trust is developing and submitting a comprehensive winter plan that sets out the actions, resources and operational arrangements required to support urgent and emergency care, elective recovery, patient flow and system resilience throughout the winter months.

### **5. Engagement and Visits**

#### **5.1. Team and Consultant Engagement**

Since my last report to the Board, I have continued to meet consultant colleagues from services across the Trust, including:

- Care of the Elderly, Southmead Hospital
- Interventional Radiology, Southmead Hospital
- Paediatric Respiratory Medicine, Bristol Royal Hospital for Children
- Cardiac Surgery, Bristol Heart Institute
- Geriatric Medicine, Southmead Hospital
- Paediatric Clinical Psychology, Bristol Royal Hospital for Children
- Respiratory Medicine, Southmead Hospital
- Gastroenterology, Southmead Hospital
- Diabetes, Southmead Hospital

I have also visited colleagues and services at:

- Mortuary services across both hospital sites
- St Peter's Hospice
- Maternity services at Southmead Hospital

- The Bristol Royal Hospital for Children's 25th anniversary celebration
- The Emergency Department at Southmead Hospital

### **Recommendation**

The Board is asked to note the report.

**Maria Kane**  
**Chief Executive**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|
| Report To:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Meeting of the Trust Board in Public                                                                                                                                                                                                                                                                                                                                                                                                           |            |             |
| Date of Meeting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 08 September 2026                                                                                                                                                                                                                                                                                                                                                                                                                              |            |             |
| Report Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Group Benefits Realisation Report - Quarter 1 2026/27                                                                                                                                                                                                                                                                                                                                                                                          |            |             |
| Report Author:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Harry Packer, Programme Manager – Integration & Merger PMO                                                                                                                                                                                                                                                                                                                                                                                     |            |             |
| Report Sponsor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Paula Clarke, Trust Formation Officer                                                                                                                                                                                                                                                                                                                                                                                                          |            |             |
| Purpose of the report:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Approval                                                                                                                                                                                                                                                                                                                                                                                                                                       | Discussion | Information |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | x           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | To provide the Board with an update on progress against delivery of the non-financial benefits set out within the Group Benefits Case. The report summarises the Quarter 1 2026/27 delivery position, progress across the principal workstreams, key risks and dependencies, proposed amendments to the benefits portfolio, and the planned transition to an integrated Group and merger benefits realisation framework from Quarter 2 2026/27 |            |             |
| Key Points to Note                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |             |
| <ul style="list-style-type: none"><li>• Delivery of Group non-financial benefits remains broadly on track, with no benefits currently reporting a major delay.</li><li>• The Q1 dashboard records 62 benefits in the Group benefits portfolio, including 6 complete, 32 on track, 5 with minor delay, 2 at project initiation stage and 17 not yet started. This gives an on track or complete position of 60% for benefits that have started delivery.</li><li>• The planned Quarter 1 benefit delivered was completion of the single procurement purchasing catalogue</li><li>• Progress continues across the main Group workstreams, including Group Clinical Strategy, Corporate Services Transformation, Our People Offering, Digital, Commercial and Income Capture, Planning Alignment and Innovation Strategy.</li><li>• The 17 benefits not yet started, reflect the planned delivery profile of longer-term programmes, particularly in estates, innovation, digital maturity and elements of the People portfolio.</li><li>• The principal delivery risks relate to digital and system dependencies, investment and business case approvals, organisational capacity, delivery of change programmes and demonstrating measurable organisational impact. These risks continue to be monitored through established governance arrangements.</li><li>• Following Committee review, several adjustments to Group benefit measures or timescales have been supported subject to completion of governance, relating to the People and Innovation portfolios. This does not change the overall ambition.</li></ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |             |

- From Quarter 2 2026/27, Group and merger benefits will be reported through a single integrated benefits realisation framework, providing a consolidated view of delivery and impact.

### Strategic Alignment

The Group Benefits Realisation Plan supports delivery of the Bristol NHS Group Benefits Case and contributes to the strategic objectives of Bristol NHS Foundation Trust. The benefits framework demonstrates how the Group model is intended to deliver improvements for patients, our people, the populations we serve and the public purse through clinical service development, workforce mobility, digital enablement, estate optimisation, procurement improvement, innovation and research.

### Risks and Opportunities

**Risks:** Delivery of some benefits remains dependent on the timely approval of funding and business cases, digital and system convergence, implementation of the estates strategy, workforce and leadership capacity, and sustained adoption of new ways of working. There is also a risk that organisational benefits may take longer to be evidenced and measured than programme delivery milestones.

**Opportunities:** The Quarter 1 position demonstrates continued progress across the Group benefits portfolio. The introduction of integrated Group and merger benefits reporting from Quarter 2 is expected to strengthen organisational assurance and improve visibility of delivery progress, dependencies and overall value

### Recommendation

The Board is asked to:

1. Note the Quarter 1 2026/27 position in relation to delivery of Group non-financial benefits.
2. Note the current benefits risk profile and principal delivery dependencies.
3. Note the proposed changes to the People and Innovation benefits portfolios, subject to completion of the appropriate governance processes.
4. Note that financial benefits continue to be reported through established financial management and Cost Improvement Programme arrangements.
5. Note the transition to an integrated Group and merger benefits realisation framework from Quarter 2 2026/27

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

|                                |                                     |
|--------------------------------|-------------------------------------|
| Digital Committee              | Thursday 23 <sup>rd</sup> July 2026 |
| Quality and Outcomes Committee | Thursday 30 <sup>th</sup> July 2026 |
| People Committee               | Tuesday 28 <sup>th</sup> July 2026  |
| Finance and Estates Committee  | Tuesday 28 <sup>th</sup> July 2026  |

### Appendices:

Appendix 1: Group Benefits Realisation Dashboard  
Appendix 2: Group Clinical Services Case Study

## Group Benefits Realisation Report - Quarter 1 2026/27

### 1. Purpose

This paper provides the Board with Quarter 1 2026/27 assurance regarding delivery of the Group non-financial benefits approved through the Group Benefits Case. It summarises the current delivery position, progress across the main workstreams, key risks and dependencies, proposed changes to benefits, and the next phase of benefits realisation following establishment of Bristol NHS Foundation Trust.

### 2. Background

The Board approved the Group Benefits Plan in April 2025. The plan established a framework for delivering benefits aligned to the Group's strategic priorities, with benefits mapped against the four domains of patients, people, population and public purse.

Quarterly reporting provides assurance that benefits are being actively managed, measured and reviewed through established governance arrangements. During Quarter 1, assurance reports were considered by the relevant Board Committees.

This report remains focused on Group benefits only. Merger benefits have not been included given the merger only completed on 1<sup>st</sup> July 2026. A single integrated benefits realisation framework will be in place from Quarter 2 2026/27.

### 3. Quarter 1 Benefits Realisation Position

The Quarter 1 delivery position remains broadly on track. The Q1 dashboard (appendix 1) records 62 benefits in the Group benefits portfolio. This includes 6 benefits complete, 32 on track, 5 with minor delay, 2 at project initiation stage and 17 not yet started. No Group benefits are currently reporting a major delay. The following table sets out the current delivery status of benefits.

Table 1: Delivery Status of Group Benefits

| Delivery status of benefit | Number    | Percentage of total portfolio |
|----------------------------|-----------|-------------------------------|
| Complete                   | 6         | 10%                           |
| On track                   | 32        | 52%                           |
| Minor delay                | 5         | 8%                            |
| Major delay                | 0         | 0%                            |
| Project initiation stage   | 2         | 3%                            |
| Not started                | 17        | 27%                           |
| <b>Total</b>               | <b>62</b> | <b>100%</b>                   |

For benefits that have started delivery, 60% are either on track or complete. The five minor delays relate mainly to phasing, evidence maturity or delivery dependencies rather than fundamental concerns about strategic intent. The 17 benefits not yet started reflect the planned delivery profile of longer-term programmes, particularly in estates, innovation, digital maturity and elements of the People portfolio.

#### 4. Progress Across Workstreams

**Group Clinical Strategy:** Delivery of Group Clinical Services benefits remains on track. At Quarter 1, 14 services have achieved Milestone 1 towards a target of 40 by Quarter 4 2026/27, while 10 services have reached Milestone 2 (single leadership team) or beyond against a target of 32 by Quarter 2 2027/28. The Group Cardiac Service has met its Quarter 1 target for joint appointments, achieving four appointments as planned. Appendix 2 provides a case study illustrating the benefits of delivering services through a group model.

**Our People Offering:** The People portfolio contains 29 Group benefits. Four are complete, 18 are on track, 3 have minor delays and 4 are not yet started. Strong progress has been made on recruitment process digitisation, cross-group recognition of learning, deployment arrangements and elements of recruitment experience. Areas requiring continued oversight include Connect to Work outcome measures, temporary staffing process benefits, strategic medical workforce planning, Group People Strategy and proposed changes to the Safe Learning Environment Charter measure.

**Digital:** The Digital portfolio contains 10 Group benefits. Six are on track, two are at project initiation stage and two are not yet started. No Digital benefits are reporting a minor or major delay. Delivery remains materially dependent on system convergence, interoperability, investment decisions, business case approval, delivery of the Health Intelligence Centre platform and future EPR sequencing.

**Finance and Estates:** Commercial and Income Capture benefits are progressing well, with two benefits complete and three on track. The planned procurement catalogue harmonisation benefit has now been achieved where contractual arrangements allow. Planning Alignment benefits are more dependent on the Group Estates Strategy and Delivery Control Plan, with benefits linked to space utilisation, infrastructure risk, carbon emissions and the estate risk profile expected to mature as the estates strategy is finalised.

**Innovation Strategy and Research and Development:** Innovation benefits are progressing but remain dependent on post-merger phasing, capacity and business case approval. The Group Innovation Strategy is now expected in Quarter 2 2026/27 and the Group Innovation Hub in Quarter 3 2026/27. Longer-term innovation and

R&D benefits will require continued oversight as the strategy, delivery model and evidence base mature.

**Corporate Services Transformation:** The Corporate Services Transformation benefit remains on track, with delivery continuing alongside wider organisational change. The main delivery risk relates to maintaining capacity and sequencing consultations alongside the wider integration programme.

**Benefits realised:** Since establishment of the Group benefits framework, six benefits have been fully realised across the Commercial and People workstreams, as summarised in table 2 below. These achievements demonstrate delivery of measurable improvements in efficiency, standardisation, workforce flexibility and accessibility.

Table 2: Realised benefits

| <b>Achievement Date</b>               | <b>Benefit Title</b>                              | <b>Summary of Benefit Achieved</b>                                                                                                                                                               |
|---------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Q4 2025/26</b>                     | Procurement Best Practice Guidance Implemented    | Standardised procurement best practice guidance was issued to budget holders across the Group, improving awareness of procurement processes and supporting more consistent purchasing decisions. |
| <b>Q4 2025/26</b>                     | Recruitment Through Socially Deprived Communities | The Group successfully delivered its year one Care to Work recruitment target, increasing employment opportunities for people from socially deprived communities across the local area.          |
| <b>Q4 2025/26</b>                     | Cross-Trust Recognition of Learning               | Eleven core skills programmes, including Oliver McGowan training, were successfully passported across the Group, reducing duplication and improving workforce mobility.                          |
| <b>Q4 2025/26</b>                     | Cross-Group Workforce Deployment Enabled          | Arrangements were established to enable colleagues in Group roles to work professionally and legally across both organisations, improving flexibility and deployment of skills.                  |
| <b>Q1 2026/27</b>                     | Procurement Catalogue Harmonisation               | Procurement catalogues were aligned across the Group, reducing unwarranted variation in products and pricing and supporting a more standardised purchasing approach.                             |
| <b>Q3 2026/27 (early achievement)</b> | Digital New Starter Process Introduced            | Paper-based recruitment and new starter forms were replaced with digital processes, improving efficiency and reducing administrative burden for new employees and recruiting teams.              |

## 5. Risk Profile

The overall Group benefits risk profile remains broadly stable. The dashboard records 13 high risk benefits, 18 medium risk benefits and 18 low risk benefits. Thirteen benefits do not currently have a full risk assessment, primarily because they are not yet sufficiently mature for risk scoring or they are complete.

Table 3: Benefits by risk category

| <b>Risk category of benefits</b> | <b>Number</b> | <b>Percentage of assessed benefits</b> |
|----------------------------------|---------------|----------------------------------------|
| Low risk                         | 18            | 37%                                    |
| Medium risk                      | 18            | 37%                                    |
| High risk                        | 13            | 26%                                    |
| Very high risk                   | 0             | 0%                                     |
| <b>Total assessed</b>            | <b>49</b>     | <b>100%</b>                            |

Higher-risk benefits are primarily associated with digital and system dependencies, investment and business case approvals, capacity constraints and the complexity of delivering change across a newly established organisation. Mitigating actions are in place through established programme governance and robust benefit owner oversight arrangements.

## 6. Proposed Changes to Benefits

The Quarter 1 review identified a small number of proposed updates to the Group benefits framework. These changes are intended to improve the clarity, quality and reporting of benefits rather than change the overall ambition of the Group model.

Within the People portfolio, some benefits currently use multiple measures to assess similar aspects of staff experience and engagement. It is proposed that these measures are simplified to improve reporting and reduce duplication. A revised measure is also proposed for the Safe Learning Environment Charter to better reflect progress and outcomes.

Within the Innovation portfolio, timescales for delivery of the Group Innovation Strategy and Innovation Hub have been revised to reflect programme sequencing, available capacity and alignment of resources following the merger. The Group Innovation Strategy is now expected in Quarter 2 2026/27 and the Innovation Hub in Quarter 3 2026/27.

All proposed changes have or will be considered through the appropriate governance and committee processes before being incorporated into the benefits framework and reporting from Quarter 2 2026/27.

## **7. Financial Benefits**

Whilst this report focuses on non-financial Group benefits, financial benefits continue to be monitored through established financial management and reporting arrangements. During 2025/26, the Group delivered £2.6 million of confirmed financial benefits, principally through corporate services efficiencies and procurement savings.

The 2026/27 financial benefits target is £25.7 million. This comprises £16.1 million of cost reduction, including Corporate Services Transformation and Procurement, £2.8 million of income generation, including Private Patients and International Health, and £6.8 million of merger benefits. As this report is focused on Group benefits only, merger financial benefits are not included in the non-financial Group benefits delivery position.

From Month 4, financial benefits reporting is being incorporated into the Bristol NHS FT-wide Cost Improvement Programme reporting framework, with progress monitored through the Productivity and Financial Improvement Group, the Financial Sustainability Group and the Finance and Estates Committee.

## **8. Future Benefits Realisation Approach**

This is expected to be the final Public Board report focused solely on Group benefits. Following establishment of Bristol NHS Foundation Trust, work is underway to bring Group and merger benefits into a single benefits realisation framework from Quarter 2 2026/27.

The integrated approach will provide a consolidated view of benefits delivery, strengthen organisational assurance, improve visibility of dependencies and provide a clearer line of sight from programme delivery through to measurable impact. It will also support a more coherent account of the value delivered through Bristol NHS Foundation Trust across financial and non-financial benefits.

It is expected that a further 13 benefits will be realised in Quarter 2 and 3.

The Quarter 2 report will provide the first integrated view of benefits delivery across both the Group and merger programmes, with reporting aligned to the developing governance arrangements for the single organisation.

## **9. Conclusion**

The Quarter 1 position demonstrates continued progress across the Group benefits portfolio, with delivery remaining broadly on track and no benefits currently reporting a major delay. While a number of benefits remain dependent on digital, workforce, estates and organisational change programmes, governance arrangements and benefit owner oversight continue to provide appropriate oversight and management of these dependencies.

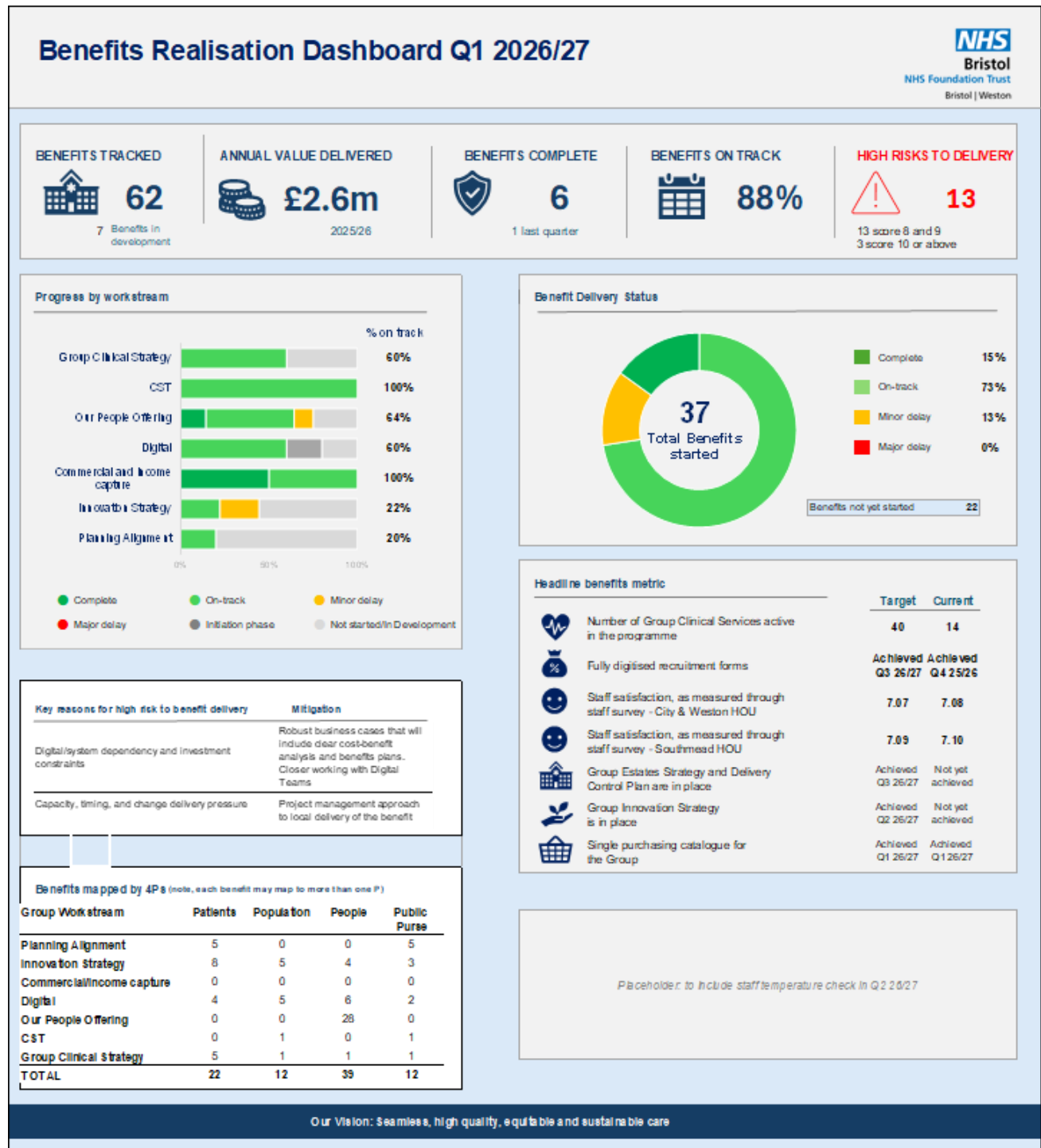
The proposed transition to a single integrated Group and merger benefits realisation framework from Quarter 2 2026/27 will strengthen organisational assurance by providing a consolidated view of delivery, risks, dependencies and impact across Bristol NHS Foundation Trust

## **9. Recommendations**

The Board is asked to:

1. Note the Quarter 1 2026/27 position in relation to delivery of Group non-financial benefits.
2. Note the current benefits risk profile and principal delivery dependencies.
3. Note the proposed changes to the People and Innovation benefits portfolios, subject to completion of the appropriate governance processes.
4. Note that financial benefits continue to be reported through established financial management and Cost Improvement Programme arrangements.
5. Note the transition to an integrated Group and merger benefits realisation framework from Quarter 2 2026/27

## Appendix 1: Group Benefits Realisation Dashboard



### Benefits in Focus

One Year of the Early Pregnancy Assessment Clinic (EPAC) Self Referral Pathway



### The Challenge

Patients experiencing pain, bleeding or complications in early pregnancy often faced **multiple steps before accessing specialist support**, including GP appointments or emergency department attendances. Feedback from patients highlighted a desire for a **faster, simpler route** into care during what can be an uncertain and distressing time. A survey found that **92% of respondents identified self-referral** as one of their preferred ways to access services.

### What We Did

In July 2025, teams across Southmead, St Michael's and Weston General Hospitals introduced a **single self referral pathway for the clinic**. Patients meeting eligibility criteria can now refer themselves directly through an online form, enabling **quicker access to specialist assessment** and support.

The new pathway was designed **collaboratively across hospital sites**, creating a more consistent and equitable service for patients across Bristol and Weston.

### Impact

**Improving Access:** More than 100 patients a week now access appointments through the self referral route across three hospital sites, with attendance levels consistently higher than before the change, reducing the need for GP appointments or emergency department attendances before referral.

Since the launch of the self referral form, attendance data has shown an **increase in global majority groups accessing EPAC services**. In particular, a large increase has been seen among Asian or Asian British groups from 5.8% to 9.9% (as of August 2026), indicating the self referral form has **improved access** and is **supporting health equity**.

**Improving Patient Experience:** The pathway provides **faster access to specialist advice and care** at a difficult time, in direct **response to feedback** – it has also received positive patient comments.

**Improving Ways of Working:** The referral form **captures key information at the point of referral**, supporting **more effective clinical triage** and streamlining administrative processes.

Teams are now working to achieve standards set out by the **National Bereavement Care Pathway**.

*The early pregnancy clinic is absolutely brilliant. They are reassuring and quickly get you seen to. I cannot thank you all enough.*

# Clinical Strategy Highlights

August September 2026

10%

Improvement in Referral to Treatment performance for Foot & Ankle and Hand & Wrist pathways in Trauma & Orthopaedics by balancing capacity across sites.

8%

Improvement in Pain Service Referral to Treatment performance through coordinated planning of activity across sites.

72

Additional patients in our Pain Service received treatment locally through additional theatre capacity at South Bristol Community Hospital.

17

Patients on the Two Week Wait Skin Cancer Pathway in Dermatology seen more quickly through cross site collaboration.



## At a Glance

**Trauma & Orthopaedics:** Cross-site improvement work is underway to reduce length of stay for elective hip and knee replacement patients and increase access to theatre capacity.

**Dermatology:** A task and finish group has been established to scope moving some outpatient and day-case services into the community, engaging with the GP Collaboration Board and Community Participation Group.

**Palliative Medicine, Neurophysiology and Haematology** teams are scoping benefits through shared pathways, workforce models and service improvements to improve access, resilience and consistency of care across sites as unified services.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|
| Report To:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Public Trust Board                                                                                                                                                                                                                                                                                                                                                                                                                             |            |             |
| Date of Meeting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8 September 2026                                                                                                                                                                                                                                                                                                                                                                                                                               |            |             |
| Report Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Baroness Amos’ and Ockenden Ten-Point Plan Response                                                                                                                                                                                                                                                                                                                                                                                            |            |             |
| Report Author:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Julie Northrop, Divisional Director of Nursing and Midwifery, Claire Weatherall, Divisional Operations Director, Jane Mears, Clinical Director, Lauren Oakes, Programme Manager.<br><br>(Southmead Hospital Operating Unit)<br><br>Sarah Windfeld, Divisional Director of Nursing and Midwifery, Fiona Jones, Divisional Director Martin Gargan, Clinical Chair, Ed Roberts, General Manager.<br><br>(City and Weston Hospital Operating Unit) |            |             |
| Report Sponsor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Prof. Steve Hams, Chief Nursing and Improvement Officer<br><br>Prof. Tim Whittlestone, Chief Medical and Innovation Officer                                                                                                                                                                                                                                                                                                                    |            |             |
| Purpose of the report:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Approval                                                                                                                                                                                                                                                                                                                                                                                                                                       | Discussion | Information |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | X                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | The purpose of this paper is to provide Trust Board with an overview of the baseline assessment against the actions in the Ten-Point Plan.                                                                                                                                                                                                                                                                                                     |            |             |
| Key Points to Note (Including any previous decisions taken)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |             |
| <ul style="list-style-type: none"><li>Following publication of the Baroness Amos’ and Ockenden reviews, NHS England created a 10-Point Plan for maternity and neonatal services, these ten points are considered urgent actions in response to the recommendations in both reports, requiring Trusts and the wider system to prioritise.</li><li>Trusts are asked to submit a standardised report to their NHS England region at two points, a baseline assessment: 25 September 2026 and a progress update: 31 December 2026.</li><li>Trusts and Integrated Care Board s are expected to take immediate action on Triage as part of the Medium-Term Planning Framework. This includes fully implementing the triage specification within 12 months of publication (deadline of July 2027) and completing a gap analysis, audit and implementation plan within 3 months of publication (deadline of October 2026). Progress with the gap analysis against the triage specification, audits and implementation will be reported via public Trust Board and shared with regional NHS England teams.</li><li>Both submissions must be approved by the Trust Board, and Boards should provide visible ownership and scrutiny of delivery, ensuring actions are progressing at pace, risks are managed appropriately and any significant concerns are escalated through to the Integrated Care Board and regional routes.</li><li>This paper provides an overview for both Southmead Hospital Operating Unit (“SHOU”) and City and Weston Hospital Operating Unit (“CWHOU”); however, the submission to NHS England will be site based.</li></ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |             |
| Strategic Alignment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |             |
| Evidence submission requested by NHS England in response to Baroness Amos’ and the Ockenden Reviews.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Risks and Opportunities</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| No risks specifically related to this paper; however a range of risk are associated with maternity and neonatal services, which are managed through risk management and Board Assurance Framework.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Recommendation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| The Board is asked to approve the initial baseline assessment against the Ten-Point plan and delegate the responsibility to Quality and Outcomes Committee for final review and approval inclusive of the supporting evidence to Quality and Outcomes Committee on 24 September 2026 ahead of submission to NHS England on 25 September 2026. Following submission to Board on 8 September 2026, both sites will continue to progress with the baseline submission. Quality and Outcomes Committee will review and approve additional detail and progress. Ratings have been moderated between both operating units to ensure standardisation and a regress in ratings is not expected. |
| <b>History of the paper (details of where paper has <u>previously</u> been received)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Appendices</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Appendix 1: <u>Letter from Sir James Mackey</u><br>Appendix 2: <u>Letter Maternity and Neonatal 10 Point Plan assurance process</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

## 1) Purpose

- 1.1 The purpose of this paper is to provide an overview of the baseline assessment for each of the urgent actions set out within the system letter to the Bristol NHS Foundation Trust Board from the Chief Nursing Officer for England and the National Medical Director (Appendix 2).
- 1.2 Using the designated assessment process, the overview will include the 'Red', 'Amber', 'Green' ratings given to each sub action, based on assessments made by the Women's and Children's Divisional Leadership Team based in each Hospital Operating Unit: SHOU and CWHOU.
- 1.3 The response to the urgent actions identified within the system letter will be referred to as 'the Ten-Point Plan' throughout this report.

## 2) Background

- 2.1 In response to Baroness Amos' independent investigation and the Ockenden independent investigation, NHS England published a letter detailing urgent actions in response to the recommendations across both reports for Trusts and the wider health and care system in July 2026.
- 2.2 Following this publication, in August 2026 NHS England published an assurance process and a maternity and neonatal services reporting template for Trusts to facilitate the assurance process. The reporting template allows for evidence of compliance, gaps in compliance, mitigations and comments.
- 2.3 The assurance process sets out that Trusts must complete an initial baseline assessment by 25 September 2026 and submit a progress update on 31 December 2026.
- 2.4 Both submissions must be approved by the Trust Board and whereby visible ownership, and scrutiny of the Ten-Point Plan should be undertaken including identification and escalation of concerns for discussion at national level.
- 2.5 Each of the ten actions have several sub actions. There are 26 specific actions in total, which each require an assessment of **'not applicable', 'non-compliant' (Red), 'partially compliant' (Amber), or 'compliant' (Green)**. Each action requires baseline evidence, gaps in assurance and improvement actions (or mitigations).

## 3) Timeline

- 3.1 Sir Jim Mackey published a letter to all Trusts on 25 June 2026 inclusive of the ten priority actions from both Baroness Amos' and the Ockenden Reviews, setting a deadline for Trusts to complete a baseline assessment and develop an action plan in response to the letter within 100 days.
- 3.2 SHOU and CWHOU Maternity and Neonatal divisional leadership teams scheduled cross city meetings on a fortnightly basis to undertake the initial baseline assessment.
- 3.3 On the 12 August 2026 NHS England published an assurance tool with a request outlining that this must be completed and submitted with evidence on 25 September 2026 following Trust Board approval.

- 3.4 Trust Board will receive the initial response on 8 September 2026 and consider delegating responsibility for the approval of the baseline assessment and evidence submission to Quality and Outcomes Committee on 24 September 2026.
- 3.5 Following the initial evidence submission no later than 25 September 2026, Women's and Children's Divisional Leadership Teams will identify priority areas across the Ten-Point Plan to commence improvement.
- 3.6 A second assessment and evidence submission will be required by 31 December 2026 to demonstrate progress against the baseline assessment.

#### 4) Summary by Action Baseline RAG Rating

##### 4.1 Table 1 - Compliance RAG Rating per action

| Summary by Action Baseline                                                                                                                                     | Total<br>(per site) | City and Weston<br>Compliance |                   |                        |           | Southmead<br>Compliance |                   |                        |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------|-------------------|------------------------|-----------|-------------------------|-------------------|------------------------|-----------|
| Action                                                                                                                                                         |                     | Not<br>applicable             | Non-<br>compliant | Partially<br>compliant | Compliant | Not<br>applicable       | Non-<br>compliant | Partially<br>compliant | Compliant |
| 1. Listening to women and families by rolling out Martha's Rule                                                                                                | 1                   | 0                             | 1                 | 0                      | 0         | 0                       | 1                 | 0                      | 0         |
| 2. Listen to women and their families using real-time and transparently reported outcomes and experience and clinical audit that are acted upon at Board level | 3                   | 0                             | 1                 | 0                      | 2         | 0                       | 1                 | 1                      | 1         |
| 3. Dual Board -level accountability between medical directors and chief nursing officers for maternity and neonatal care                                       | 2                   | 0                             | 0                 | 1                      | 1         | 0                       | 0                 | 1                      | 1         |
| 4. Amos into Action Listening event                                                                                                                            | 1                   | 1                             | 0                 | 0                      | 0         | 1                       | 0                 | 0                      | 0         |
| 5. Addressing inequalities in maternity and neonatal outcomes                                                                                                  | 3                   | 0                             | 1                 | 1                      | 1         | 0                       | 1                 | 1                      | 1         |
| 6. Ensuring 24/7 safety and responsiveness of services                                                                                                         | 7                   | 0                             | 0                 | 2                      | 5         | 0                       | 0                 | 3                      | 4         |
| 7. Trust review of homebirth services                                                                                                                          | 2                   | 1                             | 0                 | 0                      | 1         | 1                       | 0                 | 0                      | 1         |
| 8. Responding to incidents, complaints and concerns with humanity and candour                                                                                  | 3                   | 0                             | 0                 | 1                      | 2         | 0                       | 0                 | 1                      | 2         |
| 9. Deliver safe and effective triage in maternity services                                                                                                     | 3                   | 0                             | 0                 | 2                      | 1         | 0                       | 0                 | 3                      | 0         |
| 10. Post death care                                                                                                                                            | 2                   | 1                             | 0                 | 0                      | 1         | 1                       | 0                 | 0                      | 1         |
| <b>TOTAL</b>                                                                                                                                                   | <b>27</b>           | <b>3</b>                      | <b>3</b>          | <b>7</b>               | <b>14</b> | <b>3</b>                | <b>3</b>          | <b>10</b>              | <b>11</b> |

Red: There is no, or very limited evidence that the requirement has been met.

Amber: There is evidence that some elements of the requirement have been met but implementation is incomplete, inconsistent or not yet fully embedded.

Green: There is sufficient evidence that the requirement has been fully met and is being implemented consistently.

**5) Martha's Rule (action point 1)**

- 5.1 Action 1.1: Has the Trust commenced rollout of Martha's Rule across maternity and neonatal services?

**Both CWHOU and SHOU are Red for this action**

- 5.2 Martha's Rule has not currently been implemented across maternity and neonatal services. Both sites are awaiting further guidance from the national team who will lead the implementation on a national scale however leads have been engaged with pilot sites, working jointly across Bristol Foundation Trust to set up a working group in preparation.
- 5.3 We will build on the success of implementing Martha's Rule in Adult and Children's services, both Hospital Operating Units were early adopters of the national programme.
- 5.4 Across both sites, leads for maternity services and neonatal services have been identified and will facilitate the implementation of Martha's Rule.
- 5.5 No risks have been identified with the roll out of Martha's Rule across maternity and neonatal services and plans are underway to ensure a robust roll out which include scoping of potential scenarios that may occur.
- 5.6 NHS England is not requiring Trusts to submit evidence as part of the assurance assessments as data will be collected via the National Martha's Rule Programme team.

**6) Listening to Women and Families (action point 2)**

- 6.1 Action 2.1: The Trust should have established a monthly cycle of collecting and analysing maternity and neonatal clinical audit and patient outcome and experience data including feedback from the MNVP.

**Both CWHOU and SHOU are green for this action.**

- 6.2 Action 2.2 The public Trust board receives and publishes a regular summary report that brings these sources of intelligence together, and can it demonstrate the decisions, actions or escalation resulting from its scrutiny, including how progress and impact are tracked.

**CWHOU is green for this action and SHOU is amber for this action.**

- 6.3 Action 2.3 Does the report identify variation in outcomes and experience by ethnicity and deprivation, including any important gaps or limitations in the available data and Trust Board can demonstrate how it is responding to variations identified.

**Both CWHOU and SHOU are red for this action.**

- 6.4 Both sites across the Trust have established mechanisms for gathering and acting on patient experience and outcomes, but further alignment is required to demonstrate a fully integrated monthly Board-level analysis, inclusive of identification of variation in ethnicity and deprivation data. Both SHOU and CWHOU have implemented the Perinatal Quality Oversight Model (PQOM) and Board level reporting is aligned across both operating units.

These quality and safety reports are shared through Trust governance quarterly and Directors of Midwifery and Nursing attend and present at board level meetings.

- 6.5 The Trust has established audit activity across both sites, with a formal programme in place at City and Weston. However, a consistent Trust-wide audit programme specifically aligned to Amos and Ockenden recommendations is not yet fully established.
- 6.6 Neonatal units contribute to and benchmark through the Neonatal Operational Delivery Network (ODN), providing regular review of outcomes and quality indicators. This supports comparative learning and performance monitoring across the wider Network.

7) **Dual Board Level Accountability between Medical Director and Chief Nurse (action point 3)**

- 7.1 Action 3.1 Has the Trust Board established clear joint accountability for maternity and neonatal services with Medical Directors and Chief Nurses holding a shared responsibility?

**Both CWHOU and SHOU are Green for this action**

- 7.2 Action 3.2: Do Directors of Midwifery and Clinical Directors leading maternity and neonatal services attend Boards and take part in discussions when maternity and neonatal matters are on the agenda?

**Both CWHOU and SHOU are Amber for this action**

- 7.3 The Chief Nursing and Improvement Officer and Chief Medical and Innovation Officer have joint accountability for perinatal services and is endorsed through designation in job descriptions. This alignment is further strengthened through the Hospital Operating Unit Director of Nursing and Hospital Operating Unit Medical Director. Bristol NHS Foundation has a standard triumvirate model of divisional leadership, bringing operational, medical, midwifery and nursing expertise to operational delivery of services.
- 7.4 Further, the Trust has designated Perinatal Safety Champions at Non-Executive Director, Executive Director and Hospital Operating Unit Director level.
- 7.5 The Hospital Operating Unit Directors of Midwifery and Nursing routinely attend the Quality and Outcomes Committee, and further work is required in supporting attendance for Clinical Directors and senior service leaders to support full compliance of Action 3.2.

8) **Amos into Action (action point 4, not included above)**

- 8.1 Action 4: is a nationally led action, therefore there is no action for Trusts currently.

9) **Addressing Inequalities in Maternity and Neonatal outcomes (action point 5)**

- 9.1 Action 5.1: Has the Trust Board ensured that provision is in place to allow staff to be released for the Perinatal Equity and Anti-Discrimination Programme with full participation across multidisciplinary teams?

**Both CWHOU and SHOU are Green for this action**

- 9.2 Action 5.2: Can the Trust Board demonstrate that the Trust is regularly reviewing and acting on trends identified by their inequalities data dashboard s every 6 months?

**Both CWHOU and SHOU are Red for this action**

- 9.3 Action 5.3: Has the Trust Board approved a plan to implement the Maternal Care Bundle by March 2027?

**Both CWHOU and SHOU are Amber for this action**

- 9.4 Across both SHOU and CWHOU staff will be supported to attend the Perinatal Equity and Anti-Discrimination Programme across multi-disciplinary teams. It should be noted that both sites have continually engaged with equality diversity and inclusion programmes across all staff groups up to executive level such as multiple cohorts attending the West of England Academic Health Science Network Black Maternity Matters and Perinatal Black Maternity Matters Champions. Both operating units have shown commitment to these courses since they were first established, and cohorts of staff have attended each year. The Black Maternity Matters Senior Leaders Programme has also been attended by the Chief Executive Officer, Chief Nursing and Improvement Officer and Director of Operations, Directors of Midwifery and Nursing and Hospital Directors of Nursing.
- 9.5 The Trust Board should demonstrate that they are acting on trends identified by their Maternity and Neonatal Equalities dashboard every six months. This dataset is currently under review locally due to inaccuracies, once a resolution has been identified data will be shared with Trust Board via existing reporting.
- 9.6 A refresh of the Maternity Needs Assessment has been commissioned by the Local Maternity and Neonatal System; this will be completed by Bristol City Council Public Health Team on behalf of the three local authorities in Bristol North Somerset and South Gloucestershire.
- 9.7 The Bristol, North Somerset and South Gloucestershire Local Maternity and Neonatal System in collaboration with SHOU and CWHOU were successfully recruited to take part in the national Race Health Observatory programme in 2024. The project has been successful in optimising interventions (magnesium sulphate and antenatal steroids) for black and brown babies that are born preterm demonstrating equity of care given across all ethnicities.
- 9.8 Whilst a delivery plan is in place for implementation of the Maternity Care Bundle, achievement of full compliance by the March 2027 deadline remains at risk and has been escalated to the regional NHS England team. Delivery is contingent upon system wide changes involving services and providers outside of the direct remit of Maternity Care and the Trust, creating dependencies that may affect timely implementation.
- 10) **Ensuring 24/7 safety and responsiveness of services (action point 6)**
- 10.1 Action 6.1: Is the Trust complying with the Royal College of Obstetricians and Gynaecologists “Roles and Responsibilities of the Consultant providing acute care” standard? In line with Maternity Incentive Scheme Year 8, is there a minimum ≥80% consultant presence in defined acute care situations?

**Both CWHOU and SHOU are Green for this action**

- 10.2 Action 6.2: Is the Trust ensuring locum certification and maintaining a local (Trust-specific), continuously updated database of all short-term locums ( $\leq 2$  weeks) working on tier 2/3 obstetric rotas? (In line with Maternity Incentive Scheme Year 8)

**Both CWHOU and SHOU are Green for this action**

- 10.3 Action 6.3: Does the Trust have a clear plan for a fully funded neonatal nursing and medical establishment that aligns with the relevant British Association of Perinatal Medicine standards for their unit designation and the neonatal nursing workforce calculator output (2020)? (In line with Maternity Incentive Scheme Year 8)

**CWHOU is green and SHOU is amber for this action**

- 10.4 Action 6.4: Does the Trust have a fully funded midwifery establishment that aligns with a Birthrate Plus (BR+) review completed within the last three years as a minimum baseline, with further adjustments based on the professional judgement of the Director and Head of Midwifery? (In line with Maternity Incentive Scheme Year 8)

**Both CWHOU and SHOU are Green for this action**

- 10.5 Action 6.5: Do the Trust's obstetric services have a duty anaesthetist available 24/7 in line with Royal College of Anaesthetists Anaesthesia Clinical Services Accreditation standards 1.7.2.1 and a trained anaesthetic assistant available 24/7 in line with Anaesthesia Clinical Services Accreditation standards 1.3.1.2? (In line with Maternity Incentive Scheme Year 8)

**Both CWHOU and SHOU are Green for this action**

- 10.6 Action 6.6: Does the Trust Board oversee workforce acuity, service pressures and escalation activity across maternity and neonatal services, ensuring they can a) respond to periods of increased demand, reduced workforce availability or changing clinical risk; b) address local gaps and c) eliminate siloed working, so that services can consistently and safely respond to the needs of women, babies and families?

**Both CWHOU and SHOU are Amber for this action**

- 10.7 Action 6.7: Has the Trust Board undertaken a review of internal resource deployment, including consideration of a) whether roles not directly supporting frontline delivery can be redirected to strengthen service provision; b) where specialist posts exist (including in bereavement care and infant feeding), what education and training is required to ensure other staff have the knowledge and skills to ensure that care is not compromised when the specialist midwives are not immediately available; and c) the impact of redeployment across the service.

**Both CWHOU and SHOU are Amber for this action**

- 10.8 The requirements within action point 6 are mostly aligned to the workforce actions within the Maternity Incentive Scheme Year 8. This includes midwifery, obstetric, neonatal medical and anaesthetic workforce standards which both operating units remain compliant with.
- 10.9 CWHOU meet British Association of Perinatal Medicine neonatal nursing workforce standards.
- 10.10 SHOU is not compliant with British Association of Perinatal Medicine neonatal nursing workforce guidance. Currently funding does not cover all BAPM requirements which includes specialist nursing. Mitigations are in place to maintain safe care including robust escalation processes.
- 10.11 Board receive a safer staffing paper on a bi-annual basis and there are clear, direct escalation routes in place for staffing concerns. Both operating units will review and align operational and workforce data that is shared with Board and or sub-committees with delegated responsibility. Workforce acuity, service pressures and escalation activity and staff deployment across maternity and neonatal services are routinely monitored through established Divisional and Hospital governance processes.

#### **11) Trust Review of Homebirth Services (action point 7)**

- 11.1 Action 7.1: Has the Trust Board received, scrutinised and actioned an urgent review of homebirth services in line with the letter of the Chief Midwifery Officer and the regional Chief Midwife of 26 November 2025?

#### **Both CWHOU and SHOU are Green for this action**

- 11.2 Action 7.2: Where significant risks and mitigations have been identified, has an action plan with agreed timescales to mitigate and remove the risks been agreed and shared with the Regional NHS England team?

#### **This action is not applicable for both CWHOU and SHOU**

- 11.3 Both SHOU and CWHOU have undertaken the urgent review of homebirth services and shared with Trust Board in line with the letter of the Chief Midwifery Office and regional Chief Midwife on 26 November 2025. Neither SHOU nor CWHOU identified any significant risks because of the review.
- 11.4 NHS England is working with partners to develop homebirth standards and a homebirth framework to support women's autonomy, choice, personalised care and to help services provide safe homebirth care.

#### **12) Responding to incidents, complaints and concerns with humanity and candour (action point 8)**

- 12.1 Action 8.1: Does the Trust have the Patient Safety Incident Response Framework embedded within Maternity and Neonatal Services through clearly defined governance processes? Is the learning, any actions and outcomes regularly reviewed, shared with

women and families, and routinely monitored at Trust Board through Board safety reporting?

**Both CWHOU and SHOU are Green for this action**

12.2 Action 8.2: Does the Trust review complaints and concerns thematically, with learning actions and improvement plans monitored for impact? Are the themes and learning actions routinely reported to the Trust Board?

**Both CWHOU and SHOU are Amber for this action**

12.3 Action 8.3: Does the Trust have embedded processes for open learning and compassionate debriefing, with staff supported to engage effectively with women and families, use feedback to inform practice, provide each family with a key contact, and ensure early duty of candour by a senior manager?

**Both CWHOU and SHOU are Green for this action**

12.4 The Trust Board receive the quarterly thematic reports which includes a review of complaints, claims scorecards, incidents, national reports, Perinatal Mortality Review Tool (outcomes and family feedback) and Maternity and Newborn Safety Investigations, with associated learning.

12.5 Both sites also have embedded processes for open learning and compassionate debriefing with staff and provide families with a key contact ensuring early duty of candour.

**13) Deliver Safe and effective triage in maternity services (action point 9)**

13.1 Action 9.1: Has the Trust Board completed and reported to NHS England regions an audit, including dedicated staffing and clinical capacity with a focus on ensuring that maternity triage services are consistently safe, responsive and appropriately resourced?

**Both CWHOU and SHOU are Amber for this action**

13.2 Action 9.2: Does the Board have clear oversight of triage quality and performance, supported by regular data on waiting times, assessment and review times, redeployment, delays and outcomes with a focus on inequalities?

**Both CWHOU and SHOU are Amber for this action**

13.3 Action 9.3: Is the Trust on track to implement improvements in line with national triage guidance to ensure women have consistent access to high-quality, responsive triage across the NHS within 12 months?

**CWHOU is green for this action and SHOU is Amber for this action.**

13.4 NHS England has published a National Maternity Triage Specification that includes measurement metrics which will form the basis of the Board level audit. There is an expectation that organisations will have fully implemented the specification within 12 months of publication. Additionally, within 3 months of publication organisations will have

audited their current triage services, completed a gap analysis and developed an implementation plan.

13.5 SHOU is at risk of not fully implementing the national maternity triage guidance within 12 months as there are significant estate constraints including the need for capital investment for additional clinical space. Although there is a risk, work is progressing to implement the improvements in line with the guidance and will consider alternative service models or interim solutions whilst longer term estate requirements are addressed.

13.6 Both SHOU and CWHOU are developing a triage dashboard that aligns with the metrics in preparation to share the initial Board level audit along with the evidence submission. This will include the performance metrics by inequalities data such as ethnicity and deprivation.

**14) Post Death Care (action point 10)**

15) Action 10.1: Has the Trust Board completed an assurance statement and submitted it by 31 July 2026?

**Both CWHOU and SHOU are Green for this action**

16) Action 10.2: Has the Board assured itself that it is continuing regular oversight and implementations of national actions and recommendations around matters relating to mortuaries including review of incident records over the past 10 years?

**Both CWHOU and SHOU are Green for this action.**

17) The Trust Board completed and submitted the assurance statement by 31 July 2026. The Board will also continue regular oversight and implementation of national actions and recommendations around matters relating to mortuaries including review of incident records over the past 10 years.

**18) Conclusion**

The baseline assessment demonstrates that Bristol NHS Foundation Trust has made progress across several of the Ten-Point Plan requirements, with established arrangements in areas including Board -level accountability, workforce standards, homebirth review, compassionate response processes and post-death care assurance. However, the assessment also identifies areas where further work is required to evidence full compliance, particularly in relation to Martha's Rule implementation in maternity and neonatal services, the use of inequalities data to inform Board -level oversight and action, consistent reporting of patient experience and outcomes, maternity triage improvement, and the embedding of assurance processes across both Hospital Operating Units now that we are a merged organisation.

The paper provides the Board with an initial position ahead of formal submission to NHS England and highlights the need for continued executive and divisional ownership, clear governance oversight and timely escalation of risks or barriers to delivery. Subject to Board approval, the Quality and Outcomes Committee will undertake final review and approval of the supporting evidence prior to submission on 25 September 2026, with a further progress update to the Board required by 31 December 2026.

**19) Recommendations**

19.1 The Board is asked to approve the initial baseline assessment against the Ten-Point plan.

19.2 The Board is asked to delegate the responsibility to Quality and Outcomes Committee for final review and approval inclusive of the supporting evidence to Quality and Outcomes committee on 24 September 2026 ahead of submission on 25 September 2026.

|                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                          |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Report To:                                                                                                                                                                                                                                                                                                                                                                                                                                  | Meeting of the Trust Board in Public                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                          |             |
| Date of Meeting:                                                                                                                                                                                                                                                                                                                                                                                                                            | 8 September 2026                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                          |             |
| Report Title:                                                                                                                                                                                                                                                                                                                                                                                                                               | Integrated Quality and Performance Report (IQPR)                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                          |             |
| Report Author:                                                                                                                                                                                                                                                                                                                                                                                                                              | David Markwick, Director of Performance<br>Julie Crawford, Head of Patient Safety<br>Emma Harley, Head of Strategic Workforce Planning, Laura Brown, Head of HR Information Services (HRIS)<br>Pawel Abramik, Associate Director of Financial Transformation         | Lisa Whitlow, Director of Performance<br>Paul Cresswell, Director of Quality Governance<br>Benjamin Pope, Associate Director for Workforce Planning, People Systems and Data<br>Simon Davies, Assistant Director of Finance                                              |             |
| Report Sponsor:                                                                                                                                                                                                                                                                                                                                                                                                                             | Responsiveness – Philip Kiely, Trust Chief Operating Officer<br>Quality – Sarah Dodds, Trust Director of Nursing, Becky Maxwell Trust Medical Director<br>Our People – Alex Nestor, Trust Director of People<br>Finance – Jeremy Spearing, Trust Director of Finance | Responsiveness – Nicholas Smith, Trust Chief Operating Officer<br>Quality – Su Monk, Trust Director of Nursing, Samir Patel, Trust Medical Director<br>Our People – Sarah Margetts, Interim Director of People<br>Finance – Elizabeth Poskitt, Trust Director of Finance |             |
| Purpose of the report:                                                                                                                                                                                                                                                                                                                                                                                                                      | Approval                                                                                                                                                                                                                                                             | Discussion                                                                                                                                                                                                                                                               | Information |
|                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                          | x           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                             | To provide an overview of Trust performance across Urgent and Planned Care, Quality, Workforce and Finance domains.                                                                                                                                                  |                                                                                                                                                                                                                                                                          |             |
| Key Points to Note (Including any previous decisions taken)                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                          |             |
| Report includes updated Our People and Finance sections.<br>Quality metrics are being reported at Trust level where possible, as part of a rolling programme of changes, with additional metrics being added each month once reporting processes for the individual metrics are aligned.<br>The City and Weston PQOM Monthly metrics appendix currently still refers to UHBW throughout with the aim of updating this for the next meeting. |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                          |             |
| Strategic Alignment                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                          |             |
| This report aligns to the objectives in the CQC domains of Safe, Effective, Caring, Responsive and Well Led.                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                          |             |
| Risks and Opportunities                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                          |             |
| Risks are listed in the report against each performance area.                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                          |             |

|                                                                                          |                                                                                                                   |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>Recommendation</b>                                                                    |                                                                                                                   |
| This report is for <b>Information</b>                                                    |                                                                                                                   |
| <b>History of the paper (details of where paper has <u>previously</u> been received)</b> |                                                                                                                   |
|                                                                                          | N/A                                                                                                               |
| <b>Appendices:</b>                                                                       | Inequalities<br>Learning from Deaths – Quarterly Update<br>Southmead PQSM<br>City and Weston PQOM Monthly Metrics |



# Integrated Performance and Quality Report

Month of publication: August 2026  
Data up to July 2026

# Contents

| Report Structure                         | Page |
|------------------------------------------|------|
| Key to KPI Variation and Assurance Icons | 3    |
| Business Rules and Actions               | 4    |

| Summaries         | Page |
|-------------------|------|
| Executive Summary | 5    |

| Responsive                               | Scorecards | 9  |
|------------------------------------------|------------|----|
| UEC – Emergency Department Metrics       | Summary    | 11 |
| UEC – Ambulance Handover Delays          | Summary    | 15 |
| UEC – Corridor Care and Escalation Beds  | Summary    | 17 |
| UEC – No Criteria to Reside              | Summary    | 20 |
| Planned Care – Referral to Treatment     | Summary    | 21 |
| Planned Care – Diagnostics               | Summary    | 23 |
| Planned Care – Cancer Metrics            | Summary    | 24 |
| Planned Care – Last Minute Cancellations | Summary    | 27 |
| Stroke Performance (NBT)                 | Summary    | 28 |

| Quality              | Scorecard | 30 |
|----------------------|-----------|----|
| Pressure Injuries    | Summary   | 32 |
| Infection Control    | Summary   | 33 |
| Falls                | Summary   | 36 |
| Medication Incidents | Summary   | 37 |
| VTE Risk Assessment  | Summary   | 38 |
| Safe Staffing        | Summary   | 39 |
| Neck of Femur        | Summary   | 40 |
| FFT                  | Summary   | 42 |
| Complaints           | Summary   | 43 |

| Our People                           | Scorecard                   | 45        |
|--------------------------------------|-----------------------------|-----------|
| Workforce Turnover                   | Summary                     | 46        |
| Vacancies                            | Summary                     | 47        |
| Sickness Absence                     | Summary                     | 48        |
| Essential Training                   | Summary                     | 49        |
| <b>Finance</b>                       |                             | <b>50</b> |
| <b>Assurance and Variation Icons</b> | <b>Detailed Description</b> | <b>61</b> |

# Key to KPI Variation and Assurance Icons

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

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

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

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

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

Name of Metric/KPI.

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

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

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

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

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

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

The actual performance for the most recent month.

The actual performance for the previous month.

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

# Business Rules and Actions

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

SPC charts for metrics are only included in the IQPR where the combination of icons for that metric has triggered a Business Rule – see 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 July, the Bristol Foundation Trust (BFT) ED 4-hour performance improved to 68.2 % but did not meet target for the month. Performance has been impacted by increased attendances across ED sites with the combination of demand, high bed occupancy and continued high levels of NCTR continuing to create a challenging clinical, operational and performance environment.

The NCTR position worsened in July; 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 Trust 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 one complex Plastic Surgery DIEP patient waiting longer than 65 weeks at the end of July 2026 (down from four in June) due to ongoing absence in the consultant body. City and Weston Hospital Operating Unit (CWHOU) had six patients waiting longer than 65 weeks at the end of July, noting particular challenges in paediatric dentistry due to ongoing recruitment challenges. Divisional plans have been stood up, overseen by Chief Operating Office to support recovery.

### **Diagnostics**

The Trust overall position did not meet the target for July. At SHOU, performance was impacted by challenges in Endoscopy and Echocardiography, however, recovery is anticipated from August for these modalities at Southmead. Performance continues to be impacted by a loss of Endoscopy capacity in Weston due to a fire 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 June, the Group performance was on target for both 28-Day Faster Diagnosis Standard (FDS) and the 31-Day standard. 62-Day cancer performance was off plan for the month of June, reporting 70.6% against trajectory of 72.4%. 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

The City & Weston Hospital Operating Unit (HOU) reported two MRSA cases in July, a total of three cases 2026/27 year to date. NHSE has been asked to reclassify two cases as community onset as confirmation of infection occurred before the 48 hours hospital acquired threshold; Learning from this third case has identified actions that could have reduced the patient risk, which the clinical team will implement. Identified learning is being actioned, with MRSA improvement work continuing. For Southmead, one MRSA case was reported in July and is subject to investigation.

There were 11 cases of Clostridium difficile (C. Diff) in July against a trajectory / limit of 109 for the City & Weston HOU. The breakdown is six Hospital Onset Hospital Acquired (HOHA) and five Community Onset Hospital Acquired (COHA). Year to date figures are 47 (28 HOHA 19 COHA). Divisions are identifying priority actions to reduce C. difficile infections based on local risks and patient needs, supported by the development of a Trust-wide strategy for implementation across all sites. At Southmead there were two cases of Hospital Onset Hospital Acquired C. Diff in July with 4 community onset hospital acquired cases. This brings the total to 33 cases this year (20 HOHA and 13 COHA). Actions continue through red cleaning as part of summer bay hoist programmes, ward rounds, case reviews and cleaning audits.

During July 2026, City and Weston HOU recorded 335 medication-related incidents, one of which resulted in moderate or above harm. Following further harm validation, an additional moderate harm incident has been reported for June 2026 in this month's report increasing moderate or above harm incidents in June from one to two. Learning from medication incidents is routinely shared via Medicines Governance Group and with BNSSG system partners through system medicines quality and safety meetings. At Southmead, 153 incidents involving patients, four were graded as causing moderate or above harm. Work is underway to identify emerging themes linked to CMM in addition to working with the services to improve safe and secure handling of medicines. Various other workstreams are in place to examine learning from incidents.

During July, the City & Weston Hospital Operating Unit Venous Thrombo-Embolic (VTE) Risk Assessment compliance has remained below the 95% target. Since July 2026, VTE compliance for ED admissions is measured from the ED decision-to-admit time rather than ward arrival. This has slightly reduced reported compliance rates and may better reflect timing of VTE risk assessment within the admission pathway. Planned Ward View Board enhancements for VTE Risk assessments and anticoagulant prescribing metrics that have been delayed by a technical issue are being prioritised for resolution by the Digital team. Resident Doctor Survey feedback has informed improvement work with Clinical Chairs and Divisions, while cohort definitions are being reviewed to align with national standards. Improved visibility of VTE performance data across clinical areas is expected to strengthen oversight and support compliance improvement.

In July, 50 patients were eligible for Best Practice Tariff (BPT) at the City and Weston HOU. Overall BPT was achieved for 23/ 50 (46%), 25 (50%) patients underwent surgery in 36 hours, 44 ( 88%) patients received an Ortho geriatrician review within 72 hours. The time to surgery target was missed due to theatre capacity. Two patients at City site missed the Ortho geriatrician review due to late diagnosis of the femoral fracture, at Weston 12 patients missed this review at Weston due to the lack of resilience of this service. Extra theatre space is created where possible to reduce theatre delays.

Across City and Weston HOU in July there were three category 3 pressure ulcers, one in Weston (sacrum), one in Specialised Services (sacrum) and one in Children's (sacrum). There were nine category 2 pressure ulcers, three in Weston (sacral coccygeal x2 and spine), two in Medicine (both sacral-coccygeal), two in Surgery (coccyx and elbow), one in Specialised Services (sacral-coccygeal) and one in Children's (coccyx). There have been two mucosal pressure ulcers in Surgery division secondary to urinary catheters. July has seen an increase in hospital acquired pressure ulcers across all divisions. Sacral-coccygeal pressure ulcers have been a notable theme across all divisions. Multi-disciplinary After-Action Review's for all category 3 pressure ulcers, with learning shared across divisions.

### Patient & Carer Experience

City and Weston complaint compliance has increased slightly to 53%. Although the Divisional response rate has increased from 54% to 76% the number needing amendments has also increased. Of the 98 complaints due for response in July, 52 were closed within the agreed timescale, 42 were outside the agreed timescale due to high number of amendments needed. Divisional action plans have been developed, with three Divisions having been received for sign off.

At Southmead the complaints compliance rate decreased from 83.5% in June 2026 to 77% in July however is still above the average. A decline in ASCR and NMSK contributes to this decline. Weekly meetings with divisions continue. Southmead Maternity Friends and Family Test (FFT) positive score (% 'Very good' or 'Good') has increased from 84% in June 2026 to 86.1%. Friends and Family Test (FFT) scores across maternity services have 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

### Basis of reporting

The Bristol Foundation Trust workforce position is reported as an aggregate of the individual Hospital Operating Unit metrics.

For Southmead HOU and City and Weston HOU, the reported position includes the relevant clinical divisions and Corporate Functions data from the respective sovereign Trust positions. Corporate Functions reporting will be consolidated following completion of the People Systems merger programme, expected by March 2027, with further consideration to be given to the future reporting treatment of overarching Corporate Services.

Targets for each HOU reflect those agreed through the operational planning process at the start of the year. The Bristol Foundation Trust target is therefore an aggregate of the HOU targets.

### Turnover

- **Bristol Foundation Trust** turnover is 11.4% in July, above the target of 10.6% triggering commentary.
- **Southmead** turnover is 11.1% in July, above the target of 10.6% triggering commentary.
- **City and Weston** turnover is 11.6% in July above the target of 11.5% triggering commentary.

### Vacancy Rate

- **Bristol Foundation Trust** rate is 4.7% in July, above the target of 3.8%, this triggers an escalation summary however it must be noted that 3.8% is the year end Mar-27 target position.
- **Southmead** rate is 5.2% in July, 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.
- **City and Weston** rate is 4.3% in July, below the target of 4.8%.

### Sickness

- **Bristol Foundation Trust** rate is 4.8%, above the target of 4.4%, triggering an escalation summary.
- **Southmead** rate is 4.8%, above the target of 4.4%, triggering an escalation summary.
- **City and Weston** rate is 4.9%, above the target of 4.4%, triggering an escalation summary.

### Essential Training

- **Bristol Foundation Trust** - Monthly overall compliance decreased slightly by 0.1%, to 89.3%, below target of 90%, triggering commentary.
- **Southmead** – Core skills compliance for 'all staff' remains marginally below target at 87.7%. Individual titles Information Governance, and Resuscitation, remain below target, with action plans in place to address with Subject Matter Experts.
- **City and Weston** – Core skills compliance at 90.9% above group target of 90%, an improvement of 0.3%. Information Governance, Moving and Handling, Oliver McGowan and Resuscitation remain below target with on-going actions in place to address with Subject Matter Experts.

# Executive Summary

## Finance

In Month 4, BFT delivered a planned deficit £0.3m. Year-to-date actual deficit was £14.5m against the plan of £14.6m

The key variances included under delivery of CIP plan (£4.9m adverse variance year-to-date) and underperformance on variable patient income mitigated by vacancies and non-recurrent mitigations. The in-month position includes a number of technical adjustments linked with realignment of budgets as a result of the merger, which show as significant variance against spend categories, but they are neutral to the overall I&E position.

Capital spend is currently £1.6m behind plan, but the Trust is currently £7.6m ahead on CDEL spend offset by underspends against other sources of funding. An additional £3.5m of national PDC funding has been awarded for Urgent and Emergency Care (UEC), which will be reflected in next month's position.

The cash position is above the plan as of Month 4 and remains strong despite the pressures on the liquidity indicators.

# Responsiveness

## Scorecard

| 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                 | <b>Trust</b>                            | <b>Jul-26</b> | <b>68.2%</b>    | <b>72.5%</b> | <b>65.6%</b>              | <b>F</b>                           | <b>C</b>  | Escalation Summary |
|            |                                                           | Southmead Hospital Operating Unit       | Jul-26        | 62.0%           | 69.7%        | 57.3%                     | <b>?</b>                           | <b>C</b>  | Escalation Summary |
|            |                                                           | City and Weston Hospital Operating Unit | Jul-26        | 71.6%           | 73.8%        | 70.0%                     | <b>F-</b>                          | <b>C</b>  | Escalation Summary |
| Responsive | ED % Spending Over 12 Hours in Department                 | <b>Trust</b>                            | <b>Jul-26</b> | <b>5.6%</b>     | <b>3.6%</b>  | <b>7.1%</b>               | <b>?</b>                           | <b>C</b>  | Escalation Summary |
|            |                                                           | Southmead Hospital Operating Unit       | Jul-26        | 8.0%            | 6.5%         | 10.1%                     | <b>?</b>                           | <b>C</b>  | Escalation Summary |
|            |                                                           | City and Weston Hospital Operating Unit | Jul-26        | 4.3%            | 2.1%         | 5.6%                      | <b>?</b>                           | <b>C</b>  | Escalation Summary |
| Responsive | ED % Spending Over 4 Hours in Department - Paediatric     | <b>Trust</b>                            | <b>Jul-26</b> | <b>89.6%</b>    | <b>89.6%</b> | <b>89.3%</b>              | <b>P</b>                           | <b>C</b>  | Note Performance   |
|            |                                                           | Southmead Hospital Operating Unit       | Jun-26        | 82.4%           | 86.8%        | 80.9%                     | <b>?</b>                           | <b>C</b>  | Escalation Summary |
|            |                                                           | City and Weston Hospital Operating Unit | Jul-26        | 89.9%           | 89.6%        | 89.9%                     | <b>P</b>                           | <b>C</b>  | Note Performance   |
| Responsive | ED Number Spending over 24 Hours in Department            | <b>Trust</b>                            | <b>Jul-26</b> | <b>275</b>      | <b>0</b>     | <b>387</b>                | <b>F</b>                           | <b>C</b>  | Escalation Summary |
|            |                                                           | Southmead Hospital Operating Unit       | Jul-26        | 160             | 0            | 193                       | <b>F</b>                           | <b>C</b>  | Escalation Summary |
|            |                                                           | City and Weston Hospital Operating Unit | Jul-26        | 115             | 0            | 194                       | <b>F</b>                           | <b>C</b>  | Escalation Summary |
| Responsive | Ambulance Handover Delays (under 15 minutes)              | <b>Trust</b>                            | <b>Jul-26</b> | <b>38.6%</b>    | <b>40.4%</b> | <b>33.1%</b>              | Slide not required for this metric |           |                    |
|            |                                                           | Southmead Hospital Operating Unit       | Jul-26        | 28.8%           | 37.0%        | 23.0%                     | <b>F-</b>                          | <b>C</b>  | Escalation Summary |
|            |                                                           | City and Weston Hospital Operating Unit | Jul-26        | 46.6%           | 43.0%        | 40.9%                     | <b>?</b>                           | <b>C</b>  | Escalation Summary |
| Responsive | Average Ambulance Handover Time                           | <b>Trust</b>                            | <b>Jul-26</b> | <b>22.4</b>     | <b>24.7</b>  | <b>24.8</b>               | <b>?</b>                           | <b>L</b>  | Note Performance   |
|            |                                                           | Southmead Hospital Operating Unit       | Jul-26        | 27.4            | 27.1         | 30.1                      | <b>?</b>                           | <b>L</b>  | Note Performance   |
|            |                                                           | City and Weston Hospital Operating Unit | Jul-26        | 18.3            | 22.9         | 20.7                      | <b>P</b>                           | <b>L</b>  | Note Performance   |
| Responsive | % Ambulance Handovers over 45 minutes                     | <b>Trust</b>                            | <b>Jul-26</b> | <b>8.1%</b>     | <b>6.0%</b>  | <b>11.5%</b>              | <b>F-</b>                          | <b>L</b>  | Escalation Summary |
|            |                                                           | Southmead Hospital Operating Unit       | Jul-26        | 15.1%           | 6.0%         | 19.9%                     | <b>F-</b>                          | <b>C</b>  | Escalation Summary |
|            |                                                           | City and Weston Hospital Operating Unit | Jul-26        | 2.4%            | 6.0%         | 5.0%                      | <b>?</b>                           | <b>L</b>  | Note Performance   |
| Responsive | Number of patients in corridor care in ED (Average)       | <b>Trust</b>                            | <b>Jul-26</b> | <b>25</b>       | <b>0</b>     | <b>39</b>                 | N/A*                               | N/A*      | Commentary         |
|            |                                                           | Southmead Hospital Operating Unit       | Jul-26        | 19              | 0            | 27                        | N/A*                               | N/A*      | Commentary         |
|            |                                                           | City and Weston Hospital Operating Unit | Jul-26        | 6               | 0            | 13                        | N/A*                               | N/A*      | Commentary         |
| Responsive | Number of patients in corridor care in G&A beds (Average) | <b>Trust</b>                            | <b>Jul-26</b> | <b>75</b>       | <b>0</b>     | <b>81</b>                 | N/A*                               | N/A*      | Commentary         |
|            |                                                           | Southmead Hospital Operating Unit       | Jul-26        | 47              | 0            | 49                        | N/A*                               | N/A*      | Commentary         |
|            |                                                           | City and Weston Hospital Operating Unit | Jul-26        | 27              | 0            | 32                        | N/A*                               | N/A*      | Commentary         |
| Responsive | Number of patients in G&A Escalation Beds (Average)       | <b>Trust</b>                            | <b>Jul-26</b> | <b>65</b>       | <b>0</b>     | <b>86</b>                 | N/A*                               | N/A*      | Commentary         |
|            |                                                           | Southmead Hospital Operating Unit       | Jul-26        | 35              | 0            | 36                        | N/A*                               | N/A*      | Commentary         |
|            |                                                           | City and Weston Hospital Operating Unit | Jul-26        | 32              | 0            | 50                        | N/A*                               | N/A*      | Commentary         |
| Responsive | No Criteria to Reside                                     | <b>Trust</b>                            | <b>Jul-26</b> | <b>23.6%</b>    | <b>19.1%</b> | <b>22.6%</b>              | <b>F-</b>                          | <b>C</b>  | Escalation Summary |
|            |                                                           | Southmead Hospital Operating Unit       | Jul-26        | 25.2%           | 21.0%        | 22.8%                     | <b>?</b>                           | <b>C</b>  | Escalation Summary |
|            |                                                           | City and Weston Hospital Operating Unit | Jul-26        | 22.0%           | 17.1%        | 22.3%                     | <b>F-</b>                          | <b>C</b>  | Escalation Summary |

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

# Responsiveness

## Scorecard

| 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                                     | Jul-26       | 0.5%            | 0.5%      | 0.5%                      | ?         | L         | Note Performance   |
|            |                                                           | Southmead Hospital Operating Unit         | Jul-26       | 0.2%            | 0.1%      | 0.1%                      | ?         | L         | Note Performance   |
|            |                                                           | City and Weston Hospital Operating Unit   | Jul-26       | 0.8%            | 0.9%      | 0.9%                      | P         | L         | Note Performance   |
| Responsive | RTT Ongoing Pathways Under 18 Weeks                       | Trust                                     | Jul-26       | 70.1%           | 71.4%     | 70.1%                     | F-        | H         | Escalation Summary |
|            |                                                           | Southmead Hospital Operating Unit         | Jul-26       | 71.4%           | 74.0%     | 71.6%                     | F-        | H         | Escalation Summary |
|            |                                                           | City and Weston Hospital Operating Unit   | Jul-26       | 69.0%           | 69.3%     | 68.9%                     | F-        | H         | Escalation Summary |
| Responsive | Referral To Treatment Number of Ongoing Pathways          | Trust                                     | Jul-26       | 94932           | 87943     | 92636                     | N/A*      | N/A*      | Commentary         |
|            |                                                           | Southmead Hospital Operating Unit         | Jul-26       | 43972           | 39812     | 42031                     | N/A*      | N/A*      | Commentary         |
|            |                                                           | City and Weston Hospital Operating Unit   | Jul-26       | 50960           | 48131     | 50605                     | N/A*      | N/A*      | Commentary         |
| Responsive | Diagnostics % Over 6 Weeks                                | Trust                                     | Jul-26       | 6.2%            | 2.6%      | 6.0%                      | F-        | L         | Escalation Summary |
|            |                                                           | Southmead Hospital Operating Unit         | Jul-26       | 1.4%            | 1.0%      | 1.7%                      | ?         | C         | Escalation Summary |
|            |                                                           | City and Weston Hospital Operating Unit   | Jul-26       | 10.1%           | 4.1%      | 9.5%                      | F-        | L         | Escalation Summary |
| Responsive | Cancer 28 Day Faster Diagnosis                            | Trust                                     | Jun-26       | 81.0%           | 79.9%     | 80.2%                     | ?         | C         | Escalation Summary |
|            |                                                           | Southmead Hospital Operating Unit         | Jun-26       | 81.7%           | 79.9%     | 82.2%                     | ?         | C         | Escalation Summary |
|            |                                                           | City and Weston Hospital Operating Unit   | Jun-26       | 80.1%           | 80.0%     | 77.3%                     | ?         | C         | Escalation Summary |
| Responsive | Cancer 31 Day Decision-To-Treat to Start of Treatment     | Trust                                     | Jun-26       | 94.8%           | 94.0%     | 94.6%                     | ?         | C         | Escalation Summary |
|            |                                                           | Southmead Hospital Operating Unit         | Jun-26       | 89.7%           | 89.4%     | 90.4%                     | ?         | C         | Escalation Summary |
|            |                                                           | City and Weston Hospital Operating Unit   | Jun-26       | 97.6%           | 96.0%     | 96.8%                     | ?         | C         | Escalation Summary |
| Responsive | Cancer 62 Day Referral to Treatment                       | Trust                                     | Jun-26       | 70.6%           | 70.4%     | 72.0%                     | ?         | C         | Escalation Summary |
|            |                                                           | Southmead Hospital Operating Unit         | Jun-26       | 68.6%           | 70.9%     | 71.6%                     | ?         | C         | Escalation Summary |
|            |                                                           | City and Weston Hospital Operating Unit   | Jun-26       | 73.2%           | 75.0%     | 72.6%                     | ?         | C         | Escalation Summary |
| Responsive | Last Minute Cancelled Operations                          | Trust                                     | Jul-26       | 1.6%            | No Target | 1.2%                      | N/A       | C         | Commentary         |
|            |                                                           | Southmead Hospital Operating Unit         | Jul-26       | 0.5%            | 0.8%      | 0.7%                      | P         | C         | Note Performance   |
|            |                                                           | City and Weston Hospital Operating Unit   | Jul-26       | 2.5%            | 1.5%      | 1.6%                      | F         | C         | Escalation Summary |
| Responsive | % to Stroke Unit within 4 Hours                           | Trust (Southmead Hospital Operating Unit) | Jun-26       | 64.8%           | 90.0%     | 70.1%                     | F-        | H         | Escalation Summary |
| Responsive | Stroke Thrombolysis within 1 hour                         | Trust (Southmead Hospital Operating Unit) | Jun-26       | 62.5%           | 60.0%     | 69.2%                     | ?         | C         | Escalation Summary |
| Responsive | 90% Time in Stroke Unit Performance validated             | Trust (Southmead Hospital Operating Unit) | Jun-26       | 61.2%           | 90.0%     | 74.2%                     | F-        | C         | Escalation Summary |
| Responsive | % Seen within 14 Hours by a Stroke Consultant - Validated | Trust (Southmead Hospital Operating Unit) | Jun-26       | 76.7%           | 90.0%     | 81.0%                     | ?         | 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 <u>P</u> assing Target | Meeting or <u>P</u> assing Target | Passing and Falling Short of Target | <u>F</u> alling Short of Target | Consistently <u>F</u> alling Short of Target | No Specified Target | Improving Variation |   | Common Cause (natural) Variation | Concerning Variation |   |

# Responsiveness

## ED percentage spending under 4 hours in department

### Latest Month

Jul-26

### Performance

68.2%

### Target

72.5%

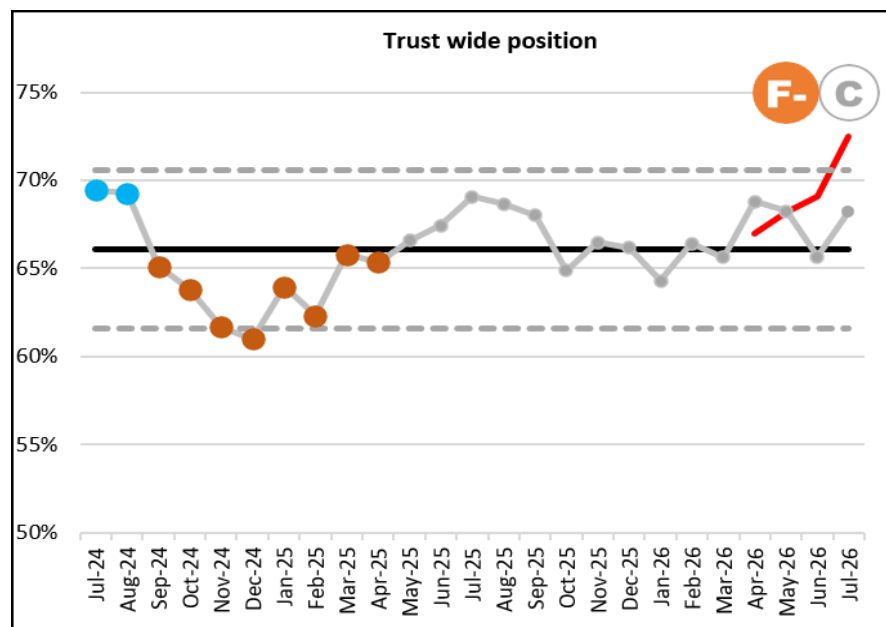
### Trust Level / Corporate Risk

Risk 1940 - Score 20

Risk 7769 - Score 20

### Performance - Previous

65.6%



### What does the data tell us?

The percentage of patients spending under 4 hours in ED for July performed under target at 68.2%.

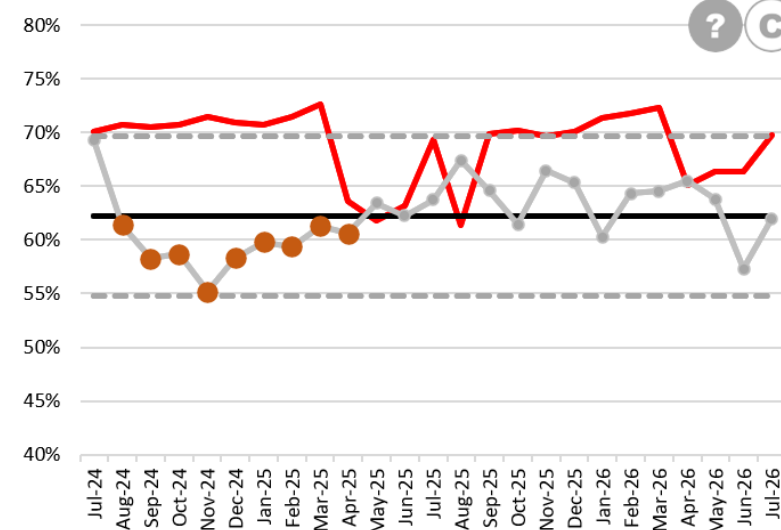
### Actions being taken to improve

- The Trust continues to work with system partners on the NCTR improvement plans to support flow within the Hospitals.
- Both Hospital Operating Units (HOU) 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

August is tracking on plan at 71.9% against target of 70.3% (as at the 23<sup>rd</sup> August).

### Southmead Hospital Operating Unit

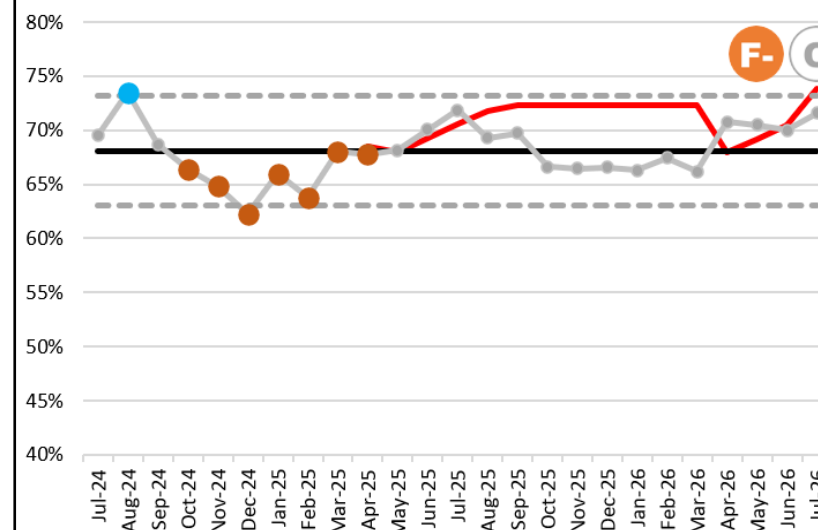


July performance was challenged due to increased attendances particularly in patient presentations amenable to UTC care. The SHOU ED saw its highest ever monthly ED attendances at over 10,000.

### Improvement schemes continue:

- ED minors move on track for delivery in November.
- Extended emergency medicine ambulatory care (EEMAC) implementation.
- Southmead's revised COS have been implemented in July.

### City and Weston Hospital Operating Unit



July four-hour performance experienced continued pressure across the adult admitted pathway with increases in attendances.

Additional staffing for Surgical SDEC is expected to become operational from September.

The whole-hospital review of quality standards continues, with a focus on embedding Inter-Professional Standards, reducing delays in specialty review and improving outward flow from ED.

A performance week is planned for August with the aim of improving 4-hour performance.

# Responsiveness

## ED Percentage Spending over 12 Hours in Department

### Latest Month

Jul-26

### Performance

5.6%

### Target

3.6%

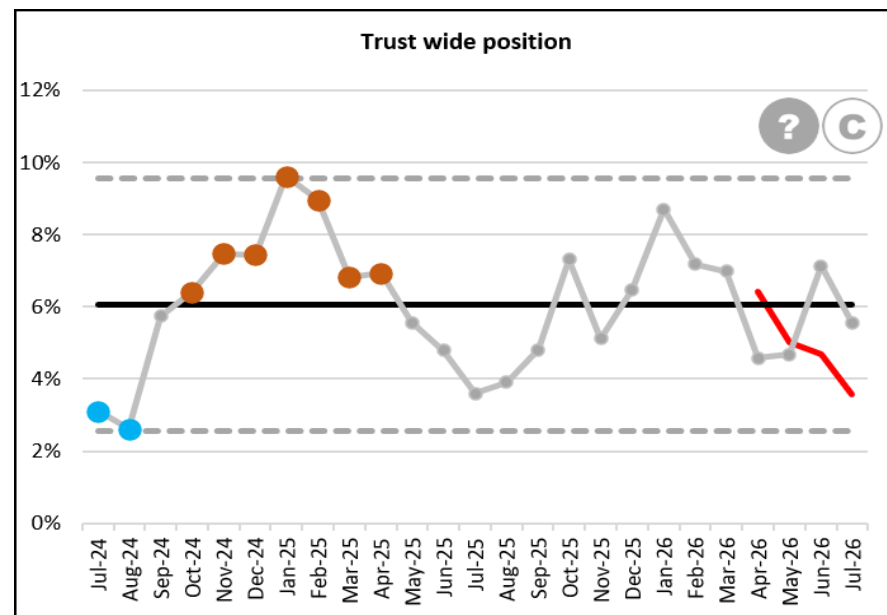
### Trust Level / Corporate Risk

Risk 1940 - Score 20

Risk 7769 - Score 20

### Performance - Previous

7.1%



### What does the data tell us?

The percentage of patients spending over 12 hours in ED for July improved to 5.6% (7.1% June) but was behind the target of 3.6%.

### Actions being taken to improve

Both CWHOU and SHOU are implementing 'Every Minute Matters' improvement plans focussing on discharges without delays, bed base efficiency and timely admission.

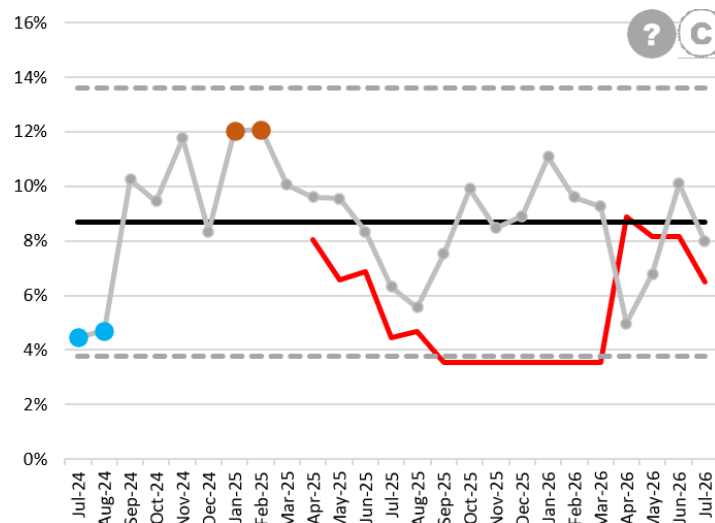
### System work:

- 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

August is tracking at 4.5% against a plan of 4.2% (as at 23<sup>rd</sup> August).

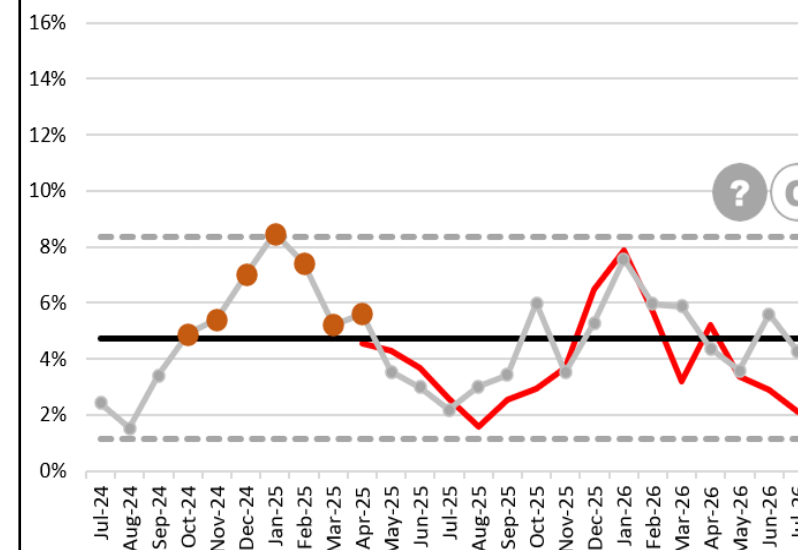
### Southmead Hospital Operating Unit



As part of the Winter Plan, opportunities around Cardiology LoS have been identified and will be worked through with the speciality team into an improvement plan.

Opportunity identified with non-medical specialties with ambition to have no patient waiting over 4 hours from the decision to admit.

### City and Weston Hospital Operating Unit



While 12-hour performance improved in July; long waits continue to be impacted by the pressure on the adult admitted pathway.

### Actions include:

Embedding Inter-Professional Standards to reduce delays in specialty assessment, strengthening escalation for patients approaching long waits, improving inpatient bed turnaround and maintaining focus on earlier discharge through Every Minute Matters.

Expanded Surgical SDEC capacity is expected to support further improvement from September.

# Responsiveness

## ED percentage spending under 4 hours in department - Paediatric

### Latest Month

Jul-26

### Performance

89.6%

### Target

89.6%

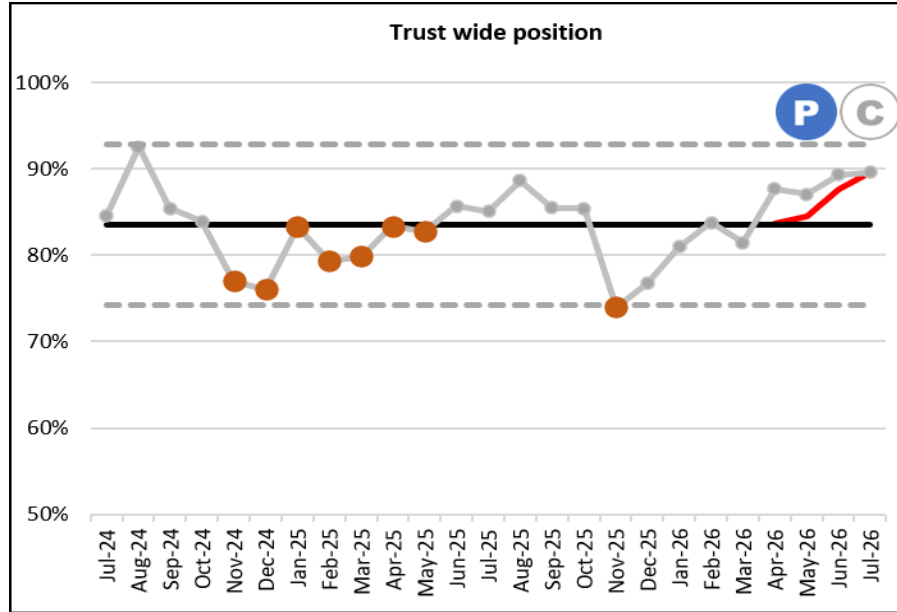
### Trust Level / Corporate Risk

Risk 1940 - Score 20

Risk 7769 - Score 20

### Performance - Previous

89.3%



### What does the data tell us?

4-hour performance for July 2026 was 89.6%, remaining above target.

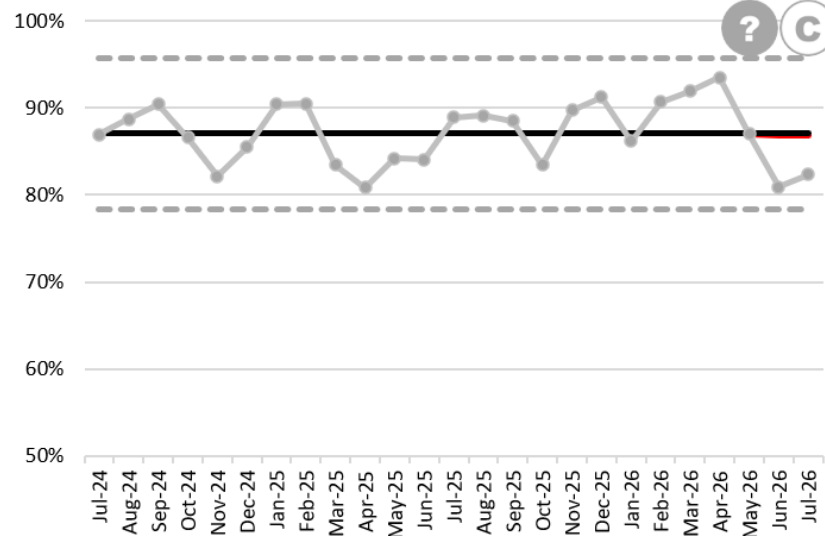
### Actions being taken to improve

- Streaming has gone live and will be embedded as BAU; the impact on 4-hour position to be assessed
- A3 project to be launched with Diagnostics and Therapies division focussing on laboratory turnaround times
- Surgical teams to accept speciality referrals via CareFlow, a meeting is being planned with CED and surgical teams to discuss potential options.
- 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 – recruitment has started and EEMAC weekly working group set up to devise patient pathways and KPIs
- Review of delays admitting patients to CED Obs wards – review of 4-6 hour breaches to identify themes and identify quick wins

### Impact on forecast

Forecast for August is c. 92%.

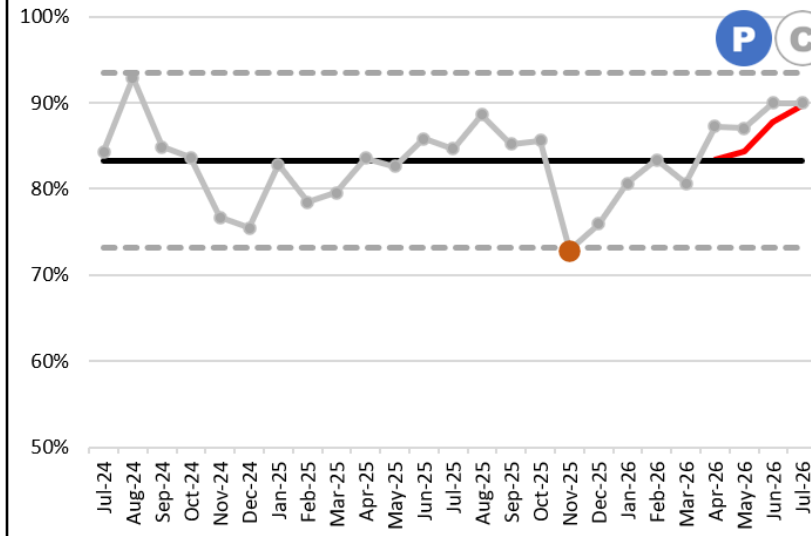
### Southmead Hospital Operating Unit



Performance is associated with the overall challenge in minors' performance at Southmead driven by very high attendances.

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

### City and Weston Hospital Operating Unit



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

# Responsiveness

## ED Number Spending over 24 Hours in Department

### Latest Month

Jul-26

### Performance

275

### Target

0

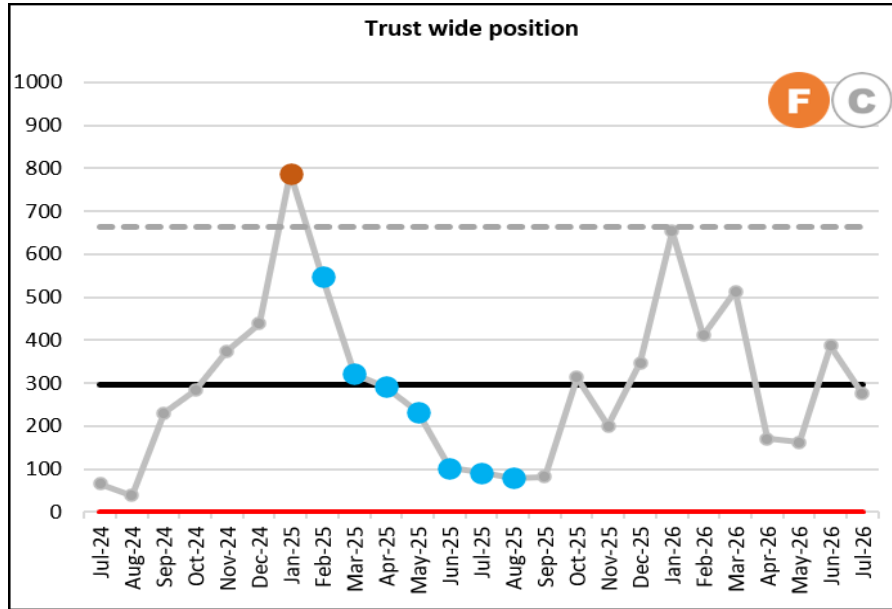
### Trust Level / Corporate Risk

Risk 1940 - Score 20

Risk 7769 - Score 20

### Performance - Previous

387



### What does the data tell us?

The number of patients spending over 24 hours in ED was 275 in July, an improvement on the previous month.

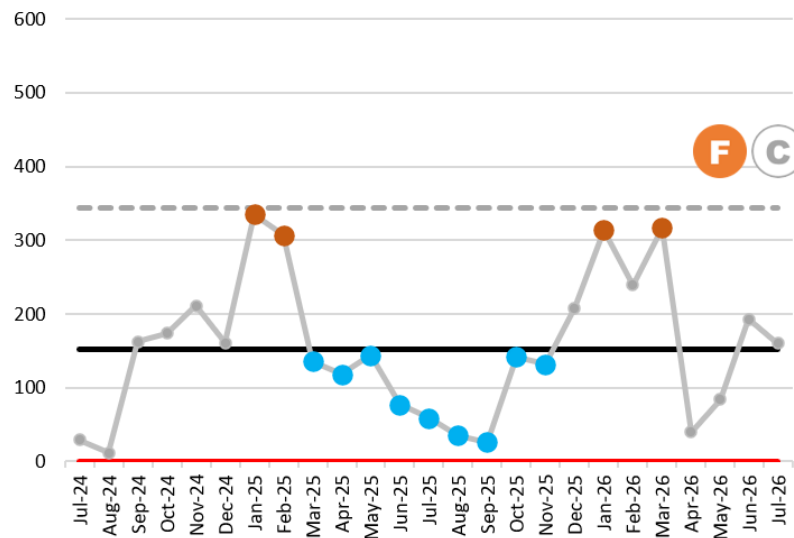
### Actions being taken to improve

- 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

August is tracking improvement, with the average number of patients spending over 24 hours in ED (as at 23<sup>rd</sup> August) lower than July.

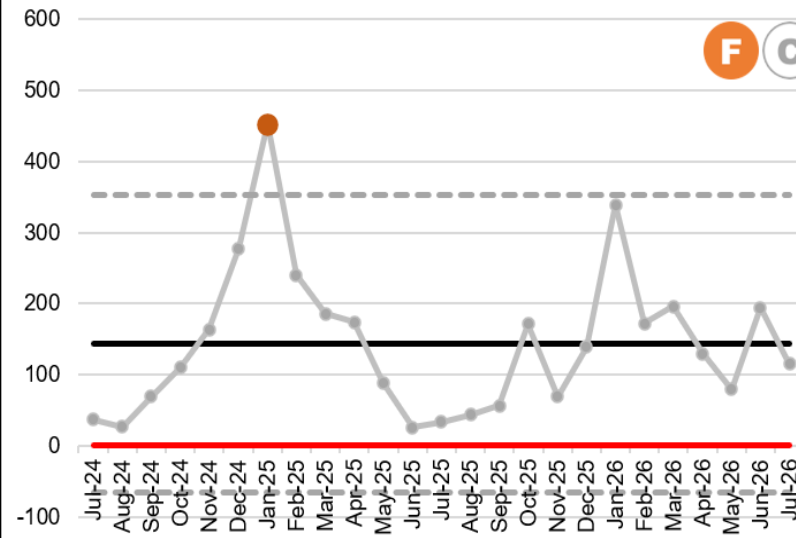
### Southmead Hospital Operating Unit



Additional community bedded capacity planned for November which will be commissioned by BFT.

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

### City and Weston Hospital Operating Unit



Noting a significant improvement in July; long waits continue to be associated with pressure on adult admitted flow and inpatient capacity.

### Actions include:

Strengthened ED grip and escalation for patients approaching long waits, continued focus on the medicine admitted pathway and improving bed turnaround.

Additional Surgical SDEC staffing is expected to support further improvement from September

# Responsiveness

## Average Ambulance Handover Time

### Latest Month

Jul-26

### Performance

22.4

### Target

24.7

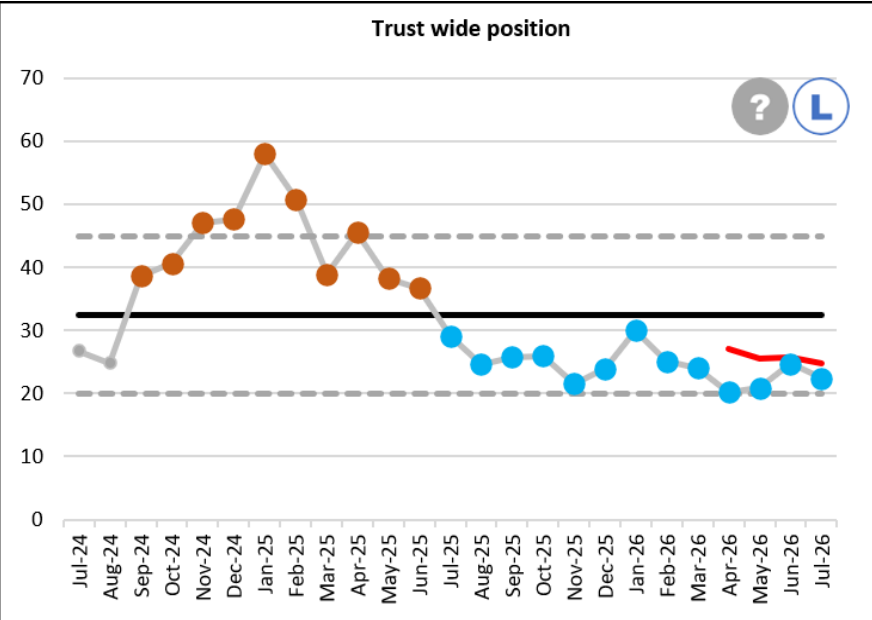
### Trust Level / Corporate Risk

Risk 1940 - Score 20

Risk 7769 - Score 20

### Performance - Previous

24.8



### What does the data tell us?

The average ambulance handover time for July improved on the previous month.

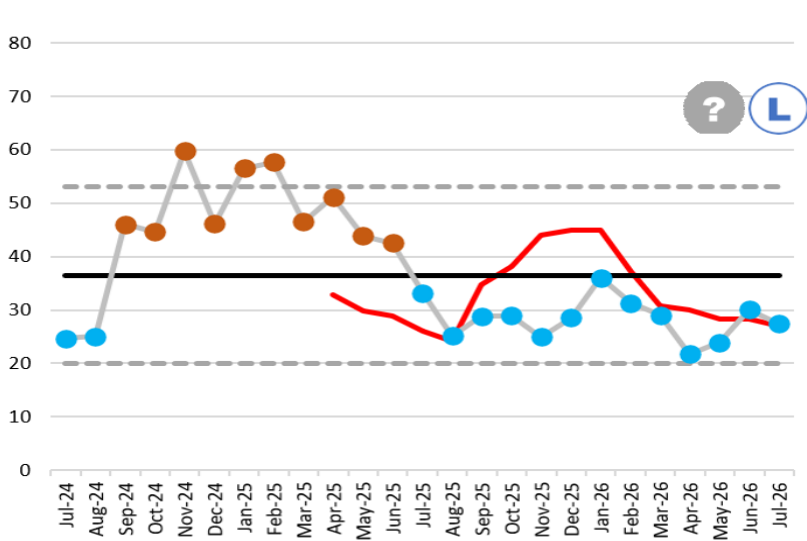
### Actions being taken to improve

A System business case to expand the Community Emergency Medicine Service (CEMS) from three to seven substantive days of funding has been approved – this will support reduction in conveyances to the Emergency Departments. The service will start to ramp up in line with recruitment from August onwards.

### Impact on forecast

The August average handover time is tracking better than the previous month at 20.1 minutes (as at 23<sup>rd</sup> August).

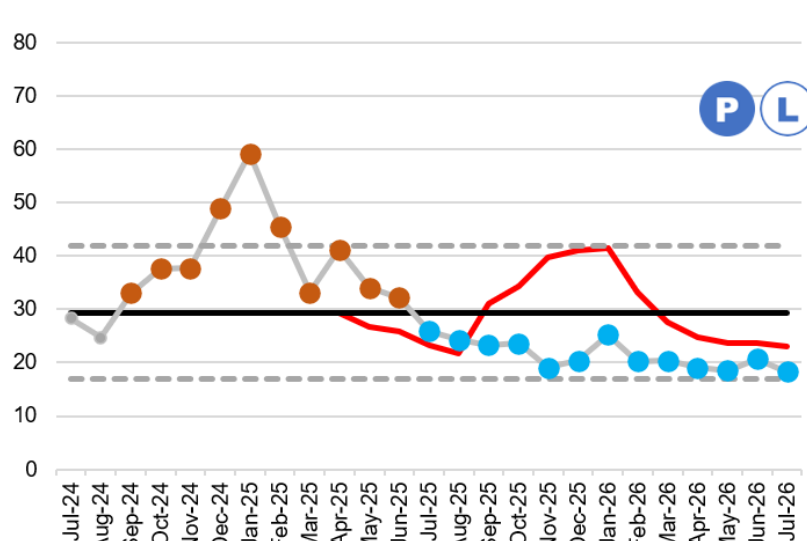
### Southmead Hospital Operating Unit



External individual commissioned to identify and implement best practice from other hospitals' ambulance handover improvement plans.

Output will be to implement Trust Handover Plan (THP) 30 prior to winter. This is in advance of the regional request for implementation.

### City and Weston Hospital Operating Unit



Average ambulance handover time improved in July and remained below target and the long-term mean.

Actions continue to focus on improving flow through and out of ED, strengthening escalation processes and developing Specialty Expected Locations as alternatives to ED.

# Responsiveness

## Percentage Ambulance Handovers over 45 minutes

### Latest Month

Jul-26

### Performance

8.1%

### Target

6.0%

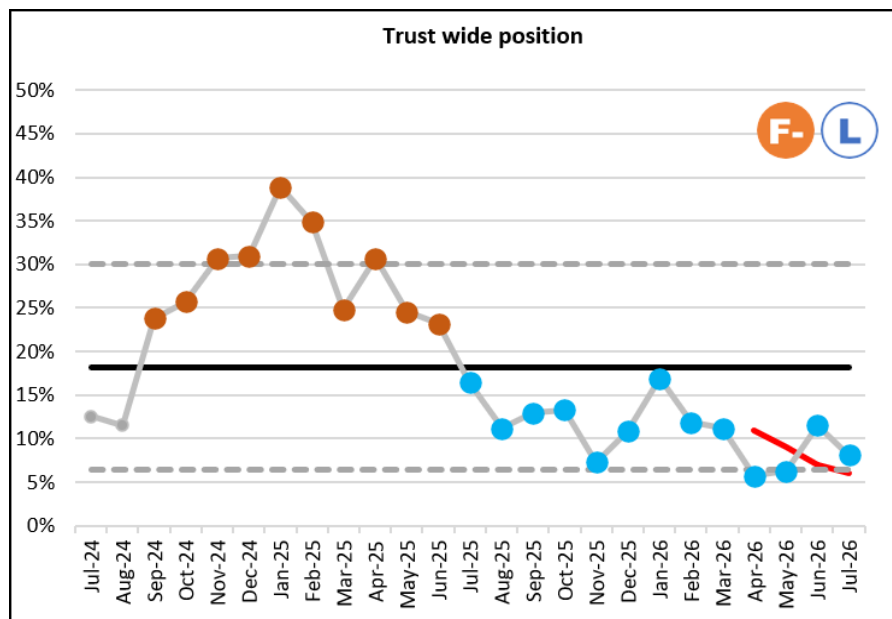
### Trust Level / Corporate Risk

Risk 1940 - Score 20

Risk 7769 - Score 20

### Performance - Previous

11.5%



### What does the data tell us?

The percentage of ambulance handovers over 45 minutes improved to 8.1% for June against the target of 6.0%.

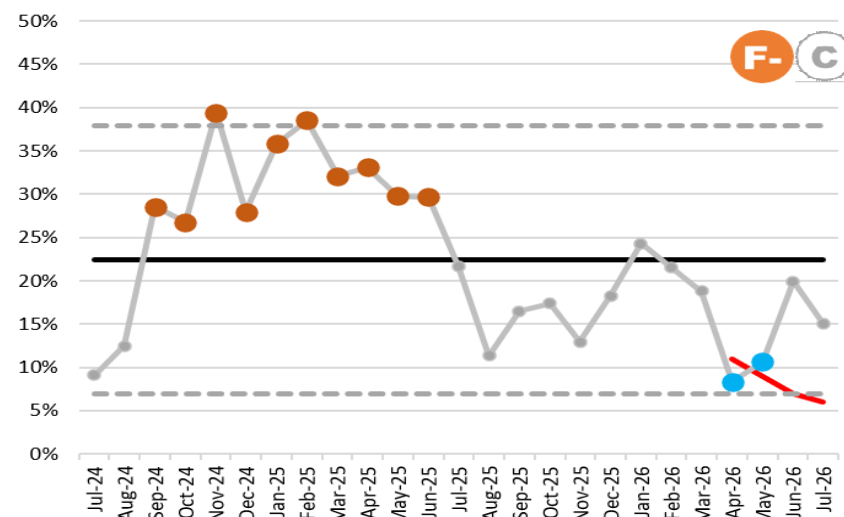
### Actions being taken to improve

- 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

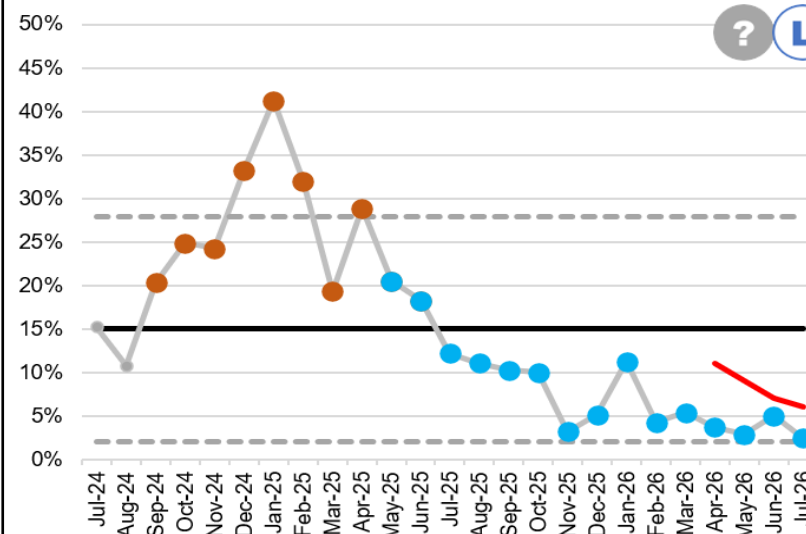
August performance is tracking at 5.6% against a target of 5.0% (as at 23<sup>rd</sup> August).

### Southmead Hospital Operating Unit



See previous actions for average ambulance handover times.

### City and Weston Hospital Operating Unit



Sustained improvement seen since January 2026.

Actions focus on improving flow through and out of ED, 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

### Latest Month

Jul-26

### Target

0

### Latest Month's Position (average)

25

### Trust Level / Corporate Risk

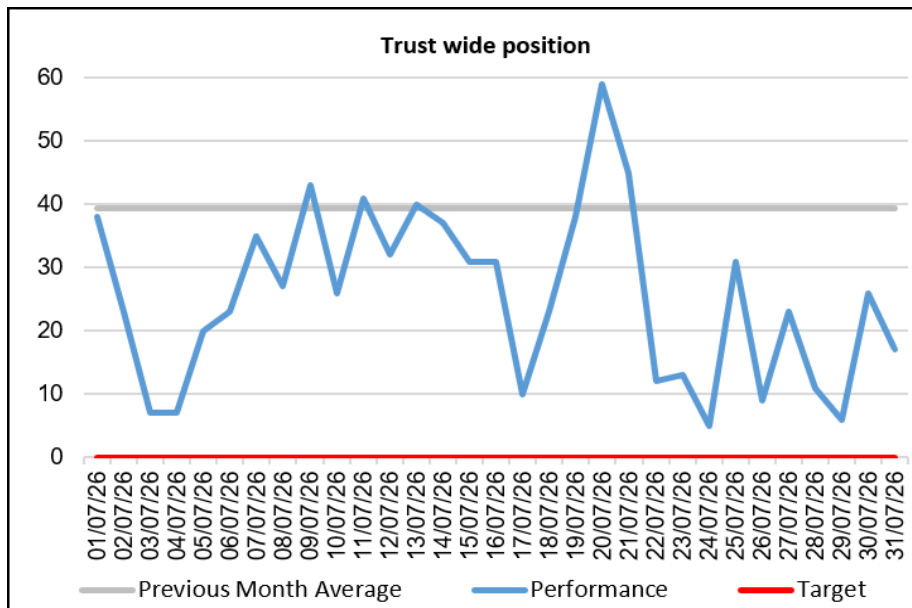
Risk 1940 - Score 20

Risk 2233 - Score 15

Risk 2614 - Score 15

### Previous Month's Position

39



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.

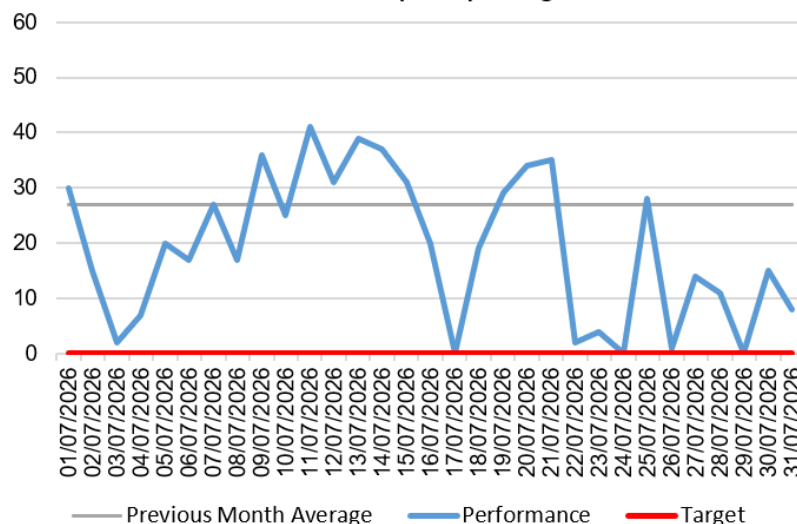
### What does the data tell us?

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

### Southmead Hospital Operating Unit



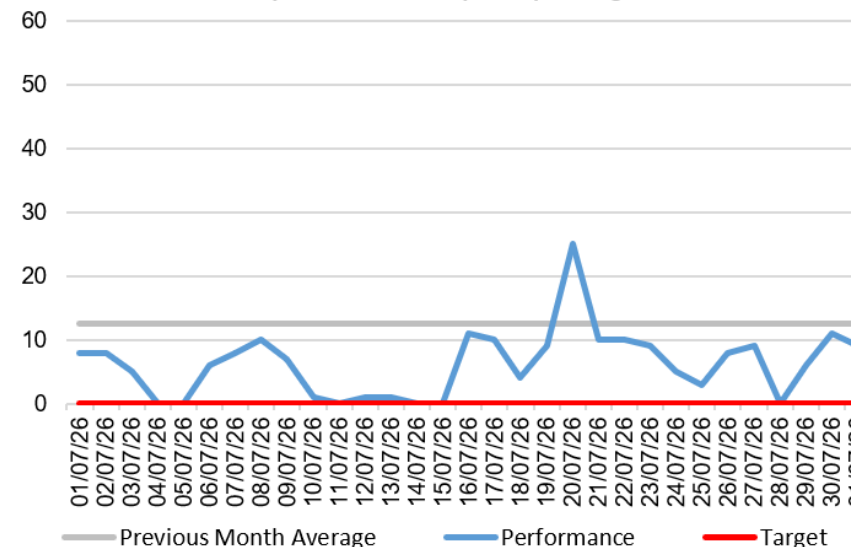
During July, an average of 19 patients were in an ED corridor care space each day compared to 27 last month.

Since 1st April, patients have experienced over 4000 care episodes, where care has been delivered in an area meeting the corridor care definition in Southmead HOU.

Priority actions include:  
Minors relocation and embedding of EMAC

Sustainable LOS reductions and flow improvements through COS workstreams

### City and Weston Hospital Operating Unit



During July, an average of 6 patients per day received care in an ED corridor space, compared with 13 in June.

### Actions include:

Developing an internal monitoring dashboard

Strengthening oversight through HOU operational meetings

Embedding the corridor care action plan.

Further sustainable improvement remains dependent on wider admitted flow and inpatient capacity.

# Responsiveness

## Number of patients in corridor care in G&A beds

**Latest Month**

Jul-26

**Target**

0

**Latest Month's Position  
(average)**

75

**Trust Level / Corporate Risk**

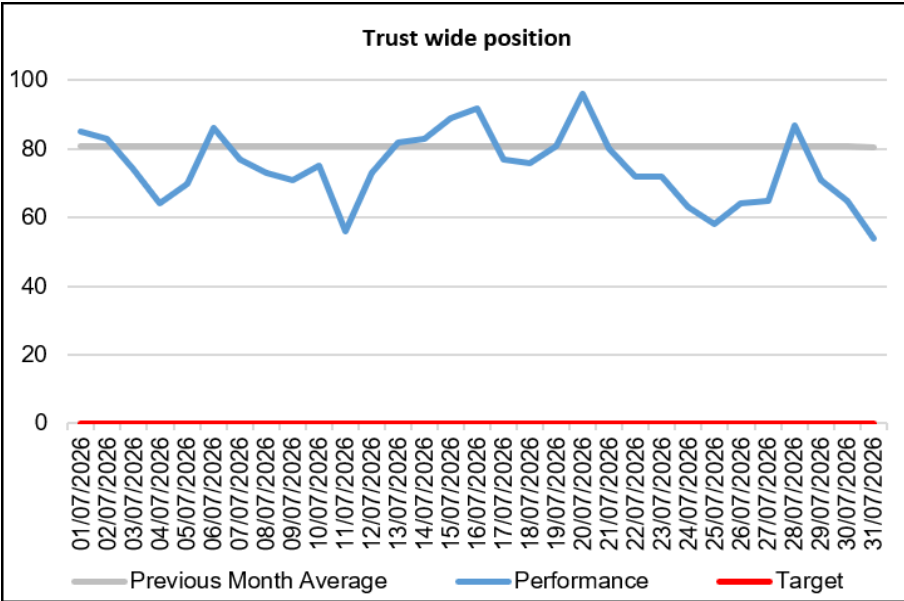
Risk 1940 - Score 20

Risk 2233 - Score 15

Risk 2614 - Score 15

**Previous Month's Position**

81



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.

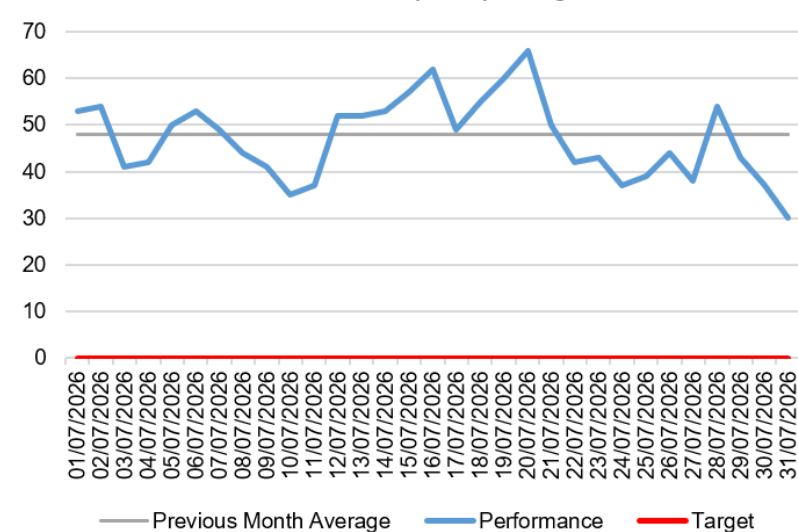
### What does the data tell us?

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.

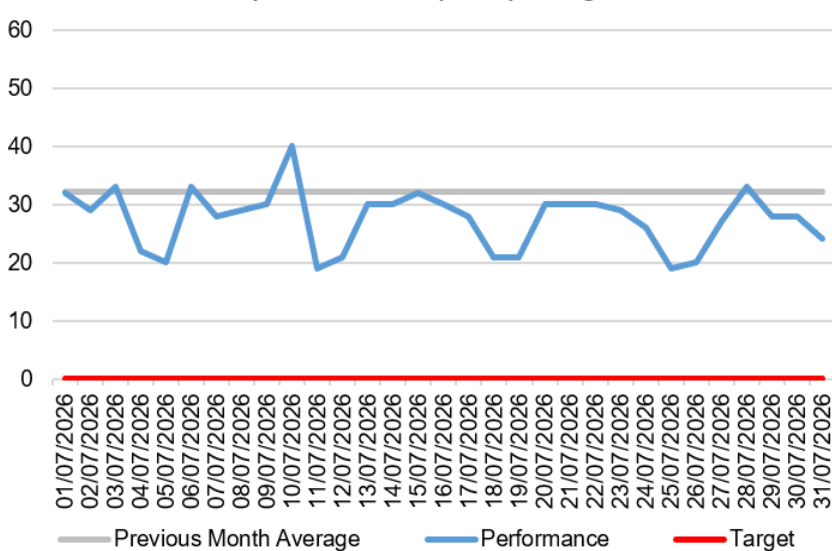
### Southmead Hospital Operating Unit



During July, an average of 47 patients were in a G&A bed corridor care space each day.

The reduction is in spite of higher levels of NCTR than planned; there is a direct correlation between the two.

### City and Weston Hospital Operating Unit



During July, an average of 27 patients per day were cared for in a G&A corridor care space, compared with 32 per day in June, representing an improvement in the position.

Actions to reduce corridor care remain linked to improving whole-hospital flow, inpatient capacity, bed turnaround and discharge.

# Responsiveness

## Number of patients in Escalation G&A beds

### Latest Month

Jul-26

### Target

0

### Latest Month's Position (average)

68

### Corporate Risk

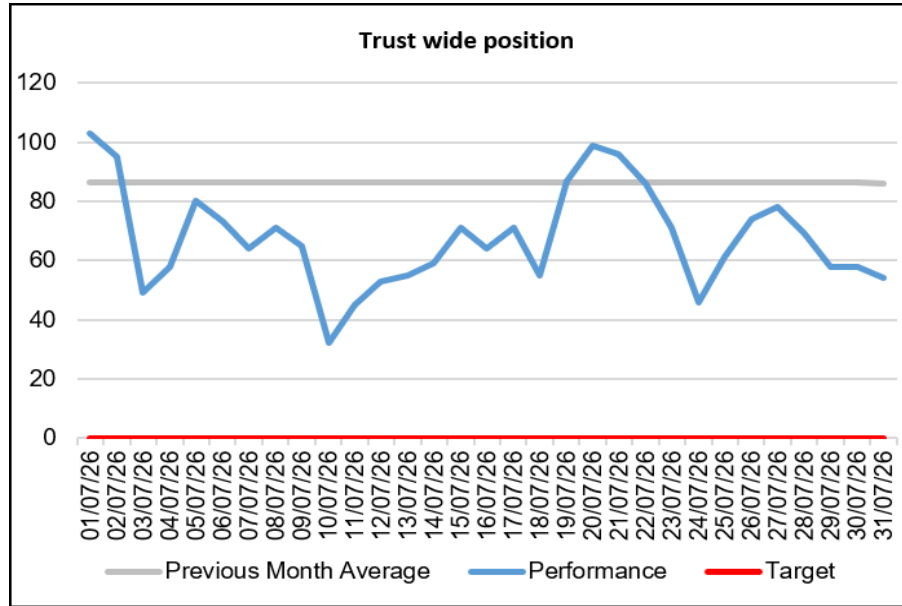
Risk 1940 - Score 20

Risk 2233 - Score 15

Risk 2614 - Score 15

### Previous Month's Position

86



Bed occupancy across both HOU's 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.

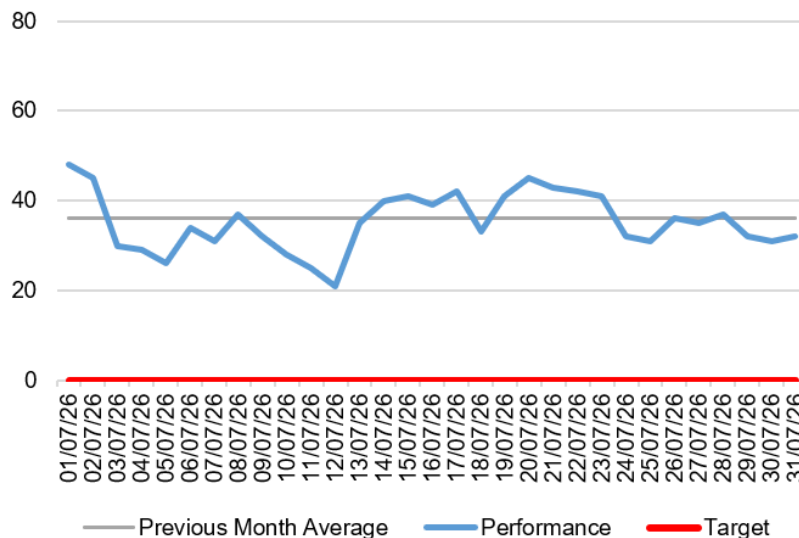
### What does the data tell us?

During July, the daily average number of patients in a general and acute escalation space was 68, a decrease from the average in June.

### Actions being taken to improve and Impact on forecast

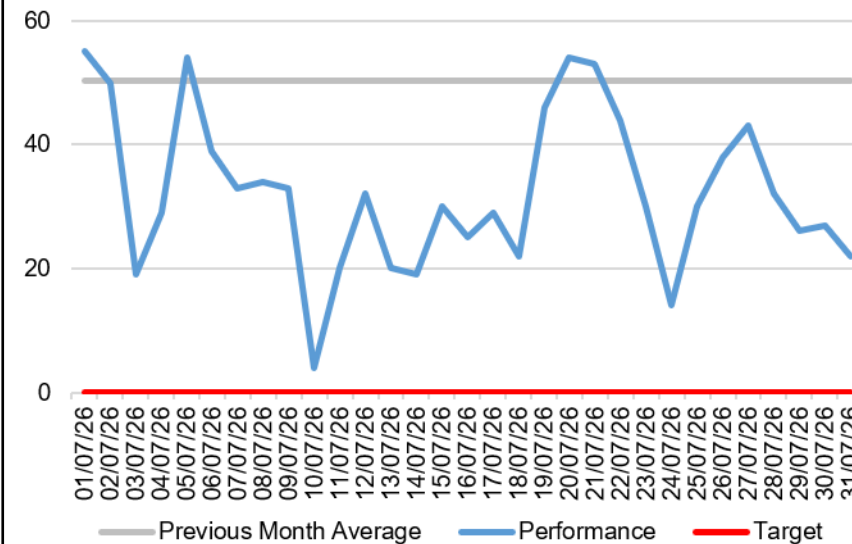
Scale of opportunity being further defined as corridor care and COS work progresses.

### Southmead Hospital Operating Unit



There were an average of 35 admitted patients being cared for in escalation beds for the month of July.

### City and Weston Hospital Operating Unit



During July, an average of 32 admitted patients per day were cared for in escalation beds, compared with 50 per day in June, representing a reduction.

Sustaining this improvement will depend on continued progress in whole-hospital flow, NCTR reduction, bed-base efficiency and timely discharge.

# Responsiveness

## Percentage of Inpatients with No Criteria to Reside

### Latest Month

Jul-26

### Performance

23.6%

### Target

19.1%

### Trust Level / Corporate Risk

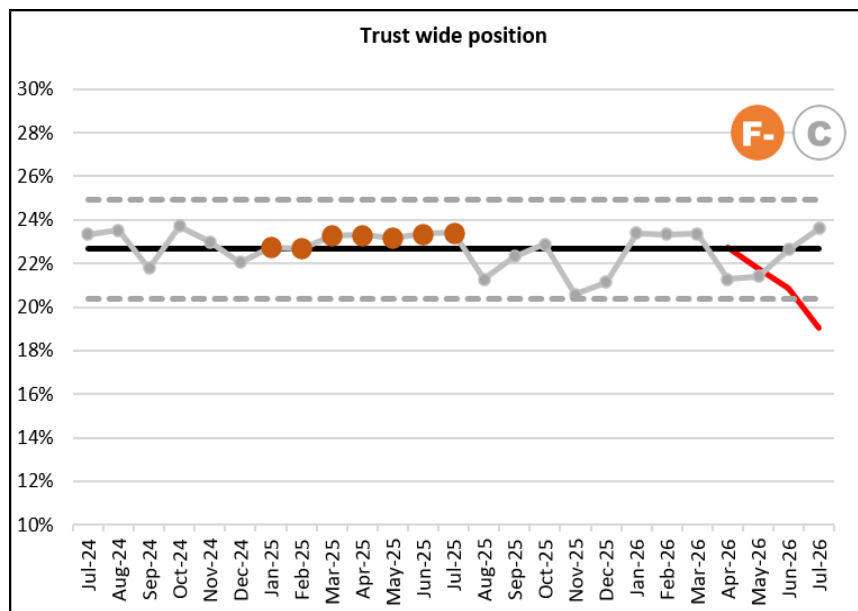
Risk 2182 - Score 12

Risk 423 - Score 25

Risk 8252 - Score 20

### Performance - Previous Month

22.6%



### What does the data tell us?

The percentage of patients with no criteria to reside remains higher than plan for July.

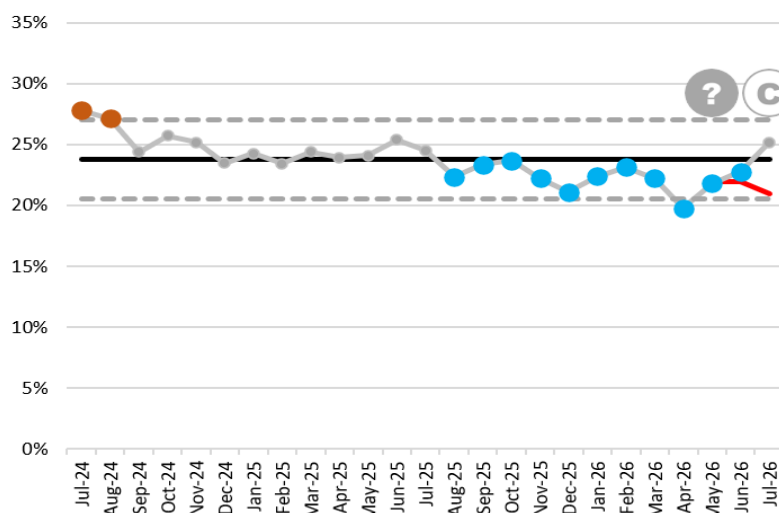
### Actions being taken to improve

- 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 has been approved. Work is now moving into mobilisation with a target start date of end October 2026.
- Elgar business case being developed and aligned to Burren business case – taken together the two schemes provide strategic opportunity to reduce NCTR backlogs (Burren) and sustain longer term super-spell reduction and improved patient outcomes (Elgar)

### Impact on forecast

August is tracking to deliver a higher NCTR percentage than July and is notably adverse to trajectory at 26.4%. This is having a negative impact on the full range of UEC metrics.

### Southmead Hospital Operating Unit

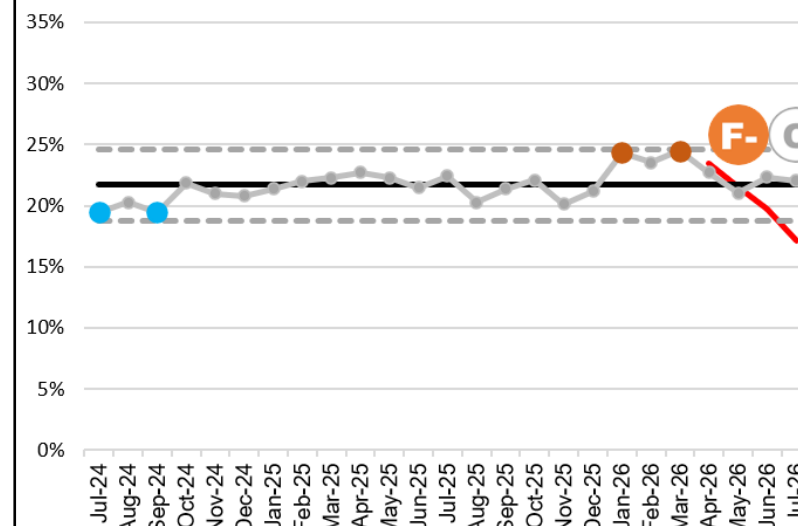


Transfer of Care Hub review – a look back and look forward review. Main opportunity is the moving of resource into the community.

Elgar business case completed and clear correlation in superspell length of stay proven. Risk to implementation is no identified funding.

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.

### City and Weston Hospital Operating Unit



### Areas of focus:

Engagement with the ToC review- to be completed by 01 October 2026.

North Somerset NCTR position escalated. Awaiting action plan to mitigate.

Work with partner organisations to reduce >21 day NCTR length of stay, resulting in 105 fewer bed days.

Focus on reducing internal delays continues and Early Supported Discharge resulted in saving 248 bed days and will continue with this initiative for the rest of the year.

# Responsiveness

## Referral To Treatment Ongoing Pathways Under 18 Weeks

### Latest Month

Jul-26

### Performance

70.1%

### Target

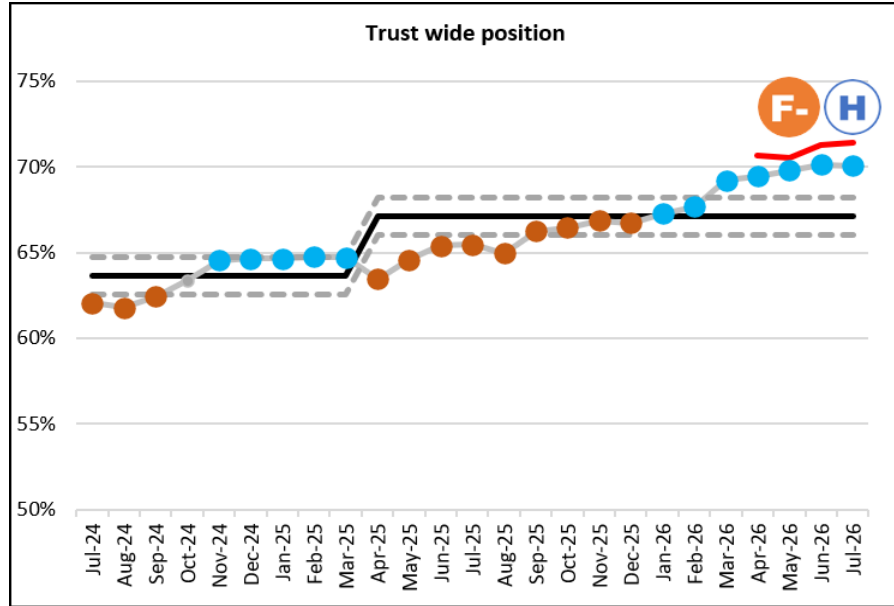
71.4%

### Trust Level / Corporate Risk

Risk 801 - Score 12

### Performance - Previous

70.1%



### What does the data tell us?

The Trust has been trending upwards in its delivery of RTT performance, however, was below trajectory for July.

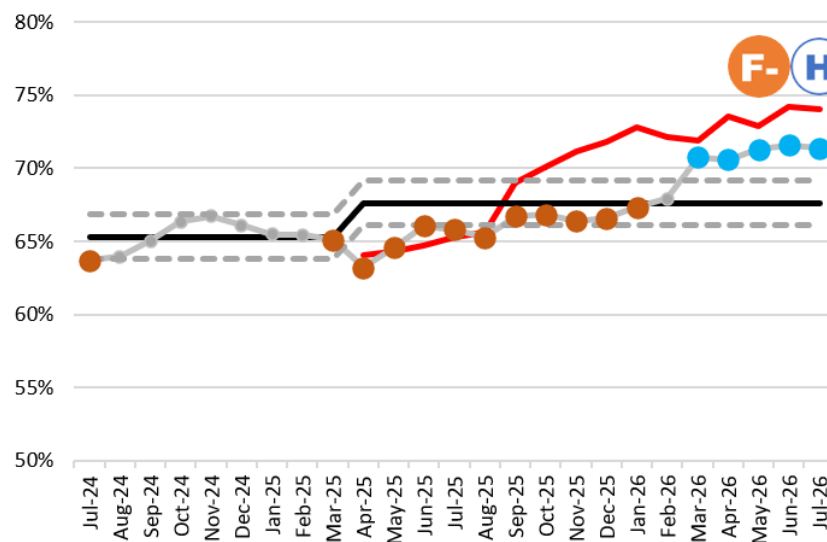
### Actions being taken to improve

- 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.

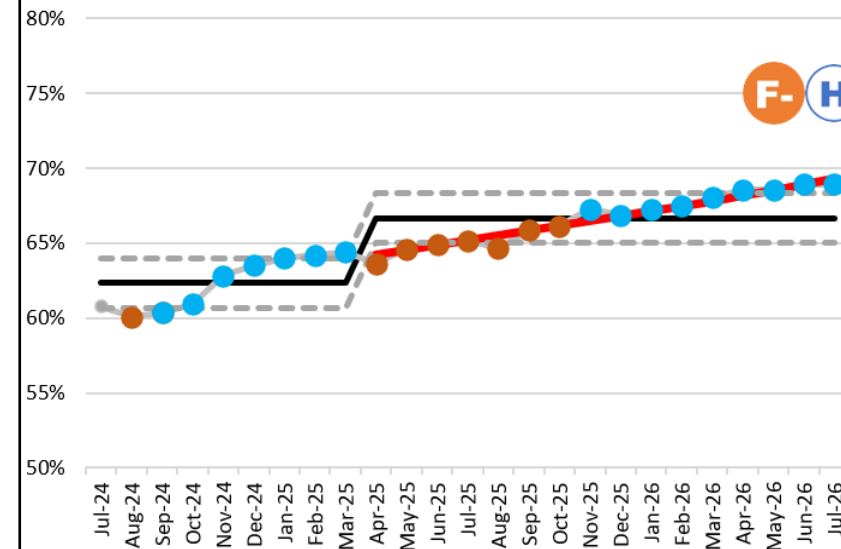
### Southmead Hospital Operating Unit



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.

### City and Weston Hospital Operating Unit



The position at end of July fell just short of the trajectory target, reporting 69.0% against the target of 69.3%

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. Additional waiting list initiative schemes are being encouraged with funding through the elective recovery fund as needed.

# Responsiveness

## Referral To Treatment Number of Ongoing Pathways

### Latest Month

Jul-26

### Performance

94932

### Target

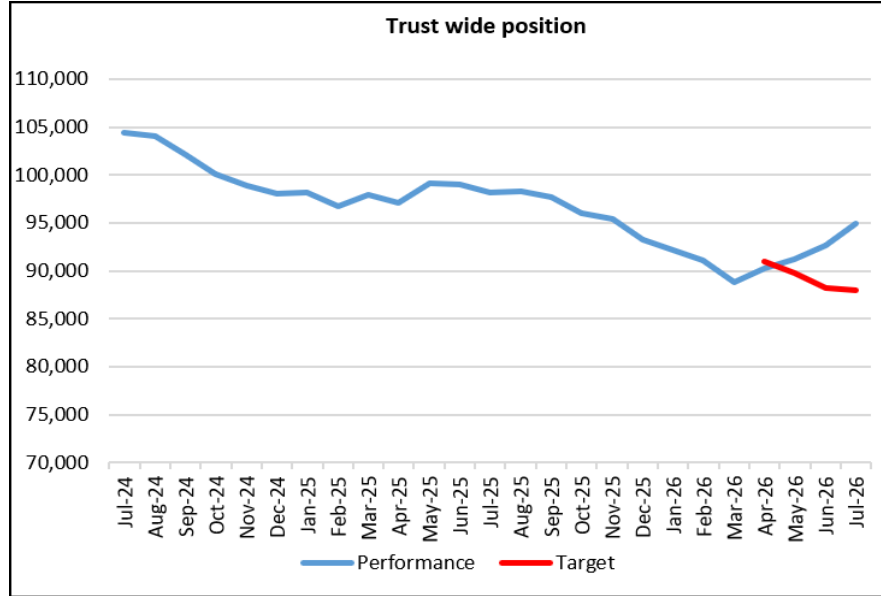
87943

### Trust Level / Corporate Risk

Risk 801 - Score 12

### Performance - Previous

92636



### 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

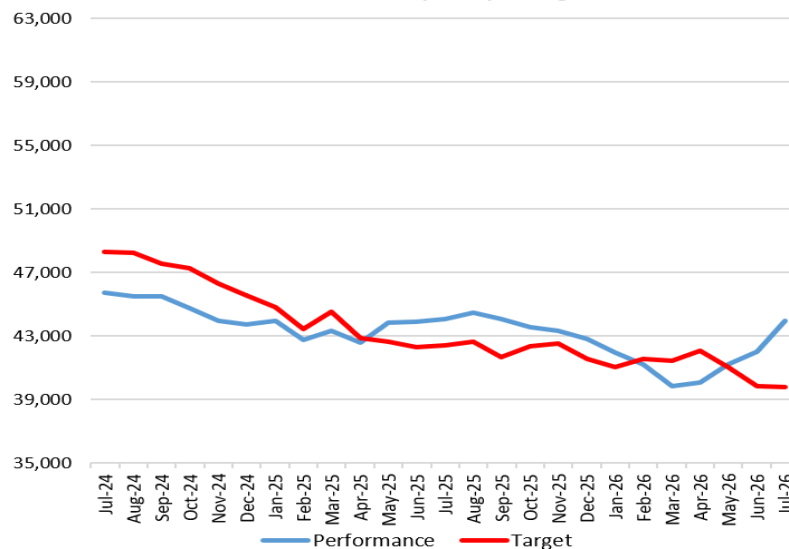
- Focus continues to reduce the overall waiting list size with additional activity required to achieve the reduction in waiting list size target throughout 2026/27.
- In light of the level of regional growth, the Group will be undertaking analysis to better understand the drivers for this un-anticipated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

### Impact on forecast

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

### Southmead Hospital Operating Unit

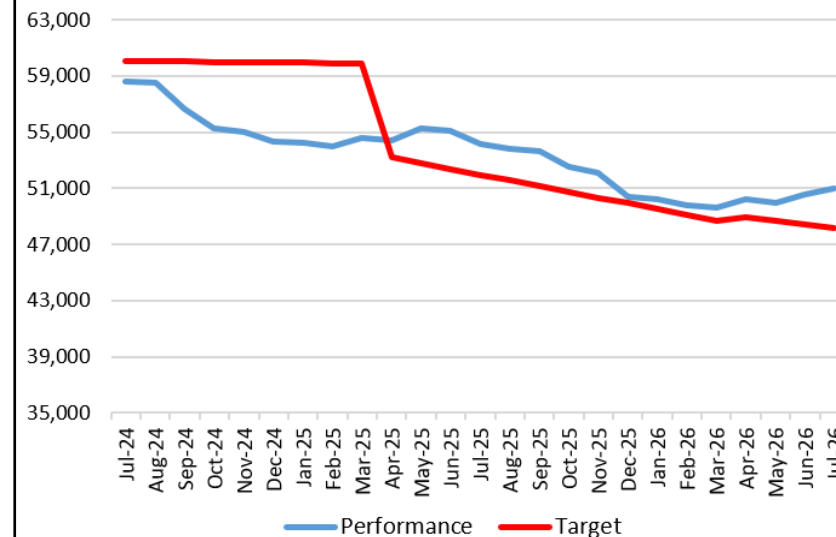
At the end of July, the total waiting list size was 43,972; higher than the operating plan target 39,812.



### City and Weston Hospital Operating Unit

At the end of July, the total waiting list size was 50,960 against a target of 48,131

The total waiting list size increased by 355 in comparison to end of June. The waiting list size at the end of June is 5.9% above operating plan.



# Responsiveness

## Diagnostics Percentage Over 6 Weeks

Latest Month

Jul-26

Performance

6.2%

Target

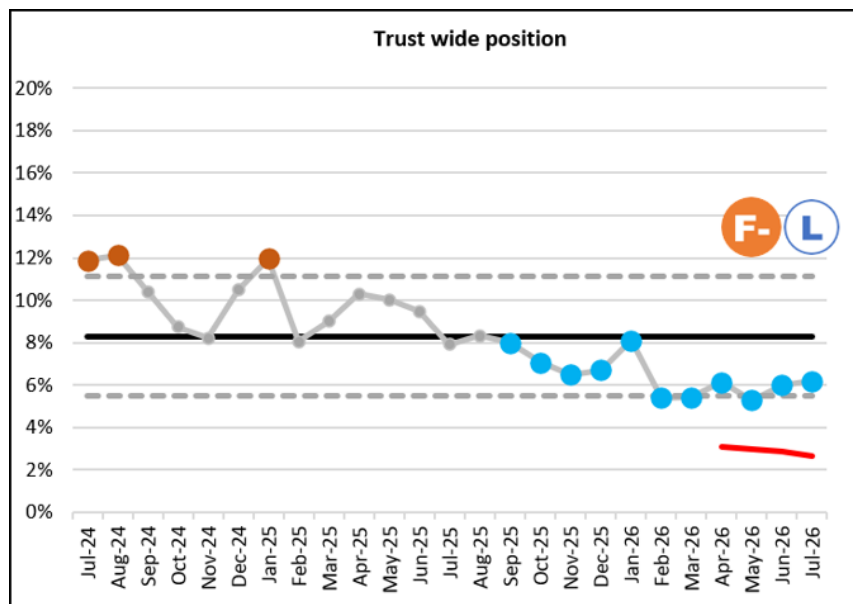
2.6%

Trust Level / Corporate Risk

Risk 801 - Score 12

Performance - Previous Month

6.0%



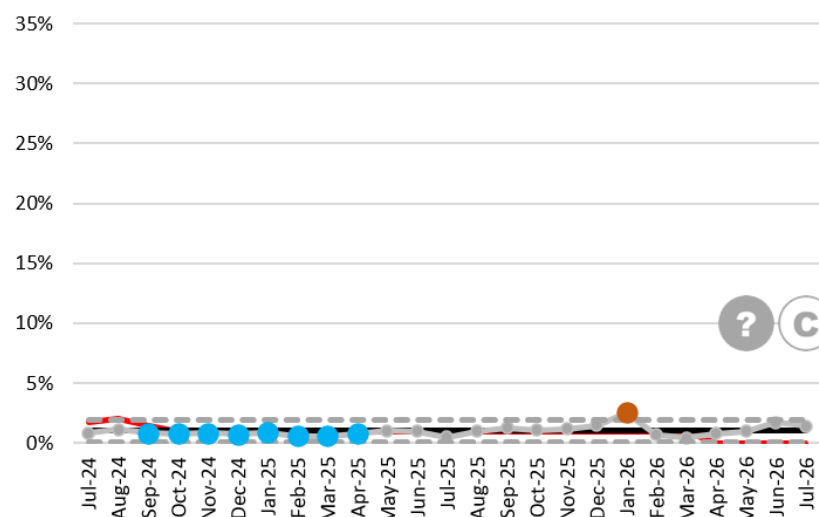
What does the data tell us?

Performance was behind for July, which has been impacted by challenges in specific modalities across the HOU.

Actions being taken to improve and Impact on Forecast

Detailed in the HOU specific sections – see below.

### Southmead Hospital Operating Unit

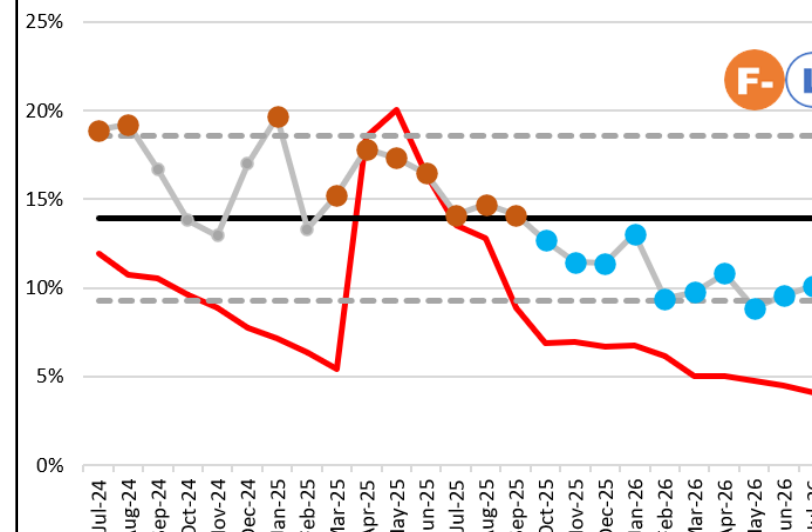


Performance improved with DEXA recovering their position having been challenged in June, however remained behind target for July due to Endoscopy capacity challenge.

Actions to improve Endoscopy performance include:

- ID Medical are delivering Endoscopy weekend lists for additional capacity, with increased provision through August.
- Increased WLIs will continue alongside insourced provision.
- Increased performance oversight via dedicated waiting list management and prioritisation.

### City and Weston Hospital Operating Unit



Despite a reduction in waiting list size during July, performance dropped slightly to 10.1%, reflecting continued demand and capacity pressures across a number of diagnostic pathways.

Areas of Focus:

- Non-obstetric ultrasound recovery through established outsourcing.
- Utilising CDC capacity to increase specialist cardiac diagnostics.
- Ongoing procurement of neurophysiology insourcing.
- Endoscopy recovery supported by the Weston Vanguard Unit and weekend list initiatives.

# Responsiveness

## Cancer - 28 Day Faster Diagnosis

### Latest Month

Jun-26

### Performance

81.0%

### Target

79.9%

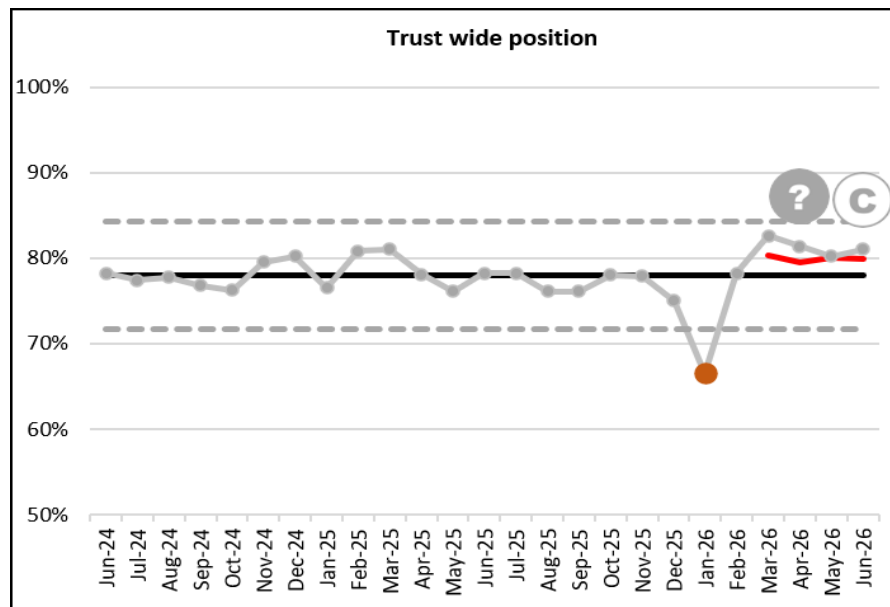
### Trust Level / Corporate Risk

Risk 988 - Score 15

Risk 6782 - Score 12

### Performance - Previous

80.2%



### What does the data tell us?

Performance improved for June and was ahead of target.

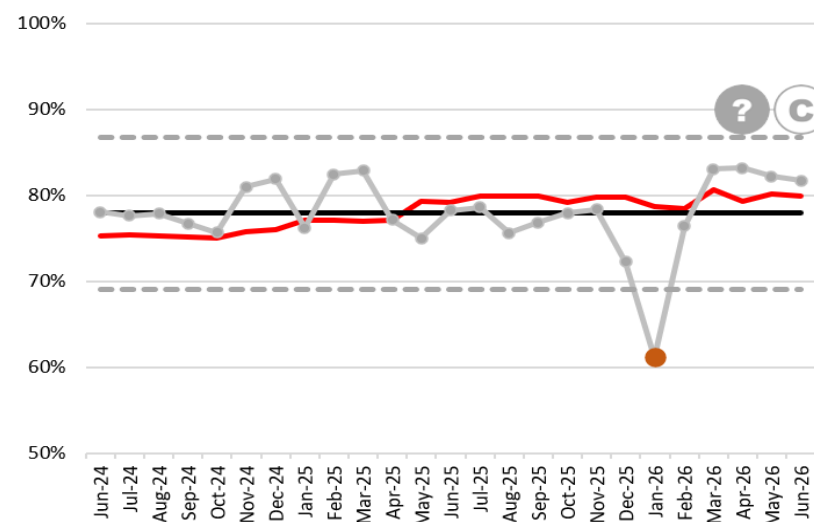
### Actions being taken to improve

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.

### Southmead Hospital Operating Unit



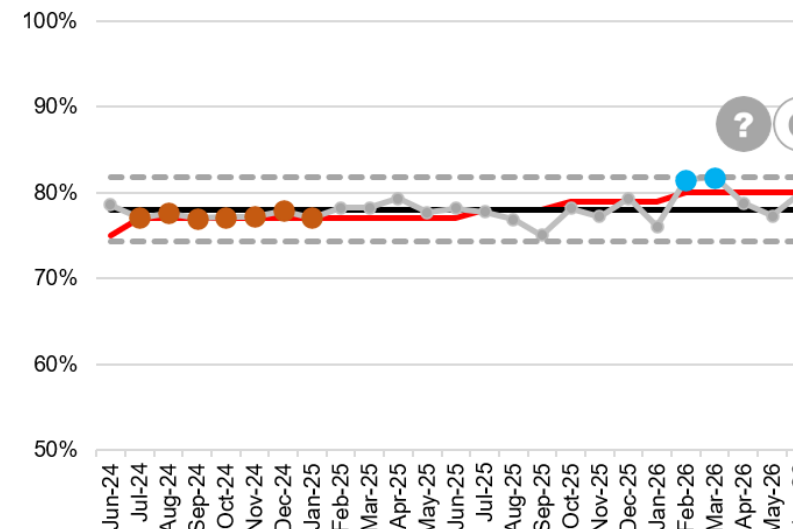
As anticipated and forecast, 28-Day performance delivered to plan in June 2026.

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.

### City and Weston Hospital Operating Unit



Performance was compliant with the national standard

The expected impact from patients attending for endoscopy following the opening of provision on the Weston site post-fire was not sufficient to cause non-compliance, but remains a risk in July and August

# Responsiveness

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

Latest Month

Jun-26

Performance

94.8%

Target

94.0%

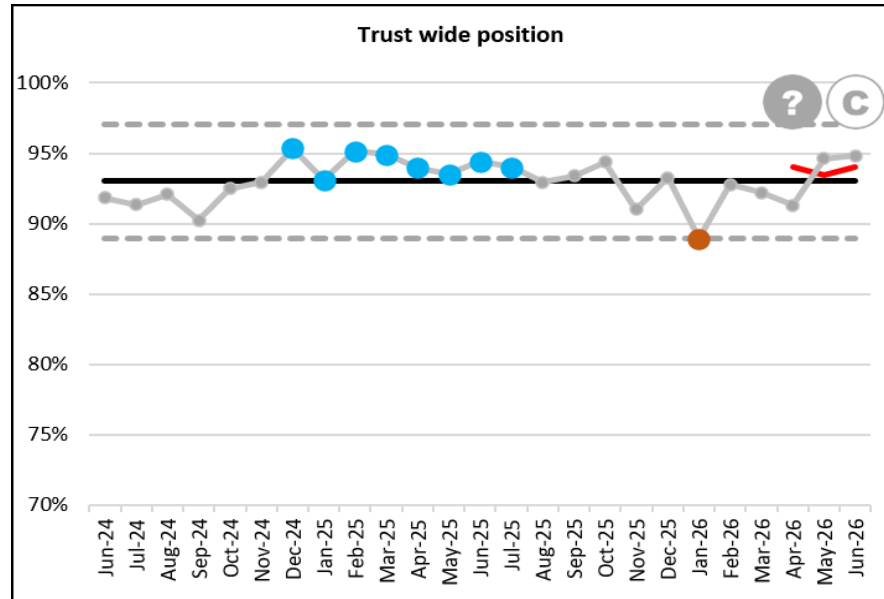
Trust Level / Corporate Risk

Risk 988 - Score 15

Risk 5532 - Score 12

Performance - Previous

94.6%



What does the data tell us?

31-Day performance remained ahead of target for June.

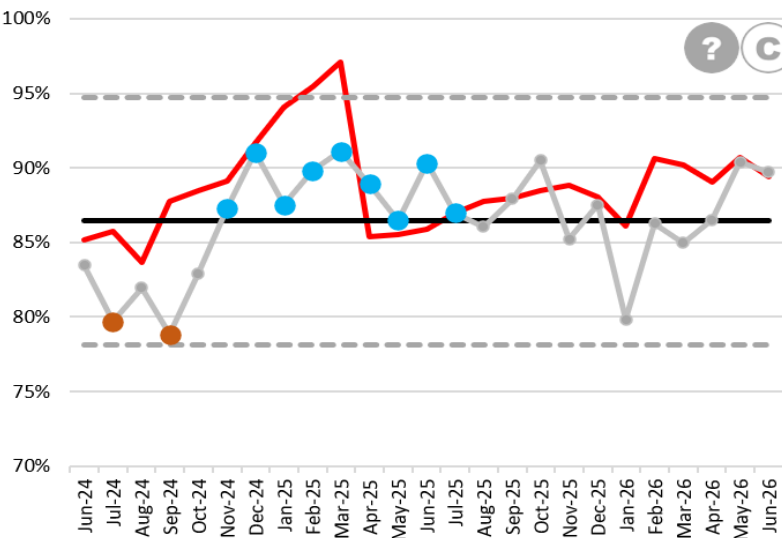
Actions being taken to improve

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.

### Southmead Hospital Operating Unit

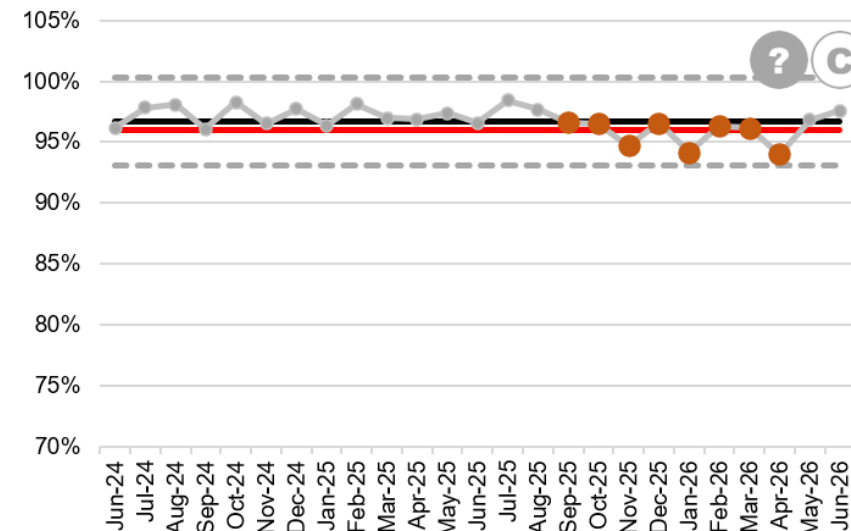


As forecast, performance delivered to plan for June.

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 July.

### City and Weston Hospital Operating Unit



The standard was compliant with the national threshold of 96%

The chemotherapy service recovered to normal (acceptable) waiting times in July. However, the service requires ongoing investment and transformation to meet the foreseen rapidly growing demand, and there remains a risk in this area

# Responsiveness

## Cancer - 62 Referral To Treatment

### Latest Month

Jun-26

### Performance

70.6%

### Target

70.4%

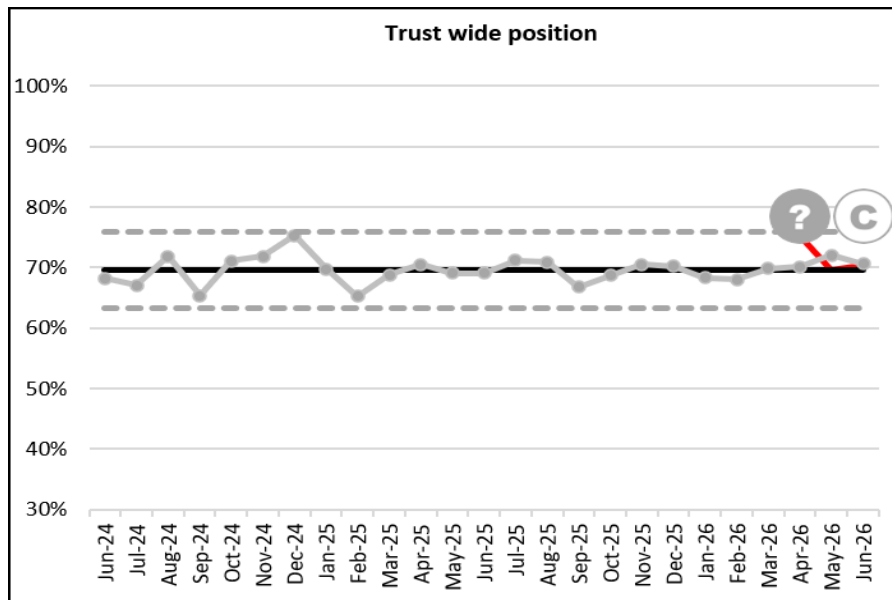
### Trust Level / Corporate Risk

Risk 988 - Score 15

Risk 5531 - Score 12

### Performance - Previous

72.0%



### What does the data tell us?

62-Day performance met the trajectory for June.

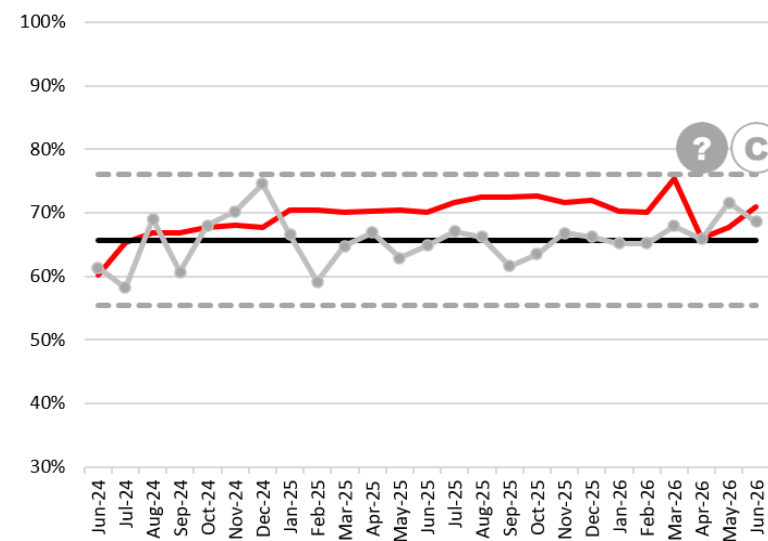
### Actions being taken to improve

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

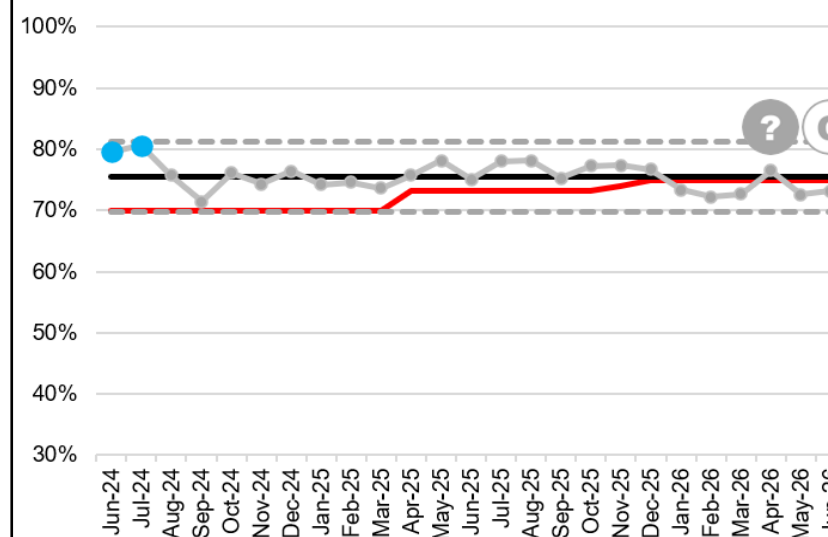


June performance was off plan at 68.6% against the target of 70.8%.

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%

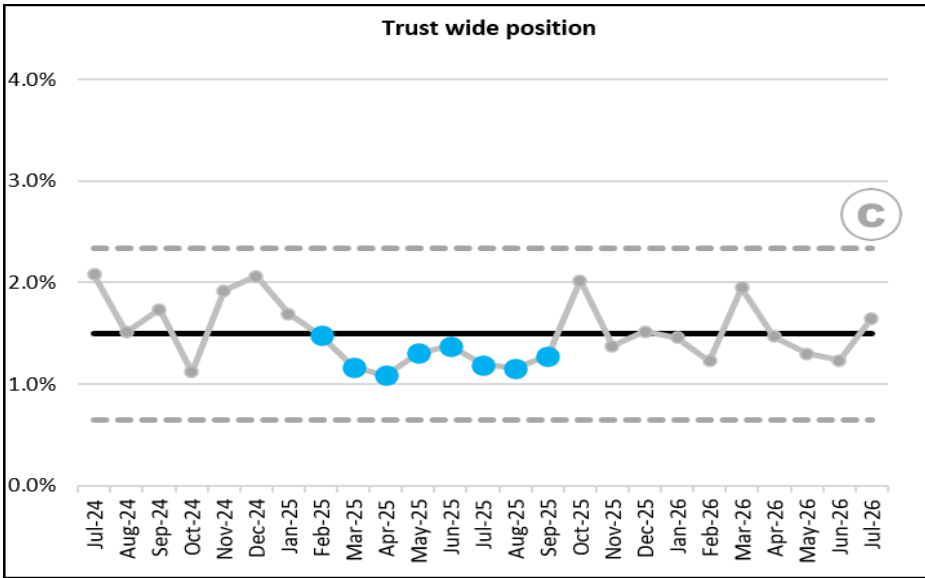
Some impact was still seen from chemotherapy delays, although this had lessened from previous months.

Future performance will not be possible to split between operating units, and ensuring a compliant BFT position will be the priority

# Responsiveness

## Last Minute Cancelled Operations - Percentage of Elective Admissions

| Latest Month                 |
|------------------------------|
| Jul-26                       |
| Performance                  |
| 1.6%                         |
| Target                       |
| No Target                    |
| Trust Level / Corporate Risk |
| Risk 1035 - Score 16         |
| Performance - Previous       |
| 1.2%                         |



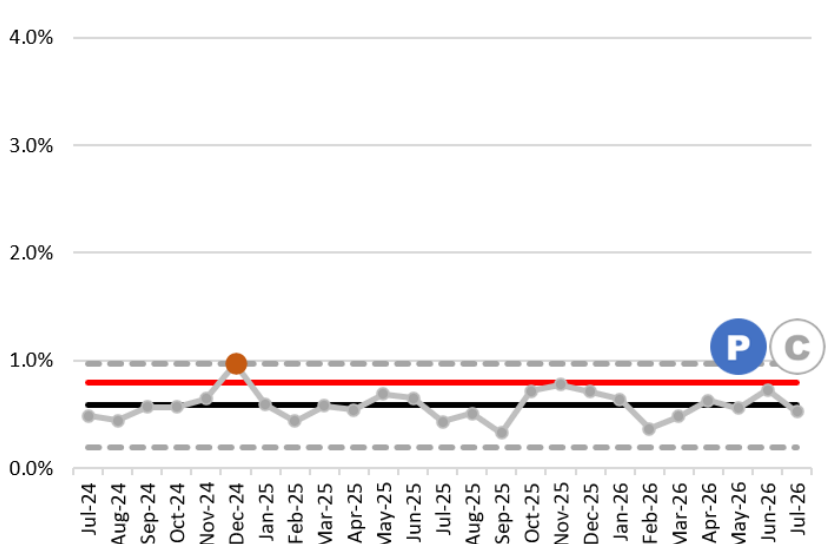
### What does the data tell us?

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 had been improvements for the last three months leading up to July which was impacted as detailed below.

### Actions being taken to improve and Impact on Forecast

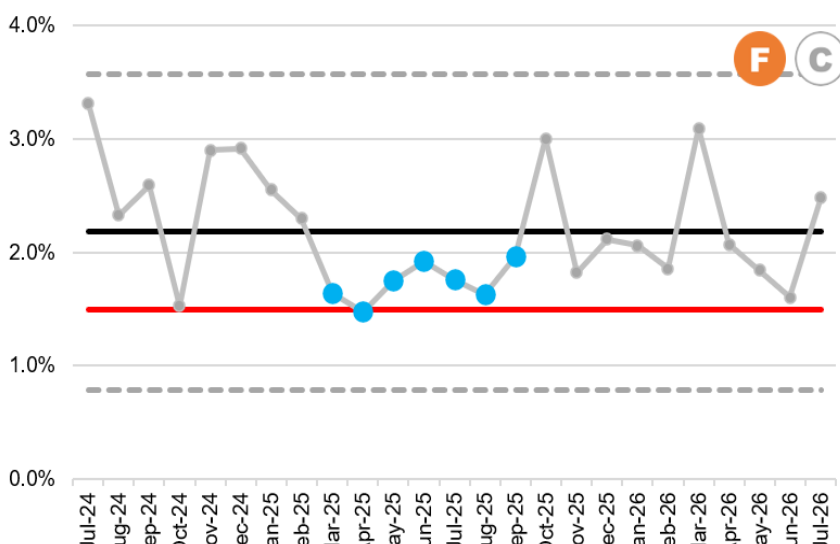
Detailed in the City Centre and Weston HOU update below.

### Southmead Hospital Operating Unit



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

### City and Weston Hospital Operating Unit



The increase in last minute cancellations (LMC's) in July is due to estate and major equipment issues. HVAC units failed in both theatres and the endoscopy vanguard unit as they were unable to maintain operational temperatures during the heatwaves.

For theatre LMC's; this has been further impacted by the ongoing bed issues which is affecting flow on the day of surgery

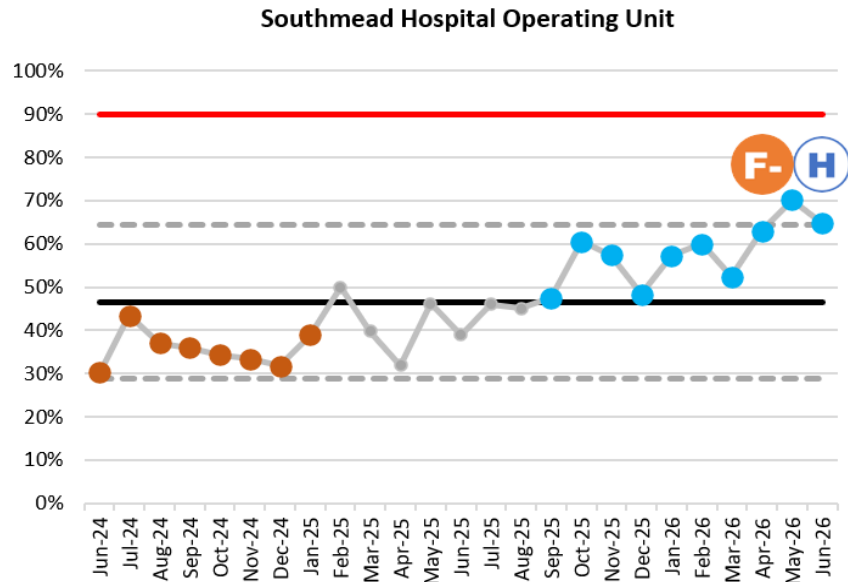
Outliers with the highest number of LMC's have been identified and remedial work is ongoing.

Note: August is expected to be affected by the same issues due to extreme heat and bed constraints.

# Responsiveness

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

| Latest Month                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Jun-26                                                                                                                                                                                                       |
| Target                                                                                                                                                                                                       |
| 90.0%                                                                                                                                                                                                        |
| Latest Month's Position                                                                                                                                                                                      |
| 64.8%                                                                                                                                                                                                        |
| Performance / Assurance                                                                                                                                                                                      |
| Special Cause Improving Variation<br>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 the increase to occupancy in June, the 4-hour to unit performance has dipped slightly.

### Actions being taken to improve

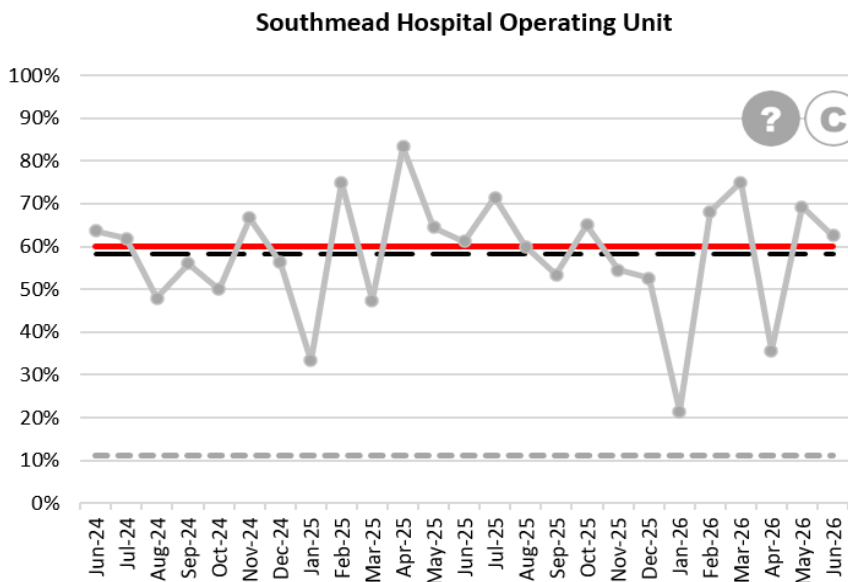
The Hot Bed SOP is now being used, and the Hot repatriation SOP (for thrombectomy transfers) is going through Stroke Clinical Governance in September. The aim of this to further reduce bed occupancy to free up beds on the ward. This metric is directly related to occupancy.

Work underway in progressing the stroke pathway to The Burren which will further support NCTR patients not residing in an acute setting.

### Impact on Forecast

Occupancy in July decreased slightly, therefore we would expect a small uptick in July's performance.

| Latest Month                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Jun-26                                                                                                                                                                                                       |
| Target                                                                                                                                                                                                       |
| 60.0%                                                                                                                                                                                                        |
| Latest Month's Position                                                                                                                                                                                      |
| 62.5%                                                                                                                                                                                                        |
| Performance / Assurance                                                                                                                                                                                      |
| Common Cause<br>(natural/expected) variation where last six data points are both hitting and missing target, subject to random variation                                                                     |
| Trust Level Risk                                                                                                                                                                                             |
| Risk 1704 - There is a risk that patients receive sub-optimal stroke care and face potential worse clinical outcomes as a result of poor Trust performance against delivery of key national benchmarks (15). |



### What does the data tell us?

Following an improved performance in May, June saw similar performance.

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 separating the reporting numbers of extended thrombolysis patients to the DMT.

### Actions being taken to improve

Timelier access to MRI is required to support decision-making for extended thrombolysis. The wake up 8am slot is yet to be added due to a workable protocol having not yet been stood up.

### Impact on Forecast

As per last month, we continue to see a strong yet variable performance, although slightly impacted by performing more extended thrombolysis.

# Responsiveness

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

### Latest Month

Jun-26

### Target

90.0%

### Latest Month's Position

61.2%

### Performance / Assurance

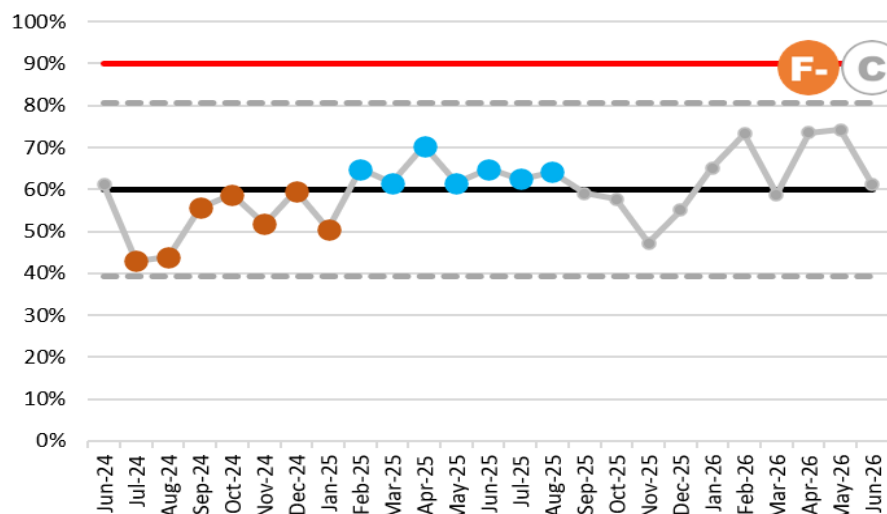
Common Cause

(natural/expected) variation, where target is greater than upper limit down is deterioration

### Trust Level Risk

Risk 1704 - There is a risk that patients receive sub-optimal stroke care and face potential worse clinical outcomes as a result of poor Trust performance against delivery of key national benchmarks (15).

### Southmead Hospital Operating Unit



### 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. In June the occupancy levels increased which directly affected the time spent on the Stroke Unit, as more patients were needed to be outlied.

### Actions being taken to improve

As per the ward to 4 hour metric, the work underway in progressing the stroke pathway to The Burren will further support NCTR patients not residing in an acute setting, which will in turn require less patients to be outlied.

### Impact on Forecast

Occupancy levels have risen in June so we would expect a small dip in performance.

### Latest Month

Jun-26

### Target

90.0%

### Latest Month's Position

76.7%

### Performance / Assurance

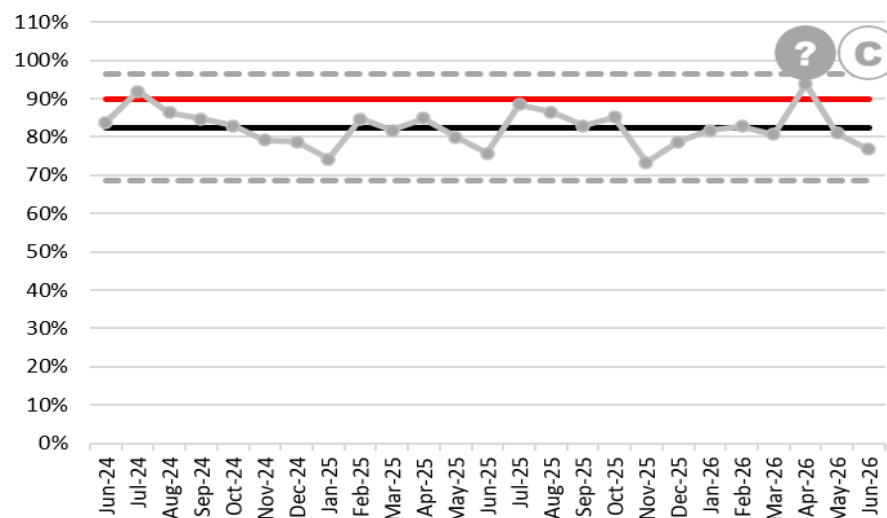
Common Cause

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

### Trust Level Risk

Risk 1704 - There is a risk that patients receive sub-optimal stroke care and face potential worse clinical outcomes as a result of poor Trust performance against delivery of key national benchmarks (15).

### Southmead Hospital Operating Unit



### What does the data tell us?

A slight dip in June's performance, in line with previous months at the start of the year.

### 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. Work ongoing.

### Impact on Forecast

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

# Quality

## Scorecard – Safe Metrics

| CQC Domain | Metric                                              | Hospital Operating Unit                 | Latest Month | Latest Position | Target    | Previous Month's Position | Assurance | Variation | Action             |
|------------|-----------------------------------------------------|-----------------------------------------|--------------|-----------------|-----------|---------------------------|-----------|-----------|--------------------|
| Safe       | Pressure Injuries Per 1,000 Beddays                 | Southmead Hospital Operating Unit       | Jul-26       | 0.8             | No Target | 0.8                       | N/A       | C         | Note Performance   |
|            |                                                     | City and Weston Hospital Operating Unit | Jul-26       | 0.4             | 0.4       | 0.2                       | P*        | H         | Escalation Summary |
| Safe       | MRSA Hospital Onset Cases                           | Southmead Hospital Operating Unit       | Jul-26       | 1               | 0         | 0                         | F         | C         | Escalation Summary |
|            |                                                     | City and Weston Hospital Operating Unit | Jul-26       | 2               | 0         | 0                         | F         | C         | Escalation Summary |
| Safe       | CDiff Healthcare Associated Cases                   | Southmead Hospital Operating Unit       | Jul-26       | 2               | 5         | 9                         | ?         | C         | Escalation Summary |
|            |                                                     | City and Weston Hospital Operating Unit | Jul-26       | 11              | 9.08      | 13                        | ?         | C         | Escalation Summary |
| Safe       | EColi Hospital Onset Cases                          | Southmead Hospital Operating Unit       | Jul-26       | 4               | 4.00      | 6                         | ?         | C         | Escalation Summary |
|            |                                                     | City and Weston Hospital Operating Unit | Jul-26       | 11              | 9.08      | 7                         | ?         | C         | Escalation Summary |
| Safe       | Falls Per 1,000 Beddays                             | Southmead Hospital Operating Unit       | Jul-26       | 6.2             | No Target | 6.4                       | N/A       | C         | Note Performance   |
|            |                                                     | City and Weston Hospital Operating Unit | Jul-26       | 4.4             | 4.8       | 4.3                       | P         | C         | Note Performance   |
| Safe       | Total Number of Patient Falls Resulting in Harm     | Southmead Hospital Operating Unit       | Jul-26       | 4               | No Target | 5                         | N/A       | C         | Note Performance   |
|            |                                                     | City and Weston Hospital Operating Unit | Jul-26       | 7               | 2         | 4                         | ?         | C         | Escalation Summary |
| Safe       | Medication Incidents per 1,000 Bed Days             | Southmead Hospital Operating Unit       | Jul-26       | 5.1             | No Target | 4.6                       | N/A       | C         | Note Performance   |
|            |                                                     | City and Weston Hospital Operating Unit | Jul-26       | 9.9             | No Target | 7.4                       | N/A       | C         | Note Performance   |
| Safe       | Medication Incidents Causing Moderate or Above Harm | Southmead Hospital Operating Unit       | Jul-26       | 2               | 0         | 4                         | F         | C         | Escalation Summary |
|            |                                                     | City and Weston Hospital Operating Unit | Jul-26       | 1               | 0         | 2                         | F         | C         | Escalation Summary |
| Safe       | Adult Inpatients who Received a VTE Risk Assessment | Southmead Hospital Operating Unit       | Jul-26       | 93.9%           | 95.0%     | 93.5%                     | ?         | L         | Escalation Summary |
|            |                                                     | City and Weston Hospital Operating Unit | Jul-26       | 79.6%           | 95.0%     | 82.5%                     | F-        | H         | Escalation Summary |
| Safe       | Staffing Fill Rate                                  | Trust                                   | Jul-26       | 102.3%          | No Target | 101.8%                    | N/A       | C         | Note Performance   |
|            |                                                     | Southmead Hospital Operating Unit       | Jul-26       | 100.4%          | No Target | 99.5%                     | N/A       | C         | Note Performance   |
|            |                                                     | City and Weston Hospital Operating Unit | Jul-26       | 103.9%          | 100.0%    | 103.9%                    | P*        | L         | Escalation Summary |

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

# Quality

## Scorecard – Effective & Caring Metrics

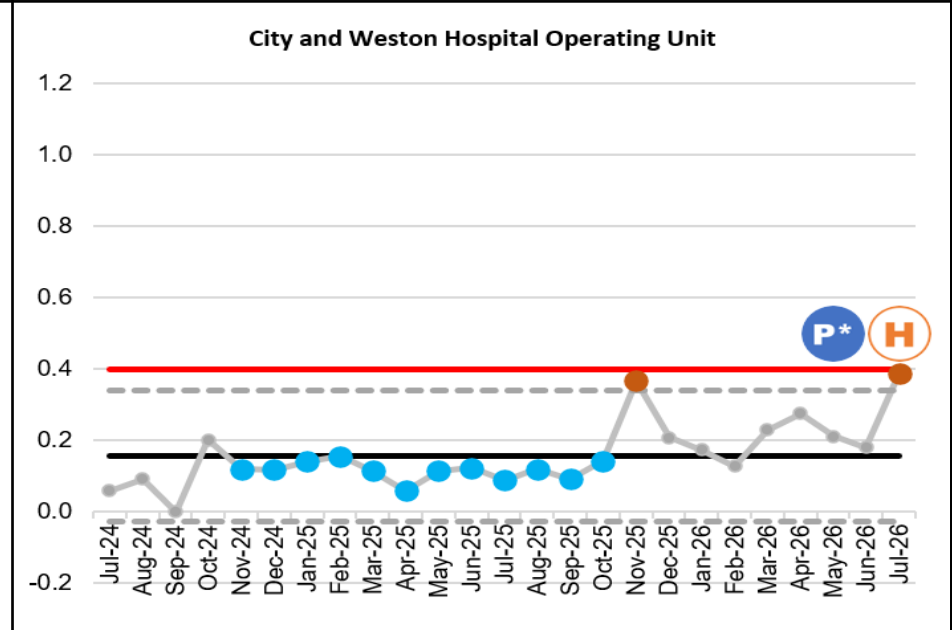
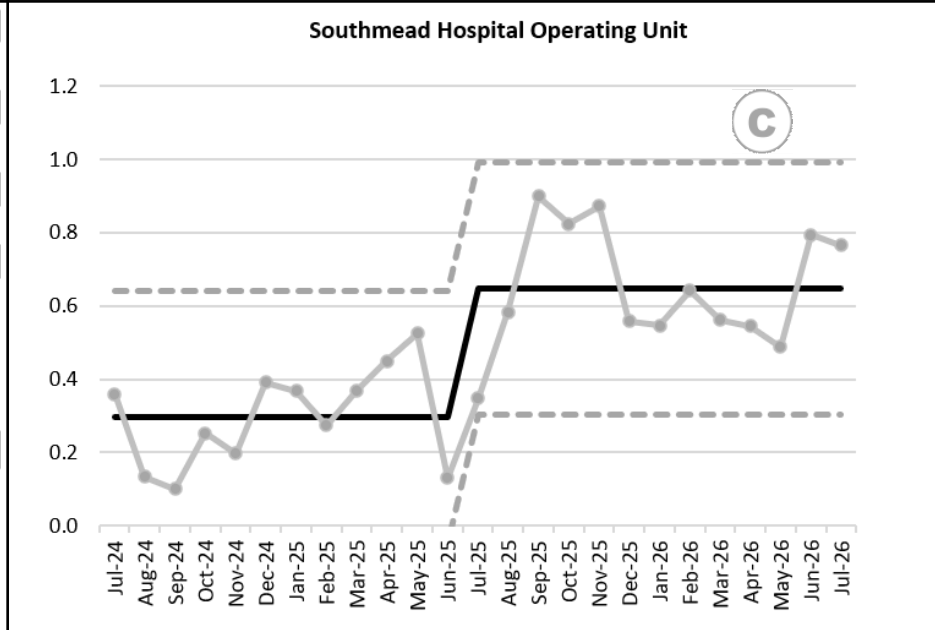
| CQC Domain | Metric                                                                   | Hospital Operating Unit                 | Latest Month | Latest Position | Target    | Previous Month's Position | Assurance | Variation | Action             |
|------------|--------------------------------------------------------------------------|-----------------------------------------|--------------|-----------------|-----------|---------------------------|-----------|-----------|--------------------|
| Effective  | Summary Hospital Mortality Indicator (SHMI) - National Monthly Data      | Southmead Hospital Operating Unit       | Mar-26       | 90.7            | 100.0     | 90.6                      | P*        | L         | Note Performance   |
|            |                                                                          | City and Weston Hospital Operating Unit | Mar-26       | 86.7            | 100.0     | 87.7                      | P*        | L         | Note Performance   |
| Effective  | Fracture Neck of Femur Patients Treated Within 36 Hours                  | Southmead Hospital Operating Unit       | Jun-26       | 51.9%           | No Target | 55.6%                     | N/A       | C         | Note Performance   |
|            |                                                                          | City and Weston Hospital Operating Unit | Jul-26       | 50.0%           | 90.0%     | 50.0%                     | F-        | C         | Escalation Summary |
| Effective  | Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours | Southmead Hospital Operating Unit       | Jun-26       | 92.6%           | No Target | 93.1%                     | N/A       | C         | Note Performance   |
|            |                                                                          | City and Weston Hospital Operating Unit | Jul-26       | 88.0%           | 90.0%     | 85.0%                     | ?         | C         | Escalation Summary |
| Effective  | Fracture Neck of Femur Patients Achieving Best Practice Tariff           | Southmead Hospital Operating Unit       | Jun-26       | 51.9%           | No Target | 48.6%                     | N/A       | C         | Note Performance   |
|            |                                                                          | City and Weston Hospital Operating Unit | Jul-26       | 46.0%           | No Target | 33.3%                     | N/A       | C         | Note Performance   |
| Caring     | Friends and Family Test Score - Inpatient                                | Trust                                   | Jul-26       | 94.5%           | No Target | 94.9%                     | N/A       | C         | Note Performance   |
|            |                                                                          | Southmead Hospital Operating Unit       | Jul-26       | 93.4%           | No Target | 93.7%                     | N/A       | H         | Note Performance   |
|            |                                                                          | City and Weston Hospital Operating Unit | Jul-26       | 95.4%           | No Target | 96.8%                     | N/A       | C         | Note Performance   |
| Caring     | Friends and Family Test Score - Outpatient                               | Southmead Hospital Operating Unit       | Jul-26       | 93.9%           | No Target | 93.1%                     | N/A       | C         | Note Performance   |
|            |                                                                          | City and Weston Hospital Operating Unit | Jul-26       | 95.1%           | No Target | 94.8%                     | N/A       | C         | Note Performance   |
| Caring     | Friends and Family Test Score - ED                                       | Southmead Hospital Operating Unit       | Jul-26       | 68.9%           | No Target | 71.9%                     | N/A       | C         | Note Performance   |
|            |                                                                          | City and Weston Hospital Operating Unit | Jul-26       | 82.5%           | No Target | 87.6%                     | N/A       | C         | Note Performance   |
| Caring     | Friends and Family Test Score - Maternity                                | Southmead Hospital Operating Unit       | Jul-26       | 86.1%           | No Target | 84.0%                     | N/A       | L         | Escalation Summary |
|            |                                                                          | City and Weston Hospital Operating Unit | Jul-26       | 98.4%           | No Target | 94.8%                     | N/A       | C         | Note Performance   |
| Caring     | Patient Complaints - Formal                                              | Southmead Hospital Operating Unit       | Jul-26       | 98              | No Target | 80                        | N/A       | H         | Escalation Summary |
|            |                                                                          | City and Weston Hospital Operating Unit | Jul-26       | 68              | No Target | 74                        | N/A       | C         | Note Performance   |
| Caring     | Formal Complaints Responded To Within Trust Timeframe                    | Southmead Hospital Operating Unit       | Jul-26       | 77.0%           | 90.0%     | 83.5%                     | F-        | C         | Escalation Summary |
|            |                                                                          | City and Weston Hospital Operating Unit | Jul-26       | 53.1%           | 90.0%     | 52.2%                     | F-        | C         | Escalation Summary |

| Assurance                   |                           |                                     |                         |                                      | Variation           |                     |                                  |                      |
|-----------------------------|---------------------------|-------------------------------------|-------------------------|--------------------------------------|---------------------|---------------------|----------------------------------|----------------------|
| P*                          | P                         | ?                                   | F                       | F-                                   | No icon             | H                   | L                                | C                    |
| 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

## Pressure Injuries – Rate per 1000 bed days (Grade 2+)

|                                                                |
|----------------------------------------------------------------|
| <b>Latest Month</b>                                            |
| Jul-26                                                         |
| <b>Target</b>                                                  |
| No Target                                                      |
| <b>Latest Month's Position</b>                                 |
| 0.77                                                           |
| <b>Performance / Assurance</b>                                 |
| Common Cause<br>(natural/expected)<br>variation with no target |
| <b>Trust Level Risk</b>                                        |
| No Trust Level Risk                                            |



|                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------|
| <b>Latest Month</b>                                                                                                 |
| Jul-26                                                                                                              |
| <b>Target</b>                                                                                                       |
| 0.4                                                                                                                 |
| <b>Latest Month's Position</b>                                                                                      |
| 0.39                                                                                                                |
| <b>Performance / Assurance</b>                                                                                      |
| Special Cause Concerning<br>Variation High, where up is<br>deterioration but target is<br>greater than upper limit. |
| <b>Corporate Risk</b>                                                                                               |
| No Corporate Risk                                                                                                   |

No narrative required as per business rules.

### What does the data tell us?

Across City and Weston HOU in July there were three category 3 pressure ulcers, one in Weston (sacrum), one in Specialised Services (sacrum) and one in Children's (sacrum). There were nine category 2 pressure ulcers, 3 in Weston (sacral coccygeal x2 and spine), two in Medicine (both sacral-coccygeal), two in Surgery (coccyx and elbow), one in Specialised Services (sacral-coccygeal) and one in Children's (coccyx). There have been two mucosal pressure ulcers in Surgery division secondary to urinary catheters. July has seen an increase in hospital acquired pressure ulcers across all divisions. Sacral-coccygeal pressure ulcers have been a notable theme across all divisions.

### Actions being taken to improve:

Multi-disciplinary After-Action Review's for all category 3 pressure ulcers, with learning shared across divisions. TVN initiated Pressure Ulcer Care Plan monthly audit continue in Surgery, Weston and Medicine. Results submitted to Divisions at end of each month. Ongoing engagement with TV champions on wards to support good pressure prevention practice, including support, feedback, and wellbeing incentives. Monthly Tissue Viability newsletters focusing on key themes each month and delivering key messages to staff.

### Impact on Forecast:

The actions above aim to reduce the number of hospital acquired pressure ulcers through ongoing and targeted training and education and auditing of ward-based pressure ulcer care planning to monitor and support divisional compliance.

# Quality

## Infection Prevention & Control – MRSA Hospital Onset Cases

### Latest Month

Jul-26

### Target

0

### Latest Month's Position

1

### Performance / Assurance

Common Cause

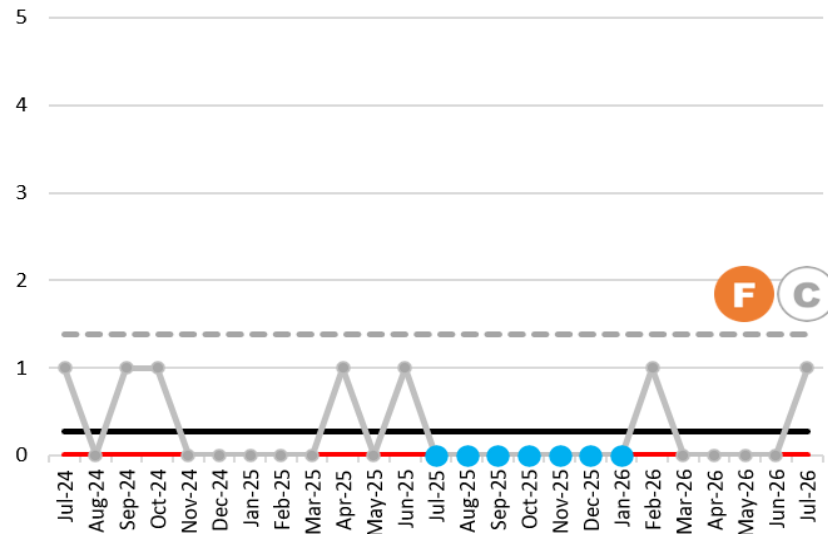
(natural/expected)

variation where last six data points are greater than or equal to target where up is deterioration

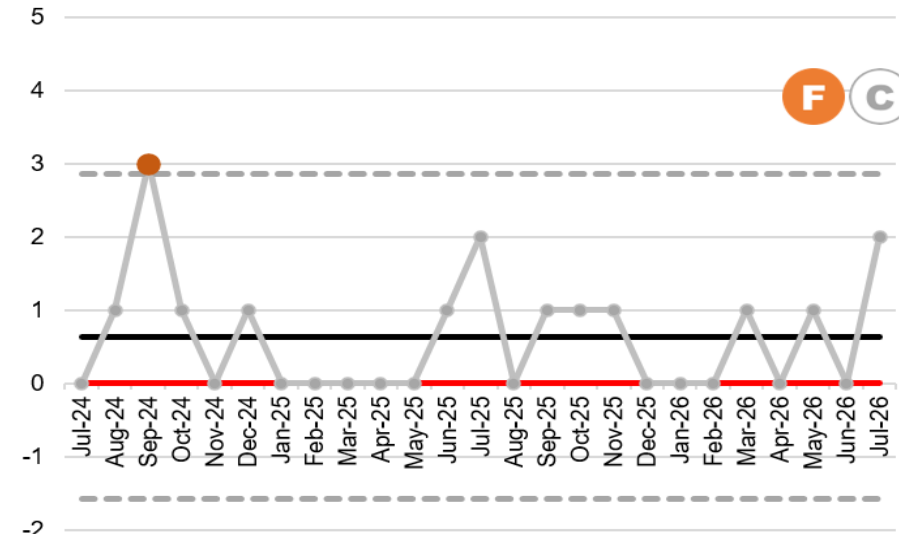
### Trust Level Risk

No Trust Level Risk

Southmead Hospital Operating Unit



City and Weston Hospital Operating Unit



### Latest Month

Jul-26

### Target

0

### Latest Month's Position

2

### Performance / Assurance

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

### Corporate Risk

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

### What does the data tell us?

One case reported in July and is currently under investigation.

### Actions taken to improve

- Two cases in SHOU, both different themes.
- This new case likely linked in a new line insertion that will prompt work with ANTT

### Impact on forecast

- The intention is to improve the position with the plans outlined above as well as learn from other trusts and ICBs.
- Noting Two cases in this financial year in a position that should be nil.

### What does the data tell us

Two cases of MRSA were reported in July at the City & Weston Hospital Operating unit (HOU), the year-to-date figures show as three in total.

### Actions being taken to improve

Strict criteria are applied when classifying MRSA cases as hospital-onset, healthcare-associated (HOHA). Cases occurring within 48 hours of admission are not attributed to the organisation; however, the data-capture system records cases by calendar day (days 1 and 2 from midnight) rather than by elapsed hours. Two reported cases occurred within 48 hours of admission. Both patients were colonised on admission and had required critical care interventions outside of the hospital setting. NHSE has been asked to recognise these cases as community-onset, healthcare-associated (COHA), rather than HOHA, so they are not attributed to the organisation. Learning from this third case has identified actions that could have reduced patient risk, which the clinical team will implement. Ongoing quality-improvement work continues to support the reduction of MRSA.

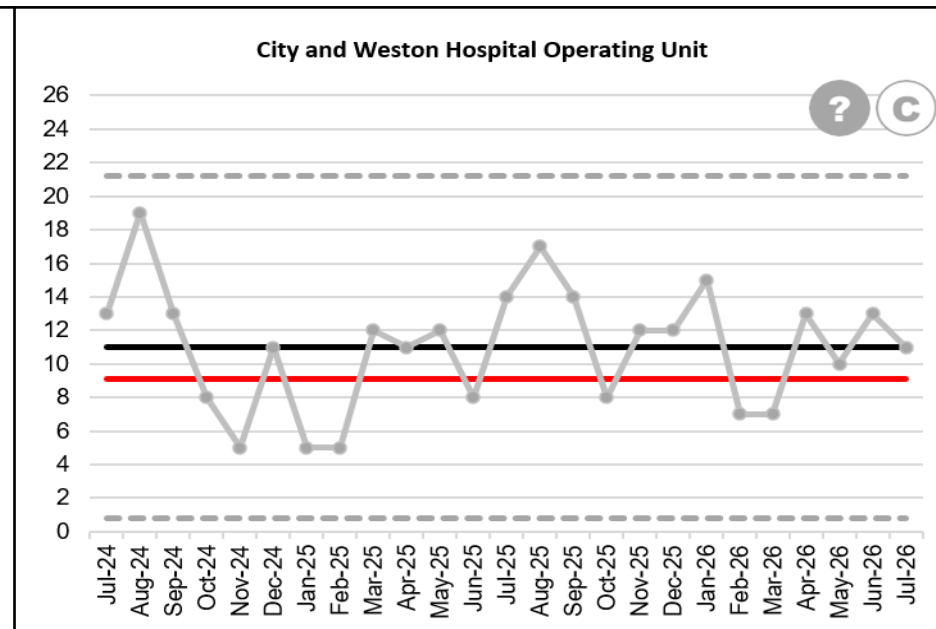
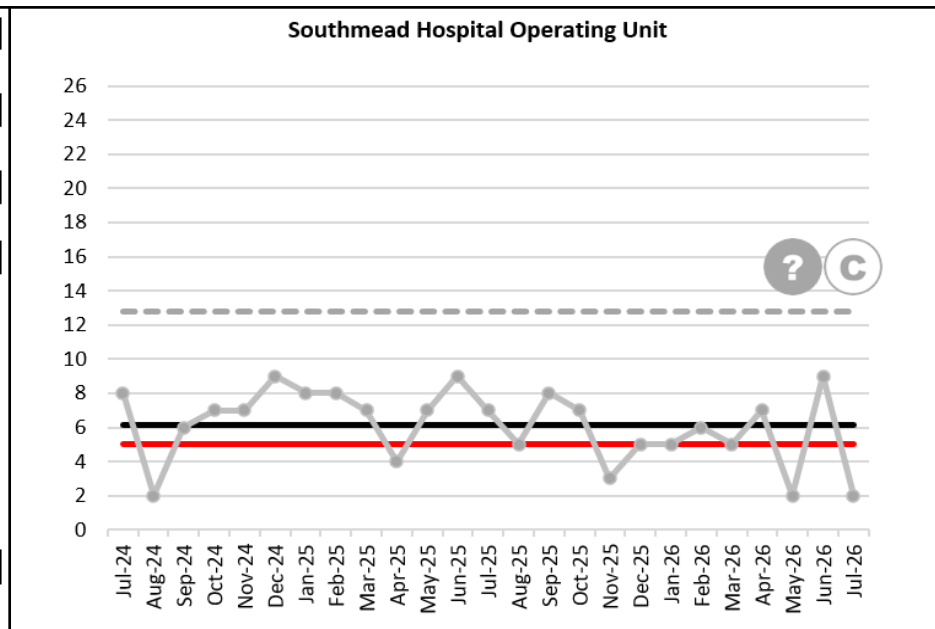
### Impact on forecast

The trajectory is for MRSA bacteraemia zero. Three cases currently attributed as HOHA cases, will breach the NHSE limit which will be reflected in the NHSE Oversight Framework.

# Quality

## Infection Prevention & Control – C. difficile Healthcare Associated Cases

| Latest Month                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Jul-26                                                                                                                                                  |
| Target                                                                                                                                                  |
| 5                                                                                                                                                       |
| Latest Month's Position                                                                                                                                 |
| 2                                                                                                                                                       |
| Performance / Assurance                                                                                                                                 |
| Common Cause<br>(natural/expected)<br>variation where last six<br>data points are both<br>hitting and missing target,<br>subject to random<br>variation |
| Trust Level Risk                                                                                                                                        |
| No Trust Level Risk                                                                                                                                     |



| Latest Month                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Jul-26                                                                                                                                             |
| Target                                                                                                                                             |
| 9.08                                                                                                                                               |
| Latest Month's Position                                                                                                                            |
| 11                                                                                                                                                 |
| Performance / Assurance                                                                                                                            |
| Common Cause<br>(natural/expected) variation<br>where last six data points are<br>both hitting and missing target,<br>subject to random variation. |
| Corporate Risk                                                                                                                                     |
| Risk 3216 - Breach of the NHSE<br>Limits for HA C-Diff (12)                                                                                        |

### What does the data tell us?

In July there were 2 Hospital Onset Hospital Acquired (HOHA) and 4 Community Onset Hospital Acquired (COHA). Substantial decrease seen in HOHA cases in July from June's position.

The year total to date is at 33 cases (20 HOHA & 13 COHA). Trajectory set at 79 For Southmead HOU and awaiting BFT Trajectory.

### Actions being taken to improve

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

### Impact on forecast

Cases at present are slightly above trajectory position.

### What does the data tell us?

There were 11 cases of Clostridium difficile in July against a trajectory / limit of 109 for the City & Weston hospital operating unit. The breakdown is six Hospital Onset Healthcare Associated (HOHA) and five Community Onset Healthcare Associated (COHA). Year to date figures are 47 (28 HOHA 19 COHA)

### Actions being taken to improve

Ongoing QI work with the leadership by a Director of Nursing, which is focused on cleaning standards and importantly commode cleaning. Each Division has been asked to identify their key priorities for C. diff as actions required for improvement , that may have a different emphasis linked to their Divisional risks and the patients within the clinical services for whom care is provided. A Bristol NHS Foundation Trust strategy is in development for implementation across all sites.

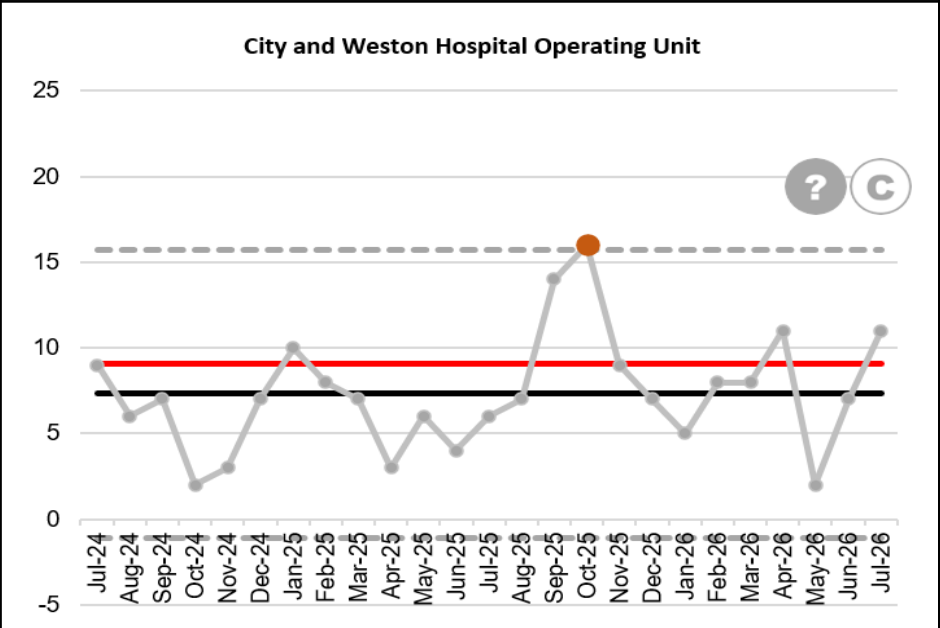
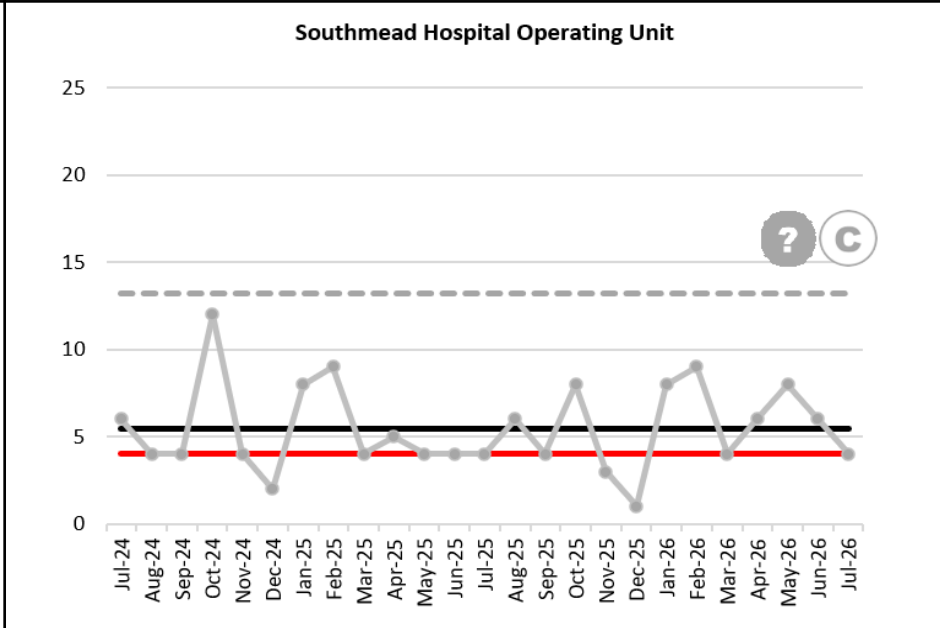
### Impact on forecast

The NHSE trajectory / limit is 109. There are 47 organisationally attributed cases up to month 4, the likelihood of breaching trajectory is a risk, and then the impact within the NHSE National Oversight Framework.

# Quality

## Infection Prevention & Control - E.coli Hospital Onset Cases

|                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Latest Month</b>                                                                                                                             |
| Jul-26                                                                                                                                          |
| <b>Target</b>                                                                                                                                   |
| 4                                                                                                                                               |
| <b>Latest Month's Position</b>                                                                                                                  |
| 4                                                                                                                                               |
| <b>Performance / Assurance</b>                                                                                                                  |
| Common Cause<br>(natural/expected) variation<br>where last six data points are<br>greater than or equal to<br>target where up is<br>improvement |
| <b>Trust Level Risk</b>                                                                                                                         |
| No Trust Level Risk                                                                                                                             |



|                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Latest Month</b>                                                                                                                                |
| Jul-26                                                                                                                                             |
| <b>Target</b>                                                                                                                                      |
| 9.08                                                                                                                                               |
| <b>Latest Month's Position</b>                                                                                                                     |
| 11                                                                                                                                                 |
| <b>Performance / Assurance</b>                                                                                                                     |
| Common Cause<br>(natural/expected) variation<br>where last six data points are<br>both hitting and missing target,<br>subject to random variation. |
| <b>Corporate Risk</b>                                                                                                                              |
| No Corporate Risk                                                                                                                                  |

### What does the data tell us?

- 4 cases in July with a total of 24 to-date this year.
- Cases remain below trajectory position.

### Actions being taken to improve

- Work ongoing to roll out Pure wick devices 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?

11 cases were reported in July at the City & Weston Hospital operating Unit (HOU) for Escherichia Coli (E. Coli) this now gives an overall year to date figure of 31, with an NHSE trajectory / limit of 109. E. coli rates do fluctuate seasonally.

### Actions being taken to improve

Actions for improvement are incorporated with the QI work being led by a Divisional Director of Nursing. The strategies focus on urinary catheter management and hydration.

### Impact on forecast

With 31 cases to date, and an NHSE limit / trajectory of 109, the likelihood of breaching trajectory seems low. E. Coli is part of the NHSE Oversight Framework data that is monitored.

# Quality

## Falls – Number resulting in Harm

### Latest Month

Jul-26

### Target

No Target

### Latest Month's Position

4

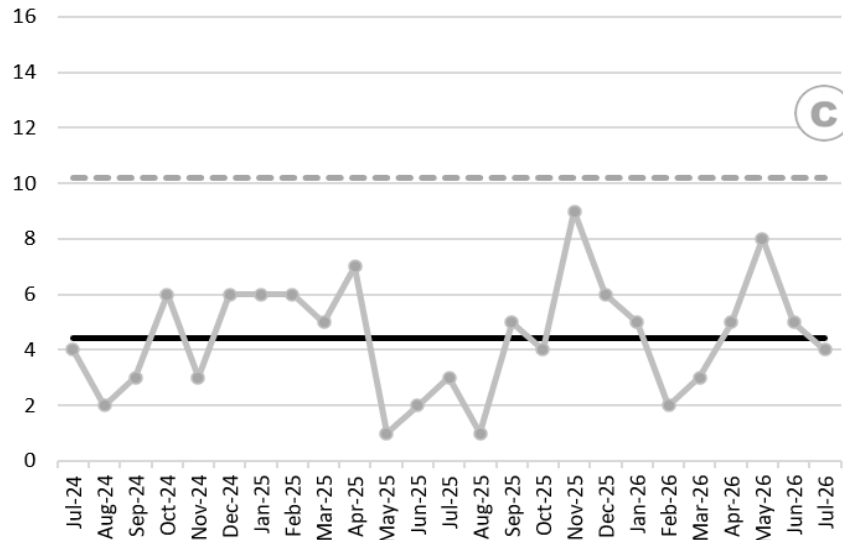
### Performance / Assurance

Common Cause  
(natural/expected)  
variation with no target

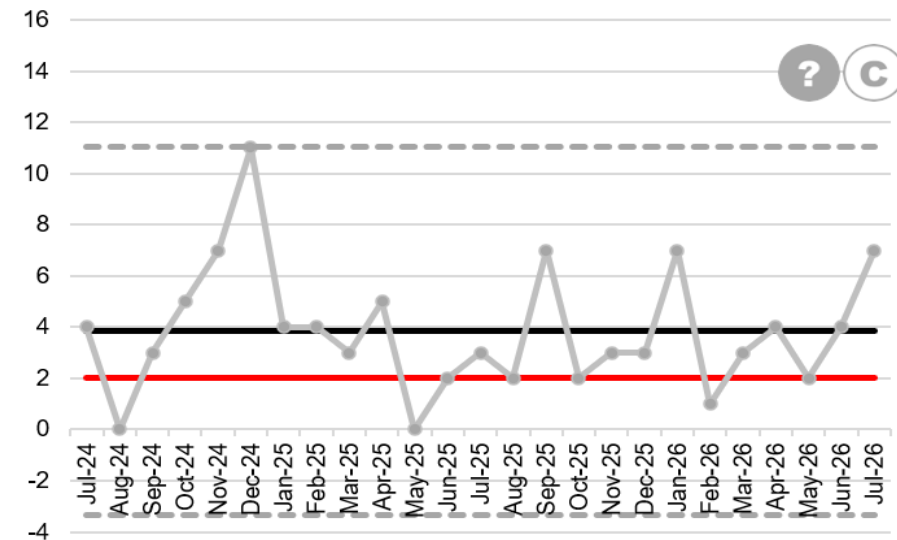
### Trust Level Risk

No Trust Level Risk

### Southmead Hospital Operating Unit



### City and Weston Hospital Operating Unit



### Latest Month

Jul-26

### Target

2

### 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

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

No narrative required as per business rules.

### What does the data tell us?

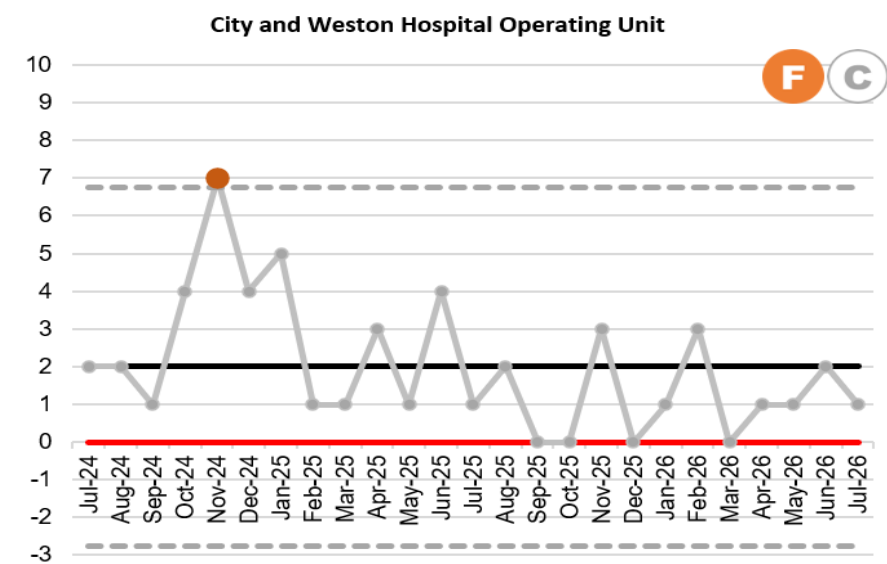
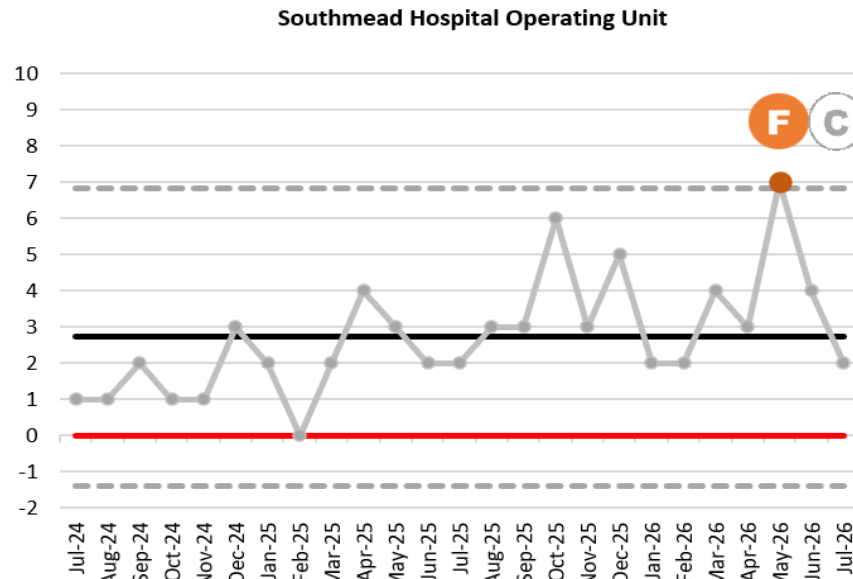
At City & Weston, there have been seven falls with harm in July 2026 this is higher than the previous month (4). Risk of falls continues to remain on the divisions' risk registers as well as the Trust risk register. Actions to reduce falls, all of which have potential to cause harm, is provided below.

### 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.
- Commencing implementation 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.
- 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.

| Latest Month                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Jul-26                                                                                                                                                                                                                                                                            |
| Target                                                                                                                                                                                                                                                                            |
| 0                                                                                                                                                                                                                                                                                 |
| Latest Month's Position                                                                                                                                                                                                                                                           |
| 2                                                                                                                                                                                                                                                                                 |
| Performance / Assurance                                                                                                                                                                                                                                                           |
| Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration                                                                                                                                                |
| Trust Level Risk                                                                                                                                                                                                                                                                  |
| Risk 1800 – Allergy status may not be identified resulting in medication being incorrectly prescribed or administered (20).<br>Risk 2134 - risk to patient safety and service provision due to insufficient staffing within the Pharmacy Medicines Governance & Safety Team (16). |



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

| Latest Month                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Jul-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)<br>Risk 8386 - Risk that patients come to harm from a known medication allergy (20) |

### What does the data tell us?

During July 2026, NBT recorded 173 medication incidents involving patients; of these, two were graded as causing moderate or above harm to a patient (2 x moderate)

### 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 July 2026, City and Weston Hospital Operating Units (HOU) recorded 335 medication-related incidents, one of which resulted in moderate or above harm. Following further harm validation, an additional moderate harm incident has been reported for June 2026 in this month's report increasing moderate or above harm incidents in June from one to two.

### 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.

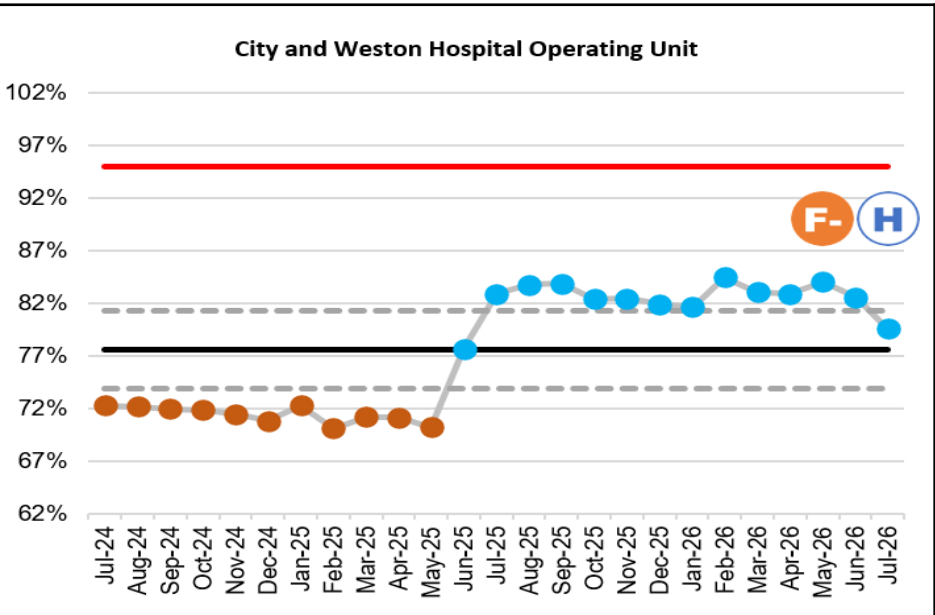
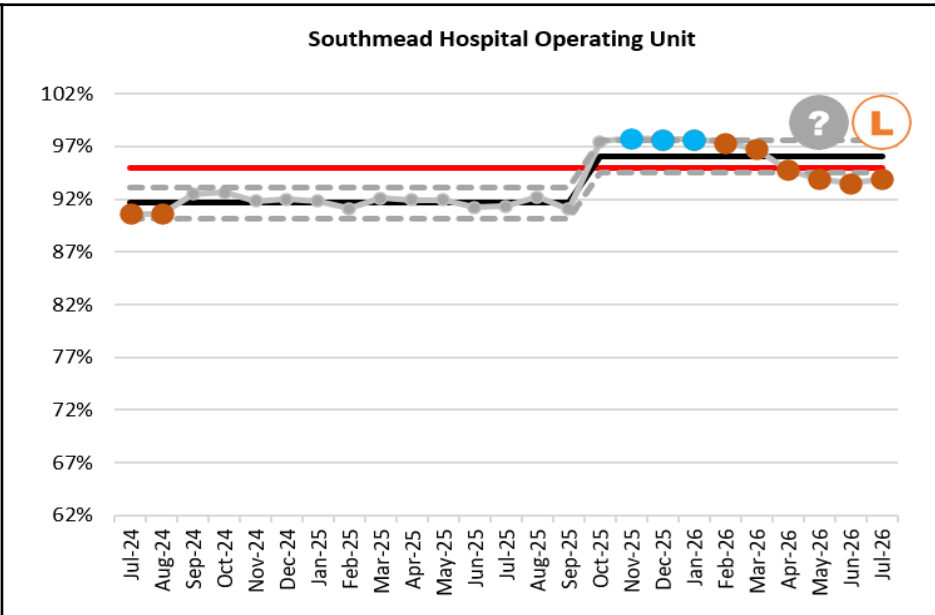
Learning from medication incidents is routinely shared via Medicines Governance Group and with BNSSG system partners through system medicines quality and safety meetings.

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 Assessment Completion

|                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------|
| <b>Latest Month</b>                                                                                                        |
| Jul-26                                                                                                                     |
| <b>Target</b>                                                                                                              |
| 95.0%                                                                                                                      |
| <b>Latest Month's Position</b>                                                                                             |
| 93.9%                                                                                                                      |
| <b>Performance / Assurance</b>                                                                                             |
| Special Cause                                                                                                              |
| Concerning Variation                                                                                                       |
| Low, where down is deterioration and last six data points are both hitting and missing target, subject to random variation |
| <b>Trust Level Risk</b>                                                                                                    |
| No Trust Level Risk                                                                                                        |



|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>Latest Month</b>                                                                                     |
| Jul-26                                                                                                  |
| <b>Target</b>                                                                                           |
| 95.0%                                                                                                   |
| <b>Latest Month's Position</b>                                                                          |
| 79.6%                                                                                                   |
| <b>Performance / Assurance</b>                                                                          |
| Special Cause Improving Variation High, where up is improvement but target is greater than upper limit. |
| <b>Corporate Risk</b>                                                                                   |
| 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 does the data tell us?

At the City & Weston Hospital operating Unit , Venous Thrombo-embolism (VTE) Risk Assessment compliance remains below the 95% target. Since July 2026, VTE compliance for ED admissions is measured from the ED decision-to-admit time rather than ward arrival. This has slightly reduced reported compliance rates and may better reflect timing of VTE risk assessment within the admission pathway.

### Actions being taken to improve

Ward View Board updates to include VTE Risk Assessment and Anticoagulant Prescribing metrics have been delayed due to a technical issue, with work underway to resolve this. Feedback from a Resident Doctor Survey has been shared through governance groups, and opportunities to improve VTE risk assessment and prophylaxis prescribing are being progressed with Clinical Chairs and Divisions. Cohort definitions are also being reviewed to ensure consistency with national standards and improve performance oversight across the organisation.

### Impact on forecast

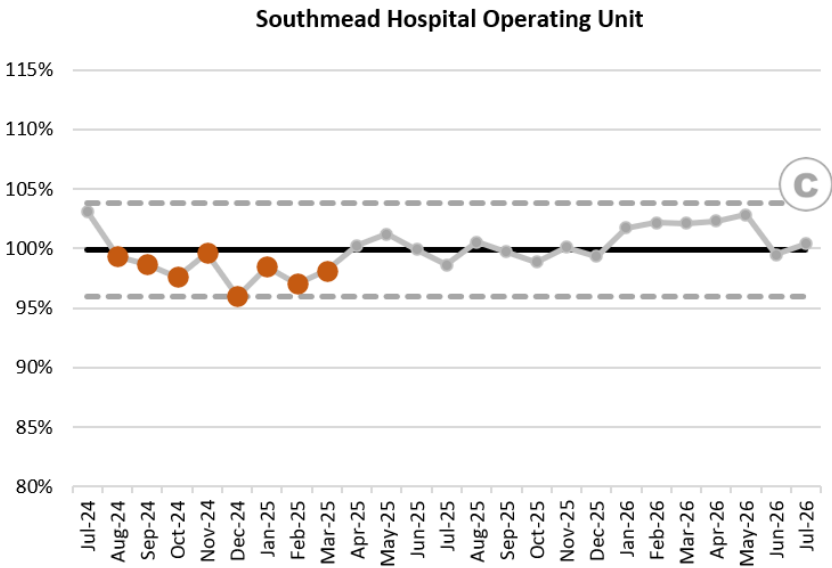
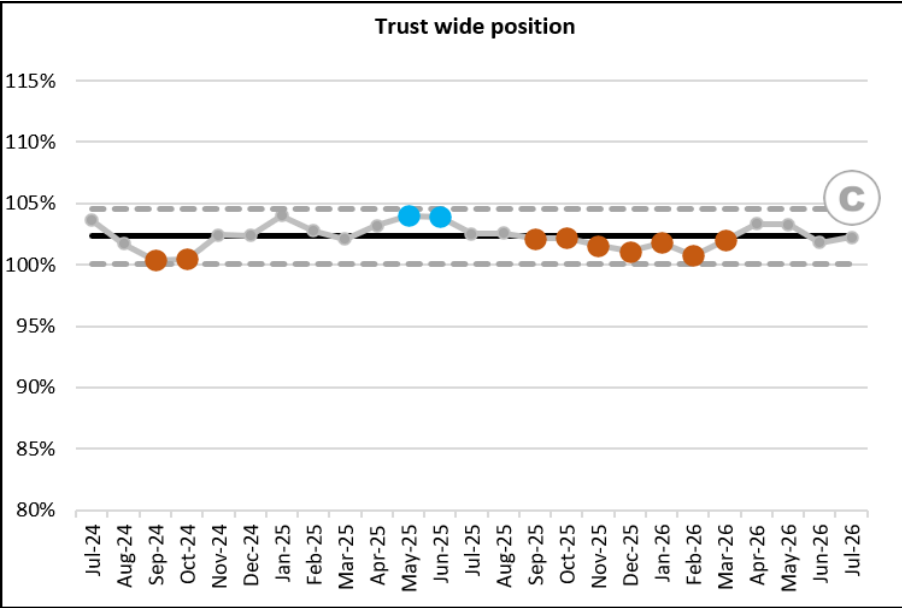
- Inclusion of an Anticoagulant Treatment (Rx) column within ward boards will strengthen oversight of VTE prophylaxis prescribing and help ensure VTE Risk Assessments result in appropriate clinical action, addressing a known workflow gap within CMM.
- A reduction in reported breaches is expected following the introduction of the national decision-to-admit reporting standard in July 2026. However, local benefits will depend on implementation within data systems and continued improvement in timely VTE Risk Assessment completion across all admission pathways.

# Quality

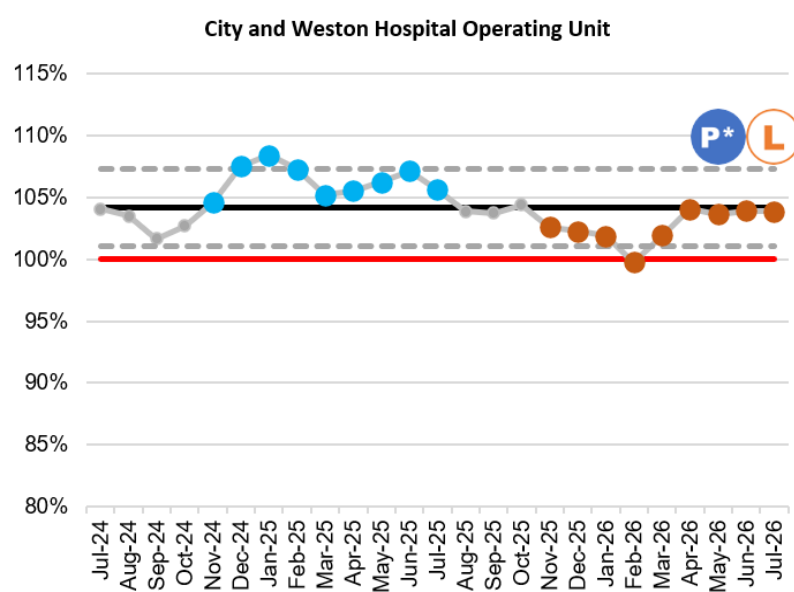
## Safe Staffing Fill Rate

No narrative required as per business rules

| Latest Month                 |
|------------------------------|
| Jul-26                       |
| Performance                  |
| 102.3%                       |
| Target                       |
| No Target                    |
| Trust Level / Corporate Risk |
| Risk 1035 - Score 16         |
| Performance - Previous       |
| 101.8%                       |



No narrative required as per business rules



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 six months the fill rate has recovered and returned to be above the 100% level.

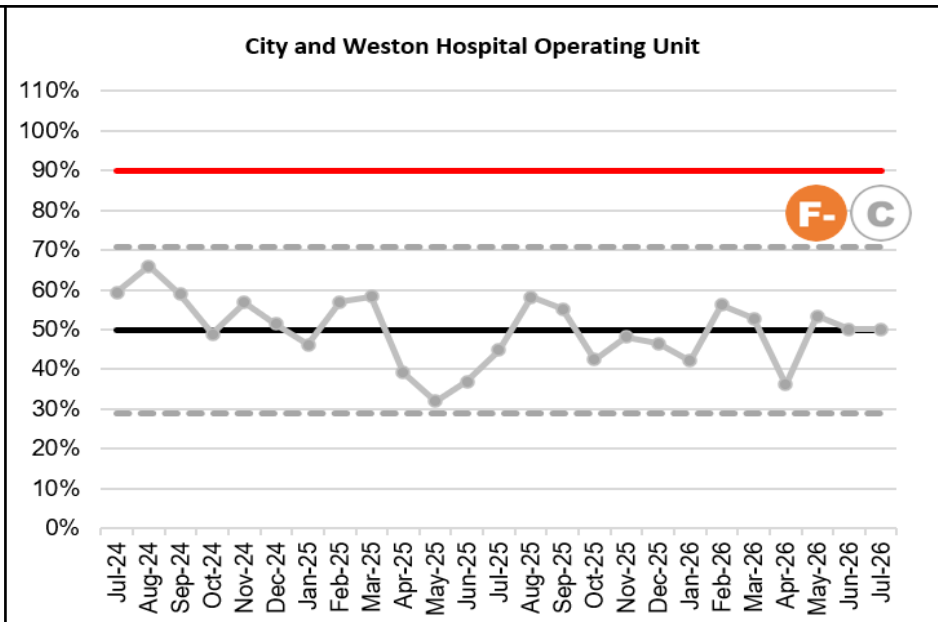
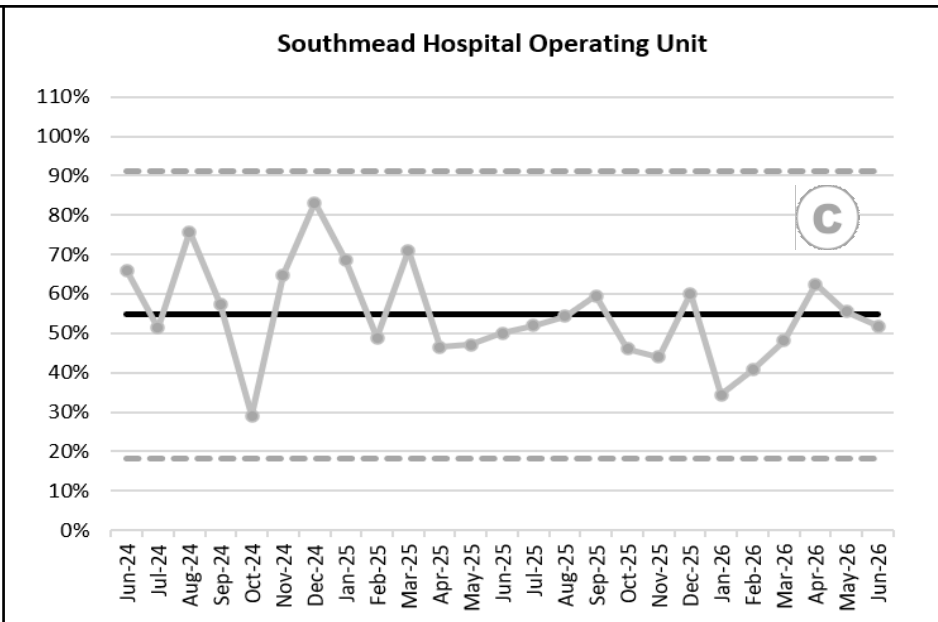
All the required systems reconfiguration have been updated and the expected moves completed; this is reflected in the improving picture seen each month since February 2026.

The combined fill rate continues to remain above 100% to ensure patients and in particular the most vulnerable patients requiring enhanced care are kept safe.

# Quality

## Fracture Neck of Femur – Patients Treated within 36 Hours

|                                |
|--------------------------------|
| <b>Latest Month</b>            |
| Jun-26                         |
| <b>Target</b>                  |
| No Target                      |
| <b>Latest Month's Position</b> |
| 51.9%                          |
| <b>Performance /</b>           |
| <b>Common Cause</b>            |
| (natural/expected)             |
| variation with no              |
| target                         |
| <b>Trust Level Risk</b>        |
| No Trust Level Risk            |



|                                |
|--------------------------------|
| <b>Latest Month</b>            |
| Jul-26                         |
| <b>Target</b>                  |
| 90.0%                          |
| <b>Latest Month's Position</b> |
| 50.0%                          |
| <b>Performance / Assurance</b> |
| Common Cause                   |
| (natural/expected) variation,  |
| where target is greater than   |
| upper limit and down is        |
| deterioration.                 |
| <b>Corporate Risk</b>          |
| 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?**  
 In July, 50 patients were eligible for Best Practice Tariff (BFT) at Bristol and Weston sites Hospital Operating Units (HOU). Overall BFT was achieved for 23/ 50 (46%), 25 (50%) patients underwent surgery in 36 hours, 44 ( 88%) patients received an Ortho geriatrician review within 72hours.  
 The time to surgery target was missed due to theatre capacity. Two patients at Bristol City site missed the Ortho geriatrician review due to late diagnosis of the femoral fracture, at Weston 12 patients missed this review at Weston due to the lack of resilience of this service .

**Actions being taken to improve**  
 Extra theatre space is created where possible to reduce theatre delays. Elective theatre lists or CEPD are often used at short notice to create extra support for trauma but this is created on an ad hoc/short notice basis.

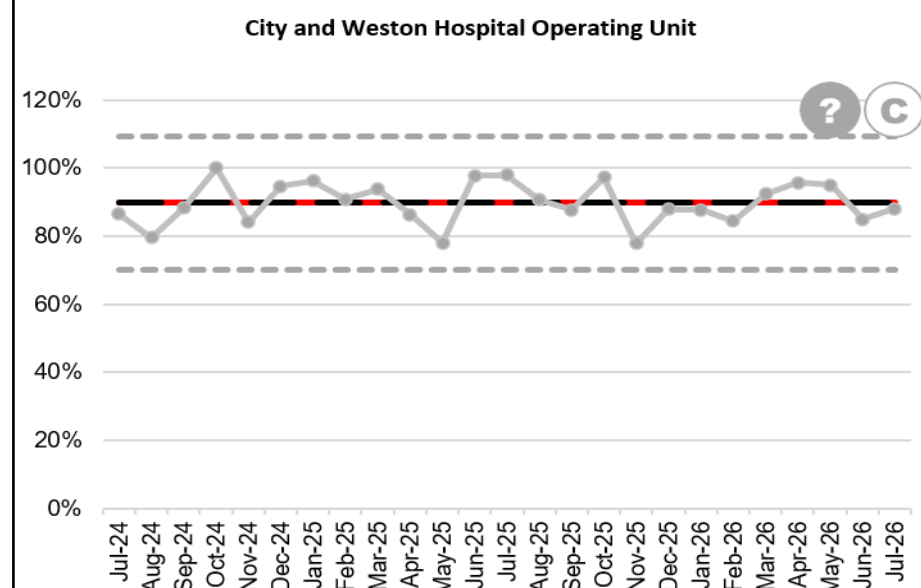
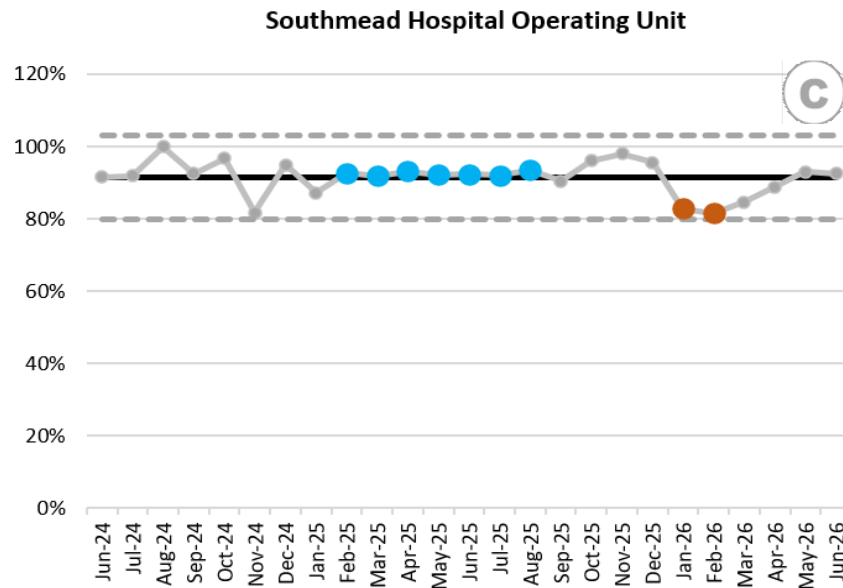
**Impact on forecast**

- Limited capacity on half day trauma lists (Tues+Thurs) and specialist trauma being planned on other lists impacts on daily admissions for surgery.
- 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.
- These limitations are likely to continue impacting BPT performance unless additional geriatric support and theatre space is secured.

# Quality

## Fracture Neck of Femur – Patients seeing Orthogeriatrician within 72 hours

| Latest Month                                                      |
|-------------------------------------------------------------------|
| Jun-26                                                            |
| Target                                                            |
| No Target                                                         |
| Latest Month's Position                                           |
| 92.6%                                                             |
| Performance / Assurance                                           |
| Common Cause<br>(natural/expected)<br>variation with no<br>target |
| Corporate Risk                                                    |
| No Trust Level Risk                                               |



| Latest Month                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Jul-26                                                                                                                                                |
| Target                                                                                                                                                |
| 90%                                                                                                                                                   |
| Latest Month's Position                                                                                                                               |
| 88.0%                                                                                                                                                 |
| Performance / Assurance                                                                                                                               |
| Common Cause<br>(natural/expected) variation<br>where last six data points<br>are both hitting and missing<br>target, subject to random<br>variation. |
| Corporate Risk                                                                                                                                        |
| No Corporate Risk                                                                                                                                     |

No narrative required as per business rules.

### What does the data tell us?

- Bristol- Two Patients (2/34- 58%) missed the timely Ortho-geriatrician review due to delayed diagnosis of femoral fracture.
- Weston- Twelve patients (12/16 - 75%) received ortho-geriatric assessment within 72 hours - 1 patient was not seen by the single part-time geriatrician, and three patients were seen more than 72hrs from admission. This was due to no staffing cover for the geriatrician who was on planned leave or over bank holidays/weekends (4)

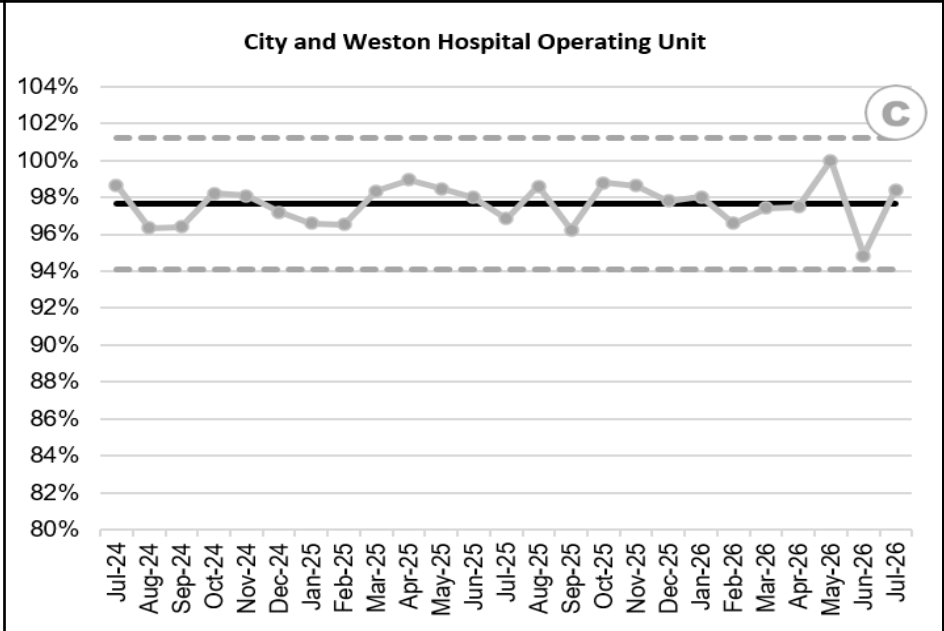
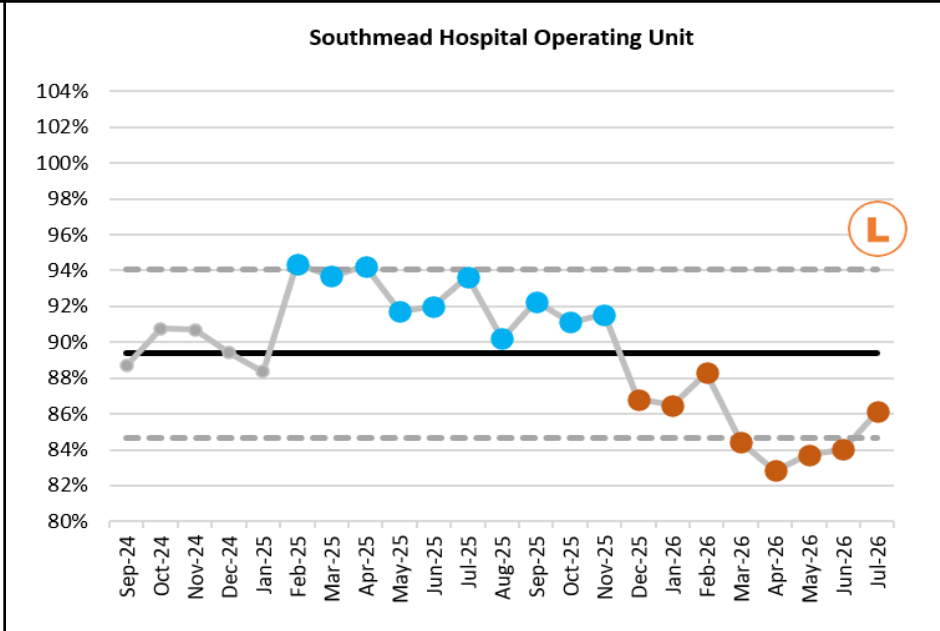
### Impact on forecast

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.

# Quality

## Friends and Family Test (FFT) Score - Maternity

|                           |
|---------------------------|
| Latest Month              |
| Jul-26                    |
| Target                    |
| No Target                 |
| Latest Month's Position   |
| 86.1%                     |
| 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                 |
| Jul-26                       |
| Target                       |
| No Target                    |
| Latest Month's Position      |
| 98.4%                        |
| 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 third month running, from 84% in June to 86% in July. 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."

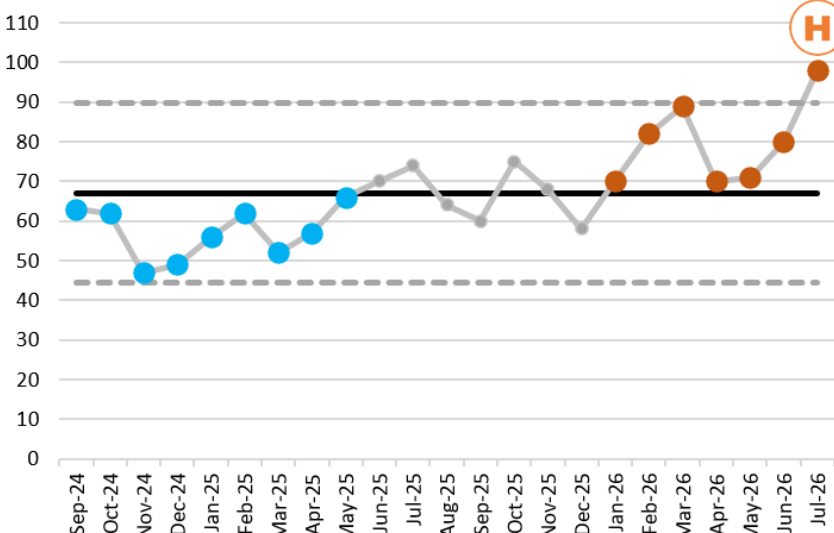
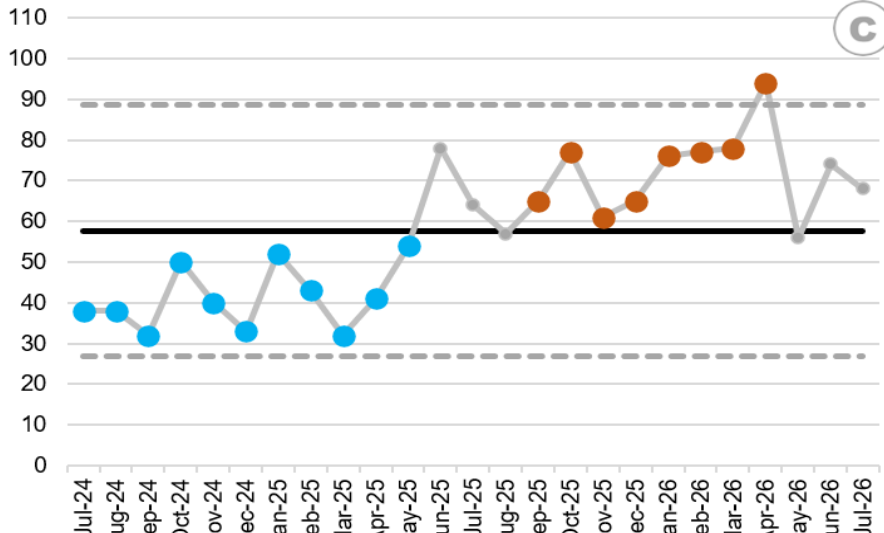
### Impact on forecast

The Trust transitioned to a new FFT provider on 1 April 2026, aligning with C&WHOU. As part of this transition, maternity feedback now incorporates responses from Antenatal, Birth, Postnatal Ward and Postnatal Community services. As Antenatal feedback was not previously captured, this has contributed to an increase in the overall volume of maternity feedback received. However, some touchpoints are now receiving fewer responses. We are therefore reviewing the data and will adapt our approach to ensure that feedback provides a representative picture of patient experience across all maternity services.

No narrative required as per business rules.

# Quality

## Formal Complaints

|                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                           |  |                                                                                                                                                  |  |                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div><div>Latest Month</div><div>Jul-26</div><div>Target</div><div>No Target</div><div>Latest Month's Position</div><div>98</div><div>Performance / Assurance</div><div>Special Cause Concerning Variation High, where up is deterioration and there is no target</div><div>Trust Level Risk</div><div>No Trust Level Risk</div></div> | <div><div>Southmead Hospital Operating Unit</div></div> |  | <div><div>City and Weston Hospital Operating Unit</div></div> |  | <div>Latest Month</div> <div>Jul-26</div> <div>Target</div> <div>No Target</div> <div>Latest Month's Position</div> <div>68</div> <div>Performance / Assurance</div> <div>Common Cause (natural/expected) variation where down is improvement.</div> |
|                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                           |  |                                                                                                                                                  |  | <div>Corporate Risk</div> <div>No Corporate Risk</div>                                                                                                                                                                                               |

### What does the data tell us?

- In July, we received 98 complaints, 18 more than the previous month and 24 more than the same month last year. This represents the highest number of complaints received in a single month on record.
- Since January, we have averaged 80 complaints a month, which is 29% increase the same period last year.
- NMSK (27) were the lead for most complaints, followed by WaCH (21), Medicine (21), ASCR (20), and CCS (3)
- The specialities leading most complaints were Gynaecology (11), Emergency Medicine (11), Maternity (10), Trauma (6), Neurology (6) and Urology (5). The other complaints were spread across 28 other specialities.
- Clinical Care & Treatment was the most selected lead subject, accounting for 51% of the total, followed by Access to Service (17%) and Communication & Information (14%).
- From the Clinical Care & Treatment lead subject complaints, the most selected sub-subjects underneath were Clinical Care (25) and Assessment/Diagnosis (22).

### Actions being taken to improve

We continue to monitor and discuss any trends with the divisional patient experience teams.

### Impact on forecast

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

The number of PALS concerns received in July was also high (222), a 20% increase on the same month last year.

No narrative required as per business rules.

# Quality

## Formal Complaints Responded to Within Timeframe

### Latest Month

Jul-26

### Target

90.0%

### Latest Month's Position

77.0%

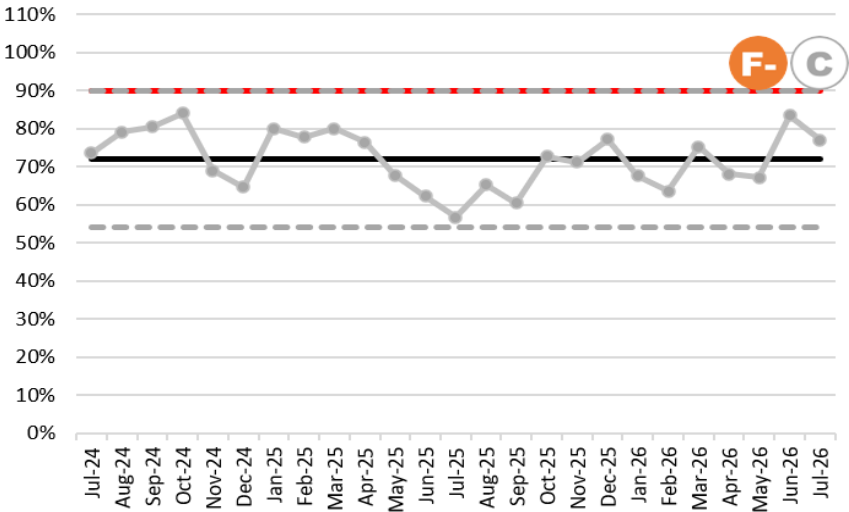
### Performance / Assurance

Common Cause  
(natural/expected)  
variation, where target is  
greater than upper limit  
down is deterioration

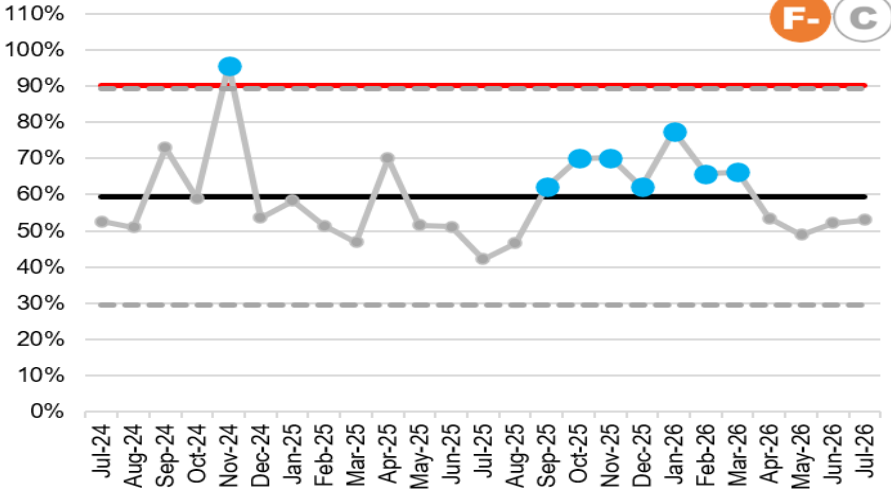
### Trust Level Risk

No Trust Level Risk

### Southmead Hospital Operating Unit



### City and Weston Hospital Operating Unit



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

### Latest Month

Jul-26

### Target

90.0%

### Latest Month's Position

53.1%

### Performance / Assurance

Common Cause  
(natural/expected)  
variation, where target is  
greater than upper limit  
down is deterioration.

### Corporate Risk

No Corporate Risk

### What does the data tell us?

- The complaint compliance rate has decreased from 83.5% in June to 77% in July, but is still above the average.
- There were strong compliance scores from MED, CCS and WaCH this month. But a decline in ASCR and NMSK scores, which accounted for the overall reduction.
- Of the 74 complaints due for response in July, 57 were closed within the agreed timescale, 11 were outside the agreed timescale, and 6 were still open at the time of reporting.

### Actions being taken to improve

Complaint compliance continues to be a key 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 and NMSK can increase their complaint compliance to levels similar to the other divisions, while those divisions continue to sustain their current performance, we would expect the overall compliance score to increase next month.

### What does the data tell us?

- Complaint compliance has increased slightly to 53%
- Although the Divisional response rate has increased from 54% to 76%. The number needing amendments has increased
- Of the 98 complaints due for response in July, 52 were closed within the agreed timescale, 42 were outside the agreed timescale due to high number of amendments needed.

### Actions being taken to improve

Divisional action plans have been developed with 3 Divisions having received sign off. There is a continued focus on quality and divisional sign off of complaints led by the Divisional leadership teams. Monthly meetings between Divisional leads and corporate complaints manager. Compliance data and management of breaches and improvement plans reviewed monthly .

### Impact on forecast

The focus on divisional processes and quality of responses submitted for sign off has led to an improvement in the quality of responses in August to date.

# Our People

## Scorecard

|          | Metric                                         | Hospital Operating Unit                        | Latest Month | Latest Position | Target | Previous Month's Position | Assurance | Variation | Action             |
|----------|------------------------------------------------|------------------------------------------------|--------------|-----------------|--------|---------------------------|-----------|-----------|--------------------|
| Well-Led | Workforce Turnover (Rolling 12-month)          | Trust                                          | Jul-26       | 11.4%           | 11.1%  | 11.4%                     | N/A*      | N/A*      | Commentary         |
|          |                                                | Southmead Hospital Operating Unit              | Jul-26       | 11.1%           | 10.6%  | 11.0%                     | N/A*      | N/A*      | Commentary         |
|          |                                                | City Centre and Weston Hospital Operating Unit | Jul-26       | 11.6%           | 11.5%  | 11.7%                     | N/A*      | N/A*      | Commentary         |
| Well-Led | Vacancy (Vacancy FTE as Percent of Funded FTE) | Trust                                          | Jul-26       | 4.7%            | 3.8%   | 4.3%                      | F         | C         | Escalation Summary |
|          |                                                | Southmead Hospital Operating Unit              | Jul-26       | 4.4%            | 2.5%   | 4.4%                      | F-        | C         | Escalation Summary |
|          |                                                | City Centre and Weston Hospital Operating Unit | Jul-26       | 4.3%            | 4.8%   | 3.6%                      | P*        | C         | Note Performance** |
| Well-Led | Sickness (Rolling 12-month)                    | Trust                                          | Jul-26       | 4.8%            | 4.4%   | 4.8%                      | N/A*      | N/A*      | Commentary         |
|          |                                                | Southmead Hospital Operating Unit              | Jul-26       | 4.8%            | 4.4%   | 4.8%                      | N/A*      | N/A*      | Commentary         |
|          |                                                | City Centre and Weston Hospital Operating Unit | Jul-26       | 4.9%            | 4.4%   | 4.8%                      | N/A*      | N/A*      | Commentary         |
| Well-Led | Essential Training Compliance                  | Trust                                          | Jul-26       | 89.3%           | 90.0%  | 89.4%                     | F-        | H         | Escalation Summary |
|          |                                                | Southmead Hospital Operating Unit              | Jul-26       | 87.7%           | 90.0%  | 88.1%                     | F-        | L         | Escalation Summary |
|          |                                                | City Centre and Weston Hospital Operating Unit | Jul-26       | 90.9%           | 90.0%  | 90.7%                     | ?         | 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                    |
| 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

## Workforce Turnover

### Latest Month

Jul-26

### Rate

11.4%

### Target

11.1%

### Trust Level / Corporate Risk

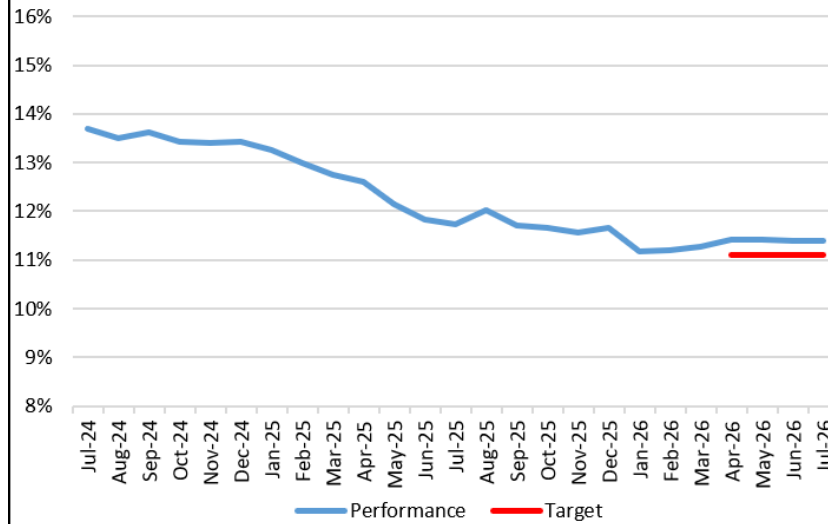
Risk 1979 - Score 16

Risk 8383 - score 16

### Performance - Previous Month

11.4%

Trust wide position



### What does the data tell us?

The trust wide position remains static at 11.4% compared to the previous month.

**Southmead HOU** turnover has increased fractionally to 11.13% in July from 11.10% the previous month.

Leaver FTE reductions were seen in six divisions compared to the previous month., the largest, 5.6 FTE, was within ASCR.

Leavers overall increased to 84.7 FTE from 77.2 FTE, the largest increase, 8.1 FTE within the Core Clinical Division.

**City and Weston HOU** turnover has reduced to 11.6% in Jul-26 from 11.7% the previous month.

### Actions being taken to improve

The post-merger culture plan continues to focus on the development and delivery of the organisational values; the plan is in preparation phase in collaboration with the Communication and Engagement team.

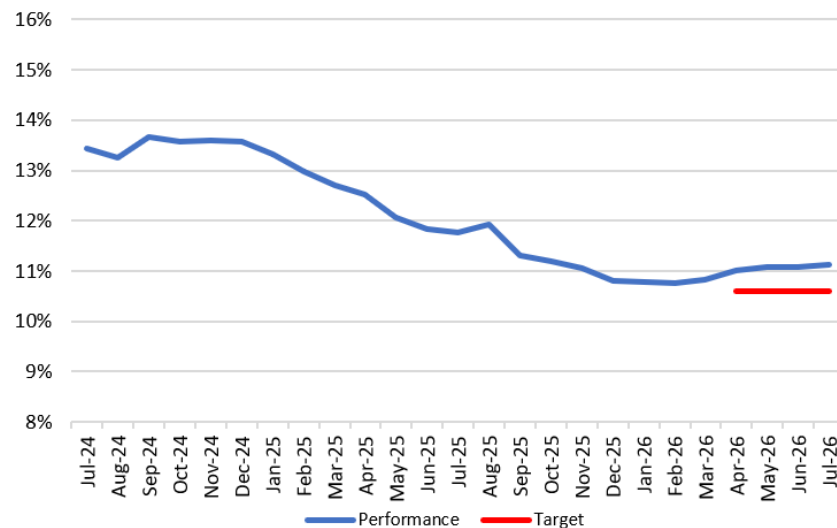
Plans are in place to deliver business-as-usual colleague experience initiatives, including implementation of EDI actions and the BFT Staff Survey 2026 programme of work. This includes the '**You Said, We Did**' campaign, which supports the Listening into Action approach in response to feedback from the 2025 Staff Survey. Engagement continues across divisions to support the delivery of local people and culture plans, including the use of team triangulation data to inform priorities and targeted interventions.

Both HOU are committed to the annual appraisal cycle, reviewing performance and supporting staff with their wellbeing and development. Work is currently underway to assess our speaking up culture, with an interim action plan being implemented while the refreshed self-assessment occurs.

### Impact on forecast

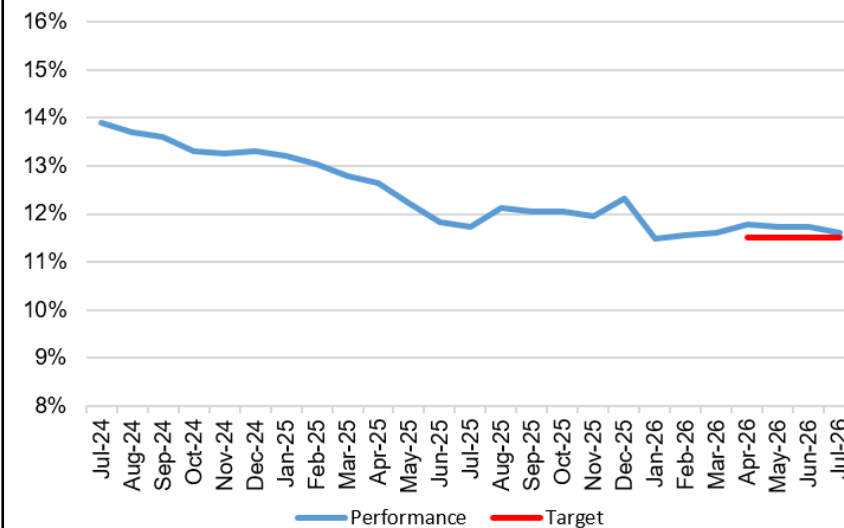
We anticipate that the OD and colleague experience work will positively impact on turnover, however, it is recognised that the benefits realisation of OD is a longer-term benefit.

Southmead Hospital Operating Unit



Delivery of business as usual colleague experience work including EDI, Wellbeing and Engagement continues and supports the implementation of local People and Culture Plans which aim to improve retention. Specific work programmes addressing burnout and fatigue aim to have a long-term positive impact on turnover.

City and Weston Hospital Operating Unit



As with Southmead HOU, delivery of business as usual colleague experience work including EDI, Wellbeing and Engagement continues and supports the implementation of local People and Culture Plans which aim to improve retention. Specific work programmes addressing burnout and fatigue aim to have a long-term positive impact on turnover.

# Our People

## Vacancies

### Latest Month

Jul-26

### Rate

4.7%

### Target

3.8%

### Trust Level / Corporate Risk

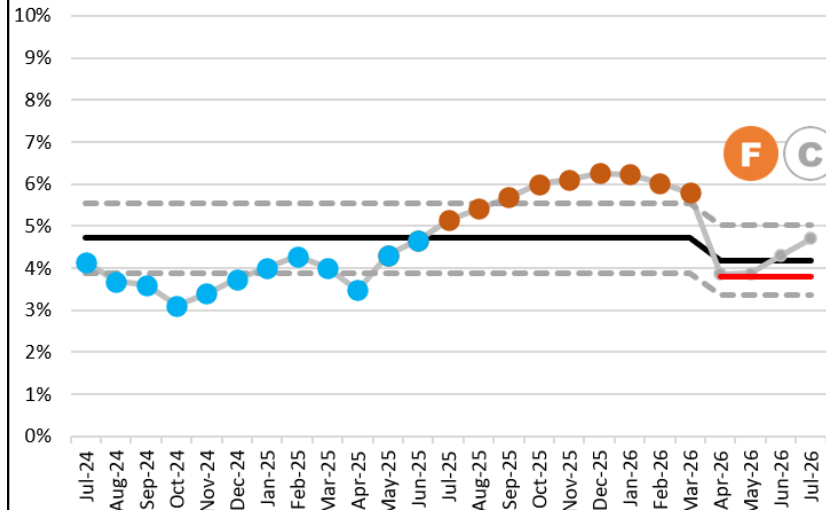
Risk 1979 - Score 16

Risk 8383 - score 16

### Performance - Previous

4.3%

Trust wide position



### What does the data tell us?

The trust wide position increased to 4.7% compared to 4.3% in the previous month.

**Southmead HOU** Vacancies increased by 6.6 FTE in Jul-26. The Funded establishment reduced by 8.0 FTE and the overall staff in post reduced by 14.6 FTE.

**City and Weston HOU** Vacancies increased by 81.4 FTE in Jul-26. The Funded establishment increased by 14.0 FTE and the overall staff in post reduced by 67.2 FTE. The largest divisional increase was seen in Women's and Children's (+37.3 FTE). At staff group level, the largest increase was in Medical and Dental (+48.4FTE), Unregistered Nursing and Midwifery had the largest reduction (-11.0 FTE).

### Actions being taken to improve

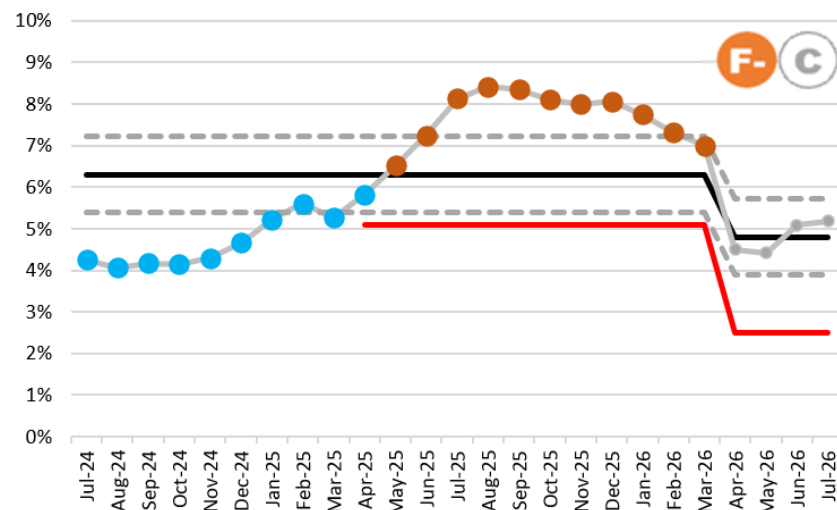
Newly Qualified, SNA and RNDA supply :Recruitment for programmes starting in Oct 26 have now been completed. Significant recruitment activity and onboarding associated with the August Doctors rotations. 772 Drs and Resident Doctors joined the Trust in August across both HOU's.

### Impact on forecast

The August start dates for the new Resident Doctors rotations will significantly improve the vacancy position from August onwards.

The newly qualified nurse starters will begin to improve the vacancy position with effect from September onwards.

Southmead Hospital Operating Unit

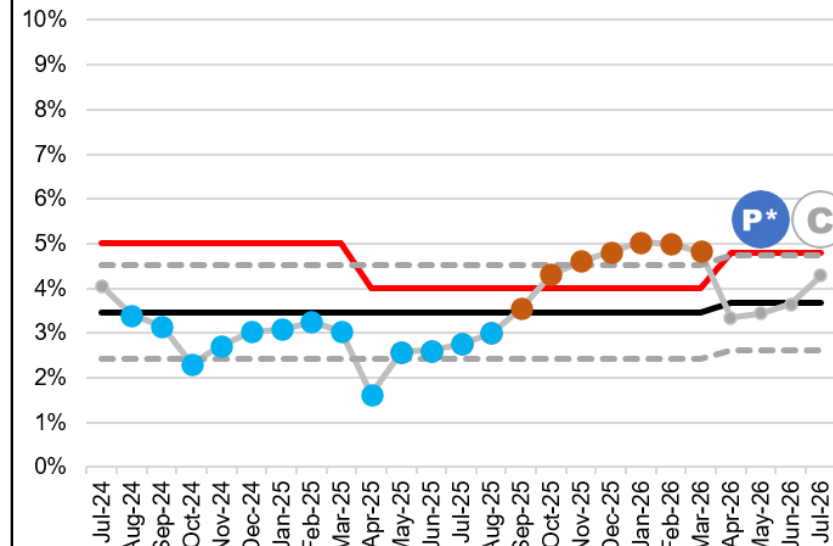


**HCSW Supply:** Assessment centres in **July 26** provided 33 offers for Band 2/3 roles across Southmead  
**SNA and RNDA supply:** 12 offers for SNA and 8 offers made for RNDA

**Newly Qualifying nurses:** 33 offers are now being processed for Nurses looking to start in **Sept/Oct 26**. Further recruitment for 15wte is expected in Sept due Medical Escalation areas receiving funding for extra staff.

**ICU Recruitment** is starting in **Aug 26** as the department have 18 vacancies to fill due to turnover

City and Weston Hospital Operating Unit



**HCSW Supply:** slowed in July with four offers being made within the month.

**SNA and RNDA supply :** 27 offers made for SNA and 13 RNDA

**Newly Qualifying Nurses:** 105 offers are being processed for Nurses starting in Sept / Oct 26

**Rotational Midwives:** Advertising campaigns have been running for St Michael's hospital, and interviews are being held in Aug and Sept 26

**Theatres B5 Nurses:** Support has been requested to find experienced anaesthetic practitioners and ODPs for Surgery Division

# Our People

## Sickness Absence

### Latest Month

Jul-26

### Rate (In Month)

4.7%

### Rate (In Month) - Previous Month

4.7%

### Rate (Rolling 12-Month)

4.8%

### Target

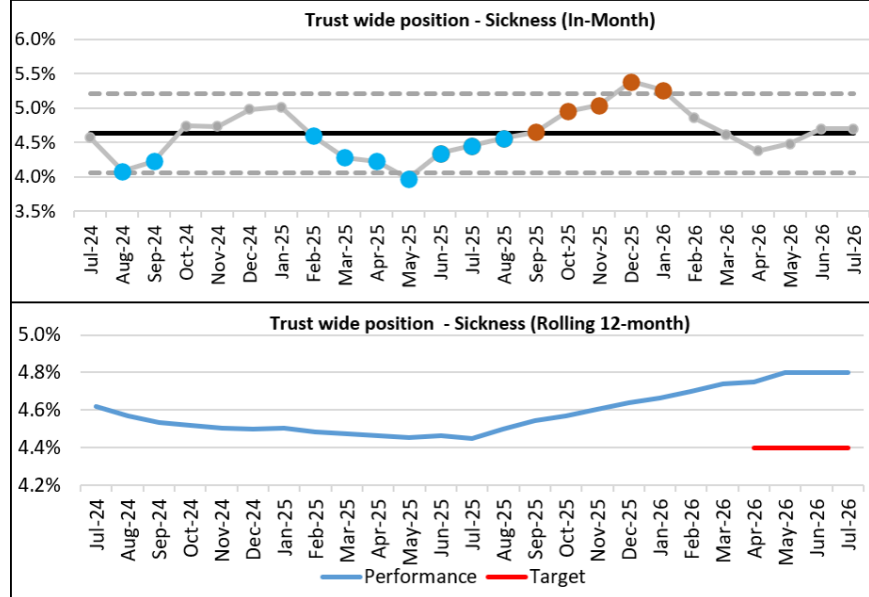
4.4%

### Rate (Rolling 12-Month) - Previous Month

4.8%

### Trust Level / Corporate Risk

No Trust Level Risk



**What does the data tell us?** Trust wide position remains static at 4.8% compared to the previous month.

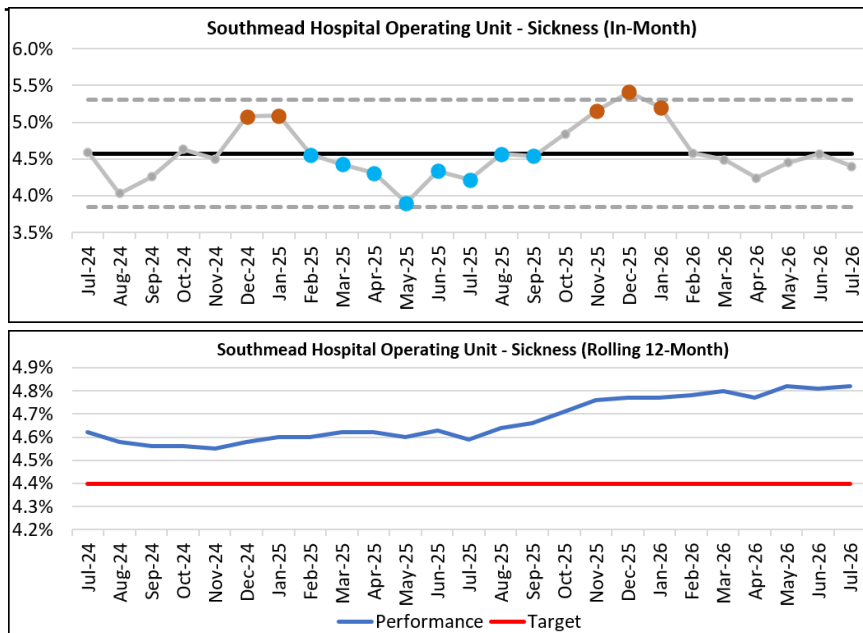
**Southmead HOU** rolling 12-month sickness absence reduced fractionally to 4.82% from 4.83% the previous month. Top three contributors for Jul-26 were Stress/Anxiety/Depression/Other Psychiatric Illness, Cold, Cough, Flu, and Other Musculoskeletal. Jul-26 absence rates in month were lower than Jun-26 (-0.13%) driven by a reduction in short-term absence (-0.26%) however long-term absence increased (+0.03). Jul-26 absence rates were also lower than Jun-25 absence rates (-0.07%) but this has not significantly impacted the cumulative position.

**City and Weston HOU** rolling 12-month sickness absence increased to 4.9% from 4.8% the previous month. Top three contributors for Jul-26 were Stress/Anxiety/Depression/Other Psychiatric Illness, Other Musculoskeletal and Gastrointestinal Problems. Jul-26 absence rates in month were higher than Jun-26 (+0.07%) driven by an increase in long-term absence (+3.05%) however short-term absence reduced (-3.05). Jul-26 absence rates were higher than Jun-25 absence rates (+0.42%) impacting the cumulative 12-month position.

### Actions being taken to improve

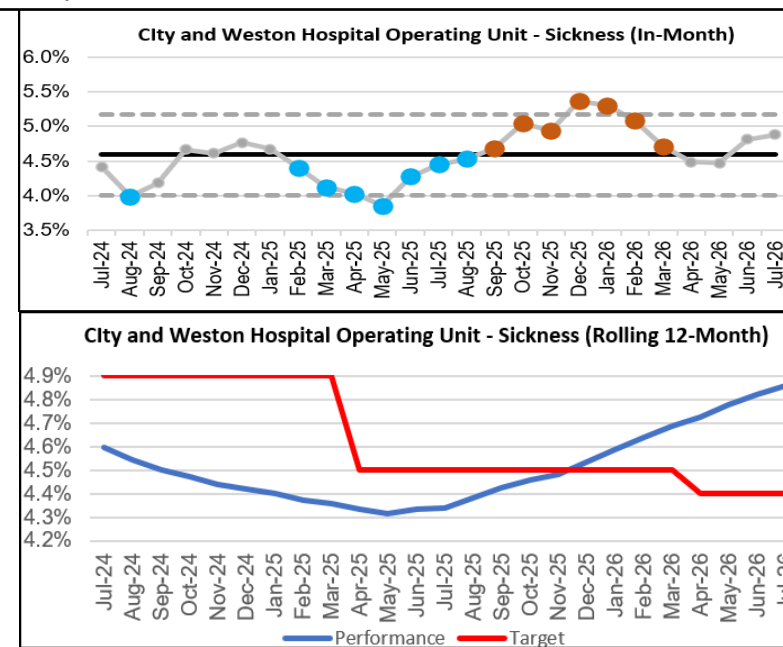
- Joint absence policy Q&A and Face to Face Training being developed for role out to managers
- The Well@Work priority project has been commissioned and will commence from September.
- People Services / People Advice representative identified for Well@Work working group.

### Impact on forecast



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.

New Group Breakthrough Priority project, 'Keeping Well at Work', to tackle through prevention the top two causes of absence, creating and promoting a safe and healthy workplace. This focus aligns with staff survey findings.

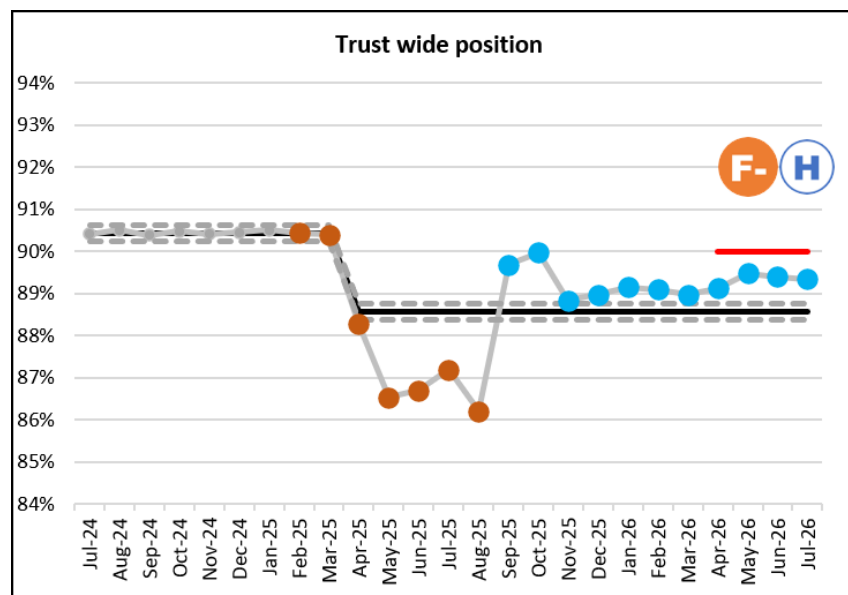


- New Case Management System for City and Weston in place for 1 September. This will align with Southmead case management system and in the future which will enable manager self-service of sickness reporting in City & Weston.
- People Services working with L&D around reasonable adjustments training for managers to provide additional guidance for those supporting individuals with long term health conditions.

# Our People

## Mandatory and Statutory Training

| Latest Month                                      |
|---------------------------------------------------|
| Jul-26                                            |
| Position                                          |
| 89.3%                                             |
| Target                                            |
| 90.0%                                             |
| Position - Previous Month                         |
| 89.4%                                             |
| Oliver McGowan Tiers 1 and 2 Virtual/Face to Face |
| 46.7%                                             |
| Trust Level / Corporate Risk                      |
| No Corporate risk                                 |



### What does the data tell us?

Monthly overall Trust compliance decreased slightly by 0.1%, to 89.3% with a particular downward trend in overall compliance rates within Southmead.

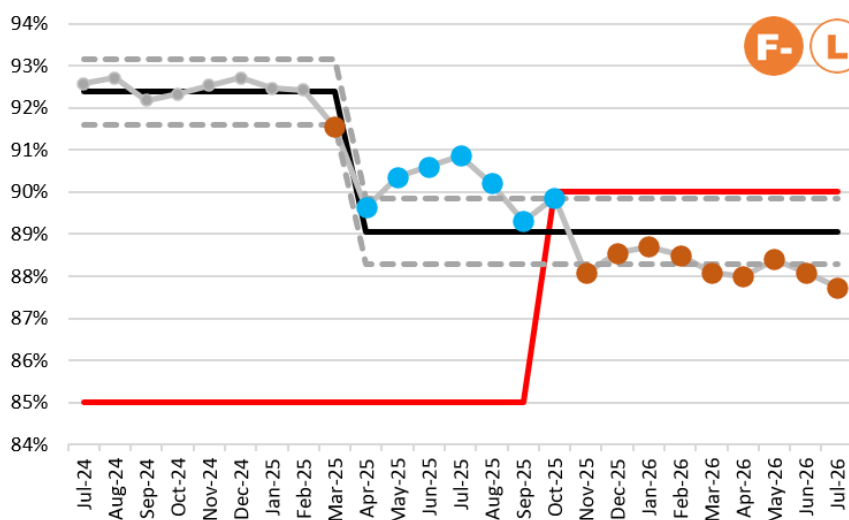
### Actions being taken to improve

On-going targeting of lower compliance rates in conjunction with subject leads within the individual areas: Information Governance; Moving & Handling; Resuscitation; and Oliver McGowan (OMMT). Kallidus Learn (LMS) merge project will further align mandatory & statutory training across BFT, in terms of content, delivery and update cycles.

### Impact on forecast

Continued targeting of individual areas of low-compliance alongside LMS merge project serve to support compliance improvements, although the benefits of the LMS merge project will not start to be realised until at least Q4.

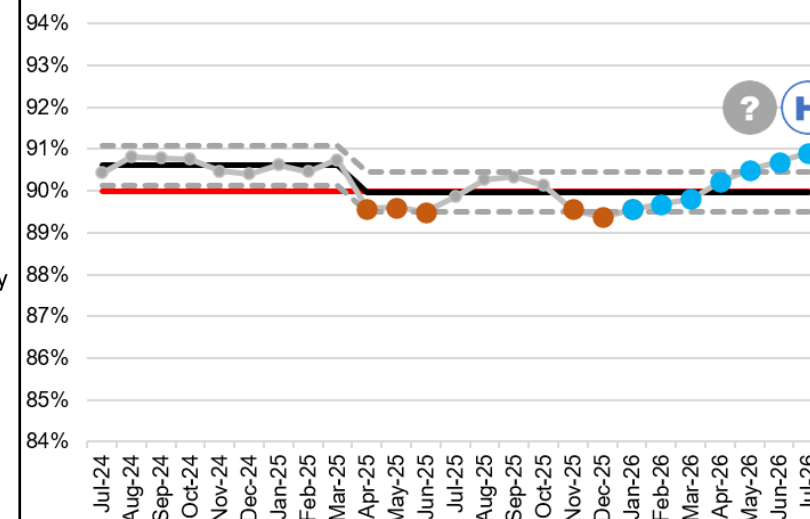
### Southmead Hospital Operating Unit



**IG:** Existing SME monitoring and engagement with divisions to target specific areas for improvement.

**OMMT:** Compliance of tier 1 group reduced slightly to 48.3%; however, the continued provision of further 'out-of-hours' sessions will counteract further reductions. Tier 2 compliance increased by 1.5% to 46.5%. The key mitigation of capacity within the ICB OMMT training provision remains robust, flexible and able to accommodate training requests.

### City and Weston Hospital Operating Unit



- IG:** the introduction of eLearning continues to positively impact.
- OMMT:** Reporting as per NBT narrative: the introduction of a new 'out of core' hours webinar drove improvements amongst Estates and Facilities colleagues. Compliance for both tiers continues to improve, with an increase of 2% to 50.7% for tier 1, and 1.7% to 53.7% for tier 2. As per the Southmead commentary, ICB training provision remains robust.
- Moving & Handling:** The upward compliance trajectory continued, with a 0.3% increase to 84.7%.
- Resuscitation:** Increased attendance led to a 1.2% compliance increase, to 78.1%. The services continues to offer flexibility of additional capacity within sessions and target sessions for the medical and dental staff group.



# FINANCE REPORT FOR M4 26/27

# SPORT

| Successes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Priorities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• In the monthly submissions to NHSE, BFT has maintained the position of delivering in line with the planned profile for the year-to-date.</li> <li>• While there is still further work to complete, the Finance Team has completed initial phase of the merger including absorption accounting, single purchase and sales ledger, and alignment of the general ledger.</li> <li>• The Trust maintains a strong cash balance.</li> <li>• Additional UEC revenue funding agreed with Commissioners and additional capital funding agreed with NHSE.</li> </ul> | <ul style="list-style-type: none"> <li>• Trust-wide Financial Recovery Plan to be developed and implemented in September, to tackle shortfall in projected savings delivery.</li> <li>• Continued focus on delivery of a variable income across both Hospital Operating Units to bridge the gap between planned and delivered activity.</li> <li>• Use of escalation funding from the ICB to help improve flow through the hospital operating units.</li> <li>• Reduce temporary staffing spend in line with NHSE targets.</li> <li>• Continue work on alignment of financial processes and systems across both “legacy” sites and systems.</li> </ul>                                                                                                                                                     |
| Opportunities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Risks and Threats                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <ul style="list-style-type: none"> <li>• Alignment of workforce controls across both Hospital Operating Units to manage substantive recruitment and temporary staffing use.</li> <li>• Continue to seek additional funding from commissioners.</li> <li>• Accelerating the benefits of the Group Business Case across Divisions and Corporate Services</li> <li>• A further review of planning assumptions and accounting policies required to understand technical accounting adjustments across legacy UHBW’s and NBT’s reserves.</li> </ul>                                                       | <ul style="list-style-type: none"> <li>• Industrial action continuing resulting in an impact on activity and additional costs.</li> <li>• Unprecedented NCTR levels resulting in further underdelivery of elective activity against plan.</li> <li>• Misalignment between adaptability of corporate control systems and the expected pace of changes to clinical services.</li> <li>• Changes to the working capital structure potentially impact the cash position.</li> <li>• The Income Due Advice (IDA) system is down with manual workarounds in place, which might result in delays in raising sales invoices and receiving payments for receivables.</li> <li>• Liquidity indicators remain under pressure requiring continued focus on cash management and working capital performance.</li> </ul> |

# I&E Summary

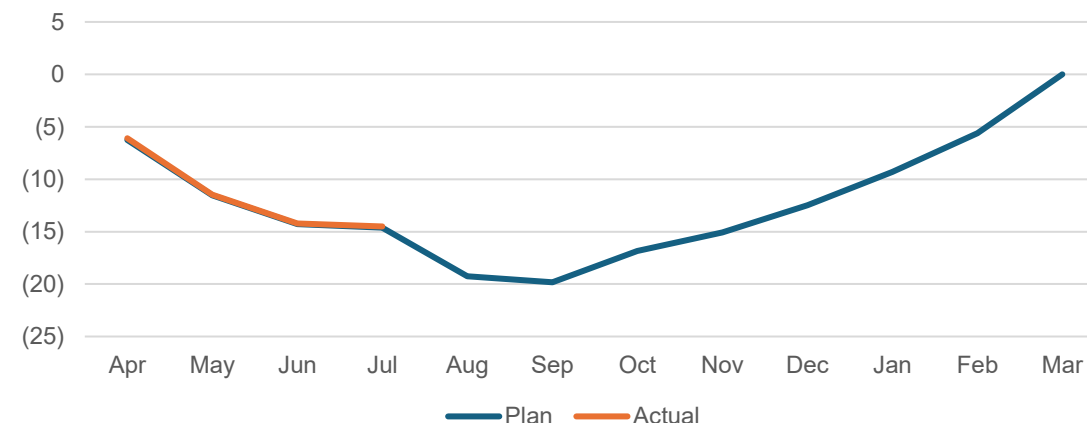
|                          | Month 4      |              |            | YTD           |               |            |
|--------------------------|--------------|--------------|------------|---------------|---------------|------------|
|                          | Budget       | Actual       | Variance   | Budget        | Actual        | Variance   |
|                          | £m           | £m           | £m         | £m            | £m            | £m         |
| Patient Care Income      | 189.3        | 183.5        | (5.9)      | 734.1         | 741.2         | 7.1        |
| Other Income             | 15.9         | 17.7         | 1.9        | 76.0          | 82.0          | 6.0        |
| Pay                      | (125.9)      | (108.9)      | 17.0       | (506.6)       | (504.3)       | 2.4        |
| Non-Pay                  | (79.6)       | (92.6)       | (12.9)     | (318.0)       | (333.4)       | (15.3)     |
| <b>Surplus/(Deficit)</b> | <b>(0.3)</b> | <b>(0.3)</b> | <b>0.0</b> | <b>(14.6)</b> | <b>(14.5)</b> | <b>0.1</b> |

## Review of revenue position:

- YTD planned deficit is £14.5m, while in in-month planned deficit is £0.3m. The Trust is currently on plan.
- Both in-year and in-month, the key variances are under-delivery of CIP plan and underperformance on variable patient income across the whole Trust. There is a minor cost pressure YTD linked with Industrial Action (£1.9m).
- The risks are currently mitigated by vacancies and non-recurrent mitigations.
- The in-month position includes a number of technical adjustments linked with realignment of budgets as a result of the merger, which show as significant variance against spend categories, but are neutral to the overall I&E position. The technical adjustment include:
  - reduction in inter-organisational recharges,
  - drop of notional pension adjustment for NBT,
  - review of CIP targets,
  - review of NR budget mitigations.

All figures in this report are presented on a consolidated basis from April 2026, which means that they may differ to figures reported to NHSE for BFT only.

## YTD Plan vs Actuals



## Key risks to revenue position:

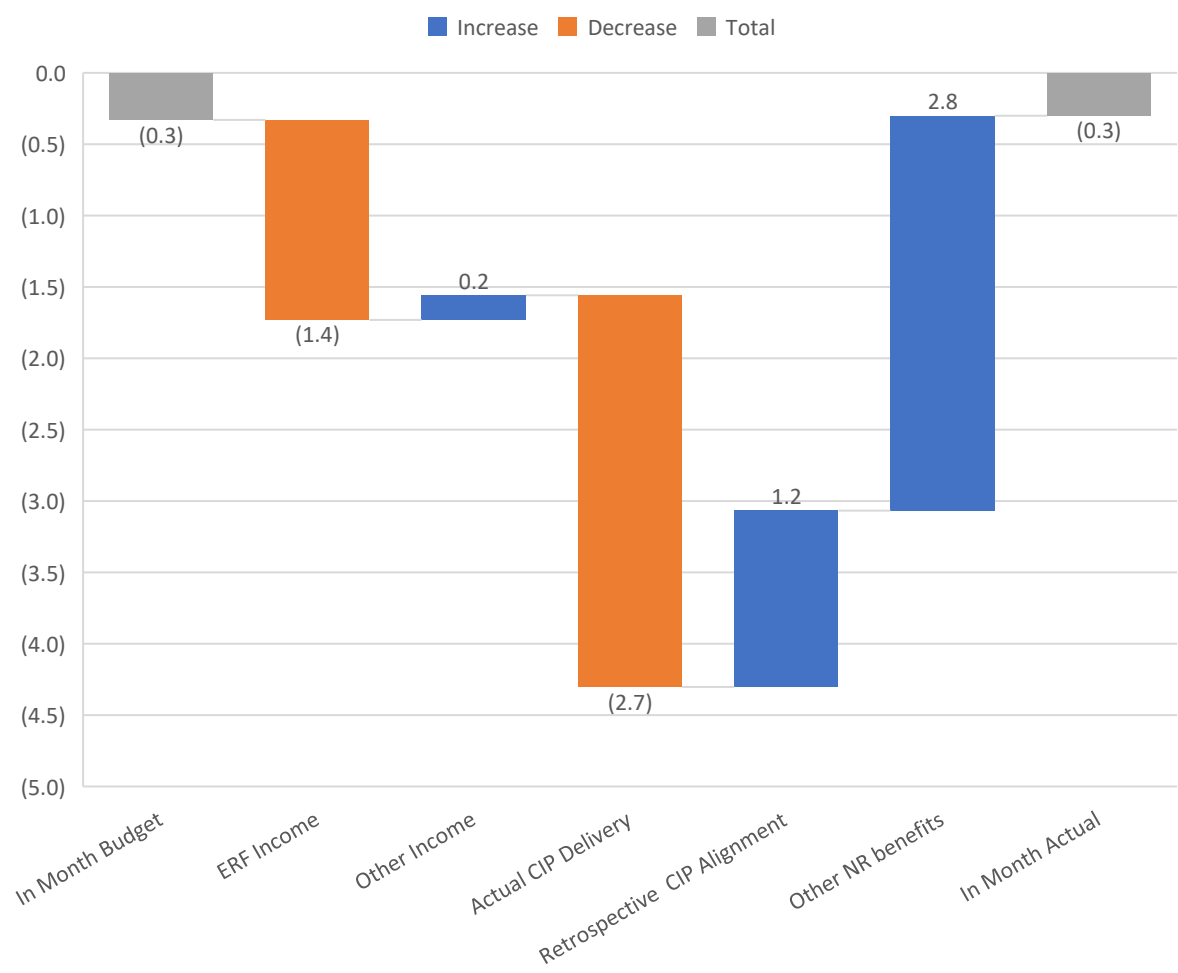
- There is an ongoing under-delivery of elective income across both hospital operating units. Corrective action will be required across both sites to ensure delivery of planned levels of elective activity at year end.
- The Trust needs to focus on continued delivery of both recurrent and non-recurrent CIPs and ensure realisation of merger benefits in line with planning assumptions.
- There is an ongoing pressure on meeting agency and bank targets driven by vacancies, sickness, and escalation costs (including NCTR patients and enhanced care) across both site.

## Review of capital and cash position:

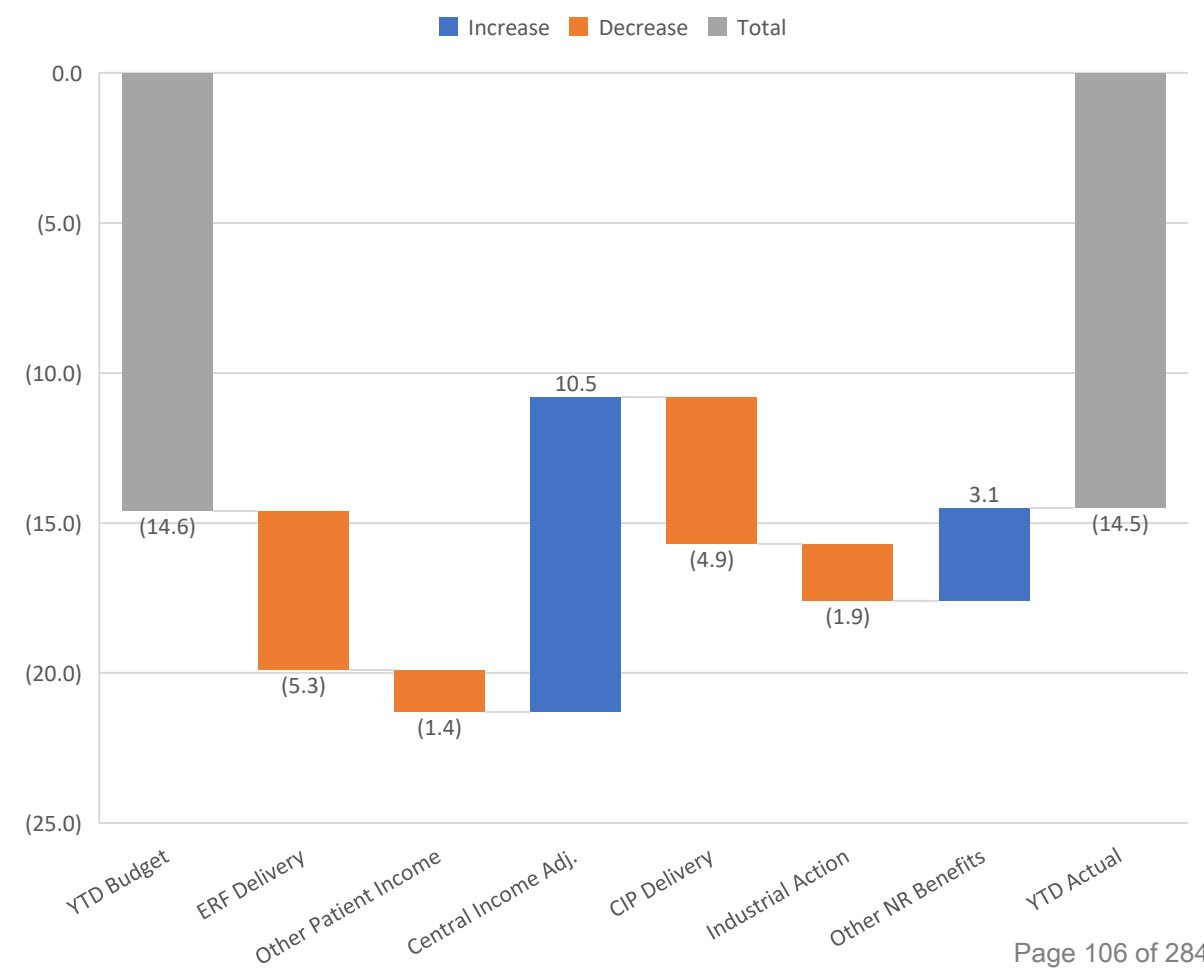
- Capital spend is currently £1.6m behind plan, but the Trust is currently £7.6m ahead on CDEL spend offset by underspends against other sources of funding. An additional £3.5m of national PDC funding has been awarded for Urgent and Emergency Care (UEC), which will be reflected in next month's position.
- The cash position is above the plan as of Month 4 and remains strong despite the pressures on the liquidity indicators.

# I&E Breakdown

M4 IM Key Variance Drivers



M4 YTD Key Variance Drivers



# Savings Programme

| Division                           | Progress to Date CYE |              |               | Forecast Outturn CYE |              |                | Full Year Forecast Outturn |               |                  |
|------------------------------------|----------------------|--------------|---------------|----------------------|--------------|----------------|----------------------------|---------------|------------------|
|                                    | Plan                 | Actual       | Variance      | Target               | Actual       | Variance       | FYE Complete d Total       | FYE FOT Total | FYE FOT Variance |
|                                    | £m                   | £m           | £m            | £m                   | £m           | £m             | £m                         | £m            | £m               |
| Diagnostics & Therapies            | £1.6                 | £1.0         | (£0.6)        | £7.1                 | £5.1         | (£2.0)         | £1.2                       | £5.1          | (£1.9)           |
| Medicine                           | £1.8                 | £1.8         | £0.0          | £6.2                 | £5.9         | (£0.3)         | £3.4                       | £5.9          | (£0.3)           |
| Specialised Services               | £2.3                 | £1.4         | (£0.9)        | £6.8                 | £6.4         | (£0.4)         | £3.6                       | £5.5          | (£1.3)           |
| Surgery                            | £3.2                 | £1.8         | (£1.4)        | £11.9                | £7.5         | (£4.5)         | £4.1                       | £8.0          | (£3.9)           |
| Weston                             | £1.0                 | £0.6         | (£0.4)        | £3.6                 | £2.9         | (£0.7)         | £0.6                       | £2.4          | (£1.2)           |
| Women's & Children's               | £3.2                 | £2.8         | (£0.4)        | £12.3                | £10.7        | (£1.6)         | £5.8                       | £10.9         | (£1.3)           |
| Estates & Facilities               | £0.8                 | £0.7         | (£0.1)        | £2.6                 | £2.7         | £0.1           | £0.9                       | £1.1          | (£1.5)           |
| COO                                | £0.3                 | £0.3         | (£0.0)        | £1.0                 | £1.0         | £0.0           | £1.0                       | £1.0          | £0.0             |
| Central                            | £3.1                 | £2.7         | (£0.3)        | £10.8                | £11.2        | £0.4           | £0.3                       | £0.3          | (£10.5)          |
| Profile to NHSE plan               | (£1.8)               | £0.0         | £1.8          | £0.0                 | £0.0         | £0.0           | £0.0                       | £0.0          | £0.0             |
| <b>City &amp; Weston HOU Total</b> | <b>£15.4</b>         | <b>£13.1</b> | <b>(£2.3)</b> | <b>£62.2</b>         | <b>£53.3</b> | <b>(£8.9)</b>  | <b>£20.9</b>               | <b>£40.3</b>  | <b>(£21.9)</b>   |
| ASCR                               | £2.4                 | £1.0         | (£1.4)        | £9.5                 | £2.9         | (£6.6)         | £1.1                       | £9.3          | (£0.3)           |
| OCS                                | £2.1                 | £2.0         | (£0.1)        | £8.3                 | £4.2         | (£4.1)         | £2.2                       | £5.5          | (£2.8)           |
| Medicine                           | £1.7                 | £0.6         | (£1.0)        | £6.7                 | £1.7         | (£5.0)         | £0.7                       | £3.9          | (£2.8)           |
| NMSK                               | £1.5                 | £0.9         | (£0.6)        | £6.0                 | £4.3         | (£1.7)         | £0.9                       | £6.3          | £0.3             |
| Women's & Children's               | £0.7                 | £0.4         | (£0.3)        | £2.7                 | £1.2         | (£1.5)         | £0.5                       | £2.2          | (£0.5)           |
| Facilities                         | £0.8                 | £0.6         | (£0.3)        | £3.3                 | £1.4         | (£1.9)         | £0.7                       | £2.8          | (£0.6)           |
| Operations                         | £0.1                 | £0.0         | (£0.1)        | £0.5                 | £0.3         | (£0.2)         | £0.3                       | £0.4          | (£0.1)           |
| <b>Southmead HOU Sub Total</b>     | <b>£9.3</b>          | <b>£5.6</b>  | <b>(£3.7)</b> | <b>£37.2</b>         | <b>£16.1</b> | <b>(£21.1)</b> | <b>£6.4</b>                | <b>£30.3</b>  | <b>(£6.9)</b>    |
| Central NR CIP                     | £0.0                 | £5.9         | £5.9          | £0.0                 | £13.7        | £13.7          | £0.0                       | £0.0          | £0.0             |
| CIP Methodology Change M1-3        | £0.0                 | (£3.8)       | (£3.8)        | £0.0                 | (£3.8)       | (£3.8)         | £0.0                       | £0.0          | £0.0             |
| <b>Southmead HOU Total</b>         | <b>£9.3</b>          | <b>£7.7</b>  | <b>(£1.6)</b> | <b>£37.2</b>         | <b>£26.0</b> | <b>(£11.2)</b> | <b>£6.4</b>                | <b>£30.3</b>  | <b>(£6.9)</b>    |
| CMO                                | £0.0                 | £0.0         | (£0.0)        | £0.1                 | £0.1         | £0.0           | £0.0                       | £0.1          | £0.0             |
| CNO                                | £0.1                 | £0.1         | £0.0          | £0.4                 | £0.4         | (£0.0)         | £0.0                       | £0.4          | (£0.0)           |
| Finance                            | £0.2                 | £0.2         | (£0.1)        | £1.1                 | £1.1         | £0.1           | £0.4                       | £1.2          | £0.1             |
| HR                                 | £0.2                 | £0.5         | £0.3          | £1.4                 | £1.4         | (£0.0)         | £0.8                       | £1.4          | £0.0             |
| Digital                            | £0.6                 | £0.5         | (£0.0)        | £2.2                 | £1.8         | (£0.4)         | £0.4                       | £2.1          | (£0.1)           |
| Trust HQ                           | £0.1                 | £0.1         | (£0.0)        | £0.8                 | £0.8         | (£0.0)         | £0.0                       | £1.1          | £0.2             |
| Trustwide SOU                      | £1.4                 | £0.4         | (£1.0)        | £5.6                 | £1.5         | (£4.1)         | £0.0                       | £10.5         | £4.9             |
| <b>Corporate Total</b>             | <b>£2.7</b>          | <b>£1.9</b>  | <b>(£0.8)</b> | <b>£11.6</b>         | <b>£7.1</b>  | <b>(£4.4)</b>  | <b>£1.6</b>                | <b>£16.7</b>  | <b>£5.2</b>      |
| <b>Merger Benefits</b>             | <b>£0.6</b>          | <b>£0.3</b>  | <b>(£0.3)</b> | <b>£9.6</b>          | <b>£6.1</b>  | <b>(£3.5)</b>  | <b>£0.0</b>                | <b>£5.6</b>   | <b>(£4.0)</b>    |
| <b>Trust Total</b>                 | <b>£28.0</b>         | <b>£23.0</b> | <b>(£4.9)</b> | <b>£120.5</b>        | <b>£92.4</b> | <b>(£28.0)</b> | <b>£29.0</b>               | <b>£92.9</b>  | <b>(£27.6)</b>   |

## Key messages:

### Year To Date (CYE)

- **C&W** £13.1m Delivered vs £15.4m Plan = (£2.3m) Variance
- **SOU** £7.7m Delivered vs £9.3m Plan = (£1.6m) Variance
- **Corporate** £1.9m Delivered vs £2.7m Plan = (£0.8m) Variance

### Forecast Outturn (CYE)

- **C&W** £53.3m Forecast vs £62.2m Plan = (£8.9m) Variance
- **SOU** £26.0m Forecast vs £37.2m Plan = (£11.2m) Variance
- **Corporate** £7.1m Forecast vs £11.6m Plan = (£4.4m) Variance

### Full Year Effect Recurrent Forecast Outturn

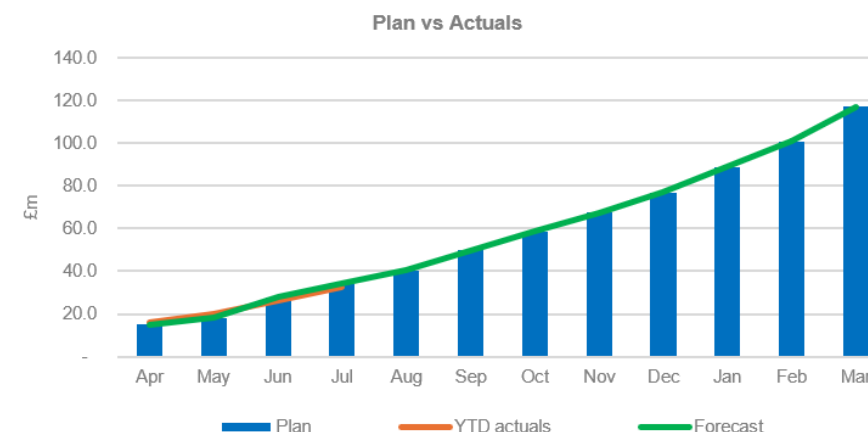
- **C&W** £40.3m Forecast vs £62.2m Plan = (£21.9m) Variance
- **SOU** £30.3m Forecast vs £37.2m Plan = (£6.9m) Variance
- **Corporate** £16.7m Forecast vs £11.6m Plan = £5.2m Variance

## Key Risks:

- Adverse Variances Reported YTD, FOT & FYE currently.
- Significant focus on improving savings identification and delivery required

# Capital Position

|                                              | Full Year Plan | Full Year Forecast | Full Year Variance | Year to Date Plan | Year to Date Spend | Year to Date Variance |
|----------------------------------------------|----------------|--------------------|--------------------|-------------------|--------------------|-----------------------|
|                                              | £m             | £m                 | £m                 | £m                | £m                 | £m                    |
| <b>Capital Expenditure (Applications)</b>    |                |                    |                    |                   |                    |                       |
| Major Capital Schemes                        | 15.3           | 30.0               | 14.6               | 2.1               | 7.0                | 4.9                   |
| Major Diagnostic Replacement                 | 14.3           | 18.0               | 3.7                | 1.9               | 1.6                | (0.4)                 |
| Medical Equipment                            | 7.1            | 14.2               | 7.1                | 1.4               | 4.0                | 2.6                   |
| Fire Improvement Programme                   | 1.4            | 5.3                | 3.9                | 0.5               | 2.0                | 1.5                   |
| Estates Schemes                              | 48.9           | 37.6               | (11.3)             | 8.1               | 4.9                | (3.2)                 |
| Digital Services                             | 18.4           | 15.0               | (3.4)              | 13.5              | 9.2                | (4.3)                 |
| Planned Slippage                             | 0.0            | (24.7)             | (24.7)             | 0.0               | 0.0                | 0.0                   |
| Right of use assets - leased assets (IFRS16) | 8.1            | 8.1                | 0.0                | 6.5               | 3.5                | (3.0)                 |
| Donations balance of plan £1.5m              | 0.5            | 1.2                | 0.7                | 0.1               | (0.0)              | (0.1)                 |
| PFI Lifecycle                                | 3.2            | 3.2                | 0.0                | 0.0               | 0.4                | 0.4                   |
| <b>Total - Capital Expenditure</b>           | <b>117.2</b>   | <b>107.9</b>       | <b>(9.3)</b>       | <b>34.2</b>       | <b>32.5</b>        | <b>(1.6)</b>          |
| <b>Capital Funding (Sources)</b>             |                |                    |                    |                   |                    |                       |
| CDEL                                         | 67.0           | 67.0               | 0.0                | 20.7              | 28.3               | 7.6                   |
| PDC                                          | 41.0           | 31.7               | (9.3)              | 6.6               | 0.7                | (5.9)                 |
| ROU - leased assets (IFRS16)                 | 2.0            | 2.0                | 0.0                | 1.1               | 0.2                | (0.9)                 |
| ROU - leased assets (IFRS16) Inter NHS       | 5.2            | 5.2                | 0.0                | 5.2               | 3.3                | (1.9)                 |
| Donations                                    | 2.0            | 2.0                | 0.0                | 0.5               | 0.1                | (0.5)                 |
| <b>Total - Capital Funding</b>               | <b>117.2</b>   | <b>107.9</b>       | <b>(9.3)</b>       | <b>34.2</b>       | <b>32.5</b>        | <b>(1.6)</b>          |



## Key Messages:

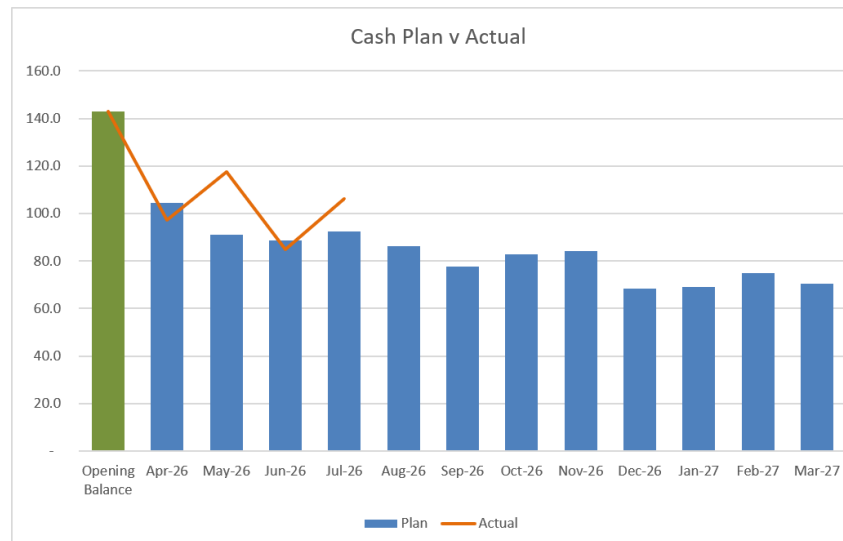
- Capital expenditure at the end of July is £32.5m, which is £1.6m below the plan of £34.2m. This reflects CDEL expenditure £7.6m ahead of plan, partially offset by slippage in PDC (£5.9m), IFRS16 leases (£2.8m) and donation-funded schemes (£0.5m).
- Following the original NHSE plan submission in March, £9.3m of PDC funding for RAAC and Estate Safety schemes has been reprofiled into future years, in agreement with NHSE, to align with revised delivery timescales
- An additional £3.5m of national PDC funding has been awarded this month for Urgent and Emergency Care (UEC) schemes for 2026/27. This will be reflected in the position next month.

## Key Risks:

- The overall CDEL position remains constrained, with £28.3m of the £67m allocation spent by M4, limiting flexibility to respond to emerging capital pressures.
- Delays or delivery challenges across major capital schemes may result in further in-year slippage. A robust forecasting exercise is planned for Q2 to assess delivery progress and identify any emerging risks and opportunities.

# Cash Position

|                                                               | 31st March<br>2026<br>£m | 31st July<br>2026<br>£m |
|---------------------------------------------------------------|--------------------------|-------------------------|
| Operating Surplus/(Deficit)                                   | 0.1                      | (3.7)                   |
| Depreciation and Amortisation                                 | 44.9                     | 17.9                    |
| Impairments and Reversals                                     | 13.9                     | -                       |
| Losses on Disposals                                           | -                        | -                       |
| Income from Donations                                         | (0.8)                    | (0.05)                  |
| Movement in working capital                                   | 7.3                      | 17.3                    |
| <b>Net Cash Generated from/(used in) Operating Activities</b> | <b>65.4</b>              | <b>31.5</b>             |
| Interest Received                                             | 3.8                      | 2.6                     |
| Purchase of Assets                                            | (75.0)                   | (27.5)                  |
| Donated Assets                                                | 0.8                      | -                       |
| <b>Net cash from / (used in) Investing Activities</b>         | <b>(70.4)</b>            | <b>(24.9)</b>           |
| Public Dividend Capital - Received                            | 32.7                     | 0.7                     |
| Loans                                                         | (5.8)                    | (2.8)                   |
| Capital Element - Leases                                      | (7.6)                    | (0.3)                   |
| Capital Element - PFI                                         | -                        | (1.7)                   |
| Interest Paid - Loans/Leases                                  | (2.7)                    | (1.1)                   |
| Interest Paid - PFI                                           | -                        | (3.2)                   |
| PDC dividend paid                                             | (10.8)                   | -                       |
| <b>Net cash from/(used in) financing activities</b>           | <b>5.8</b>               | <b>(8.4)</b>            |
| Increase/(Decrease) in cash and cash equivalents              | 0.8                      | (1.9)                   |
| Cash transferred by absorption                                |                          | 35.3                    |
| Opening balance                                               | 72.3                     | 73.1                    |
| <b>Closing balance</b>                                        | <b>73.1</b>              | <b>106.6</b>            |



## Key messages:

- The 31 March 2026 comparator is for UHBW only, reflecting NHSE reporting. From month 5 the comparator will be the previous month
- The closing cash for the month was £106.6m, compared to a plan of £92.4m. The actual cash at bank balance transferred from NBT was £35.3m, noting the SoFP balance includes the timing of the final payment run.
- The variance against plan is primarily related to the delay in supplier payments due to the merger transition (*see BPPC and debt position slide*).
- The Trust maintains a strong cash balance providing short term financial resilience during the transition and integration period.

## Key Risks:

- Delivery of the year-end cash forecast remains dependent on achieving planned operational performance, income receipts and capital expenditure assumptions.
- The significant increase in receivables following the merger creates a risk to cash collection and liquidity if recovery is delayed (*see BPPC and debt position slide*).
- Ongoing capital investment requirements will reduce cash balances and place pressure on liquidity if expenditure exceeds funding assumptions.
- Liquidity indicators remain under pressure requiring continued focus on cash management and working capital performance.

# Statement of Financial Position

|                                      | 31st March<br>2026 | 31st July 2026 | Year to<br>Date Movement | NBT Transfer<br>by Absorption<br>Balances |
|--------------------------------------|--------------------|----------------|--------------------------|-------------------------------------------|
|                                      | £m                 | £m             | £m                       | £m                                        |
| PPE & Intangibles                    | 514.4              | 791.8          | 277.4                    | 268.7                                     |
| PFI                                  | -                  | 286.1          | 286.1                    | 286.6                                     |
| Leases & Other                       | 108.6              | 117.1          | 8.5                      | 9.2                                       |
| <b>Total Non-Current Assets</b>      | <b>623.0</b>       | <b>1,195.0</b> | <b>572.0</b>             | <b>564.5</b>                              |
| Inventory                            | 18.5               | 36.0           | 17.5                     | 17.3                                      |
| Receivables                          | 55.0               | 149.4          | 94.4                     | 70.0                                      |
| Cash and Cash Equivalents            | 73.0               | 106.6          | 33.6                     | 18.3                                      |
| <b>Total Current Assets</b>          | <b>146.5</b>       | <b>292.0</b>   | <b>145.5</b>             | <b>105.6</b>                              |
| Trade and Payables                   | (142.4)            | (264.9)        | (122.5)                  | (84.1)                                    |
| Deferred Income                      | (8.9)              | (49.7)         | (40.8)                   | (11.1)                                    |
| Borrowings                           | (13.6)             | (40.0)         | (26.4)                   | (26.6)                                    |
| Provisions                           | (0.8)              | (4.6)          | (3.8)                    | (4.4)                                     |
| <b>Total Current Liabilities</b>     | <b>(165.7)</b>     | <b>(359.2)</b> | <b>(193.5)</b>           | <b>(126.2)</b>                            |
| <b>Net Current Assets</b>            | <b>(19.2)</b>      | <b>(67.2)</b>  | <b>(48.0)</b>            | <b>(20.6)</b>                             |
| Deferred Income                      | -                  | (15.0)         | (15.0)                   | (14.4)                                    |
| Borrowings                           | (125.0)            | (128.2)        | (3.2)                    | (6.6)                                     |
| PFI Liability                        | -                  | (584.5)        | (584.5)                  | (586.5)                                   |
| Provisions                           | (2.6)              | (3.0)          | (0.4)                    | (1.1)                                     |
| <b>Total Non-Current Liabilities</b> | <b>(127.6)</b>     | <b>(730.7)</b> | <b>(603.1)</b>           | <b>(608.6)</b>                            |
| <b>Total Assets Employed</b>         | <b>476.2</b>       | <b>397.1</b>   | <b>(79.1)</b>            | <b>(64.7)</b>                             |
| Public Dividend Capital              | 370.3              | 371.0          | 0.7                      | -                                         |
| Retained Earning                     | 54.4               | (90.3)         | (144.7)                  | (129.6)                                   |
| Revaluation Reserve                  | 51.4               | 116.3          | 64.9                     | 64.9                                      |
| Other Reserves                       | 0.09               | 0.09           | -                        | -                                         |
| <b>Total Taxpayer's Equity</b>       | <b>476.2</b>       | <b>397.1</b>   | <b>(79.1)</b>            | <b>(64.7)</b>                             |

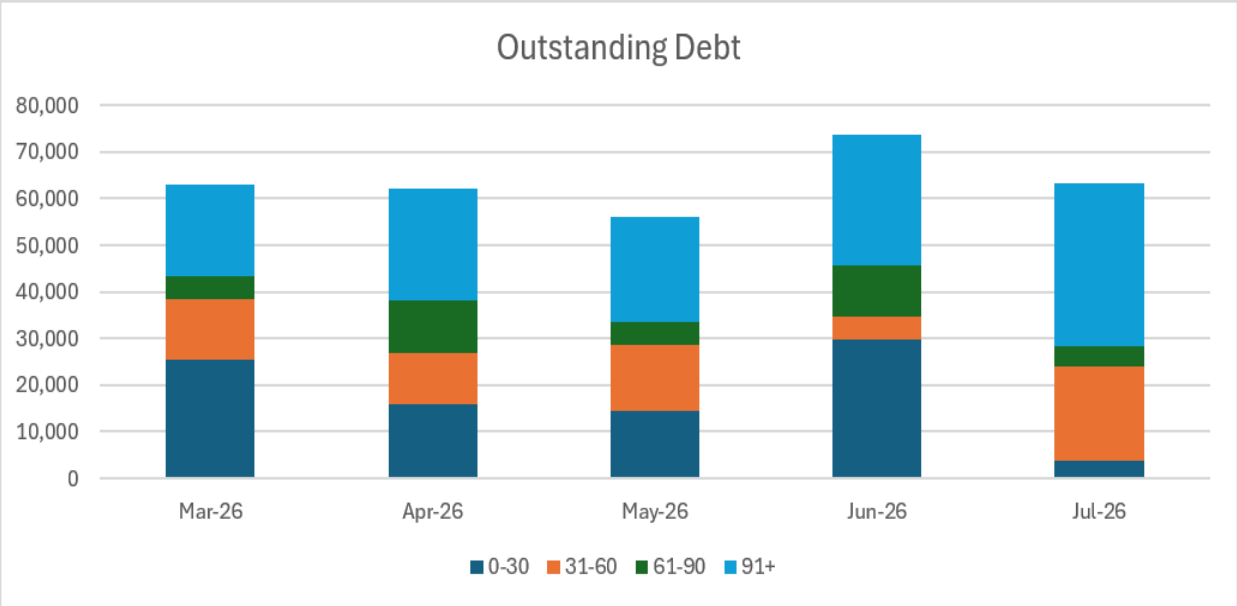
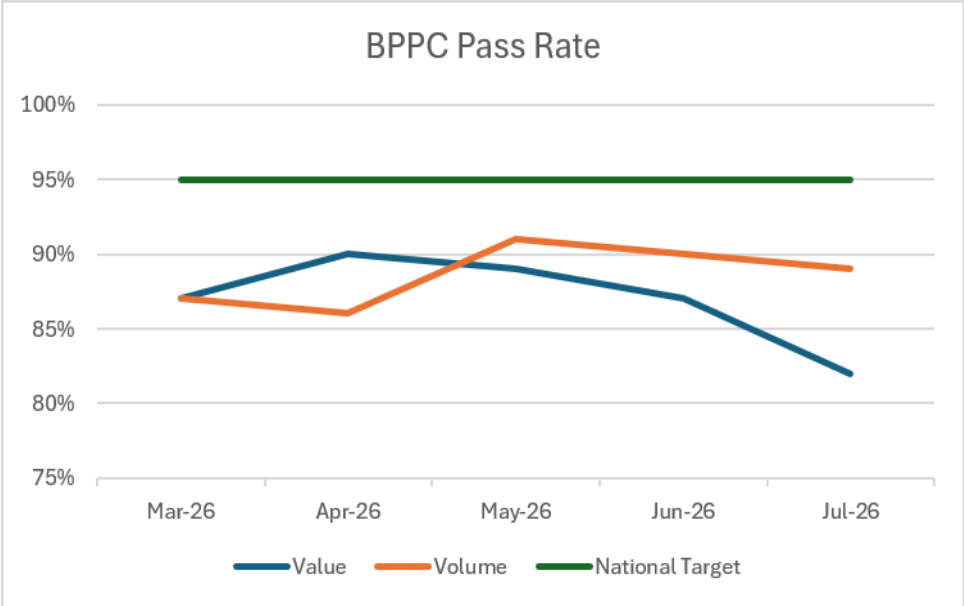
## Key Messages:

- The NBT assets, liabilities and equity were transferred at 1st July 2026 using absorption accounting at carrying value.
- The transfer by absorption transaction was £64.7m of negative total assets employed offset by a negative retained earnings balance of £129.6m and a revaluation reserve of £64.9m.
- The North Bristol Trust Statement of Financial Position at the 1<sup>st</sup> July was a nil balance in total asset employed offset by a Public Dividend Capital balance of £561m (*credit*) and a retained earnings balance of £561m (*debit*).
- PFI liabilities are now recognised on the statement of financial position as part of the merger, significantly increasing the long-term liabilities.
- The closing cash balance was £106.6m (*see previous slide*)

## Key Risks:

- Trade and other receivables have increased significantly, increasing exposure to delayed cash collection, aged receivables (*see next slide*) and potential bad debt provisions.
- Net current liabilities have increased to £67.2m with the acid test ratio below 1.0, indicating ongoing pressure on short-term liquidity and working capital management.
- The merger has introduced significant long-term financial commitments (PFI) and future revenue cost pressures.
- Balances transferred from North Bristol Trust increase the risk of accounting adjustments, valuation changes or reconciliation issues as post-merger reviews continue.
- Taxpayers' equity has reduced reflecting the impact of deficits and balance sheet adjustments, which could place further pressure on reserves if performance does not improve.

# BPPC and Debt Position



## Key messages:

The Better Payment Practice Code performance declined in Month 4 due to delays in processing payments during the data migration associated with the merger. Suppliers were notified in advance of the expected disruption throughout the single ledger transition period.

The overall debt decreased in month from £74m to £63m. The movement between the 0-30 and 31-60 days relate to a £10m invoice which has subsequently been paid.

A comprehensive review of Accounts Receivable reporting and escalation processes is currently underway and is scheduled for completion in September. This is expected to strengthen debt recovery performance and reduce the level of aged receivables.

## Key Risks:

Purchase orders and goods receipts raised at Southmead prior to merger have not fully interfaced into the financial ledger. Relevant teams across BFT and BWPC are actively working towards a resolution which is expected during month 5 and a mitigating process has been implemented where suppliers are actively chasing payments.

The Income Due Advice (IDA) system is currently unable to generate sales invoices for Southmead site activity however a manual invoice process is in place to mitigate operational impact. The finance and digital teams are working with the system provider to resolve the system issues.

# Appendix

# I&E Position

## Southmead

|                          | M4            |               |                | YTD            |                |                |
|--------------------------|---------------|---------------|----------------|----------------|----------------|----------------|
|                          | Budget<br>£m  | Actual<br>£m  | Variance<br>£m | Budget<br>£m   | Actual<br>£m   | Variance<br>£m |
| Patient Care Income      | 29.5          | 19.0          | (10.5)         | 112.3          | 109.5          | (2.8)          |
| Other Income             | 4.8           | 4.5           | (0.3)          | 18.2           | 19.5           | 1.3            |
| Pay                      | (51.4)        | (41.7)        | 9.7            | (207.5)        | (208.3)        | (0.8)          |
| Non-Pay                  | (24.4)        | (26.0)        | (1.6)          | (98.8)         | (98.4)         | 0.4            |
| <b>Surplus/(Deficit)</b> | <b>(41.6)</b> | <b>(44.3)</b> | <b>(2.7)</b>   | <b>(175.8)</b> | <b>(177.7)</b> | <b>(1.9)</b>   |

## City and Weston

|                          | M4            |               |                | YTD            |                |                |
|--------------------------|---------------|---------------|----------------|----------------|----------------|----------------|
|                          | Budget<br>£m  | Actual<br>£m  | Variance<br>£m | Budget<br>£m   | Actual<br>£m   | Variance<br>£m |
| Patient Care Income      | 66.2          | 63.8          | (2.4)          | 244.9          | 239.3          | (5.6)          |
| Other Income             | 4.0           | 3.9           | (0.1)          | 15.3           | 16.1           | 0.8            |
| Pay                      | (66.6)        | (64.7)        | 1.9            | (265.7)        | (263.4)        | 2.3            |
| Non-Pay                  | (36.5)        | (37.2)        | (0.7)          | (136.8)        | (141.5)        | (4.6)          |
| <b>Surplus/(Deficit)</b> | <b>(32.9)</b> | <b>(34.2)</b> | <b>(1.3)</b>   | <b>(142.3)</b> | <b>(149.5)</b> | <b>(7.2)</b>   |

## Corporate, Central & Block Income

|                          | M4           |              |                | YTD          |              |                |
|--------------------------|--------------|--------------|----------------|--------------|--------------|----------------|
|                          | Budget<br>£m | Actual<br>£m | Variance<br>£m | Budget<br>£m | Actual<br>£m | Variance<br>£m |
| Patient Care Income      | 93.6         | 100.7        | 7.0            | 376.9        | 392.4        | 15.5           |
| Other Income             | 7.1          | 9.3          | 2.3            | 42.5         | 46.4         | 3.9            |
| Pay                      | (7.9)        | (2.5)        | 5.4            | (33.4)       | (32.6)       | 0.9            |
| Non-Pay                  | (18.7)       | (29.4)       | (10.6)         | (82.4)       | (93.5)       | (11.1)         |
| <b>Surplus/(Deficit)</b> | <b>74.2</b>  | <b>78.2</b>  | <b>4.0</b>     | <b>303.5</b> | <b>312.7</b> | <b>9.2</b>     |

### Key messages:

- As of M4, the Trust reporting is based on three pillars: Southmead Hospital Operating Unit, City and Weston Operating Unit, Central (including Corporate Directorates, Central Reserves and Block Income).
- As a result, the budgets have been adjusted to reflect the changes, with all Corporate Services, Central Reserves and Block Income brought together.
- The Patient Care Income targets for HOU's represent variable patient care income, which is explained on slide 20.

# Assurance and Variation Icons – Detailed Description

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

## KEY

Note Performance

Constitutional  
Standards and Key  
Metrics = Escalation  
Summary

# Appendix 1

# Inequalities

# Health Equity Slides Summary

**Overview** - In these slides you will find key performance data disaggregated by deprivation and ethnicity. We have chosen these metrics and population groups due to evidenced gaps in health outcomes, and in access to healthcare, and to align with our priorities for improving health equity as detailed in our Health Equity Plan 2026/2027. We recognise that there are further groups where inequalities persist and require action (e.g. learning disabilities), and groups where data recording is poor which may mask inequalities (e.g. homelessness). This report does not reflect the totality of our health equity improvement programme, and reporting will develop over time.

The charts on slides 3 and 5 split reporting by ethnicity. Global Majority is a collective term that refers to people who are Black, Asian, Brown, dual-heritage, indigenous to the global south, and, or have been racialised as “ethnic minorities”. At least 80% of the world’s population are Global Majority.

Slides 4 and 6 disaggregate performance metrics by index of multiple deprivation (IMD) quintiles. These are nationally set measures of small postcode areas, bringing together different measure to score small areas. IMD1 = 20% most deprived (or most disadvantaged). IMD5 = 20% least deprived (or most advantaged). They are relative scores and do not describe an individual, but the small area in which they live.

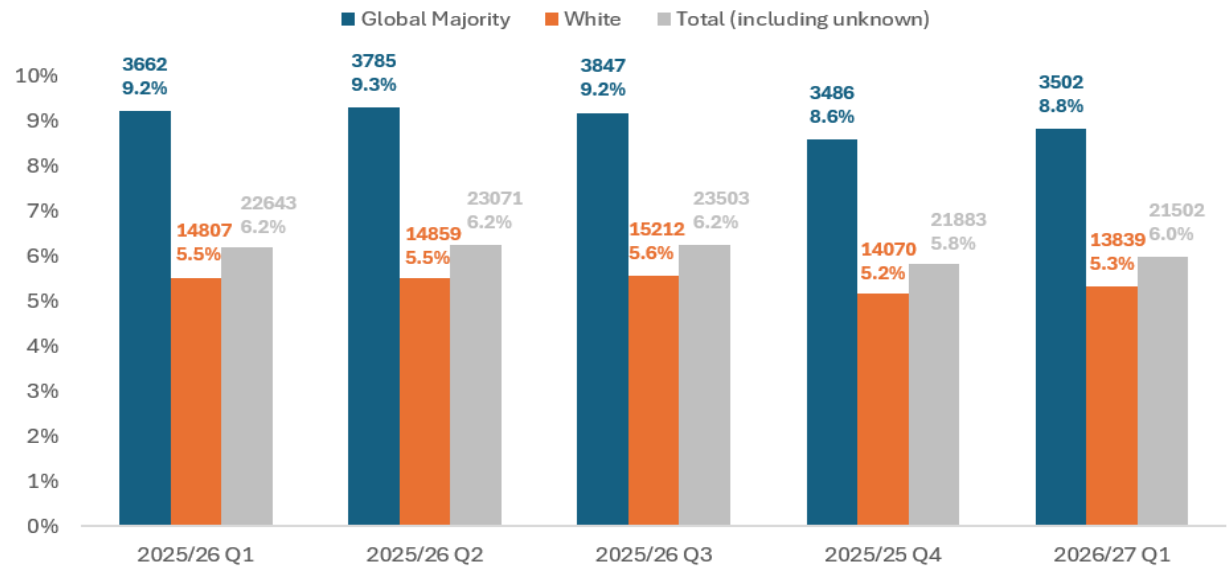
As part of our Health Equity Plan for 2026/27, we are working to improve our ethnicity data quality so we can recognise and act on disparities.

**Our Population** - In Bristol, North Somerset and South Gloucestershire, we have many different population groups and communities that make up a combined population of around 1 million people. Bristol has an estimated 494,000 residents, North Somerset has 224,578 residents and South Gloucestershire has 306,332 residents (mid-2024 estimates). The population in BNSSG is increasing over time and has grown by 60,000 people since 2020. Our area is characterised by significant diversity. It is estimated that in Bristol 19% residents, in South Gloucestershire 9% and North Somerset 4% residents are from global majority groups. We have communities that experience deprivation, this is particularly the case for South Bristol, parts of inner city Bristol and Weston-Super-Mare. Deprivation exists across BNSSG and can be more hidden in more affluent areas, such as South Gloucestershire where rurality can also impact on access to health and care.

There is a 10-15 year gap in life expectancy between our most deprived and most advantaged communities. Access to the right care at the right time in the right place contributes on average 20% of a population’s health, so healthcare inequalities in access, outcome and experience must be addressed as part of the solution. As an Anchor organisation, we also have influence on the wider determinants of health.

# Outpatient Did Not Attend (DNA) Rate – Ethnicity

Bristol NHS Foundation Trust



## Summary

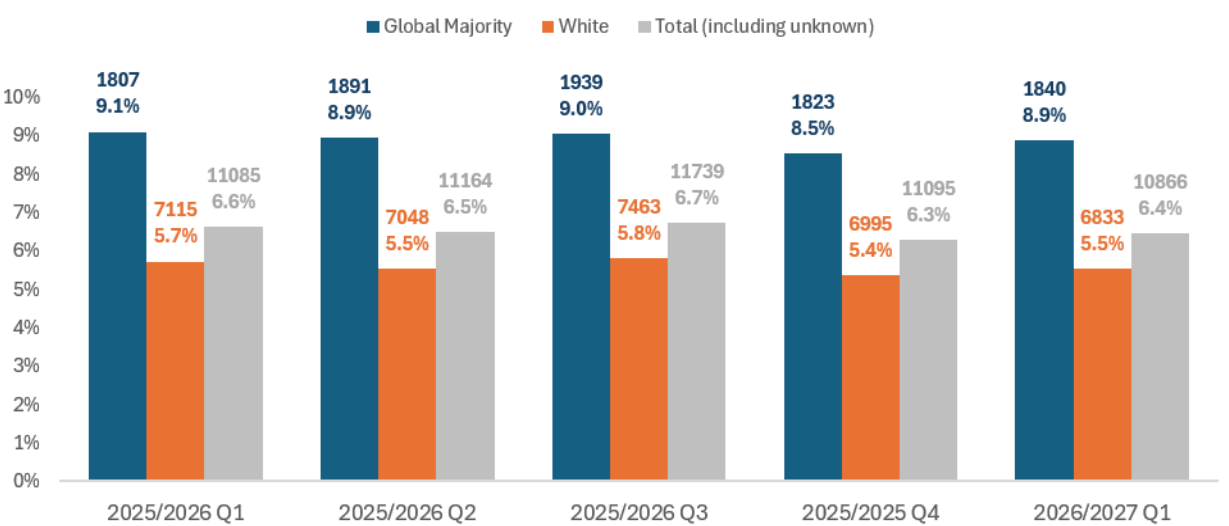
One of our Health Equity priorities for 2027/27 is to narrow disparities in attendance rates for people in global majority groups.

Interventions have included agreeing targets for focussed improvement work, equity-focussed projects in specialties (cardiology, endoscopy, cancer), availability of the inequalities dashboard for tracking improvement work, and the more universal work to improve attendance. This also includes the work to improve access to interpreting services to ensure those with spoken or non-spoken language needs are supported to attend and communicate effectively at their appointment.

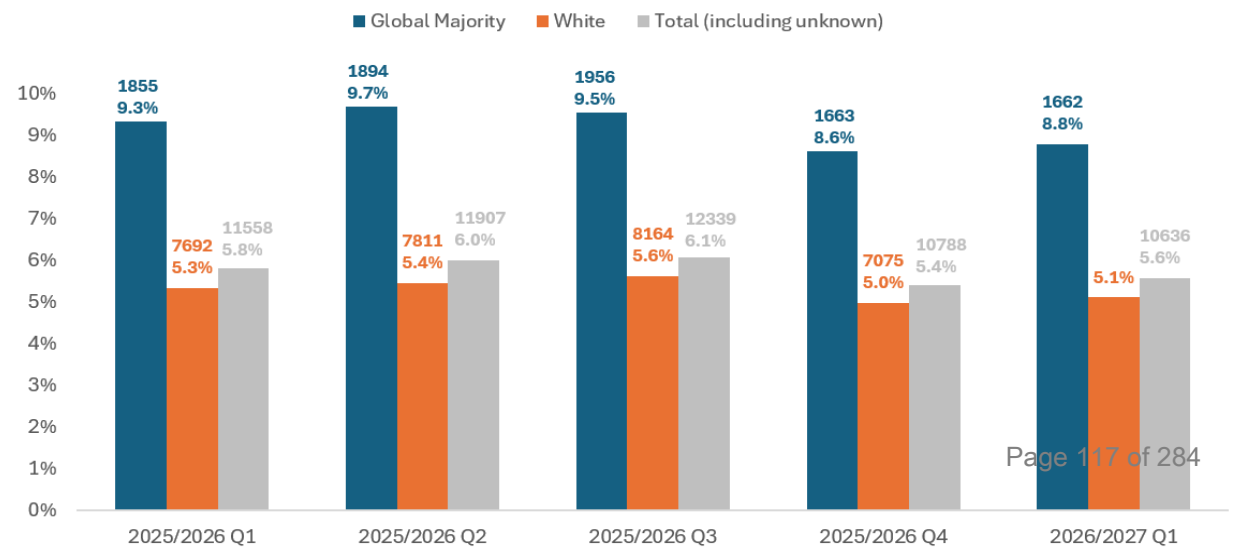
Over time the DNA rate has shown a small improvement across the Trust and the HOU's for all groups. There remains a disparity between global majority and white patient groups. Statistical comparisons are not available.

Further work is underway to build and evaluate a DNA risk predictor tool to enable targeted support to be provided to patients at higher risk of non-attendance. Ethnicity will be part of the model.

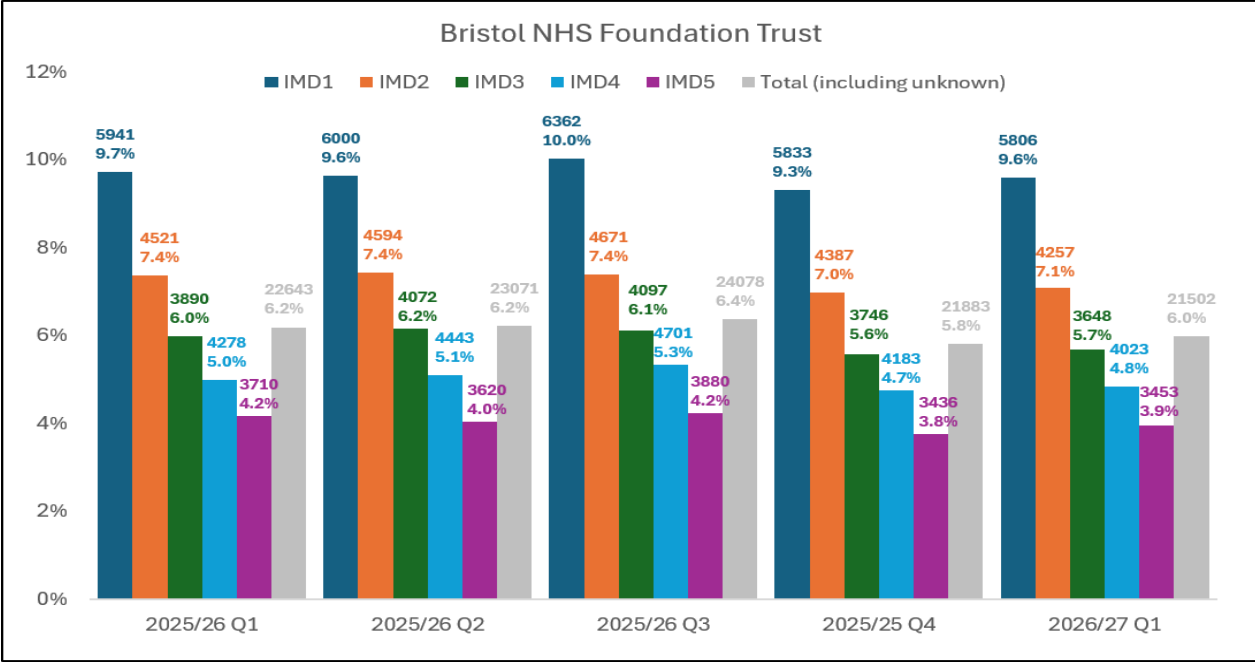
Southmead Hospital Operating Unit



City and Weston Hospital Operating Unit



# Outpatient Did Not Attend (DNA) Rate – Deprivation



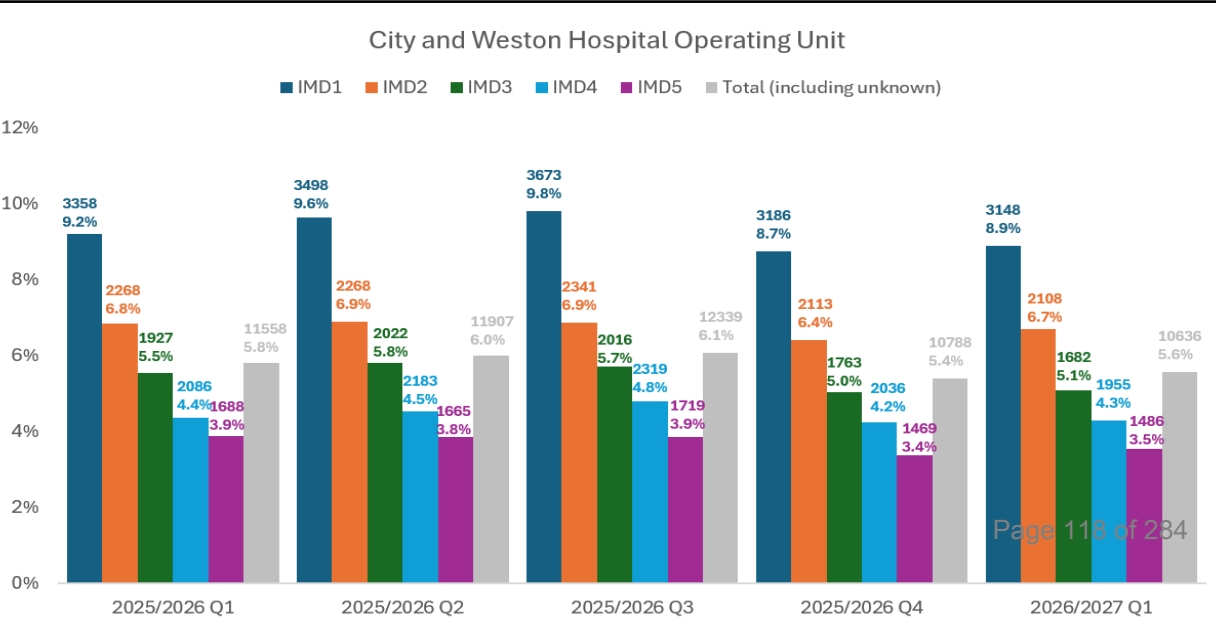
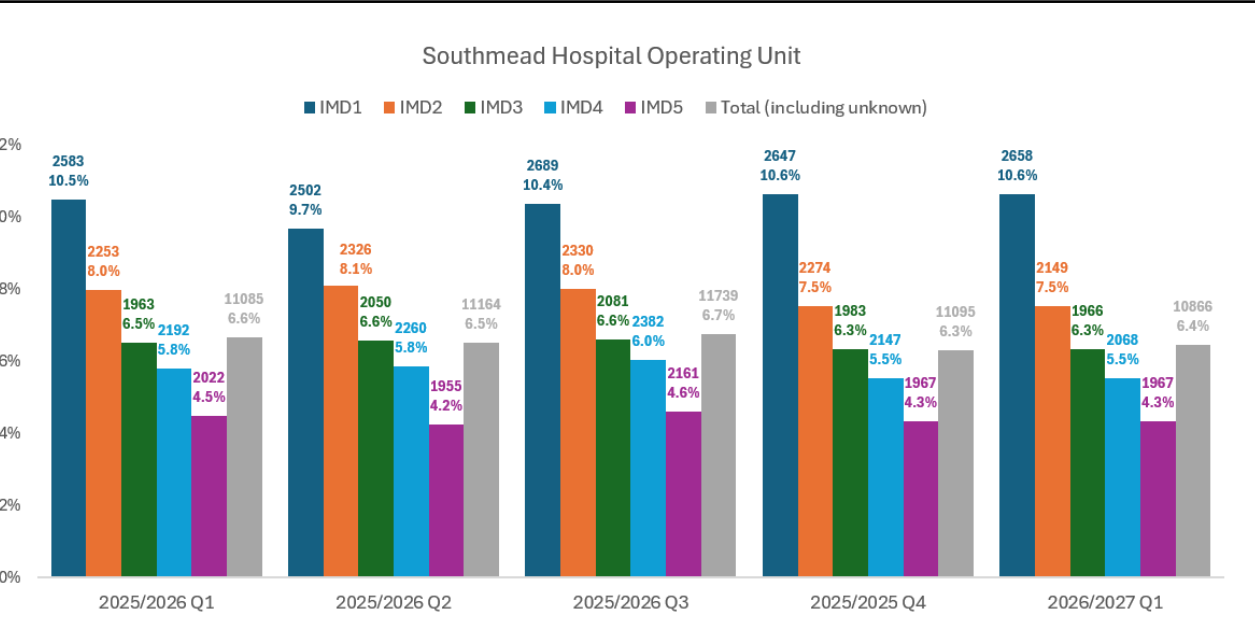
## Summary

One of our Health Equity priorities for 2027/27 is to narrow disparities in attendance rates for people living in area of deprivation across our local communities.

Interventions have included agreeing targets for focussed improvement work, equity-focussed projects in specialties (cardiology, endoscopy, cancer), availability of the inequalities dashboard for tracking improvement work, and the more universal work to improve attendance.

Over time the DNA rate has shown a small improvement across the Trust and the HOU's for all groups. There remains a disparity between our most deprived and our most advantaged groups. Trends over time do not generally indicate a sustained improvement in attendance rates for our most deprived groups. Statistical comparisons are not available.

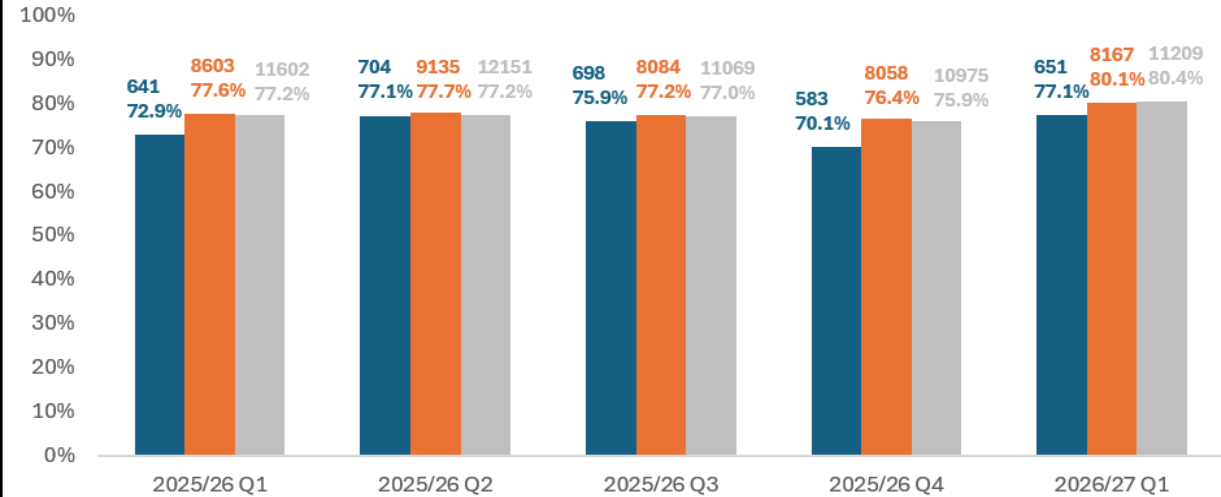
Further work is underway to build and evaluate a DNA risk predictor tool to enable targeted support to be provided to patients at higher risk of non-attendance. Deprivation will be part of the model. The Trust is also part of a poverty proofing programme that will help understand barriers in access to healthcare related to financial insecurity.



# Cancer Faster Diagnosis Standard – Ethnicity

## Bristol NHS Foundation Trust

■ Global Majority ■ White ■ Total (including unknown)



## Summary

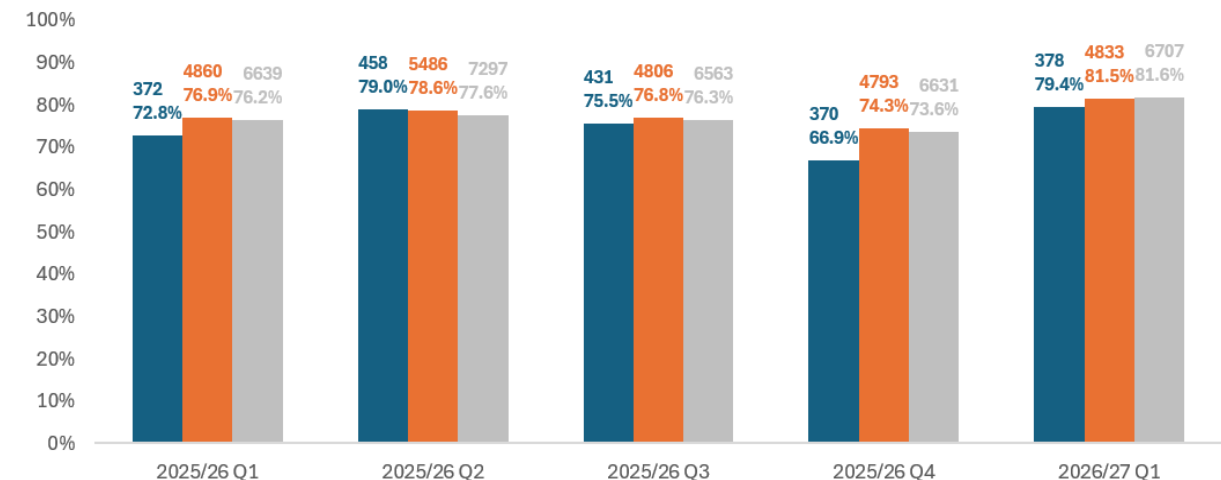
Meeting the cancer faster diagnosis standard (FDS) is an organisational priority, and will reduce health inequalities in our population.

Over time the proportion of people in global majority groups where the FDS is met is lower, and this is consistent for the Trust and both HOUs. Statistical comparisons are not available at this time.

The cancer teams are working on equitable access to diagnostic and treatment pathways, and the work across outpatient specialties to support attendance will also support timely diagnosis. We have recently completed the In Our Voices project to understand more about the experience and access needs of Black Women with cancer. The recommendations will support access to timely diagnosis.

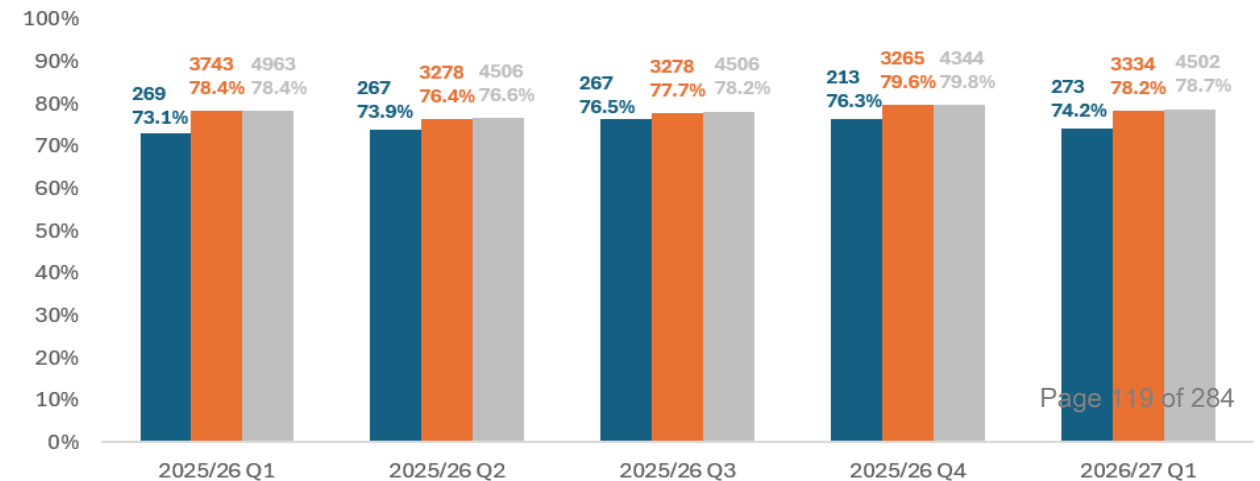
## Southmead Hospital Operating Unit

■ Global Majority ■ White ■ Total (including unknown)



## City and Weston Hospital Operating Unit

■ Global Majority ■ White ■ Total (including unknown)



# Cancer Faster Diagnosis Standard – Deprivation

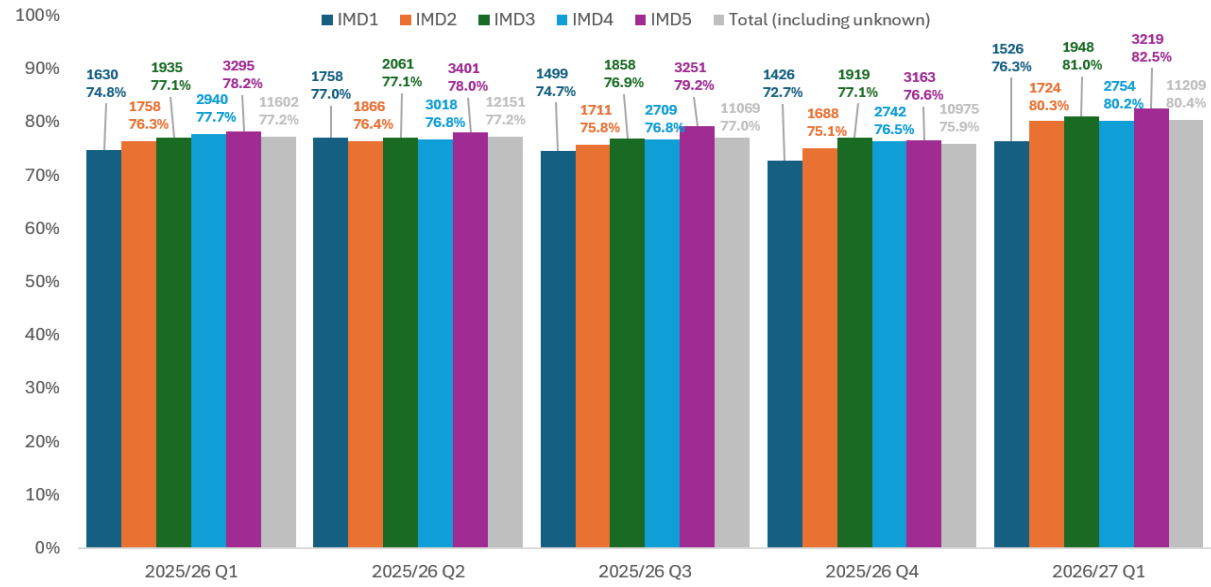
## Summary

Meeting the cancer faster diagnosis standard (FDS) is an organisational priority, and will reduce health inequalities in our population.

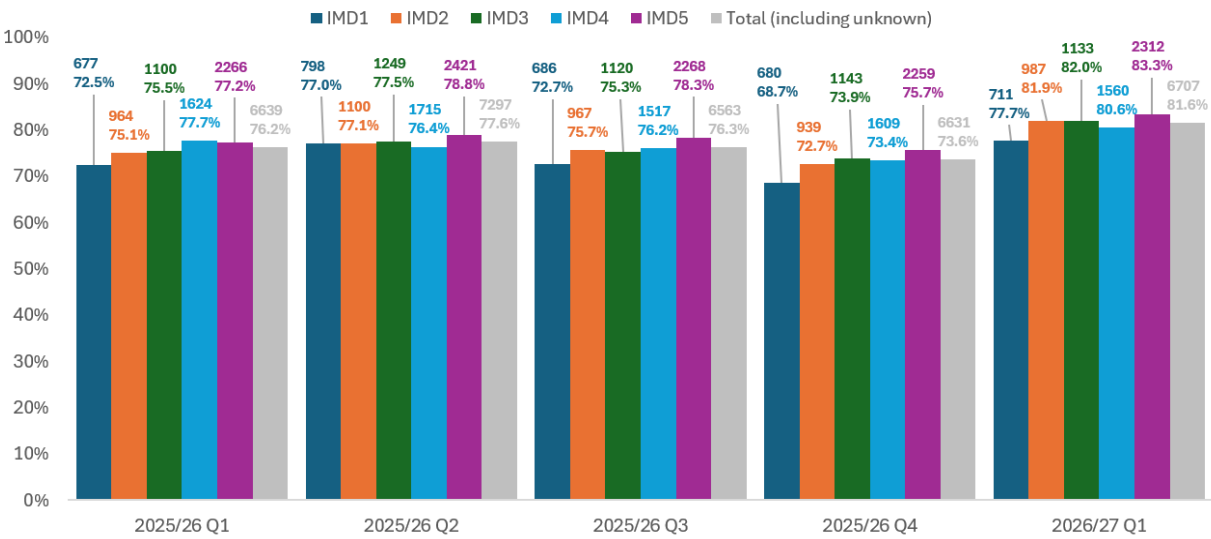
Over time the proportion of people in more deprived groups where the FDS is met is lower, and this is consistent for the Trust and both HOUs. Statistical comparisons are not available at this time.

The cancer teams are working on equitable access to care pathways, and the work across outpatient specialties to support attendance will also support timely diagnosis. Interventions include identifying high risk 'urgent suspected cancer' referral pathways; developing DNA risk predictor model; identifying high risk DNA patients; offer targeted attendance support; evaluate impact.

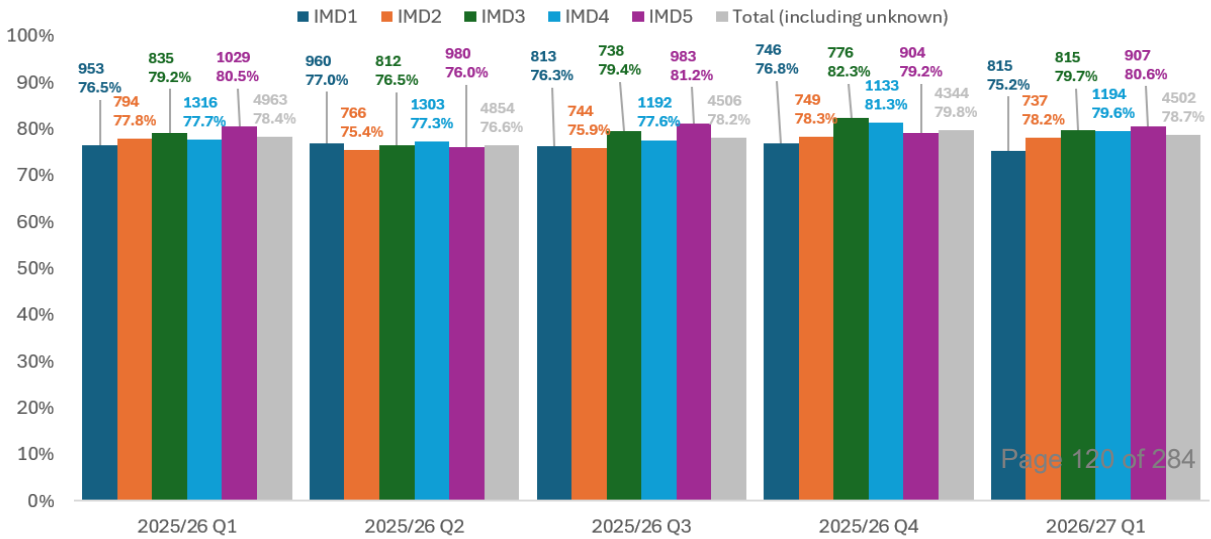
Bristol NHS Foundation Trust



Southmead Hospital Operating Unit



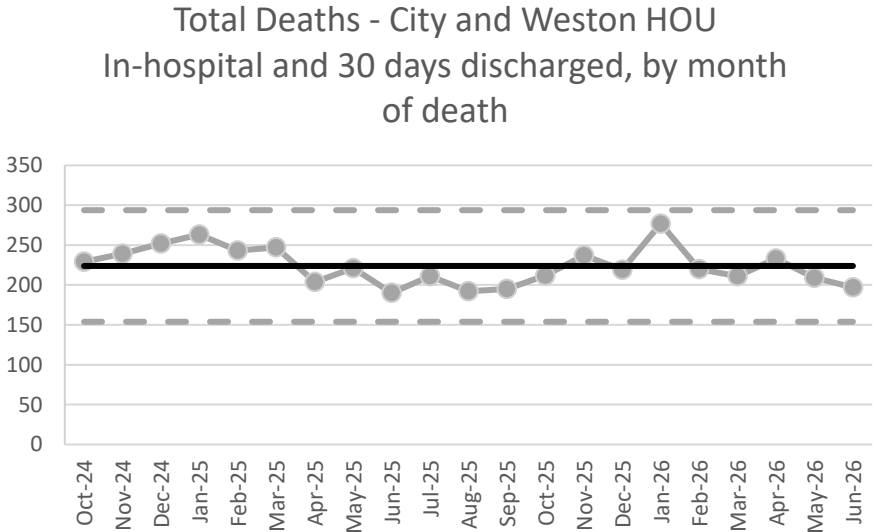
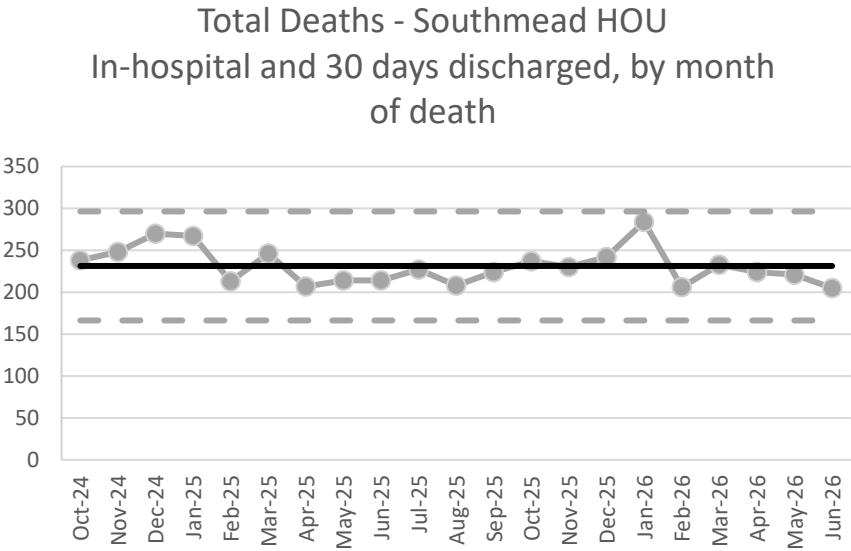
City and Weston Hospital Operating Unit



# Learning from Deaths

## Mortality Rates

|                                                                                      |
|--------------------------------------------------------------------------------------|
| Latest Quarter                                                                       |
| Apr to Jun 2026                                                                      |
| Target                                                                               |
| No Target                                                                            |
| Latest Quarter                                                                       |
| 650                                                                                  |
| Assurances                                                                           |
| Death numbers remain broadly stable, with slight increase observed across both HOU's |
| Corporate Risk                                                                       |
| None                                                                                 |



|                                                                                      |
|--------------------------------------------------------------------------------------|
| Latest Quarter                                                                       |
| Apr to Jun 2026                                                                      |
| Target                                                                               |
| No Target                                                                            |
| Latest Quarter                                                                       |
| 639                                                                                  |
| Assurances                                                                           |
| Death numbers remain broadly stable, with slight increase observed across both HOU's |
| Trust Level Risk                                                                     |
| None                                                                                 |

**Benchmarking and southwest comparison for latest quarter**

650 deaths were recorded in Apr to Jun 2026 compared with 635 deaths recorded in Apr to Jun 2025, 15 more deaths recorded year on year (+2.4% percentage increase).

ONS figures for southwest show a percentage decrease of -0.5% quarter to quarter. Although regional deaths across the Southwest fell marginally, the differences locally and regionally are modest and do not in isolation indicate a material change in mortality patterns.

Latest SHMI position (Mar 25 to Feb 26) for Southmead HOU is recorded at 90.63 which is 'as expected'.

- Southmead hospital had a SHMI of 90.63 (as expected).

**Organisational level figures for latest quarter**

Of the 650 patient deaths, there were 642 adult and 8 child deaths. This compares with 634 adult and 1 child deaths in Apr to Jun 2025.

Of the 650 patient deaths, 70.2% died as an inpatient (430 on an inpatient ward and 26 within the emergency department) and 29.8% (194) within 30 days of discharge.

**Mortality alerts**

There are no new active local SHMI alerts, no national outlier alerts.

**Benchmarking and southwest comparison for latest quarter**

639 deaths were recorded in Apr to Jun 2026 compared with 615 deaths recorded in Apr to Jun 2025, 24 more deaths recorded year on year (+3.9% percentage increase).

ONS figures for southwest show a percentage decrease of -0.5% quarter to quarter. Although regional deaths across the Southwest fell marginally, the differences locally and regionally are modest and do not in isolation indicate a material change in mortality patterns.

Latest SHMI position (Mar 25 to Feb 26) for City and Weston HOU is recorded at 87.78 which is 'as expected'.

- Bristol Royal Infirmary had a SHMI of 94.82 (as expected) and Weston General Hospital of 83.74 (lower than expected)

**Organisational level figures for latest quarter**

Of the 639 patient deaths, there were 623 adult and 16 child deaths. This compares with 597 adult and 18 child deaths in Apr to Jun 2025.

Of the 639 patient deaths, 65.9% died as an inpatient (392 patients died on an inpatient ward and 29 within the emergency department) and 34.1% (218) within 30 days of discharge.

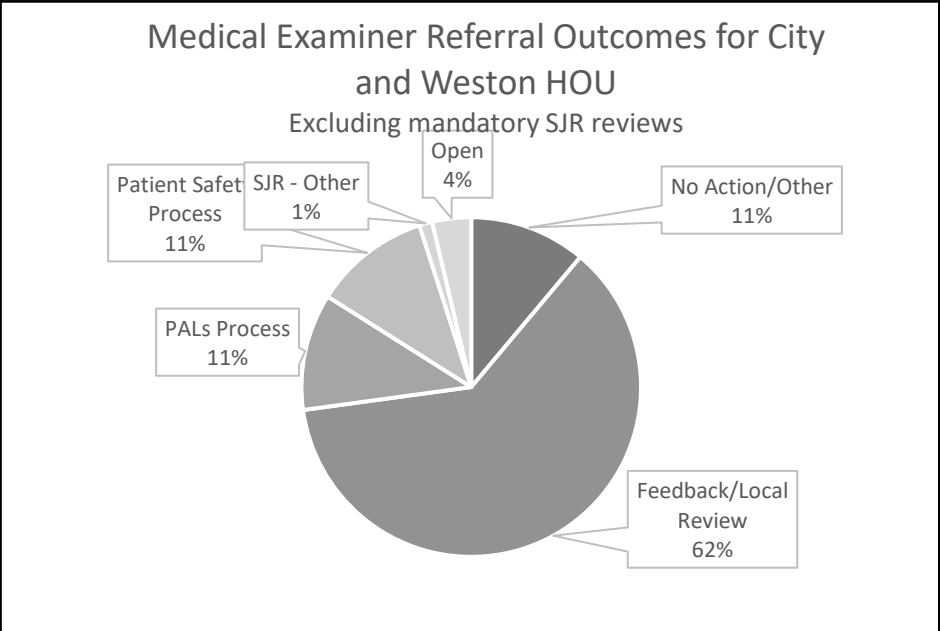
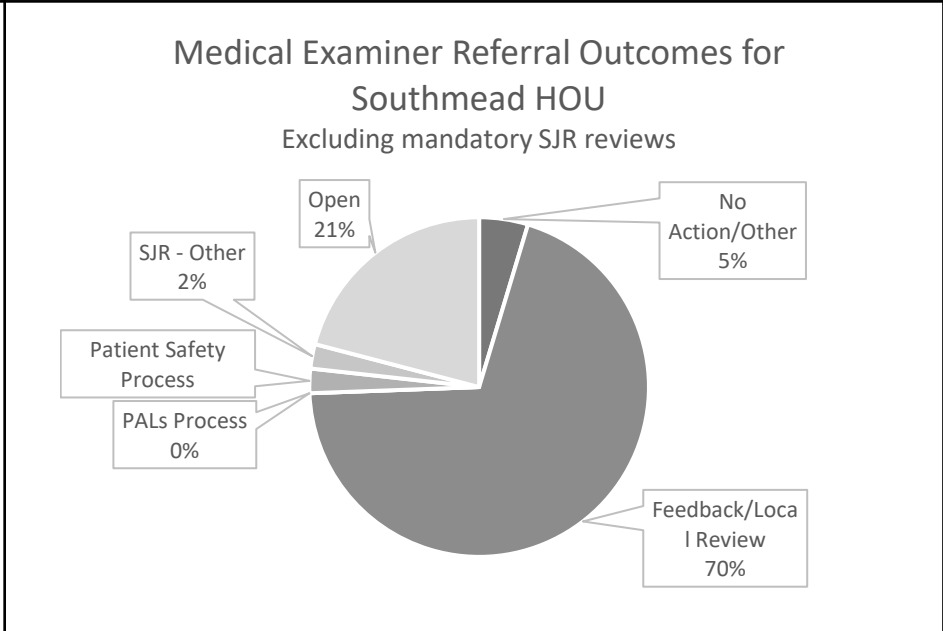
**Mortality alerts**

There are no new active SHMI alerts for UHBW, no national outlier alerts

# Learning from Deaths

## Medical Examiner Referrals and Mandatory Reviews

|                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Latest Quarter                                                                                                                                                                                                                            |
| Apr to Jun 2026                                                                                                                                                                                                                           |
| Target                                                                                                                                                                                                                                    |
| No Target                                                                                                                                                                                                                                 |
| Latest Quarter                                                                                                                                                                                                                            |
| 46                                                                                                                                                                                                                                        |
| Assurances                                                                                                                                                                                                                                |
| Variation in referral rates typically reflects known differences in staffing, referral thresholds and work load. It should not be assumed to be a marker of concern, any changes in trend are discussed with the Medical Examiner Service |
| Corporate Risk                                                                                                                                                                                                                            |
| None                                                                                                                                                                                                                                      |



|                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Latest Quarter                                                                                                                                                                                                                            |
| Apr to Jun 2026                                                                                                                                                                                                                           |
| Target                                                                                                                                                                                                                                    |
| No Target                                                                                                                                                                                                                                 |
| Latest Quarter                                                                                                                                                                                                                            |
| 88                                                                                                                                                                                                                                        |
| Assurances                                                                                                                                                                                                                                |
| Variation in referral rates typically reflects known differences in staffing, referral thresholds and work load. It should not be assumed to be a marker of concern, any changes in trend are discussed with the Medical Examiner Service |
| Trust Level Risk                                                                                                                                                                                                                          |
| None                                                                                                                                                                                                                                      |

### Medical Examiner Scrutiny

The Medical Examiner Service scrutinised 100% of patient deaths in the latest quarter

The Medical Examiner Service forwarded 46 governance referrals to NBT, this compares with 58 for Apr to Jun 2025. Of the 46 governance referrals 35 recorded concerns, 2 shared both concerns and positive feedback and 9 positive feedback.

The Medical Examiner Service have advised that rate changes in referrals is related to operational and staffing changes specific to the medical examiner service and site and does not indicate any change in care provided.

The top themes of the Medical Examiner referral concerns were:

- Assessment, diagnosis and initial treatment (31.25%)
- Admission and Discharge (15.63%)
- Treatment Experience (15.63%)
- Pain and Medication Management (9.38%)

### Structured Judgement Reviews

- 13 SJRs were initiated for NBT between Apr to Jun 2026
- 6 for a patient with a diagnosis of a learning disability or autism
  - 5 for a patient with a diagnosis meeting the definition of a severe mental illness
  - 1 for a patient admitted for an elective procedure
  - 1 screened in by the speciality or division as a result of a care concern

### Medical Examiner Scrutiny

The Medical Examiner Service scrutinised 100% of patient deaths in the latest quarter

The Medical Examiner Service forwarded 88 governance referrals to UHBW, this compares with 79 for Apr to Jun 2025. Of the 88 governance referrals 66 recorded concerns, 9 recorded both concerns and positive feedback and 13 were positive feedback.

The Medical Examiner Service have advised that rate changes in referrals is related to operational and staffing changes specific to the Medical Examiner service and site and does not indicate any change in care provided.

The top themes of the Medical Examiner referral concerns were:

- Communication and sensitivity (25.37%)
- Assessment, diagnosis and initial treatment (19.40%)
- Admission and Discharge (11.94%)
- Treatment experience (10.45%)

### Structured Judgement Reviews

- 8 SJRs were initiated for UHBW between Apr to Jun 2026
- 5 for a patient with a diagnosis of a learning disability or autism
  - 2 for a patient with a diagnosis meeting the definition of a severe mental illness
  - 0 for a patient admitted for an elective procedure
  - 1 as agreed by the Trust Management Safety Meeting as a result of a care concern

# Learning from Deaths

## Structured Judgement Reviews and Mortality Insights

Latest Quarter

Apr to Jun 2026

Target

90%

Latest Quarter

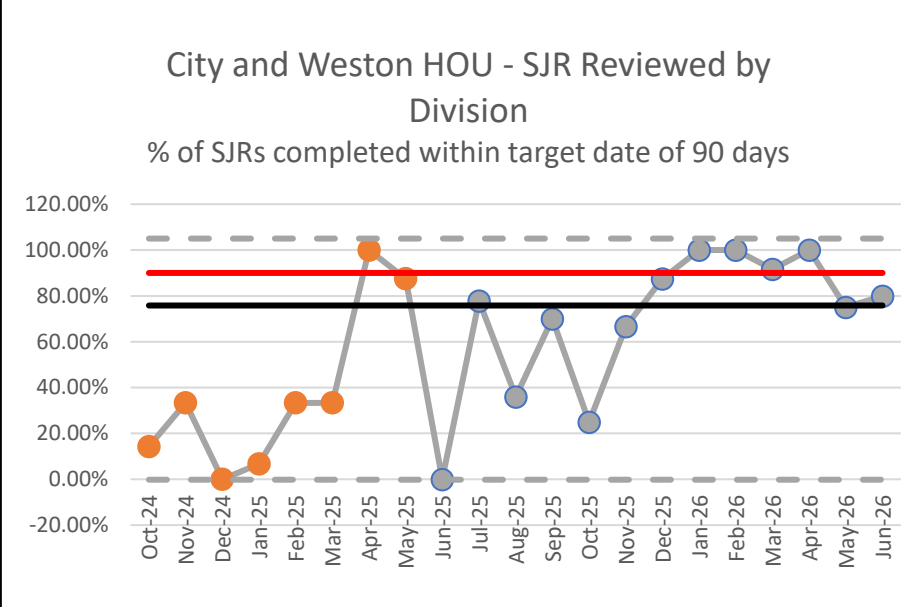
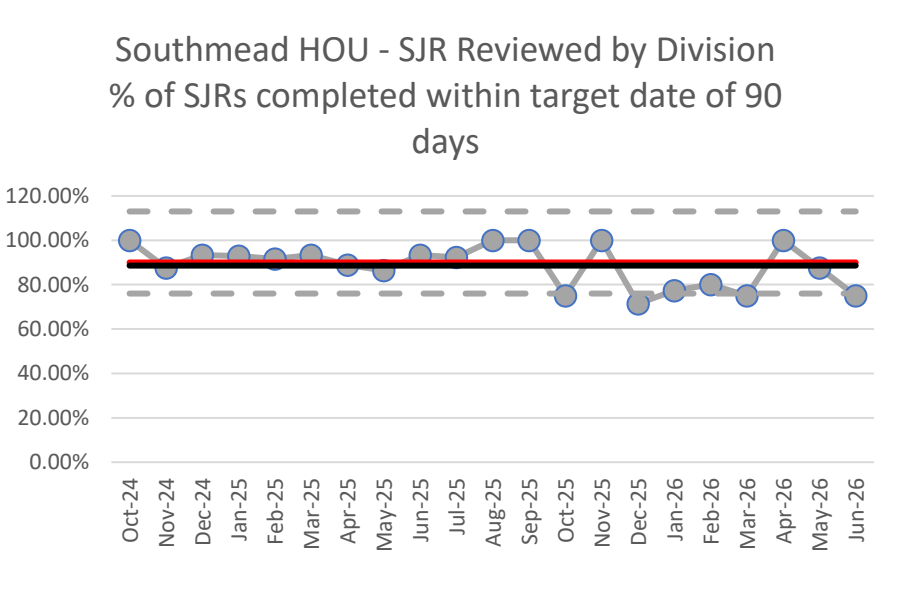
83.3%

Assurances

Common cause (natural/expected) variation, where target is upper control limit and down is deterioration

Trust Level Risk

None



Latest Quarter

Apr to Jun 2026

Target

90%

Latest Quarter

80.0%

Assurances

Common cause (natural/expected) variation, where target is upper control limit and down is deterioration

Trust Level Risk

None

### Review timeliness

Southmead HOU specialities reviewed 20 of 24 (83.3%) SJRs with a target date between Apr to Jun 2026, below target of 90%.

### Closed reviews

Reviews are considered closed once they have been reviewed by the speciality. The exceptions to this are any review where poor or very poor overall care or the patient has a diagnosis of a learning disability or autism is noted is signed off by the Patient Safety Executive Meeting. There were 18 reviews closed by specialities between Apr to Jun 2026.

There were 0 poor or very poor care score.

83% of SJRs resulted in an overall care score of good or excellent.

### Insights obtained

- Communication and family involvement** -Recurring learning around NOK updates, shared decision-making, advocacy for patients unable to speak for themselves, and involving family earlier.
- Documentation**- Includes capacity assessments, ReSPECT/TEP decisions, hospital passports, LD guidance, care plans, and clearer recording of completed actions.
- Escalation and Specialist Input**- Learning around early referrals, escalation of deterioration, LD team involvement, palliative care, social delays, and multidisciplinary coordination.

| SMD | Very Poor | Poor | Adequate | Good | Excellent |
|-----|-----------|------|----------|------|-----------|
| Apr |           |      | 2        | 3    | 3         |
| May |           |      | 1        | 4    | 2         |
| Jun |           |      |          | 2    | 1         |

### Review timeliness

City and Weston HOU specialities and divisions reviewed 8 of 10 (80.0%) SJRs with a target date between Apr to Jun 2026, below the target of 90% showing a continued improved picture from the previous financial year.

### Closed reviews

UHBW considers a review closed once it has been signed off at the Mortality Surveillance Group following speciality review. UHBW signed off 16 reviews through the Mortality Surveillance Group between Apr to Jun 2026.

There were 0 poor care score signed off at MSG.

94% of SJRs signed off by MSG resulted in an overall care score of good or excellent.

### Insights obtained

- Escalation and Specialist Input** – Recurring learning around timely escalation to seniors/specialists, clear SOPs or guidance, and pathways for issues such as difficult catheterisation, airway/ICU events, sepsis, delirium and mental health liaison
- Palliative Support** – Several cases highlight good practice and learning around ReSPECT decisions, limits of treatment, symptom control, earlier parallel planning, and access to palliative care
- Communication and family involvement** – Learning includes earlier family conversations, joined-up explanations after complex events, documenting key discussions and decisions clearly, and ensuring clinical notes support later review.

| C&W | Very Poor | Poor | Adequate | Good | Excellent |
|-----|-----------|------|----------|------|-----------|
| Apr |           |      |          | 4    | 3         |
| May |           |      | 1        | 5    | 1         |
| Jun |           |      |          | 2    |           |

## **Bristol NHS Foundation Trust**

### **Perinatal Quality Surveillance Matrix (PQSM) Dashboard data**

Month of Publication August 2026  
Data up to July 2026

| Activity                                                      | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 |
|---------------------------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Number of women who gave birth (>=24 weeks or <24 weeks live) | 467    | 439    | 460    | 477    | 466    | 473    | 454    | 397    | 434    | 453    | 461    | 464    | 504    |
| Number of women who gave birth (>=22 weeks)                   | 467    | 439    | 460    | 480    | 480    | 483    | 454    | 397    | 436    | 451    | 462    | 463    | 504    |
| Number of babies born (>=24 weeks or <24 weeks live)          | 473    | 444    | 466    | 483    | 461    | 473    | 459    | 403    | 439    | 461    | 465    | 470    | 507    |
| Number of livebirths 22+0 to 26+6 weeks                       | 1      | 9      | 1      | 2      | 2      | 3      | 3      | 4      | 3      | 1      | 2      | 4      | 4      |
| Number of livebirths 24+0 to 36+6 weeks                       | 33     | 43     | 27     | 32     | 30     | 41     | 36     | 41     | 27     | 35     | 31     | 31     | 34     |
| Number of livebirths <24 weeks                                | 0      | 3      | 2      | 0      | 1      | 0      | 2      | 1      | 0      | 4      | 0      | 1      | 3      |
| Induction of labour rate %                                    | 29.1%  | 33.3%  | 30.0%  | 28.1%  | 31.7%  | 29.2%  | 29.3%  | 26.2%  | 31.8%  | 28.9%  | 28.0%  | 27.6%  | 24.4%  |
| Unassisted birth rate %                                       | 45.4%  | 44.2%  | 46.7%  | 44.2%  | 47.3%  | 44.4%  | 40.3%  | 42.8%  | 44.5%  | 45.0%  | 44.7%  | 40.3%  | 39.9%  |
| Assisted birth rate %                                         | 8.8%   | 9.8%   | 8.0%   | 8.4%   | 10.2%  | 7.2%   | 10.8%  | 9.6%   | 12.0%  | 6.0%   | 7.2%   | 9.9%   | 10.9%  |
| Caesarean section rate (overall) %                            | 45.6%  | 46.0%  | 45.0%  | 47.0%  | 42.5%  | 48.4%  | 48.0%  | 46.9%  | 43.5%  | 48.8%  | 47.9%  | 49.6%  | 49%%   |
| Elective caesarean section rate %                             | 22.7%  | 22.1%  | 22.4%  | 21.8%  | 18.7%  | 25.8%  | 29.9%  | 24.4%  | 21.7%  | 23.0%  | 31.7%  | 25.2%  | 27.6%  |
| Emergency caesarean section rate %                            | 22.9%  | 23.9%  | 22.6%  | 25.2%  | 23.9%  | 22.6%  | 27.1%  | 22.4%  | 21.9%  | 25.8%  | 26.2%  | 24.4%  | 21.4%  |

| Safe - Maternity Workforce                                                            | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 |
|---------------------------------------------------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| One to one care in labour (as a percentage)*<br>excludes BBAs                         | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   |
| Compliance with supernumerary status for labour<br>ward coordinator                   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   |
| Number of times maternity unit attempted to<br>divert or on divert                    | 1      | 0      | 1      | 1      | 1      | 2      | 1      | 1      | 1      | 3      | 2      | 1      | 5      |
| Number of obstetric consultant non-attendance to<br>'must attend' clinical situations | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      |
| Consultant Led MDT ward rounds on CDS day                                             | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   |
| Consultant Led MDT ward rounds on CDS<br>evening/night                                | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   |
| Percentage of 'staff meets acuity' - CDS                                              | 65%    | 72%    | 45%    | 49%    | 54%    | 55     | 55%    | 51%    | 59%    | 51%    | 38%    | 52%    | 25%    |
| Percentage of 'up to 3 MWs short' - CDS                                               | 33%    | 25%    | 50%    | 39%    | 43%    | 39     | 41%    | 38%    | 34%    | 43%    | 53%    | 41%    | 49%    |
| Percentage of '3 or more MW's short' - CDS                                            | 2%     | 3%     | 6%     | 12%    | 4%     | 6      | 4%     | 11%    | 7%     | 6%     | 9%     | 7%     | 12%    |
| Confidence factor in Birthrate+<br>(data recording on CDS)                            | 87.1%  | 84.4%  | 86.6%  | 83.9%  | 75.3%  | 79%    | 75.0%  | 83.0%  | 80.0%  | 79.0%  | 76.0%  | 68.3%  | 75.0%  |
| Delayed Elective CS (>24 hours )                                                      |        |        |        |        |        |        |        |        |        |        |        | 0%     | 0      |

| Safe - Maternity Workforce                                                      | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 |
|---------------------------------------------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Band 5/6/7 Midwifery Vacancy Rate (inclusive of maternity leave) WTEs           | 2.2%   | 4.5%   | 4.6%   | 4.4%   | 0.9%   | 1.8%   | 0.9%   | 0.1%   | 0.7%   | -1.1%  | -6.1%  | -0.5%  | -5.28% |
| Obstetric Consultant Vacancy Rate (inclusive of maternity leave) WTEs           | 0.00%  | 0.00%  | 0.00%  | 1.50%  | 1.50%  | 2%     | 5%     | 5%     | 5%     | 5%     | 5%     | 5%     | 0.00%  |
| Obstetric Resident Doctor Vacancy Rate (inclusive of maternity leave) WTEs      | 2%     | 0%     | 0%     | 1%     | 1%     | 0.0%   | 0%     | 0%     | 0%     | 0%     | 0%     | 0%     | 0%     |
| Anaesthetic (Obstetric) Doctor Vacancy Rate (inclusive of maternity leave) WTEs |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Midwifery Shift Fill Rate (%) - inpatient services day                          | 94.0%  | 95.5%  | 93.6%  | 93.2%  | 92.3%  | 90.1%  | 92.2%  | 91.7%  | 90.21% | 92.9%  | 92.8%  | 91.8%  | 91.6%  |
| Midwifery Shift Fill Rate (%) - inpatient services night                        | 99.8%  | 97.7%  | 95.5%  | 99.7%  | 97.3%  | 92.1%  | 94.7%  | 93.9%  | 91.3%  | 91.1%  | 93.9%  | 93.2%  | 91.3%  |
| Obstetric Shift Fill Rate - acute services* day                                 | 100%   | 99%    | 98%    | 100%   | 99%    | 99%    | 100%   | 100%   | 100%   | 100%   | 100%   | 99.0%  | 100.0% |
| Obstetric Shift Fill Rate - acute services* night                               | 100%   | 100%   | 100%   | 100%   | 98%    | 99%    | 100%   | 100%   | 100%   | 100%   | 100%   | 100.0% | 100.0% |

| Safe - Neonatal Workforce                                                                  | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 |
|--------------------------------------------------------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Number of NICU consultant non-attendance to 'must attend' clinical situations              | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      |
| Band 5/6/7 Neonatal Nursing Vacancy Rate (inclusive of maternity leave) WTEs               | 13.72% | 14.71% | 16.94% | 14.22% | 12.45% | 14.89% | 13.44% | 8.52%  | -0.73% | -0.51% | -2.12% | -2.50% | -2.34% |
| Neonatal Nurse Qualified in Speciality establishment rate                                  | 63%    | 63%    | 63%    | 60%    | 60%    | 60%    | 65%    | 59%    | 59%    | 59%    | 59%    | 62%    | 63%    |
| Neonatal Consultant Vacancy Rate (inclusive of maternity leave) WTEs                       | 0%     | 5%     | 5%     | 5%     | 5%     | 5%     | 5%     | 5%     | 5%     | 5%     | 5%     | 5%     | 5%     |
| Neonatal Resident Doctor Vacancy Rate (inclusive of maternity leave) WTEs                  | 8%     | 8%     | 8%     | 8%     | 8%     | 8%     | 0.00%  | 0.00%  | 0%     | 5%     | 0%     | 0%     | 0%     |
| Neonatal Nursing Fill Rate (%) - acute services* using BAPM acuity tool (national avg 81%) | 100.0% | 88.5%  | 86.0%  | 100.0% | 100.0% | 96.6%  | 71.4%  | 87.3%  | 85.2%  | 98.1%  | 91.9%  | 100.0% | 98.2%  |
| Neonatal Nursing QIS Fill Rate (%) - acute services using BAPM acuity tool (target 70%)    | 50.0%  | 37.7%  | 28.3%  | 82.8%  | 92.3%  | 76.6%  | 39.5%  | 45.5%  | 52.0%  | 54.7%  | 30.7%  | 42.1%  | 43.6%  |
| Neonatal Nursing QIS Fill Rate (%) - acute services* night using BAPM acuity tool          |        |        |        |        |        |        |        |        |        |        |        |        |        |
| Neonatal (Medical) Shift Fill Rate (%) - acute services* day using BAPM acuity tool        | 98.0%  | 97.8%  | 97.8%  | 96.0%  | 95.0%  | 95.0%  | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Neonatal (Medical) Shift Fill Rate (%) - acute services* Night using BAPM acuity tool      | 94.6%  | 94.0%  | 93.3%  | 95.0%  | 95.0%  | 95.0%  | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |

| Training                                                                                                                                         | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25       | Dec-25 | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|--------|--------|--------------|--------|--------|--------|--------|--------|--------|--------|--------|
| Progress in achievement of CNST                                                                                                                  |        |        |        |        |              |        |        |        |        |        |        |        |        |
| Training compliance fetal wellbeing day - Obstetric Consultants                                                                                  | 80%    | 80%    | 56%    | 90%    | 100%         | 95%    | 95%    | 95%    | 90%    | 94%    | 94%    | 94%    | 94%    |
| Training compliance fetal wellbeing day - Other Obstetric Doctors                                                                                | 78%    | 80%    | 84%    | 94%    | 87%<br>(93%) | 63%    | 68%    | 70%    | 76%    | 86%    | 91%    | 90%    | 94%    |
| Training compliance fetal wellbeing day - Midwives (ALL)                                                                                         | 81%    | 82%    | 80%    | 90%    | 97%          | 92%    | 90%    | 88%    | 90%    | 90%    | 86%    | 87%    | 87%    |
| Training compliance in maternity emergencies and multi-professional training - Obstetric Consultants                                             | 90%    | 90%    | 100%   | 94%    | 100%         | 95%    | 100%   | 95%    | 89%    | 79%    | 84%    | 79%    | 79%    |
| Training compliance in maternity emergencies and multi-professional training - Other Obstetric Doctors                                           | 97%    | 69%    | 81%    | 90%    | 94%          | 65%    | 68%    | 77%    | 86%    | 92%    | 86%    | 92%    | 94%    |
| Training compliance in maternity emergencies and multi-professional training - Midwives (ALL)                                                    | 92%    | 93%    | 82%    | 93%    | 97%          | 92%    | 91%    | 88%    | 87%    | 86%    | 82%    | 88%    | 90%    |
| Training compliance in maternity emergencies and multi-professional training - Anaesthetic Consultants                                           | 63%    | 63%    | 70%    | 100%   | 96%          | 92%    | 84%    | 88%    | 87%    | 85%    | 91%    | 96%    | 100%   |
| Training compliance in maternity emergencies and multi-professional training - Other Anaesthetic Doctors                                         | 86%    | 87%    | 88%    | 90%    | 100%         | 92%    | 85%    | 52%    | 60%    | 55%    | 55%    | 66%    | 97%    |
| Training compliance in maternity emergencies and multi-professional training - Maternity care assistants - ALL                                   | 91%    | 90%    | 77%    | 88%    | 95%          | 91%    | 94%    | 90%    | 86%    | 89%    | 83%    | 89%    | 85%    |
| Training compliance annual local NBLS - Midwives (ALL)                                                                                           |        |        |        |        | 99%          | 90%    | 89%    | 86%    | 87%    | 87%    | 85%    | 82%    | 87%    |
| Training compliance annual local NBLS - NICU Consultants                                                                                         | 91%    | 91%    | 91%    | 91%    | 100%         | 94%    | 71%    | 93%    | 100%   | 100%   | 92%    | 93%    | 93%    |
| Training compliance annual local NBLS - NICU Resident doctors (who attend any births)                                                            | 100%   | 94%    | 100%   | 100%   | 100%         | 94%    | 100%   | 100%   | 83%    | 79%    | 94%    | 94%    | 94%    |
| Training compliance annual local NBLS NICU ANNPs (ALL)                                                                                           | 60%    | 80%    | 100%   | 100%   | 100%         | 100%   | 81%    | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   |
| Training compliance annual local NBLS NICU Nurses (Band 5 and above)                                                                             | 91%    | 94%    | 98%    | 96%    | 96%          | 98%    | 87%    | 96%    | 91%    | 96%    | 100%   | 98%    | 100%   |
| Training compliance annual local NBLS APs, HCAs and nursery nurses (dependant on their roles within the service - for local policy to determine) | 90%    | 95%    | 97%    | 97%    | 97%          | 93%    | 82%    | 98%    | 95%    | 96%    | 95%    | 100%   | 98%    |

| Infant Feeding & Skin to Skin                                    | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 |
|------------------------------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| % of babies where breastfeeding initiated within 48 hours        | 84.7%  | 82.7%  | 83.2%  | 83.1%  | 87.1%  | 80.2%  | 79.3%  | 80.6%  | 81.9%  | 80.5%  | 80.0%  | 81.6%  | 83.1%  |
| % of babies breastfeeding on Day 10                              | 76.3%  | 78.5%  | 70.5%  | 77.6%  | 78.0%  | 76.0%  | 76.6%  | 74.3%  | 76.8%  | 78.8%  | 76.6%  | 77.2%  | 80.4%  |
| % of babies breastfeeding at transfer to community               | 72.9%  | 75.7%  | 72.2%  | 73.9%  | 73.7%  | 72.0%  | 72.1%  | 73.0%  | 71.1%  | 78.8%  | 68.3%  | 73.6%  | 73.5%  |
| % of babies where skin to skin recorded within 1st hour of birth | 84.9%  | 83.5%  | 83.4%  | 84.1%  | 84.7%  | 81.3%  | 80.6%  | 81.3%  | 81.7%  | 86.3%  | 80.8%  | 91.7%  | 80.7%  |

| Perinatal Morbidity and Mortality inborn  | Jul-25          | Aug-25          | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 |
|--------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Number of late fetal losses 22+0 to 23+6 weeks (excl TOP)                                                                | New PQOM ranges |                 |        |        |        |        |        |        |        | 0      | 1      | 1      | 0      |
| Number of stillbirth 24+0 to 36+6 weeks (excl TOP)                                                                       |                 | New PQOM ranges |        |        |        |        |        |        |        | 0      | 0      | 0      | 1      |
| Number of stillbirths $\geq 37$ weeks                                                                                    |                 | New PQOM ranges |        |        |        |        |        |        |        | 0      | 0      | 0      | 0      |
| Stillbirths per 1000 live births                                                                                         | 6.34            | 0.00            | 0.00   | 2.07   | 0.00   | 4.23   | 4.36   | 2.48   | 4.56   | 0.00   | 0.00   | 0.00   | 1.97   |
| <b>12 month rolling</b> Stillbirths per 1000 live births                                                                 | 4.61            | 4.24            | 3.89   | 4.06   | 3.85   | 4.02   | 3.47   | 3.68   | 3.28   | 2.90   | 2.54   | 2.00   | 1.64   |
| Number of neonatal deaths : 0-6 Days                                                                                     | 0               | 2               | 1      | 0      | 0      | 1      | 0      | 0      | 0      | 2      | 1      | 1      | 2      |
| Number of neonatal deaths : 7-28 Days                                                                                    | 0               | 2               | 0      | 1      | 0      | 1      | 0      | 1      | 0      | 0      | 1      | 0      |        |
| Neonatal Deaths before 28 days per 1000 live births (ALL)                                                                | 0.0             | 4.5             | 2.1    | 2.1    | 0.0    | 4.2    | 0.0    | 2.5    | 0.0    | 2.0    | 0.4    | 2.1    | 3.9    |
| * NND before 28 days per 1000 live births (Inborn babies only)                                                           | 0.0             | 4.5             | 4.6    | 6.4    | 0.0    | 11.1   | 0.0    | 8.6    | 0.0    | 4.3    | 3.1    | 4.5    | 7.8    |
| 12 month rolling NND before 28 days per 1000 live births (Inborn babies only)                                            | 2.7             | 2.7             | 2.7    | 3.2    | 3.0    | 3.8    | 3.8    | 3.9    | 3.1    | 3.5    | 3.7    | 3.9    | 4.6    |
| PMRT grading C or D themes in report                                                                                     | 1               | 0               | 0      | 1      | 1      | 0      | 1      | 0      | 1      | 0      | 0      | 0      | 0      |
| Suspected brain injuries in term (37+0) inborn neonates (no structural abnormalities) (MNSI referral)                    | 0               | 0               | 0      | 0      | 0      | 0      | 1      | 0      | 2      | 0      | 0      | 0      | 1      |

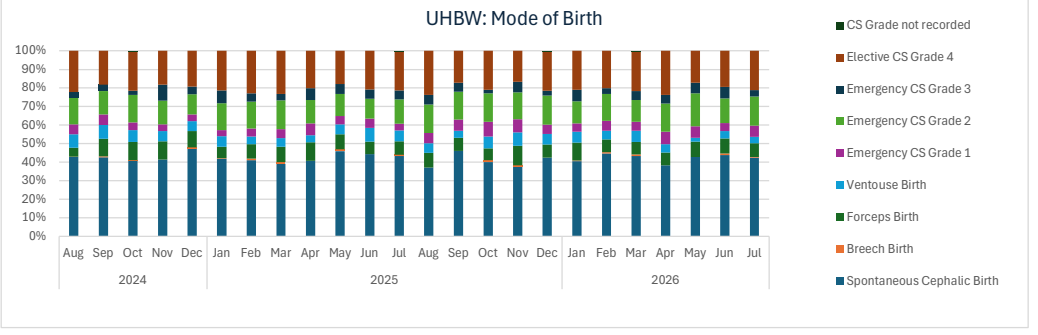
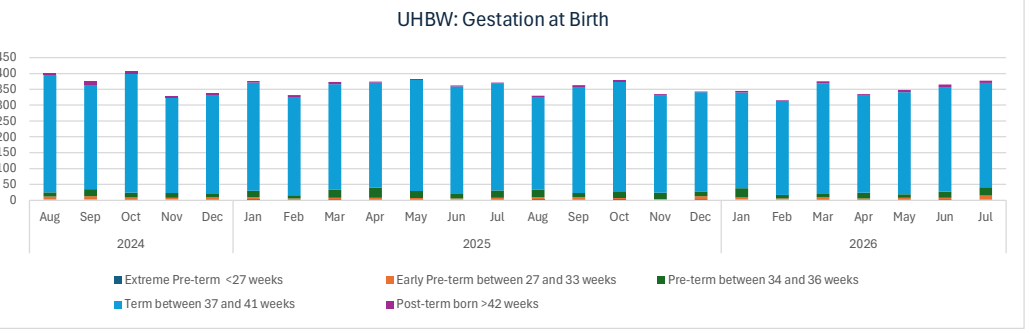
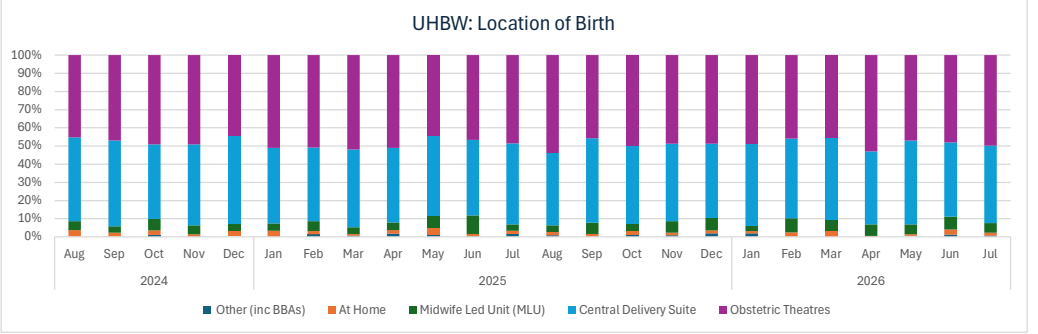
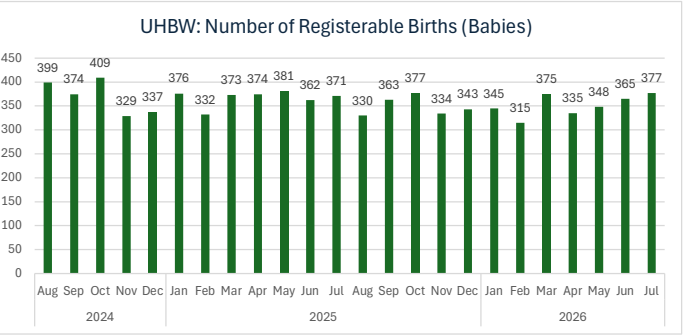
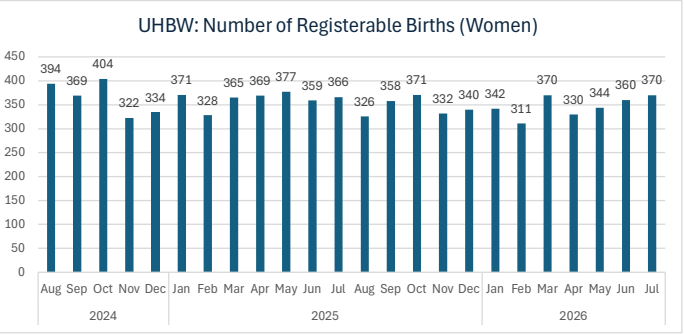
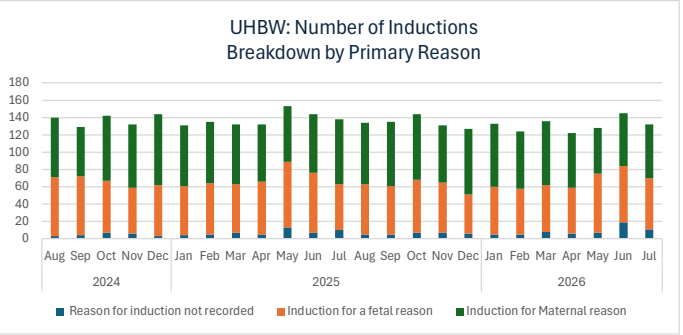
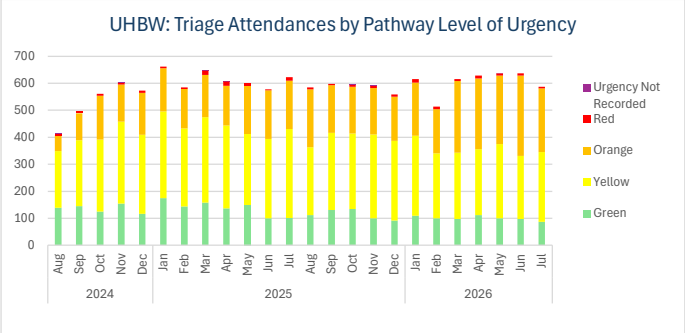
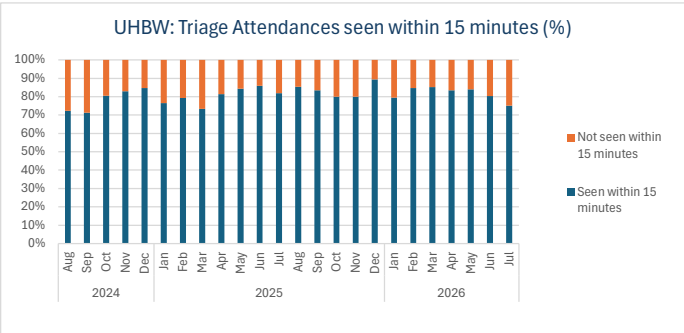
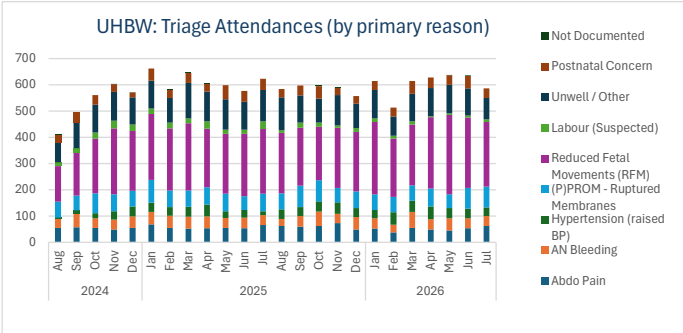
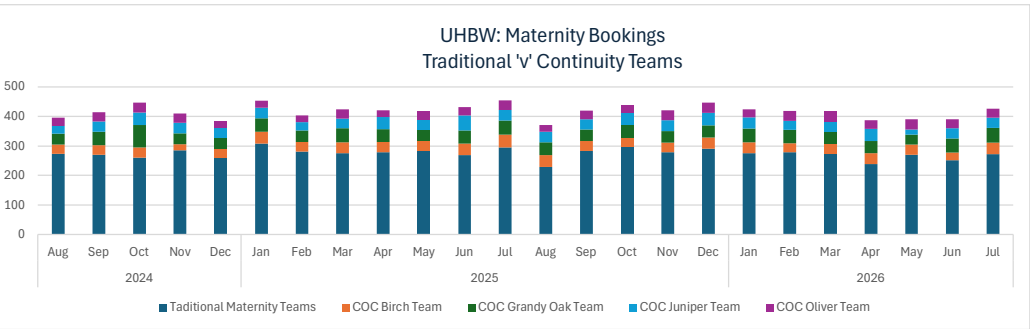
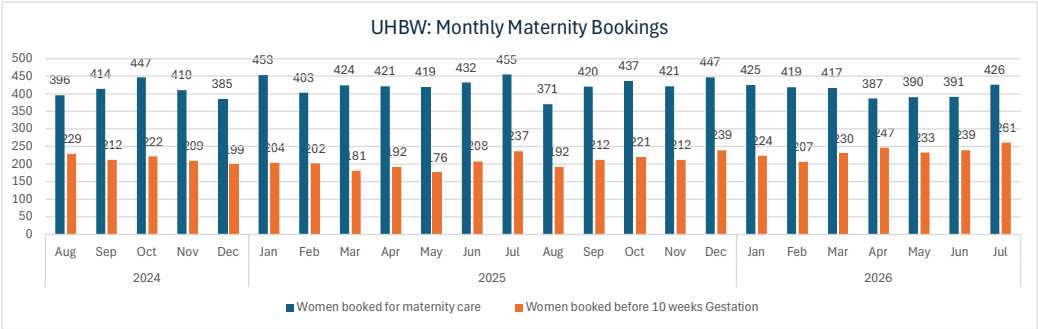
| Maternal Morbidity and Mortality                        | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 |
|---------------------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Number of maternal deaths (MBRRACE)                     | 1      | 0      | 0      | 1      | 0      | 1      | 0      | 0      | 0      | 1      | 0      | 0      | 0      |
| Direct causes                                           | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      |
| Indirect causes                                         | 1      | 0      | 0      | 1      | 0      | 1      | 0      | 0      | 0      | 1      | 0      | 0      | 0      |
| Number of women who received enhanced care on CDS (HDU) | 39     | 23     | 30     | 38     | 31     | 38     | 32     | 25     | 19     | 31     | 45     | 33     | 24     |
| Number of women who received level 3 care (ICU)         | 1      | 0      | 0      | 0      | 0      | 0      | 3      | 3      | 1      | 2      | 3      | 2      | 2      |

| Insight                                                                                                                 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 |
|-------------------------------------------------------------------------------------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Number of incident reported                                                                                             | 56     | 113    | 100    | 106    | 122    | 135    | 117    | 110    | 108    | 106    | 100    | 134    | 133    |
| Number of incidents graded as moderate or above (total) (Physical Harm)                                                 | 0      | 6      | 4      | 1      | 0      | 1      | 1      | 2      | 6      | 2      | 2      | 2      | 3      |
| incident moderate harm or above (not PSII, excludes MNSI)                                                               | 4      | 6      | 4      | 1      | 0      | 0      | 0      | 0      | 1      | 3      | 2      | 2      | 3      |
| incident PSII (excludes MNSI)                                                                                           | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      |
| New MNSI referrals accepted                                                                                             | 0      | 0      | 0      | 0      | 0      | 0      | 1      | 0      | 0      | 0      | 0      | 0      | 1      |
| Outlier reports (eg. MNSI/NHSR/CQC) or other organisation with a concern or request for action made directly with Trust | 0      | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      |
| Coroner Reg 28 made directly to Trust                                                                                   | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      |
| Trust Level Risks                                                                                                       | 5      | 5      | 5      | 5      | 7      | 5      | 6      | 4      | 3      | 2      | 2      | 2      | 2      |

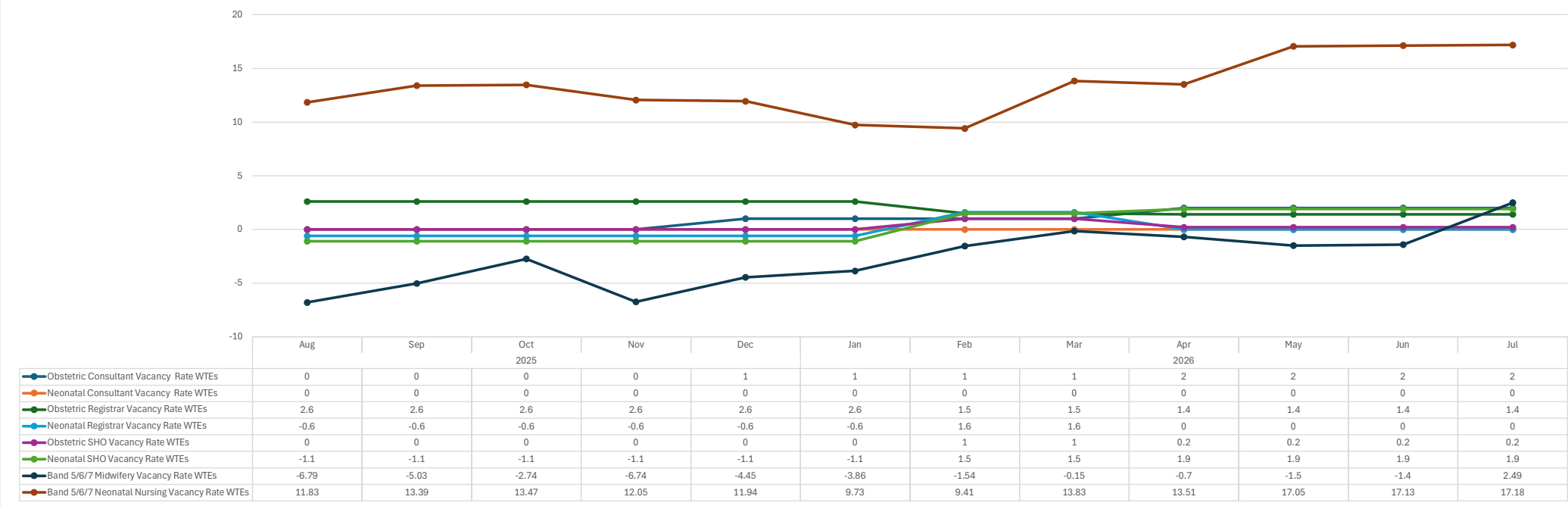
| NICU Data                                                                    | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 | Apr-26    | May-26    | Jun-26    | Jul-26    |
|------------------------------------------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|-----------|-----------|-----------|
| Neonatal Admission to NICU                                                   | 48     | 52     | 37     | 48     | 43     | 63     | 57     | 63     | 43     | 48        | 43        | 54        | 56        |
| of which Inborn Babies booked with NBT                                       | 29     | 38     | 26     | 28     | 31     | 40     | 41     | 46     | 28     | 31        | 28        | 43        | 37        |
| of which Inborn Babies -booked elsewhere                                     | 5      | 4      | 1      | 1      | 3      | 4      | 3      | 4      | 3      | 3         | 1         | 0         | 4         |
| of which readmission                                                         | 3      | 2      | 4      | 9      | 2      | 9      | 5      | 3      | 5      | 9         | 3         | 1         | 5         |
| of which ex-utero admission                                                  | 8      | 5      | 3      | 6      | 4      | 7      | 5      | 7      | 3      | 4         | 5         | 6         | 7         |
| of which source of admission cannot be derived                               | 1      | 1      | 3      | 2      | 3      | 1      | 0      | 1      | 1      | 0         | 5         | 3         | 1         |
| Neonatal Admission to Transitional Care                                      | 36     | 40     | 40     | 26     | 30     | 32     | 23     | 24     | 14     | 29        | 22        | 24        | 33        |
| Admission rate at term (all)                                                 | 5.8%   | 5.9%   | 3.9%   | 4.9%   | 6.0%   | 5.0%   | 6.2%   | 8.6%   | 5.1%   | 3.2% (14) | 4.1% (18) | 6.6% (29) | 5.1% (24) |
| Admission Rate at Term that meet ATAIN Criteria                              | 3.8%   | 5.7%   | 3.8%   | 3.1%   | 5.7%   | 3.8%   | 3.8%   | 5.0%   | 2.6%   | 2.8% (13) | 1.9% (9)  | 2.3% (11) | 2.1% (10) |
| NICU babies transferred to another unit for higher/specialist care           | 2      | 1      | 4      | 4      | 6      | 8      | 5      | 6      | 4      | 10        |           |           |           |
| NICU babies transferred to another unit due to a lack of available resources | 0      | 0      | 4      | 2      | 9      | 12     | 9      | 0      | 3      | 3         |           |           |           |
| NICU babies transferred to another unit due to insufficient staffing         | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0         |           |           |           |
| Attempted baby abduction                                                     | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0         | 0         | 0         | 0         |

| Involvement                                                                               | Jul-25  | Aug-25     | Sep-25  | Oct-25             | Nov-25  | Dec-25             | Jan-26             | Feb-26                            | Mar-26              | Apr-26                         | May-26     | Jun-26 | Jul-26 |
|-------------------------------------------------------------------------------------------|---------|------------|---------|--------------------|---------|--------------------|--------------------|-----------------------------------|---------------------|--------------------------------|------------|--------|--------|
|                                                                                           |         |            |         |                    |         |                    |                    |                                   |                     |                                |            |        |        |
| Friends and family Test score (response rate % who rated 'very good' or 'good') NICU      | 100%    | 100%       | 100%    | 86%                | 91%     | 100%               | 100%               | 100%                              | 100%                |                                |            |        |        |
| Friends and family Test score (response rate % who rated 'very good' or 'good') Maternity | 94%     | 93%        | 92%     | 90%                | 91%     | 87%                | 89%                | 94%                               | 83%                 | 83%                            | 84%        | 84%    |        |
| Service User feedback: Number of Compliments (formal) Maternity                           | 79      | 69         | 63      | 60                 | 46      | 47                 | 48                 | 60                                | 64                  | 180                            | 288        | 127    | 8      |
| Service User feedback: Number of Complaints (formal) Maternity                            | 6       | 6          | 3       | 3                  | 4       | 4                  | 6                  | 6                                 | 7                   | 6                              | 6          | 6      | 10     |
| Staff feedback from frontline champions and walk-about (number of themes)                 | Meeting | Walk-about | Meeting | Walk-about minutes | Meeting | Walk-about minutes | Meeting notes.docx | Safety Champions minutes February | Walk around tracker | 03 April (Trust Level Meeting) | No Meeting |        |        |

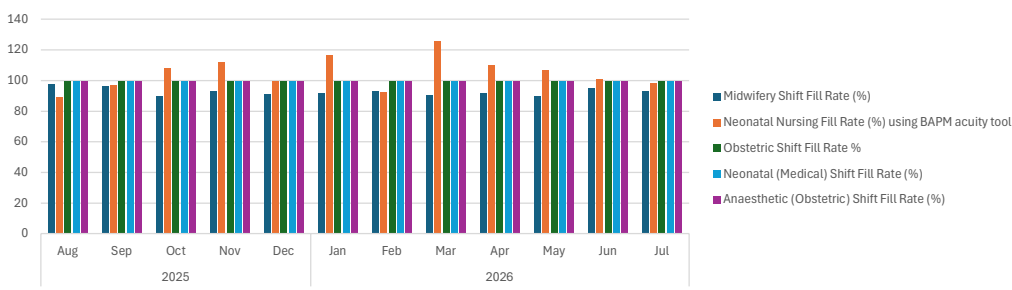
| Maternity Triage                                                  | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 |
|-------------------------------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Attendance to triage                                              | 996    | 880    | 963    | 1167   | 1077   | 1026   | 1101   | 1039   | 1110   | 1116   | 1060   | 1102   | 1157   |
| BSOTS KPI Initial assessment within 15 minutes                    | 65%    | 64%    | 56%    | 48%    | 47%    | 49%    | 48%    | 45%    | 54%    | 41%    | 54%    | 49%    | 40%    |
| NICE Safer Staffing Red Flag Initial assessment within 30 minutes | 93%    | 90%    | 86%    | 81%    | 75%    | 78%    | 80%    | 75%    | 83%    | 70%    | 82%    | 70%    | 70%    |
| Calls answered by triage (Day 0730-2000)                          | 1150   | 997    | 1118   | 1262   | 1071   | 1120   |        |        |        |        |        |        |        |
| Calls answered by triage (Night 2000-0700)                        | 368    | 323    | 354    | 414    | 381    | 399    |        |        |        |        |        |        |        |
| Patient Self -Discharges in Maternity Triage                      |        | 19     | 25     | 30     | 43     | 25     | 48     | 39     | 56     | 70     | 66     | 69     | 74     |
| Total Calls answered by Maternity Triage                          |        |        |        |        |        |        | 1587   | 2383   | 2500   | 3055   | 2524   | 2096   | 2570   |
| Total Calls abandoned by Maternity Triage >60 secs                |        |        |        |        |        |        |        | 156    | 197    | 157    | 140    | 237    | 202    |



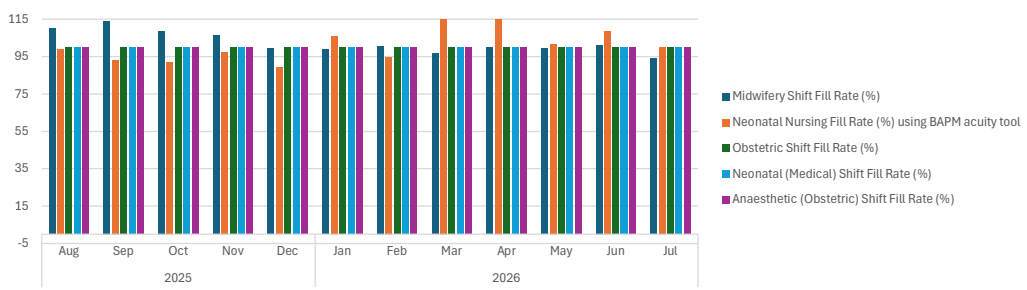
UHBW: Obstetric, Neonatal & Midwifery Vacancy Rates



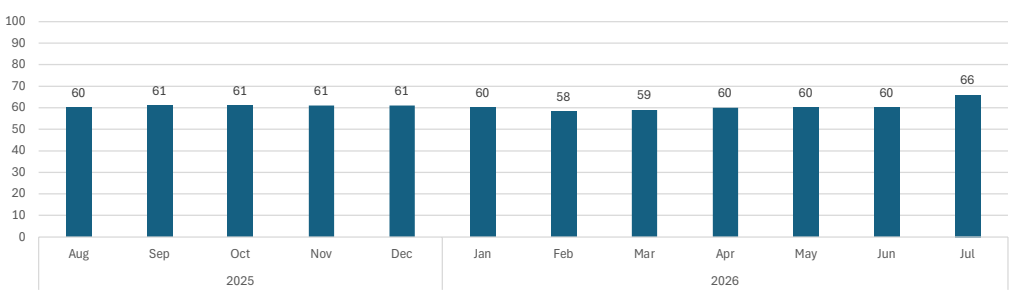
UHBW: Day Shift Fill Rate - Acute services - Actual (%)



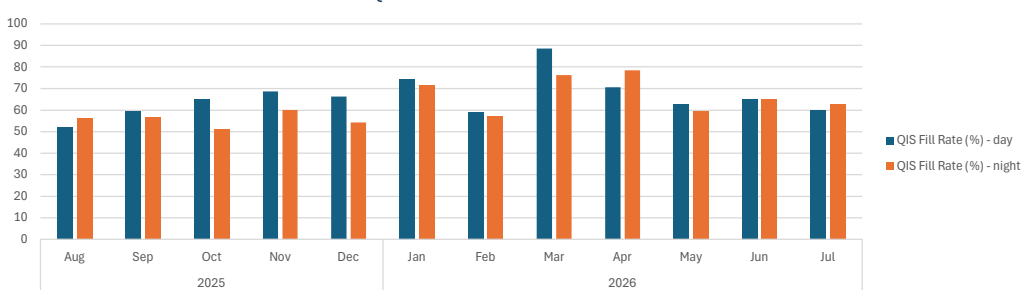
UHBW: Night Shift Fill Rate - Acute services - Actual (%)



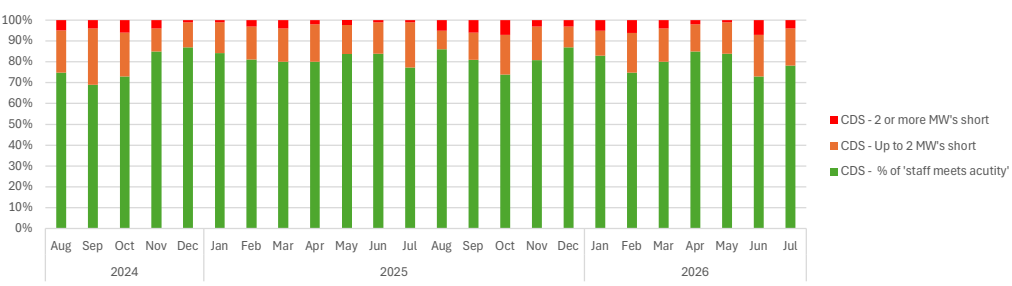
% of Neonatal Nurses with Qualified in Speciality (QIS) Certification (Local Target 90.4%)



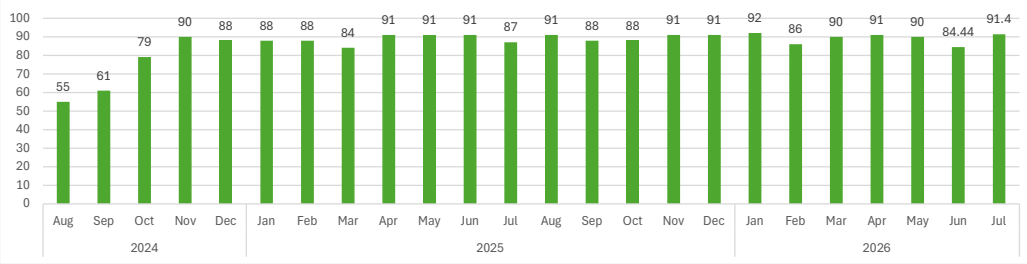
UHBW: QIS Shift Fill Rates - Acute services - Actual



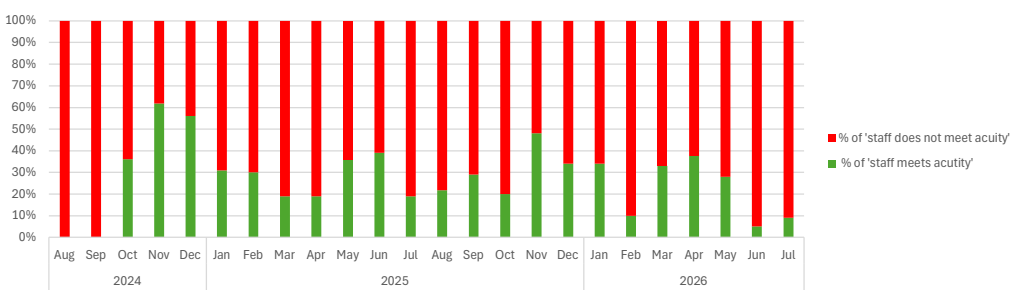
UHBW: CDS Birthrate + Acuity Summary (%)



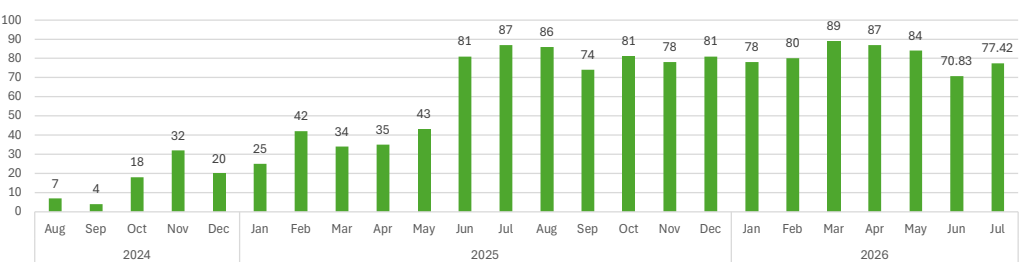
UHBW: CDS (Ward 77)  
Birthrate + Confidence Factor (%)



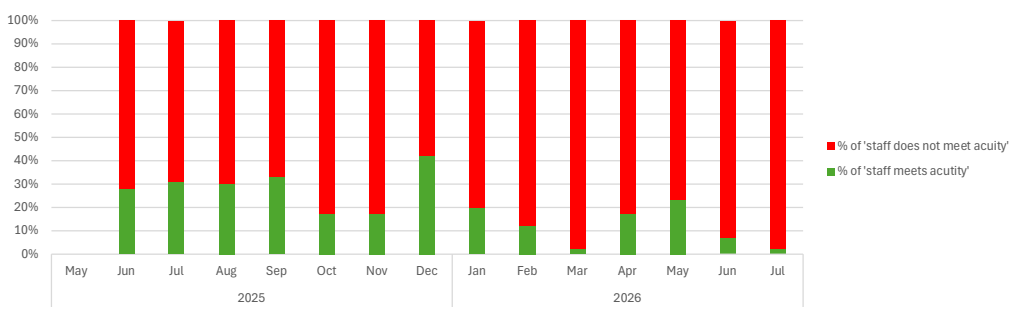
UHBW: Transitional Care Birthrate + Acuity Summary (%)



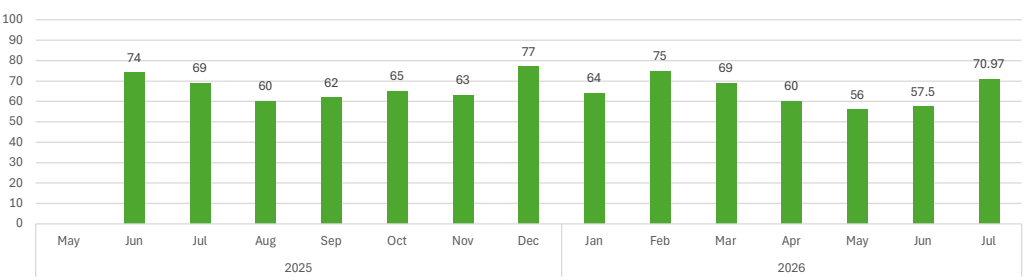
UHBW: Transitional Care (Ward 76)  
Birthrate + Confidence Factor (%)



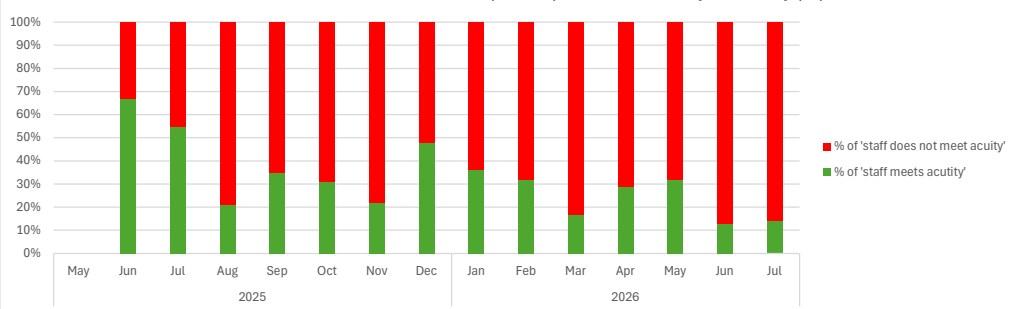
UHBW: Antenatal / Postnatal Ward (Oak) Birthrate + Acuity Summary (%)



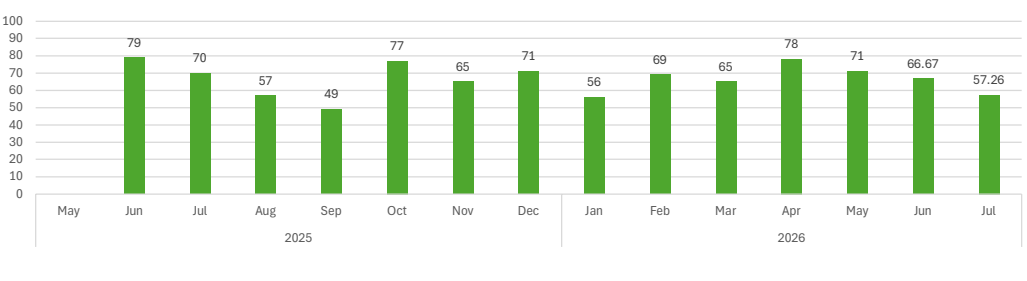
UHBW: Antenatal / Postnatal Ward - Oak (Ward 73)  
Birthrate + Confidence Factor (%)



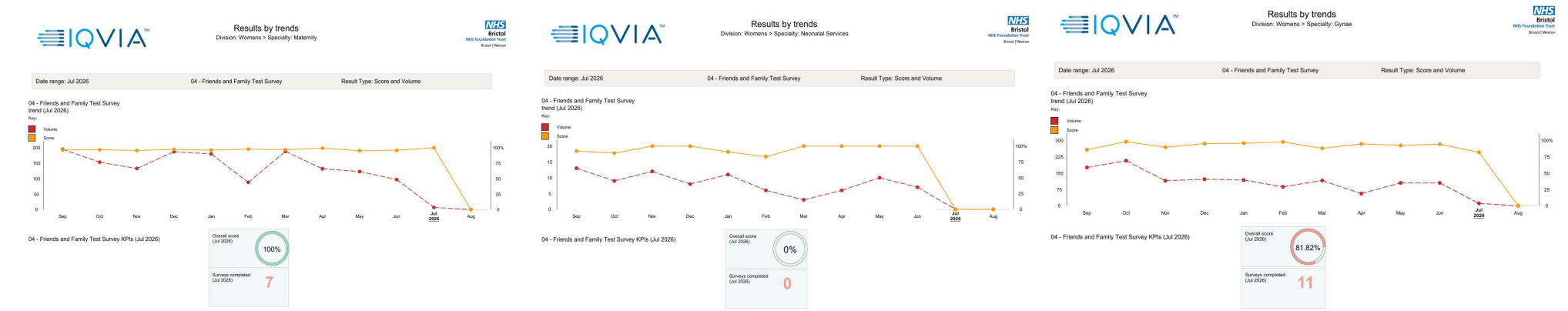
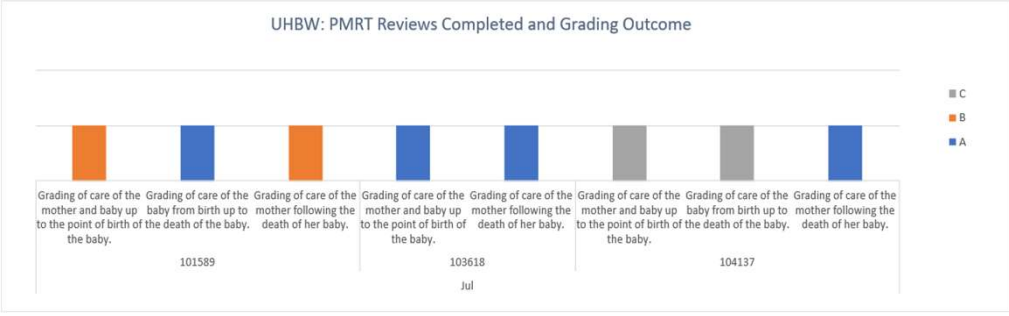
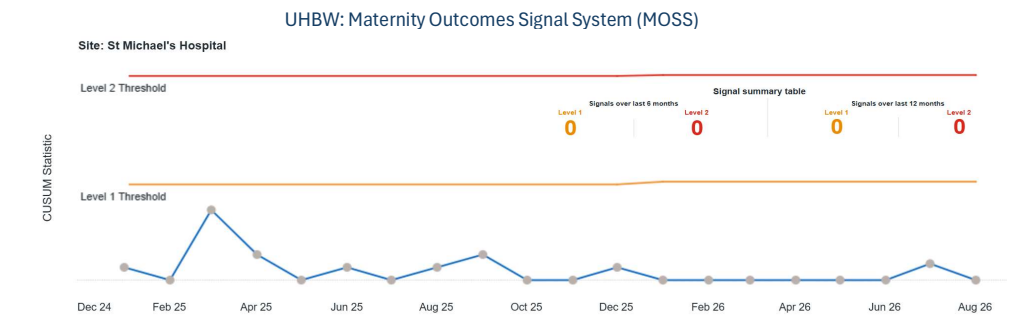
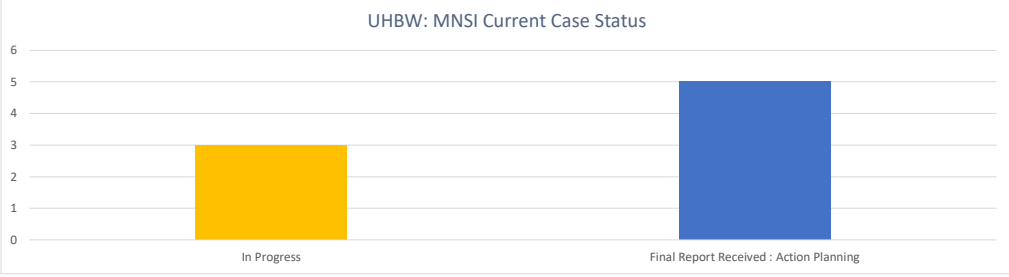
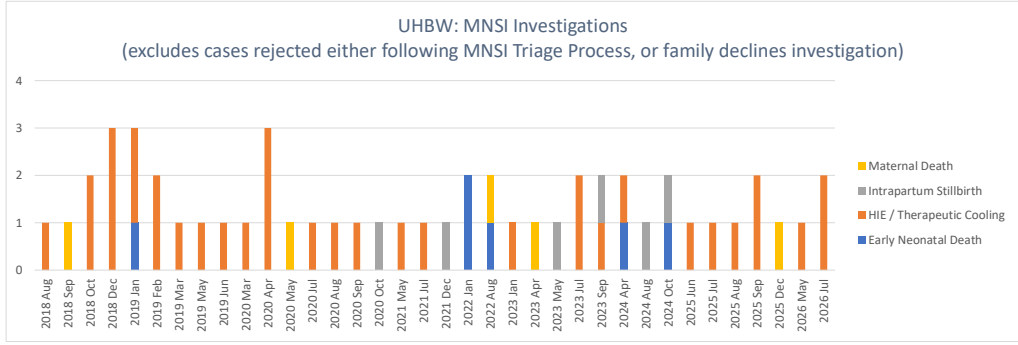
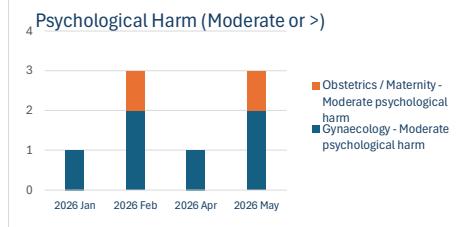
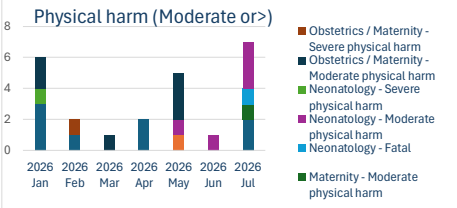
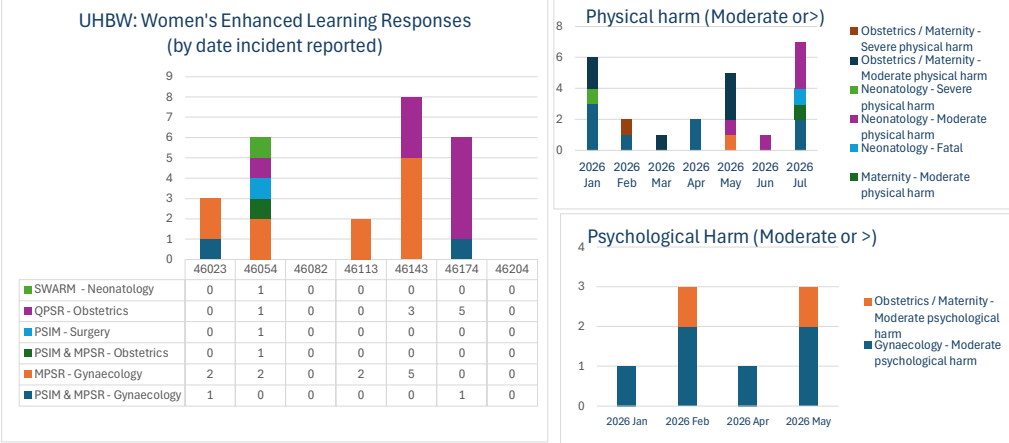
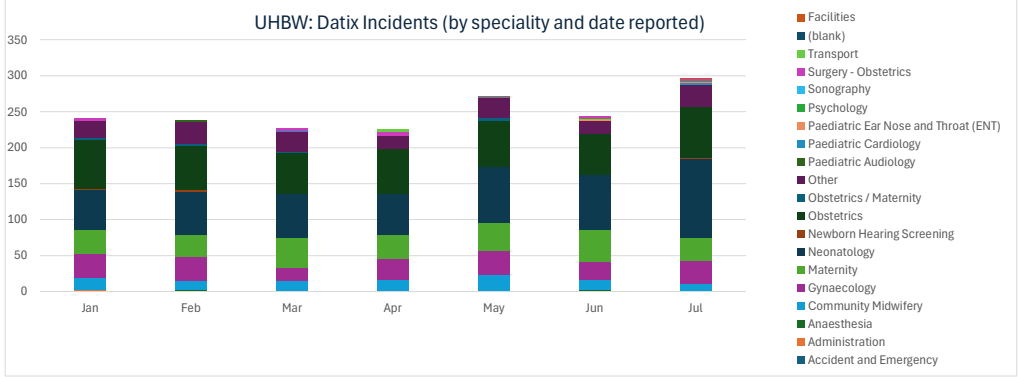
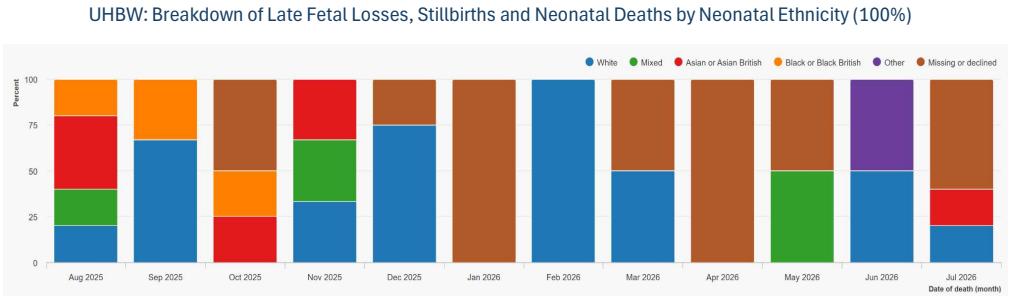
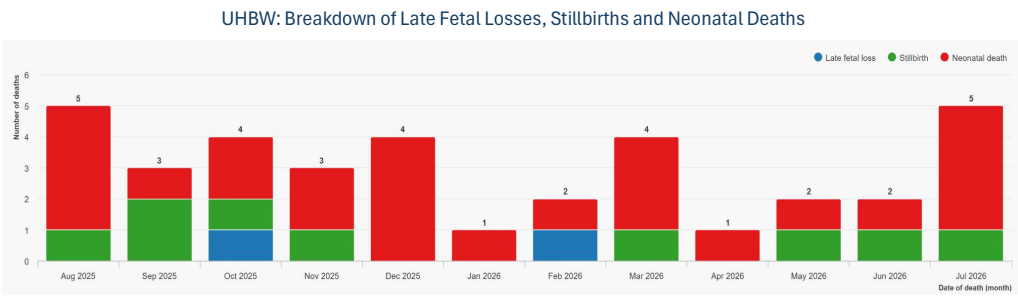
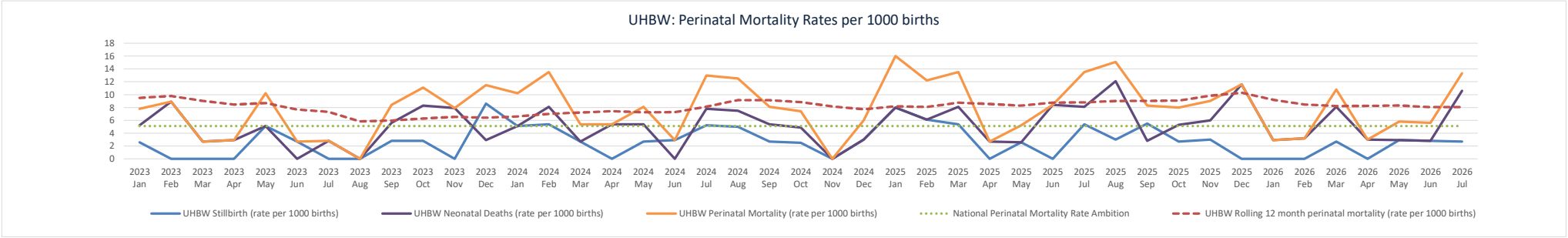
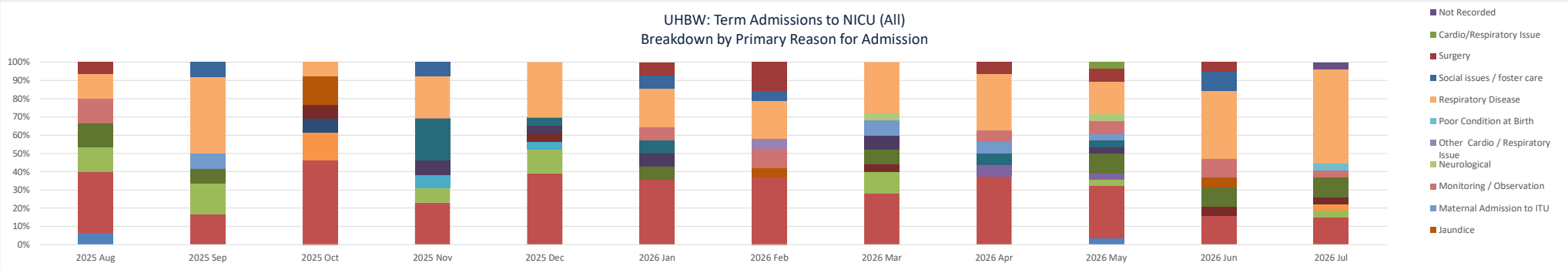
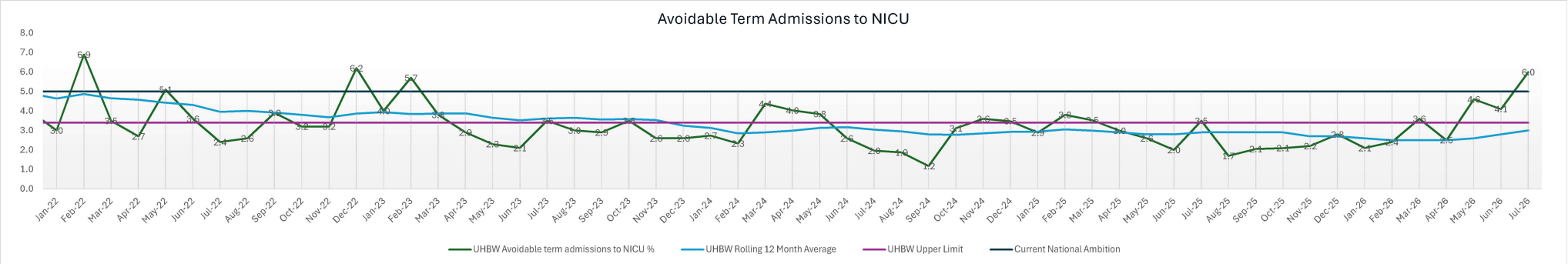
UHBW: Antenatal / Postnatal Ward (Willow) Birthrate + Acuity Summary (%)



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



UHBW: Patient Safety Metrics (July 2026)



Maternity Incentive Scheme - Year 8  
Published: 31st March 2026  
Submission date: 2nd March 2027

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

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

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

Ockenden Actions

| Board Progress Dashboard               |                     |                                                                                                    |     |       |       |      |                       |            |                              |                                                           |
|----------------------------------------|---------------------|----------------------------------------------------------------------------------------------------|-----|-------|-------|------|-----------------------|------------|------------------------------|-----------------------------------------------------------|
| Ockenden Report Actions                |                     |                                                                                                    |     |       |       |      |                       |            |                              |                                                           |
| Overall Position                       |                     | Current position                                                                                   |     |       |       |      |                       |            |                              |                                                           |
| Measure                                |                     | On track, with two actions requiring continued oversight.                                          |     |       |       |      |                       |            |                              |                                                           |
| Overall forecast compliance            |                     | 97.8%                                                                                              |     |       |       |      |                       |            |                              |                                                           |
| Overall compliance                     |                     | 77 of 91 assurance questions completed and evidenced, 12 are not applicable.                       |     |       |       |      |                       |            |                              |                                                           |
| Completed and evidenced                |                     | 0 Red, 1 Amber, 1 Green, 0 Blue                                                                    |     |       |       |      |                       |            |                              |                                                           |
| Open RAG profile                       |                     |                                                                                                    |     |       |       |      |                       |            |                              |                                                           |
| Main risks to completion               |                     | Neonatal staffing action requires progression, bereavement champion expansion remains in progress. |     |       |       |      |                       |            |                              |                                                           |
| Board action required                  |                     | Note the end-April position and support continued progression of IEA13 and IEA14 actions.          |     |       |       |      |                       |            |                              |                                                           |
| Board Progress Dashboard               |                     |                                                                                                    |     |       |       |      |                       |            |                              |                                                           |
| Ockenden action area                   | Assurance questions | N/A                                                                                                | Red | Amber | Green | Blue | Completed & evidenced | Compliance | Current position / key issue | Next steps                                                |
| Workforce Planning and Sustainability  | 11                  | 1                                                                                                  |     |       |       |      | 10                    | 100.00%    | Complete                     | No current exception                                      |
| Supporting Families                    | 3                   | 0                                                                                                  |     |       |       |      | 3                     | 100.00%    | Complete                     | No current exception                                      |
| Safe Staffing                          | 10                  | 2                                                                                                  |     |       |       |      | 8                     | 100.00%    | Complete                     | No current exception                                      |
| Pre-term Birth                         | 4                   | 1                                                                                                  |     |       |       |      | 3                     | 100.00%    | Complete                     | No current exception                                      |
| Postnatal Care                         | 4                   | 0                                                                                                  |     |       |       |      | 4                     | 100.00%    | Complete                     | No current exception                                      |
| Obstetric Anaesthesia                  | 5                   | 2                                                                                                  |     |       |       |      | 3                     | 100.00%    | Complete                     | No current exception                                      |
| Neonatal Care                          | 8                   | 3                                                                                                  |     |       |       |      | 4                     | 87.50%     | Amber                        | IEA14 - neonatal staffing action required                 |
| Multi-disciplinary Training            | 9                   | 0                                                                                                  |     |       |       |      | 9                     | 100.00%    | Complete                     | No current exception                                      |
| Learning from Maternal Deaths          | 3                   | 2                                                                                                  |     |       |       |      | 1                     | 100.00%    | Complete                     | No current exception                                      |
| Labour and Birth                       | 6                   | 0                                                                                                  |     |       |       |      | 6                     | 100.00%    | Complete                     | No current exception                                      |
| Incident Investigations and Complaints | 7                   | 0                                                                                                  |     |       |       |      | 7                     | 100.00%    | Complete                     | No current exception                                      |
| Escalation and Accountability          | 5                   | 0                                                                                                  |     |       |       |      | 5                     | 100.00%    | Complete                     | No current exception                                      |
| Complex Antenatal Care                 | 5                   | 0                                                                                                  |     |       |       |      | 5                     | 100.00%    | Complete                     | No current exception                                      |
| Clinical Governance and Leadership     | 7                   | 1                                                                                                  |     |       |       |      | 6                     | 100.00%    | Complete                     | No current exception                                      |
| Bereavement Care                       | 4                   | 0                                                                                                  |     |       |       |      | 3                     | 75.00%     | Green                        | IEA13 - bereavement champion role expansion in progress.  |
| TOTAL                                  | 91                  | 12                                                                                                 | 0   | 1     | 1     | 0    | 77                    | 97.80%     | On track                     | Continue evidence review and close IEA13 / IEA14 actions. |

Next Steps for Progression

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

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

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

NHS Three Year Delivery Plan

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

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

Select organisation (table)

University Hospitals Bristol and Weston NHS Foundation Trust

MERRACE-UK metrics

Better outcomes

Positive outcomes

All other metrics

Better outcomes

Improvement / positive outcomes

Select ICB or Trust level map

ICB

Select positive/negative outlier map

Positive

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

|                                                                                            | Total measures | Negative outliers | Positive outliers |                                                                                                |        |
|--------------------------------------------------------------------------------------------|----------------|-------------------|-------------------|------------------------------------------------------------------------------------------------|--------|
| Total                                                                                      | 41             | 2                 | 10                | T1a: Involvement in antenatal care decisions                                                   | 88.9%  |
|                                                                                            |                |                   |                   | T1b: Involvement in decisions during labour and birth                                          | 84.5%  |
|                                                                                            |                |                   |                   | T1c: Baby Friendly Accreditation - Maternity                                                   | 0.6%   |
|                                                                                            |                |                   |                   | T1d: Baby Friendly Accreditation - Neonatal                                                    | 100.0% |
| Listening to and working with women and families with compassion                           | 12             | 1                 | 3                 | T2a: Midwives' satisfaction with recognition for good work                                     | 56.3%  |
|                                                                                            |                |                   |                   | T2b: Midwives' satisfaction with work being valued by your organisation                        | 46.7%  |
| Growing, retaining and supporting our workforce                                            | 13             |                   | 4                 | T2c: Midwife Sickness Absence Rate                                                             | 4.7%   |
|                                                                                            |                |                   |                   | T2d: Obstetric Sickness Rate                                                                   | 1.2%   |
| Developing and sustaining a culture of safety, learning and support                        | 13             |                   | 3                 | T3a: Midwives' confidence in organisations response to concerns about unsafe clinical practice | 66.7%  |
|                                                                                            |                |                   |                   | T3b: Midwives' recommendation of the service                                                   | 90.3%  |
| Standards and structures that underpin safer, more person-centred, and more equitable care | 3              | 1                 |                   | T3c: Obs & Gynae recommendation of the service                                                 | 88.2%  |
|                                                                                            |                |                   |                   | T4b: Neonatal Mortality Rate (Stabilised) (MERRACE)                                            | 2.8    |

England ICB outlier map: Number of Positive outliers

Select region (map zoom)

England

© 2026 Mapbox © OpenStreetMap

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

| Measure                                                                      | Unit of Measurement | Latest Period | England Value | Latest Value | Baseline | Past Trend | Change from baseline | Key                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------|---------------------|---------------|---------------|--------------|----------|------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Adequacy of information or explanations during postnatal hospital care       | Percentage          | 2025          | 60.9%         | 54.3%        | 56.7%    |            | -4.4% ▼              | <b>Past Trend</b><br>● Baseline (Period closest to the publication of the three year delivery plan in March 2023)<br><b>Change from baseline (colour)</b><br>■ Significant deterioration from baseline<br>■ No significant change from baseline<br>■ Significant improvement from baseline<br>■ Not appropriate for significance testing<br><b>Change from baseline (symbol)</b><br>▼ Decrease<br>▲ Increase<br>→ No change |
| Adequacy of time spent discussing physical and mental health at the 6-8 week | Percentage          | 2025          | 36.9%         | 32.5%        | 30.1%    |            | -2.5% ▼              |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Awareness of medical history during antenatal check-ups                      | Percentage          | 2025          | 53.4%         | 47.6%        | 55.0%    |            | -7.4% ▼              |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Baby Friendly Accreditation - Maternity                                      | Percentage          | July 2025     | 30.9%         | 0.0%         | 0.0%     |            | 0.0% →               |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Baby Friendly Accreditation - Neonatal                                       | Percentage          | July 2025     | 20.1%         | 100.0%       | 100.0%   |            | 0.0% →               |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Being listened to during antenatal check-ups                                 | Percentage          | 2025          | 84.1%         | 85.5%        | 88.9%    |            | -3.3% ▼              |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Being listened to during postnatal care                                      | Percentage          | 2025          | 77.2%         | 82.8%        | 83.1%    |            | -0.3% ▼              |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Consideration of personal circumstances during postnatal care at home        | Percentage          | 2025          | 74.5%         | 75.9%        | 78.1%    |            | -2.3% ▼              |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Involvement in antenatal care decisions                                      | Percentage          | 2025          | 81.9%         | 88.9%        | 82.4%    |            | 6.5% ▲               |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Involvement in decisions during labour and birth                             | Percentage          | 2025          | 76.9%         | 84.5%        | 78.2%    |            | 6.3% ▲               |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Kind and compassionate treatment during labour and birth                     | Percentage          | 2025          | 83.1%         | 87.5%        | 87.6%    |            | -0.1% ▼              |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Response to concerns during labour and birth                                 | Percentage          | 2025          | 81.6%         | 83.8%        | 87.5%    |            | -3.7% ▼              |                                                                                                                                                                                                                                                                                                                                                                                                                             |

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

| Measure                                                                          | Unit of Measurement | Latest Period | England Value | Latest Value | Baseline | Past Trend | Change from baseline | Key                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------|---------------------|---------------|---------------|--------------|----------|------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Comfortable raising concerns - Obstetrics and Gynaecology Specialist Trainees    | Percentage          | 2025          | 70.0%         | 66.7%        | 100.0%   |            | -33.3% ▼             | <b>Past Trend</b><br>● Baseline (Period closest to the publication of the three year delivery plan in March 2023)<br><b>Change from baseline (colour)</b><br>■ Significant deterioration from baseline<br>■ No significant change from baseline<br>■ Significant improvement from baseline<br>■ Not appropriate for significance testing<br><b>Change from baseline (symbol)</b><br>▼ Decrease<br>▲ Increase |
| Comfortable raising concerns - Trainee Midwives                                  | Percentage          | 2025          | 72.5%         | 59.1%        | 19.8%    |            | 40.3% ▲              |                                                                                                                                                                                                                                                                                                                                                                                                              |
| Midwives' confidence in organisations response to concerns about unsafe clinical | Percentage          | 2025          | 53.1%         | 66.7%        | 57.7%    |            | 9.0% ▲               |                                                                                                                                                                                                                                                                                                                                                                                                              |
| Midwives' experience of learning culture                                         | Percentage          | 2025          | 72.4%         | 82.8%        | 81.2%    |            | 1.4% ▲               |                                                                                                                                                                                                                                                                                                                                                                                                              |
| Midwives' recommendation of the service                                          | Percentage          | 2025          | 70.3%         | 90.3%        | 85.6%    |            | 4.7% ▲               |                                                                                                                                                                                                                                                                                                                                                                                                              |
| Obs & Gynae confidence in organisations response to concerns about unsafe        | Percentage          | 2025          | 52.5%         | 67.6%        | 46.7%    |            | 21.0% ▲              |                                                                                                                                                                                                                                                                                                                                                                                                              |
| Obs & Gynae experience of learning culture                                       | Percentage          | 2025          | 68.9%         | 73.5%        | 64.3%    |            | 9.2% ▲               |                                                                                                                                                                                                                                                                                                                                                                                                              |
| Obs & Gynae recommendation of the service                                        | Percentage          | 2025          | 75.6%         | 88.2%        | 86.7%    |            | 1.6% ▲               |                                                                                                                                                                                                                                                                                                                                                                                                              |
| Quality of clinical supervision out of hours for doctors                         | Percentage          | 2025          | 79.9%         | 87.5%        | 100.0%   |            | -12.5% ▼             |                                                                                                                                                                                                                                                                                                                                                                                                              |
| Quality of shift handovers for trainee doctors                                   | Percentage          | 2025          | 89.3%         | 100.0%       | 92.9%    |            | 7.1% ▲               |                                                                                                                                                                                                                                                                                                                                                                                                              |
| Recommendation of the training post - Obstetrics and Gynaecology Specialist      | Percentage          | 2025          | 64.2%         | 66.7%        | 100.0%   |            | -33.3% ▼             |                                                                                                                                                                                                                                                                                                                                                                                                              |
| Recommendation of the training post - Trainee Midwives                           | Percentage          | 2025          | 79.2%         | 68.2%        | 46.7%    |            | 21.5% ▲              |                                                                                                                                                                                                                                                                                                                                                                                                              |
| Supportive working environment for trainee doctors                               | Percentage          | 2025          | 72.2%         | 70.6%        | 81.3%    |            | -10.7% ▼             |                                                                                                                                                                                                                                                                                                                                                                                                              |

Saving Babies Lives Care Bundle (SBLV3.2)

| Board Progress Dashboard                                                 |                            |                |                                                                                                                                                      |                                                                                                                                            |                                                                                                                                    |                                     |           |
|--------------------------------------------------------------------------|----------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------|
| Saving Babies' Lives Care Bundle Version 3.2: Progress Against Standards |                            |                |                                                                                                                                                      |                                                                                                                                            |                                                                                                                                    |                                     |           |
| Trust:                                                                   |                            | UHBW           |                                                                                                                                                      | Reporting period:                                                                                                                          |                                                                                                                                    | End July 2026 update                |           |
| SBLVC element                                                            | Standard area              | Current status | High-level progress update                                                                                                                           | Key risk / gap                                                                                                                             | Next steps / action required                                                                                                       | Lead                                | Timescale |
| 1                                                                        | Smoking in pregnancy       | Amber          | Partially implemented. Latest LMNS validated position (Q4): 60%. Self-assessment position: 60%. Q1 Audits in progress                                | TTD data reliability issue affecting confidence in reporting and pathway assurance for smoking in pregnancy.                               | Validate TTD data source, confirm reporting methodology and complete gap review.                                                   | TTA Clinical leads                  | Aug 2026  |
| 2                                                                        | Fetal growth restriction   | Amber          | Partially implemented. Latest LMNS validated position (Q4): 95%. Self-assessment position: 95%. Q1 Audits in progress                                | UAD scan capacity may affect timely surveillance for fetal growth restriction pathways.                                                    | Review UAD scan capacity, confirm escalation arrangements and maintain audit evidence for next LMNS assurance review.              | Clinical leads                      | Aug 2026  |
| 3                                                                        | Reduced fetal movements    | Amber          | Partially implemented. Latest LMNS validated position (Q4): 95%. Self-assessment position: 100%. Awaiting upload of audit data Q1 Audits in progress | No material risk identified at this stage. Continue monitoring consistency of pathway use.                                                 | Maintain compliance monitoring and confirm evidence remains current for next LMNS audit.                                           | Clinical leads                      | Aug 2026  |
| 4                                                                        | Fetal monitoring in labour | Green          | Fully implemented. Latest LMNS validated position (Q4): 100%. Self-assessment position: 100%. Q1 Audits in progress                                  | No material risk identified at this stage. Continue routine surveillance of training, escalation and audit outputs.                        | Continue routine reporting and prepare evidence pack for next LMNS assurance review.                                               | Fetal monitoring lead               | Aug 2026  |
| 5                                                                        | Preterm birth              | Amber          | Partially implemented. Latest LMNS validated position (Q4): 81%. Self-assessment position: 85%. Q1 Audits in progress                                | Element remains partially implemented. Remaining actions and evidence need to be confirmed.                                                | Review outstanding actions, confirm trajectory to full implementation and prepare update for LMNS audit.                           | Clinical leads                      | Aug 2026  |
| 6                                                                        | Diabetes                   | Amber          | Partially implemented. Latest LMNS validated position (Q4): 83%. Self-assessment position: 67%. Q1 Audits in progress                                | Documentation capture in BadgerNet and timing of HbA1c recording require improvement to confirm evidence position ahead of the LMNS audit. | Strengthen BadgerNet documentation capture, agree HbA1c timing expectations and confirm evidence position ahead of the LMNS audit. | Diabetes / obstetric medicine leads | Aug 2026  |

Overall Position

| Measure                     | Current position                                                                                                                                        |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Overall forecast compliance | On track with actions. Current position remains partially implemented overall, with focused work underway ahead of the next LMNS audit.                 |
| Standards rated Green       | 1 / 6                                                                                                                                                   |
| Standards rated Amber       | 5 / 6                                                                                                                                                   |
| Standards rated Red         | 0 / 6                                                                                                                                                   |
| Main risk to compliance     | Key issues relate to Element 1 TTD data reliability, Element 2 UAD scan capacity, and Element 6 documentation capture in BadgerNet and timing of HbA1c. |
| Board action required       | Note the end-July position, presented current position to LMNS Response Group in June 2026. Q4 LMNS Verification now completed, Q1 Audits underway      |

Position statement: This is an end-July 2026 update. Saving Babies' Lives Care Bundle Version 3.2 remains partially implemented overall

Maternal Care Bundle

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

Overall Position

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

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

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

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

| Measure                                                                             | Unit of Measurement | Latest Period      | England Value | Latest Value | Baseline | Past Trend | Change from baseline | Key                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------|---------------------|--------------------|---------------|--------------|----------|------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Midwife Sickness Absence Rate                                                       | Percentage          | March 2026         | 5.9%          | 4.7%         | 3.6%     |            | 1.1% ▲               | <p><b>Past Trend</b></p> <p>● Baseline (Period closest to the publication of the three year delivery plan in March 2023)</p> <p><b>Change from baseline (colour)</b></p> <ul style="list-style-type: none"><li>■ Significant deterioration from baseline</li><li>■ No significant change from baseline</li><li>■ Significant improvement from baseline</li><li>■ Not appropriate for significance testing</li></ul> <p><b>Change from baseline (symbol)</b></p> <ul style="list-style-type: none"><li>▼ Decrease</li><li>▲ Increase</li><li>→ No change</li></ul> |
| Midwife Turnover Rate                                                               | Percentage          | Year to April 2026 | 6.3%          | 8.6%         | 12.1%    |            | -3.4% ▼              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Midwives' satisfaction with recognition for good work                               | Percentage          | 2025               | 41.5%         | 56.3%        | 49.0%    |            | 7.3% ▲               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Midwives' satisfaction with work being valued by your organisation                  | Percentage          | 2025               | 33.4%         | 46.7%        | 37.5%    |            | 9.2% ▲               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Obs & Gynae satisfaction with recognition for good work                             | Percentage          | 2025               | 51.4%         | 64.7%        | 60.0%    |            | 4.7% ▲               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Obs & Gynae satisfaction with work being valued by your organisation                | Percentage          | 2025               | 43.9%         | 55.9%        | 33.3%    |            | 22.5% ▲              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Obstetric Sickness Rate                                                             | Percentage          | March 2026         | 2.3%          | 1.2%         | 0.9%     |            | 0.7% ▼               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Opportunities to discuss and agree learning needs at the start of training - Obst.  | Percentage          | 2025               | 94.9%         | 100.0%       | 100.0%   |            | 0.0% →               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Opportunities to discuss and agree learning needs at the start of training - Train. | Percentage          | 2025               | 87.9%         | 85.7%        | 62.5%    |            | 23.2% ▲              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Overall educational experience - Obstetrics and Gynaecology Specialist Train.       | Percentage          | 2025               | 60.6%         | 75.6%        | 92.3%    |            | -17.3% ▼             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Overall educational experience - Trainee Midwives                                   | Percentage          | 2025               | 80.0%         | 71.4%        | 35.7%    |            | 35.7% ▲              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Permitted to attend learning opportunities - Obstetrics and Gynaecology Spec.       | Percentage          | 2025               | 56.7%         | 41.7%        | 61.5%    |            | -19.9% ▼             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Permitted to attend learning opportunities - Trainee Midwives                       | Percentage          | 2025               | 79.3%         | 81.6%        | 42.9%    |            | 38.1% ▲              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

UHBW: Fetal Wellbeing Training

\* Projected Compliance based on forward bookings

|                                                             | Compliance as of:<br>30/06/2026 | Projected Compliance as of:<br>31/08/2026 | Projected Compliance as of:<br>30/11/2026 |
|-------------------------------------------------------------|---------------------------------|-------------------------------------------|-------------------------------------------|
| Number of Obstetric Consultants                             | 19                              | 19                                        | 19                                        |
| Number compliant with Fetal Wellbeing Training              | 19                              | 18                                        | 17                                        |
| Maternity / Parenting Leave / Long Term Sickness exceptions | 0                               | 0                                         | 1                                         |
| Number of new started within 3 month grace period           | 0                               | 0                                         | 0                                         |
|                                                             | 100.0                           | 94.7                                      | 94.7                                      |
| Number of Obstetric Staff (excluding consultants)           | 42                              | 40                                        | 34                                        |
| Number compliant with Fetal Wellbeing Training              | 33                              | 32                                        | 27                                        |
| Maternity / Parenting Leave / Long Term Sickness exceptions | 4                               | 4                                         | 4                                         |
| Number of new started within 3 month grace period           | 2                               | 0                                         | 0                                         |
|                                                             | 92.9                            | 90.0                                      | 91.2                                      |
| Number of Midwifery Staff                                   | 257                             | 257                                       | 257                                       |
| Number compliant with Fetal Wellbeing Training              | 220                             | 216                                       | 226                                       |
| Maternity / Parenting Leave / Long Term Sickness exceptions | 21                              | 21                                        | 21                                        |
| Number of new started within 3 month grace period           |                                 | 0                                         | 0                                         |
|                                                             | 93.8                            | 92.2                                      | 96.1                                      |

UHBW: Obstetric Emergencies Training

\* Projected Compliance based on forward bookings

|                                                             | Compliance as of:<br>30/06/2026 | Projected Compliance as of:<br>31/08/2026 | Projected Compliance as of:<br>30/11/2026 |
|-------------------------------------------------------------|---------------------------------|-------------------------------------------|-------------------------------------------|
| Number of Obstetric Consultants                             | 19                              | 19                                        | 19                                        |
| Number compliant with Obstetric Emergencies Training        | 18                              | 18                                        | 17                                        |
| Maternity / Parenting Leave / Long Term Sickness exceptions | 0                               | 0                                         | 1                                         |
| Number of new started within 3 month grace period           | 0                               | 0                                         | 0                                         |
|                                                             | 94.7                            | 94.7                                      | 94.7                                      |
| Number of Obstetric Medical Staff (excluding consultants)   | 42                              | 40                                        | 34                                        |
| Number compliant with Obstetric Emergencies Training        | 33                              | 33                                        | 28                                        |
| Maternity / Parenting Leave / Long Term Sickness exceptions | 4                               | 4                                         | 4                                         |
| Number of new started within 3 month grace period           | 0                               | 0                                         | 0                                         |
|                                                             | 88.1                            | 92.5                                      | 94.1                                      |
| Number of Midwifery Staff                                   | 257                             | 257                                       | 257                                       |
| Number compliant with Obstetric Emergencies Training        | 211                             | 216                                       | 227                                       |
| Maternity / Parenting Leave / Long Term Sickness exceptions | 21                              | 21                                        | 21                                        |
| Number of new started within 3 month grace period           | 0                               | 0                                         | 0                                         |
|                                                             | 90.3                            | 92.2                                      | 96.5                                      |
| Number of Maternity Support Workers                         | 49                              | 49                                        | 49                                        |
| Number compliant with Obstetric Emergencies Training        | 43                              | 44                                        | 45                                        |
| Maternity / Parenting Leave / Long Term Sickness exceptions | 1                               | 1                                         | 1                                         |
| Number of new started within 3 month grace period           | 0                               | 0                                         | 0                                         |
|                                                             | 90                              | 92                                        | 94                                        |
| Number of Anaesthetic Consultants                           | 32                              | 32                                        | 32                                        |
| Number compliant with Obstetric Emergencies Training        | 31                              | 29                                        | 28                                        |
| Maternity / Parenting Leave / Long Term Sickness exceptions | 1                               | 1                                         | 1                                         |
| Number of new started within 3 month grace period           | 0                               | 0                                         | 0                                         |
|                                                             | 100.0                           | 93.8                                      | 90.6                                      |
| Number of Anaesthetic Medical Staff (excluding consultants) | 39                              | 38                                        | 35                                        |
| Number compliant with Obstetric Emergencies Training        | 33                              | 34                                        | 31                                        |
| Maternity / Parenting Leave / Long Term Sickness exceptions | 1                               | 1                                         | 1                                         |
| Number of new started within 3 month grace period           | 0                               | 0                                         | 0                                         |
|                                                             | 87.2                            | 92.1                                      | 91.4                                      |

UHBW: Neonatal Basic and Enhance Life Support Training compliance

\* Projected Compliance based on forward bookings

|                                                                            | Compliance as of:<br>30/06/2026 | Projected Compliance as of:<br>31/08/2026 | Projected Compliance as of:<br>30/11/2026 |
|----------------------------------------------------------------------------|---------------------------------|-------------------------------------------|-------------------------------------------|
| Number of NICU Consultants                                                 | 13                              | 13                                        | 13                                        |
| Number Compliant with Neonatal Resuscitation Training (Basic & Additional) | 12                              | 13                                        | 13                                        |
| Exemption                                                                  | 0                               | 0                                         | 0                                         |
| Number of new started within 3 month grace period                          | 0                               | 0                                         | 0                                         |
|                                                                            | 92.3                            | 100.0                                     | 100.0                                     |
| Number of NICU Medical Staff (Excluding consultants)                       | 22                              | 24                                        | 24                                        |
| Number Compliant with Neonatal Resuscitation Training (Basic & Additional) | 11                              | 19                                        | 23                                        |
| Exemption                                                                  | 8                               | 0                                         | 0                                         |
| Number of new started within 3 month grace period                          | 0                               | 3                                         | 0                                         |
|                                                                            | 86.4                            | 91.7                                      | 95.8                                      |
| Number of ANNPs                                                            | 8                               | 8                                         | 8                                         |
| Number Compliant with Neonatal Resuscitation Training (Basic & Additional) | 7                               | 8                                         | 8                                         |
| Exemption                                                                  | 0                               | 0                                         | 0                                         |
| Number of new started within 3 month grace period                          | 0                               | 0                                         | 0                                         |
|                                                                            | 87.5                            | 100                                       | 100                                       |
| Number of NICU Nursing Staff (Band 5)                                      | 79                              | 79                                        | 79                                        |
| Number Compliant with Neonatal Resuscitation Training (Basic)              | 58                              | 70                                        | 72                                        |
| Maternity / Parenting Leave / Long Term Sickness exceptions                | 5                               | 5                                         | 5                                         |
| Number of new started within 3 month grace period                          | 3                               | 0                                         | 0                                         |
|                                                                            | 83.5                            | 94.9                                      | 97.5                                      |
| Number of NICU Nursing Staff (Band 6, 7 & 8)                               | 49                              | 49                                        | 49                                        |
| Number Compliant with Neonatal Resuscitation Training (Basic & Additional) | 40                              | 42                                        | 45                                        |
| Maternity / Parenting Leave / Long Term Sickness exceptions                | 3                               | 3                                         | 3                                         |
| Number of new started within 3 month grace period                          | 0                               | 0                                         | 0                                         |
|                                                                            | 87.8                            | 91.8                                      | 98.0                                      |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                   |            |             |
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| Report To:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Meeting of the Trust Board in Public                                                                                                              |            |             |
| Date of Meeting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 8 September 2026                                                                                                                                  |            |             |
| Report Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Learning from Deaths Annual Report 2025/26                                                                                                        |            |             |
| Report Author:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Heather Collins, Assistant Project Manager                                                                                                        |            |             |
| Report Sponsor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Karin Bradley, Medical Director of Safe and Effective Care<br>Paul Cresswell, Director of Quality                                                 |            |             |
| Purpose of the report:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Approval                                                                                                                                          | Discussion | Information |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                   | X          |             |
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| Key Points to Note (Including any previous decisions taken)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                   |            |             |
| <p>The Learning from Deaths Annual Report 2025/26 has been reviewed by the relevant Clinical Quality Groups and is presented to Board for discussion and assurance. It summarises adult mortality review activity, key learning themes and improvement priorities, and reflects progress in aligning mortality processes ahead of the formation of Bristol NHS Foundation Trust on 1 July 2026.</p> <ul style="list-style-type: none"><li>• During 2025/26, 3,722 patients died in hospital across Bristol NHS Group and 1,420 died within 30 days of discharge. Neonatal, child and maternal deaths are reviewed through separate national processes.</li><li>• All non-coronial deaths received independent Medical Examiner scrutiny. The Medical Examiner Service referred 536 deaths for targeted review and learning, including 175 Structured Judgement Reviews.</li><li>• Mortality performance was within expected national ranges for both legacy Trusts. Across completed reviews, 97.8% of care was rated adequate, good or excellent, with no deaths judged more likely than not due to problems in care and no definitely avoidable deaths identified through Structured Judgement Review.</li><li>• All deaths involving people with learning disabilities, autism or severe mental illness received a Structured Judgement Review; 81 reviews were completed, with no poor or very poor care identified.</li><li>• Key learning themes included communication and coordination of care, recognition and escalation of deterioration, end-of-life care and advance care planning, and documentation quality.</li><li>• The Clinical Quality Groups took assurance from the report and progress in harmonising mortality processes, while noting risks around review timeliness, variation in review maturity, and the need to evidence how recurring themes translate into improvement.</li><li>• City and Weston HOU CQG discussed variation in Medical Examiner referral data across sites. It was clarified that this largely reflects differences in local practice and reporting thresholds, and should be used as a prompt for review rather than a direct measure of care quality. Structured Judgement Reviews did not identify significant site-level differences in quality of care.</li></ul> |                                                                                                                                                   |            |             |

- Priorities for 2026/27 are to embed the Trust-wide Learning from Deaths framework, strengthen the Joint Mortality Surveillance Group, develop digital solutions, improve consistency of review practice, and better understand health inequalities and poorer outcomes.

### Strategic Alignment

The report supports delivery of high-quality, continually improving care by strengthening mortality review, reducing duplication, and supporting a shared approach to surveillance, reporting and learning across Bristol NHS Foundation Trust.

### Risks and Opportunities

**Risks:** Delays in mortality review, variation in review maturity, and limitations in equality and demographic data may affect the timeliness, consistency and targeting of organisational learning.

**Opportunities:** Embedding the aligned Learning from Deaths framework, Joint Mortality Surveillance Group and digital review solutions will strengthen oversight, improve visibility of learning, and support more targeted improvement across the Trust.

### Recommendation

This report is for **Discussion**

The Board is asked to note the assurance provided, discuss the annual report, and support the 2026/27 priorities for embedding learning and improving care.

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

|                             |                                 |
|-----------------------------|---------------------------------|
| 22 <sup>nd</sup> July 2026  | Mortality Surveillance Group    |
| 5 <sup>th</sup> August 2026 | CandWHOU Clinical Quality Group |
| 7 <sup>th</sup> August 2026 | SHOU Clinical Quality Group     |

|                    |                                                       |
|--------------------|-------------------------------------------------------|
| <b>Appendices:</b> | Appendix 1 – Learning from Deaths Annual Report 25/26 |
|--------------------|-------------------------------------------------------|

# **Bristol NHS Foundation Trust**

## **Learning from Deaths Annual Report**

For the year ended

31 March 2026

### [Contents](#)

|                                                                                                                                                |    |
|------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Foreword .....                                                                                                                                 | 3  |
| Executive Summary.....                                                                                                                         | 4  |
| Section 1 - Deaths in our care .....                                                                                                           | 6  |
| 1.1 Total Deaths in our care and within 30 days of discharge as an inpatient .....                                                             | 6  |
| 1.2 Specialist Mortality Review Processes.....                                                                                                 | 7  |
| 1.3 How we monitor and respond to mortality rates when compared with similar organisations and centres .....                                   | 10 |
| 1.4 Identifying people at greater risk of health inequalities or poorer outcomes .....                                                         | 11 |
| 1.5 Independent scrutiny of every death.....                                                                                                   | 12 |
| Section 2 - How we review and learn from deaths .....                                                                                          | 14 |
| 2.1 Our approach to reviewing adult in-hospital deaths.....                                                                                    | 14 |
| 2.2 Which deaths we review in detail.....                                                                                                      | 16 |
| 2.3 Mortality review completion times .....                                                                                                    | 19 |
| 2.4 Assessing the quality of care we provided .....                                                                                            | 20 |
| Section 3 - How we have learned and improved .....                                                                                             | 24 |
| 3.1 What families are telling us about their experiences.....                                                                                  | 24 |
| 3.2 What we have learned from reviewing deaths of people with a learning disability, autistic people or people with severe mental illness..... | 26 |
| 3.3 Patients with a Learning Disability and Autistic People.....                                                                               | 26 |
| 3.4 Severe Mental Illness .....                                                                                                                | 29 |
| 3.5 What we have learned from divisional and speciality reviews and mortality review themes .                                                  | 31 |
| 3.6 Key Learning Themes from Structured Judgement Reviews and Mortality and Morbidity meetings.....                                            | 32 |
| Section 4 - Aligned working and future direction of travel.....                                                                                | 38 |
| 4.1 Working together as a Group and across Bristol, North Somerset, and South Gloucestershire .....                                            | 38 |
| 4.2 The Mortality Improvement Programme.....                                                                                                   | 38 |
| 4.3 Supporting our national collaboration.....                                                                                                 | 39 |
| 4.4 Progress against the priorities set out in our previous annual report.....                                                                 | 40 |
| 4.5 Looking forward .....                                                                                                                      | 42 |
| 4.6 Future Priorities and Commitments .....                                                                                                    | 43 |
| Glossary .....                                                                                                                                 | 46 |
| References .....                                                                                                                               | 52 |
| Appendices.....                                                                                                                                | 53 |

## Foreword

### Medical Director of Safe and Effective Care

This report sets out how we learn from the deaths of people in our care. It reflects on a year in which North Bristol NHS Trust and University Hospitals Bristol and Weston NHS Foundation Trust worked together as Bristol NHS Group, before forming Bristol NHS Foundation Trust on 1 July 2026. It looks back at the care provided between April 2025 and March 2026, and looks forward to how we will strengthen learning, governance and improvement as one organisation.

When someone dies in our care, we look carefully and honestly at the care they received and listen to the people who knew them best. All deaths that are not investigated by the coroner receive independent scrutiny through the Medical Examiner Service. A smaller number then progress to more detailed review where this is needed for learning or assurance. In those detailed reviews, most care was assessed as adequate, good or excellent, providing important assurance for patients, families and staff.

The findings in this report show where good care must be sustained and where further improvement is needed, particularly in communication, earlier recognition of deterioration, care coordination and advance care planning. Many of these themes are complex and reflect challenges seen across healthcare. We will continue to work with NHS colleagues across organisational boundaries, as well as using our own findings to improve how care is planned and delivered, how staff are trained and supported, how concerns are raised and acted on, and how learning is shared across our hospitals.

As we move forward as Bristol NHS Foundation Trust, our priority is to maintain safe, high-quality care as we continue to integrate our services and ways of working. We will also strengthen and align our approach to mortality review, governance and organisational learning. By bringing together insights from patients and families, clinical teams, patient safety processes, mortality reviews and data, we will continue to improve our understanding of where care is excellent, where improvement is needed, and where people or communities may experience poorer outcomes or barriers to equitable care.

Our aim is to ensure that learning continues to drive meaningful change, supporting safer, more effective, more compassionate and more equitable care for the communities we serve. We are grateful to our Volunteer Patient and Carer Partner, whose input has helped make this report more meaningful and accessible for a public audience, and has informed how we will continue to improve it in future years.



Dr Karin Bradley

## Executive Summary

Our learning from deaths processes help us identify where we can improve care for future patients and recognise the excellent care that many families<sup>1</sup> want us to acknowledge.

The Trust is committed to sharing learning from Medical Examiner feedback, mortality reviews, and related activity. Where detailed reporting could create a risk of identifying individual patients, families or staff, findings are presented without identifiable detail and grouped where needed. This supports learning and transparency while meeting confidentiality and information governance requirements.

During the period this report covers, services were provided by North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) working together as Bristol NHS Group. References to Bristol NHS Foundation Trust (BFT) and its hospital operating units are included only where this helps explain the structure introduced after the merger.

### Key statistics for 2025-26

- 3,722 in-hospital deaths across Bristol NHS Group, and 1,420 patients died within 30 days of discharge.
- 536 Medical Examiner referrals received (14.7% of adult in-hospital deaths), leading to 175 detailed structured judgement reviews (4.8% of adult in-hospital deaths)

### Key Achievements

- All deaths in Bristol, North Somerset and South Gloucestershire not investigated by the coroner received independent scrutiny through the Medical Examiner Service. More than 500 referrals across the Group led to targeted reviews and learning actions, including Structured Judgement Reviews and patient safety responses.
- For most deaths reviewed care was assessed as good or excellent, with 97.8% rated at least adequate. We also identified and acted on learning across all care levels.
- Significant progress has been made in aligning mortality review processes, governance arrangements and reporting across the Bristol NHS Group, helping to prepare for a consistent, collaborative approach within the future merged organisation, including the establishment of a joint Mortality Surveillance Group and a single Learning from Deaths policy for the date of merger (1<sup>st</sup> July 2026).

## Key learning themes

Many of the themes identified in 2025/26 are consistent with those reported in previous years. This reflects the ongoing nature of complex areas of care and the need for sustained, incremental improvement across services.

### Theme 1 – Communication and coordination of care

Communication with patients, families, and between clinical teams remains a consistent area for improvement, particularly around deterioration, end-of-life discussions, and transitions of care.

### Theme 2 – Recognition and escalation of deterioration

Opportunities remain to strengthen the timely recognition of deteriorating patients, including ensuring that signs of deterioration, abnormal observations and staff concerns are promptly escalated to clinicians who can review the patient and initiate appropriate treatment.

### Theme 3 – End-of-life care and advance care planning

Variation in the timeliness and consistency of end-of-life care planning and symptom management, including opportunities for earlier recognition and improved patient experience.

## What families told us

Feedback from families highlights both the compassion and professionalism of staff, alongside opportunities to improve communication, coordination of care, and clarity around deterioration and end-of-life decisions. Families particularly value being kept informed, involved in decision-making, and supported through difficult conversations.

## Looking ahead to 2026-27

In 2026–27, we will focus on embedding a consistent, Trust-wide approach to mortality review, strengthening links between mortality and patient safety processes, and improving the timeliness and visibility of learning through better data and digital tools. We will also enhance our ability to identify and understand variation in outcomes and care, including for people who may be at greater risk of poorer outcomes or face barriers to equitable care, so that learning can inform improvement priorities.

## Section 1 - Deaths in our care

*Section 1 explains how many people died in our care, who they were, and how we use national measures, guidance and independent review to understand and monitor mortality across our hospitals.*

### 1.1 Total Deaths in our care and within 30 days of discharge as an inpatient

During 2024-25, North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) formalised their collaboration as the Bristol NHS Group, building on several years of partnership working. This supports a shared ambition to deliver more consistent, high quality and equitable care across Bristol, North Somerset and South Gloucestershire (BNSSG). This report reflects the first year of this more coordinated, Group-wide approach to learning from deaths.

The [national guidance on learning from deaths](#) recommends that trusts report annual information on the total of in-hospital deaths. Across the Group, there were 3,722 in-hospital deaths and 1,420 patients who died within 30 days of discharge. Figure 1 shows the total deaths by Trust and across Bristol NHS Group.

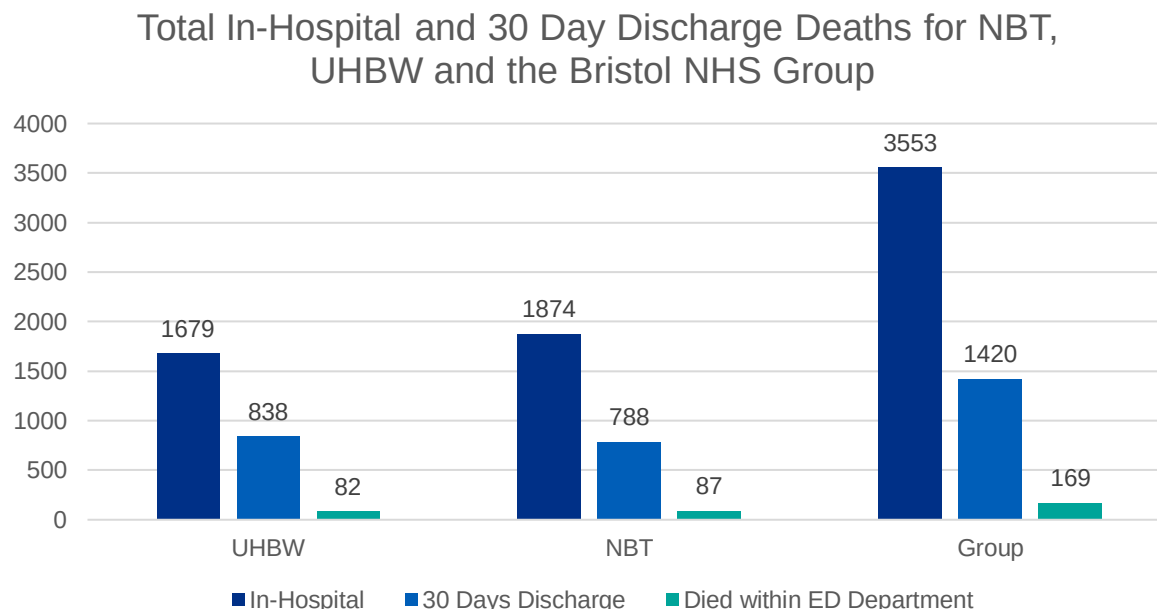


Figure 1 - Bar chart showing the number of deaths by site and for the group, divided by whether the patient died in hospital, 30 days post discharge or with an Emergency Department

### Total hospital deaths

The figures in this report include all deaths in our hospitals. 'Deaths reviewed' refers to adult deaths only, because neonatal, child, and maternal deaths are reviewed

through separate processes described below in section 1.2. Figure 2 shows stable year-on-year mortality, with normal quarterly variation. Regional mortality context is provided in Appendix 2.

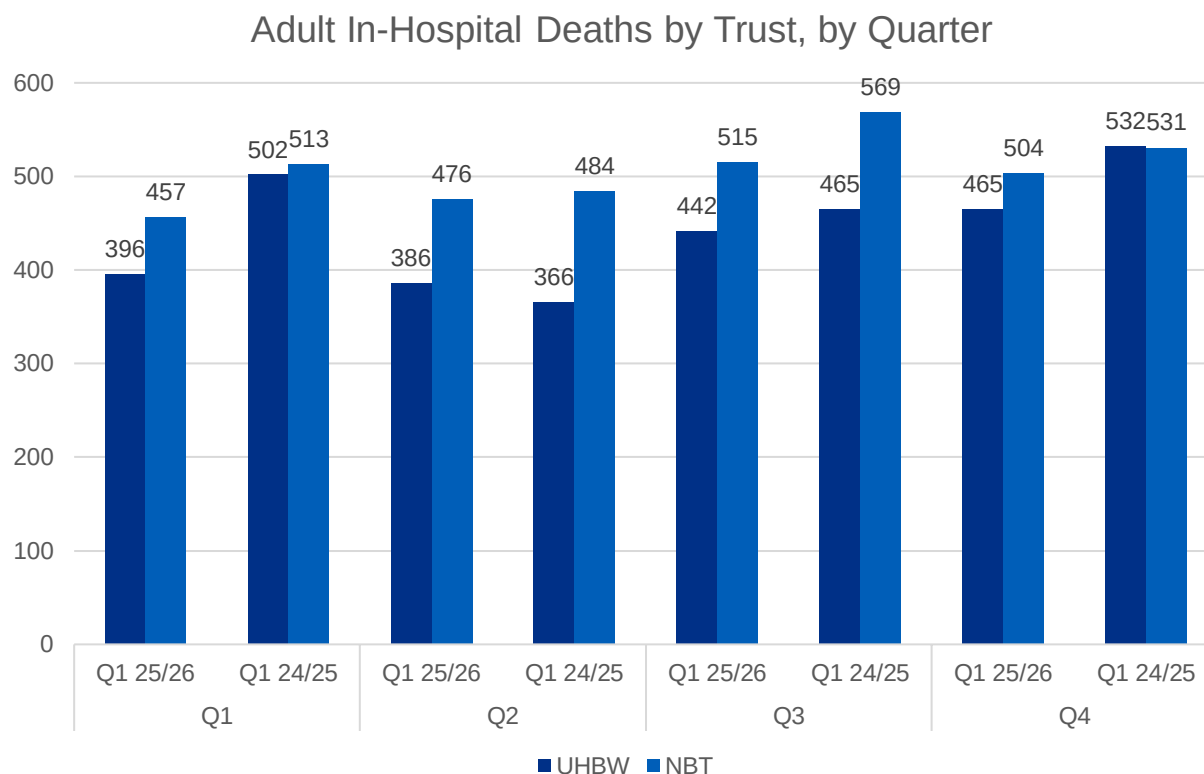


Figure 2 - Bar chart showing in-hospital adult deaths by quarter comparing financial years 24/25 with 25/26

### Hospital deaths by site

We monitor hospital inpatient deaths by site and division. Table 1 shows the total number of deaths by site. The variation reflects the different types of services provided at each hospital.

For detailed breakdowns by site and division see Appendix 3.

| Site                                    | Total Adult In Hospital Deaths |
|-----------------------------------------|--------------------------------|
| Southmead Hospital                      | 1951                           |
| Bristol Royal Infirmary                 | 1041                           |
| Weston General Hospital                 | 555                            |
| Bristol Haematology and Oncology Centre | 91                             |
| St Michael's Hospital                   | 3                              |

Table 1 Shows the total adult in-hospital deaths across the inpatient bed bases across Bristol NHS Group

## 1.2 Specialist Mortality Review Processes

Across Bristol NHS Group, most deaths occur in older people with multiple long-term health conditions, often following acute deterioration in their condition. While these deaths may not be unexpected given the person's underlying health, we systematically

review selected cases to identify ways to improve care and share good practice. This process is described in section 2.

Although, this report focuses on deaths of adult patients in our hospitals, there are related mortality review processes.

### **Child deaths, stillbirths, and maternal deaths**

Bristol NHS Group provides specialist paediatric services at Bristol Royal Hospital for Children and women's, maternity and neonatal services across St Michael's Hospital, Weston General Hospital and Southmead Hospital. Although this annual report focuses primarily on adult deaths in hospital, child deaths, stillbirths, neonatal deaths and maternal deaths are subject to separate specialist review processes, in line with statutory requirements and national guidance.

Child deaths are reviewed through the statutory Child Death Review process, which brings together relevant agencies to identify learning and support service improvement locally and nationally. Child Death Review meetings are usually arranged within three months; however, the overall review process may take longer where post-mortem, investigation or specialist reports are required. As a result, learning from child deaths is reported through the Child Death Overview Panel and associated governance routes, rather than through the adult mortality review data presented in this report.

The most recent published Child Death Review (CDR) report covered January 2023 to March 2024. During that period, 25 actions were identified and completed, with key themes relating to communication, education, service provision and clinical effectiveness.

Stillbirths, late fetal losses and neonatal deaths are reviewed through the Perinatal Mortality Review Tool (PMRT). Maternal deaths during pregnancy or within 42 days of the end of pregnancy are reviewed through the national Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries programme (MBRRACE-UK). Where relevant criteria are met, external maternity investigations are undertaken through the national maternity investigation process. These reviews are multidisciplinary and are undertaken in line with specialist national guidance, with learning considered through maternity, neonatal, patient safety and quality governance arrangements.

Outputs from specialist mortality review processes, including PMRT, child death review, MBRRACE-UK and late maternal death review processes, are reviewed through the Mortality Surveillance Group when available to support detailed scrutiny of themes, learning and actions. As some reports are retrospective and do not align with routine quarterly or annual Learning from Deaths reporting cycles, MSG provides an important forum for considering these outputs in context before relevant themes and assurance are escalated through the Quality and Outcomes Committee and, where appropriate, to Board. This approach ensures that Board-level committees are

sighted on key learning and improvement actions, while retaining detailed review and triangulation within MSG.

During 2025/26, NBT and UHBW also worked with the South West Local Maternity and Neonatal System and the South West Maternal Medicine Network to strengthen review arrangements for late maternal deaths, defined as deaths occurring more than 42 days and up to one year after the end of pregnancy. These cases are reviewed using the Structured Judgement Review methodology, with specialist input from Women's and Children's mortality leads, to support consistent review, learning and escalation across the Bristol NHS Group.

### **Learning from Coroner's Inquests**

The Healthcare Legal Teams at UHBW and NBT are committed to integration, which will standardise the support to colleagues involved in inquests and strengthen reporting.

At present, UHBW reviews high risk inquests at a monthly Healthcare Legal Forum, which is chaired by the Medical Director and attended by all Divisions and Comms. The agenda includes a review of the current inquest volume, upcoming hearings, actions and any thematic issues. Feedback from witnesses is shared with a view to strengthening in-house support on inquests. Each inquest hearing has a pre and post inquest risk assessment, which details the learning. By sharing this at the forum, there is cross divisional learning.

There is a quarterly review of national PFD reports, and identification of any areas on open inquests which may present a risk of a report being made.

Learning from Healthcare Legal Forum is escalated to Clinical Quality Group.

UHBW publishes a quarterly healthcare legal briefing, called Beacon. Learning arising from recent inquests and topical updates is shared, to ensure that there is learning from ward to board.

UHBW provide extensive training on inquests, from legal in 30 bitesize sessions through to an immersive 2-day mock inquest.

The Associate Director of Healthcare Legal Services meets regularly with local coroners and will expand this to include NBT inquests.

NBT's monthly Patient Safety Group, with Trustwide and divisional clinical leads includes an overview of all upcoming and completed inquests, together with key themes and lessons learned. This summarises preparation for complex inquests, supporting staff in their responsibilities and ensuring that we are working well with families and carers, as appropriate. NBT's legal team regularly meets with each Clinical Division as part of their Divisional Quality Governance meetings and holds a bi-monthly Healthcare legal case review panel with Trustwide medical and nursing

leads to ensure cases are being effectively managed from all perspectives. The output reports into the monthly NBTs CQG.

NBT has a healthcare panel, which meets quarterly, with a focus on quantitative and qualitative data on inquests.

### 1.3 How we monitor and respond to mortality rates when compared with similar organisations and centres

We use national measures such as the Summary Hospital-level Mortality Indicator (SHMI) and other monitoring tools to look for patterns or changes in mortality over time. This helps us identify unusual changes and decide when to look more closely at patient care. For further information about SHMI, see Appendix 4.

We review our SHMI data every month to check for any changes or patterns including statistical variation. We report this to our Trust Board in common every quarter, alongside information about Medical Examiner referrals and detailed death reviews. This gives us clear oversight and a fuller picture of mortality across the Group.

The most up-to-date SHMI data covers the period January to December 2025. UHBW's value for that full period is 87.41 and 91.08 for NBT. NHS England classified SHMI for both UHBW and NBT as 'as expected' throughout 2025-26.

As illustrated in Figure 3, we have seen some normal variation in our in-month SHMI values, with values ranging from 74.72 to 94.35 for UHBW and between 83.44 and 99.76 for NBT. This has not been outside the process limits; indicating statistical stability with no individual months outside of the control limits prompting concern.

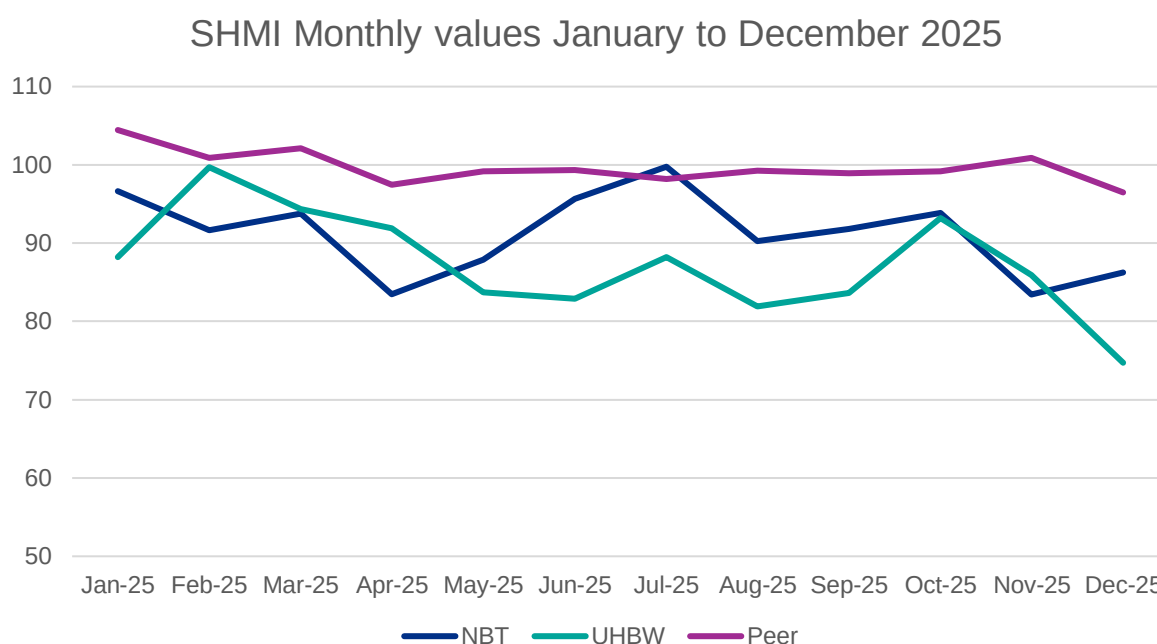


Figure 3. Line graph presenting UHBW and NBTs performance on the SHMI metric between January to December 2025 against an appropriate peer group of Acute non-specialist NHS Trusts

While SHMI tells us about patterns across all our patients, our Learning from Deaths processes tell us about the quality-of-care patients receive. Through detailed reviews of individual cases, Medical Examiner scrutiny, and systematic learning, we can identify specific issues and improvements that overall statistics cannot reveal.

Together, they give us a complete picture of both our statistical performance and the real experiences of patients and families.

## 1.4 Identifying people at greater risk of health inequalities or poorer outcomes

Our Learning from Deaths processes currently enable detailed review of specific population groups known to experience poorer outcomes, supported by defined pathways and national programmes. However, the ability to routinely analyse mortality review findings by a broader range of equality characteristics remains limited by the availability and completeness of data within existing systems. As a result, while themes such as communication, deterioration and end-of-life care are described at a population level in this report, we cannot reliably determine whether these disproportionately affect particular groups. Improving this understanding is a priority for 2026–27, with planned work to enhance data linkage, recording and analysis across mortality, patient safety and equality datasets.

### National Quality Board (NQB)

The National Quality Board (NQB) uses an intelligence-led, risk-based approach to identify people at greater risk of health inequalities or poorer outcomes, drawing on

data about inequalities in access, experience and outcomes. Within this, particular focus has been placed on people with a learning disability and autistic people, and those with severe mental illness (SMI), as these groups consistently experience significantly poorer health outcomes, including higher rates of avoidable mortality and reduced life expectancy.

These groups are prioritised because of well-evidenced disparities in the quality and accessibility of care, alongside barriers such as diagnostic overshadowing, fragmentation of services, and reduced uptake of preventative interventions. As a result, they are recognised as key populations where targeted review and improvement activity can have the greatest impact on reducing inequalities and preventable harm.

### Local population context

The Bristol, North Somerset and South Gloucestershire (BNSSG) system serves approximately one million people across highly diverse geographies, including urban Bristol, coastal North Somerset (including Weston-super-Mare), and more affluent South Gloucestershire. The population presents marked inequalities, including urban deprivation and ethnic diversity in Bristol, coastal and ageing populations in Weston, and more hidden inequalities in South Gloucestershire. These differences strongly shape the local application of the Core20PLUS5 framework ([NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)), particularly in targeting deprived wards, coastal communities, and inclusion health groups.

Mortality risk in BNSSG is strongly patterned by deprivation, with national evidence showing a 10-year life expectancy gap between the most and least deprived populations. Locally, this is evident within Bristol, where men in deprived inner-city areas live around 10 years less than those in affluent areas. Coastal populations such as Weston-super-Mare experience elevated mortality risk, particularly from respiratory and cardiovascular disease, while South Gloucestershire displays more hidden inequalities. These mortality patterns are driven by avoidable conditions, cardiovascular disease, cancer, and respiratory illness, which disproportionately affect Core20 populations. The Core20PLUS5 framework directly targets these drivers, making it a key mechanism for reducing premature mortality and narrowing life expectancy gaps across the BNSSG system.

## 1.5 Independent scrutiny of every death

### The Medical Examiner Service

When a patient dies within BFT or within the Bristol, North Somerset and South Gloucestershire (BNSSG) area, any care received is independently reviewed by the Medical Examiner Service.

If a patient dies on one of our hospital sites, their care record is updated and the care they received, along with the cause and circumstances of death during their

admission, is independently reviewed by the Medical Examiner Service. During 2025-26, all adult and child deaths not directly referred to the coroner were scrutinised by the Medical Examiner Service. This provided independent assurance about the accuracy of the recorded cause of death and gave every bereaved family the opportunity to raise concerns or ask questions about the care provided.

We work closely with the Senior Coroner, with the Medical Examiner Service providing clinical input on coroner referrals where appropriate, helping to maintain comprehensive oversight across deaths at our hospitals.

## Section 2 - How we review and learn from deaths

*Section 2 describes how we review deaths in detail, what triggers a review, how we assess the quality of care, and how we identify learning to improve care for our future patients.*

### 2.1 Our approach to reviewing adult in-hospital deaths

Deaths within BNSSG receive Medical Examiner scrutiny in line with statutory requirements. Where this scrutiny identifies concerns, or where deaths meet specific criteria, we carry out the appropriate further review as set out in our Learning from Deaths policy.

We follow the [National Learning from Deaths](#) guidance for reviewing adult in-hospital deaths, and we meet all statutory reporting requirements under the NHS Quality Account Regulations. For detailed compliance data, see Appendix 1.

Some deaths require a full detailed review regardless of whether concerns are raised, as described in section 2.2.

#### Our responses to Medical Examiner referrals

The Medical Examiner service enables families and carers to provide both positive and negative feedback. When the Medical Examiner identifies a concern or learning opportunity, this is referred into the local Trust's Governance teams.

Between April 2025 and March 2026, the Medical Examiner Service referred 345 cases to UHBW and 191 to NBT. Table 2 and Figure 4 show the breakdown by referral type.

| Medical Examiner Referral Type      | Number of Referrals for UHBW | Number of Referral for NBT |
|-------------------------------------|------------------------------|----------------------------|
| Concern only                        | 184                          | 156                        |
| Positive feedback and care concerns | 40                           | 1                          |
| Positive feedback only              | 68                           | 13                         |
| Notifying of Mandatory SJR criteria | 53                           | 21                         |

Table 2 shows a breakdown in the number of medical examiner referrals received by each Trust, broken down by whether they were positive, a concern or related to a mandatory review process

Referral rates vary between trusts, with UHBW expected to receive a greater number of Medical Examiner referrals than NBT. This variation reflects known differences in Medical Examiner service processes, staffing arrangements and referral practices, rather than differences in the quality of care provided. Medical Examiner referrals include both positive feedback and potential care concerns, with variation in positive and concern-related referrals often occurring in parallel. The Group therefore focuses on monitoring changes in referral patterns within individual sites over time rather than comparing referral volumes between organisations. Importantly, a Medical Examiner

referral does not in itself represent a confirmed care concern; it is a mechanism for further review, assurance, feedback and organisational learning.

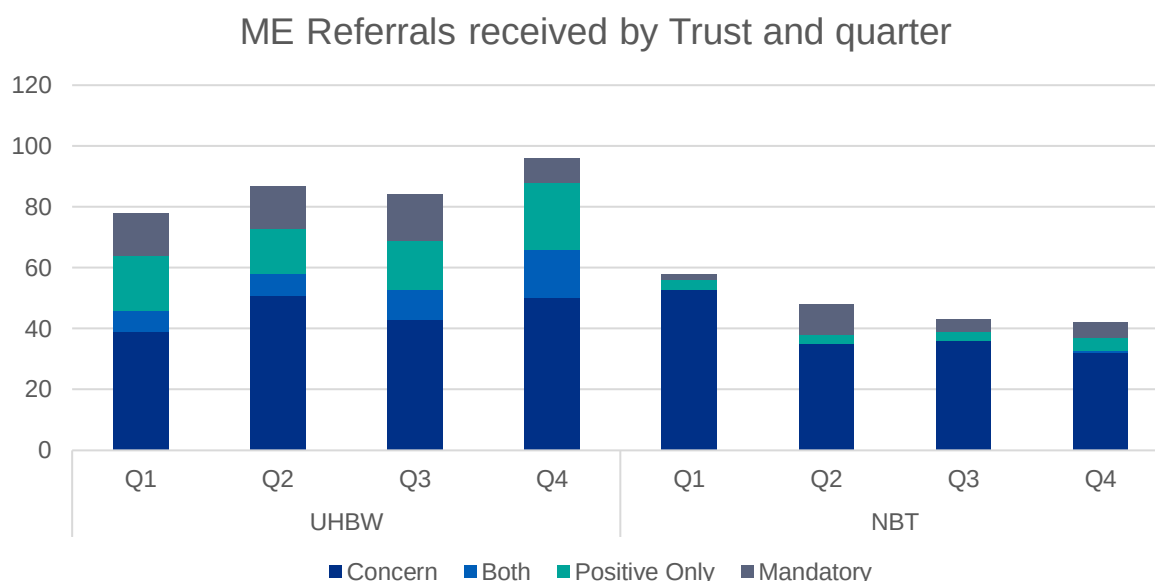


Figure 4 Bar chart showing the breakdown of medical examiner referrals by quarter by type of referral for UHBW and NBT

Our responses included giving feedback to clinical teams about specific improvements in care, connecting families with our Patient Advice and Liaison Service (PALS) for support, and starting patient safety learning responses where needed. This ensured incidents were reported and learning was explored through established patient safety processes. We consider each response carefully so that we support bereaved families, promote learning and remain mindful of staff wellbeing.

For cases referred following a concern, 32 cases were identified as suitable for a detailed case note review, called a Structured Judgement Review (SJR). Figure 5 shows how we responded during 2025-26. A full quarterly breakdown is available in Appendix 5.

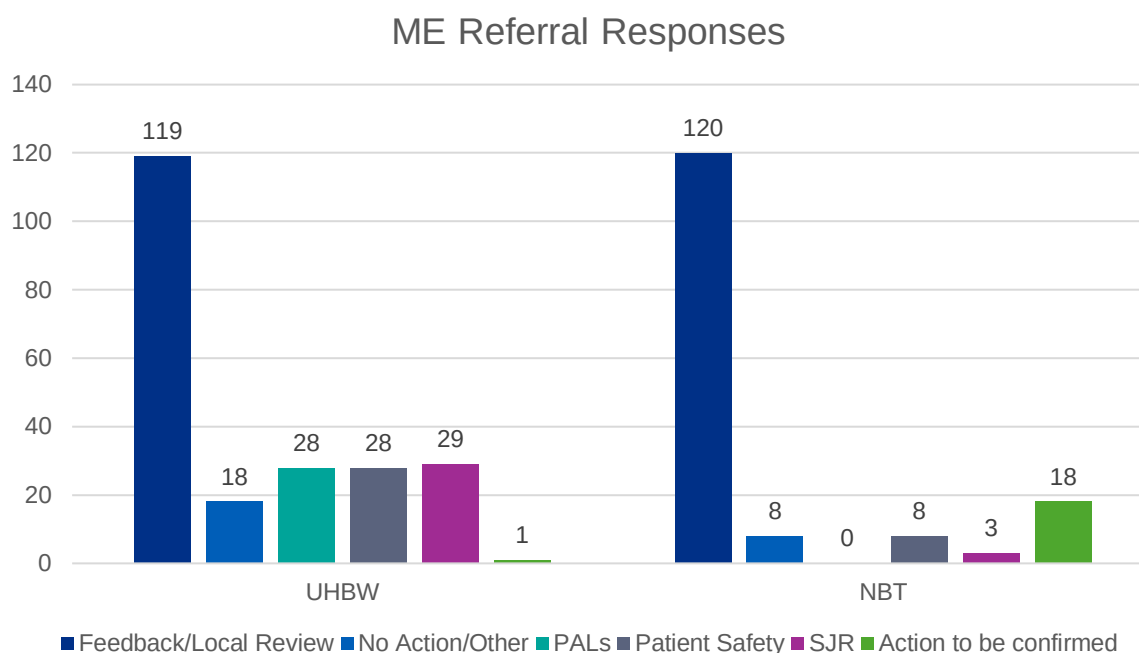


Figure 5 Bar chart showing the responses to ME referrals by Trust

While the Medical Examiner service operates independently, we maintain regular communication and discuss variations in referral patterns across the year for both NBT and UHBW. We expect to see further natural variation in referral patterns as the service continues to mature and Bristol NHS Foundation Trust is formed.

## 2.2 Which deaths we review in detail

In addition to the Medical Examiner's scrutiny, we conduct detailed case note reviews, called Structured Judgement Reviews (SJRs), for specific cases. This is in line with National Quality Board Guidance.

We use SJRs to learn from deaths in several situations:

- When families, carers, or staff have raised concerns about the care provided.
- When a person had learning disabilities or severe mental illness, as these groups are known to experience poorer health outcomes.
- When the Medical Examiner has identified potential learning opportunities.
- When there are patterns in data or alerts from regulators that suggest we need to look more closely at care in particular areas.
- When deaths happen in situations where they wouldn't normally be expected. For example, during a planned procedure.
- When reviewing deaths will help us improve care we're already working on. For example, if we have a quality improvement priority relating to a specific condition or treatment.

The combination of Medical Examiner scrutiny and SJRs helps us identify the most significant learning opportunities, and ensures we promptly direct cases to the right review process.

During the reporting period, no alerts or alarms from external sources, such as the CQC, triggered SJRs. When we identify alerts or variations outside control limits in our mortality data, we follow the NHS England's 'pyramid of investigation for special cause variation' approach ([Summary Hospital-level Mortality Indicator \(SHMI\)](#)) – first checking coding accuracy, triangulating with national clinical audit data, and undertaking case note reviews only when clinically indicated. As part of our mortality improvement programme, we are further developing proportionate and aligned responses to statistical variations to ensure appropriate review and oversight across our Bristol NHS Group.

### What happens when patient safety concerns are raised

Most patient safety concerns are identified and acted on immediately through staff logging an incident on the local patient safety incident reporting system for each Trust. This means we can respond quickly, before the death certification and mortality review process.

If a Medical Examiner referral identifies as a patient safety concern, or an inquest has been scheduled, an SJR may not be the most appropriate review process. We decide this on a case-by-case basis to reduce duplication and make sure the most appropriate review process is used.

In the less likely event that an SJR itself identifies a significant care or safety concern; we immediately initiate a patient safety response. As part of this, we communicate with families and all relevant parties, in line with our duty of candour responsibilities.

### Structured judgement review (SJR) distribution

During 2025-26, we initiated SJRs on 4.8% of adult deaths, all of which were initiated in line with NQB guidance. There is no national or local target for the number of SJRs that should be undertaken.

### Distribution of SJRs across the Group by category of SJR

The total number of SJRs initiated across Bristol NHS Group and the reasons for their initiation are detailed in Table 3.

| Death Review Process | Q1 | Q2 | Q3 | Q4 | All |
|----------------------|----|----|----|----|-----|
|----------------------|----|----|----|----|-----|

|                                                                                                                                       |           |           |           |           |            |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|------------|
| Adult In-hospital Patient Deaths Scrutinised by Medical Examiner                                                                      | 852       | 862       | 957       | 969       | 3641       |
| Patient deaths referred to the Group by the Medical Examiner                                                                          | 136       | 135       | 127       | 138       | 536        |
| <i>Patient had a diagnosis that put them at risk of poorer healthcare outcome – people with a learning disability autistic people</i> | 9         | 16        | 13        | 8         | 46         |
| <i>Patient had a diagnosis that put them at risk of poorer healthcare outcome – Severe Mental Illness</i>                             | 11        | 14        | 13        | 9         | 47         |
| <i>Patient died in area where people are not expected to die, including relevant elective procedures</i>                              | 4         | 3         | 4         | 8         | 19         |
| <i>Late maternal death (Women who die after 42 days and before a year after the end of pregnancy)</i>                                 | 0         | 0         | 1         | 0         | 1          |
| <i>Treatment/Care concern or learning opportunity</i>                                                                                 | 21        | 19        | 19        | 3         | 62         |
| <b>Total Structured Judgment Reviews Initiated</b>                                                                                    | <b>45</b> | <b>52</b> | <b>50</b> | <b>28</b> | <b>175</b> |

Table 3 Provides the total reviews across the Group relating to patient deaths, types of structured judgement reviews initiated

This year, we initiated 93 reviews because patients had conditions that put them at higher risk of poorer health outcomes, and 62 reviews following concerns raised by the Medical Examiner or families or as a learning opportunity identified by specialities or divisions. The variation in initiating Structured Judgement Reviews for non-mandatory reporting categories is reflective of the maturing aligned process across the group. The Learning from Deaths Policy scheduled for publication for date of merger in July 2026 will formalise the process for initiating an SJR review across the merged organisation. Quarterly variation in SJRs reflects both expected variation in clinical activity and changes in review practice during the year.

#### Distribution of SJRs initiated through 25/26 by Division

Over 2025-26, the number of SJRs undertaken across the group has not been evenly distributed. This is illustrated in Figure 6. This is because some divisions have more deaths due to the types of patients they treat. However, we recognise that we should make sure there are not areas in the Trust where no reviews are undertaken.

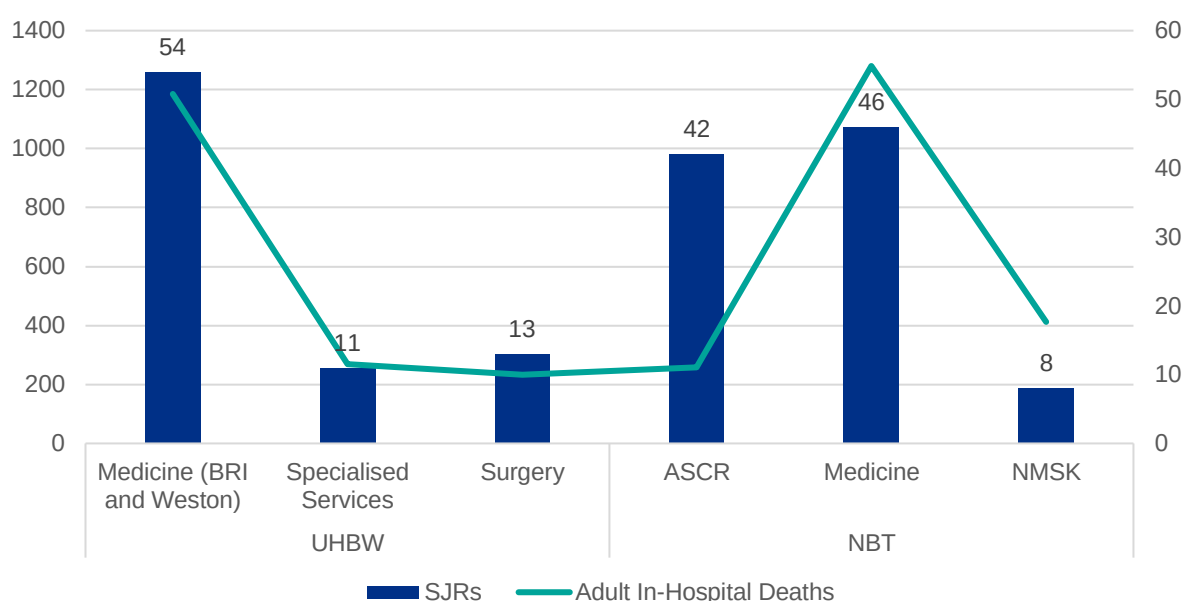


Figure 6 Displays the range of SJRs initiated by division with the corresponding in-hospital deaths

The focus for 25/26 has been on aligning the processes and procedures for initiating an SJR across the Group and in readiness for the merged organisation in Q1 of 26/27.

## 2.3 Mortality review completion times

We aim to complete all mortality reviews as soon as practical so that relevant people receive feedback promptly and that learning can be shared and acted on without delay. Our target is to complete the review within 90 days of the SJR being opened. As improved processes become embedded over the coming year, we will review our targets and timescales.

Table 4 and Figure 7 summarise the average time taken to complete each stage of the SJR process. In 2026/27, a joint Mortality Surveillance Group will support collaborative review across Bristol NHS Group and our future merged organisation.

| Review Phase                                                           | UHBW<br>Average Days to<br>Complete | NBT<br>Average Days to<br>Complete |
|------------------------------------------------------------------------|-------------------------------------|------------------------------------|
| Patient death to ME received In-hospital                               | 13.5                                | 8                                  |
| Patient death to ME received community                                 | 14.7                                | 12.5                               |
| Patient Death to SJR Opened                                            | 15.2                                | 38.1                               |
| SJR Opened to Review by Learning Disability and Autism Liaison Service | 3.7                                 | 72.9                               |
| SJR Opened to Mental Health Specific Review                            | 96.8                                |                                    |
| SJR Opened to Clinical Team Review                                     | 70.2                                | 43.7                               |
| SJR Opened to Mortality Surveillance Group Sign Off                    | 131.3                               |                                    |

Table 4 Shows the number of days on average taken for each process step across the SJR review process by UHBW and NBT

In 2025- 26, the median time from death to final Mortality Surveillance Group (MSG) sign-off for a Structured Judgement Review (SJR) was 131.3 days within UHBW, with an average of 70.2 days to clinical team review for UHBW and 43.7 days for NBT.

Differences in review completion times should be considered in the context of the different review and sign-off arrangements operating within UHBW and NBT during 2025/26. UHBW reviews were subject to a formal MSG sign-off process, whereas most NBT reviews were completed through speciality or divisional governance processes. UHBW has continued to improve review timeliness during the year and the introduction of the Joint Mortality Surveillance Group will support a more consistent approach to review oversight and reporting across the Group from 2026/27.

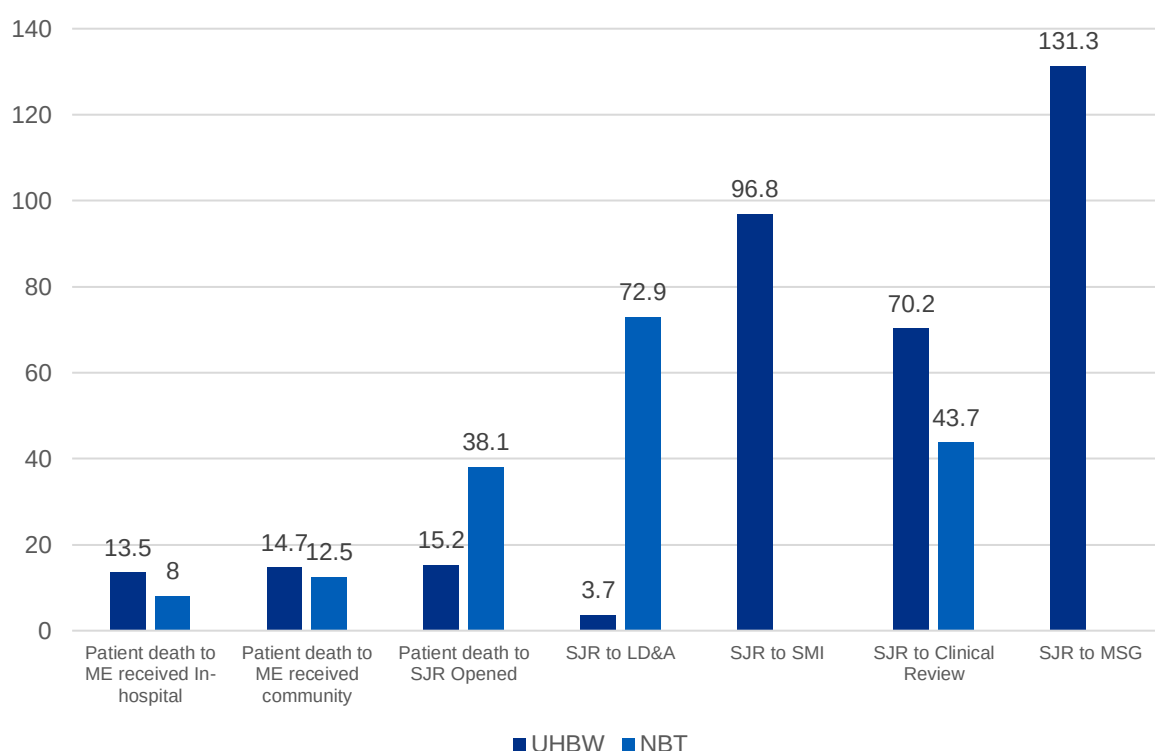


Figure 7 Displays the average days taken for each process step of the SJR review process by Trust

The variation in timings between UHBW and NBT for key process points for SJR completion will align over 2026-27 as the agreed processes and Trust policy are in place.

## 2.4 Assessing the quality of care we provided

In all SJRs, reviewers use a score from “very poor” (1) to “excellent” (5) to indicate how good the care was during different phases of a patient's time in hospital. These scores are standard in NHS Trusts. They reflect the reviewer's initial professional judgement based on the medical notes available at the time of the review. If there are

concerns about the care, this always triggers a further review to make sure the right process is followed.

When we identify areas for improvement in care, we work collaboratively with teams to understand what happened and prevent similar issues. Examples of improvements we have made are detailed in Section 3.

If a SJR identifies a potential problem in care that may have led to harm, NHS trusts are required to assess whether the death might have been avoided with different care or treatment. If a review identifies poor care, a problem in care, or where the death might have been avoidable, we take further action to investigate and ensure appropriate action is taken. This is always in line with our commitment to openness and transparency, and with our Patient Safety Incident Response Plan (PSIRP).

### Overall care scores

Of the 175 SJRs initiated across the group in 2025-26 for patients with a date of death between April 2025 and March 2026, 138 (79%) have been completed and 37 remain in progress.

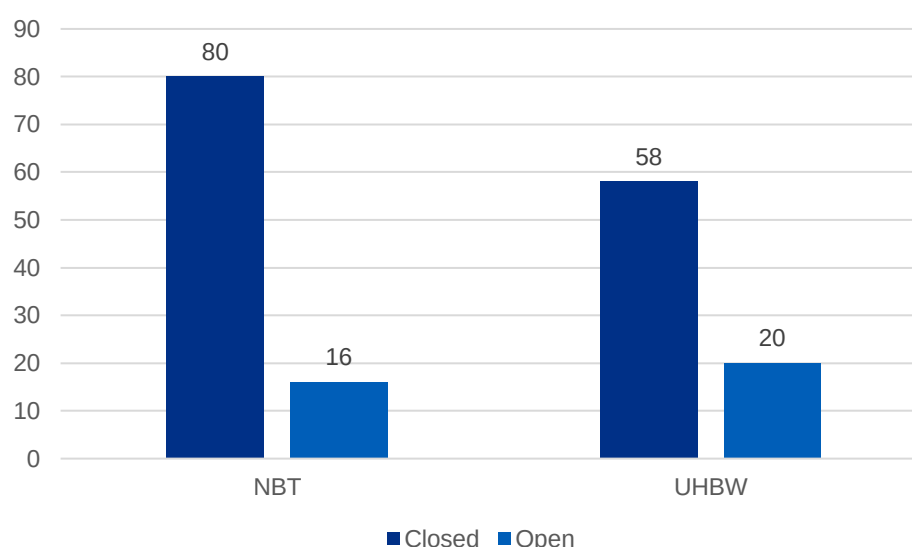


Figure 8 Bar chart showing the number of SJRs initiated and their status

In 2025-26 180 SJRs had their reviews completed, either complete to divisional/PSEM sign off for NBT or MSG sign-off for UHBW. This figure includes SJRs that were initiated prior to April 2025. The majority of completed reviews had an overall care as good (4) or excellent (5), for UHBW this was 77.8% and NBT 72.7% respectively.

The percentage of cases reviewed with an overall care score of adequate, good, or excellent for 2025-26 was 97.8%. Figure 9 shows the complete breakdown of SJR overall care scores by Trust.

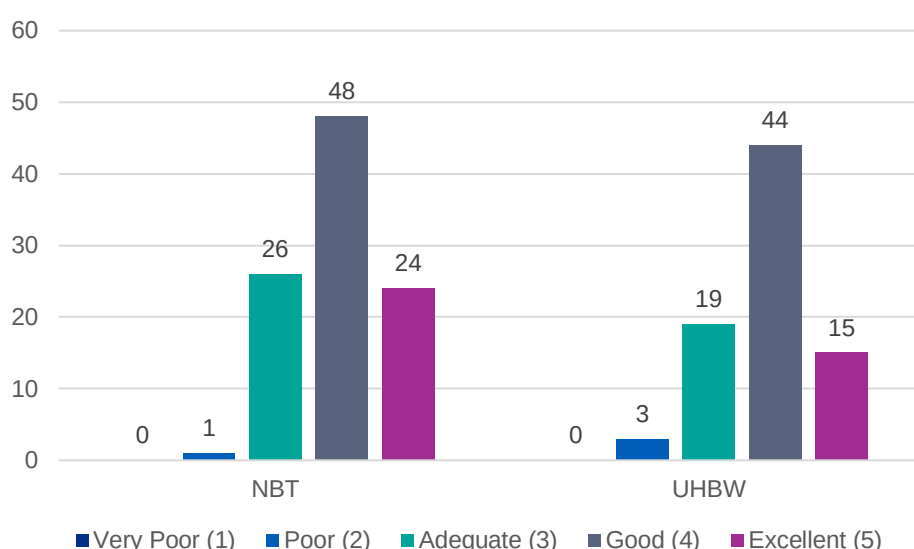


Figure 9 Bar chart showing the overall care scores following SJR reviews completed during 2025-26 by UHBW or NBT

A review of SJR scores over 2025-26 shows that we are consistent in our care ratings with minimal variation seen across Trusts, this is likely due to differences in criteria for initiating an SJR rather than relating to care provision. Our analysis indicates that significant learning opportunities exist across all care score categories, including cases rated as adequate to excellent. Four reviews in 2025-26 scored overall care as poor (2), details of the improvement actions undertaken as a result of the scores are detailed in Table 5.

| Learning identified                                                                                                                                              | Patient Safety Process                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pain management through admission, review identified multifaceted reasons                                                                                        | The case is being used for newly qualified doctor (Foundation Year 1 doctor) teaching and feedback was provided to the clinical team treating the patient. Feedback to the family was supported through the Patient Advice and Liaison Service. |
| The quality of the documentation of the clinical care provided indicated that a patient safety incident response would be a more appropriate investigation tool. | An incident was recorded and the case triggered a Rapid Incident Response Review.                                                                                                                                                               |
| Unclear responsibility of care and communication between clinical teams and a lack of senior clinical oversight.                                                 | Case referred to patient safety and triggered a Rapid Incident Response Review.                                                                                                                                                                 |
| Issues identified relating to the diagnosis and response to clinical presentation following initial assessment prior to surgery.                                 | The division initiated a Patient Safety Incident Investigation (PSII) to identify improvement actions.                                                                                                                                          |

Table 5 Learning and improvement outcomes as a result of a poor or very poor care score

The full distribution of care scores across the group is shown in Figure 10.

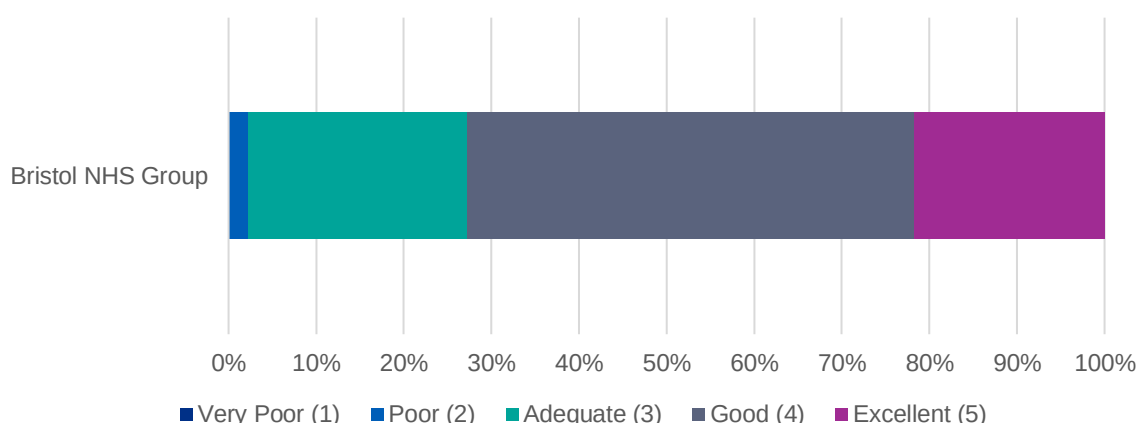


Figure 10 Bar chart showing the percentage breakdown of each overall care score out of 100%

### Avoidability

No deaths were assessed as definitely avoidable or strong evidence of avoidability. This pattern is expected, as the Medical Examiner service would likely identify cases with more immediate concerns about avoidability and direct them to the appropriate investigation processes rather than for SJR.

### Mortality and Morbidity Meetings

Alongside clinical audits, monitoring of mortality data, SJRs, and other responses described in this report, all clinical specialties hold regular Mortality and Morbidity (M&M) meetings as an essential element in clinical governance and continuous quality improvement. The meetings examine deaths and morbidity, including complications that cause patients to need further intervention or a prolonged stay in hospital. This includes specifically defined complications, incidents or misadventures causing morbidities, and any other unexpected morbidity based on clinical judgement. Meetings are used to review cases, data, and to share learning within specialties and divisions. Cross divisional learning is shared through upward thematic reporting of the outcomes of M&Ms is fed into the mortality surveillance processes described in report, ensuring that insights from frontline clinical practice inform Trust-wide improvements.

Meetings are conducted in a spirit of learning and continuous improvement, and there is open and transparent review of individual cases. Teams use meetings to develop action plans and prevention strategies, without resorting to blaming others. The aim is to help colleagues deliver safer care.

## Section 3 - How we have learned and improved

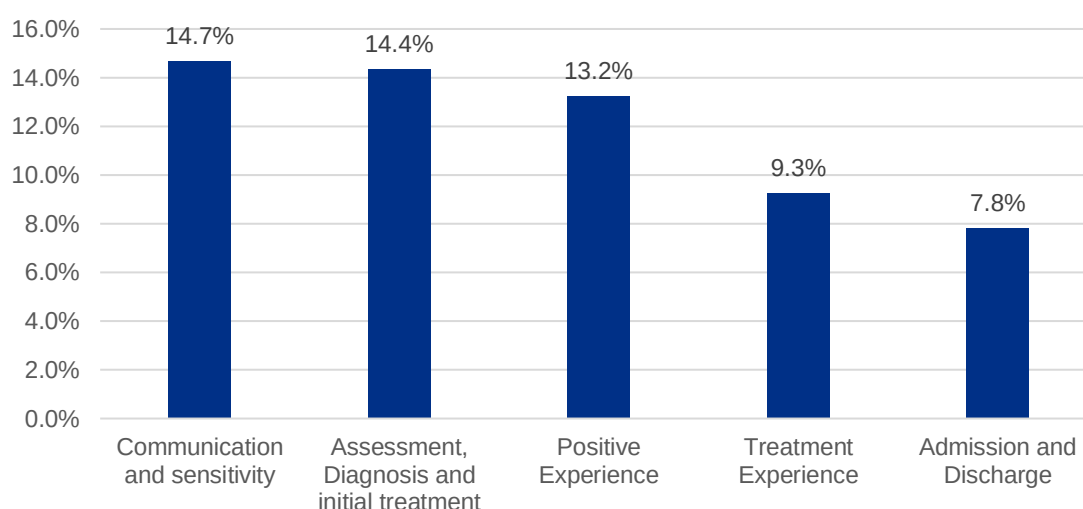
Section 3 describes what we have learned from reviewing deaths, including feedback from families and findings from reviews.

### 3.1 What families are telling us about their experiences

Most cases reviewed receive positive feedback or raise no concerns about the quality of care. However, we take every concern and piece of feedback seriously, and we use this feedback as an opportunity to learn and improve.

We categorise the referrals we receive to help us understand patterns in what families and the Medical Examiner Service are telling us. Figure 11 shows the five most common themes in 2025-26 across the Group.

In 2025-26 an aligned list of categories was implemented across NBT and UHBW to support consistency in reporting and theming.



**Figure 11 Bar chart showing the top 5 themes of ME feedback and % of total referrals**

Examples of learning points from the top 5 thematic categories by Trust provided from ME feedback are below in Table 6.

| Theme                                | NBT learning points from feedback                                                                                                                                                                                                                  | UHBW learning points from feedback                                                                                                                                                                                 |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Communication and sensitivity</b> | Feedback highlights inconsistent communication and limited proactive updates to families, with relatives often needing to seek information themselves. There are recurring concerns about communication not being tailored to patient/family needs | Feedback reflects variable communication quality, with examples of both compassionate care and instances perceived as blunt or insensitive. Issues commonly relate to inconsistent messaging across clinicians and |

|                                                    |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                    | and insufficient explanation of deterioration or cause of death.                                                                                                                                                                                                                                                                    | lack of preparation or privacy in end-of-life discussions.                                                                                                                                                                                                                                                           |
| <b>Assessment, diagnosis and initial treatment</b> | Themes focus on delays or missed diagnoses and concerns about recognition and escalation of deterioration, sometimes alongside gaps in continuity of assessment. Families occasionally questioned whether earlier investigation or intervention may have altered outcomes.                                                          | Feedback highlights missed or delayed diagnoses and complex decision-making processes that were not always clearly communicated to families. There are also concerns about documentation, interpretation of findings, and clarity around treatment decisions.                                                        |
| <b>Positive Experience</b>                         | Families consistently describe compassionate, attentive care from ward teams, with strong emphasis on kindness, dignity, and support for relatives. Positive feedback often recognises individual staff who provided reassuring and patient-centred communication.                                                                  | Feedback frequently highlights exceptional end-of-life care, with strong multidisciplinary working and clear, empathetic communication. Families particularly value proactive support, involvement in care decisions, and staff going above and beyond.                                                              |
| <b>Treatment Experience</b>                        | Feedback indicates delays in recognising and responding to deterioration, alongside gaps in delivery of basic care such as hygiene, nutrition and timely reviews. Families often described needing to advocate for care, particularly in relation to pain relief, medications, and escalation.                                      | Feedback highlights delays or inconsistencies in symptom control, particularly at end of life, alongside issues with medication management and access to timely review. While overall care was often good, concerns were raised about the impact of ward environment and delays in transitioning to palliative care. |
| <b>Admission and Discharge</b>                     | Feedback highlights concerns about premature or poorly coordinated discharge, with limited communication to families and community services. There are recurring issues with discharge planning not reflecting patient needs, including insufficient assessment of home or care environments and lack of clarity around care plans. | Feedback identifies issues with inappropriate or premature discharge alongside frequent ward moves impacting continuity of care. Families also described delays and lack of clarity in discharge planning, particularly at end of life, and gaps in coordination between hospital and community services.            |

Table 6 Feedback examples and learning points from the top 5 themes of ME feedback

Across both organisations, communication and continuity are the most consistent drivers of feedback from families. Discharge processes are also an area for learning, particularly for frail patients and those with complex needs.

End of life care quality is often reported positively including comments on compassionate care, however symptom control, coordination, and communication can vary. End of life care leads examine ME feedback with a particular focus on areas where end of life care could be improved. The themes are very similar to the general themes above and have been summarised in the table below. End of Life Care Leads

will be working together in 2026/27 to look at how these areas could be improved with a particular focus on education for all staff groups.

### Themes relating to end of life care from ME feedback in 2025/26

| Theme                                              | NBT learning points from feedback                                                                                                                                                 | UHBW learning points from feedback                                                                                                                                                                                                           |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Communication and sensitivity</b>               | Lack of compassionate care/communication and honest discussions at End of Life.                                                                                                   | Poor or absent communication with families at deterioration and death, including conflicting communication about being at end of life. Lack of acknowledgement of how serious condition was and issues with conversations related to ReSPECT |
| <b>Assessment, diagnosis and initial treatment</b> | Delays in recognition of dying                                                                                                                                                    | Delays in recognition of dying and late transition to comfort focussed care                                                                                                                                                                  |
| <b>Treatment Experience</b>                        | Delays in recognition of uncontrolled symptoms. Issues with prescribing for symptoms at the end of life. Areas for improvement included compassionate care including environment. | Delays or inconsistencies in symptom control, alongside issues with prescribing. Concerns were raised about the impact of ward environment and unnecessary moves.                                                                            |

Table 7 Themes relating to end of life care from ME feedback

## 3.2 What we have learned from reviewing deaths of people with a learning disability, autistic people or people with severe mental illness

National Learning from Deaths guidance prioritises the review of deaths in people at greater risk of health inequalities or poorer outcomes, specifying mandatory reviews for those with learning disabilities, mental health conditions, or complex needs, because these patients are at higher risk of experiencing inequalities in care. Reviewing these cases enables organisations to identify system-wide issues such as communication, care coordination, and access to appropriate services, and supports improvements in person-centred and equitable care.

## 3.3 Patients with a Learning Disability and Autistic People

The Learning from Lives and Deaths (LeDeR) programme was set up by NHS England in 2017. The aims of the programme are to:

- improve care for people with a learning disability and autistic people
- reduce health inequalities for people with a learning disability and autistic people
- prevent early deaths among people with a learning disability and autistic people

*“A LeDeR review is not a mortality review. It does not restrict itself to the last episode of care before the person’s death. Instead, it looks at key episodes of health and social care the person received that may have been relevant to their overall health outcomes.*”

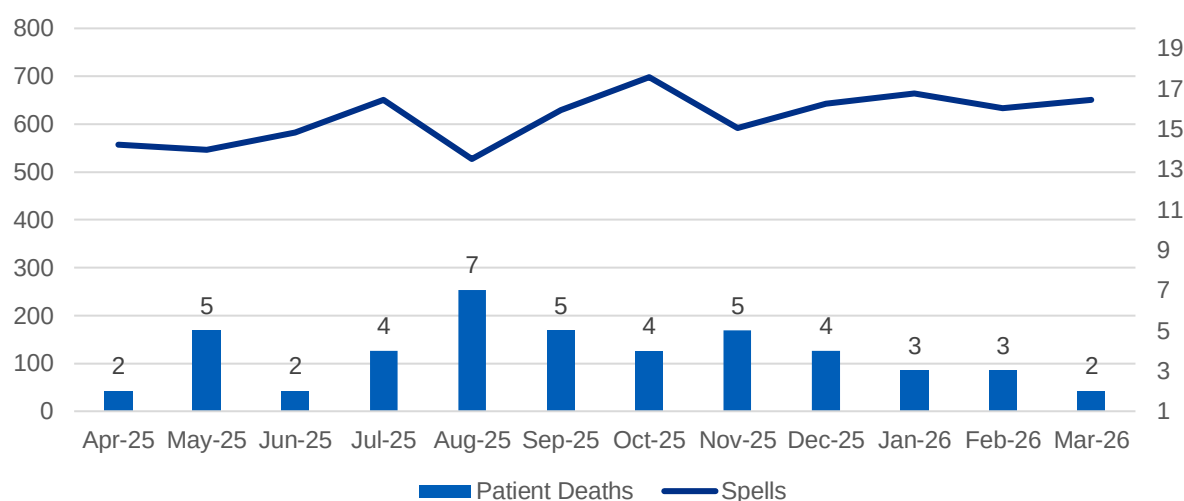
*LeDeR reviews take account of any mortality review that may have taken place following a person's death.” (NHS England, 2025)*

When someone with a learning disability or autism dies within UHBW, we share information with the LeDeR team. This helps the team understand the full picture of that person's care and identify ways to improve services for other people.

The LeDeR team publish their findings in annual reports. Further information can be found on the NHS England website <https://www.england.nhs.uk/learning-disabilities/improving-health/learning-from-lives-and-deaths/>

## Reviews for people with a learning disability or autistic people

### Admissions and Mortality Rates



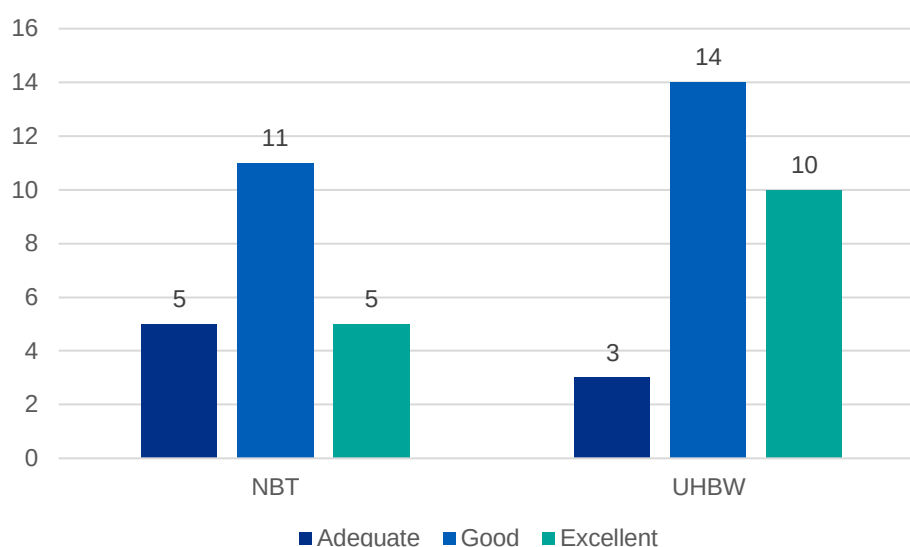
**Figure 12** Bar chart and line graph showing the admission rates and total mortality by month

The graph above shows monthly activity across the group relating to the total hospital spells and deaths for people with a learning disability or autistic people, derived from the Hospital Episode Statistics dataset<sup>2</sup>. While the number of admissions fluctuates across the year, deaths remain consistently low in comparison with only small month to month variation.

### Overall care scores

Over the reporting period 48 SJRs were completed for patients with a diagnosis of a learning disability or autism across the Group, this figure includes reviews initiated prior to April 2025. There were no poor or very poor overall care scores recorded.

<sup>2</sup> NHS England (2025) *Hospital Episode Statistics (HES)*. Available at: <https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/hospital-episode-statistics>.



**Figure 13 Overall care scores for SJRs completed for people with a learning disability or autistic people**

### Learning from structured judgement reviews

Structured Judgement Reviews (SJRs) are undertaken for people with a learning disability and autistic people (LD&A) to ensure a detailed, personalised understanding of the care provided, recognising their potentially increased vulnerability and risk of health inequalities. These reviews place particular emphasis on the application of the Mental Capacity Act, best interests decision-making, communication with patients and carers, and the use of reasonable adjustments. This approach supports identification of both good practice and opportunities to improve equitable care.

The focused SJR review enables Bristol NHS Group to identify learning points from care provision and to feedback to the relevant clinical teams as well as implement actions to prevent reoccurrence, and to provide feedback to LeDeR on their care whilst within hospital.

Key themes identified from reviews are highlighted below, the reviews allow the Group to learn from good practice as well as identify specific actions following the identification of a learning opportunity.

### Capacity, Best Interests and ACP

SJR learning identifies variability in how capacity and best interests' decisions are documented, and how these link to advance care planning. Improvement actions included feeding back to the ward regarding the need to document the use of restraints and ongoing work with the medical management team and clinical leads to promote the inclusion of capacity assessment and conversations with next of kin within Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) documentation.

### *Personalised Care and Reasonable Adjustments*

Learning highlights the importance of adapting care to individual needs, including communication, behaviour, and discharge planning. Improvement actions focused on improving planning for safe discharge with carer support and reinforcing reasonable adjustments and individualised care planning.

### *Multidisciplinary Team and Specialist Learning Disability and Autism liaison Service Involvement*

Several reviews highlighted through good practice that strong multidisciplinary working is a key protective factor, including early involvement of the Learning and Disability Liaison service.

### *Recognition of Deterioration in Patients with Learning Disabilities or Autism*

Some cases highlight subtle or delayed recognition, often linked to communication complexity. One case was referred to the Sepsis steering group to support further learning around recognising deterioration in patients with learning disabilities.

## **3.4 Severe Mental Illness**

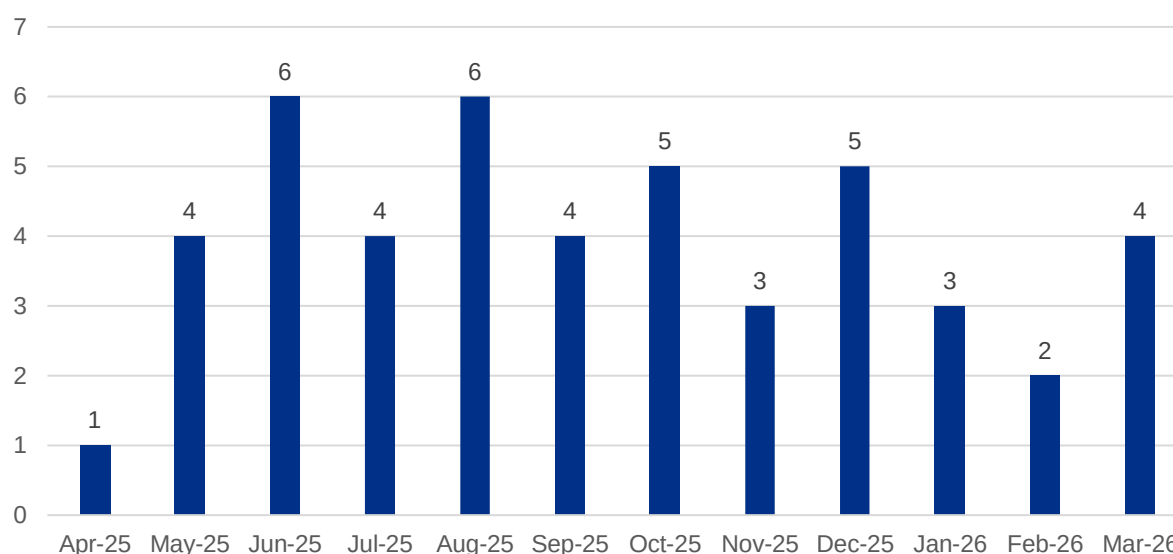
Severe mental illness is included as a mandatory review category within the NQB framework and national mental health mortality review programme due to the markedly higher rates of premature and potentially preventable death in this population. Reviewing these deaths supports identification of gaps in care, improves understanding of the interaction between mental and physical health, and helps address significant health inequalities.

### **Severe mental illness definition**

Over 2025/26 the Mortality Improvement programme worked with the Medical Examiner Service and clinical coding to ensure that the agreed Severe Mental Illness (SMI) definition was implemented in identifying cases for mandatory SJR review. This ensures that all patients with a diagnosis meeting the agreed BNSSG definition is screened in for an SJR.

## Severe mental illness reviews

### Mortality Rates

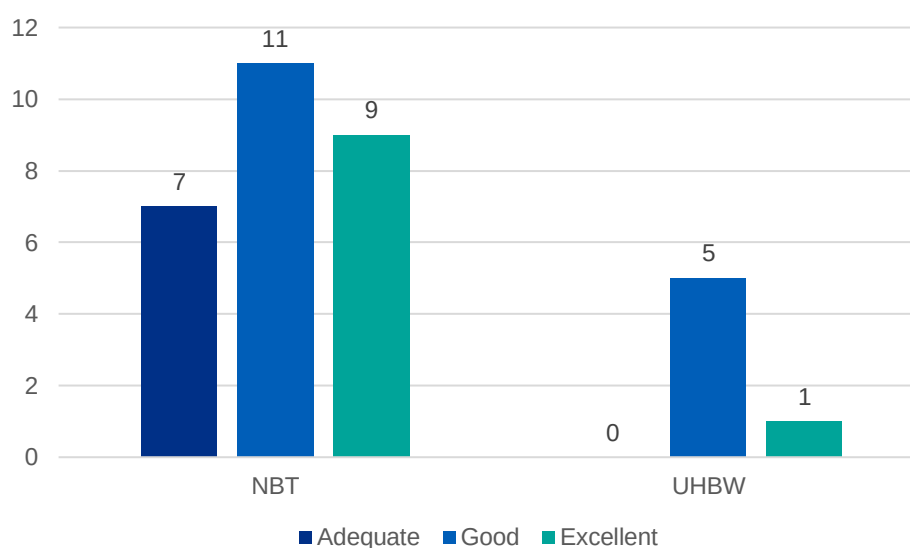


**Figure 14** Bar chart showing the total deaths by month for patients with a severe mental illness

Figure 14 above presents the monthly admissions and deaths for patients with a diagnosis of severe mental illness. While both admissions and deaths fluctuate across the year, deaths remain low. Overall, there is no clear upward trend, and mortality appears stable within the context of small patient numbers and expected variation.

### Overall care scores

Over the reporting period, 33 reviews were completed and signed off for patients who died with a diagnosis of severe mental illness. No reviews concluded the overall care to be poor or very poor.



**Figure 15** Overall care scores of completed SJRs for patients with a diagnosis of severe mental illness

## Learning from structured judgement reviews

Structured Judgement Reviews (SJRs) are undertaken for patients identified with severe mental illness (SMI) to ensure a comprehensive understanding of the care provided and to identify any potential inequalities. These reviews consider areas such as physical health management, capacity and best interests decision-making, communication, and coordination of care. This approach supports identification of both good practice and opportunities to improve equitable, holistic care.

The focused SJR review enables Bristol NHS Group to identify learning points from care provision and to feedback to the relevant clinical teams as well as implement actions to prevent reoccurrence.

Key themes identified from reviews are highlighted below, the reviews allow the Group to learn from good practice as well as identify specific actions following the identification of a learning opportunity.

### *Capacity, Best Interests and Complex Decision-Making*

Some SMI cases highlight the importance of good documentation in complex decision-making. Good practice example showed how good communication with family and a consideration of the patient's issues supported the patient to make their own decisions.

### *Physical Health and Comorbidity Management*

Learning highlights the need to maintain focus on physical health conditions alongside severe mental illness diagnosis. In one case the psychiatric liaison review highlighted the difficulty with medication management and balancing comorbidities, mental health and contraindications of treatment options.

### *Communication with Families and Care Coordination*

Clear communication with families was a recurring positive theme. One case noted the importance of clear communication with families regarding the ceiling of care (the treatments that would be appropriate and beneficial if their conditions worsened).

## 3.5 What we have learned from divisional and speciality reviews and mortality review themes

Across North Bristol NHS Trust (NBT) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW), mortality reviews, including Structured Judgement Reviews (SJRs) and multidisciplinary mortality and morbidity (M&M) meeting, continue to provide valuable insight into the quality and safety of care.

Learning from these processes is triangulated at specialty, divisional, and organisational level, supporting the identification of shared themes and informing targeted improvement work. There is clear evidence of both local and cross-organisational actions to strengthen clinical practice, communication, and governance.

### 3.6 Key Learning Themes from Structured Judgement Reviews and Mortality and Morbidity meetings

Through our mortality review processes, we identify recurring themes and areas for improvement in the care that we provide. This learning is shared with clinical teams and used to inform training, strengthen processes, and guide quality improvement work, helping to deliver safer, more responsive care for future patients.

The recurrence of similar learning themes across reporting years should be understood in the context of complex acute care, where communication, timely escalation, care coordination and end-of-life planning remain nationally and locally recognised areas requiring sustained attention. During 2025/26, learning from mortality reviews and Medical Examiner feedback has been used to support targeted local improvements, including changes to clinical pathways, escalation processes, documentation, handover arrangements, education, and governance oversight. The continued identification of these themes therefore reflects both the maturity of our review processes in detecting areas for improvement and the need for ongoing, incremental work to embed change consistently across all services and hospital sites.

#### Documentation and Clinical Record Quality

A consistent theme across mortality review is the variability in the quality and accuracy of documentation, including discharge summaries, clerking, and recording of decisions.

SJR learning highlights that gaps in documentation, particularly around escalation, arrest events and End of Life decision-making can limit clinical continuity and weaken the ability to evidence appropriate care. Key learning points centred around a lack of documentation relating to a cardiac arrest, pain management recording and clinical assessments of abdominal pain in the elderly, primary clerking documentation, recording conversations with families in the notes, and operation notes availability.

Specialities and divisions use mortality review evidence to strengthen the quality of documentation when it is identified as a learning theme.

| Learning identified                                                                                                                              | Improvement                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| UHBW Surgery division identified a theme where there were inaccurate discharge summaries particularly where procedures changed intra-operatively | The Surgery division implemented targeted teaching at governance meetings for junior doctors to support accurate discharge documentation.            |
| NBT Stroke service noted limited detail in clerking and checklist documentation                                                                  | The Stroke service used the learning to support individualised feedback to clinicians                                                                |
| NBT Immunology service identified a learning point relating to a need to improve the recording of deaths and expected deaths                     | The Immunology service introduced a process to track patient deaths and have amended their documentation processes to support consistent completion. |

Table 8 Learning and improvement examples relating to Documentation and Clinical Record Quality theme

## Documentation and Clinical Record Quality

A consistent theme across mortality review is the variability in the quality and accuracy of documentation, including discharge summaries, clerking, and recording of decisions.

SJR findings identify variability in timely recognition and escalation, particularly where ongoing symptoms or abnormal observations are not reviewed by senior clinicians. Key learning from SJRs centred on adherence to Sepsis pathways within the emergency department, responding to nursing concerns, and the escalation processes for patients with a DNAR (Do Not Attempt Resuscitation) in place.

Mortality review helps specialities and divisions identify learning opportunities for recognising and escalating deterioration; improvement examples from speciality and divisional review are described in Table 9 below.

| Learning identified                                                                                                                            | Improvement                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| UHBW Weston noted a theme of deterioration in frail older people on complex discharge wards                                                    | This resulted in increased medical staffing on these wards and the development of a clear pathway for escalation and transfer to acute wards. |
| NBT Gastroenterology identified a review theme of timely ICU admission and escalation decisions                                                | Gastroenterology have implemented an enhanced review of ICU admissions and planning for enhanced care capacity                                |
| NBT Acute Medicine identified learning relating to lengthy Emergency Department (ED) stays and deterioration management                        | Acute Medicine have aligned the ED escalation (NEWS2) with inpatient standards to support timely identification of deterioration              |
| NBT Neurological and Musculoskeletal Sciences (NMSK) Division identified a theme of prompt responses to acutely deteriorating trauma patients. | The division reinforced the escalation process through the M&M learning                                                                       |

Table 9 Learning and improvements relating to theme of recognition and escalation of deterioration

## Communication and Coordination of Care

Learning demonstrates that communication challenges, particularly around discharge, deterioration and End of Life discussions can impact patient and family experience and care coordination. SJR learning highlighted the importance of keeping families updated especially when patient shows signs of deterioration and ensuring good communication regarding prognosis.

Communication between teams and with families is a consistent theme across mortality review, and allows opportunities for specialities and divisions to reinforce and target areas where improved communication will support care delivery.

| Learning identified                                                                                                  | Improvement                                                                              |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| UHBW Medicine division identified a learning opportunity relating to end-of-life communication and anticipatory care | Learning shared with relevant clinical teams and escalated to specialist groups          |
| UHBW Surgery identified through an SJR review learning relating to missed handovers,                                 | Surgery implemented a mandatory review of all out-of-hours referrals at morning handover |

|                                                                                                                                                |                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| resulting in a failure to follow-up a deteriorating patient                                                                                    |                                                                                                                                     |
| NBT Stroke service used feedback from families to identify communication gaps relating to feeding and end-of-life decisions.                   | Stroke service launched a project as a result of the learning opportunity to improve the communication at end of life with families |
| NBT Neurological and Musculoskeletal Sciences (NMSK) division identified the need for clear communication about changes in clinical trajectory | Communication standards were reinforced through M&M discussions                                                                     |

Table 10 Learning and improvement examples relating to communication and coordination of care

## End of Life (EOL) Care and Advance Care Planning

Variability in timeliness and consistency of end-of-life care planning and symptom management.

SJR learning highlights that recognition of end of life and timely advance care planning remains variable, with some missed opportunities for earlier palliative involvement. One review was used for learning at divisional governance meeting highlighting missed opportunities to stop active treatment and manage the patient focusing on comfort at the end of life using established standardised documentation. One theme a number of SJRs highlighted across both NBT and UHBW was the impact of ward moves and availability of side rooms for patients at end of life. Learning focused on ensuring that clinical site management limit ward moves where possible especially for patients at end of life.

Mortality review enables specialities and divisions to review how end-of-life care is delivered to patients, and whether there are opportunities to improve the experience of patients and families, examples of which are noted in Table 11 below.

| Learning identified                                                                                                                                                              | Improvement                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UHBW Medicine noted delays in initiating end-of-life care and the use of anticipatory medications. They also highlighted a theme of inappropriate ward moves during end-of-life. | Learning from mortality reviews was fed to end-of-life and deteriorating patient groups. Improved dissemination of learning via governance structures.            |
| UHBW Weston identified that patients with advance care plans were being admitted and dying within a non-preferred setting                                                        | Strengthened advance care planning education (ReSPECT and Grand rounds). Collaboration with community partners including Marie Curie and local care homes.        |
| NBT Acute medicine noted a trend following identification of good practice                                                                                                       | Feedback through M&M meetings identifying how effective use of standardised documentation for care in last days of life can impact patient and family experience. |

Table 11 Learning and improvement themes relating to end of life care theme

Whilst the table identifies specific actions relating to these incidents it is recognised that a more strategic aligned approach is needed to improve end of life care across all hospital sites. UHBW and NBT End of Life Steering Groups have already started work on addressing the themes identified and End of Life Care Leads are establishing new

structures within the group to ensure learning from all hospital sites can result in action to improve care. An End of Life Care strategy is being developed for the new trust including an education strategy. It has already been highlighted that there is a lack of widely available education relating to end of life care, especially for medical staff and approaches to address this will be within the new strategy.

## Clinical Pathways and Guideline Development

SJR's show that while pathways exist, their application can be inconsistent, one case identified a learning opportunity around the out of hours referral pathway between medicine and oncology and a reminder to staff regarding the STEMI pathway within ED.

Specialities and divisions can use learning through mortality review to identify clinical pathways that are at risk from failing.

| Learning identified                                                                                    | Improvement                                                                    |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| UHBW Surgery identified that no standardised pathway is available for acute colonic pseudo-obstruction | UHBW surgery developed a new clinical pathway for pseudo-obstruction           |
| NBT Acute medicine identified there was no guideline for hypokalaemia management                       | The speciality is leading the development of hypokalaemia guidelines           |
| NBT ICU identified that there was no guideline for cardiogenic shock                                   | A new guideline for cardiogenic shock was developed                            |
| NBT Anaesthesia identified a need for clearer perioperative guidance for high-risk cases.              | NBT Anaesthesia service developed new guidance for high-risk surgical cohorts. |

Table 12 Learning and improvement examples relating to the theme of clinical pathways and guideline development

## Medication Safety and Treatment Processes

Learning relating to prescribing, medication safety, and access to treatment.

Medication-related learning includes prescribing risks, delays in treatment, and ensuring appropriate oversight in complex or deteriorating patients. Learning from reviews relating to medication highlighted the swallowing ease of larger tablets, the need to clarify ownership of nerve blocks to optimise pain control, and the identification of a patient safety incident relating to the prescription of an anti-biotic that the patient was allergic to.

SJR's noting issues with treatment included a delayed stent removal, delayed decision to operate and good practice highlighted that supportive care is not synonymous with no intervention, and that tailored surgical interventions designed to optimise the patient's remaining quality of life should be considered.

Speciality and divisional mortality reviews identified learning relating to the administration of medication and blood products.

| Learning identified | Improvement |
|---------------------|-------------|
|---------------------|-------------|

|                                                                                 |                                                                                                                                                              |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NBT complex care identified learning relating to syringe driver incompatibility | As a result, complex care service reviewed prescribing guidance with digital and palliative care teams, and embedded learning into induction and newsletters |
| NBT Anaesthesia identified a delay in access to blood products                  | NBT anaesthesia initiated a QI project and working group to improve the blood provision processes.                                                           |

Table 13 Learning and improvement relating to theme of medication safety and treatment processes

## Multidisciplinary (MDT) Working and Learning Culture

Strong emphasis on MDT working as both a strength and a key enabler of improvement. SJR learning shows strong MDT working improves outcomes, particularly where specialist teams and families are involved early.

Common shared learning across specialities and divisions is the importance and need for good multidisciplinary working and having an embedded culture of learning.

| Learning identified                                                                                                                       | Improvement                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| UHBW Surgery identified a need for improved cross-speciality working, in particular noting surgery and maternity                          | UHBW have introduced joint surgical-maternity M&M meetings                                                |
| NBT Complex care noted learning through good practice in MDT collaboration                                                                | Complex care shared good practice through message of the week and newsletters to disseminate MDT learning |
| NBT Anaesthesia and Neurological and Musculoskeletal (NMSK) division identified the importance of MDT through learning from good practice | Shared learning identified the importance of regular multidisciplinary M&M review forums                  |

Table 14 Learning and improvement relating to multidisciplinary working and learning culture

## Governance, Learning Systems and Data Use

Ongoing development of governance processes to improve learning, though with variation in maturity.

SJR findings demonstrate that learning is generated and escalated effectively, but benefit depends on consistent dissemination and action tracking. The joint Mortality Surveillance Group will provide the opportunity for divisions and specialities to discuss mortality themes and learning opportunities, linking across the Group.

Specialities and divisions report the importance of governance and data to support learning from deaths.

| Learning identified                                                                           | Improvement                                                                                                                                           |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| UHBW Medicine have strong local processes for sharing SJR learning across teams               | The division has worked over the year to ensure that there is a structured process for supporting dissemination and identifying learning from review. |
| NBT Gastroenterology identified a need for a speciality focused data source                   | The Gastroenterology service have a focused dashboard allowing them to identify acuity and risk                                                       |
| NBT Neurosurgery use data-drive mortality reviews and triangulation against national datasets | The speciality has expanded this data driven approach across their sub-specialities                                                                   |

Table 15 Learning and improvement relating to governance, learning systems and data use theme

Across both NBT and UHBW, mortality review feedback demonstrates consistent themes around communication, escalation, end-of-life care, and documentation. There is clear evidence that learning is being translated into action through strengthened governance processes, development of clinical pathways, and targeted quality improvement initiatives, supported by increasing multidisciplinary engagement.

## Section 4 - Aligned working and future direction of travel

### 4.1 Working together as a Group and across Bristol, North Somerset, and South Gloucestershire

During 2025/26, the formation of Bristol NHS Group helped progress the joint Mortality Improvement Programme, with a clear focus on aligning mortality review processes, governance arrangements and data across NBT and UHBW before the merger. This work prioritised consistent approaches to identifying, reviewing and learning from deaths, alongside developing shared policies, datasets and reporting arrangements to support merger readiness. By creating a more standardised and collaborative framework across both organisations, the programme began to support more effective sharing of learning and greater consistency in oversight. This alignment also provides a stronger foundation for wider system engagement across Bristol, North Somerset and South Gloucestershire (BNSSG), enabling improved collaboration with partners and supporting a more joined-up approach to learning, quality improvement and patient safety at a population level.

### 4.2 The Mortality Improvement Programme

During 2025/26, the Mortality Improvement Programme (MIP) has supported the formation of the Bristol NHS Group by aligning mortality review processes across the two hospital operational units. This has included developing a consistent approach to governance, review methodology and reporting, enabling improved system-level oversight, earlier identification of themes, and greater consistency in the quality of case reviews and learning across the Group.

Before the merger on 1 July 2026, and alongside the appointment of group leadership roles, the Mortality Improvement Programme prioritised the alignment of processes, policies and reporting frameworks. During 2025/26, a key milestone was the establishment of group-level reporting with a shared set of mortality metrics, providing a foundation for consistent oversight and assurance in Bristol NHS Foundation Trust from 1<sup>st</sup> July 2026.

### Priority Projects Supporting date of the Merger

#### Development of a Group Structured Judgement Review (SJR) Solution

A priority has been the development of a single, aligned approach to Structured Judgement Reviews across the group. This includes:

- Designing a standardised SJR process and methodology
- Developing a digital SJR form within the Patient Administration System (PAS)
- Working in partnership with digital services to progress towards a single, integrated solution aligned to the wider digital programme

This work will support improved data capture, reporting, and sharing of learning across organisations.

### Alignment of Policies and Processes

Significant progress has been made in aligning mortality-related policies and operational processes to support a consistent approach across the Group. This includes:

- Development of a single, aligned Learning from Deaths policy for implementation at date of the merger (1<sup>st</sup> July 2026)
- Collaborative working with clinical and governance teams to develop supporting Standard Operating Procedures (SOPs)
- A focus on providing practical guidance to support teams in the first 100 days following merger

### Establishment of a Group Mortality Surveillance Group (MSG)

A group-level Mortality Surveillance Group has been established to:

- Provide oversight of mortality data across the Bristol NHS Group
- Identify variation, trends and emerging themes
- Support coordinated review processes and escalation of learning
- Strengthen system-wide identification of improvement opportunities

This group will be key to ensuring a consistent and proactive approach to mortality governance post-merger.

## 4.3 Supporting our national collaboration

The Trust continues to play a leading role in national collaboration through hosting a Mortality and Learning from Deaths Leads Community of Practice. This network was established following the cessation of the previous national forum within NHS England, recognising the continued need for shared learning and collaboration across organisations. The Community of Practice bi-monthly meetings were briefly paused during the formation of Bristol NHS Group due to resource availability, however, a key priority for 2026-27 is re-establishing the meeting with the first Community of Practice for the new financial year being scheduled for June 2026.

This national collaboration supports mutual learning, allows benchmarking against best practice, and provides an opportunity to share the Bristol NHS Group's approach to mortality improvement.

Plans are underway to develop an annual national event to further strengthen collaboration and support continued improvement in Learning from Deaths across the NHS. The aim for 2026-27 is to expand the membership and explore topics linking Mortality to other governance activity and sources of insight.

## 4.4 Progress against the priorities set out in our previous annual report

In our previous annual report, we said that during 2025/26 we would focus on

- embedding a more consistent approach to mortality review,
- strengthening the links between mortality and patient safety processes,
- improving the timeliness and visibility of learning,
- making better use of data and digital tools, and
- continuing to prioritise health inequalities.

During 2025/26, we made progress across each of these priorities as Bristol NHS Group prepared for the formation of Bristol NHS Foundation Trust.

We made progress in embedding a more consistent approach to mortality review across NBT and UHBW. This included aligning review criteria, developing a single Learning from Deaths policy for date of the merger, refining our mortality methodology so that different types of cases are directed to the most appropriate review process, and establishing group-level reporting and oversight arrangements. This has helped reduce duplication, support a more proportionate approach to review, and create a stronger foundation for consistent governance and learning across the organisation.

The development of a joint Mortality Surveillance Group has been an important part of this progress. During 2025/26, we developed its Terms of Reference, confirmed its purpose and scope, and agreed core membership across NBT and UHBW. Each trust also appointed a Deputy Medical Director for Safety and Effectiveness, and these roles continue within their respective hospital operating units in Bristol NHS Foundation Trust. Working closely with the Mortality Improvement Programme team, they provide clinical leadership, support alignment across sites, and play an important role in the Mortality Surveillance Group. We also established a model for bringing together quantitative mortality intelligence with qualitative learning from Structured Judgement Reviews, Medical Examiner themes, Morbidity and Mortality meetings, patient safety processes, complaints and coronial learning. The first Joint Mortality Surveillance Group meeting was held on 21 May 2026, supported by a draft Terms of Reference, and group reporting and aligned oversight across NBT and UHBW had already commenced during the year.

Concerns raised through Medical Examiner scrutiny are now more clearly connected to local governance teams, patient safety learning responses, and escalation routes where a different investigation method is more appropriate. We have also strengthened the links between mortality learning, Patient Safety Incident Response Framework (PSIRF) processes and divisional governance, helping to ensure that concerns are considered through the most appropriate route and that learning is discussed and acted on more consistently.

Progress was also made in improving the timeliness and visibility of learning, although this remains an area for further development and a focus for the upcoming year. During the year, both organisations continued to complete reviews and share learning through specialty, divisional and organisational governance routes, and this report includes clearer thematic reporting on communication, deterioration, documentation, end-of-life care and care coordination.

The move towards a joint Mortality Surveillance Group and a more consistent trust-wide governance approach is intended to improve how learning is discussed, tracked and embedded across services. During the year, we also developed IQPR-style reporting slides, updated a single-source dataset for IQPR and the annual report to year end, and completed thematic analysis of learning identified through Structured Judgement Reviews to support joint quality account reporting.

We have made progress in our digital and data priorities. During 2025/26, we developed a shared enhanced Structured Judgement Review (eSJR) form for use across NBT and UHBW, aligned key data fields and reporting requirements, and worked with digital services to identify a single-system solution to support the merged organisation from 1<sup>st</sup> July 2026. This included progressing the CareFlow Clinical Narrative build at NBT and updating the UHBW CareFlow review note to align key data fields. CareFlow is the electronic patient record used across our hospitals, and this phased approach has allowed us to put in place a single digital direction for Bristol NHS Foundation Trust while continuing further development after merger. Group-level reporting with a shared set of mortality metrics has also been established to support more consistent oversight. An aligned SJR question set has been implemented through CareFlow Clinical Narrative at NBT and CareFlow Clinical Notes at UHBW as part of a phased solution, with soft launches in June 2026 and full launch planned for 29 June 2026. Tranche 2 is planned for October 2026, subject to the UHBW CareFlow EPR upgrade, to support implementation of a single SJR form for Bristol NHS Foundation Trust. The Tranche 1 rebuild will also improve administration by enabling key review sections to print within PDF output, and digital task allocation within Narrative is being explored to strengthen visibility, timeliness and audit trail. Work is also continuing to support transition of Medical Examiner reporting into business as usual, with associated Power BI development dependent on NHS.net migration.

We also said that we would continue to prioritise health inequalities and improve care for people at greater risk of poorer outcomes. During 2025/26, this remained an area of focus. We improved how we identify and review deaths involving people with a learning disability, autistic people, and people with severe mental illness. Alongside this, we strengthened the equality and health inequalities considerations within our Learning from Deaths approach, including work with the Medical Examiner service and clinical coding teams to improve identification, strengthen review processes, and support more equitable and person-centred care. The Equality and Health Inequalities Impact Assessment completed for our single Learning from Deaths policy found that

the policy is expected to have a modest positive impact by reducing variation in mortality review processes, supporting more consistent identification and escalation of deaths, and strengthening opportunities for bereaved families and carers to contribute to learning.

Overall, the progress made during 2025/26 means that we enter 2026/27 with

- stronger shared governance,
- more aligned data and review processes,
- clearer trust-wide priorities, and
- a better foundation for embedding learning across Bristol NHS Foundation Trust.

While some of the priorities from the previous report remain work in progress, particularly around digital development, timeliness, and consistent implementation across all services, the year has delivered important building blocks for the next phase of improvement. By the end of the reporting period, priority date of merger (1<sup>st</sup> July 2026) deliverables for 1 July 2026, including Group MSG arrangements, the aligned Learning from Deaths policy and supporting SOPs, and SJR alignment, remained on track.

## 4.5 Looking forward

Our focus for 2026/27 is on delivering the next phases of this work. This includes implementing the aligned Learning from Deaths policy and supporting standard operating procedures, embedding the joint Mortality Surveillance Group, developing a curriculum for mortality reviewers, and improving the quality and consistency of all reviews undertaken. It also includes completing the next phase of our digital programme, including further development of the CareFlow Clinical Narrative solution, aligned workflows and reporting outputs, and improving how we use and triangulate data from reviews to support learning, oversight and improvement across Bristol NHS Foundation Trust. Planned milestones include completion of Tranche 2 of the SJR digital programme following the UHBW CareFlow EPR upgrade, further development of reporting dashboards and a single-source dataset, confirmation of criteria for cases requiring MSG discussion, and progression of the verification of death improvement project, which is planned to begin in July 2026 with completion targeted for November 2026.

### Current challenges and our plans to address them

We are committed to being transparent about the challenges associated with learning from deaths, recognising that this openness is essential to driving meaningful improvement.

Key areas of focus include:

- Supporting clinical teams to embed newly aligned processes and policies consistently across the Group
- Working with digital services to develop and improve reporting, dashboards, and data accessibility
- Supporting UHBW in the transition to CareFlow Narrative to enhance the recording and visibility of mortality reviews

## 4.6 Future Priorities and Commitments

### Embedding the Group Model into the post-merger organisation (2026/27)

During 2026-27, the Mortality Improvement Programme will focus on supporting Bristol NHS Foundation Trust to embed aligned processes, digital systems and learning frameworks so that they are consistent and sustainable across the organisation.

### Digital Transformation

Our digital priorities for 2026/27 focus on delivering the next phases of our mortality digital programme. This includes further development and embedding of the CareFlow Clinical Narrative solution, continued alignment of workflows and data fields across Bristol NHS Foundation Trust, development of reporting dashboards and outputs to support more timely learning, oversight and assurance, and improvement of systems supporting the verification of death process. Together, this phased work will help reduce reliance on manual processes, improve the quality and accessibility of data, and support a more consistent and efficient approach to mortality review, governance and organisational learning.

### Strengthening Governance and Learning

Our priorities for strengthening governance and learning in 2026/27 include

- further integration of maternity mortality processes within the Mortality Surveillance Group and a Trust-wide process for maternal deaths aligned to the South West maternity network
- supporting consistent governance arrangements and reporting across all services, and
- strengthening links between mortality reviews, incident investigation under PSIRF, and divisional governance.

From 1<sup>st</sup> July 2026 as Bristol NHS Foundation Trust, mortality review and learning will sit within a more consistent trust-wide governance approach, with aligned processes, clearer reporting routes and stronger links between mortality, patient safety and quality oversight.

This will support more consistent learning across hospital sites and help ensure improvement actions are visible, tracked and embedded.

Together, this work will support a more joined-up approach to oversight, improve the visibility of learning across pathways, and help ensure that improvement actions are identified, tracked, and embedded more consistently across our merged organisation.

### Improving Care for people at greater risk of health inequalities or poorer outcomes

Improving care for people at greater risk of health inequalities or poorer outcomes will remain an important area of focus in 2026/27. Within Learning from Deaths, the immediate priority will be to strengthen how we identify, review and learn from deaths involving groups known to experience poorer outcomes, including people with a learning disability, autistic people, and people with severe mental illness. We will continue to work with partners, including Avon and Wiltshire Partnership (AWP), clinical coding, Medical Examiner colleagues and wider system teams, to improve case identification, review quality and the use of available data.

We recognise that mortality review alone cannot fully explain or address the wider causes of health inequalities. However, it can provide important insight into whether there are recurring themes in access, communication, escalation, reasonable adjustments, care coordination or end-of-life care for particular groups. During 2026/27, the focus will therefore be on building a more reliable evidence base, improving data linkage where possible, and using learning to inform wider patient safety, quality improvement and population health work across Bristol NHS Foundation Trust and the BNSSG system.

### Enhancing Clinical Engagement and Improvement

Our focus on enhancing clinical engagement and improvement in 2026/27 includes supporting divisions and specialties to strengthen and build on existing Morbidity and Mortality (M&M) processes, partnering with clinical teams and system partners to identify and deliver improvement projects informed by mortality surveillance and thematic learning, and promoting a culture of continuous learning through the sharing of SJR findings and best practice. By strengthening clinical ownership of learning and improvement, we aim to ensure that insights from review activity are translated into practical changes that improve care for future patients and families.

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## Glossary

### Admission

When a person goes into hospital to stay for treatment or care.

### Advance care planning (ACP)

A discussion and record of a person's wishes about their future care, including what care they would or would not want if they became unable to communicate.

### Bereavement services

Teams that support families and carers after someone has died, helping with practical and emotional needs. Further information can be found on the UHBW website <https://www.uhbristol.nhs.uk/patients-and-visitors/patient-affairsbereavement-services/>

### Bristol NHS Group

University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and North Bristol NHS Trust (NBT) worked together as Bristol NHS Group before the formation of Bristol NHS Foundation Trust on 1 July 2026. In this report, the term Bristol NHS Group refers to those joint working arrangements during the 2025–26 reporting period.

### BNSSG (Bristol, North Somerset and South Gloucestershire)

Bristol, North Somerset and South Gloucestershire is the area covered by our local NHS services.

### Coroner Referrals

Approximately half of all deaths in England and Wales are referred to H.M. Coroner (The Coroners' Society of England & Wales, 2025). Referrals happen for a variety of reasons. Referrals are made mainly by doctors and the Police. Upon receipt of a death report the Coroner will review the information and decide what should be done. Further information can be found on the Avon Coroner website. <https://www.avon-coroner.com/>

### Clinical audit

A way to find out if healthcare is being provided in line with specific standards. Audits let care providers and patients know where services are doing well and where there could be improvements. More information can be found on the NHS England website <https://www.england.nhs.uk/clinaudit/>

### Clinical Health Knowledge System (CHKS)

CHKS is a company and system that provides data to compare NHS Trust performance, including mortality indicator data.

## End of life care

End of life care is support for people who are in the last months or years of their life. The focus is on living as well as possible and being able to die with dignity. The team providing this care will ask about the person's wishes and preferences and take these into account as they work with them to plan their care. The team will also support families, carers or other people who are important to the person. Further information is available on the UHBW website <https://www.uhbristol.nhs.uk/patients-and-visitors/end-of-life-care-at-uh-bristol/adult-end-of-life-care-at-uh-bristol/>

## Dysphagia

When a person has problems swallowing. Further information is available on the NHS website <https://www.nhs.uk/symptoms/swallowing-problems-dysphagia/>

## Haematological malignancy

This refers to the presence of cancerous cells in blood, bone marrow, and lymph nodes. Information on the basic techniques we use to diagnose haematological malignancy are on the UHBW website <https://www.uhbristol.nhs.uk/for-clinicians/uhb-hods/techniques/>

(Sen, et al., 2016).

## Inquest

If a death is reported to a coroner, the coroner must hold an inquest if:

- the cause of death is still unknown
- the person might have died a violent or unnatural death
- the person might have died in prison or police custody

Further information can be found on the Avon Coroner website. <https://www.avon-coroner.com/>

## Learning from deaths

The framework and processes related to reviewing cases where people have died to understand what happened, to assess the quality of care provided, and find ways to improve care for future patients. Further information can be found on the NHS England website <https://www.england.nhs.uk/patient-safety/patient-safety-insight/learning-from-deaths-in-the-nhs/>

## Learning from deaths policy

A policy that sets out how we review deaths in our hospitals, learn from care provided, and make improvements for future patients. The policy explains our review processes and governance arrangements in line with national guidance.

## **Medical Examiner (ME)**

Medical examiners are senior medical doctors who are contracted for a number of sessions a week to provide independent scrutiny of the causes of death, outside their usual clinical duties. They are trained in the legal and clinical elements of death certification processes. The purpose of the medical examiner system is to:

- provide greater safeguards for the public by ensuring independent scrutiny of all non-coronial deaths
- ensure the appropriate direction of deaths to the coroner
- provide a better service for the bereaved and an opportunity for them to raise any concerns to a doctor not involved in the care of the deceased
- improve the quality of death certification
- improve the quality of mortality data.

You can find out more about the Medical Examiner's Service in Bristol, North Somerset, and South Gloucestershire on the BNSSG Healthier Together website, at <https://bnssghealthiertogether.org.uk/the-medical-examiner-service/information-for-the-public/>

## **Medical Examiner Officer (MEO)**

A Medical Examiner Officer is a specially trained staff member who supports the Medical Examiners in their work. They will often speak to bereaved families.

## **Morbidity**

Used in medical settings, morbidity means illness or disease and is not to be confused with mortality, which means death.

## **Mortality Governance Structure**

The committees and teams responsible for overseeing how we review deaths and ensure learning leads to improvements in patient care. This includes our Clinical Quality Group, Mortality Surveillance Group, and other committees that each have specific roles in mortality review and learning processes. Full details are available in our Learning from Deaths Policy.

## **Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries UK (MBRRACE-UK)**

A national surveillance and investigation programme for deaths of women and babies who die during pregnancy or shortly after pregnancy in the UK. You can find out more about MBRRACE-UK on their website <https://www.npeu.ox.ac.uk/mbrpace-uk>.

## **Misadventure**

An injury or adverse reaction resulting from any medical treatment.

### **Multidisciplinary Team (MDT)**

A group of health and care staff who may be from different organisations and professions, that work together to make decisions regarding the treatment of patients and service users.

### **Mental Capacity Act (MCA)**

The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. Further information can be found on the NHS website <https://www.nhs.uk/social-care-and-support/making-decisions-for-someone-else/mental-capacity-act/>

### **Oesophagectomy**

Surgery to remove the oesophagus (often referred to as the gullet). Further information on our oesophago-gastric can be found on the UHBW website <https://www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/bristol-royal-infirmary/what-we-do/ogteam/>

### **Patient Safety Incident Response Framework (PSIRF)**

The structure and processes that NHS organisations must use to look at patient safety incidents. An important aim of PSIRF is to understand how incidents happen, so that we learn and improve, and in turn create a safer care system. Further information can be found on the UHBW website [https://www.uhbw.nhs.uk/assets/1/uhbw\\_psirf\\_plan\\_v1.2\\_updated\\_approved.290824.pdf](https://www.uhbw.nhs.uk/assets/1/uhbw_psirf_plan_v1.2_updated_approved.290824.pdf)

### **PALS (patient advice and liaison service) and complaints team**

The PALS and Complaints Team aim to resolve any concerns, queries or questions that patients, their families, or members of the public raise with us about our Trust. Further information can be found on the UHBW website <https://www.uhbristol.nhs.uk/patients-and-visitors/support-for-patients/patient-support-and-complaints/>

### **PMRT (Perinatal Mortality Review Tool)**

A standardised perinatal mortality review programme that runs across NHS maternity and neonatal units in England, Scotland, Wales and Northern Ireland. You can find out more about the PMRT on the programme website <https://www.npeu.ox.ac.uk/pmrt>

### **Pneumonectomy**

The removal of a lung. A glossary of thoracic operations is available on the UHBW website <https://www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/bristol-royal-infirmary/what-we-do/thoracic-surgery/glossary-of-thoracic-operations/>

### **ReSPECT (Recommended Summary Plan for Emergency Care and Treatment)**

The ReSPECT process creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they cannot make decisions or

express their wishes. The process is intended to respect both patient preferences and clinical judgement. Further information can be found on the Remedy BNSSG website <https://remedy.bnssg.icb.nhs.uk/adults/end-of-life-care-and-hospice/respect-plus/>

## **Sepsis**

Sepsis is a life-threatening condition caused by a dysregulated host response to infection. Without early identification and treatment there is a significant risk of long-term disability or death. Anyone, at any age can develop sepsis after an injury or minor infection, although some people are at higher risk. Sepsis can be extremely difficult to recognise and diagnose, but sometimes it can be prevented, and it is treatable in many cases. For further information on sepsis, please visit the NHS website <https://www.england.nhs.uk/ourwork/clinical-policy/sepsis/sepsis-work/>

## **Sepsis bundle (Sepsis Six)**

A set of six actions that should be initiated within one hour of suspecting sepsis. A factsheet on the implementation of the sepsis six care bundle is available on the NHS website <https://www.england.nhs.uk/wp-content/uploads/2014/02/rm-fs-10-1.pdf>

## **Single managed services**

Single managed services are a new way of delivering clinical services across our two trusts in BNSSG. Our vision is for more joined-up, more resilient, and more patient-focused services. You can find out more on our Bristol NHS Group website <https://www.uhbw.nhs.uk/p/about-us/bristol-nhs-group>

## **Statistical Process Control (SPC) Chart**

Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action. SPC is used widely in the NHS and more information is available on the NHS England Website <https://www.england.nhs.uk/statistical-process-control-tool/>

## **Structured Judgement Review (SJR)**

A detailed case notes review method developed by the Royal College of Physicians and recommended by National Learning from Deaths guidance. Trained clinicians assess care quality using structured judgements to identify learning opportunities, areas for improvement, and patterns across multiple cases that can benefit future patients. Further information can be found on the Health Innovation West of England website <https://www.healthinnowest.net/wp-content/uploads/NMCRR-clinical-governance-guide-Final.pdf>

## **Supportive and palliative care**

The supportive and palliative care team provides care to help improve quality of life for patients and families with life-limiting illness that is usually progressive. The aim is to providing holistic care through high quality pain and symptom control as well as psychological, social and spiritual support. Specialists in the team also have expertise

in supporting patients and their families who are living with a life limiting conditions. Further information can be found on the UHBW website <https://www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/bristol-royal-infirmary/what-we-do/supportive-and-palliative-care/>

## **Treatment**

The care someone receives to help with their illness or condition. This includes medication, operations, tests, and other care from the hospital's teams.

## **Variable Life-Adjusted Display (VLAD) Chart**

A visual way of monitoring clinical outcomes adjusted for risk used by NHS England. Further information on the VLAD method, implementation, and caveats can be found on the UCL website [https://www.ucl.ac.uk/clinical-operational-research-unit/sites/clinical\\_operational\\_research\\_unit/files/vladmethods.pdf](https://www.ucl.ac.uk/clinical-operational-research-unit/sites/clinical_operational_research_unit/files/vladmethods.pdf)

## References

|                                                                    |                                                                                                                                           |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| National Quality Board – Learning from Deaths guidance (2017)      | <a href="#">nqb-national-guidance-learning-from-deaths.pdf</a>                                                                            |
| NHS England – National guidance on learning from deaths            | <a href="#">NHS England » Learning from deaths in the NHS</a>                                                                             |
| NHS England – Pyramid of investigation for special cause variation | <a href="#">Summary Hospital-level Mortality Indicator (SHMI)</a>                                                                         |
| MBRRACE-UK programme                                               | <a href="#">MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK   MBRRACE-UK   NPEU</a> |
| Perinatal Mortality Review Tool (PMRT)                             | <a href="#">Perinatal Mortality Review Tool   PMRT   NPEU</a>                                                                             |
| NHS Quality Account Regulations 2010 (2017 amendment)              | <a href="#">The National Health Service (Quality Accounts) Regulations 2010</a>                                                           |
| Medical Examiner statutory guidance                                | <a href="#">NHS England » National Medical Examiner's guidance for England and Wales</a>                                                  |
| NHS Clinical Audit                                                 | <a href="#">NHS England » Clinical audit</a>                                                                                              |
| BNSSG Medical Examiner                                             | <a href="#">The Medical Examiner Service - BNSSG Healthier Together</a>                                                                   |
| LeDeR Programme                                                    | <a href="#">NHS England » Learning from lives and deaths – people with a learning disability and autistic people (LeDeR)</a>              |
| SHMI Information                                                   | <a href="#">Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalisation - NHS England Digital</a>          |
| Avon Coroner Website                                               | <a href="#">Avon Coroner</a>                                                                                                              |
| Core20PLUS5                                                        | <a href="#">NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities</a>                                      |
| Patient Safety Incident Response                                   | <a href="#">NHS England » Patient Safety Incident Response Framework</a>                                                                  |

## Appendices

### Appendix 1. How we align with national requirements - detailed statistics and data tables

Table 16 shows how this report meets all requirements under the NHS Quality Account Regulations 2010 (2017 Amendment No.744) and National Quality Board Guidance on Learning from Deaths (March 2017).

|                                                      |                                                                             |
|------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>Total deaths reported</b>                         | Section 1.1 (3,722 deaths)                                                  |
| <b>Total adult deaths reported</b>                   | Section 1.1                                                                 |
| <b>Case record reviews completed</b>                 | Section 2.3                                                                 |
| <b>Avoidable deaths assessed</b>                     | Section 2 – Assessing the quality of care we provided                       |
| <b>Learning themes identified</b>                    | Sections 3.5 to 3.6                                                         |
| <b>Actions taken documented</b>                      | Sections 3 and 4                                                            |
| <b>Impact assessment provided</b>                    | Section 4                                                                   |
| <b>Quarterly public board reporting requirements</b> | Reported through sections 1 to 3; Board reporting referenced in Section 1.3 |

Table 16 Bar chart showing the alignment to the national requirements

The specific wording below follows the exact format required by the NHS Quality Account Regulations 2010 (2017 Amendment No.744).

These regulations specify the precise language that must be used when reporting Learning from Deaths data, ensuring consistency across all NHS trusts and enabling meaningful comparison of mortality review activity nationally.

175 case record reviews and 1 investigation have been carried out in relation to 3641 of adult deaths included in item 27. In 1 case a death was subjected to both a case record review and an investigation.

The number of deaths in each quarter for which a case record review or an investigation was carried out was

- 45 in the first quarter;
- 52 in the second quarter;
- 50 in the third quarter;
- 28 in the fourth quarter.

0 representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

- 0 representing 0% for the first quarter;
- 0 representing 0% for the second quarter;
- 0 representing 0% for the third quarter;
- 0 representing 0% for the fourth quarter.

These numbers have been estimated using the Structured Judgement Review methodology developed by the Royal College of Physicians.

This report fulfils all mandatory requirements under:

- NHS Quality Account Regulations 2010 (2017 Amendment No.744) sections 27.1-27.6.

- National Quality Board Guidance on Learning from Deaths (March 2017).
- CQC inspection requirements for learning from deaths.
- Medical Examiner statutory guidance.

Table 17 and Table 18 demonstrate our compliance with the statutory data requirements under the NHS Quality Account Regulations 2010 (2017 Amendment No.744) year on year.

## UHBW

| Reg  | Requirement                                                        | 2024 25   | 2025 26 | Change | %Change |
|------|--------------------------------------------------------------------|-----------|---------|--------|---------|
| 27.1 | Total Hospital Deaths (all)                                        | 1865      | 1,761   | -104   | -5.6%   |
| 27.1 | Total Adult in-hospital Deaths (quarterly breakdown required)      | 1,794     | 1,689   | -105   | -5.9%   |
| 27.2 | Deaths Reviewed (quarterly breakdown required) (adult in-hospital) | 103       | 78      | -25    | -24.27% |
| 27.2 | Review Rate %                                                      | 5.74%     | 4.62%   | -1.12% | -19.51% |
| 27.3 | Deaths Due to Problems in Care (quarterly + methodology)           | 0         | 0       |        |         |
| 27.3 | Problems in Care Rate %                                            | 0%        | 0%      |        |         |
| 27.4 | Summary of Learning                                                | Narrative |         |        |         |
| 27.5 | Actions Taken/Proposed                                             | Narrative |         |        |         |
| 27.6 | Impact Assessment                                                  | Narrative |         |        |         |
| 27.7 | Late Reviews from Previous Year                                    | 0         | 0       | 0      |         |
| 27.8 | Late-Identified Problems in Care                                   | 0         | 0       | 0      |         |
| 27.9 | Revised Previous Year Estimate                                     | N/A       | N/A     | N/A    |         |

Table 17: Data requirements under the NHS Quality Account Regulations 2010 (2017 Amendment No. 744) for UHBW

## NBT

| Reg  | Requirement                                                        | 2024 25   | 2025 26 | Change | %Change |
|------|--------------------------------------------------------------------|-----------|---------|--------|---------|
| 27.1 | Total Hospital Deaths (all)                                        | 2097      | 1961    | -136   | -6.49%  |
| 27.1 | Total Adult in-hospital Deaths (quarterly breakdown required)      | 2073      | 1952    | -121   | -5.84%  |
| 27.2 | Deaths Reviewed (quarterly breakdown required) (adult in-hospital) | 179       | 97      | -82    | -45.81% |
| 27.2 | Review Rate %                                                      | 8.5%      | 4.97%   | -3.6%  | -43.35% |
| 27.3 | Deaths Due to Problems in Care (quarterly + methodology)           | 0         | 0       |        |         |
| 27.3 | Problems in Care Rate %                                            | 0%        | 0%      |        |         |
| 27.4 | Summary of Learning                                                | Narrative |         |        |         |
| 27.5 | Actions Taken/Proposed                                             | Narrative |         |        |         |
| 27.6 | Impact Assessment                                                  | Narrative |         |        |         |
| 27.7 | Late Reviews from Previous Year                                    | 0         | 0       | 0      |         |
| 27.8 | Late-Identified Problems in Care                                   | 0         | 0       | 0      |         |
| 27.9 | Revised Previous Year Estimate                                     | N/A       | N/A     | N/A    |         |

Table 18 Data requirements under the NHS Quality Account Regulations 2010 (2017 Amendment No. 744) for NBT

## Appendix 2. Regional Mortality Context

Table 19 shows Bristol NHS Group deaths in the context of total deaths recorded by the Office for National Statistics for England and the South West region during 2025-26.

| Quarter    | Total Deaths England                                                              | Total Deaths South West England                                                    | Total Deaths Bristol NHS Group                                                      |
|------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Apr-Jun 24 | 128,187                                                                           | 14,708                                                                             | 1192                                                                                |
| Jul-Sep 24 | 120,902                                                                           | 13,906                                                                             | 1222                                                                                |
| Oct-Dec 24 | 135,146                                                                           | 15,316                                                                             | 1353                                                                                |
| Jan-Mar 25 | 145,722                                                                           | 16,926                                                                             | 1375                                                                                |
|            |  |  |  |

**Table 19: Office of National Statistics (ONS) comparison: Regional mortality context - UHBW deaths compared with England and South-West totals, 2025-26**

This data provides regional context for Bristol NHS Group mortality volumes, demonstrating that hospital deaths represent a small proportion of total deaths in the region, with most deaths occurring in community settings.

## Appendix 3. Breakdown of in-hospital deaths by Site and Division

### UHBW Total Deaths Data

| Quarter    | Number of adult deaths |
|------------|------------------------|
| Q1 2025-26 | 869                    |
| Q2 2025-26 | 888                    |
| Q3 2025-26 | 979                    |
| Q4 2025-26 | 986                    |

Table 20: Total deaths for Bristol NHS Group by quarter

### Site Comparison Data

| Hospital Site/Division                  | April 2025 to March 2026 |            |            |            | Total       |
|-----------------------------------------|--------------------------|------------|------------|------------|-------------|
|                                         | Q1                       | Q2         | Q3         | Q4         |             |
| Bristol Haematology and Oncology Centre | 24                       | 24         | 27         | 16         | 91          |
| Specialised Services                    | 24                       | 24         | 27         | 16         | 91          |
| Bristol Royal Children's Hospital       | 10                       | 10         | 11         | 13         | 44          |
| Medicine                                |                          | 1          | 1          | 1          | 3           |
| WCH                                     | 10                       | 9          | 10         | 12         | 41          |
| Bristol Royal Infirmary                 | 256                      | 233        | 272        | 279        | 1040        |
| Medicine                                | 187                      | 145        | 175        | 185        | 692         |
| Specialised Services                    | 34                       | 50         | 45         | 46         | 175         |
| Surgery                                 | 35                       | 38         | 52         | 48         | 173         |
| Southmead                               | 458                      | 480        | 517        | 506        | 1961        |
| ASCR                                    | 56                       | 66         | 72         | 66         | 260         |
| Medicine                                | 300                      | 320        | 334        | 327        | 1281        |
| NMSK                                    | 101                      | 91         | 109        | 112        | 413         |
| WCH                                     | 1                        | 3          | 2          | 1          | 7           |
| St Michaels Hospital                    | 5                        | 13         | 11         | 2          | 31          |
| Medicine                                |                          |            | 1          |            | 1           |
| WCH                                     | 5                        | 13         | 10         | 2          | 30          |
| Weston General Hospital                 | 116                      | 128        | 141        | 170        | 555         |
| Medicine                                | 105                      | 108        | 132        | 148        | 493         |
| Specialised Services                    |                          | 1          |            | 1          | 2           |
| Surgery                                 | 11                       | 19         | 9          | 21         | 60          |
| <b>Total Bristol NHS Group</b>          | <b>869</b>               | <b>888</b> | <b>979</b> | <b>986</b> | <b>3722</b> |

Table 21: Total deaths by Hospital site by quarter for Bristol NHS Group

## Appendix 4. UHBW Summary Hospital Mortality Indicator (SHMI) Data

### About the Summary Hospital-level Mortality Indicator (SHMI)

The Summary Hospital-level Mortality Indicator (SHMI) is the ratio between the actual number of patients who die following hospitalisation and the number that would be expected to die based on average England figures. To help users of the data understand the SHMI, NHS trusts have been categorised into bandings indicating whether SHMI is 'higher than expected', 'as expected' or 'lower than expected'. The expected number is a statistical construct and is not a count of patients.

The difference between the number of observed deaths and the number of expected deaths cannot be interpreted as the number of avoidable deaths or excess deaths. SHMI is not a measure of quality of care. 'Higher-than-expected' should not be interpreted as poor performance and instead should be viewed as a 'smoke alarm' which requires further investigation. Similarly, 'as expected' or 'lower than expected' should not be interpreted as satisfactory or good performance (NHSE England, 2025).

SHMI can be influenced by many factors including the complexity of patients, how conditions are recorded, and statistical variation. SHMI may not show normal patterns when there are clusters of deaths or care quality issues, as this requires detailed clinical review. Further information on SHMI is available on the NHSE website <https://digital.nhs.uk/data-and-information/publications/ci-hub/summary-hospital-level-mortality-indicator-shmi>

### Trust-level Summary

UHBW for the data period February 2025 to January 2026 SHMI: 88.23

NBT for the data period February 2025 to January 2026 SHMI: 90.97

|                 | UHBW        | NBT         |
|-----------------|-------------|-------------|
| Provider Spells | 113,565     | 106,405     |
| Observed Deaths | 2,385       | 2,480       |
| Expected Deaths | 2,705       | 2,727       |
| SHMI Banding    | As expected | As expected |

Table 22 SHMI figures for UHBW and NBT as published by NHS England

| Site                                         | Provider spells | Observed deaths | Expected deaths | SHMI value | Banding             |
|----------------------------------------------|-----------------|-----------------|-----------------|------------|---------------------|
| Bristol Royal Infirmary                      | 41,285          | 1,315           | 1,370           | 0.9610     | As expected         |
| Southmead Hospital                           | 105,830         | 2,480           | 2,725           | 0.9101     | As expected         |
| Weston General Hospital                      | 25,005          | 765             | 920             | 0.8348     | Lower than expected |
| Bristol Haematology & Oncology Centre        | 5,355           | 215             | 320             |            |                     |
| St Michaels Hospital                         | 23,190          | 40              | 35              |            |                     |
| Bristol Royal Hospital for Children          | 16,105          | 40              | 35              |            |                     |
| Princess Royal Bristol Elective Surgical Hub | 580             | 0               |                 |            |                     |
| UHBW Virtual                                 | 750             |                 | 20              |            |                     |
| North Bristol Cdc                            | 10              | 0               |                 |            |                     |
| Bristol Eye Hospital                         | 1,910           |                 |                 |            |                     |
| University of Bristol Dental Hospital        | 10              | 0               |                 |            |                     |
| South Bristol Community Hospital             | 30              | 0               |                 |            |                     |
| Uh Bristol Private Hospitals (NHS Beds)      | 15              | 0               |                 |            |                     |

Table 23 SHMI figures for February to January 2026 for Hospital Sites

## Appendix 5. Detailed Bristol NHS Group Medical Examiner Referrals Data

### Medical Examiner Referrals by Quarter

| Quarter    |  | Number of Medical Examiner referrals | % of deaths |
|------------|--|--------------------------------------|-------------|
| Q1 2025-26 |  | 120                                  | 10.1%       |
| Q2 2025-26 |  | 111                                  | 9.1%        |
| Q3 2025-26 |  | 106                                  | 7.8%        |
| Q4 2025-26 |  | 125                                  | 9.1%        |

Table 24 Table showing number of medical examiner referrals by quarter and proportion of SJRs against total deaths

### Process initiated following a Medical Examiner Referral by Quarter and Financial Year

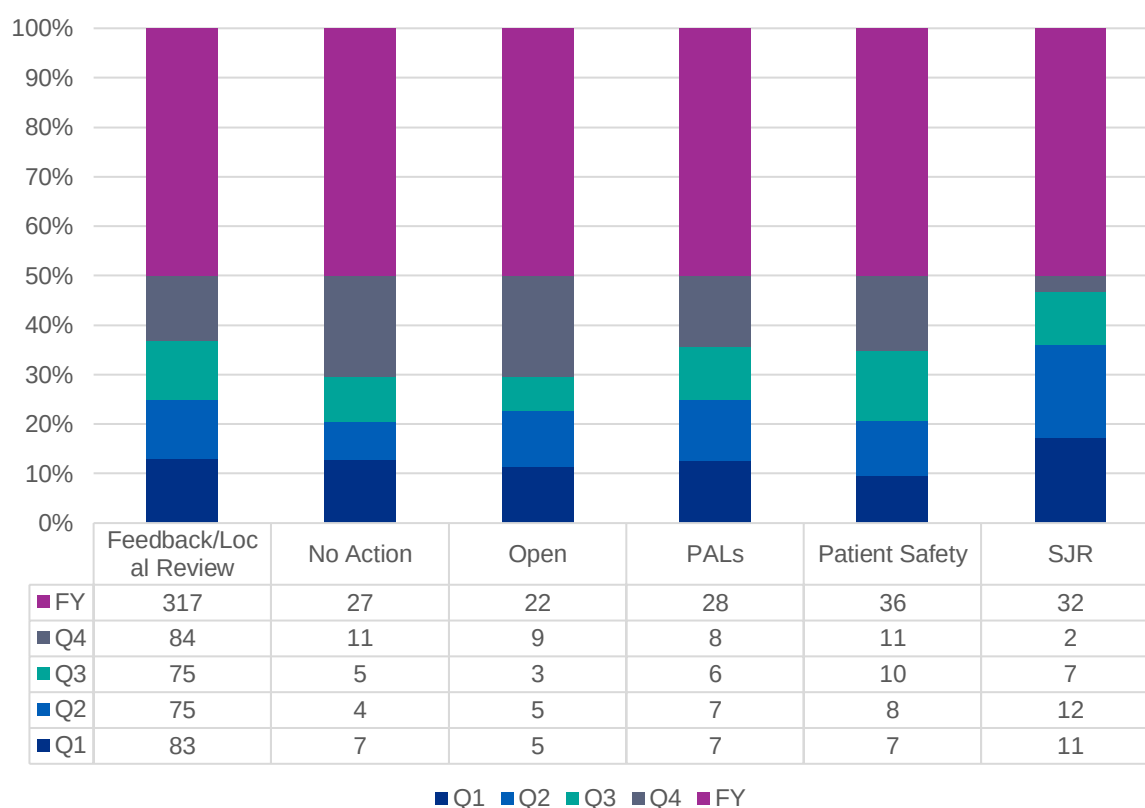


Figure 16: Outcome by quarter of Medical Examiner Referrals

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                     |            |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|
| Report To:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Meeting of the Trust Board in Public                                                                                                                                                                                                                                                                                                                                                                |            |             |
| Date of Meeting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8 September 2026                                                                                                                                                                                                                                                                                                                                                                                    |            |             |
| Report Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Medical Revalidation and Appraisal Framework for Quality Assurance and Improvement (FQAI) Report                                                                                                                                                                                                                                                                                                    |            |             |
| Report Author:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Tiffany Patten-Lawrence, Head of Medical Workforce Strategy                                                                                                                                                                                                                                                                                                                                         |            |             |
| Report Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Tim Whittlestone, Chief Medical and Innovation Officer                                                                                                                                                                                                                                                                                                                                              |            |             |
| Purpose of the report:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Approval                                                                                                                                                                                                                                                                                                                                                                                            | Discussion | Information |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | X                                                                                                                                                                                                                                                                                                                                                                                                   |            |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | The purpose of this report is to inform the Board that Bristol NHS Foundation Trust (BFT) remains compliant with NHS England's Framework for Quality Assurance and Improvement (FQAI).<br>The report seeks endorsement to submit the Annual Board Report and Statement of Compliance to NHS England as part of the annual assurance process for appraisal, revalidation and professional standards. |            |             |
| Key Points to Note                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                     |            |             |
| <p>The Board is asked to note the following:</p> <ul style="list-style-type: none"><li>• BFT has maintained effective appraisal, revalidation and professional standards arrangements throughout the reporting period.</li><li>• Responsible Officer arrangements remain compliant, supported by established governance structures and oversight through the Responsible Officer Advisory Group (ROAG).</li><li>• Significant progress has been made in aligning appraisal, revalidation and governance processes following the merger of NBT and UHBW.</li><li>• Medical appraisal and revalidation processes continue to support patient safety, professional development and compliance with GMC Good Medical Practice requirements.</li><li>• Work continues to implement a single appraisal and revalidation framework, common policies and a shared digital platform across the new organisation.</li></ul> |                                                                                                                                                                                                                                                                                                                                                                                                     |            |             |
| Strategic alignment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                     |            |             |
| <p>Medical appraisal and revalidation support the Trust's strategic priorities by ensuring all licensed doctors participate in regular appraisal, professional development and revalidation activities. This contributes directly to patient safety, quality of care, staff engagement and organisational learning.</p> <p>The report also supports delivery of the BFT merger programme through the alignment of governance structures; professional standards processes and workforce systems. Ongoing integration work will enable greater consistency, assurance and efficiency across the new organisation.</p>                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                     |            |             |
| Risks and Opportunities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                     |            |             |
| Risks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                     |            |             |
| <p>No significant risks have been identified in relation to compliance with Responsible Officer regulations or revalidation requirements.</p> <p>Areas currently being managed through established governance arrangements include:</p> <ul style="list-style-type: none"><li>• implementation of a single appraisal and revalidation system;</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                     |            |             |

- alignment of medical appraisal and revalidation policies;
- completion of peer review activities;
- continued improvement in appraisal timeliness and quality assurance processes.

### Opportunities

BFT provides opportunities to:

- standardise appraisal and revalidation arrangements;
- strengthen governance and quality assurance processes;
- reduce duplication through shared systems and policies;
- improve consistency of professional standards across the organisation;
- enhance workforce experience through a single integrated approach

### Recommendation

This report is for approval

The Board is asked to:

- Note the contents of this report.
- **Approve** the Annual Board Report and Statement of Compliance.
- **Approve** submission of the Trust's FQAI return to NHS England.
- **Approve** signature of the Statement of Compliance on behalf of BFT.

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

|                                  |           |
|----------------------------------|-----------|
| People Strategic Oversight Group | July 2026 |
| People Committee                 | July 2026 |

|                    |                                                                                                                                                                                           |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Appendices:</b> | <ol style="list-style-type: none"> <li>1. NBT DB Annual Board Report and Statement of Compliance 2026</li> <li>2. UHBW DB Annual Board Report and Statement of Compliance 2026</li> </ol> |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## **1. Purpose**

- 1.1 To provide assurance that BFT remains compliant with the requirements of the NHS England's Framework for Quality Assurance and Improvement (FQAI) for medical appraisal and revalidation.
- 1.2 The report outlines the arrangements in place to support appraisal, revalidation, professional standards and clinical governance, and summarises performance during the reporting period.
- 1.3 It also seeks approval to submit Appendices 1 and 2 to NHS England as part of the annual assurance process.

## **2. Background**

- 2.1 All NHS Trusts must have systems in place to ensure that medical staff meet the standards set out by the GMC and that their fitness to practise is maintained through a process of annual appraisal and five-yearly revalidation.
- 2.2 Medical appraisal and revalidation processes are central to ensuring that doctors are supported in their professional development and able to deliver safe, effective care. Each appraisal year runs from 1 April to 31 March, with expectations that doctors complete one appraisal annually unless mitigating circumstances apply (e.g. long-term sickness or parental leave).
- 2.3 NHS Trusts have a statutory obligation to submit an annual compliance return (Annex A) to NHSE, outlining governance, performance data, and quality assurance measures for medical appraisal and revalidation. Executive oversight of medical appraisal and revalidation is provided through the Group People Strategy Oversight Group (PSOG), then to the Trust Executive Meeting (TEM) for information and assurance before being presented to People Committee and subsequently to the Board.

## **3. Introduction**

- 3.1 As part of BFT, formed following the merger of NBT and UHBW, the Responsible Officer (RO) function provides oversight for a combined medical workforce of approximately 2,300 doctors with a prescribed connection to the Trust. During the reporting period, NBT had 1,033 connected doctors and UHBW had 1,280 connected doctors.
- 3.2 The Trust provides appraisal and revalidation oversight for consultants, specialist, associate specialist and specialty (SAS) doctors, locally employed doctors, clinical fellows, trust grade doctors, academics and long-term locums with a prescribed connection to the organisation. Doctors in training remain connected to NHS England for appraisal and revalidation purposes.
- 3.3 The Responsible Officer has oversight of professional standards arrangements for Physician Associates (PAs) and Anaesthesia Associates (AAs) in line with evolving national regulatory requirements and local governance arrangements. Both legacy organisations have continued to develop governance processes to ensure these professional groups are incorporated within appraisal and professional standards frameworks.
- 3.4 NHS England requires all doctors with a prescribed connection to participate in an annual whole-scope appraisal that reflects all aspects of their professional practice. Appraisals must consider supporting information relevant to fitness to practise, including complaints,

significant events, clinical outcomes, colleague and patient feedback, continuing professional development and probity declarations. Where appraisals are not completed, the reasons must be understood, documented and managed through established governance processes.

#### **4. NHS England Statement of Compliance**

- 4.1 Appraisal activity is monitored through established appraisal and revalidation systems, supported by Medical Workforce, Revalidation and Appraisal Teams across the organisation.
- 4.2 The appraisal process supports doctors in demonstrating their whole scope of practice and includes consideration of professional standards, complaints, incidents, significant events, conflicts of interest, health and probity declarations, and appropriate indemnity arrangements. Governance information is reviewed alongside appraisal outputs to support robust revalidation recommendations. During the reporting period, significant work has been undertaken to align appraisal and revalidation processes across the merged organisation.

#### **5. 2025/26 Appraisal Compliance**

- 5.1 Total appraisals completed: 1,863 (NBT 864; UHBW 999).
- 5.2 Approved missed appraisals: 49 (NBT 15; UHBW 34).
- 5.3 Unapproved missed appraisals: 372 (NBT 125; UHBW 247).
- 5.4 Total revalidation recommendations submitted to the GMC: 234 (NBT 93; UHBW 141).
- 5.5 Late recommendations: 1 (UHBW 1; NBT 0)
- 5.6 Appraisal compliance here is reported against ANNUAL compliance because that is an expectation of the organisation. However, please note that the GMC requires a minimum of 3 appraisals over a 5 year cycle in order to make a recommendation for revalidation (i.e. fewer than annual appraisal which would results in 5 appraisals over 5 years), which explains the figures above.

#### **6. Key Developments Over the Past 12 Months**

##### **6.1 Responsible Officer Arrangements and Governance**

RO governance arrangements have continued to mature through established ROAG, providing oversight of appraisal, revalidation, professional standards and concerns management. Work has progressed to align governance structures and reporting arrangements across the newly merged organisation.

##### **6.2 BFT**

The merger of NBT and UHBW has created BFT. Significant work has been undertaken to align appraisal, revalidation, governance and professional standards processes, providing opportunities for greater consistency, quality assurance and organisational learning.

##### **6.3 Appraisal and Revalidation System Development**

Joint procurement and planning work has continued to support implementation of a Trust-wide appraisal and revalidation platform. This will support standardised processes, improved reporting and a consistent experience for doctors across the organisation.

## 6.4 Appraiser Development and Quality Assurance

Both organisations have continued to maintain appraiser capacity and quality assurance arrangements during the merger period. Future includes development of a single appraiser training and development programme across BFT.

## 6.5.6.5 Professional Standards and Medical Governance

Robust arrangements remain in place to manage conduct, capability and fitness to practise concerns. Professional standards governance continues to be supported through established policies, MHPS processes and Responsible Officer oversight.

## 6.6 Equality, Diversity and Inclusion

The Trust remains committed to promoting inclusion, fairness and equity within professional standards processes. Existing EDI reporting and assurance arrangements are being aligned across the organisation, with future audits planned to support ongoing monitoring and improvement.

## 6.7 Peer Review and External Assurance

Alignment work between the two legacy organisations has supported shared learning and review of appraisal processes. Formal peer review activity remains planned as an important element of future quality assurance arrangements for the new organisation.

## 7. Actions for 2026/27

- 7.1 Implement a single Medical Appraisal and Revalidation Policy for BFT.
- 7.2 Complete implementation of a Trust-wide appraisal and revalidation system.
- 7.3 Undertake a formal peer review of appraisal and revalidation processes.
- 7.4 Implement integrated governance, quality assurance and Responsible Officer arrangements across the organisation.
- 7.5 Review appraiser capacity and deliver a unified appraiser training and development programme.
- 7.6 Continue development of EDI assurance, professional standards reporting and organisational learning processes across BFT.

## 8. Summary and Recommendations

8.1 This report is for **approval**

8.2 The Board is asked to:

- Note the contents of this report.
- **Approve** the Annual Board Report and Statement of Compliance.
- **Approve** submission of the Trust's FQAI return to NHS England.
- **Approve** signature of the Statement of Compliance on behalf of BFT.

## **Annex A**

### **Illustrative Designated Body Annual Board Report and Statement of Compliance**

This template sets out the information and metrics that a designated body is expected to report upwards, through their Higher-Level Responsible Officer, to assure their compliance with the regulations and commitment to continual quality improvement in the delivery of professional standards.

Section 1 – Qualitative/narrative

Section 2 – Metrics

Section 3 - Summary and conclusion

Section 4 - Statement of compliance

#### **Section 1 Qualitative/narrative**

All statements in this section require yes/no answers, however the intent is to prompt a reflection of the state of the item in question, any actions by the organisation to improve it, and any further plans to move it forward. You are encouraged therefore to provide concise narrative responses.

Reporting period 1 April 2025 – 31 March 2026

#### **1A – General**

The board/executive management team of: North Bristol NHS Trust, can confirm that:

1A(i) An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Action from last year: | Maintain appropriate RO and Deputy RO arrangements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Comments:              | <p>The Trust continues to have a suitably trained and licensed RO in the Group Chief Medical Officer, Tim Whittlestone who meets all statutory requirements of the role.</p> <p>NBTs Medical Director, Samir Patel, continues to act as Deputy RO, providing local oversight and operational leadership. This arrangement is consistent with the merging Hospital Group model with University Hospitals Bristol and Weston (UHBW), supporting strengthened system-wide governance and alignment of professional standards.</p> <p>Both the RO and Deputy RO remain appropriately trained and engaged with regional and national networks to ensure compliance with NHS England and GMC expectations.</p> |
| Action for next year:  | <ol style="list-style-type: none"> <li>1. As we move to the single Bristol NHS Foundation Trust embed the new organisation Responsible Officer structure.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

1A(ii) Our organisation provides sufficient funds, capacity, and other resources for the responsible officer to carry out the responsibilities of the role.

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Action from last year: | Procurement of our Medical Appraisal and Revalidation system by March 2026, jointly with UHBW.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Comments:              | <p>The Trust continues to provide sufficient funding, capacity, and infrastructure to support the RO function. Dedicated resource is in place through the Medical Workforce and the Appraisal and Revalidation Team, with appropriate administrative, clinical and governance support aligned to organisational size and complexity.</p> <p>Investment has been maintained in appraisal, revalidation, and professional standards processes, including the ongoing procurement of a shared digital appraisal system across the merging Hospital Group (NBT and UHBW).</p> |
| Action for next year:  | 1. Complete procurement and commence implementation of a Trust-wide appraisal and revalidation system by March 2027.                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

1A(iii)An accurate record of all licensed medical practitioners with a prescribed connection to our responsible officer is always maintained.

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Action from last year: | Maintain robust systems for recording prescribed connections across ESR, GMC Connect and appraisal platforms.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Comments:              | <p>The Trust maintains accurate and up-to-date records of all licensed medical practitioners with a prescribed connection to the RO. Data is triangulated across ESR, GMC Connect and the appraisal system (currently FourteenFish), with routine validation undertaken by the Medical Workforce and Appraisal &amp; Revalidation teams.</p> <p>Over the reporting period, additional controls have been introduced to improve data quality in response to increasing workforce complexity, including growth in locally employed doctors, portfolio careers, and cross-organisational working within the Bristol NHS Group.</p> <p>Regular data assurance processes are in place, including Responsible Officer Advisory Group (ROAG) meetings supporting accurate revalidation recommendations.</p> |
| Action for next year:  | <ol style="list-style-type: none"> <li>1. Align prescribed connection processes across Bristol NHS Foundation Trust post-merger.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

1A(iv) All policies in place to support medical revalidation are actively monitored and regularly reviewed.

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|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Action from last year: | Finalise the Medical Appraisal and Revalidation Policy to include Physician Associates (PAs) and Anaesthesia Associates (AAs).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Comments:              | <p>All policies supporting medical appraisal and revalidation continue to be actively monitored through the Trust's governance structures, including the ROAG and Medical Professionals Group (MPG), and remain compliant with GMC and NHS England requirements.</p> <p>The formal ratification of the updated Medical Appraisal and Revalidation Policy has been deferred to align with the organisational merger with UHBW on 1 July, ensuring a single, consistent policy approach across the new organisation.</p> <p>In the interim, appropriate arrangements are in place to incorporate PAs and AAs into appraisal and governance processes, ensuring readiness for regulation and maintaining patient safety and professional standards.</p> |
| Action for next year   | 1. Ratify and implement the Group Medical Appraisal and Revalidation Policy post-merger.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

1A(v) A peer review has been undertaken (where possible) of our organisation's appraisal and revalidation processes.

|                        |                                                                                                                                                                                                                                                  |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                              |
| Action from last year: | Undertake a detailed review of appraisal and revalidation processes with UHBW, with the aim of moving toward a single Group process.                                                                                                             |
| Comments:              | Peer review activity has focused on review and alignment work with UHBW during the merger period. Formal external peer review has therefore been deferred whilst integrated arrangements are developed and embedded within the new organisation. |
| Action for next year:  | 1. Undertake a formal peer review once integrated processes are established.                                                                                                                                                                     |

1A(vi) A process is in place to ensure locum or short-term placement doctors working in our organisation, including those with a prescribed connection to another organisation, are supported in their induction, continuing professional development, appraisal, revalidation, and governance.

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Action from last year: | Maintain and enhance induction and governance processes for locum and short-term doctors, including review of appraisal eligibility for longer-term placements.                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Comments:              | <p>Processes are in place to ensure that locum and short-term doctors are appropriately supported across induction, governance, appraisal, and revalidation requirements. All locum doctors undergo a structured Trust and local department induction, with access to relevant clinical systems, policies, and guidance.</p> <p>The Trust operates clear governance arrangements for locum doctors, including those with a prescribed connection to another organisation, ensuring that concerns, incidents, and performance information are captured and appropriately shared.</p> |
| Action for next year   | <ol style="list-style-type: none"> <li>1. As we approach becoming the Bristol NHS Foundation Trust on the 1<sup>st</sup> of July 2026, alignment of induction, governance and policy alignment has commenced and will continue post-merger.</li> </ol>                                                                                                                                                                                                                                                                                                                              |

## 1B – Appraisal

1B(i) Doctors in our organisation have an [annual appraisal](#) that covers a doctor's whole practice for which they require a GMC licence to practise, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Action from last year: | Develop a formal joint appraisal and revalidation process across the merging organisations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Comments:              | <p>Doctors within the organisation continue to receive an annual appraisal covering their whole scope of practice, including all clinical and non-clinical roles undertaken both within the Trust and externally where a GMC licence to practise is required.</p> <p>The appraisal process ensures that all relevant information relating to a doctor's fitness to practise is considered. This includes complaints, significant events, clinical outcomes, colleague and patient feedback, and other governance information where applicable. Appraisers are trained to support reflection, triangulation of information, and identification of learning and development needs in line with GMC and NHS England guidance.</p> <p>Supporting information is made available through the appraisal system (currently FourteenFish), alongside wider governance data, ensuring doctors can present a complete view of their professional practice. There is ongoing collaboration with UHBW, to ensure that information relating to whole scope of practice is appropriately captured and shared.</p> |
| Action for next year:  | 1. Implement a single appraisal process and platform across Bristol NHS Foundation Trust.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

1B(ii) Where in Question 1B(i) this does not occur; there is full understanding of the reasons why and suitable action is taken.

|                        |     |
|------------------------|-----|
| Y/N                    | N/A |
| Action from last year: |     |
| Comments:              |     |
| Action for next year:  |     |

1B(iii) There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Action from last year: | Undertake review and alignment of the Medical Appraisal and Revalidation Policy, including progression towards a joint Group policy.                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Comments:              | <p>A Medical Appraisal and Revalidation Policy are in place and remains compliant with GMC and NHS England requirements, with appropriate oversight through the Trust's governance structures.</p> <p>The planned update and re-ratification of the policy have been aligned to the organisational merger with UHBW on 1 July, to ensure a single, consistent policy across the newly formed organisation. The current policy has been subject to risk assessment, enabling continued use and assurance of compliance during this transitional period.</p> |
| Action for next year:  | 1. Develop and implement a single Bristol NHS Foundation Trust Medical Appraisal and Revalidation Policy post-merger (July 2026).                                                                                                                                                                                                                                                                                                                                                                                                                          |

1B(iv) Our organisation has the necessary number of trained appraisers<sup>1</sup> to carry out timely annual medical appraisals for all its licensed medical practitioners.

|                        |                                                                                                                                                                                                                                                                                     |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                 |
| Action from last year: | Develop joint training arrangements for appraisers across Bristol NHS Group.                                                                                                                                                                                                        |
| Comments:              | Appraiser capacity is monitored regularly through governance processes and remains sufficient to support appraisal requirements. Recruitment and training arrangements are currently being reviewed as part of wider workforce integration activity across the merged organisation. |
| Action for next year:  | 1. Continue to review appraisal capacity and succession planning arrangements.                                                                                                                                                                                                      |

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<sup>1</sup> While there is no regulatory stipulation on appraiser/doctor ratios, a useful working benchmark is that an appraiser will undertake between 5 and 20 appraisals per year. This strikes a sensible balance between doing sufficient to maintain proficiency and not doing so many as to unbalance the appraiser's scope of work.

1B(v) Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review, and calibration of professional judgements ([Quality Assurance of Medical Appraisers](#) or equivalent).

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Action from last year: | Develop joint training and development opportunities for appraisers across the merging Hospital Group.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Comments:              | <p>New appraiser training and formal refresher training have been paused in advance of the organisational merger with UHBW on 1 July. This pause reflects a planned transition to a single, aligned Trust training and development model, ensuring consistency of approach across the merged organisation.</p> <p>Despite this temporary pause, existing appraisers remain experienced and supported through ongoing governance, informal calibration discussions, and quality assurance processes, ensuring that appraisal standards are maintained.</p> |
| Action for next year:  | 1. Implement an integrated appraiser training and development programme.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

1B(vi) The appraisal system in place for the doctors in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

|                        |                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                           |
| Action from last year: | Maintain and strengthen quality assurance processes and reporting through governance structures.                                                                                                                                                                                                                                                                                                              |
| Comments:              | <p>The appraisal system is subject to a well-established quality assurance (QA) process, overseen by the Appraisal and Revalidation Team and through the ROAG. This includes review of appraisal completion rates, timeliness, and training data.</p> <p>During the reporting period, there has been an increased focus on data quality, completion rates, and reduction of unapproved missed appraisals.</p> |
| Action for next year:  | <ol style="list-style-type: none"> <li>1. Implement a standardised quality assurance framework post-merger, including aligned reporting cycles, and continue targeted action to improve appraisal timeliness and reduce unapproved missed appraisals.</li> </ol>                                                                                                                                              |

## 1C – Recommendations to the GMC

1C(i) Recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to our responsible officer, in accordance with the GMC requirements and responsible officer protocol, within the expected timescales, or where this does not occur, the reasons are recorded and understood.

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Action from last year: | Maintain timely submission of revalidation recommendations in line with GMC requirements and strengthen early identification of doctors at risk of deferral or non-engagement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Comments:              | <p>Recommendations to the GMC regarding the fitness to practise of all doctors with a prescribed connection to the RO are made in accordance with GMC requirements.</p> <p>Recommendations are submitted within expected timescales, supported by a structured process of portfolio review, appraisal outputs, and governance information, ensuring that decisions are robust, evidence-based, and appropriately documented. Where recommendations are deferred, the reasons are clearly recorded and understood, with the majority relating to incomplete supporting information, such as outstanding feedback requirements.</p> <p>The Appraisal and Revalidation Team actively monitor upcoming revalidation dates and collaborates with doctors to ensure they are appropriately prepared in advance. There is also escalation through governance routes where there is a risk of non-engagement.</p> |
| Action for next year:  | 1. Align recommendation processes and governance arrangements across the new Bristol NHS Foundation Trust. .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

1C(ii) Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted, or where this does not happen, the reasons are recorded and understood.

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Action from last year: | Maintain timely communication of revalidation recommendations and strengthen early engagement with doctors to reduce deferrals and non-engagement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Comments:              | <p>Revalidation recommendations made to the GMC are communicated promptly to doctors, in line with GMC guidance. Where a recommendation of deferral or non-engagement is being considered, the reasons are discussed with the doctor in advance wherever possible, ensuring transparency and supporting understanding of the outcome.</p> <p>The Appraisal and Revalidation Team undertake early review of portfolios and flags any gaps in supporting information, allowing doctors the opportunity to address these prior to submission. This proactive approach has supported continued engagement and minimised the risk of late or unexpected recommendations.</p> <p>Where it is not possible to have a discussion prior to submission, the reasons are clearly documented and recorded, providing assurance of a fair and transparent process. Oversight is maintained through the ROAG to ensure consistency and compliance.</p> |
| Action for next year:  | 1. Align communication and engagement processes across the merged organisation and strengthen early identification and engagement with doctors at risk of deferral or non-engagement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

## 1D – Medical governance

1D(i) Our organisation creates an environment which delivers effective clinical governance for doctors.

|                        |                                                                                                                                                                                                                                                                               |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                           |
| Action from last year: | Maintain and strengthen governance structures supporting appraisal, revalidation, and professional standards.                                                                                                                                                                 |
| Comments:              | The Trust maintains effective clinical governance arrangements supported by established governance structures, audit processes and patient safety systems. Oversight of appraisal, revalidation and professional standards is provided through appropriate governance groups. |
| Action for next year:  | 1. Embed governance arrangements across the merged organisation.                                                                                                                                                                                                              |

1D(ii) Effective [systems](#) are in place for monitoring the conduct and performance of all doctors working in our organisation.

|                        |                                                                                                                                                                                                                                                                                   |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                               |
| Action from last year: | Maintain and strengthen systems for monitoring doctor performance through appraisal, governance, and incident reporting processes.                                                                                                                                                |
| Comments:              | Policies and governance processes are in place to monitor conduct and performance concerns. Relevant information is reviewed through established governance routes, with oversight provided through the Responsible Officer Advisory Group and wider Trust governance structures. |
| Action for next year:  | 1. Implement the revised Group ROAG structure.                                                                                                                                                                                                                                    |

1D(iii) All relevant information is provided for doctors in a convenient format to include at their appraisal.

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Action from last year: | Maintain accessible systems and processes to support provision of relevant appraisal information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Comments:              | <p>Doctors are provided with access to relevant information required for appraisal in a convenient and accessible format, primarily through the appraisal system (currently FourteenFish), alongside access to wider Trust reporting systems for Statutory and Mandatory training (Kallidus) and incident reporting (Datix).</p> <p>This includes previous appraisal outputs, colleague and patient feedback, mandatory training compliance, and relevant clinical governance information such as incidents and complaints where applicable. Guidance is provided to support doctors in presenting information that reflects their whole scope of practice, including activity undertaken outside the organisation.</p> <p>The Appraisal and Revalidation Team provide ongoing support to doctors to ensure they can access, interpret, and upload the necessary information, supporting effective and meaningful appraisal discussions.</p> |
| Action for next year:  | Continue to maintain systems and processes to support provision of relevant appraisal information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

1D(iv) There is a process established for responding to concerns about a medical practitioner's fitness to practise, which is supported by an approved responding to concerns [policy](#) that includes arrangements for investigation and intervention for capability, conduct, health, and fitness to practise concerns.

|                        |                                                                                                                                                                                                                                                                                                      |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                  |
| Action from last year: | Maintain and strengthen processes for responding to concerns, ensuring alignment with MHPS and governance oversight.                                                                                                                                                                                 |
| Comments:              | The Trust has robust policies and procedures in place for responding to concerns relating to conduct, capability, health and professional performance. Concerns are reviewed through established governance arrangements and managed in accordance with MHPS principles and a Just Culture approach. |
| Action for next year:  | 1. Implement a single MHPS policy across Bristol NHS Foundation Trust.                                                                                                                                                                                                                               |

1D(v) The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type, and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors and country of primary medical qualification.

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Action from last year: | Strengthen the information contained within Board reporting, particularly in relation to country of primary medical qualification (PMQ) and protected characteristics.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Comments:              | <p>The Trust's system for responding to concerns about doctors is subject to a robust quality assurance process. Post formal investigation case debriefs and learning form part of the quality review process and embedded into the new Respecting Everyone policy, encompassing MHPS from the 1<sup>st</sup> of July 2026.</p> <p>The governance process of reporting concerns in relation to medical practitioners is well established and now reported in combination with all other non-medical staff. Medical staff reporting flows through the Trust ROAG to the Group People Committee and contains analysis of numbers, type of concern, outcome and protected characteristics.</p> <p>Analysis includes consideration of protected characteristics and country of primary medical qualification (PMQ), supporting the Trust's commitment to fairness, transparency and compliance with the Equality Act and NHS England expectations.</p> |
| Action for next year:  | 1. Inclusion of country of primary qualification in reporting frameworks.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

1D(vi) There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with [appropriate governance responsibility](#)) about a) doctors connected to our organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Action from last year: | Maintain effective processes for information sharing between organisations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Comments:              | <p>The Trust has established processes to ensure the timely and effective transfer of information and concerns between the RO and other organisations. This applies both to:</p> <ul style="list-style-type: none"> <li>• doctors with a prescribed connection to NBT who also work elsewhere, and</li> <li>• doctors connected to another organisation who undertake work within the Trust.</li> </ul> <p>Information sharing is coordinated through the Appraisal and Revalidation Team, with appropriate oversight from the RO, ensuring that relevant information relating to performance, conduct and concerns is communicated where required to support patient safety and informed decision-making.</p> <p>These processes are supported by GMC Connect, formal correspondence and established governance routes, ensuring that information flows are auditable, timely and compliant with data protection requirements.</p> |
| Action for next year:  | 2. Implement a single Bristol NHS Foundation Trust information sharing process based upon best practice from existing separate NBT and UHBW Trusts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

1D(vii) Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref [GMC governance handbook](#)).

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Action from last year: | Maintain and strengthen safeguards to promote fairness and reduce bias within clinical governance and MHPS processes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Comments:              | <p>Safeguards are in place to ensure that clinical governance arrangements for doctors, including processes for responding to concerns, are fair, consistent, and free from bias and discrimination. The Trust applies a Just Culture framework, ensuring that concerns are managed in a way that is proportionate, transparent, and focused on learning, while maintaining patient and staff safety.</p> <p>The use of cultural ambassadors is embedded within our Trust disciplinary / MHPS processes. The aim of which is to:</p> <ul style="list-style-type: none"> <li>• Reduce, where possible the number of Global Majority staff entering an employee relations formal process.</li> <li>• Improve the experience for staff members in the process, giving an assurance that the process has considered all relevant cultural elements and is deemed to be inclusive.</li> </ul> |
| Action for next year:  | Continue to review and monitor all processes to ensure operating in accordance with the Just Culture framework                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

1D(viii) Systems are in place to capture development requirements and opportunities in relation to governance from the wider system, e.g. from national reviews, reports, and enquiries, and integrate these into the organisation's policies, procedures, and culture. (Give example(s) where possible.)

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Action from last year: | Maintain systems to review and incorporate learning from national guidance, reviews, and system-wide developments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Comments:              | <p>The Trust has established processes to ensure that learning and development opportunities arising from the wider healthcare system, including national reviews, enquiries and NHS England guidance, are identified, reviewed, and integrated into local governance arrangements.</p> <p>Relevant updates are routinely reviewed by the RO, Medical Workforce teams, and governance forums including the ROAG and MPG. Outputs from national bodies, such as GMC guidance, NHS England publications, and major system reviews, are considered and translated into local policy and actions plans appropriate.</p> <p>In addition, response to large scale national enquiries which impact patient and staff safety and any associated risks resulting from those reviews are managed through the Trust Board Assurance Framework and Executive Committees.</p> <p><a href="https://www.gov.uk/government/publications/independent-review-of-the-physician-associate-and-anaesthesia-associate-roles-final-report">https://www.gov.uk/government/publications/independent-review-of-the-physician-associate-and-anaesthesia-associate-roles-final-report</a></p> |
| Action for next year:  | Maintain systems to review and incorporate learning from national guidance, reviews, and system-wide developments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

1D(ix) Systems are in place to review professional standards arrangements for [all healthcare professionals](#) with actions to make these as consistent as possible (Ref [Messenger review](#)).

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Action from last year: | Strengthen alignment of professional standards and governance processes across healthcare professions, in line with the Messenger Review.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Comments:              | <p>Systems are in place to review and develop professional standards arrangements across all healthcare professionals, with a clear focus on improving consistency and alignment, in line with the recommendations of the Messenger Review.</p> <p>Oversight is provided through established governance forums, including the ROAG and MPG, which consider professional standards across medical staff and increasingly across multiprofessional roles, including Locally Employed Doctors, SAS doctors, PAs, and AAs.</p> <p>There has been continued progress in aligning approaches to appraisal, governance, and responding to concerns, ensuring that principles of fairness, quality, and accountability are applied consistently across professional groups. This includes work to incorporate PAs and AAs into existing governance structures in preparation for regulation, and to reduce variation in processes wherever possible.</p> |
| Action for next year:  | 1. Implement a consistent Trust-wide professional standards framework post-merger, aligned across all healthcare professions, and continue to embed Messenger Review principles, including consistency, inclusivity, and strong leadership culture.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

## 1E – Employment Checks

1E(i) A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

| Y/N                    | Yes                                                                                                                                                                                                                                      |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Action from last year: | Maintain robust pre-employment checks for all doctors, including locum and short-term appointments.                                                                                                                                      |
| Comments:              | Appropriate pre-employment checks are undertaken for all medical staff, including locum and temporary doctors, in accordance with NHS Employment Check Standards. All doctors receive an appropriate induction before commencing duties. |
| Action for next year:  | 1. Align employment check processes across the merged organisation.                                                                                                                                                                      |

## 1F – Organisational Culture

1F(i) A system is in place to ensure that professional standards activities support an appropriate organisational culture, generating an environment in which excellence in clinical care will flourish, and be continually enhanced.

| Y/N                    | Yes                                                                                                                                                                                                                 |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Action from last year: | Maintain and strengthen professional standards processes to support a positive organisational culture and clinical excellence.                                                                                      |
| Comments:              | The Trust promotes a culture of continuous improvement, professional development and collaborative leadership. Professional standards process support delivery of safe, effective care and organisational learning. |
| Action for next year:  | 1. Continue to embed cultural and professional standards frameworks across the merged organisation.                                                                                                                 |

1F(ii) A system is in place to ensure compassion, fairness, respect, diversity, and inclusivity are proactively promoted within the organisation at all levels.

|                        |                                                                                                                                                                                                                              |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                          |
| Action from last year: | Continue to embed EDI priorities and strengthen fairness and inclusion within professional standards processes.                                                                                                              |
| Comments:              | Equality, diversity and inclusion remain key organisational priorities. Governance and professional standards process incorporate consideration of protected characteristics and support fair and inclusive decision making. |
| Action for next year:  | 1. Continue to strengthen EDI reporting and assurance arrangements.                                                                                                                                                          |

1F(iii) A system is in place to ensure that the values and behaviours around openness, transparency, freedom to speak up (including safeguarding of whistleblowers) and a learning culture exist and are continually enhanced within the organisation at all levels.

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Action from last year: | Maintain and strengthen systems that promote openness, transparency, and a learning culture, including Freedom to Speak Up arrangements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Comments:              | <p>The Trust has well-established systems to promote a culture of openness, transparency, and continuous learning, ensuring that staff feel safe and supported to raise concerns.</p> <p>This includes a robust Freedom to Speak Up (FTSU) framework, with Guardians providing confidential support and independent reporting to the Board, alongside the Guardian of Safe Working Hours (GoSWH) who supports resident doctors specifically. These arrangements ensure that concerns relating to safety, workforce or professional standards can be raised and addressed in a timely and appropriate manner.</p> <p>Staff are actively encouraged to report incidents, concerns and near misses through established reporting systems, which feed into wider clinical governance and organisational learning processes. Feedback from these mechanisms is used to inform service improvement and cultural development.</p> <p>These systems are underpinned by the Trust's commitment to a Just Culture, ensuring that individuals are treated fairly and that learning is prioritised over blame, while maintaining accountability and patient safety. Regular communication, training, and engagement activity reinforce these values across all levels of the organisation.</p> |
| Action for next year:  | 1. Align FTSU and learning culture frameworks across the merged organisation, ensuring consistency and impact.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

1F(iv) Mechanisms exist that support feedback about the organisation' professional standards process by its connected doctors (including the existence of a formal complaint procedure).

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Action from last year: | Maintain and strengthen mechanisms for capturing feedback from doctors on professional standards and governance processes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Comments:              | <p>The Trust has a range of mechanisms in place to support feedback from doctors regarding professional standards processes, ensuring that concerns, suggestions, and experiences are captured and acted upon.</p> <p>This includes access to formal routes such as the Trust complaints procedure and incident reporting systems, alongside informal and confidential mechanisms including FTSU. Doctors can raise concerns relating to appraisal, revalidation, or wider governance processes through these routes with assurance that they will be appropriately reviewed and responded to.</p> <p>Feedback is also gathered through appraisal quality assurance processes, medical engagement events, and routine interaction with the Appraisal and Revalidation Team, enabling continuous improvement of systems and processes. Information on how to raise concerns or provide feedback is included within induction materials and accessible via internal communication platforms.</p> <p>The Trust actively promotes a culture of openness and responsiveness, ensuring that feedback informs service development and governance improvements.</p> |
| Action for next year:  | 1. Align formal and informal feedback mechanisms across the merged organisation, ensuring consistency and accessibility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

1F(v) Our organisation assesses the level of parity between doctors involved in concerns and disciplinary processes in terms of country of primary medical qualification and protected characteristics as defined by the [Equality Act](#).

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Action from last year: | Strengthen the recording and analysis of country of PMQ and protected characteristics within reporting on concerns and disciplinary processes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Comments:              | <p>The Trust has established processes to assess and monitor parity within concerns and disciplinary processes, including analysis of outcomes by protected characteristics and country of PMQ, in line with the Equality Act and NHS England expectations.</p> <p>Data relating to doctors involved in formal and informal processes is captured through the HR platform Conformity and is subject to routine analysis and quality assurance, with findings reported through governance structures to the Board. This enables the organisation to identify any variation in experience or outcomes and take appropriate action where required.</p> <p>The Trust's approach is underpinned by a Just Culture framework, ensuring fairness and consistency in decision-making, alongside the involvement of Cultural Ambassadors and EDI-informed practices, which provide additional support in mitigating bias and promoting equitable processes.</p> <p>Progress has been made in improving the quality and completeness of data, particularly in relation to PMQ, enabling more meaningful analysis. The Trust remains committed to further strengthening its understanding of inequalities and addressing any unwarranted variation.</p> |
| Action for next year:  | 1. Align approaches to data collection, analysis, and reporting, ensuring a consistent Trust-wide approach to equity and fairness within professional standards processes post-merger.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

## 1G – Calibration and networking

1G(i) The designated body takes steps to ensure its professional standards processes are consistent with other organisations through means such as, but not restricted to, attending network meetings, engaging with higher-level responsible officer quality review processes, engaging with peer review programmes.

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Action from last year: | Strengthen collaboration with UHBW and participation in regional and national Responsible Officer networks to support consistency of professional standards processes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Comments:              | <p>The Trust actively takes steps to ensure that its professional standards processes are consistent with those of other organisations, through engagement in regional and national networks and collaborative working arrangements.</p> <p>This includes participation in Responsible Officer networks, NHS England assurance processes, and engagement with the GMC Employer Liaison Adviser, ensuring that local practices remain aligned with national guidance and regulatory expectations.</p> <p>Significant progress has been made through close collaboration with UHBW, including shared learning, comparison of appraisal and revalidation processes, and joint development work. This has supported increased consistency and reduced variation in approach across the system.</p> |
| Action for next year:  | 1. Establish a single, standardised Trust-wide approach to professional standards, appraisal, revalidation, and governance processes post-merger.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

## Section 2 – metrics

Year covered by this report and statement: 1 April 2025 – 31 March 2026.

All data points are in reference to this period unless stated otherwise.

|                                                                                                                                                                                            |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| The number of doctors with a prescribed connection to the designated body on the last day of the year under review                                                                         | 1033 |
| Total number of appraisals completed                                                                                                                                                       | 864  |
| Total number of appraisals approved missed                                                                                                                                                 | 15   |
| Total number of unapproved missed                                                                                                                                                          | 125  |
| The total number of revalidation recommendations submitted to the GMC (including decisions to revalidate, defer and deny revalidation) made since the start of the current appraisal cycle | 93   |
| Total number of late recommendations                                                                                                                                                       | 0    |
| Total number of positive recommendations                                                                                                                                                   | 72   |
| Total number of deferrals made                                                                                                                                                             | 20   |
| Total number of non-engagement referrals                                                                                                                                                   | 1    |
| Total number of doctors who did not revalidate                                                                                                                                             | 0    |
| Total number of trained case investigators                                                                                                                                                 | 13   |
| Total number of trained case managers                                                                                                                                                      | 6    |
| Total number of concerns received by the Responsible Officer <sup>2</sup>                                                                                                                  |      |
| Total number of concerns processes completed                                                                                                                                               |      |
| Longest duration of concerns process of those open on 31 March (working days)                                                                                                              |      |
| Median duration of concerns processes closed (working days) <sup>3</sup>                                                                                                                   |      |
| Total number of doctors excluded/suspended during the period                                                                                                                               |      |
| Total number of doctors referred to GMC                                                                                                                                                    | 2    |

<sup>2</sup> Designated bodies' own policies should define a concern. It may be helpful to observe <https://www.england.nhs.uk/publication/a-practical-guide-for-responding-to-concerns-about-medical-practice/>, which states: *Where the behaviour of a doctor causes, or has the potential to cause, harm to a patient or other member of the public, staff or the organisation; or where the doctor develops a pattern of repeating mistakes, or appears to behave persistently in a manner inconsistent with the standards described in Good Medical Practice.*

<sup>3</sup> Arrange data points from lowest to highest. If the number of data points is odd, the median is the middle number. If the number of data points is even, take an average of the two middle points.

|                                                                                                        |     |
|--------------------------------------------------------------------------------------------------------|-----|
| Total number of appeals against the designated body's professional standards processes made by doctors |     |
| Total number of these appeals that were upheld                                                         |     |
| Total number of new doctors joining the organisation                                                   | 568 |
| Total number of new employment checks completed before commencement of employment                      | 568 |
| Total number claims made to employment tribunals by doctors                                            |     |
| Total number of these claims that were not upheld <sup>4</sup>                                         |     |

*Note – Metrics in grey to be finalised prior to NHSE submission - submitted report to be circulated to BFT Board for information – Nov 2026.*

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<sup>4</sup> Please note that this is a change from last year's FQAI question, from number of claims upheld to number of claims not upheld".

### Section 3 – Summary and overall commentary

This comments box can be used to provide detail on the headings listed and/or any other detail not included elsewhere in this report.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| General review of actions since last Board report                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Significant progress has been made in preparing for the merger with UHBW and the establishment of Bristol NHS Foundation Trust. Governance arrangements remain effective and appraisal, revalidation and professional standards processes continue to provide assurance of compliance. Work has progressed on policy alignment, governance integration and development of shared systems and procedures.                                                                          |
| Actions still outstanding                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <ol style="list-style-type: none"><li>1. Formal peer review of appraisal and revalidation processes.</li><li>2. Implementation of a single Medical Appraisal and Revalidation Policy.</li><li>3. Implementation of a Trust-wide appraisal and revalidation system.</li><li>4. Further development of EDI reporting and assurance arrangements.</li></ol>                                                                                                                          |
| Current issues                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Alignment of policies, governance arrangements and reporting processes across the merged organisation remains ongoing. Appraisal timeliness and workforce complexity continue to require focus to ensure consistent standards across the new Trust.                                                                                                                                                                                                                               |
| Actions for next year (replicate list of 'Actions for next year' identified in Section 1):                                                                                                                                                                                                                                                                                                                                                                                        |
| <ol style="list-style-type: none"><li>1. Embed the Responsible Officer structure for Bristol NHS Foundation Trust.</li><li>2. Implement a single Medical Appraisal and Revalidation Policy.</li><li>3. Complete implementation of a Trust-wide appraisal and revalidation system.</li><li>4. Undertake a formal peer review.</li><li>5. Implement a single MHPS policy.</li><li>6. Continue to strengthen quality assurance, EDI reporting and governance arrangements.</li></ol> |

Overall concluding comments (consider setting these out in the context of the organisation's achievements, challenges, and aspirations for the coming year):

North Bristol NHS Trust remains compliant with Responsible Officer Regulations and GMC requirements. Effective appraisal, revalidation and professional standards processes continue to be maintained, whilst significant progress has been made in preparing for the formation of Bristol NHS Foundation Trust, which provides an opportunity to further strengthen consistency, governance and quality assurance arrangements across the merged organisation.

## Section 4 – Statement of Compliance

The Board/executive management team have reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body.

[(Chief executive or chairman (or executive if no board exists)]

|                                       |                         |
|---------------------------------------|-------------------------|
| Official name of the designated body: | North Bristol NHS Trust |
|---------------------------------------|-------------------------|

|                                          |                                                                                                                                                                  |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name:                                    | Ingrid Barker                                                                                                                                                    |
| Role:                                    | Trust Chair                                                                                                                                                      |
| Signed:                                  |                                                                                                                                                                  |
| Date:                                    |                                                                                                                                                                  |
| Name of the person completing this form: | Tiffany Patten-Lawrence on behalf of Dr Samir Patel, Medical Director                                                                                            |
| Email address:                           | <a href="mailto:Samir.patel@nbt.nhs.uk">Samir.patel@nbt.nhs.uk</a><br><a href="mailto:Tiffany.patten-lawrence@nbt.nhs.uk">Tiffany.patten-lawrence@nbt.nhs.uk</a> |

## Annex A

### Illustrative Designated Body Annual Board Report and Statement of Compliance

This template sets out the information and metrics that a designated body is expected to report upwards, through their Higher Level Responsible Officer, to assure their compliance with the regulations and commitment to continual quality improvement in the delivery of professional standards.

Section 1 – Qualitative/narrative

Section 2 – Metrics

Section 3 - Summary and conclusion

Section 4 - Statement of compliance

#### Section 1 Qualitative/narrative

All statements in this section require yes/no answers, however the intent is to prompt a reflection of the state of the item in question, any actions by the organisation to improve it, and any further plans to move it forward. You are encouraged therefore to provide concise narrative responses

Reporting period 1 April 2025 – 31 March 2026

#### 1A – General

The board/executive management team of University Hospitals Bristol and Weston NHS Foundation Trust can confirm that:

1A(i) An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

|                        |                                                                                                                                                       |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                   |
| Action from last year: | Update roles as appropriate                                                                                                                           |
| Comments:              | In preparation for the merger of UHBW with NBT the Group RO and Chief Medical Officer Tim Whittlestone became UHBW RO from April 1 <sup>st</sup> 2026 |

|                       |                                                                                                                                                                                                                                                                                                                          |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                       | <p>Dr Rebecca Thorpe is Deputy RO and was Group Deputy Medical Director, and is soon to be Medical Director for Bristol and Weston.</p> <p>Dr Helen Rees Revalidation and Appraisal lead</p> <p>Dawn Shorten – Revalidation admin officer</p> <p>Previous RO Stuart Walker remains at UHBW but as Managing Director.</p> |
| Action for next year: | Update as appropriate.                                                                                                                                                                                                                                                                                                   |

1A(ii) Our organisation provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

|                        |                                                                              |
|------------------------|------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                          |
| Action from last year: | Explore alignment of policies and possible integration of processes with NBT |
| Comments:              | A team to support the RO in the newly merged Trust is in place.              |
| Action for next year:  | Nil                                                                          |

1A(iii) An accurate record of all licensed medical practitioners with a prescribed connection to our responsible officer is always maintained.

|                        |                                                                                                                                                                                                                   |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                               |
| Action from last year: | An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained to ensure changes to medical staff are swiftly amended on all relevant systems. |
| Comments:              | Trust HR and medical appraisal systems are interfaced with GMC and GDC online registers.                                                                                                                          |
| Action for next year:  | Nil identified                                                                                                                                                                                                    |

1A(iv) All policies in place to support medical revalidation are actively monitored and regularly reviewed.

|                        |                                                                                 |
|------------------------|---------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                             |
| Action from last year: | Joint UHBW/NBT policy to be drafted.                                            |
| Comments:              | Current policies remain in place and under revision as alignment work continues |
| Action for next year   | Policy for merged organisation to be approved.                                  |

1A(v) A peer review has been undertaken (where possible) of our organisation's appraisal and revalidation processes.

|                        |                                                                                                            |
|------------------------|------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                        |
| Action from last year: | Continue to invite and participate in peer reviews                                                         |
| Comments:              | NBT and UHBW have reviewed processes together to ensure efficient integration. Sirona peer review on hold. |
| Action for next year:  | Invite peer review when integrated processes are embedded                                                  |

1A(vi) A process is in place to ensure locum or short-term placement doctors working in our organisation, including those with a prescribed connection to another organisation, are supported in their induction, continuing professional development, appraisal, revalidation, and governance.

|                        |                                                           |
|------------------------|-----------------------------------------------------------|
| Y/N                    | Yes                                                       |
| Action from last year: | Align processes with NBT when the Trusts merge.           |
| Comments:              | Contracted short term locums and fellows are supported to |

|                      |                                                                                                                                                                         |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                      | <p>access and engage with Trust processes and systems in alignment with substantive staff.</p> <p>Agency/bank Drs are supported where there is a contract in place.</p> |
| Action for next year | Nil                                                                                                                                                                     |

## 1B – Appraisal

1B(i) Doctors in our organisation have an [annual appraisal](#) that covers a doctor's whole practice for which they require a GMC licence to practise, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

|                        |                                                                                                                                                                                                                        |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                    |
| Action from last year: | Nil                                                                                                                                                                                                                    |
| Comments:              | <p>Appraisal comms and systems stipulate annual appraisal to include whole scope of practice and probity declarations.</p> <p>The team cross check outputs with complaints, concerns and SIs via divisional feeds.</p> |
| Action for next year:  | Nil                                                                                                                                                                                                                    |

1B(ii) Where in Question 1B(i) this does not occur, there is full understanding of the reasons why and suitable action is taken.

|                        |                                                                                                                                                         |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Continue this process                                                                                                                                   |
| Action from last year: | Nil                                                                                                                                                     |
| Comments:              | All missed appraisals result in correspondence to identify mitigating circumstances and follow up actions within the division or the RO/appraisal team. |
| Action for next year:  | Nil                                                                                                                                                     |

1B(iii) There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

|                        |                                                                                                                             |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                         |
| Action from last year: | Nil                                                                                                                         |
| Comments:              | Completed and approved July 2023 - this policy is to be replaced with single integrated policy for new merged Trust in 2027 |
| Action for next year:  | Nil                                                                                                                         |

1B(iv) Our organisation has the necessary number of trained appraisers<sup>1</sup> to carry out timely annual medical appraisals for all its licensed medical practitioners.

---

<sup>1</sup> While there is no regulatory stipulation on appraiser/doctor ratios, a useful working benchmark is that an appraiser will undertake between 5 and 20 appraisals per year. This strikes a sensible balance between doing sufficient to maintain proficiency and not doing so many as to unbalance the appraiser's scope of work.

|                        |                                                                                                                                                                                                     |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                 |
| Action from last year: | Continue to ensure that appraisal capacity is maintained.                                                                                                                                           |
| Comments:              | <p>This is continuously monitored and reviewed.</p> <p>New appraiser recruitment is paused this year, numbers are sufficient across both Trusts and alignment of job planning policies ongoing.</p> |
| Action for next year:  | Continue to ensure that appraisal capacity is maintained.                                                                                                                                           |

1B(v) Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements ([Quality Assurance of Medical Appraisers](#) or equivalent).

|                        |                                                                                                                                              |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                          |
| Action from last year: | Work with NBT providing joint training and quality assurance activities.                                                                     |
| Comments:              | QI work on appraisal integrated into processes. Regular appraiser network events are scheduled but reduced in number over changeover period. |
| Action for next year:  | Schedule integrated appraiser network events for 2027/28                                                                                     |

1B(vi) The appraisal system in place for the doctors in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

|                        |                                                                                                                                                   |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                               |
| Action from last year: | Continue to develop and refine this process                                                                                                       |
| Comments:              | All outputs and feedback reports are reviewed by senior members of the RO team. The QA process is also picked up through the peer review process. |
| Action for next year:  | Continue to develop and refine QA process                                                                                                         |

## 1C – Recommendations to the GMC

1C(i) Recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to our responsible officer, in accordance with the GMC requirements and responsible officer protocol, within the expected timescales, or where this does not occur, the reasons are recorded and understood.

|                        |                                                                                                                                     |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                 |
| Action from last year: | None identified                                                                                                                     |
| Comments:              | All recommendations - except one - were submitted on or prior to the due date. The late recommendation was due to technical issues. |
| Action for next year:  | None identified                                                                                                                     |

1C(ii) Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted, or where this does not happen, the reasons are recorded and understood.

|                        |     |
|------------------------|-----|
| Y/N                    | Yes |
| Action from last year: | Nil |

|                       |                                                                                                                                   |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Comments:             | Drs are contacted well in advance where they look to be falling short of revalidation thresholds, and appraisal/360 plans agreed. |
| Action for next year: | Nil                                                                                                                               |

## 1D – Medical governance

1D(i) Our organisation creates an environment which delivers effective clinical governance for doctors.

|                        |                                                                                                                                                                              |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                          |
| Action from last year: | None identified                                                                                                                                                              |
| Comments:              | UHBW has an active patient safety, audit and effectiveness culture overseen by the Quality team at the Trust. The work of this team is outlined in the UHBW Quality Strategy |
| Action for next year:  | Nil                                                                                                                                                                          |

1D(ii) Effective [systems](#) are in place for monitoring the conduct and performance of all doctors working in our organisation.

|                        |                                                                                                                                                                 |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                             |
| Action from last year: | None identified                                                                                                                                                 |
| Comments:              | <p>Clear policies detailing expectations are in place.</p> <p>All capability and conduct concerns are dealt with according to policy and monitored by ROAG.</p> |

|                       |                                                                                                                                  |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------|
|                       | Clinical directors, complaints and divisional teams maintain regular contact with the RO team to notify of or escalate concerns. |
| Action for next year: | None identified                                                                                                                  |

1D(iii) All relevant information is provided for doctors in a convenient format to include at their appraisal.

|                        |                                                                                                                                                                                                                                                                                                                          |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                      |
| Action from last year: | None identified                                                                                                                                                                                                                                                                                                          |
| Comments:              | <p>The Trust medical appraisal portfolio is web based, and has an app providing a user friendly GMC approved template which can be populated from a smartphone. Supporting information can be easily uploaded.</p> <p>Training and complaints information can be downloaded from Trust systems to add to portfolios.</p> |
| Action for next year:  | None identified                                                                                                                                                                                                                                                                                                          |

1D(iv) There is a process established for responding to concerns about a medical practitioner's fitness to practise, which is supported by an approved responding to concerns [policy](#) that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

|                        |                                                           |
|------------------------|-----------------------------------------------------------|
| Y/N                    | Yes                                                       |
| Action from last year: | Ensure alignment of processes with NBT over merger period |

|                       |                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Comments:             | <p>Robust policies are in place which follow nationally approved procedures for reviewing and responding to any concerns raised.</p> <p>This includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.</p> <p>All cases where concerns have been escalated/investigated are monitored by the Responsible Officer Approval Group.</p> |
| Action for next year: | Embed fully aligned processes across the merged organisation                                                                                                                                                                                                                                                                                                                                          |

1D(v) The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors and country of primary medical qualification.

|                        |                                                             |
|------------------------|-------------------------------------------------------------|
| Y/N                    | Yes                                                         |
| Action from last year: | Schedule EDI audit for spring summer 2026                   |
| Comments:              | EDI Audit scheduled for next year following merger with NBT |
| Action for next year:  | Schedule EDI audit Summer 2027                              |

1D(vi) There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with [appropriate governance responsibility](#)) about a) doctors connected to our organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.

|     |     |
|-----|-----|
| Y/N | Yes |
|-----|-----|

|                        |                                                                                                                                                                                                                                       |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Action from last year: | None identified                                                                                                                                                                                                                       |
| Comments:              | <p>The Trust follows GMC established protocols for the transfer of information between Responsible Officers.</p> <p>Any concerns are flagged to the Deputy RO directly.</p> <p>Ro to RO calls are arranged swiftly when required.</p> |
| Action for next year:  | Nil identified                                                                                                                                                                                                                        |

1D(vii) Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref [GMC governance handbook](#)).

|                        |                                                                                                                                                                                    |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                |
| Action from last year: | None identified                                                                                                                                                                    |
| Comments:              | <p>The Trust has policies addressing discrimination and representation in investigations/panels.</p> <p>Trust policies require equality assessments completed before approval.</p> |
| Action for next year:  | None identified                                                                                                                                                                    |

1D(viii) Systems are in place to capture development requirements and opportunities in relation to governance from the wider system, e.g. from national reviews, reports and enquiries, and integrate these into the organisation's policies, procedures and culture. (Give example(s) where possible.)

|     |     |
|-----|-----|
| Y/N | Yes |
|-----|-----|

|                        |                                                                                                                                                                                           |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Action from last year: | None identified                                                                                                                                                                           |
| Comments:              | Trust governance structures note and respond to national reports/reviews /recommendations to ensure relevant teams review processes for assurance and ensure robust systems are in place. |
| Action for next year:  | None identified                                                                                                                                                                           |

1D(ix) Systems are in place to review professional standards arrangements for [all healthcare professionals](#) with actions to make these as consistent as possible (Ref [Messenger review](#)).

|                        |                                                                                                                                                                                |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Action from last year: | None identified                                                                                                                                                                |
| Comments:              | Professional Standards are reviewed and updated as necessary in line with Trust and NHS policies and cover healthcare scientists and PAs, as well as medical and dental staff. |
| Action for next year:  | None identified                                                                                                                                                                |

## 1E – Employment Checks

1E(i) A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

|                        |                 |
|------------------------|-----------------|
| Y/N                    | Yes             |
| Action from last year: | None identified |

|                       |                                                                     |
|-----------------------|---------------------------------------------------------------------|
| Comments:             | Full pre-employment background checks are undertaken by the HR team |
| Action for next year: | None identified                                                     |

## 1F – Organisational Culture

1F(i) A system is in place to ensure that professional standards activities support an appropriate organisational culture, generating an environment in which excellence in clinical care will flourish, and be continually enhanced.

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Action from last year: | Nil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Comments:              | <p>UHBW works closely with the University of Bristol on many fields of research and clinical practice.</p> <p>Several departments are led by internationally recognised clinicians with strong academic profiles. The Trust supports collaborative leadership and organisational values.</p> <p>In addition, activities to drive improvements promoting equity and inclusion, positive leadership, and a safe, open and honest learning culture are part of the management development programme.</p> |
| Action for next year:  | None identified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

1F(ii) A system is in place to ensure compassion, fairness, respect, diversity and inclusivity are proactively promoted within the organisation at all levels.

|     |     |
|-----|-----|
| Y/N | Yes |
|-----|-----|

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Action from last year: | EDI audit Spring 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Comments:              | <p>Our last EDI audit looked at the characteristics of our appraisers in comparison to our medical cohort as well as our deferrals and FTP referrals. This data was reassuring in that we did not identify any major areas of concern, though will need regular monitoring.</p> <p>Our next audit is now postponed to Summer 2027 and will cover the whole new merged Trust.</p> <p>People and Culture teams have established staff networks and forums over several years to promote these values.</p> |
| Action for next year:  | EDI audit Spring 2027                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

1F(iii) A system is in place to ensure that the values and behaviours around openness, transparency, freedom to speak up (including safeguarding of whistleblowers) and a learning culture exist and are continually enhanced within the organisation at all levels.

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Action from last year: | None identified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Comments:              | <p>Key performance indicators comprise:</p> <ul style="list-style-type: none"> <li>- Speaking Up concerns raised.<br/>The outline of all concerns will be recorded, and outcomes monitored by the Board and People Committee to identify any key themes or issues patterns/similarities to maintain a safe learning culture within the Trust.</li> <li>- National staff survey indicators relating to staff feeling secure about raising concerns about unsafe clinical practice and having confidence in the organisation to address the concern.</li> <li>-UHBW quarterly Staff Survey</li> <li>- A programme of workshops promoting awareness around discrimination and bias have been rolled out by staff appointed to review provision in the Trust, in conjunction with the launch of Trustwide inclusion and diversity networks.</li> </ul> |

|                       |                 |
|-----------------------|-----------------|
|                       |                 |
| Action for next year: | None identified |

1F(iv) Mechanisms exist that support feedback about the organisation' professional standards processes by its connected doctors (including the existence of a formal complaints procedure).

|                        |                                                                                                                          |
|------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                      |
| Action from last year: | None identified                                                                                                          |
| Comments:              | Feedback is requested and shared for learning and quality improvement as part of Trust professional standards procedures |
| Action for next year:  | None identified                                                                                                          |

1F(v) Our organisation assesses the level of parity between doctors involved in concerns and disciplinary processes in terms of country of primary medical qualification and protected characteristics as defined by the [Equality Act](#).

|                        |                                                                                                                                                                                                                                                                                                                                   |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                               |
| Action from last year: | EDI Audit for assurance scheduled for spring 2026                                                                                                                                                                                                                                                                                 |
| Comments:              | <p>Next EDI audit postponed to 2027 post merger.</p> <p>In 2022/3 we completed an EDI audit looking at the characteristics of our appraisers in comparison to our medical cohort, as well as our deferrals and FtP referrals. This data did not identify any major areas of concern. Plan for regular audits every 3-5 years.</p> |
| Action for next year:  | EDI Audit for assurance scheduled for summer 2027                                                                                                                                                                                                                                                                                 |

|  |  |
|--|--|
|  |  |
|--|--|

## 1G – Calibration and networking

1G(i) The designated body takes steps to ensure its professional standards processes are consistent with other organisations through means such as, but not restricted to, attending network meetings, engaging with higher-level responsible officer quality review processes, engaging with peer review programmes.

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Action from last year: | Continue to invite peer reviews with other Trusts                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Comments:              | <p>RO and Deputy ROs attend RO network meetings.</p> <p>Regular meetings are held with local organisations, peer reviews have been held with UH Dorset and NBT, another is planned for autumn 2027 with Sirona.</p> <p>Revalidation Officer set up and maintains a national NHS Futures medical appraisal and revalidation support team network, hosted on a collaborative working site accessed regularly by nearly 100 members to communicate, share and compare processes across the UK.</p> |
| Action for next year:  | Resume peer reviews with other Trusts                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

## Section 2 – metrics

Year covered by this report and statement: 1 April 2024 – 31 March 2025 .

All data points are in reference to this period unless stated otherwise.

|                                                                                                                                                                                            |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| The number of doctors with a prescribed connection to the designated body on the last day of the year under review                                                                         | 1280            |
| Total number of appraisals completed                                                                                                                                                       | 999             |
| Total number of appraisals approved missed                                                                                                                                                 | 34              |
| Total number of unapproved missed                                                                                                                                                          | 247             |
| The total number of revalidation recommendations submitted to the GMC (including decisions to revalidate, defer and deny revalidation) made since the start of the current appraisal cycle | 141             |
| Total number of late recommendations                                                                                                                                                       | 1               |
| Total number of positive recommendations                                                                                                                                                   | 97              |
| Total number of deferrals made                                                                                                                                                             | 43              |
| Total number of non-engagement referrals                                                                                                                                                   | 0               |
| Total number of doctors who did not revalidate                                                                                                                                             | 43              |
| Total number of trained case investigators<br>*Specifically relates to MHPS trained, though the Trust does have staff groups and bank staff who have undergone investigation training.     | 25 *            |
| Total number of trained case managers                                                                                                                                                      | 25*             |
| Total number of concerns received by the Responsible Officer <sup>2</sup>                                                                                                                  | 5 MHPS<br>2 GMC |
| Total number of concerns processes completed                                                                                                                                               | 0               |
| Longest duration of concerns process of those open on 31 March (working days)                                                                                                              | 533 days        |
| Median duration of concerns processes closed (working days) <sup>3</sup>                                                                                                                   | n/a             |
| Total number of doctors excluded/suspended during the period                                                                                                                               | 1               |

<sup>2</sup> Designated bodies' own policies should define a concern. It may be helpful to observe <https://www.england.nhs.uk/publication/a-practical-guide-for-responding-to-concerns-about-medical-practice/>, which states: *Where the behaviour of a doctor causes, or has the potential to cause, harm to a patient or other member of the public, staff or the organisation; or where the doctor develops a pattern of repeating mistakes, or appears to behave persistently in a manner inconsistent with the standards described in Good Medical Practice.*

<sup>3</sup> Arrange data points from lowest to highest. If the number of data points is odd, the median is the middle number. If the number of data points is even, take an average of the two middle points.

|                                                                                                                                        |     |
|----------------------------------------------------------------------------------------------------------------------------------------|-----|
|                                                                                                                                        |     |
| Total number of doctors referred to GMC                                                                                                | 5   |
| Total number of appeals against the designated body's professional standards processes made by doctors                                 | 1   |
| Total number of these appeals that were upheld                                                                                         | 0   |
| Total number of new doctors joining the organisation                                                                                   | 520 |
| Total number of new employment checks completed before commencement of employment                                                      | 485 |
| Total number claims made to employment tribunals by doctors<br>* 1 ET dismissed no hearing, 1 withdrew settled, 1 one still in process | 3*  |
| Total number of these claims that were not upheld <sup>4</sup>                                                                         | 1   |

### Section 3 – Summary and overall commentary

This comments box can be used to provide detail on the headings listed and/or any other detail not included elsewhere in this report.

|                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| General review of actions since last Board report                                                                                                                                                                     |
| Two key actions were postponed as the Group announced a merger of the two trusts. Work that was based on alignment is now focussed on integration as we become the third largest acute hospital Trust in the country. |
| Actions still outstanding                                                                                                                                                                                             |
| Peer review to be scheduled with Sirona.<br>2 <sup>nd</sup> EDI Audit scheduled for 2027                                                                                                                              |
| Current issues                                                                                                                                                                                                        |
| Alignment of policies and integration across the new organisation is ongoing.<br>Previous work to align processes should hopefully mean minimal impact for our Drs.                                                   |

<sup>4</sup> Please note that this is a change from last year's FQAI question, from number of claims upheld to number of claims not upheld".

Tendering and procurement for or eportfolio provider was concluded but commencement postponed until joint processes are embedded and the provision of an integrated medical workforce system covering rostering, job planning and medical appraisal is explored.

Actions for next year (replicate list of 'Actions for next year' identified in Section 1):

- Update roles as appropriate
- Single Bristol FT Medical Appraisal and Revalidation policy to be agreed
- Integrated training and quality assurance activities.
- Continue to ensure that appraisal capacity is maintained.
- Continue to develop and refine QA process
- Resume peer reviews with other Trusts
- Complete Peer Review with Sirona
- Schedule EDI Audit 2027

Overall concluding comments (consider setting these out in the context of the organisation's achievements, challenges and aspirations for the coming year):

A great deal of work has been completed already that will improve oversight and assurance for Trust processes but there are still a number of key areas to be agreed before a set of relevant policies can be finalised for the new organisation.

## Section 4 – Statement of Compliance

The Board/executive management team have reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists))]

|                                       |                                                              |
|---------------------------------------|--------------------------------------------------------------|
| Official name of the designated body: | University Hospitals Bristol and Weston NHS Foundation Trust |
|---------------------------------------|--------------------------------------------------------------|

|         |               |
|---------|---------------|
| Name:   | Ingrid Barker |
| Role:   | Trust Chair   |
| Signed: |               |
| Date:   |               |

|                                          |                                                     |
|------------------------------------------|-----------------------------------------------------|
| Name of the person completing this form: | Rebecca Thorpe, UHBW Medical Director and Deputy RO |
| Email address:                           | Medicaldirectorteam2@uhbw.nhs.uk                    |

|                                                                                          |                                                                                                                                                                                       |                   |                    |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|
| <b>Report To:</b>                                                                        | Meeting of the Trust Board in Public                                                                                                                                                  |                   |                    |
| <b>Date of Meeting:</b>                                                                  | 08 September 2026                                                                                                                                                                     |                   |                    |
| <b>Report Title:</b>                                                                     | Integrated Governance Report                                                                                                                                                          |                   |                    |
| <b>Report Author:</b>                                                                    | Jill Jaratina, Interim Head of Corporate Governance                                                                                                                                   |                   |                    |
| <b>Report Sponsor:</b>                                                                   | Lavinia Rowsell, Director of Corporate Governance                                                                                                                                     |                   |                    |
| <b>Purpose of the report:</b>                                                            | <b>Approval</b>                                                                                                                                                                       | <b>Discussion</b> | <b>Information</b> |
|                                                                                          |                                                                                                                                                                                       |                   | <b>x</b>           |
|                                                                                          | To present the integrated governance report, which brings together the Committee Chairs' upwards reports.                                                                             |                   |                    |
| <b>Key Points to Note</b> <i>(Including any previous decisions taken)</i>                |                                                                                                                                                                                       |                   |                    |
| Attached are the following items for the Board's information:                            |                                                                                                                                                                                       |                   |                    |
| <u>Committee Chairs' reports from the July 2026 meetings:</u>                            |                                                                                                                                                                                       |                   |                    |
| Audit Committee (Appendix A) – 26 July 2026                                              |                                                                                                                                                                                       |                   |                    |
| Digital Committee (Appendix B) – 23 July 2026                                            |                                                                                                                                                                                       |                   |                    |
| Finance & Estates Committee (Appendix C) – 28 July 2026                                  |                                                                                                                                                                                       |                   |                    |
| People Committee (Appendix D) – 28 July 2026                                             |                                                                                                                                                                                       |                   |                    |
| Quality and Outcomes Committee (Appendix E) – 30 July 2026                               |                                                                                                                                                                                       |                   |                    |
| <b>Strategic Alignment</b>                                                               |                                                                                                                                                                                       |                   |                    |
| These documents support the Board's governance model.                                    |                                                                                                                                                                                       |                   |                    |
| <b>Risks and Opportunities</b>                                                           |                                                                                                                                                                                       |                   |                    |
| None.                                                                                    |                                                                                                                                                                                       |                   |                    |
| <b>Recommendation</b>                                                                    |                                                                                                                                                                                       |                   |                    |
| This report is for <b>Information</b> .                                                  |                                                                                                                                                                                       |                   |                    |
| The Board is asked to note the appendices to this report.                                |                                                                                                                                                                                       |                   |                    |
| <b>History of the paper (details of where paper has <u>previously</u> been received)</b> |                                                                                                                                                                                       |                   |                    |
| N/A                                                                                      |                                                                                                                                                                                       |                   |                    |
| <b>Appendices:</b>                                                                       | Appendix A: Audit Committee<br>Appendix B: Digital Committee<br>Appendix C: Finance & Estates Committee<br>Appendix D: People Committee<br>Appendix E: Quality and Outcomes Committee |                   |                    |

**Meeting of Board of Directors of Bristol NHS Foundation Trust  
in Public on Tuesday 8 September 2026**

|                            |                                                          |
|----------------------------|----------------------------------------------------------|
| <b>Reporting Committee</b> | <b>Audit Committee - July 2026 meeting</b>               |
| <b>Chaired By</b>          | <b>Richard Gaunt, Non-Executive Director</b>             |
| <b>Executive Lead</b>      | <b>Neil Kemsley, Chief Finance &amp; Estates Officer</b> |

**For Information**

The Audit Committee:

- Received three Limited Assurance Internal Audit reports relating to Allocate SafeCare, Duty of Candour and Fire Evacuation. The Committee remains concerned regarding the number of Limited Assurance opinions arising from the 2025/26 audit programme and requested continued monitoring of action implementation, overdue recommendations and strengthened executive oversight arrangements to reduce the likelihood of repeat findings.
- Received three Satisfactory Assurance reports (Savings Improvement Programme, Ransomware and Cyber Security, and Occupational Health) and a Significant Assurance opinion for Patch Management and Change Management, demonstrating improvement from a previous Limited Assurance position.
- Approved the Internal Audit Charter 2026/27, confirming that the revised charter remains aligned with Global Internal Audit Standards and the requirements of the merged organisation.
- Received the External Audit Technical Update from KPMG. Discussion focused on digital transformation, AI and data integration. The Committee noted that no significant external audit concerns had been identified regarding financial reporting controls.
- Received the Counter Fraud Progress Report, noting increased phishing activity targeting NHS organisations and ongoing work to share fraud prevention learning across the Trust.
- Approved the 2025/26 Counter Fraud Annual Reports for both UHBW and NBT and authorised submission to the NHS Counter Fraud Authority.
- Reviewed Losses and Special Payments and noted that there were no exceptional matters requiring escalation to the Board.

- Reviewed Quarter 1 Single Tender Actions (STAs) and noted a significant increase in activity, largely attributable to merger implementation and operational requirements.

#### **For Board Awareness, Action or Response**

The Committee endorsed the revised Audit Committee Terms of Reference, subject to amendments to better reflect the wording relating to financial matters which was updated post-meeting and recommends them to the Board for approval.

The Committee remains focused on the number of Limited Assurance Internal Audit opinions and will continue to monitor the effectiveness of strengthened oversight arrangements and action implementation.

Work is underway to strengthen oversight of overdue audit recommendations and procurement compliance following the merger.

#### **Key Decisions and Actions**

None

#### **Additional Chair Comments**

None

#### **Update from ICB Committee**

N/A

**Date of next meeting:** Thursday 29 October 2026

## Meeting of Board of Directors of Bristol NHS Foundation Trust in Public on Tuesday 8 September 2026

|                            |                                                                             |
|----------------------------|-----------------------------------------------------------------------------|
| <b>Reporting Committee</b> | Digital Committee                                                           |
| <b>Chaired By</b>          | Roy Shubhabrata, Non-Executive Director                                     |
| <b>Executive Lead</b>      | Glyn Howells, Hospital Managing Director, Southmead Hospital Operating Unit |

### For Information

The Committee met on 23 July 2026 and received the following reports:

- Annual Review of Information Governance Service Arrangements and Internal Audits of Data Security Protection Toolkits:** The Committee received assurance that both NBT and UHBW had successfully achieved the required *Standards Met* rating in their 2025/26 Data Security and Protection Toolkit (DSPT) submissions prior to merger. All internal audit recommendations had been addressed before submission, providing confidence in the robustness of the organisations' information governance and data security arrangements. The Committee was further assured that strong controls and continuous improvement processes were in place to support compliance under the new Bristol Foundation Trust legal entity, with no significant risks identified in relation to future DSPT requirements. The Committee congratulated the team on this achievement.
- Digital Services Audit Report:** The Committee received assurance that Digital Services continued to make good progress against its audit programme, with ten audit recommendations closed and positive assurance ratings received for ransomware protection and patch change management. The Committee also received assurance that Artificial Intelligence (AI) governance arrangements were being strengthened through an updated AI Policy, staff guidance, governance training and the establishment of an AI Steering Group. Members agreed that a Trust-wide AI awareness and education campaign would be developed, with progress reported to a future meeting.
- Cyber Working Group Report:** The Committee received assurance that cyber security remained a key organisational risk and noted progress in strengthening cyber resilience through infrastructure modernisation, enhanced security controls and remediation programmes. Members were advised that a recent phishing incident had been contained with no wider organisational impact. The Committee also received assurance that robust controls were in place to manage risks associated with unsupported legacy systems and shadow information technology (IT), with longer-term risk reduction anticipated through future digital transformation and Electronic Patient Record (EPR) initiatives.
- Digital Services Key Performance Indicator (KPI) Report:**  
The Committee received assurance that clinical coding backlogs had reduced significantly, with no current risk of income loss. Members also noted ongoing work to improve Information Governance performance and standardise processes across the organisation.

The Committee agreed that the KPI framework would be reviewed to strengthen assurance and align with the Trust's Integrated Quality and Performance Report (IQPR) methodology. A revised framework was scheduled to be presented to the Committee in September 2026.

5. **Post Merger Report:** The Committee received assurance that the merger had been successfully implemented, with no material issues identified following Day One. Members noted that the focus had shifted to Year One integration, benefits realisation and the development of a digital systems roadmap to support organisational integration.
6. **Group Benefits Realisation:** The Committee received assurance that all six digital benefits within its remit remained on track, with no reported delays. Members also noted that delivery remained dependent on investment, business case approvals, interoperability and future Electronic Patient Record (EPR) developments. Quarterly benefits reporting was incorporated into the Committee work programme to provide ongoing assurance regarding benefits realisation.
7. **Digital Services ICS Activities:** The Committee noted potential opportunities arising from closer collaboration with system partners and received assurance that no additional projects or services would be progressed without robust business cases and appropriate assessment of resources, risks, benefits and deliverability. Members emphasised the importance of maintaining clear prioritisation and ensuring that organisational capacity was considered alongside strategic opportunities.
8. **National Digital Funding Opportunities - Current Position and Forward Look:** The Committee noted that funding bids had been submitted for NHS App enhancements, Ambient Voice Technology (AVT) and cyber security initiatives. Members received assurance that delivery arrangements were in place, but that implementation remained dependent on national funding decisions and organisational capacity to support change.

The Committee also noted that the realisation of future digital benefits remained dependent on business case approval, funding availability and wider digital transformation priorities.

9. **Digital Communications and Engagement:** The Committee received assurance regarding the successful launch of the new Bristol NHS Foundation Trust website and Day One digital communications activity. Members noted ongoing work to migrate content from legacy websites, develop a single intranet and support wider digital transformation communications across the organisation.

The Committee agreed that future Digital Communications and Engagement reports would include updates on key digital awareness campaigns to provide greater assurance regarding staff engagement, communications activity and the promotion of priority digital initiatives.

10. **EPR Strategic Direction (including overview of OBC progress and partnership working with Gloucestershire Hospitals NHS Foundation Trust):** The Committee received assurance on progress with the development of the Outline Business Case (OBC) for the future Electronic Patient Record (EPR) programme. Members noted key risks and dependencies relating to national funding, the extension of the existing System C contract, programme timescales and potential partnership arrangements with Gloucestershire Hospitals NHS Foundation Trust.

The Committee also agreed that a Board EPR procurement refresher session would be arranged to provide assurance on the procurement approach, governance arrangements, key milestones and forthcoming decision points.

**11. EPR Alignment Options Appraisal:** The Committee received an update on options to address the limitations arising from the use of separate Electronic Prescribing and Medicines Administration (EPMA) systems across the Trust. Members noted that further evaluation of a Unified Viewer solution would be undertaken to improve clinicians' access to patient information across organisational boundaries whilst longer-term EPR arrangements were progressed.

The Committee noted that further reports would be presented on EPMA and EPR options over the coming months.

**12. Implications of Resource Constraints for Digital Portfolio:** The Committee was informed that significant demand continued to be placed on Digital Services to support delivery of the Clinical Strategy, transformation programmes and future EPR readiness. Members noted preliminary benchmarking that suggested a potential historic digital investment gap and recognised that current capacity may be insufficient to meet all emerging demand without impacting existing priorities.

The Committee supported completion of a resource and capacity assessment, the development of a Trust-wide prioritisation framework, and consideration of future investment and delivery models to ensure that digital capacity aligned with organisational ambitions and future EPR implementation.

#### For Board Awareness, Action or Response (including risks and escalations)

The Committee received significant assurance from the reports presented and requested further reports in a number of areas, as outlined above. The Committee also agreed that the wider Board would benefit from an EPR procurement refresher session, including training on conflicts of interest relating to the procurement process, which would be arranged prior to the commencement of the OBC approval process in November.

#### Key Decisions and Actions

The Board is asked to:

**Note** the assurance provided regarding cyber security risk management, the response to a recent phishing incident, and ongoing work to mitigate risks associated with legacy systems and shadow IT.

**Note** the progress made in reducing clinical coding backlogs and the Committee's agreement to review and strengthen the KPI framework to align with the IQPR methodology.

#### Additional Chair Comments

The Chair thanked Sue Balcombe, Non-Executive Director, for her valued contribution to the Digital Committee as she attended her final meeting before the end of her term of office. He wished her well for the future, and Sue thanked the Chair and Committee members for their support.

The Chair extended his thanks to all colleagues and teams involved in the successful Bristol NHS Foundation Trust merger launch, recognising the significant effort, collaboration and professionalism demonstrated across both organisations in delivering a smooth and successful transition.

|                                        |                             |
|----------------------------------------|-----------------------------|
| <b>Date of next Committee meeting:</b> | Thursday, 17 September 2026 |
| <b>Appendices:</b>                     | N/A                         |

## Meeting of Board of Directors of Bristol NHS Foundation Trust in Public on Tuesday 8 September 2026

|                            |                                                 |
|----------------------------|-------------------------------------------------|
| <b>Reporting Committee</b> | Finance and Estates Committee                   |
| <b>Chaired By</b>          | Martin Skyes, Non-Executive Director            |
| <b>Executive Lead</b>      | Neil Kemsley, Chief Finance and Estates Officer |

### For Information

The Committee met on 28 July 2026 and received the following reports:

1. **Month 3 Finance Performance Report:** The Committee received assurance that both NBT and UHBW remained on plan at Month 3, with financial performance delivered in line with agreed deficit trajectories despite the impact of industrial action. Emerging risks relating to bank nursing expenditure, CIP delivery and elective income performance were highlighted, and members were assured that these were subject to enhanced oversight through the Finance Sustainability and Finance Improvement Groups, with a strengthened focus on productivity and savings delivery.

Members sought assurance regarding the impact of the merger on financial governance, reporting arrangements and the delivery of financial improvement programmes. Assurance was provided that robust governance arrangements remained in place, merger activity had not adversely affected CIP oversight, and future reporting would transition to a single-trust model whilst maintaining visibility of key operational and financial risks.

The Committee discussed the potential financial implications of the national nursing job-matching and banding review, alongside increasing expenditure on bank nursing staff. Members were assured that detailed modelling was underway to assess the workforce and financial impacts. The Committee noted that bank nursing expenditure, together with any associated financial and regulatory risks, would continue to be closely monitored through the Finance and Estates Committee and the People Committee.

2. **Quarterly Treasury Management Report:** The Committee received assurance that treasury management activities remained within approved parameters, with no exceptions or concerns identified.
3. **North Bristol NHS Trust Finance Closure:** The Committee received assurance that the closure of the former North Bristol Trust accounts remained on track, with required returns submitted to NHS England and preparations for external audit progressing in line with the agreed timetable. Key risks associated with the process were reviewed and assessed as low, with appropriate controls and mitigating actions in place. The Committee was assured that no significant accounting estimates had been required and that effective oversight arrangements remained in place.
4. **Post Merger Report:** The Committee received assurance that post-merger integration across Estates, Facilities and Finance was progressing as planned, with no significant operational or financial issues arising since implementation. Members noted that work continued to align structures, portfolios and ways of working to support the delivery of merger benefits and future organisational arrangements.

Members considered the implementation of the single finance ledger and sought assurance regarding the impact of system changes on staff and operational processes. Whilst a small number of temporary workarounds remained in place, key financial functions were operating successfully, no major issues had been identified, and appropriate training, communications and support arrangements had been established to support the transition.

The Committee was further assured that integration risks and dependencies, including the forthcoming email migration and wider system changes, were being actively managed through the Integration Programme Group. Overall, members were satisfied that post-merger stabilisation remained on track, governance arrangements were effective, and delivery of the integration programme continued as planned.

5. **Group Benefits Realisation:** The Committee received assurance that delivery of merger benefits remained on track, with commercial and income-capture benefits progressing as planned and work continuing to align estates and organisational planning through the development of the Group Estates Strategy.

Members sought assurance regarding the risks associated with delivering merger benefits alongside wider organisational change and were advised that no significant risks had been identified beyond those already recognised within the integration programme. The Committee was assured that these risks were being actively managed.

The Committee also noted that financial benefits reporting would be incorporated into the Trust-wide savings programme framework from Month 4, strengthening oversight and performance monitoring of benefit realisation.

6. **Hologic Cervical Screening Contract Renewal Approval:** The Committee considered the proposed renewal of the Hologic contract, which supports delivery of the cervical screening programme, and sought clarification regarding the scope of approval being requested and the associated contractual, governance and procurement requirements.

Members were assured that continuity of this critical service would be maintained while the outstanding contractual and procurement arrangements were clarified. Further work was agreed to determine the appropriate approval route before the proposal progressed through the Trust's governance process.

7. **Health and Safety Committee Upward Reports:** The Committee received assurance that key health, safety and estates risks were being effectively managed. Members noted the successful completion of the Southmead chiller replacement programme, which had significantly reduced the associated risk, and received assurance that water safety testing had identified no concerns.

Members considered significant operational challenges within CSSD and sought assurance regarding the impact on clinical services. Assurance was provided that EPRR arrangements, support from Bristol Royal Infirmary and active management of contractor performance had enabled services to be maintained without any cancellation of operations, whilst recovery actions continued.

The Committee also sought assurance regarding fire safety arrangements in escalation and boarding areas, workforce capacity within the fire safety team, and incidents of violence and aggression against staff. Members were assured that safe occupancy limits and evacuation arrangements had been

formally reviewed and approved, recruitment and resilience measures were in place, and organisational focus on violence and aggression remained a priority. The Committee further noted improvements in incident reporting compliance and a reduction in the number of reportable incidents during the reporting period.

8. **City & Weston HOU Fire Safety Update:** The Committee received assurance that health and safety governance arrangements continued to strengthen, with improvements in incident reporting, estates compliance and audit assurance processes.

Members considered risks relating to Nuclear Medicine radioactive waste storage and were assured that mitigating controls and monitoring arrangements were in place, with a longer-term solution progressing through the appropriate governance and regulatory processes. Further oversight was requested given the specialist nature of the risk. The Committee also received assurance that organisational actions were in place to address the increasing severity of violence and aggression incidents, improve manual handling compliance and strengthen workforce and estates resilience.

9. **Expansion of the Emergency Department Footprint through the relocation of Adult and Paediatric Minor Injuries:** The Committee considered the increase in costs associated with the Emergency Department Minors relocation programme and received assurance that the scheme's benefits remained unchanged, funding had been identified, and the revised costs had been incorporated into the Trust's capital plans. The Committee approved the updated business case and supported continued delivery of the programme.

#### For Board Awareness, Action or Response (including risks and escalations)

The Committee received assurance across all reports presented. However, Members requested further clarification regarding the contractual, governance and procurement arrangements associated with the Hologic Cervical Screening Contract before it progressed through the appropriate approval process.

The Committee also requested that the Hospital Management Team receive a further report on Nuclear Medicine radioactive waste storage, including the associated risks, mitigating actions and improvement plans, to provide additional assurance and determine whether any further escalation through the governance framework was required.

#### Key Decisions and Actions

None.

#### Additional Chair Comments

None

|                                        |                            |
|----------------------------------------|----------------------------|
| <b>Date of next Committee meeting:</b> | Tuesday, 29 September 2026 |
|----------------------------------------|----------------------------|

|                    |     |
|--------------------|-----|
| <b>Appendices:</b> | N/A |
|--------------------|-----|

## Meeting of Board of Directors of Bristol NHS Foundation Trust in Public on Tuesday 8 September 2026

|                            |                                               |
|----------------------------|-----------------------------------------------|
| <b>Reporting Committee</b> | People Committee                              |
| <b>Chaired By</b>          | Linda Kennedy, Non-Executive Director         |
| <b>Executive Lead</b>      | Jenny Lewis, Chief People and Culture Officer |

### For Information

The Committee received the first combined Employee Relations Casework Report covering all hospital operating units. The report highlighted progress in bringing employee relations teams and policies together following merger, development of enhanced governance and reporting arrangements, and a focus on reducing case duration through earlier resolution, stronger case management and establishment of a dedicated complex casework team. The Committee also noted ongoing work to understand and address disparities in disciplinary case rates affecting ethnic minority colleagues.

The Committee received updates on implementation of the Resident Doctors' Improving Working Lives 10-Point Plan and the first combined Guardian of Safe Working report. Progress had been made across the majority of actions, including arrangements for exception reporting, resident doctor support, and governance oversight. The Committee noted that nationally-led changes to resident doctor training and rotational arrangements could support future improvements.

The Committee reviewed the annual Medical Revalidation and Appraisal Report and received assurance regarding compliance with GMC requirements and the successful transition to a single designated body following merger.

The Committee received updates on workforce performance metrics, including vacancies, turnover, sickness absence, mandatory training compliance and appraisals. Vacancy levels had improved, particularly through active recruitment activity, while further work was underway to reduce sickness absence through the new "Keeping Well at Work" improvement programme.

The Committee reviewed the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and demographic data reports. While some improvements had been achieved, the Committee noted continuing inequalities relating to career progression, employee experience and leadership representation and supported the proposed priority actions to be taken with the aim of improving outcome measures.

The Committee received assurance updates on post-merger implementation activity and the delivery of Group People benefits, noting that benefits realisation remained broadly on track.

### For Board Awareness, Action or Response

The Committee noted that a number of reports requiring Board approval or oversight had been presented through the Committee and agreed that clarification was required regarding the delegation of authority between the Board and People Committee. An action was agreed for further review to ensure future reports are routed appropriately and that approval responsibilities are clear.

The Committee discussed the findings of the WRES and WDES reports and supported targeted focus on career progression and employee relations casework, recognising these as priority areas where further improvement is required.

### Key Decisions and Actions

- The Committee noted the continued oversight arrangements provided through the People Strategy Oversight Group (PSOG) and endorsed the ongoing monitoring of workforce planning impacts arising from immigration changes, sexual safety and violence and aggression work.
- The Committee endorsed the annual Medical Revalidation and Appraisal Report for onward submission to the Board for formal approval.
- The Committee supported continued focus on career progression and leadership development for global majority colleagues as a priority area arising from WRES and demographic reporting.

### Additional Chair Comments

The Committee reflected positively on progress made since merger, particularly the successful integration of workforce governance arrangements, development of joint reporting, and establishment of common policies and processes. The Chair noted a need to maintain focus on prioritisation, ensuring that action plans remain targeted on the areas most likely to deliver measurable improvement rather than becoming overly dispersed across multiple workstreams.

The Committee also highlighted the importance of future workforce planning, leadership development, AI and digital capability, and ensuring that workforce transformation supports both retention of existing staff and development of future leadership pipelines.

### Update from ICB Committee

No update was provided.

**Date of next meeting:**

**Tuesday 29 September 2026.**

## Meeting of Board of Directors of Bristol NHS Foundation Trust in Public on Tuesday 8 September 2026

|                            |                                                             |
|----------------------------|-------------------------------------------------------------|
| <b>Reporting Committee</b> | Quality and Outcomes Committee                              |
| <b>Chaired By</b>          | Sue Balcombe, Non-Executive Director                        |
| <b>Executive Lead</b>      | Professor Steve Hams, Chief Nursing and Improvement Officer |

### For Information

The Committee met on 30 July 2026 and received the following reports:

1. **MBRRACE-UK Report:** The Committee received assurance regarding the quality and safety of maternity and neonatal services, the effectiveness of mortality review processes, and the implementation of learning and improvement actions arising from reviews.

Southmead Hospital reported favourable perinatal mortality and stillbirth outcomes, while City and Weston General Hospital maintained a stillbirth rate below the national average. Learning identified through case reviews had been addressed, enhanced mortality review processes had strengthened consideration of ethnicity and deprivation, and neonatal mortality remained low, with performance comparable to peer organisations. Ongoing workforce improvement programmes continued to support the provision of specialist neonatal nursing care.

2. **Post Merger Update:** The Committee received assurance that the establishment of Bristol NHS Foundation Trust had been successfully completed, with Day 1 quality and patient safety arrangements operating effectively and no material issues identified during the post-merger stabilisation phase. Members welcomed the progress made in delivering merger benefits and noted the transition to the integration and benefits realisation phase.

The Committee was assured that appropriate governance arrangements were in place to oversee integration, benefits realisation and quality governance activity. Members noted progress towards strengthening the Trust's Quality Management System (QMS), including the identification of a preferred provider and the development of a supporting business case, and requested ongoing updates on implementation and associated external support arrangements.

3. **Group Benefits Realisation - Update on Progress Q1 2026-27:** The Committee received assurance that benefits realisation remained on track within its remit and supported the continued development of an integrated benefits realisation framework.

Members highlighted the importance of maintaining momentum on the delayed Innovation Strategy and were advised that additional capacity was being developed to support its delivery. The Committee also noted progress in the integration of maternity and perinatal services across the Trust, supported by collaborative working and aligned with the NHS England Three-Year Delivery Plan and Ockenden recommendations.

4. **Integrated Quality and Performance Report (IQPR):** The Committee received assurance that elective and cancer performance remained broadly on track, with RTT performance exceeding national standards at City and Weston and recovery plans in place at Southmead to address specialty-specific

challenges. Diagnostic performance had continued to improve across both hospital units, although further improvement was required to achieve national standards. Members also received assurance that complaints responsiveness had improved, with further work underway to secure sustainable improvement, and welcomed improvements in Venous Thromboembolism (VTE) risk assessment compliance. A small increase in *Clostridioides difficile* cases was noted, with additional quality assurance work planned to validate performance.

The Committee noted that urgent and emergency care remained the most significant operational challenge, driven by exceptionally high emergency department attendances, ongoing patient flow pressures and a high number of patients with no criteria to reside. Members received assurance that recovery initiatives, including the expansion of urgent care pathways, estate reconfiguration and the development of a Frailty Same Day Emergency Care model, were being implemented to improve patient flow and performance. The Committee also discussed the impact of increasing summer demand and climate-related pressures and emphasised the importance of longer-term system planning, hospital admission avoidance initiatives and collaborative working with system partners to support sustainable service delivery.

5. **Clinical Quality Group (CQG) Upward Reports:** The Committee received updates from both Hospital Operating Units and received assurance regarding ongoing quality governance, oversight and improvement activity. The Committee heard about divisional quality deep dives, increasing joint working, consistency and shared learning, ongoing work on Core 24 compliance at Southmead, sustained demand and capacity pressures, progress on the Southmead Frailty Same Day Emergency Care, action at City and Weston (C&W) to address a Human Tissue Authority-reportable incident and ongoing work to address C&W Emergency Department overcrowding and corridor care issues.

The Committee further noted increasing risks associated with heat-related pressures on services and equipment, alongside continued concerns regarding incidents of violence and aggression towards staff. Members received assurance that reporting arrangements remained in place and that these risks continued to be closely monitored through established governance processes.

6. **Care Quality Commission (CQC) Assurance Report:** The Committee received assurance that all governance and regulatory actions required to support the establishment of Bristol NHS Foundation Trust had been completed and that executive leadership arrangements were fully established. Members noted that development of the revised CQC assessment framework remained subject to national delays and discussed a number of organisational risks that could affect future regulatory preparedness, including workforce consultation activity, unscheduled care pressures, change fatigue, and estates and digital infrastructure risks.

The Committee received assurance that preparations for future regulatory inspections and Well-Led assessments were progressing. Members agreed that a consolidated CQC inspection readiness and Well-Led preparedness programme would be presented to a future meeting and noted that the draft CQC inspection report for South Bristol Community Hospital remained awaited, with ongoing information requests continuing to be managed appropriately.

7. **Assurance Statement on the HTA/Mortuary Arrangements:** The Committee reviewed the Human Tissue Authority (HTA) Mortuary Arrangements Assurance Statement and received assurance that the Board was sighted on its responsibilities under the HTA regulatory framework and recommendations arising from the Nottingham Maternity Review, Ockenden Review and HTA requirements. Members noted that a safeguarding-led gap analysis had been completed and reviewed through the appropriate governance processes, and that oversight arrangements were in place for mortuary

facilities, storage arrangements and the wider pathway for the care of deceased patients. The Committee received assurance that identified estate-related actions arising from inspections and reviews were progressing against agreed timescales.

The Committee also noted that governance arrangements relating to the safeguarding of deceased patients continued to be strengthened and agreed that the Board Assurance Statement would be updated to clearly identify areas of non-compliance and the actions in place to address them.

**8. City and Weston Hospital Operating Unit Update on Careflow Clinical Correspondence Review**

**Risk:** The Committee received an update on progress in addressing the backlog of clinical correspondence arising from the implementation of CareFlow Clinical and the associated migration to CareFlow Narrative. Members noted that significant progress had been made in reducing the backlog and received assurance that no patient harm had been identified through the validation work undertaken to date. The Committee further received assurance that enhanced monitoring, oversight and strengthened control measures had been implemented to mitigate the risk of recurrence.

The Committee agreed that ongoing oversight should continue through the Clinical Quality Group and noted that a separate review was underway into correspondence delays at Southmead Hospital to assess any impact on patient pathways, associated risks and mitigation actions. A further update would be presented to a future meeting.

**9. Complaints Improvement Programme Initiation:** The Committee received an update on the Complaints Improvement Programme and noted that a structured programme had been established to deliver sustainable improvements in complaints handling and responsiveness. Members noted that the programme had been developed following Board concerns regarding increasing demand and complexity, and that extensive stakeholder engagement had informed its design. Whilst recent performance improvements had been observed, the programme remained focused on delivering sustainable medium and long-term improvements.

The Committee also noted work undertaken to explore the potential use of artificial intelligence and automation across the complaint's pathway, emphasising the importance of maintaining appropriate governance arrangements and ensuring that the patient, relative and carer voice remained central to the programme. The Committee approved the programme governance and reporting framework and received assurance regarding the programme's scope, oversight and delivery arrangements.

**10. Maternity and Neonatal Safety Champion Update (including formally noting the Ockenden and Baroness Amos reviews) - Verbal Update:** The Committee received an update on progress against the national maternity and neonatal improvement actions arising from the independent investigation led by Baroness Amos and the Ockenden Review. Members noted that maternity and perinatal teams across Bristol NHS Foundation Trust had agreed to use the national 100-day improvement sprint to strengthen collaborative working across the organisation and support a single, integrated approach to delivery.

The Committee received assurance that positive progress had been demonstrated against the improvement programme and noted that a further review would take place in September 2026, with progress and assurance subsequently reported to the Board. Members also welcomed the involvement of the Integrated Care Board in providing external assurance and constructive challenge.

The Committee further noted plans to strengthen Maternity and Neonatal Safety Champion walkarounds through the inclusion of estates representation, recognising the importance of the physical environment in supporting patient safety and quality.

- 11. Maternity and Neonatal Quality and Safety Quarter 1 Report (City & Weston and Southmead Hospital Operating Units):** The Committee received an update from the Maternity Safety Champions and noted progress against national maternity improvement requirements, including preparations for compliance with forthcoming Year 9 standards. Members received assurance that work had commenced to identify arrangements required to meet future compliance requirements.

The Committee noted that the Southmead PMRT external review had been received and that the City and Weston review was expected in September. Members welcomed the continued progress in aligning policies, planning arrangements and collaborative working across maternity and perinatal services within Bristol NHS Foundation Trust. The Committee also received assurance that both Hospital Operating Units had completed their midpoint training checkpoints, had implemented neonatal pulse oximetry testing in line with national guidance, and were progressing work to secure external PMRT review arrangements in advance of Year 9 requirements.

The Southmead Hospital Operating Unit Perinatal Mortality Review Tool (PMRT) report has been placed in the Convene Document Library for the Board's attention.

- 12. Upward Report from Health Equity Delivery Group:** The Committee received the upward report from the Health Equity Delivery Group and noted progress in the Trust's work to address health inequalities through strengthened collaboration with system partners and Directors of Public Health.

Members noted plans to establish a dedicated health equity function and to develop a Health Inequalities Strategy and Action Plan, which would revisit and build upon the Board's previously agreed commitments in relation to health inequalities.

#### **For Board Awareness, Action or Response (including risks and escalations)**

The Committee was assured and did not escalate any issues but wanted to draw the Board's attention to:

- The Committee's approval of the Human Tissue Authority (HTA) Mortuary Assurance Statement.
- The Committee's approval of the Complaints Improvement Programme, including the proposed programme governance and reporting framework.
- Maternity and Neonatal Quality, including progress against the national 100-day improvement programme and associated actions.
- Ongoing performance pressures relating to patient flow and discharge, including the impact of operational pressures and the increasing number of patients who no longer met the criteria to reside.

#### **Key Decisions and Actions**

The Board is asked to note that governance arrangements relating to the safeguarding of deceased patients had continued to be strengthened and that the Committee had agreed submission of the Board Assurance Statement to the NHS England Inquiry Team by the 31 July 2026 deadline.

#### **Additional Chair Comments**

None.

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|----------------------------------------|-----------------------------|
| <b>Date of next Committee meeting:</b> | Thursday, 24 September 2026 |
| <b>Appendices:</b>                     | None                        |

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| Report To:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Meeting of the Trust Board in Public                                                                |            |             |
| Date of Meeting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8 September 2026                                                                                    |            |             |
| Report Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Audit Committee Terms of Reference                                                                  |            |             |
| Report Author:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Karline Bowen, Corporate Governance Officer<br>Emily Judd, Corporate Governance Manager             |            |             |
| Report Sponsor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Lavinia Rowsell, Director of Corporate Governance                                                   |            |             |
| Purpose of the report:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Approval                                                                                            | Discussion | Information |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | X                                                                                                   |            |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | This report asks the Board to approve the Audit Committee's Terms of Reference from September 2026. |            |             |
| Key Points to Note                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                     |            |             |
| <p>The Audit Committee reviewed the revised Terms of Reference at its meeting on 29 July 2026 and endorsed them for recommendation to the Board for final approval. The Committee approved the document subject to amendments relating to financial matters. These amendments were subsequently incorporated into the document and reviewed by Committee members following the meeting. The version presented to the Board reflects the changes agreed by the Committee and is the final version recommended for approval.</p> <p>The Terms of Reference have been reviewed and updated in line with the model terms of reference set out in the HFMA NHS Audit Committee Handbook, ensuring alignment with current best practice and the governance arrangements of the merged Trust. The principal amendments are:</p> <ul style="list-style-type: none"><li>• Removal of references to the legacy organisations and former group structures.</li><li>• Updates to membership arrangements to reflect the merged Trust and support effective quoracy.</li><li>• Enhanced clarity regarding the Committee's responsibilities for governance, risk management, internal control and financial oversight.</li><li>• Inclusion of a requirement for the Committee to provide an annual report to the Board setting out how it has discharged its responsibilities in support of the Annual Governance Statement.</li></ul> |                                                                                                     |            |             |
| Strategic Alignment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     |            |             |
| <p>This report supports the Trust's ambition to be well led by ensuring effective governance, assurance and oversight arrangements are maintained.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     |            |             |
| Risks and Opportunities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     |            |             |
| <p>Approved Terms of Reference are essential to ensuring that the Audit Committee operates within a clear and robust governance framework. Failure to maintain up-to-date Terms of Reference may result in ambiguity regarding the Committee's responsibilities, delegated authority, membership arrangements and reporting requirements. Approval of the revised Terms of Reference will provide assurance that the Committee's role and responsibilities remain aligned with current best practice and the Trust's governance requirements.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     |            |             |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Recommendation</b>                                                                                                                                                                                          |
| <ul style="list-style-type: none"> <li>• This report is for <b>Approval</b>.</li> <li>• The Board is asked to approve the Audit Committee Terms of Reference as recommended by the Audit Committee.</li> </ul> |
| <b>History of the paper (details of where paper has <u>previously</u> been received)</b>                                                                                                                       |
| Audit Committee, 29 July 2026                                                                                                                                                                                  |
| <b>Appendices</b>                                                                                                                                                                                              |
| Appendix 1 - Audit Committee Terms of Reference                                                                                                                                                                |

## Audit Committee

### Terms of Reference

#### 1. Constitution

- 1.1. The Audit Committee (hereafter referred to as “the Committee”) is constituted as a standing Committee of the Board of Directors and the Bristol NHS Foundation Trust Board of Directors.
- 1.2. The Committee has no executive powers, other than those specifically delegated by the Board in these Terms of Reference.

#### 2. Purpose

- 2.1 The Audit Committee will provide the Board of Bristol NHS Foundation Trust with an independent and objective review of its governance and assurance processes across the range of the organisation’s activities; including internal control, risk management and financial governance

#### 3. Duties

##### 3.1. Governance, Risk Management and Internal Control

The Committee will:

- Seek assurance that the Trusts’ activities are efficient, effective and represent value for money – including reviewing the establishment and maintenance of an effective system of governance, risk management and internal control that supports the achievement of the Trusts’ objectives.
- Seeking assurance that the Trusts comply with regulation and information is triangulated with independent sources prior to recommendation to the Board for approval.
- Maintain oversight of risk management across the Trust.
- Test the effectiveness of assurance processes including the Board Assurance Framework.

##### 3.2. Internal Audit

The Committee will:

- Ensure there is an effective internal audit function that meets the relevant audit standards and provides appropriate independent assurance to the Committee, Chief Executive and Board.
- Review and approve the internal audit plan.
- Receive and review the Head of Internal Audit Opinion, prior to Board approval.
- Monitor the effectiveness of internal audit, including independence and objectivity
- make necessary recommendations to the Board on areas relating to the appointment, re-appointment and removal of internal auditors and terms.

##### 3.3. External Audit

The Committee will:

- In accordance with the Local Audit and Accountability Act 2014, establish an ‘Auditor Panel’ to advise on the appointment of external auditors (membership of the panel will be approved by the Board) and make recommendations to the Council of Governors in relation to the appointment, re-appointment and removal of the Trust’s External Auditor.
- Review and monitor the work and findings of the external auditor and consider the implications and management’s responses to their work.
- Consider of the provision of the external audit service - including the performance, cost, seeking assurance that the audit function remains independent, and of any questions of resignation and dismissal.

- Agree the Letter of Representation before submission to the Board and any work undertaken outside the annual audit plan, together with the appropriateness of management response.
- Agree any non-audit services conducted – agreeing acceptable thresholds and safeguards. Any such work will be disclosed within the Annual Report.

### 3.4. Financial Reporting

The Committee will:

- Receive assurances from management on financial risks, systems and processes.
- Monitor the integrity of the financial statements of the Trust and any formal announcements relating its financial performance.
- Ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review by Audit as to completeness and accuracy of the information provided to the Board.
- Review the annual report and financial statements before submission to the Board for approval focusing on the Annual Governance Statement, accounting policies and estimates, significant judgements, unadjusted misstatements, significant audit adjustments and explanations for significant variances.

### 3.5. Whistleblowing/Freedom to Speak Up

The Committee will, on a three yearly basis:

- Review the effectiveness of the Trust's arrangements for its employees to raise concerns.
- Ensure that arrangements allow proportionate and independent investigation of such matters and appropriate follow up action.

### 3.6. Counter Fraud

The Committee will:

- Satisfy itself that the Trusts have adequate arrangements in place for countering fraud, bribery and corruption.
- Review the outcomes of counter fraud work and investigations – seeking assurance that management are addressing any gaps in internal controls and are progressing actions to meet recommendations made.
- Ensure that the Trusts have appropriate policies and procedures for all work related to fraud, bribery and corruption, including Conflicts of Interest.

### 3.7. Other Assurance Functions

The Committee will:

- Review the findings of other significant assurance reviews, both internal and external to the Trusts, and consider the implications for the governance of the Trusts (e.g. from regulators /inspectors etc.).

## 4. **Membership**

4.1. The Committee is a Non-Executive Committee of the Board

4.2. Members of the Committee shall be appointed by the Board and shall comprise:

- Non-Executive Director Chair
- At least two other Non-Executive Directors.

4.3. At least one of whom shall have recent and relevant financial experience.

4.4. Any other Non-Executive Director (except the Chair) may attend meetings and would contribute to the quorum.

4.5. The Chair of the Group Board shall not be a member of the Committee.

4.6. In the absence of the Committee Chair and/or an appointed deputy, the remaining members present shall elect one of themselves to chair the meeting.

## **5. Quorum and Attendees**

5.1. The quorum necessary for the transaction of business shall be:

- Two Non-Executive Directors (including the Chair or their designated deputy).

5.2. The following officers will have an open invitation to each meeting, unless otherwise informed by the Committee Chair (or when the Committee meets privately):

- Chief Executive
- Chief Finance & Estates Officer
- Senior Members of the Finance Team
- Representatives from Internal Audit, External Audit and Counter Fraud
- Director of Corporate Governance

5.3. Executive Directors shall not be members of the Committee but may be invited to attend by invitation.

5.4. The Head of Internal Audit, representative of external audit, Counter Fraud Specialist and FTSU Guardian have a right of direct access to the Chair of the Committee.

## **6. Frequency**

6.1. The Committee shall meet:

- At least on a quarterly basis at appropriate times in the reporting and audit cycle and otherwise as required.
- In private with external and internal audit representatives without any member of the executives present on at least one occasion each year.

6.2. The Chief Executive, external auditors or internal auditors may request an additional meeting if they consider that one is necessary.

## **7. Authority**

7.1. The Committee is authorised:

- To investigate any activity within its terms of reference
- To seek any information required from any employee of the Trusts in order to perform its duties, and to direct all employees to cooperate with any requests made by the Committee
- To obtain, at the Trusts' expense, outside legal or other professional advice on any matter within its terms of reference, and
- To call any employee to be questioned at a meeting of the Committee as and when required
- To secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

## **8. Meeting administration**

8.1. The Trust Secretariat shall act as the secretary of the Committee.

8.2. Papers will be circulated in accordance with the Trusts' Standing Orders and minutes will be circulated to all members.

## **9. Reporting**

9.1. An exception report will be provided to the Board via the Committee chair – highlighting business transacted and making any recommendations as deemed appropriate within the remit of the Committee.

9.2. The Committee shall provide an annual report to the Board on its work in support of the annual governance statement and how it has fulfilled its terms of reference.

9.3. The Committee will conduct an annual review of its effectiveness.

Version 2

Date Approved: [\*\* September 2026]

Date of Next Review Date: [TBC]