NHS
Bristol
NHS Foundation Trust
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Integrated Performance and Quality Report

Month of publication: October 2026
Data up to August 2026

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Key to KPI Variation and Assurance Icons

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

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

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

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

Further Reading / Other Resources

The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes a number of videos explaining the approach and a series of case studies – these can be accessed via the following link:
NHS England » Making data count

Scorecards Explained

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

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

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

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

Executive Summary – Group Update

Responsiveness

NHS Bristol NHS Foundation Trust Bristol | Weston

Urgent Care

During August, the Bristol Foundation Trust (BFT) ED 4-hour performance improved to 71.9% and performance better than target for the month. Performance has been impacted by high 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 August; the refreshed BNSSG Intermediate Care and Prevention 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 Trust 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 three complex Plastic Surgery DIEP patient waiting longer than 65 weeks at the end of August due to ongoing absence in the consultant body. City and Weston Hospital Operating Unit (CWHOU) had seven patients waiting longer than 65 weeks at the end of August, noting particular challenges in paediatric dentistry due to ongoing recruitment challenges. Divisional plans have been stood up, overseen by Chief Operating Officer's Office to support recovery.

Diagnostics

The Trust overall position did not meet the target for August. At SHOU, performance improved but still impacted by challenges in Endoscopy, though recovery is anticipated from September. The waiting list size at City and Weston HOU has reduced and performance begun to improve in Endoscopy following recovery from the fire at Weston, but challenges in Non-Obstetric Ultrasound and Audiology have had a detrimental impact on performance in August. Recovery actions are being finalised to address these challenges and performance is expected to continue to recover into 2026/27.

Cancer Wait Time Standards

For July, the Trust performance was on target for both the 31-Day and 62-Day cancer standards. Performance was off plan for the 28-Day Faster Diagnosis Standard (FDS) reporting at 78.4% against trajectory of 79.%. 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

NHS Bristol NHS Foundation Trust
Bristol | Weston

Patient Safety

At City & Weston sites, no MRSA cases were reported in August, bringing the year-to-date total to three. This is unchanged from August 2025/26. A Trust-wide review of the MRSA screening policy is underway to establish consistent guidance across both operating units. At Southmead, one case was reported in August, bringing the year-to-date total to two. The new case is suspected to be associated with a recent line insertion; this will prompt further work on ANTT, decision-making regarding lines, and decolonisation.

At City & Weston HOU, nine cases of Clostridium difficile were reported in August: seven hospital-onset, hospital-acquired (HOHA) cases and two community-onset, hospital-acquired (COHA) cases. This brings the year-to-date total to 56 cases (36 HOHA and 20 COHA). Antibiotic prescribing remains a focus, given the well-established relationship between antimicrobial stewardship and C. difficile risk. At Southmead, eight HOHA and three COHA cases were reported in August. HOHA cases decreased substantially in July compared with June. The year-to-date total is 44 cases (28 HOHA and 16 COHA). The Southmead HOU trajectory is 79; the City and Weston HOU current trajectory is 109. Cases are reviewed monthly by the HCAI Group to support discussion and identify learning.

In August 2026, City & Weston Hospital Operating Units (HOU) recorded 286 medication-related incidents; none resulted in moderate or above harm. Work is underway with nursing colleagues to strengthen the safe and secure handling of medicines, including monoclonal antibodies. Pharmacy is additionally reviewing medicines supply standards to identify opportunities for improvement and promote consistent practice. Southmead recorded 146 medication incidents involving patients in August 2026. Of these, four were graded as causing moderate or above harm (two moderate and two severe). The two severe-harm incidents are subject to PSIIs and a group-wide learning response informed by human factors.

VTE Risk Assessment (VTE RA) compliance at City & Weston Hospital Operating Units (HOU) remains below the 95% target, with performance consistently around 80%. The approximately 5% reduction observed in July is likely attributable to a change in reporting methodology. For Emergency Department admissions, the revised measure now assesses whether the VTE risk assessment is completed within 14 hours of the Decision to Admit (DTA), rather than measuring from the time of arrival on the ward. Spot audits undertaken by ward pharmacists indicate lower compliance rates. These results may provide a more accurate view of actual performance once the inflationary effects associated with specific patient cohorts are excluded. WardView boards have now been implemented to display real-time VTE risk assessment and thromboprophylaxis compliance at ward level, improving visibility of key VTE prevention metrics. Successful adoption of this approach will support wider implementation across the organisation.

In August, 34 patients at City & Weston Hospital Operating Units (HOU) were eligible for Best Practice Tariff (BFT). Overall BFT was achieved for 15 of 34 patients (44%). Fifteen patients (44%) underwent surgery within 36 hours, and 33 (97%) received an ortho-geriatrician review within 72 hours. The time to surgery standard was missed mainly because of theatre capacity constraints; at Weston, two patients were also delayed by diagnosis. One patient at Weston did not receive an ortho-geriatrician review within 72 hours because of limited service resilience. Additional theatre capacity is made available wherever possible to reduce delays.

There have been 159 falls in total across City and Weston hospital operating units in August 2026, this equates to 4.909 per 1000 bed days which is slightly above current target of 4.8. There have been 94 falls in Bristol site and 65 falls in Weston site, two falls with harm were recorded in the month both at the Weston site. 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, are being implemented and shared throughout the divisions and at the Dementia Delirium and Falls steering group. Implementation and effectiveness of actions are being regularly monitored.

Overall staff fill rates are within expected range. There are vacancies with HCSW, mainly due to the visa changes which is impacting recruitment and this is reflected in the lower fill rate (88%). The vacancy rates are being closely monitored through the Divisional RaTSOG meetings with associated support from the People Team.

Patient & Carer Experience

At City & Weston Hospital Operating Unit, complaint compliance improved significantly from 53% in July to 74% in August, exceeding the year-to-date average. This was the highest level since January, indicating that divisional improvement plans are beginning to have a positive impact. Weston, Women's and Children's, and Surgery each achieved compliance above 75%. Of the 81 complaints due for response in August, 60 were closed within the agreed timescale. This represents a marked improvement in timeliness, although further work is needed to achieve consistent performance across all divisions.

At Southmead, the complaint compliance rate has increased slightly from 77% in July to 79.5% in August and is above the average. The Hospital Director of Nursing is undertaking a review of complaints themes across all SHOU divisions to identify recurring concerns, strengthen organisational learning, and ensure improvement actions are embedded. Findings will be used to inform divisional action plans, improve patient experience, and support greater triangulation of complaints, incidents, and patient feedback within quality governance processes. Progress will be monitored through divisional and HOU governance arrangements.

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 11.1% in August, and now meets the target of 11.1%.
- **Southmead** turnover is 11.4% in August, above the target of 10.6% triggering commentary.
- **City and Weston** turnover is 11.0% in August below the target of 11.5%.

Vacancy Rate

- **Bristol Foundation Trust** rate is 4.6% in August, 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 5.4% in August, 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 4.0% in August, below the target of 4.8%.

Sickness

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

Essential Training

- **Bristol Foundation Trust -** Monthly overall compliance decreased slightly by 0.7%, to 88.6%, below target of 90%, triggering commentary. Improvements to Oliver McGowan compliance remains short of the projected numbers to meet the 90% target by April 2027.
- **Southmead** – Core skills compliance for 'all staff' remains marginally below target at 86.75%. Individual titles Information Governance, and Resuscitation, remain below target, with action plans in place to address with Subject Matter Experts. A significant drop is noted for resus level 3, a process rather training issue, being addressed with resus leads.
- **City and Weston** – Core skills compliance at 90.9% above group target of 90%, although no change from previous month %. 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

NHS Bristol NHS Foundation Trust Bristol | Weston

In Month 5, BFT delivered a planned deficit £4.6m. Year-to-date actual deficit was £19.2m against the plan of £19.3m

The key variances included under delivery of CIP plan (£6.1m 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 £2.8m behind plan, but the Trust is currently £6.9m ahead on CDEL spend offset by underspends against other sources of funding. An additional £5m of national PDC funding has been awarded since the original plan was devised.

The cash position is above the plan as of Month 5 and remains strong despite the pressures on the liquidity indicators.

Responsiveness

Scorecard

NHS Bristol NHS Foundation Trust
Bristol | Weston

CQC Domain	Metric	Hospital Operating Unit	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	ED % Spending Under 4 Hours in Department	**Trust**	**Aug-26**	**71.9%**	**70.3%**	**68.2%**	?	H	Note Performance
		Southmead Hospital Operating Unit	Aug-26	66.5%	68.1%	62.0%	?	C	Escalation Summary
		City and Weston Hospital Operating Unit	Aug-26	74.8%	71.4%	71.6%	?	H	Note Performance
Responsive	ED % Spending Over 12 Hours in Department	**Trust**	**Aug-26**	**4.4%**	**4.2%**	**5.6%**	?	C	Escalation Summary
		Southmead Hospital Operating Unit	Aug-26	6.4%	7.2%	8.0%	?	C	Escalation Summary
		City and Weston Hospital Operating Unit	Aug-26	3.3%	2.7%	4.3%	?	C	Escalation Summary
Responsive	ED % Spending Over 4 Hours in Department - Paediatric	**Trust**	**Aug-26**	**93.1%**	**89.5%**	**89.6%**	P	C	Note Performance
		Southmead Hospital Operating Unit	Aug-26	89.0%	89.1%	82.4%	?	C	Escalation Summary
		City and Weston Hospital Operating Unit	Aug-26	93.4%	89.7%	89.9%	P	H	Note Performance
Responsive	ED Number Spending over 24 Hours in Department	**Trust**	**Aug-26**	**170**	**0**	**275**	F	C	Escalation Summary
		Southmead Hospital Operating Unit	Aug-26	112	0	160	F	C	Escalation Summary
		City and Weston Hospital Operating Unit	Aug-26	58	0	115	F	C	Escalation Summary
Responsive	Ambulance Handover Delays (under 15 minutes)	**Trust**	**Aug-26**	**37.6%**	**40.4%**	**39.7%**	Slide not required for this metric		
		Southmead Hospital Operating Unit	Aug-26	42.5%	37.0%	28.9%	F-	C	Escalation Summary
		City and Weston Hospital Operating Unit	Aug-26	49.9%	43.0%	46.6%	?	H	Note Performance
Responsive	Average Ambulance Handover Time	**Trust**	**Aug-26**	**19.5**	**24.9**	**22.2**	?	L	Note Performance
		Southmead Hospital Operating Unit	Aug-26	22.0	27.3	27.2	?	L	Note Performance
		City and Weston Hospital Operating Unit	Aug-26	17.8	23.1	18.3	P	L	Note Performance
Responsive	% Ambulance Handovers over 45 minutes	**Trust**	**Aug-26**	**4.6%**	**5.0%**	**7.8%**	F-	L	Escalation Summary
		Southmead Hospital Operating Unit	Aug-26	7.8%	5.0%	15.0%	F-	L	Escalation Summary
		City and Weston Hospital Operating Unit	Aug-26	2.3%	5.0%	2.4%	?	L	Note Performance
Responsive	Number of patients in corridor care in ED (Average)	**Trust**	**Aug-26**	**16**	**0**	**25**	N/A*	N/A*	Commentary
		Southmead Hospital Operating Unit	Aug-26	10	0	19	N/A*	N/A*	Commentary
		City and Weston Hospital Operating Unit	Aug-26	7	0	6	N/A*	N/A*	Commentary
Responsive	Number of patients in corridor care in G&A beds (Average)	**Trust**	**Aug-26**	**67**	**0**	**75**	N/A*	N/A*	Commentary
		Southmead Hospital Operating Unit	Aug-26	41	0	47	N/A*	N/A*	Commentary
		City and Weston Hospital Operating Unit	Aug-26	26	0	27	N/A*	N/A*	Commentary
Responsive	Number of patients in G&A Escalation Beds (Average)	**Trust**	**Aug-26**	**59**	**0**	**68**	N/A*	N/A*	Commentary
		Southmead Hospital Operating Unit	Aug-26	36	0	35	N/A*	N/A*	Commentary
		City and Weston Hospital Operating Unit	Aug-26	24	0	32	N/A*	N/A*	Commentary
Responsive	No Criteria to Reside	**Trust**	**Aug-26**	**445**	**313**	**400**	N/A*	N/A*	Commentary
		Southmead Hospital Operating Unit	Aug-26	218	176	212	N/A*	N/A*	Commentary
		City and Weston Hospital Operating Unit	Aug-26	227	137	188	N/A*	N/A*	Commentary

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

Responsiveness

Scorecard Continued

NHS Bristol NHS Foundation Trust
Bristol | Weston

CQC Domain	Metric	Hospital Operating Unit	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	RTT Percentage Over 52 Weeks	**Trust**	**Aug-26**	**0.5%**	**0.5%**	**0.5%**	?	L	Note Performance
		Southmead Hospital Operating Unit	Aug-26	0.3%	0.1%	0.2%	?	C	Escalation Summary
		City and Weston Hospital Operating Unit	Aug-26	0.8%	0.9%	0.8%	P	L	Note Performance
Responsive	RTT Ongoing Pathways Under 18 Weeks	**Trust**	**Aug-26**	**69.1%**	**71.6%**	**70.1%**	F-	H	Escalation Summary
		Southmead Hospital Operating Unit	Aug-26	70.7%	74.0%	70.1%	F-	H	Escalation Summary
		City and Weston Hospital Operating Unit	Aug-26	67.7%	69.7%	69.0%	F-	H	Escalation Summary
Responsive	Referral To Treatment Number of Ongoing Pathways	**Trust**	**Aug-26**	**95997**	**87202**	**94932**	N/A*	N/A*	Commentary
		Southmead Hospital Operating Unit	Aug-26	45054	39337	43972	N/A*	N/A*	Commentary
		City and Weston Hospital Operating Unit	Aug-26	50943	47865	50960	N/A*	N/A*	Commentary
Responsive	Diagnostics % Over 6 Weeks	**Trust**	**Aug-26**	**8.5%**	**2.5%**	**6.2%**	F-	C	Escalation Summary
		Southmead Hospital Operating Unit	Aug-26	1.1%	0.0%	1.4%	?	C	Escalation Summary
		City and Weston Hospital Operating Unit	Aug-26	14.0%	3.8%	10.1%	F-	C	Escalation Summary
Responsive	Cancer 28 Day Faster Diagnosis	**Trust**	**Jul-26**	**78.4%**	**79.7%**	**81.0%**	?	C	Escalation Summary
		Southmead Hospital Operating Unit	Jul-26	79.4%	79.5%	81.7%	?	C	Escalation Summary
		City and Weston Hospital Operating Unit	Jul-26	74.4%	80.0%	80.1%	?	C	Escalation Summary
Responsive	Cancer 31 Day Decision-To-Treat to Start of Treatment	**Trust**	**Jul-26**	**93.7%**	**93.5%**	**94.8%**	?	C	Escalation Summary
		Southmead Hospital Operating Unit	Jul-26	85.8%	89.8%	89.7%	?	C	Escalation Summary
		City and Weston Hospital Operating Unit	Jul-26	98.0%	96.0%	97.6%	?	C	Escalation Summary
Responsive	Cancer 62 Day Referral to Treatment	**Trust**	**Jul-26**	**72.2%**	**72.2%**	**70.6%**	?	C	Escalation Summary
		Southmead Hospital Operating Unit	Jul-26	69.3%	70.1%	68.6%	?	C	Escalation Summary
		City and Weston Hospital Operating Unit	Jul-26	75.9%	76.0%	73.2%	?	C	Escalation Summary
Responsive	Last Minute Cancelled Operations	**Trust**	**Aug-26**	**1.3%**	No Target	**1.6%**	N/A	C	Commentary
		Southmead Hospital Operating Unit	Aug-26	0.5%	0.8%	0.5%	P	C	Note Performance
		City and Weston Hospital Operating Unit	Aug-26	1.9%	1.5%	2.5%	F	C	Escalation Summary
Responsive	% to Stroke Unit within 4 Hours	**Trust (Southmead Hospital Operating Unit)**	**Jul-26**	**67.5%**	**90.0%**	**63.2%**	F-	H	Escalation Summary
Responsive	Stroke Thrombolysis within 1 hour	**Trust (Southmead Hospital Operating Unit)**	**Jul-26**	**88.9%**	**60.0%**	**60.0%**	?	C	Escalation Summary
Responsive	90% Time in Stroke Unit Performance validated	**Trust (Southmead Hospital Operating Unit)**	**Jul-26**	**62.3%**	**90.0%**	**60.6%**	F-	C	Escalation Summary
Responsive	% Seen within 14 Hours by a Stroke Consultant - Validated	**Trust (Southmead Hospital Operating Unit)**	**Jul-26**	**87.1%**	**90.0%**	**75.0%**	?	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 Passing Target	Meeting or Passing Target	Passing and Falling Short of Target	Falling Short of Target	Consistently Falling Short of Target	No Specified Target	Improving Variation	Common Cause (natural) Variation	Concerning Variation

Responsiveness

ED percentage spending under 4 hours in department

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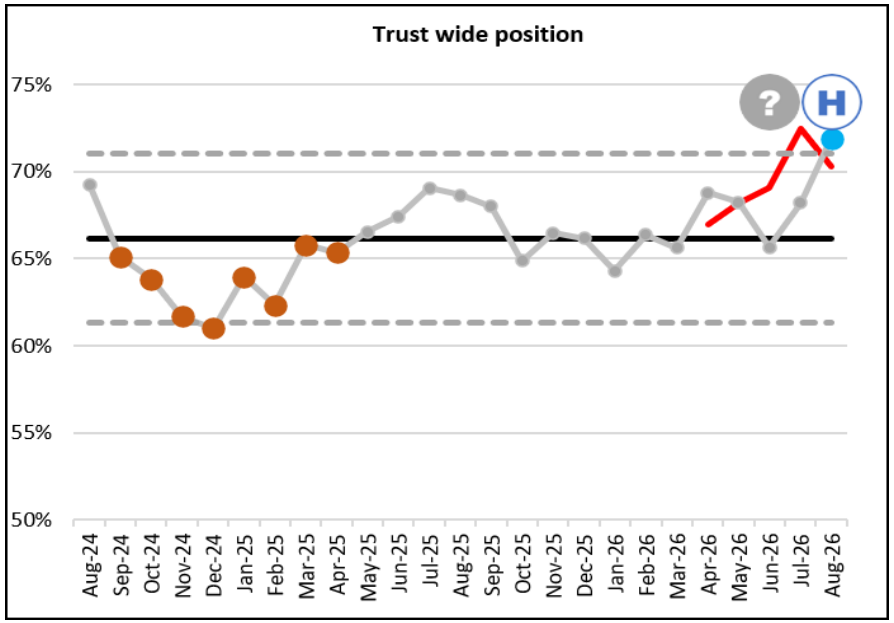
Latest Month
Aug-26

Performance
71.9%

Target
70.3%

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

Performance - Previous
68.2%

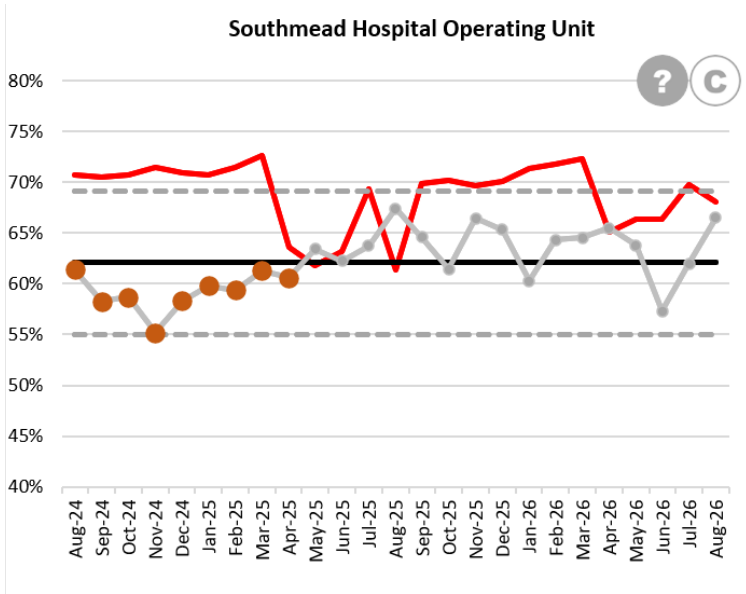


What does the data tell us?
Four-hour performance remains challenged across the Trust, with continued pressure from high levels of demand, constrained inpatient capacity and delays across the adult admitted pathway.

Actions being taken to improve
Both Hospital Operating Units are progressing improvement plans focused on Clinical Operational Standards, SDEC optimisation, earlier specialty decision-making and improving flow through and out of hospital through Every Minute Matters. System work on urgent treatment, care coordination and alternatives to ED conveyance is also progressing.

Impact on forecast
Improvement is expected as HOU-level schemes mature, including additional SDEC capacity, front-door pathway changes and strengthened specialty response. Sustained improvement remains dependent on reducing delays across the admitted pathway and improving inpatient flow.

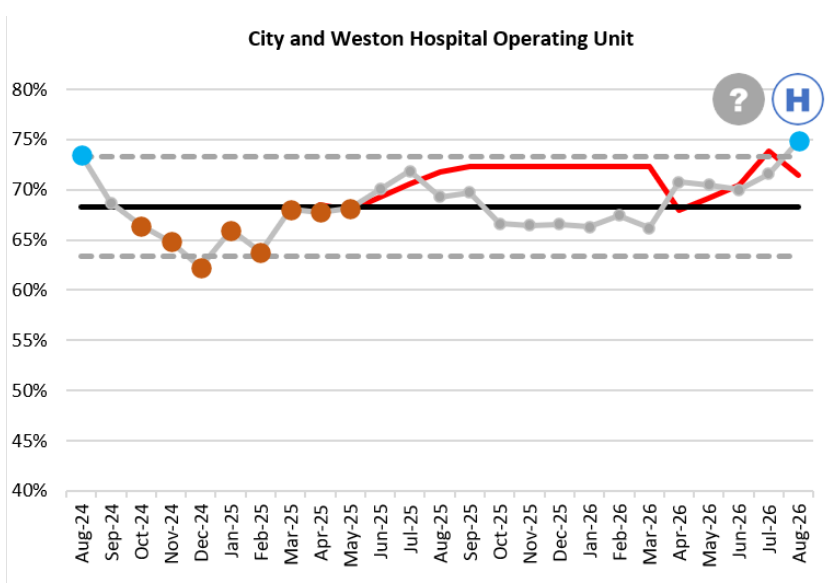
September is tracking close to achievement of 70.1% target.



August performance showed further improvement, with a notable decrease in expected patients coming through the ED since the launch of the Clinical Operational Standards in July.

Improvement work includes:

- Surgical SDEC estates expansion fully staffed and operational from early November.
- ED minors move on track for delivery in November.
- Extended emergency medicine ambulatory care (EEMAC) implementation from November.



4-hour performance continues to improve across City & Weston.

BEH is performing above 90% and WGH is in excess of 75%.
BRI ED remains around <60% demonstrating pressure within the adult admitted pathway.

City & Weston are relaunching their UEC programme in order to improve grip across the sites.

Surgical SDEC is being expanded in September and a 'One Change Week' is being run to look at 4-hour improvement

Responsiveness

ED Percentage Spending over 12 Hours in Department

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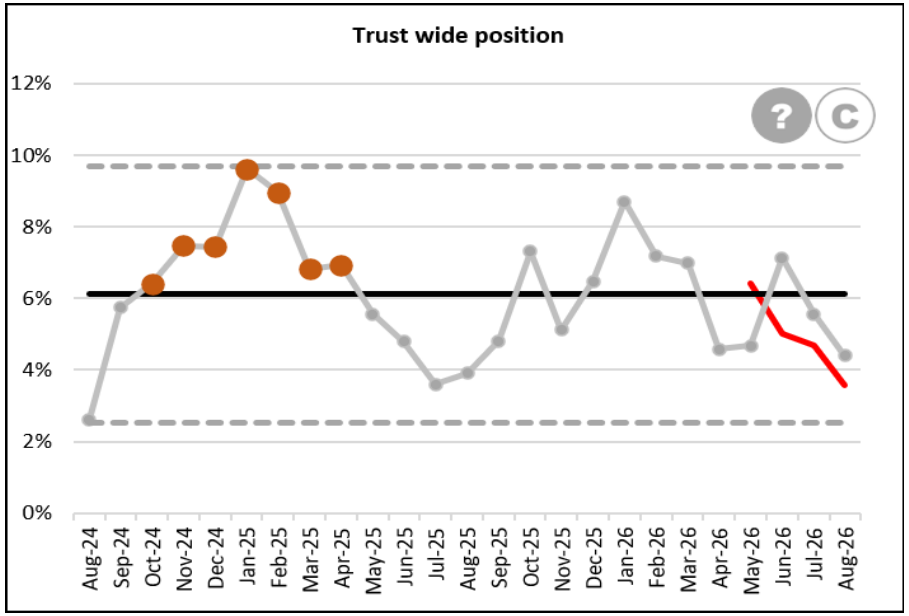
Latest Month
Aug-26

Performance
4.4%

Target
4.2%

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

Performance - Previous
5.6%

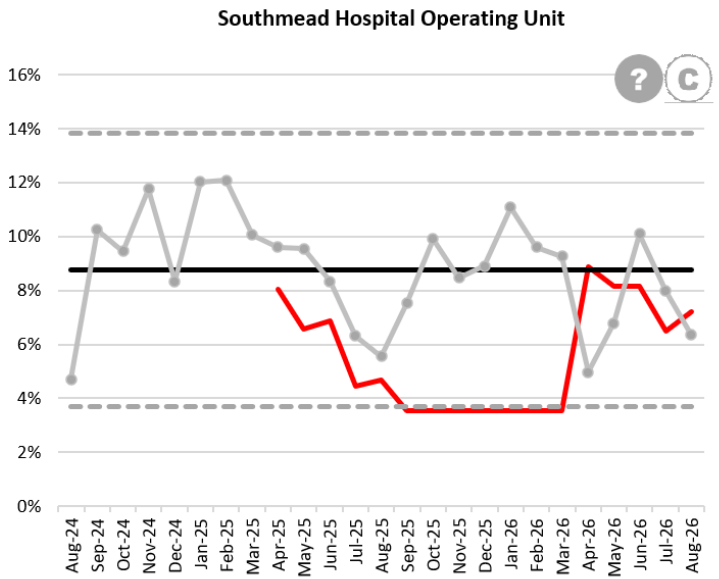


What does the data tell us?
Long waits have improved but remain above the Trust trajectory, with delays predominantly associated with pressure on the adult admitted pathway and access to inpatient capacity.

Actions being taken to improve
Both HOUs are strengthening specialty assessment and escalation, improving bed turnaround and focusing on earlier discharge through Every Minute Matters. This is supported by system work to improve care coordination and make better use of community alternatives.

Impact on forecast
Further improvement is expected as these interventions embed, although delivery remains sensitive to demand, bed occupancy and NCTR levels.

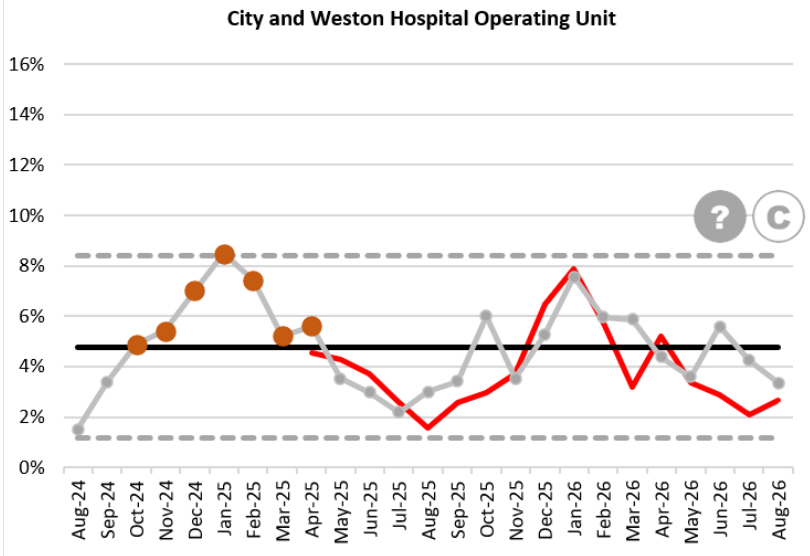
September is tracking at 6.0% (as at 15th September) against target of 4.9%.



DTA to departure (driven by improvement in medicine admitted flow) reduced below the mean for August, supporting the improvement in 12 hour waits.

SHOU UEC programme work continues:

- Every Minute Matters pre-winter standards launched
- GIRFT Long LOS reviews taking place twice weekly on four medical wards.
- Frailty SDEC work currently being evaluated, including review of longer-term location for the service in line with regional capital funding allocation.



12-hour performance improved further in August to approximately **3.3%**. This continues the improvement seen over recent months and is below the long-term process average, although performance remains above the planned trajectory.

Long waits continue to be associated with pressure on the adult admitted pathway and delays in accessing inpatient capacity.

Improvement actions include a refresh of Internal Professional Standards and increased staffing in Surgical SDEC due to come online this month

Responsiveness

ED percentage spending under 4 hours in department - Paediatric

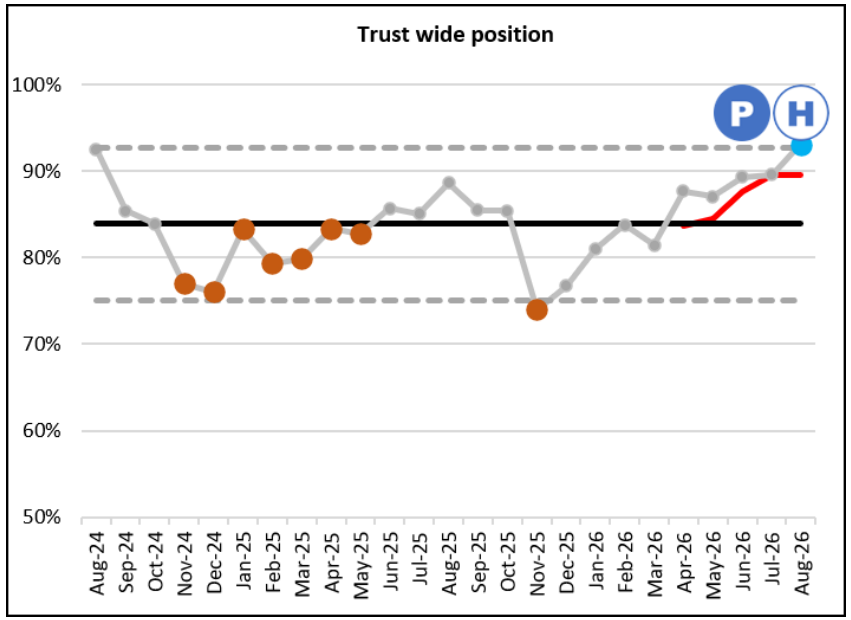
Latest Month
Aug-26

Performance
93.1%

Target
89.5%

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

Performance - Previous
89.6%

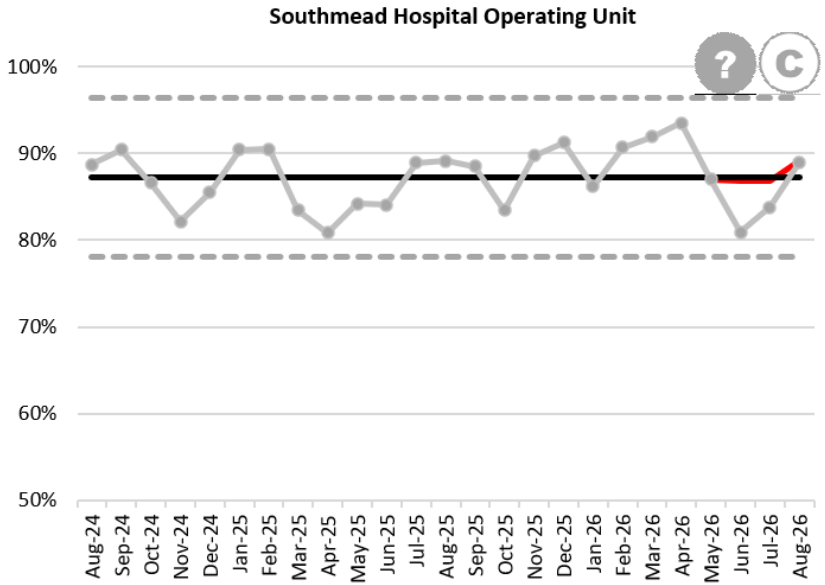


What does the data tell us?
4-hour performance for August 2026 improved.

Actions being taken to improve

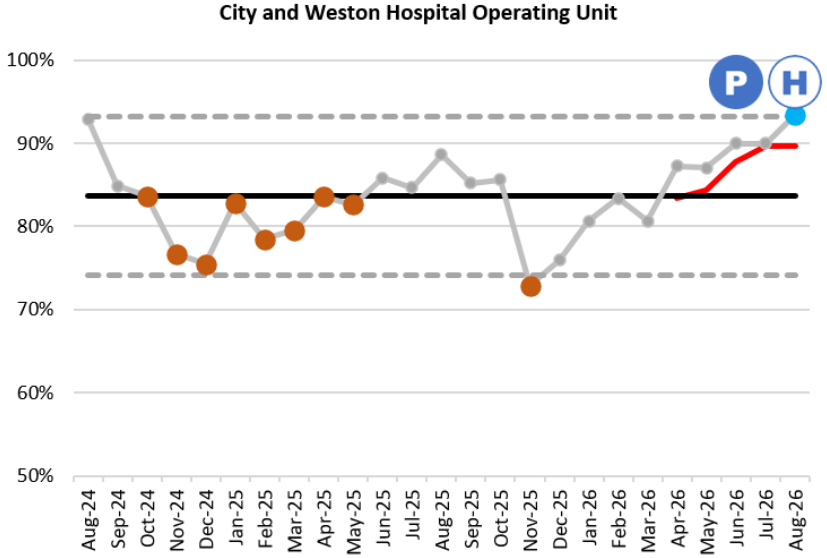
- Streaming has gone live and will be embedded as BAU; the impact on 4-hour position to be assessed
- Surgical teams to accept speciality referrals via CareFlow
- Ongoing work with Continuous Improvement Team regarding Children's ED to Caterpillar ward admission pathway. Data to be reviewed in relation to 'downtime' and turnaround of beds to identify quick wins for timely transfer. Signage now in place to support housekeeping and staff identify which beds can be used/require cleaning.
- 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
- Funding also includes additional phlebotomy support to wards to increase turnaround and flow
- Review of delays admitting patients to CED Obs wards – review of 4-6 hour breaches to identify themes and identify quick wins
- Plans to CADO 'eyeball' patients on the ward to improve ambulance turnaround times and flow through department. Trial with Caterpillar ward pending update of x-Cad/CADO system.
- Development of new PFC, duty manager and duty matron role cards to support flow through hospital

Impact on forecast
Forecast for August is c. 92%.



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., in particular related to the move of minor injury work to G24.



Paediatric four-hour performance improved in August to **93.42%,** remaining above target. Improvement actions are detailed above.

Responsiveness

ED Number Spending over 24 Hours in Department

NHS Bristol NHS Foundation Trust
Bristol | Weston

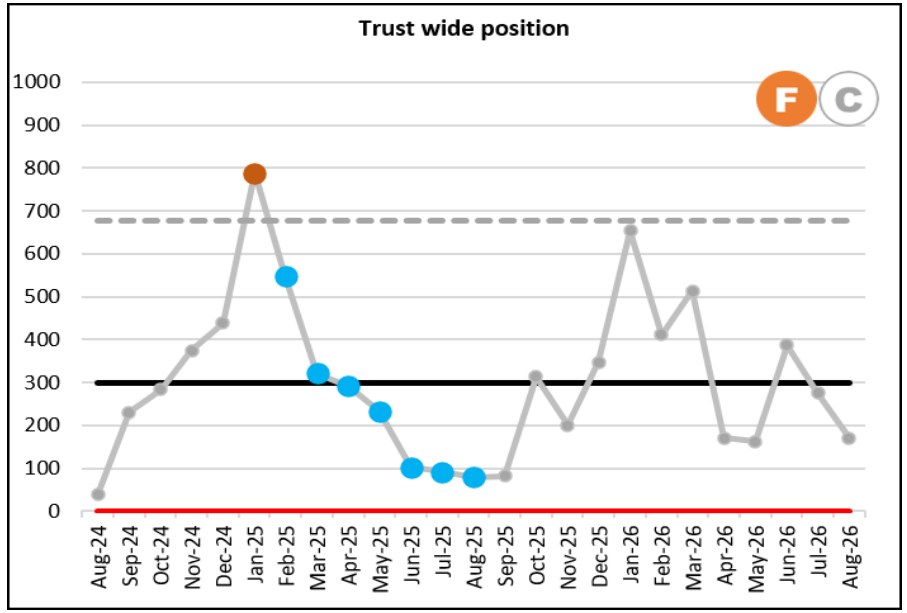
Latest Month
Aug-26

Performance
170

Target
0

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

Performance - Previous
275

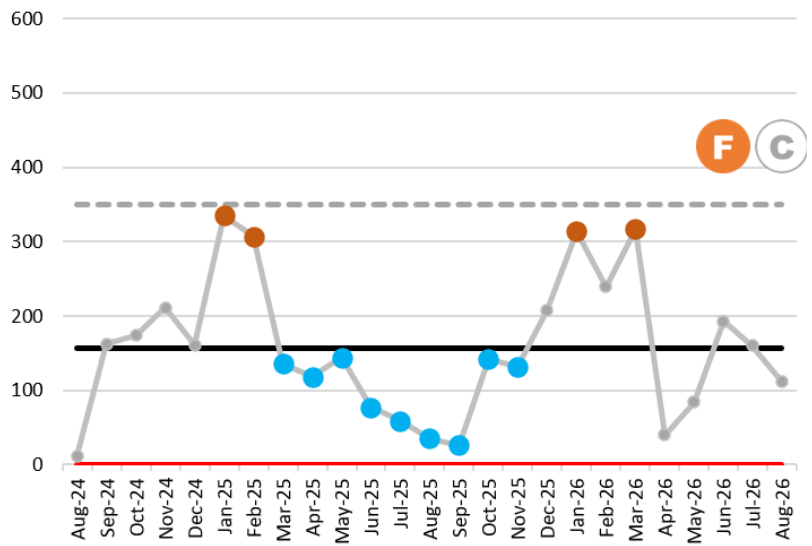


What does the data tell us?
The number of patients experiencing waits over 24 hours has reduced, but these very long waits remain closely associated with pressures in the adult admitted pathway, inpatient capacity and NCTR.

Actions being taken to improve
Both HOUs are strengthening escalation for patients approaching very long waits and maintaining focus on improving admission, specialty review, bed turnaround and discharge. Wider NCTR and community capacity programmes will also support reduction in these waits.

Impact on forecast
Sustained reduction will depend on maintaining improvements in whole-hospital flow and reducing pressure on the medical bed base.

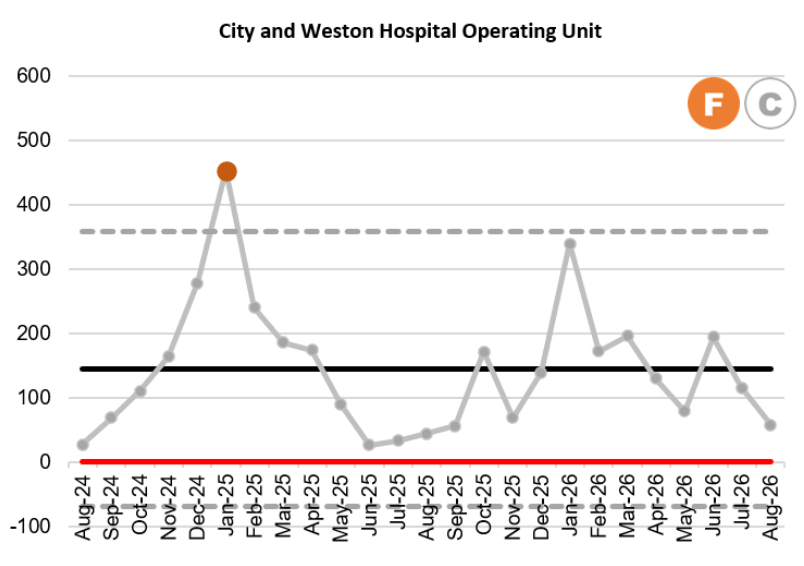
September is tracking higher than August (as at 15th September).



Some improvement to medicine delays can be associated with the Clinical Operational Standards implementation.

In year UEC capital to convert non-clinical space in AMU into additional assessment capacity will further support Medicine flow out of ED.

New TAVI pathway and development of cardiac surgery virtual ward by BHI team will also support reducing long LOS on SHOU cardiology ward.



The number of patients spending more than 24 hours in ED reduced further in August, continuing the improvement seen in July. Performance is now considerably better than the peaks seen earlier in the year.
Additional Surgical SDEC staffing is expected to support further improvement from September, while wider NCTR and community capacity work will help address the inpatient capacity pressures contributing to long waits.

Responsiveness

Average Ambulance Handover Time

NHS Bristol NHS Foundation Trust
Bristol | Weston

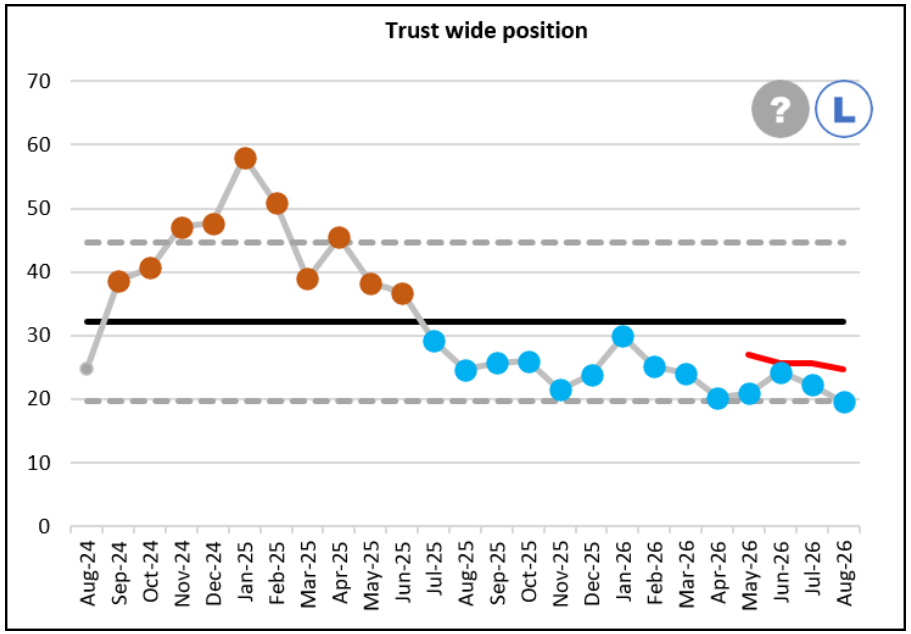
Latest Month
Aug-26

Performance
19.5

Target
24.9

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

Performance - Previous
22.2

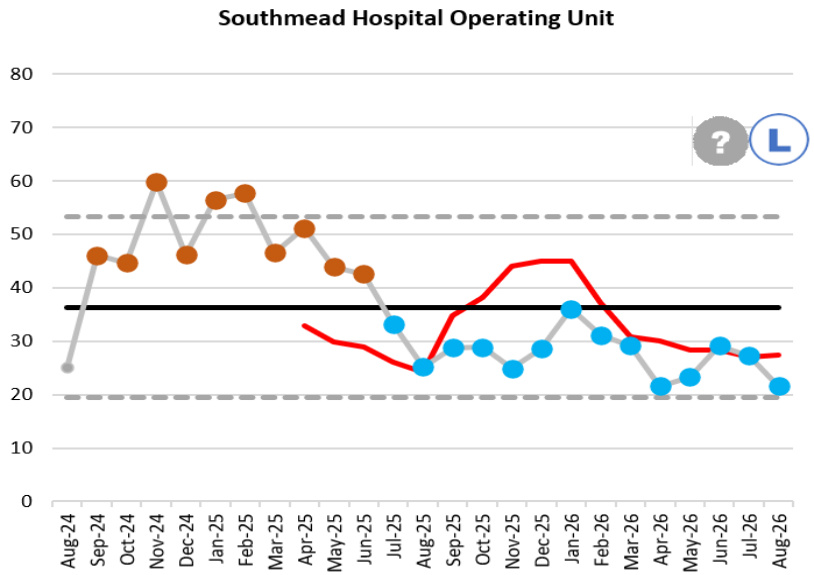


What does the data tell us?
Average ambulance handover times have improved and remain comparatively strong, although performance continues to be influenced by ED crowding and wider hospital flow.

Actions being taken to improve
Work continues across both HOUs to improve flow through and out of ED, strengthen escalation processes and develop alternatives to conventional ED pathways. Expansion of the Community Emergency Medicine Service will support further reductions in avoidable conveyance.

Impact on forecast
The current improvement is expected to continue, supported by strengthened handover processes, front-door improvement and increased use of alternatives to ED conveyance.

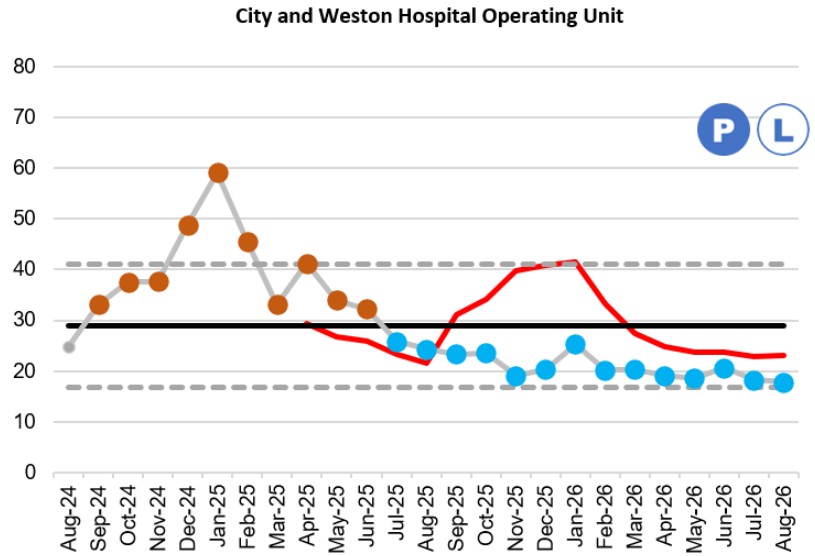
September is currently tracking on plan (as at 15th September) with average handover time of 21 minutes against target of 26.6 minutes.



The proportion of handovers completed within 15 minutes increased again during August to 45%, supporting reduction in the overall average handover time.

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.



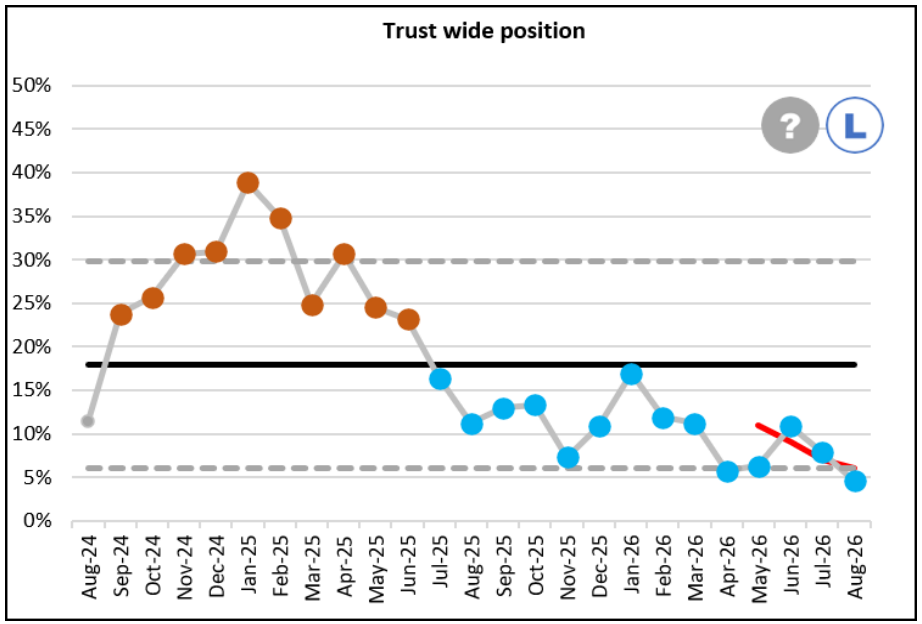
Average ambulance handover time improved further in August to approximately **18 minutes**, continuing the sustained improvement seen since summer 2025.
This month focus will be on implementing Timely Handover Protocol (THP) 30. A number of actions are being taken across the HOU to support this.

Responsiveness

Percentage Ambulance Handovers over 45 minutes

NHS Bristol NHS Foundation Trust
Bristol | Weston

Latest Month	Performance	Target	Trust Level / Corporate Risk	Performance - Previous
Aug-26	4.6%	5.0%	Risk 1940 - Score 20 Risk 7769 - Score 20	7.8%

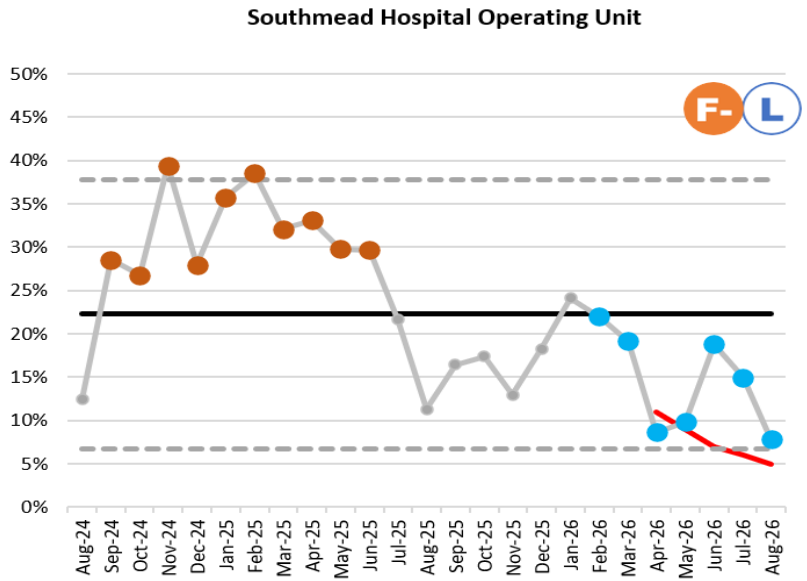


What does the data tell us?
The proportion of ambulance handovers exceeding 45 minutes has shown sustained improvement, although further progress is required to consistently achieve the Trust trajectory.

Actions being taken to improve
Improvement actions align with those for average handover time, with a focus on timely handover, improved ED flow, escalation and redirection, alongside system initiatives to reduce unnecessary conveyance.

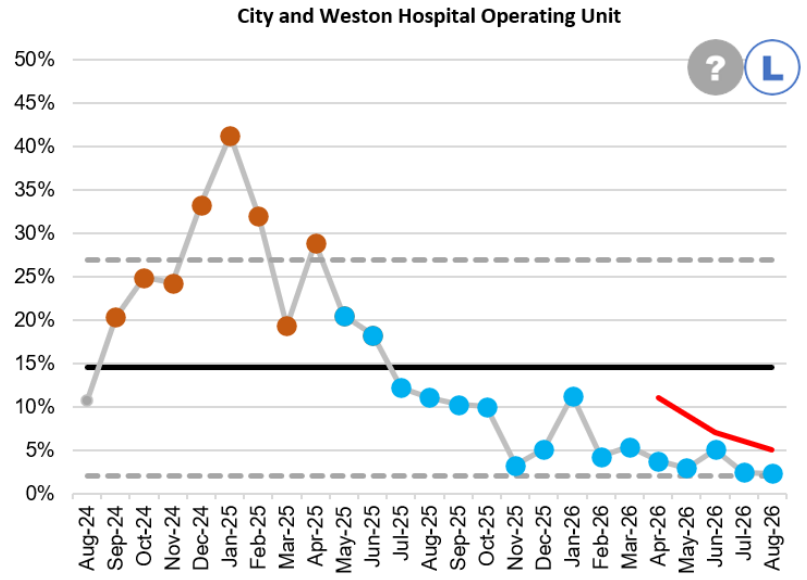
Impact on forecast
Further improvement is anticipated as these actions embed, including expansion of CEMS and system care-coordination arrangements.

September is currently tracking on plan at 5.8% against target of 7.5% (as at 15th September).



Sustainability of improved performance being reviewed. Main challenges are sufficiency of offloading space versus ED exit block and capacity.

Implementation of new SWAST immediate offload SOP will support consistency and will support reducing THP to 30 minutes.



The proportion of ambulance handovers taking longer than 45 minutes reduced further in August to **2.3%**, continuing the sustained improvement seen over recent months.

See previous slide for ambulance handover improvement actions.

Responsiveness

Number of patients in corridor care in ED

NHS Bristol NHS Foundation Trust
Bristol | Weston

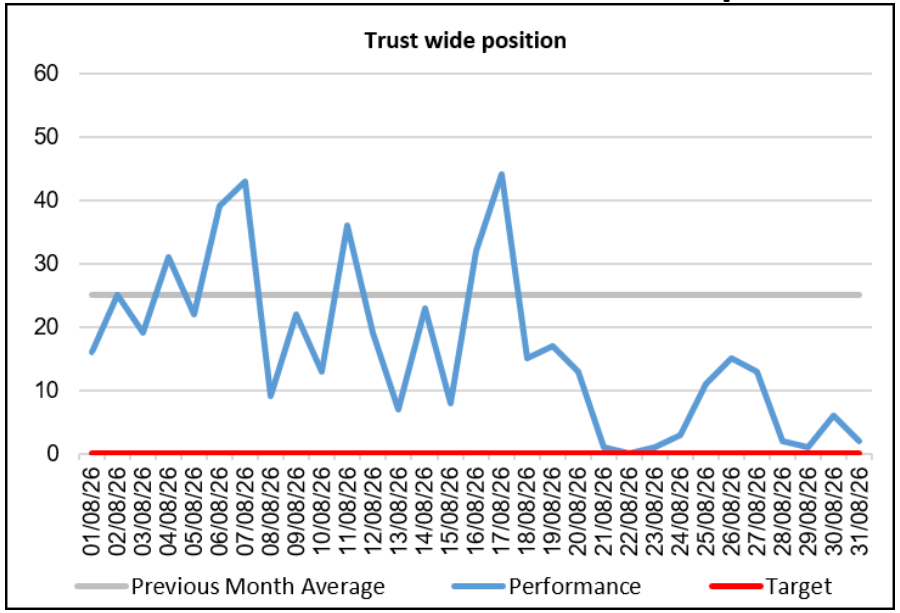
Latest Month
Aug-26

Target
0

Latest Month's Position (average)
16

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

Previous Month's Position
25

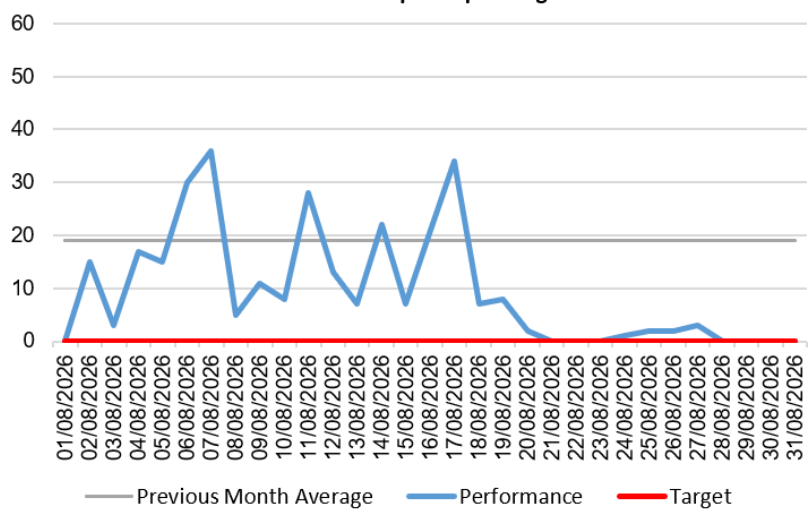


NHS England considers the delivery of corridor care in departments or wards experiencing patient crowding to be unacceptable and should never be considered standard. Patients should only be placed in corridors in extremis and for the shortest possible duration, to ensure the time patients are cared for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

What does the data tell us?
Improved reporting since April has provided greater visibility of corridor care across the Trust. Use of ED corridor spaces remains a feature of periods of significant crowding and pressure on the admitted pathway.

Actions being taken to improve
Both HOUs are strengthening monitoring and governance of corridor care while progressing actions to improve front-door processes, specialty flow, length of stay and discharge.

Impact on forecast
Reduction in corridor care will depend on sustained improvements in whole-hospital flow, inpatient capacity and NCTR alongside specific ED improvement actions.

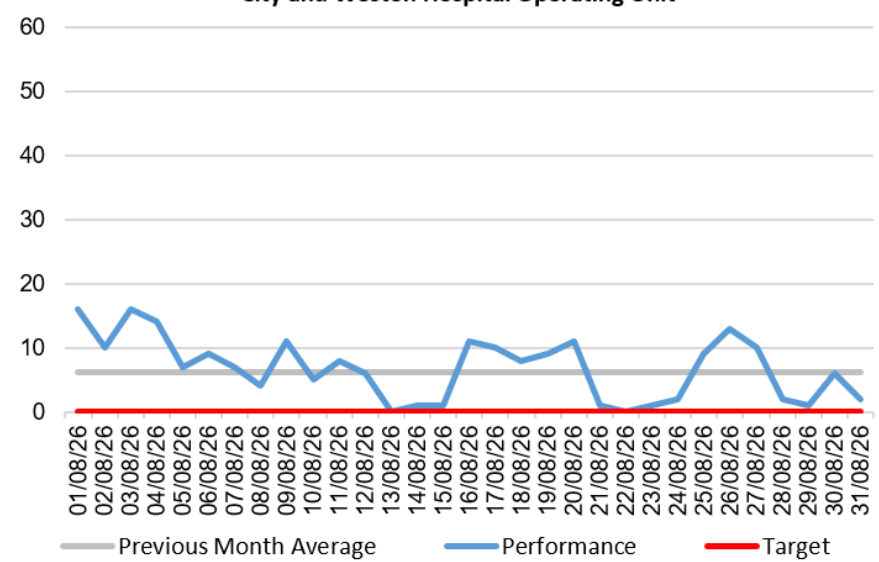


During August, an average of 10 patients were in an ED corridor care space each day, an improvement on last month.

Since 1st April, over 4500 care episodes have been delivered hospital wide, 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 Clinical Operational Standards workstreams.



During August, an average of **7** patients per day received care in an ED corridor space, compared with 6 in July.

Actions to improve include:

Dashboard now live

Corridor care action plan has been refreshed

Review of corridor care beds to see which can be substantiated in the bed base through Estates/IPC upgrading

Wide ‘flow’ piece under UEC programme

Responsiveness

Number of patients in corridor care in G&A beds

NHS Bristol NHS Foundation Trust
Bristol | Weston

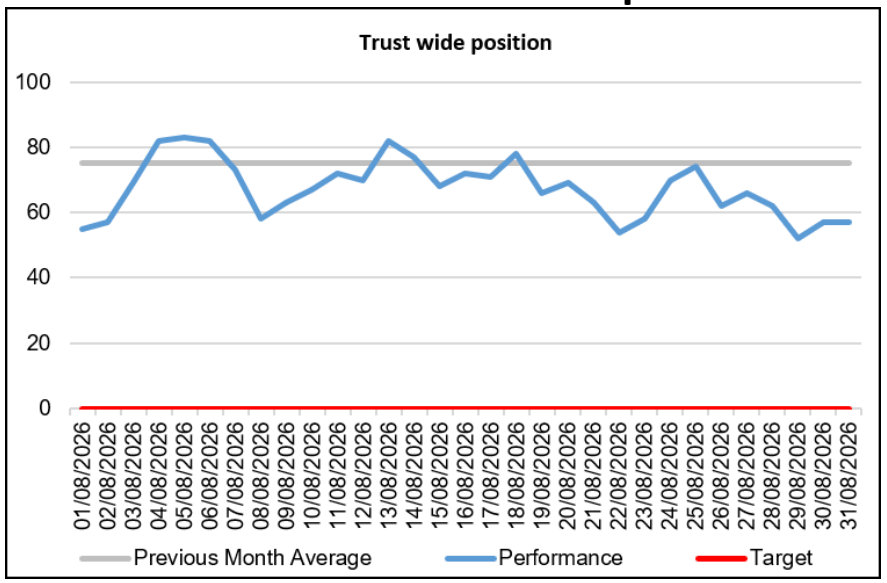
Latest Month
Aug-26

Target
0

Latest Month's Position (average)
67

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

Previous Month's Position
75

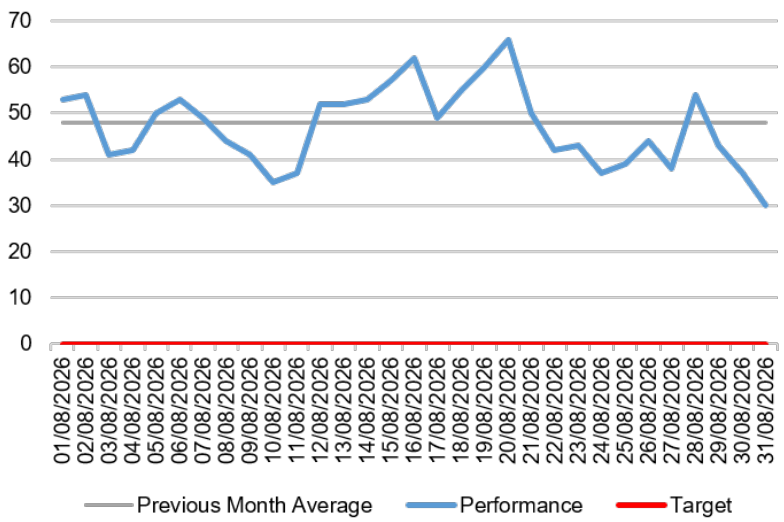


NHS England considers the delivery of corridor care in departments or wards experiencing patient crowding to be unacceptable and should never be considered standard. Patients should only be placed in corridors in extremis and for the shortest possible duration, to ensure the time patients are cared for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

What does the data tell us?
General and acute corridor care continues to be used during periods of significant capacity pressure, reflecting the interaction between high occupancy, NCTR and demand for acute beds.

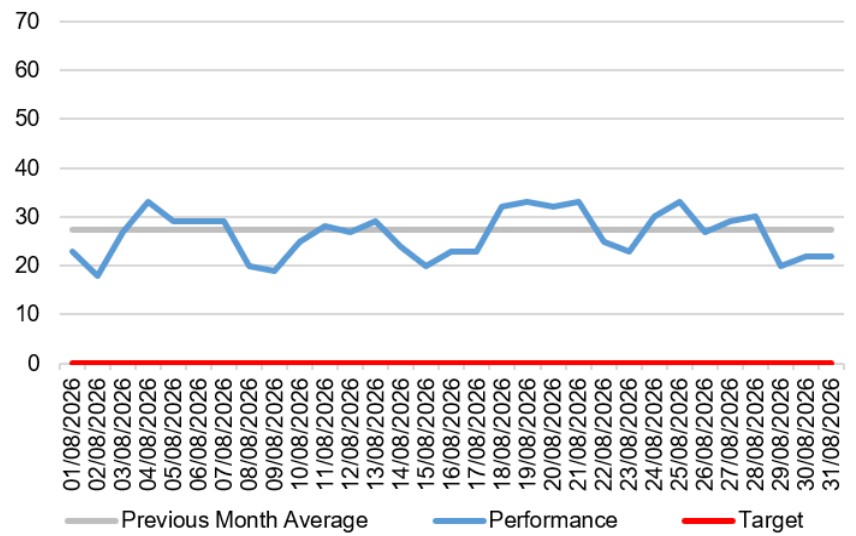
Actions being taken to improve
Actions are focused on improving whole-hospital flow, reducing NCTR, improving bed turnaround and supporting timely discharge across both HOUs.

Impact on forecast
Sustainable reductions will depend on delivery of these wider flow improvements and reducing reliance on additional capacity.



During August, an average of 41 patients were in a G&A bed corridor care space each day, a small reduction compared to an average of approximately 48 patients per day in July.

Work is ongoing to improve specialty response, SDEC utilisation and alternatives to admission will also support reduction in pressure on the inpatient bed base.



26 patients per day were cared for in a G&A corridor care space, a small improvement compared with approximately **27 patients per day in July**.

Actions remain closely linked to improving whole-hospital flow; reducing NCTR, improving inpatient bed turnaround and supporting earlier discharge.
Work to improve specialty response, SDEC utilisation and alternatives to admission will also support reduction in pressure on the inpatient bed base.

Responsiveness

Number of patients in Escalation G&A beds

NHS Bristol NHS Foundation Trust
Bristol | Weston

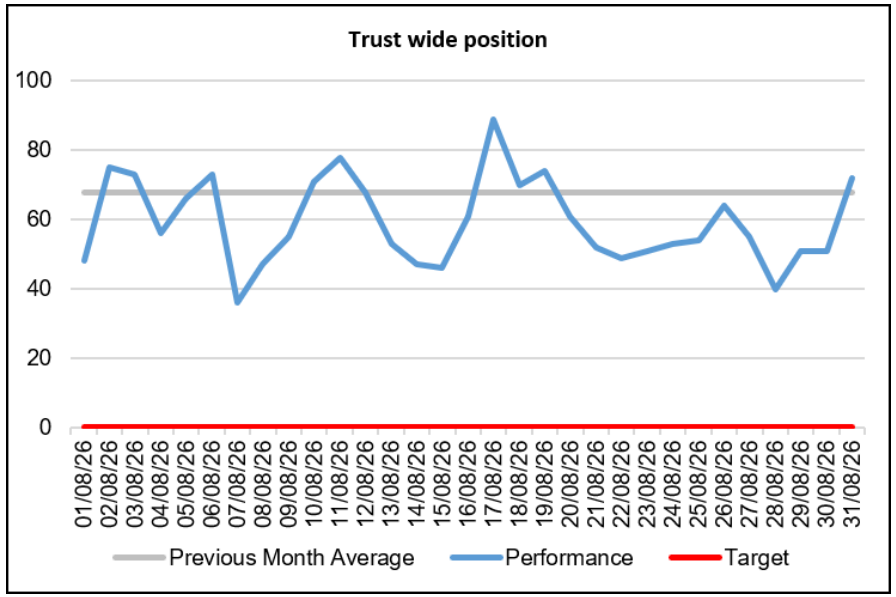
Latest Month
Aug-26

Target
0

Latest Month's Position (average)
59

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

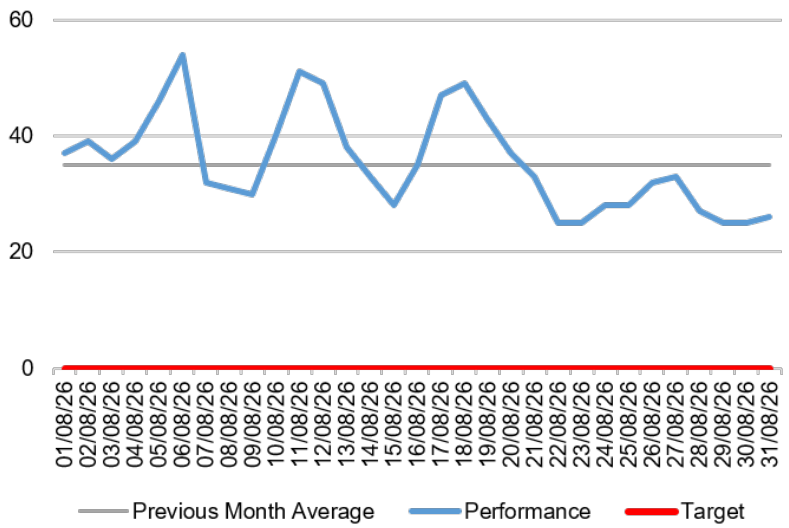
Previous Month's Position
68



What does the data tell us?
Both HOUs continue to require escalation capacity when bed occupancy and demand exceed the available core bed base, although recent performance indicates an improving position.

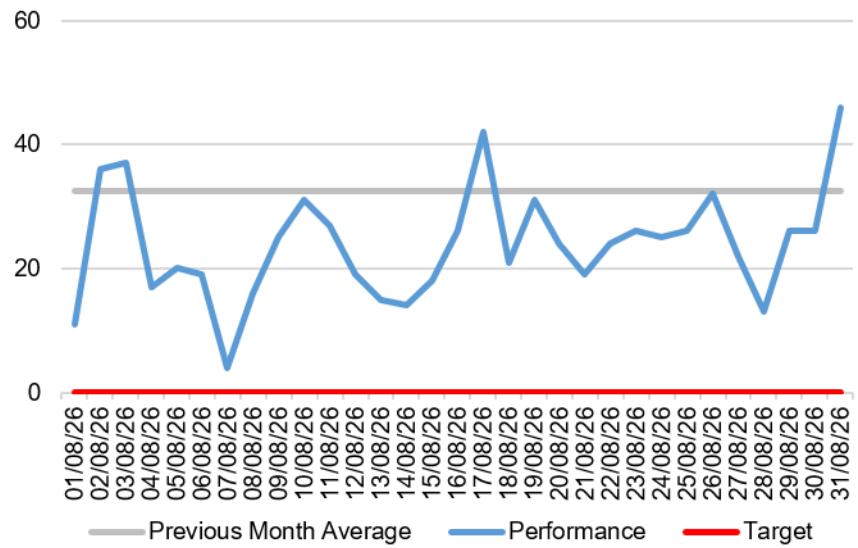
Actions being taken to improve
The Trust is focusing on whole-hospital flow, NCTR reduction, bed-base efficiency and timely discharge to reduce reliance on escalation beds.

Impact on forecast
Further reductions are achievable if recent flow improvements are sustained, although escalation requirements will remain sensitive to demand, occupancy and discharge performance.



There were an average of 36 admitted patients being cared for in escalation beds for the month of August.

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



During August, an average of 24 admitted patients per day were cared for in escalation beds, compared with 32 per day in July, representing a reduction.

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

Responsiveness

Inpatients with No Criteria to Reside

NHS Bristol NHS Foundation Trust
Bristol | Weston

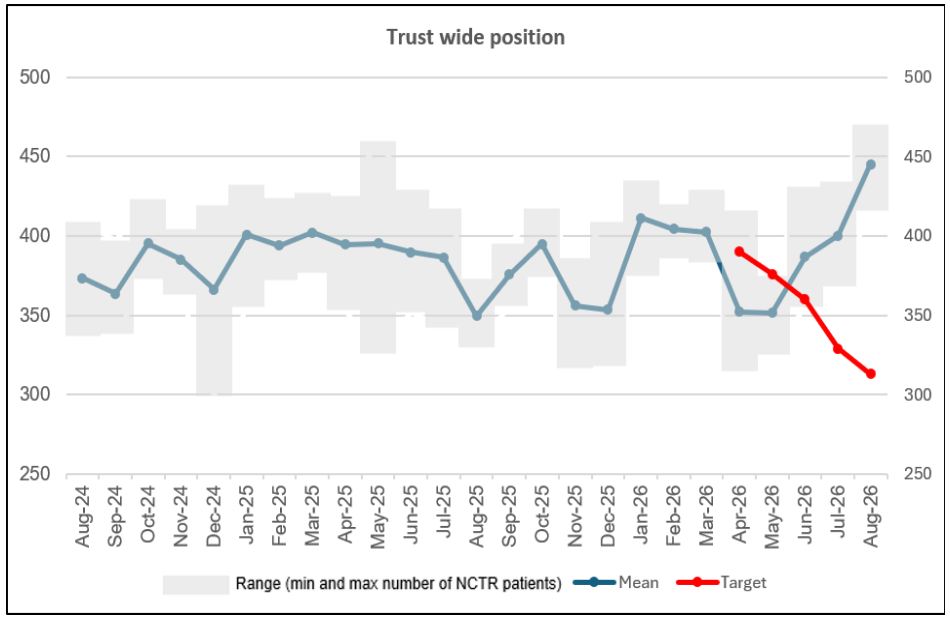
Latest Month
Aug-26

Performance
445 (average)

Target
313

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

Performance - Previous
400 (aveage)

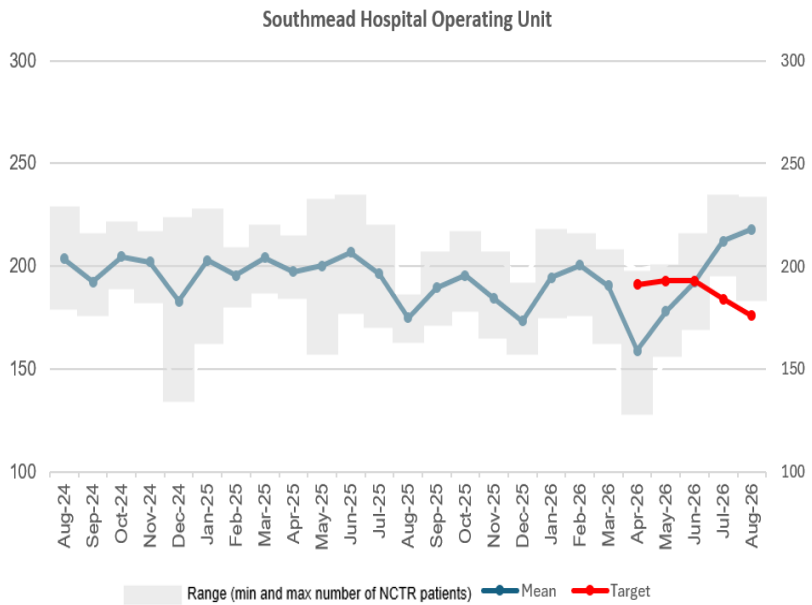


What does the data tell us?
The percentage of patients with no criteria to reside continues to increase and remains higher than plan.

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 and progressing 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
September is tracking to deliver a higher NCTR than August (433 average to 16th September) and is notably adverse to trajectory at 25.5%. This is having a negative impact on the full range of UEC metrics.

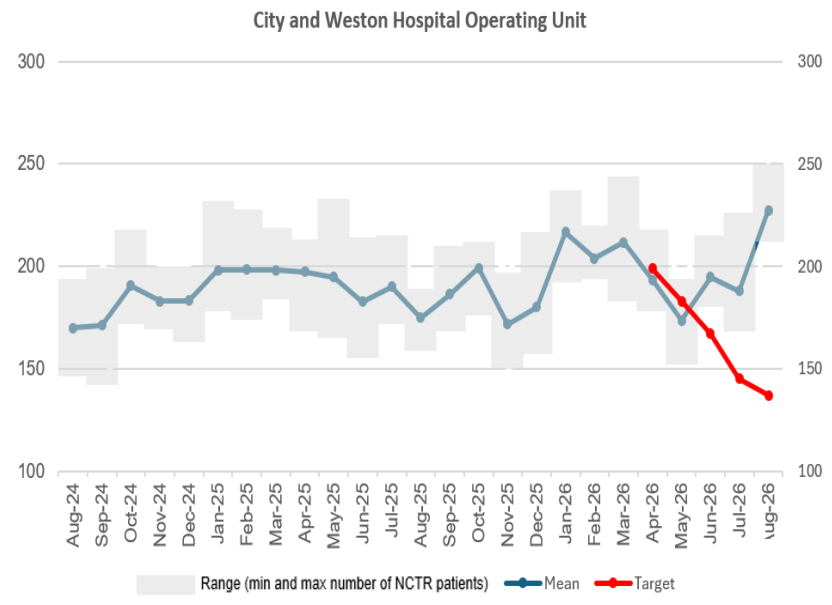


NCTR remains high with challenges across all Local Authority areas and pathways.

Leaving Hospital Strategy work progressing, which will support across all pathways , including P0, as per Ian Sturgess feedback.

BFT discharge leads are working with BCC, Sirona and BrisDoc on first admissions to The Burren 36 intermediate care beds taking place from end Oct / early Nov.

Elgar optimisation case completed with source of funding to be determined across BFT and ICB.



Areas of focus:
Dr Ian Sturgess visit to Trust to support improved patient flow.

NSC P3 Options Appraisal developed with system partners for POM on 23.09.2026 for decisions.

Work with partner organisations to reduce >21 day NCTR length of stay. End of August position: 62 pts, 2716 bed days (39 pts, 1706 attributable to NSC- linked to P3 Options Appraisal)

Early Supported Discharge resulted in saving 325 bed days, impacted by high acuity of patients.

Responsiveness

Referral To Treatment Percentage Over 52 Weeks

NHS Bristol NHS Foundation Trust
Bristol | Weston

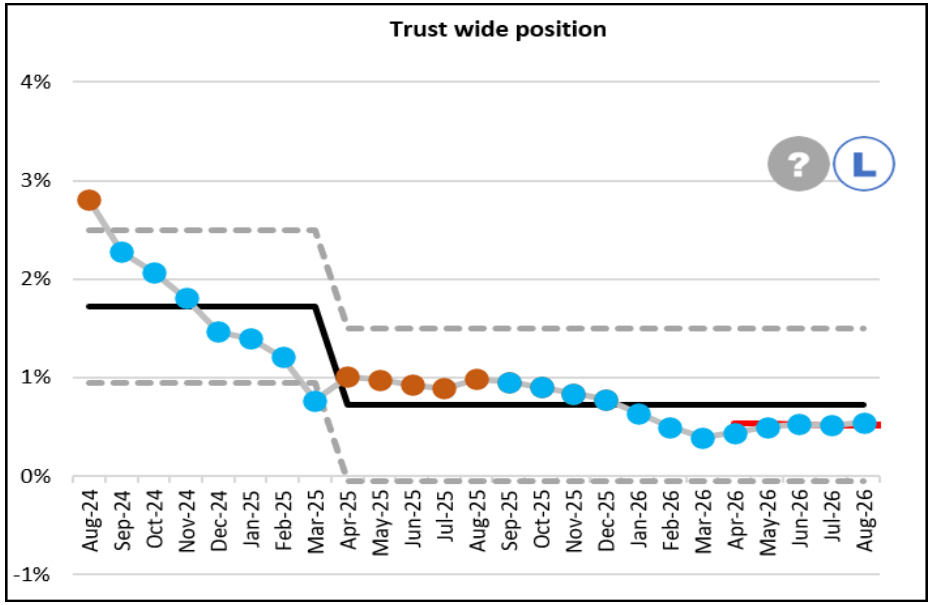
Latest Month
Aug-26

Performance
0.5%

Target
0.5%

Trust Level / Corporate Risk
Risk 801 - Score 12

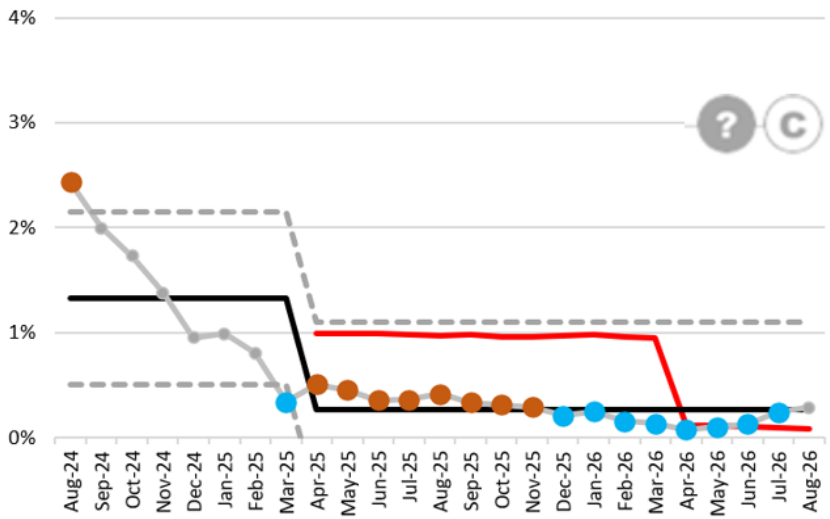
Performance - Previous
0.5%



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

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

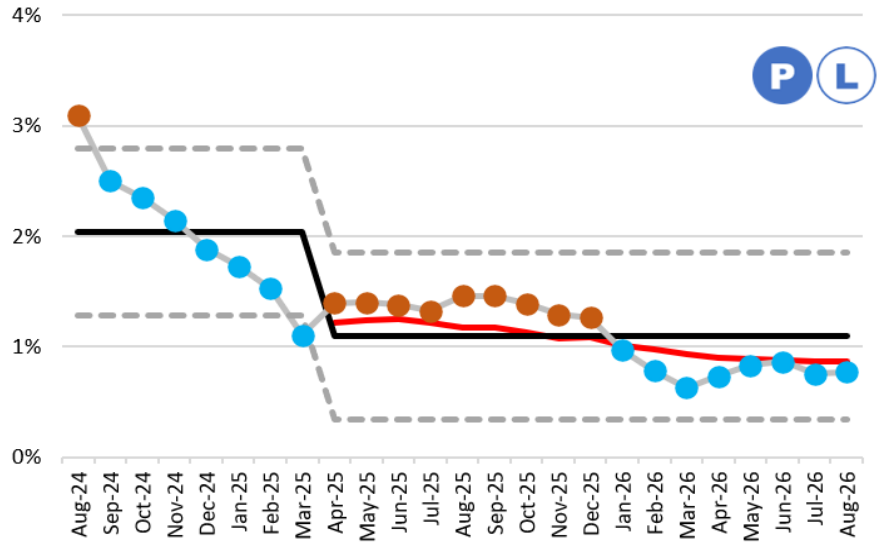
Impact on forecast
The group is anticipating variation in the coming months but is expecting to remain below the 1% national threshold.



Ongoing challenges relate to capacity to treat complex knee patients and complex plastics DIEP patients in the main.

Utilisation of independent sector capacity and additional operating to support clearance of the complex knee patients.

Recruitment of a locum and additional operating within existing consultant body to support clearance of the complex plastics DIEP patients.



392 patients were waiting for 52 weeks or more at the end of August (384 in July), against the total waiting list size of 50,943 (0.8% of waiting list vs trajectory 0.9%).

Paediatric Dentistry Consultant capacity and a continued challenge with recruiting to this specialised role has led to an increase in long waits within this particular specialty (Interviews planned for 5th October). RTT Recovery plans are in place to support recovery of the position, supported by additional oversight from Chief Operating Officer.

Responsiveness

Referral To Treatment Ongoing Pathways Under 18 Weeks

NHS Bristol NHS Foundation Trust
Bristol | Weston

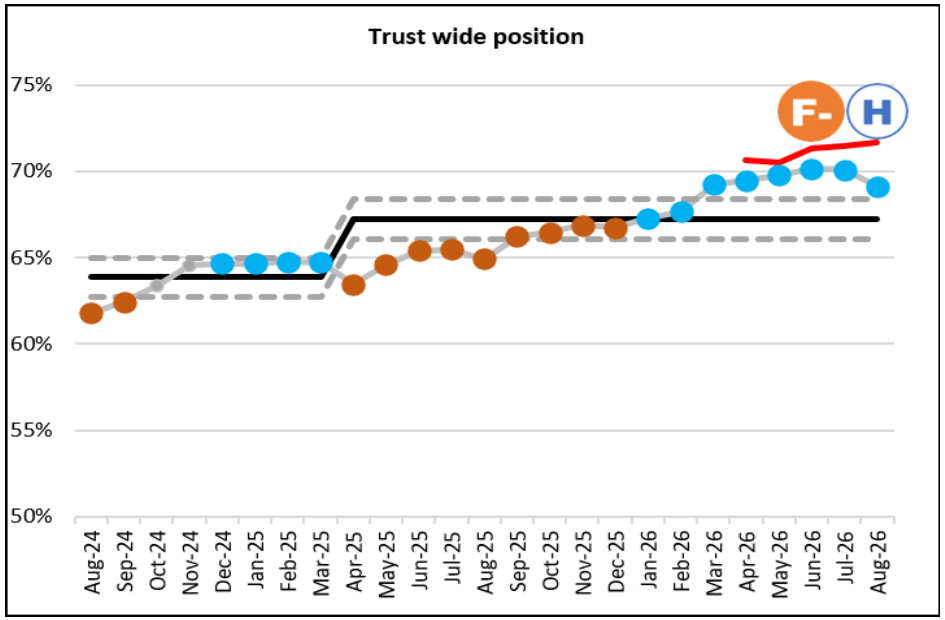
Latest Month
Aug-26

Performance
69.1%

Target
71.6%

Trust Level / Corporate Risk
Risk 801 - Score 12

Performance - Previous
70.1%

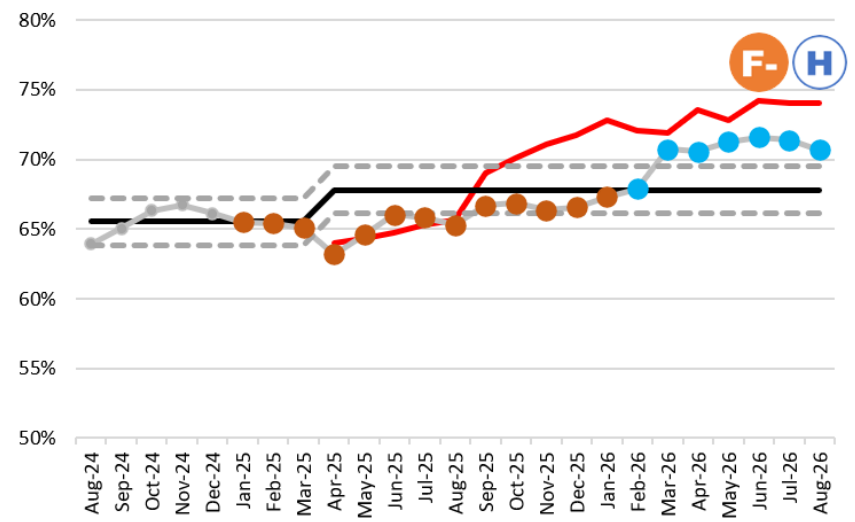


What does the data tell us?
The Trust has been trending upwards in its delivery of RTT performance, however, was below trajectory for July.

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).

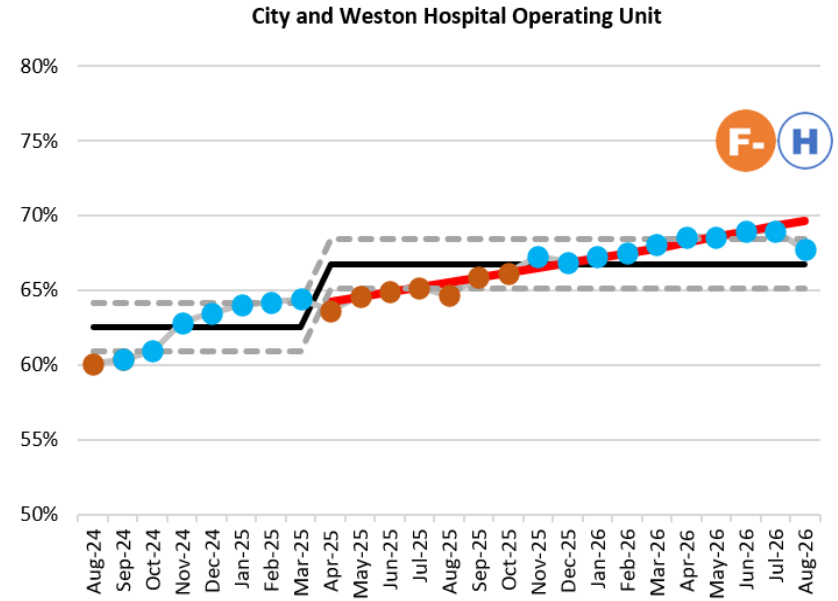
Impact on forecast
We continue to closely monitor the patients under 18-weeks and focused booking of first OPA earlier in the pathway to achieve the ambition into 2026/27.



Individual speciality recovery plans are in place and response being led by Chief Operating Officer.

Key focus is on T&O, Gynaecology, Cardiology and Neurology for improvement. Currently, 14 specialties are compliant with target.

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



The position at end of August was 67.7% against the target of 69.7%

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 and divisions have been encourage to put forward business case requests to increase activity to support the organisations RTT recovery plans.

Responsiveness

Referral To Treatment Number of Ongoing Pathways

NHS Bristol NHS Foundation Trust
Bristol | Weston

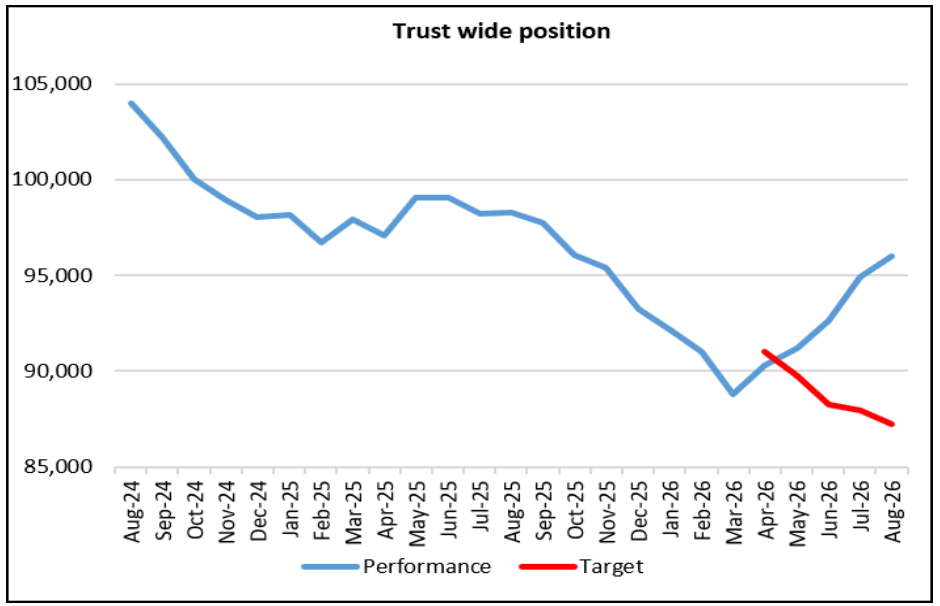
Latest Month
Aug-26

Performance
95997

Target
87202

Trust Level / Corporate Risk
Risk 801 - Score 12

Performance - Previous
94932

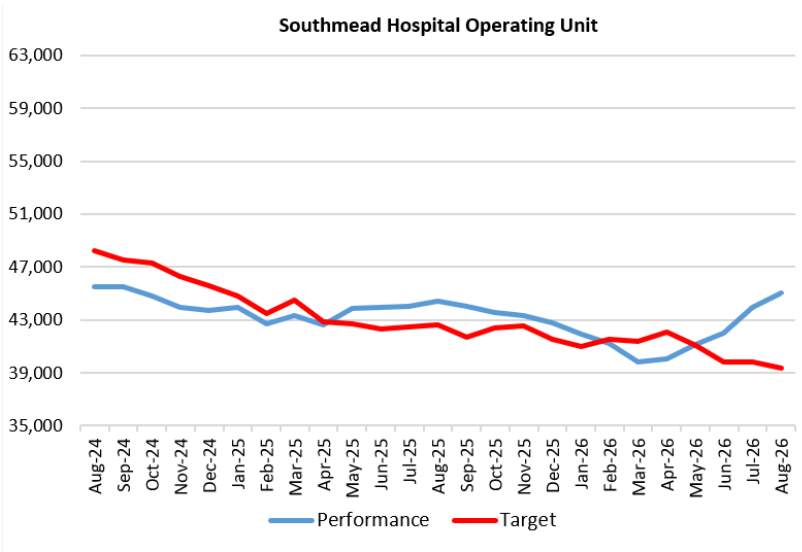


What does the data tell us?
The Group has now been experiencing an increase in wait-list size which has also been observed in Trusts across the South West region.

Actions being taken to improve

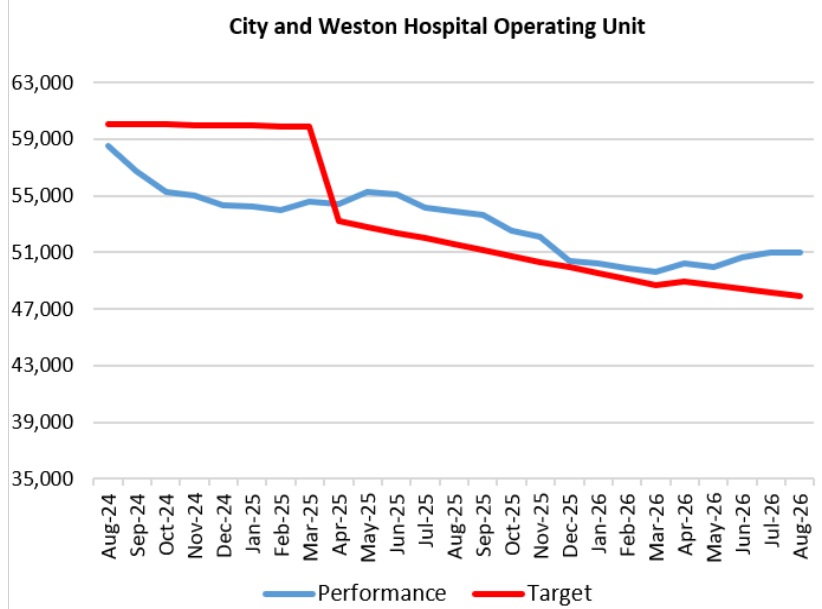
- Focus continues to reduce the overall waiting list size with additional activity required to achieve the reduction in waiting list size target throughout 2026/27.
- In light of the level of regional growth, the Trust will be undertaking analysis to better understand the drivers for this un-anticipated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

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



At the end of August the total waiting list size was 45,054; higher than the operating plan target 39,337.

This has been noted at regional NHSE level and a detailed recovery plan submitted with individual speciality actions, including additional activity, validation and management of waiting lists.



At the end of July, the total waiting list size was 50,943 against a target of 47,865

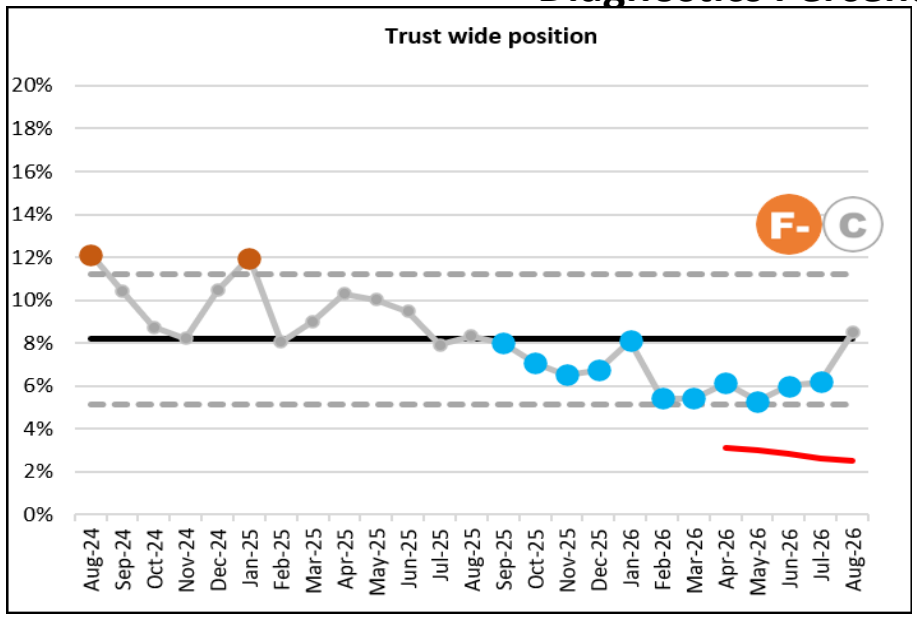
The total waiting list size reduced by 17 in comparison to end of July. The waiting list size at the end of August is 6.4% above operating plan.

Responsiveness

Diagnostics Percentage Over 6 Weeks

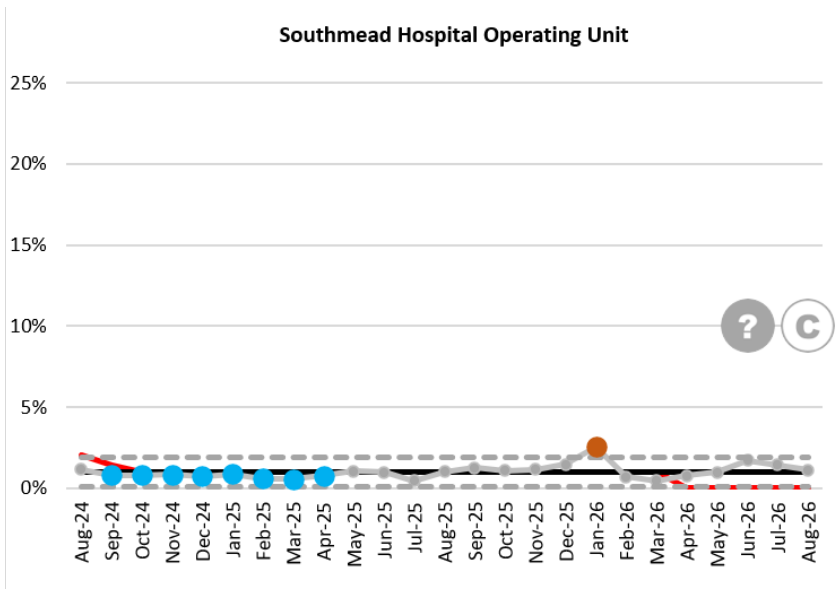
NHS Bristol NHS Foundation Trust
Bristol | Weston

Latest Month
Aug-26
Performance
8.5%
Target
2.5%
Trust Level / Corporate Risk
Risk 801 - Score 12
Performance - Previous Month
6.2%



What does the data tell us?
Performance was behind for August which has been impacted largely by deterioration in C&W performance (detailed below). Endoscopy at Southmead also remains challenged.

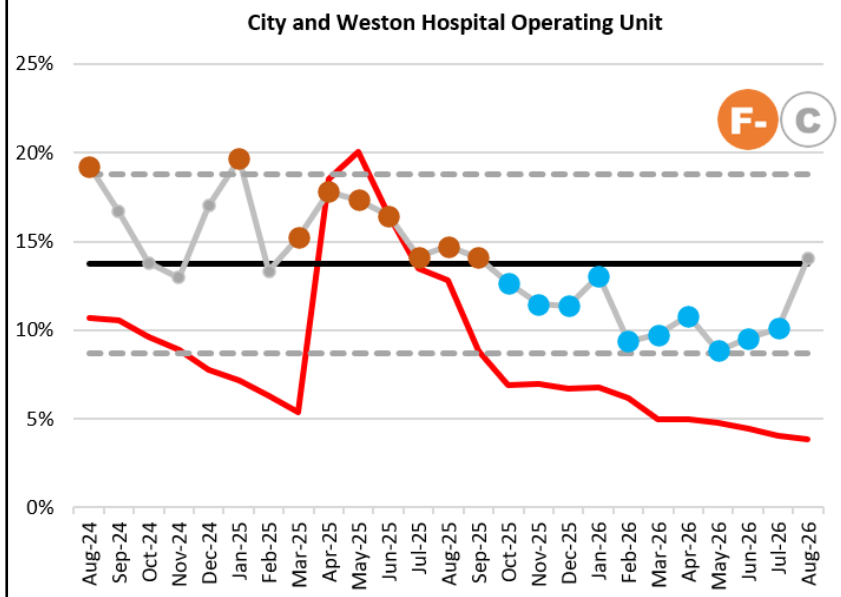
Actions being taken to improve and Impact on Forecast
Detailed in the HOU specific sections – see below.



Performance has improved, though for August is behind target due to ongoing challenge in Endoscopy. Recovery is expected for September.

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.



Performance deteriorated to 14% in August, largely driven by reduced activity and replacement of Paediatric CT scanner. The total waiting list continued to fall in August (-566 patients).

Areas of Focus:

Non-obstetric ultrasound recovery plan to be finalised, including additional outsourcing following reduced workforce capacity

Adult Audiology performance recovery actions to be finalised including waiting list management scrutiny.

Responsiveness

Cancer - 28 Day Faster Diagnosis

NHS Bristol NHS Foundation Trust
Bristol | Weston

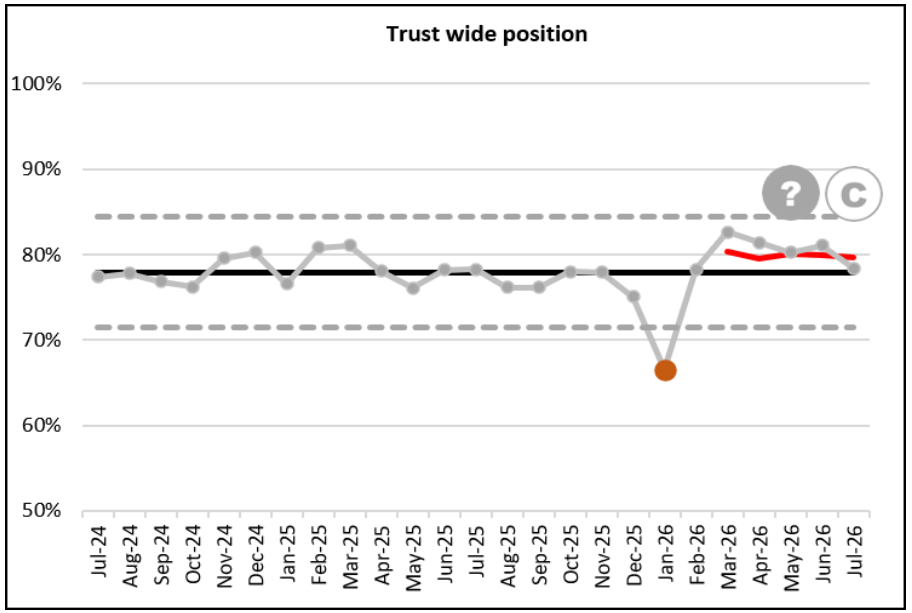
Latest Month
Jul-26

Performance
78.4%

Target
79.7%

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

Performance - Previous Month
81.0%

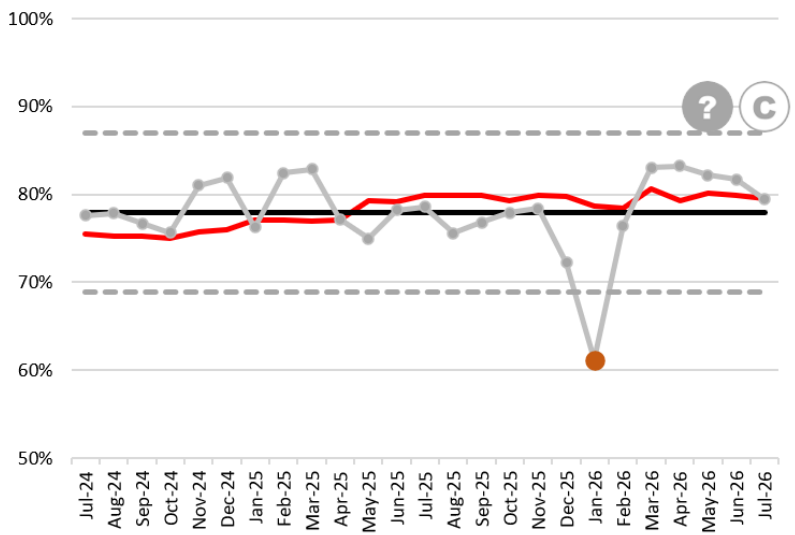


What does the data tell us?
Performance was below the 79.7% target at Trust level, due to the impact of the Weston fire on endoscopy capacity, as expected.

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 knock-on impact of the Weston fire is likely to continue into August and then reduce to nothing over the following two months.

The Trust anticipates recovery and ongoing delivery of this standard



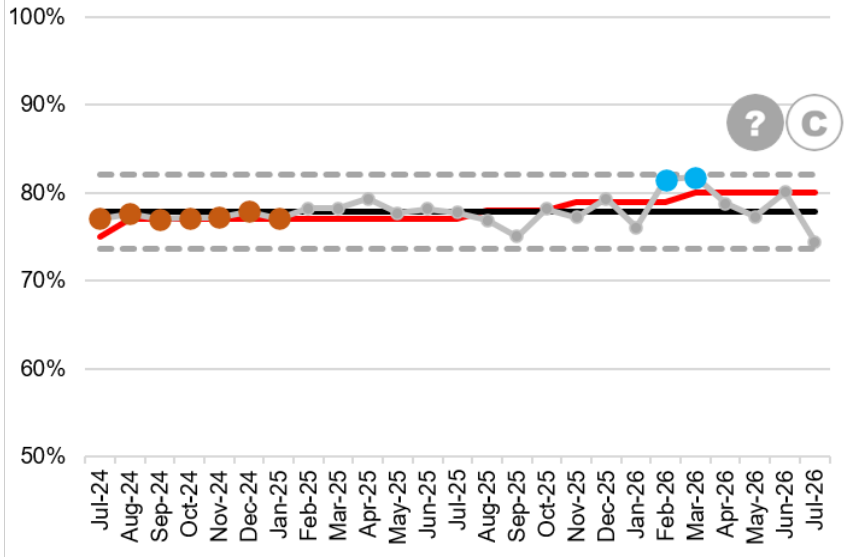
28-Day performance delivered 79.44% against a plan of 79.49% in July 2026.

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.

There are initiatives being implement at at SHOU to reduce time to 1st OPA. Direct access pathway in Lung is live. Community Bowel prep is to be trialled in October for LGI and the introduction of a Referral Assessment Service (RAS) pathway in Breast will allow for the breast pain pathway to be implemented as per GIRFT guidance.

The 2026/27 trajectory is on plan.



As expected, there was a significant impact from resumption of endoscopy activities on the Weston site following the major fire which closed the unit.

This impact is expected to continue into August and then diminish to nothing in September/October. As this is a retrospectively reported standard, the lag times between event and impact are quite large.

Trajectory recovery is likely by end of October

Responsiveness

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

NHS Bristol NHS Foundation Trust
Bristol | Weston

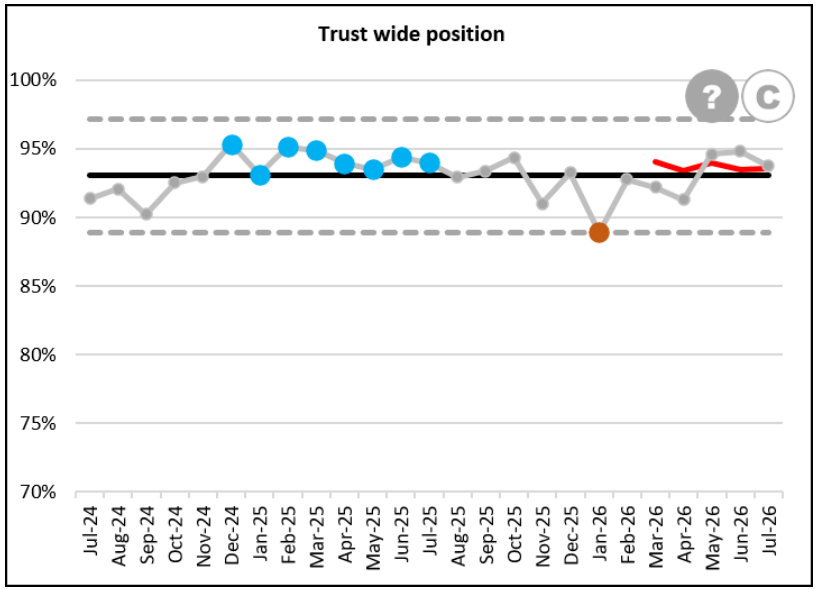
Latest Month
Jul-26

Performance
93.7%

Target
93.5%

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

Performance - Previous Month
94.8%

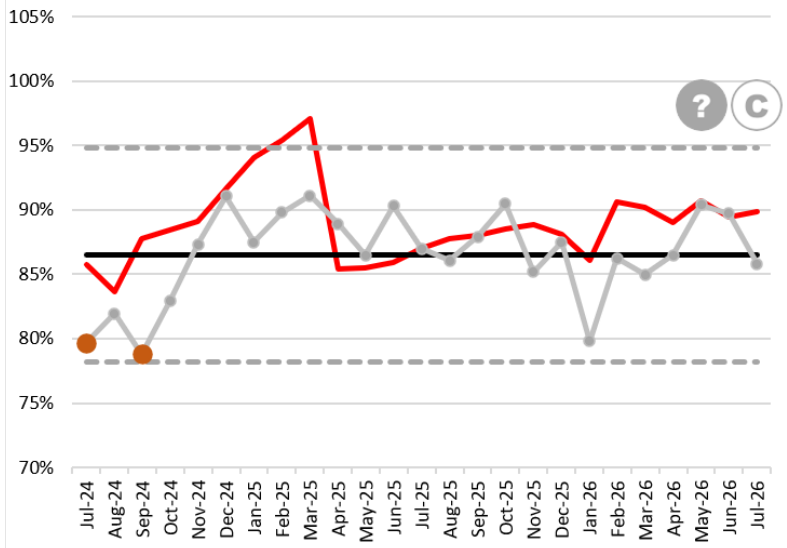


What does the data tell us?
31-Day performance complied with the Trust's improvement target of 93.5%

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. The main areas for improvement are urology and skin surgery at the Southmead operating unit.

Impact on forecast
The Trust is likely to continue to comply with its forecast, with some risk from deterioration in dermatology performance at Southmead. This is a difficult area to forecast accurately due to the high proportion of treatments on a dermatology cancer pathway which subsequently are not reportable due to eventual histology demonstrating that a patient does not have cancer.

Southmead Hospital Operating Unit



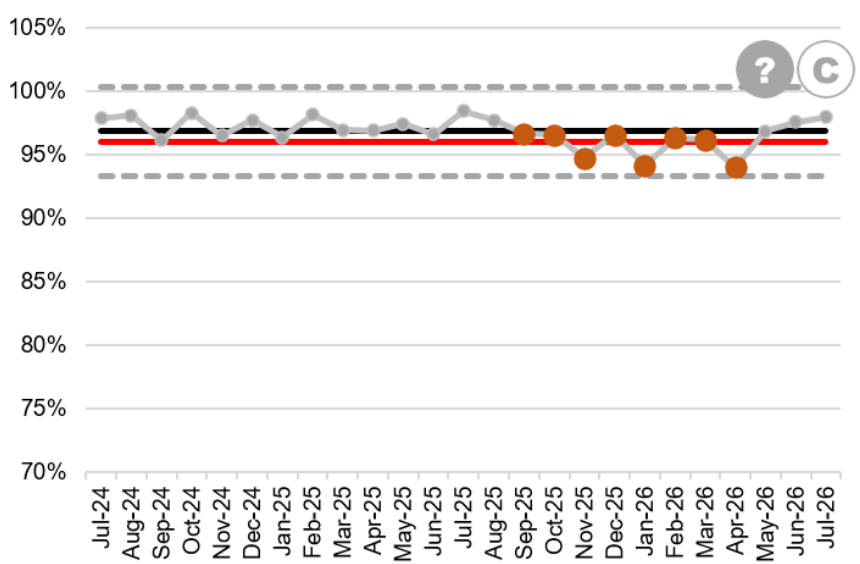
Performance was off plan for July. This was driven by the increase in Skin demand.

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

SWAG funded theatre additionality is supporting improvements in Urology across 1st and subsequent treatments. There have been improvements month to month for 2026/27.

Skin additionality is in place with SWAG funded IS activity, there is a focus on both 1st and subsequent surgery. High volume biopsy lists are being trialled in PSOP, which will drive an additional 8 cases per week. The SNLB backlog has been cleared.

City and Weston Hospital Operating Unit



The standard was compliant with the national threshold of 96%

Chemotherapy delivery is currently completely recovered and not causing breaches, however it remains a significant risk due to rapidly rising demand. Transformation work is ongoing to mitigate this.

Unit level performance is expected to remain compliant with the national standard.

Responsiveness

Cancer - 62 Referral To Treatment

NHS Bristol NHS Foundation Trust
Bristol | Weston

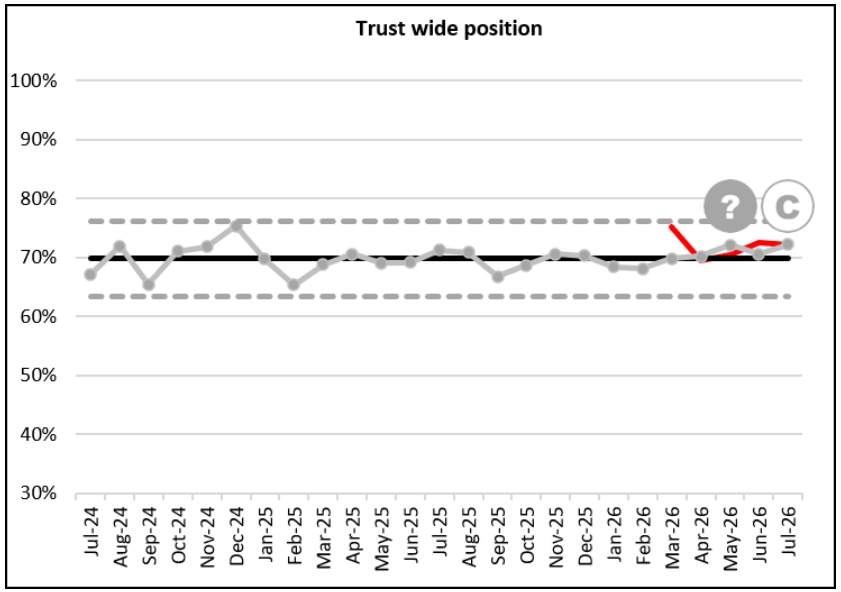
Latest Month
Jul-26

Performance
72.2%

Target
72.2%

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

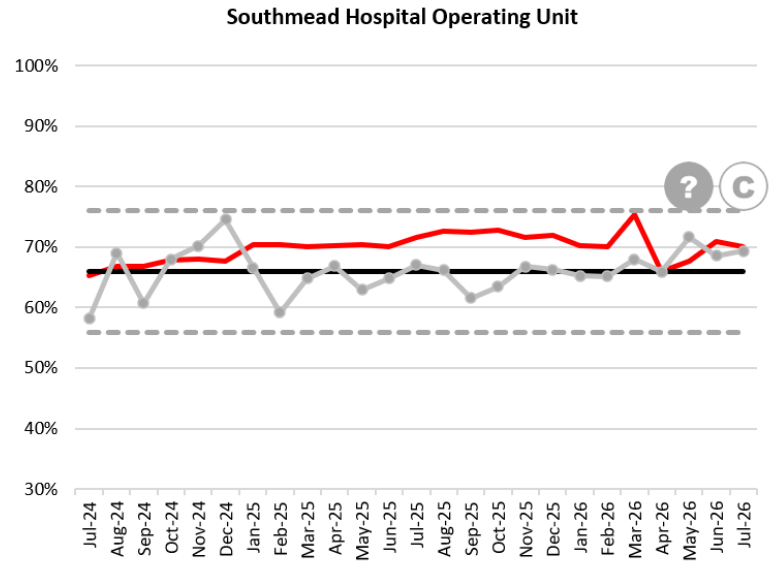
Performance - Previous Month
70.6%



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

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.

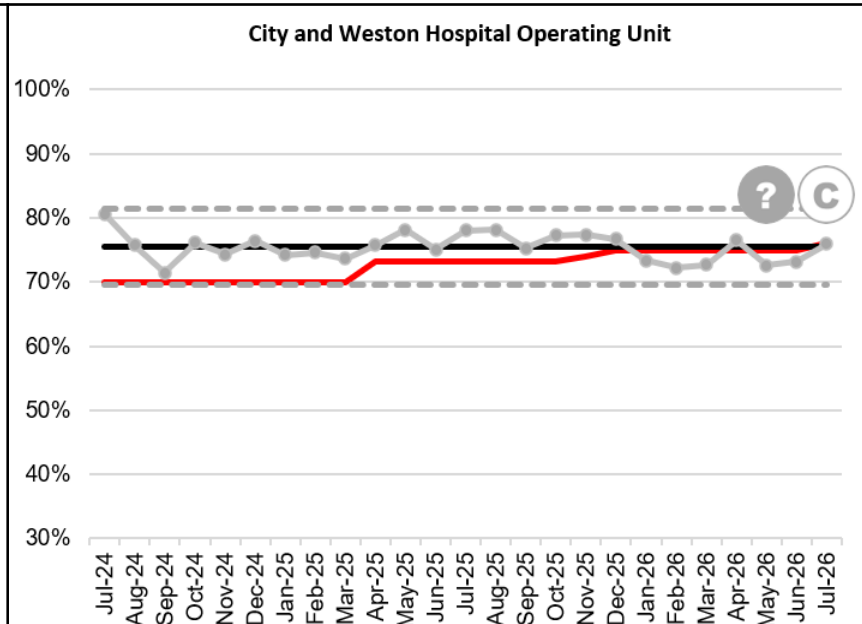
Impact on forecast
Compliance with trajectory is expected to vary across Q2 as the merged position for Bristol NHS Foundation Trust is reported.



July performance was off plan at 69.31% against the target of 70.08%.

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.



It is not possible to give an accurate breakdown of performance at Unit level for City and Weston due to national data issues.

Actions to improve performance are the same as those for improving 28 and 31 day performance.

Performance cannot be split between units during Q2. Ensuring a compliant BFT position is the priority and has been achieved.

Responsiveness

Last Minute Cancelled Operations - Percentage of Elective Admissions

NHS Bristol NHS Foundation Trust
Bristol | Weston

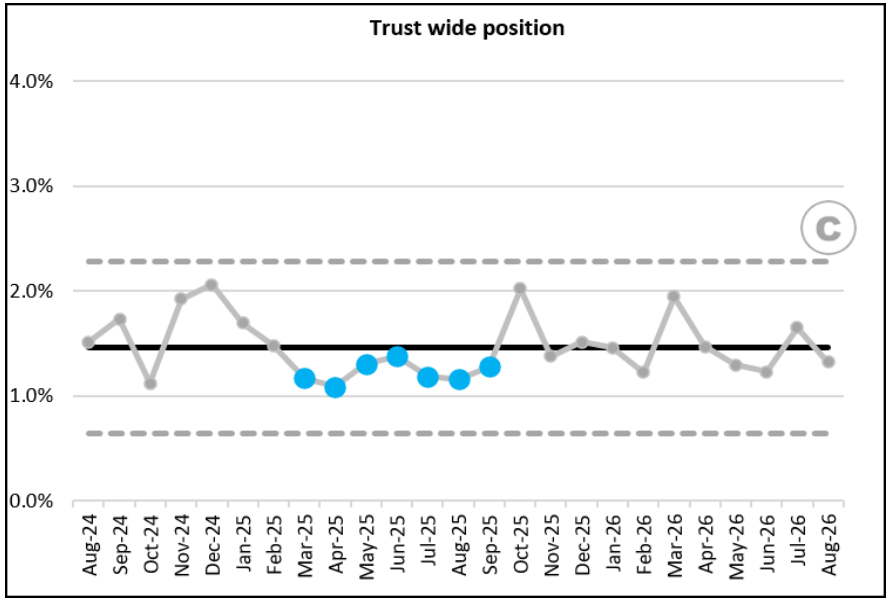
Latest Month
Aug-26

Performance
1.3%

Target
No Target

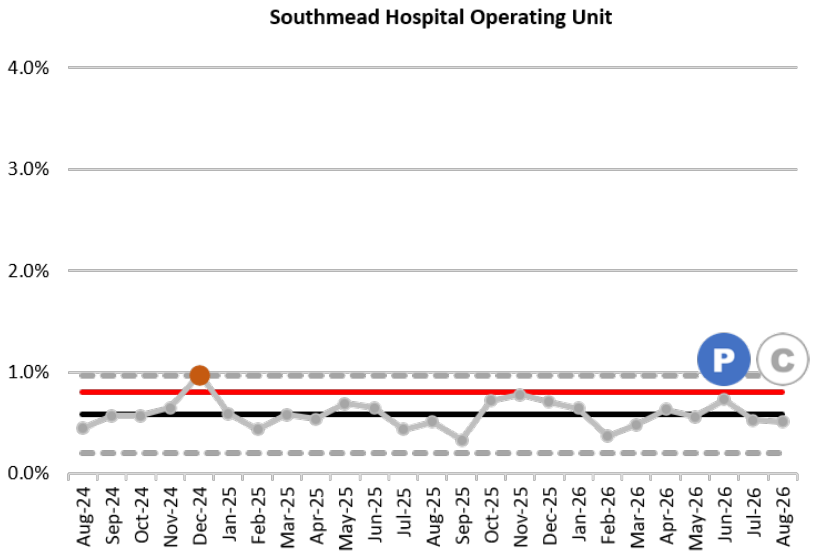
Trust Level / Corporate Risk
Risk 1035 - Score 16

Performance - Previous
1.6%

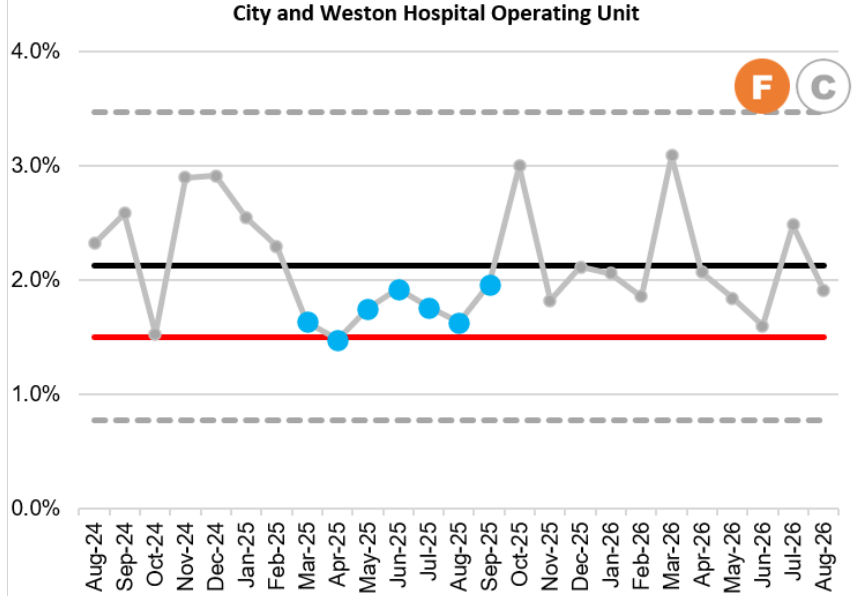


What does the data tell us?
Southmead continues to deliver the national target at less than 0.8% for last minute cancellations. The City Centre and Weston HOU continues to have challenges in delivering to target; there had been improvements leading up to July which was impacted as detailed below.

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



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



There has been a reduction in LMC's during August due to mitigations put in place after last months' increase.

For theatre LMC's; the bed issues have not had such an obvious impact, however, this is partially due to a widespread awareness of the likelihood of cancellations on the day and subsequent under-booking of theatre lists to mitigate.

Reasons for LMC's are being highlighted and work is ongoing to minimise this across all areas with the current focus on cancellations on the day.

Responsiveness

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

NHS Bristol NHS Foundation Trust
Bristol | Weston

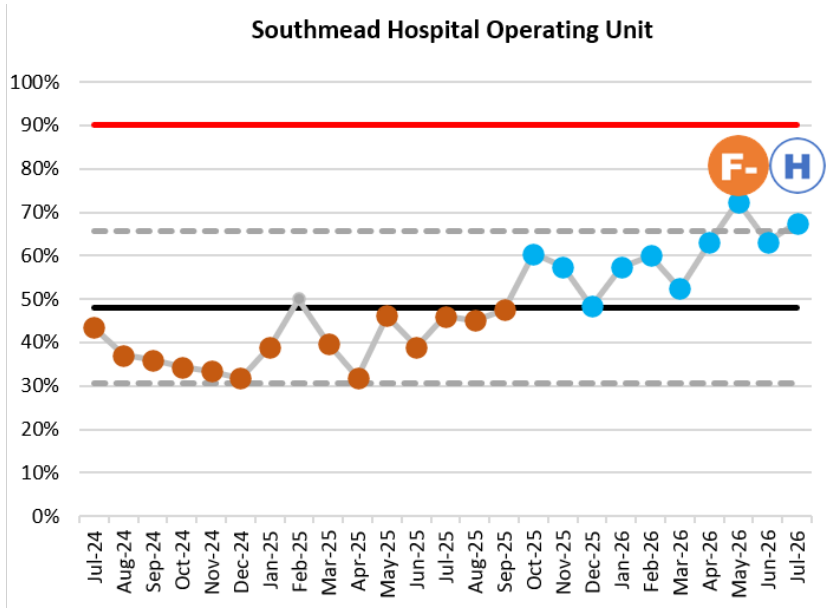
Latest Month
Jul-26

Target
90.0%

Latest Month's Position
67.5%

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

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



What does the data tell us?
Following the increase to occupancy in June where performance dropped, this has since stabilised which is reflected in the performance.

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

Work continues in progressing the stroke pathway to The Burren which will further support NCTR patients not residing in an acute setting. The aim of this to free up space in the sub acute rehab unit, to then allow patients from ASU to move into these units quicker. This would then free up bed space.

Impact on Forecast
Occupancy in August remained stable, therefore we would expect a similar performance to July.

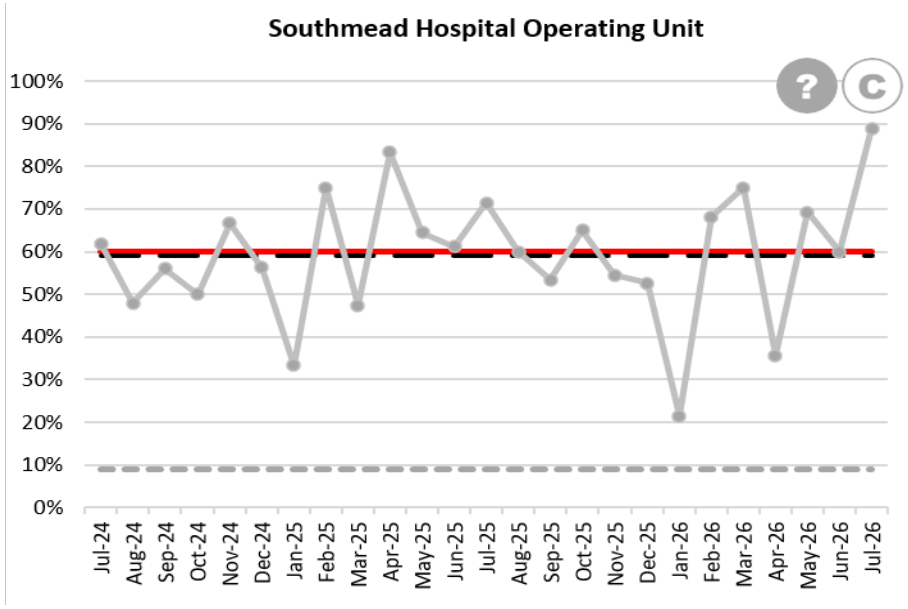
Latest Month
Jul-26

Target
60.0%

Latest Month's Position
88.9%

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

Trust Level Risk
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?
July was our best performing month in two years.

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 still 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

NHS Bristol NHS Foundation Trust
Bristol | Weston

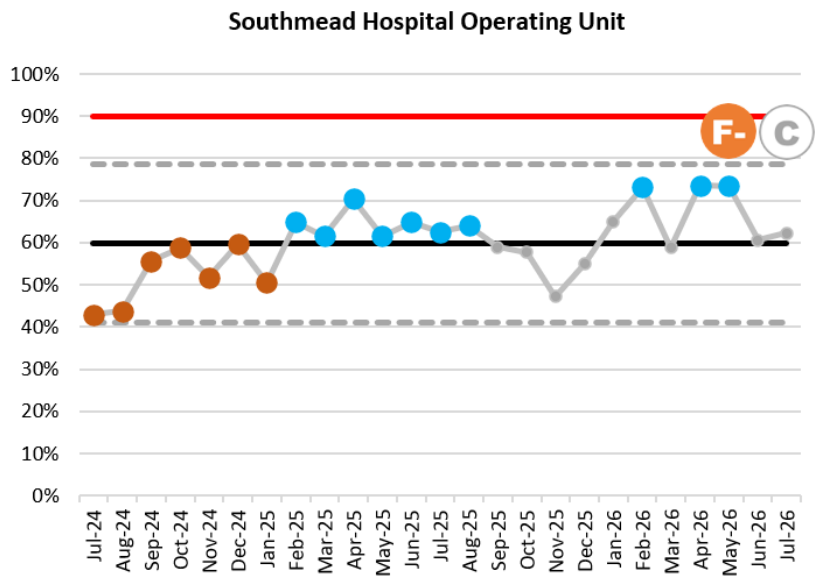
Latest Month
Jul-26

Target
90.0%

Latest Month's Position
62.3%

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

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



What does the data tell us?
Along with ward to 4-hour performance, 90% stay on a stroke unit performance is related to occupancy rates, which were lower in July.

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 in August remained stable, therefore we would expect a similar performance to July.

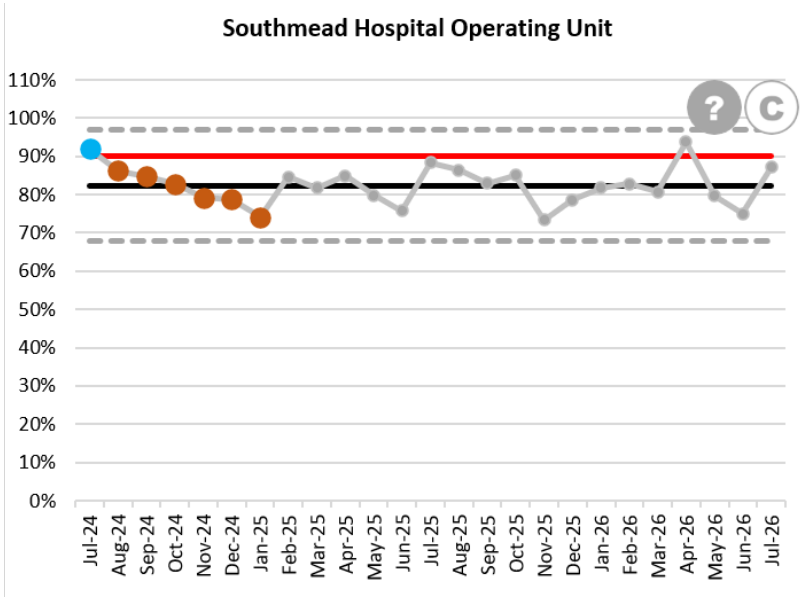
Latest Month
Jul-26

Target
90.0%

Latest Month's Position
87.1%

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

Trust Level Risk
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?
An uptick in July's performance followed the dip in June data. After review of June data it is noted that SSNAP was inaccessible for 1 month. This did not allow for revalidation of June data which may have affected the performance.
The performance issue is data capture driven and not clinical quality issue, all patients are reviewed within 14 hours, but not all reviews are correctly recorded.

Actions being taken to improve
To continue to ensure more sustainable and consistent consultant rota.
To improve data capture by consultants, new digital proforma will support this going forward.
To discuss at consultant meeting and governance meeting to re-iterate importance of data recording and introduce failsafe step in the process of recording data reliably.

Impact on Forecast
Expect to see consistent performance improvement

Quality

Scorecard – Safe Metrics

NHS Bristol NHS Foundation Trust
Bristol | Weston

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	Aug-26	0.6	0.00	0.7	?	C	Escalation Summary
		City and Weston Hospital Operating Unit	Aug-26	0.2	0.4	0.4	P*	C	Note Performance
Safe	MRSA Hospital Onset Cases	Southmead Hospital Operating Unit	Aug-26	1	0	1	F	C	Escalation Summary
		City and Weston Hospital Operating Unit	Aug-26	0	0	2	F	C	Escalation Summary
Safe	CDiff Healthcare Associated Cases	Southmead Hospital Operating Unit	Aug-26	8	6.83	2	?	C	Escalation Summary
		City and Weston Hospital Operating Unit	Aug-26	9	9.08	11	?	C	Escalation Summary
Safe	EColi Hospital Onset Cases	Southmead Hospital Operating Unit	Aug-26	8	7.00	4	?	C	Escalation Summary
		City and Weston Hospital Operating Unit	Aug-26	5	9.08	11	?	C	Escalation Summary
Safe	Falls Per 1,000 Beddays	Southmead Hospital Operating Unit	Aug-26	6.1	5.0	6.2	N/A	C	Note Performance
		City and Weston Hospital Operating Unit	Aug-26	4.8	4.8	4.4	?	C	Escalation Summary
Safe	Total Number of Patient Falls Resulting in Harm	Southmead Hospital Operating Unit	Aug-26	9	No Target	4	N/A	C	Note Performance
		City and Weston Hospital Operating Unit	Aug-26	2	2	7	F	C	Escalation Summary
Safe	Medication Incidents per 1,000 Bed Days	Southmead Hospital Operating Unit	Aug-26	4.5	No Target	5.1	N/A	C	Note Performance
		City and Weston Hospital Operating Unit	Aug-26	8.7	No Target	9.9	N/A	C	Note Performance
Safe	Medication Incidents Causing Moderate or Above Harm	Southmead Hospital Operating Unit	Aug-26	4	0	2	F	C	Escalation Summary
		City and Weston Hospital Operating Unit	Aug-26	0	0	1	F	C	Escalation Summary
Safe	Adult Inpatients who Received a VTE Risk Assessment	Southmead Hospital Operating Unit	Aug-26	94.1%	95.0%	94.2%	?	L	Escalation Summary
		City and Weston Hospital Operating Unit	Aug-26	80.7%	95.0%	79.6%	F-	H	Escalation Summary
Safe	Nursing, Midwifery Inpatient Safe Staffing Fill Rate	**Trust**	**Aug-26**	**99.8%**	**No Target**	**102.3%**	N/A	L	Escalation Summary
		Southmead Hospital Operating Unit	Aug-26	99.1%	No Target	100.4%	N/A	C	Note Performance
		City and Weston Hospital Operating Unit	Aug-26	100.4%	100.0%	103.9%	P*	L	Escalation Summary

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

Quality

Scorecard – Effective & Caring Metrics

NHS Bristol NHS Foundation Trust
Bristol | Weston

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	Apr-26	91.2	100.0	90.7	P*	L	Note Performance
		City and Weston Hospital Operating Unit	Apr-26	87.0	100.0	86.7	P*	L	Note Performance
Effective	Fracture Neck of Femur Patients Treated Within 36 Hours	Southmead Hospital Operating Unit	Jul-26	30.0%	No Target	51.8%	N/A	C	Note Performance
		City and Weston Hospital Operating Unit	Aug-26	44.1%	90.0%	50.0%	F-	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	Southmead Hospital Operating Unit	Jul-26	80.0%	No Target	91.1%	N/A	C	Note Performance
		City and Weston Hospital Operating Unit	Aug-26	97.1%	90.0%	88.0%	?	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Achieving Best Practice Tariff	Southmead Hospital Operating Unit	Jul-26	26.7%	No Target	51.8%	N/A	C	Note Performance
		City and Weston Hospital Operating Unit	Aug-26	44.1%	No Target	46.0%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Inpatient	**Trust**	**Aug-26**	**93.9%**	**No Target**	**93.9%**	N/A	C	Note Performance
		Southmead Hospital Operating Unit	Aug-26	93.5%	No Target	93.7%	N/A	H	Note Performance
		City and Weston Hospital Operating Unit	Aug-26	94.8%	No Target	95.4%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Outpatient	Southmead Hospital Operating Unit	Aug-26	94.3%	No Target	94.5%	N/A	C	Note Performance
		City and Weston Hospital Operating Unit	Aug-26	94.7%	No Target	95.1%	N/A	C	Note Performance
Caring	Friends and Family Test Score - ED	Southmead Hospital Operating Unit	Aug-26	78.2%	No Target	71.9%	N/A	C	Note Performance
		City and Weston Hospital Operating Unit	Aug-26	87.5%	No Target	82.5%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Maternity	Southmead Hospital Operating Unit	Aug-26	87.2%	No Target	84.0%	N/A	L	Escalation Summary
		City and Weston Hospital Operating Unit	Aug-26	95.5%	No Target	98.4%	N/A	C	Note Performance
Caring	Patient Complaints - Formal	Southmead Hospital Operating Unit	Aug-26	90	No Target	98	N/A	H	Escalation Summary
		City and Weston Hospital Operating Unit	Aug-26	71	No Target	68	N/A	C	Note Performance
Caring	Formal Complaints Responded To Within Trust Timeframe	Southmead Hospital Operating Unit	Aug-26	79.5%	90.0%	77.0%	F-	C	Escalation Summary
		City and Weston Hospital Operating Unit	Aug-26	74.1%	90.0%	53.1%	F	C	Escalation Summary

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

Quality

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

NHS Bristol NHS Foundation Trust
Bristol | Weston

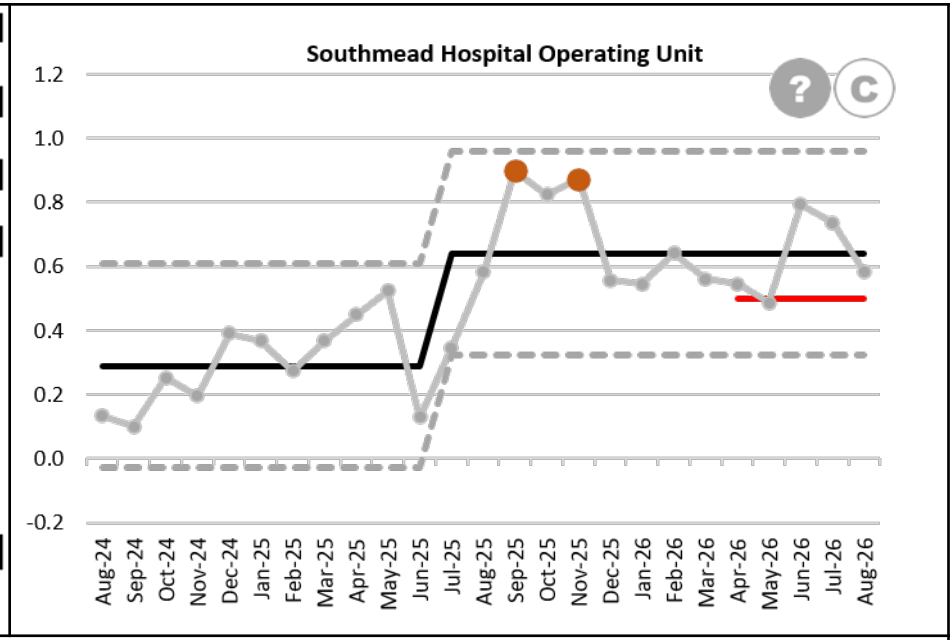
Latest Month
Aug-26

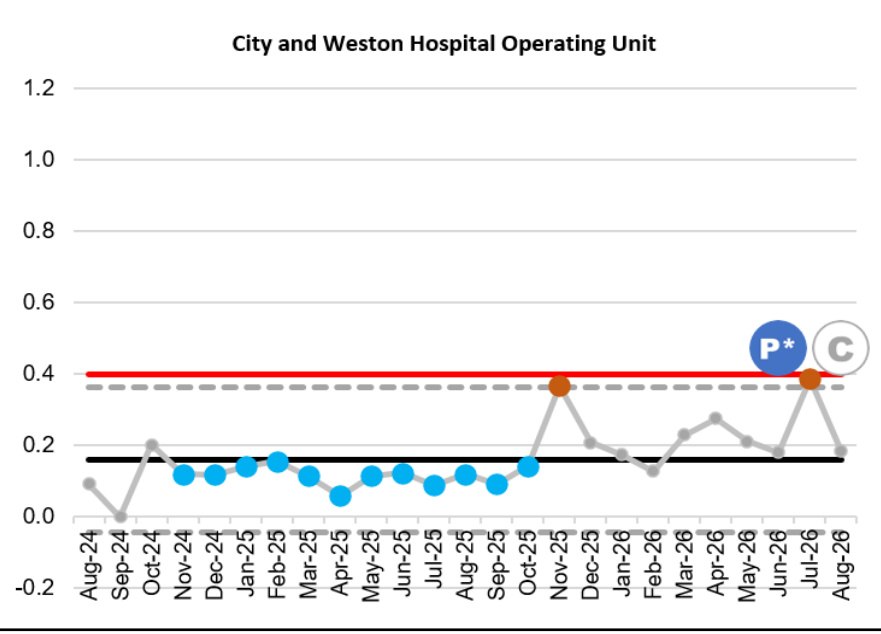
Target
0.5

Latest Month's Position
0.58

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

Trust Level Risk
No Trust Level Risk





Latest Month
Aug-26

Target
0.4

Latest Month's Position
0.18

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

Corporate Risk
No Corporate Risk

What does the data tell us?
Thematic analysis of pressure ulcer (PU) incidence identified heel pressure ulcers as a key concern, particularly among Care of the Elderly patients within the Medicine Division, and PU incidents to patients receiving end-of-life care and those with complex repositioning needs due to contractures, proning, medical instability, or pain.

Actions taken to improve
- The Heel Wedge business case has been developed and is awaiting approval to provide heel offloading for patients within inpatient wards. .
- Specialist equipment is being implemented for complex patients at high risk of PU development in being proned in ICU, those receiving end-of-life care, patients who are unable to reposition due to pain, medical instability on contractures.
- Implementation of a QI project in ICU to evaluate the use of prophylactic sacral dressings for pressure ulcer prevention.
- 10a and 34a Stroke - PU education and focussed collaborative work with between TVN and ward/division.

Impact on forecast
The actions are anticipated to delivered a reduction in PU incidences at Southmead HOU during Q4 2026/27.

No narrative required as per business rules.

Quality

Infection Prevention & Control – MRSA Hospital Onset Cases

NHS Bristol NHS Foundation Trust
Bristol | Weston

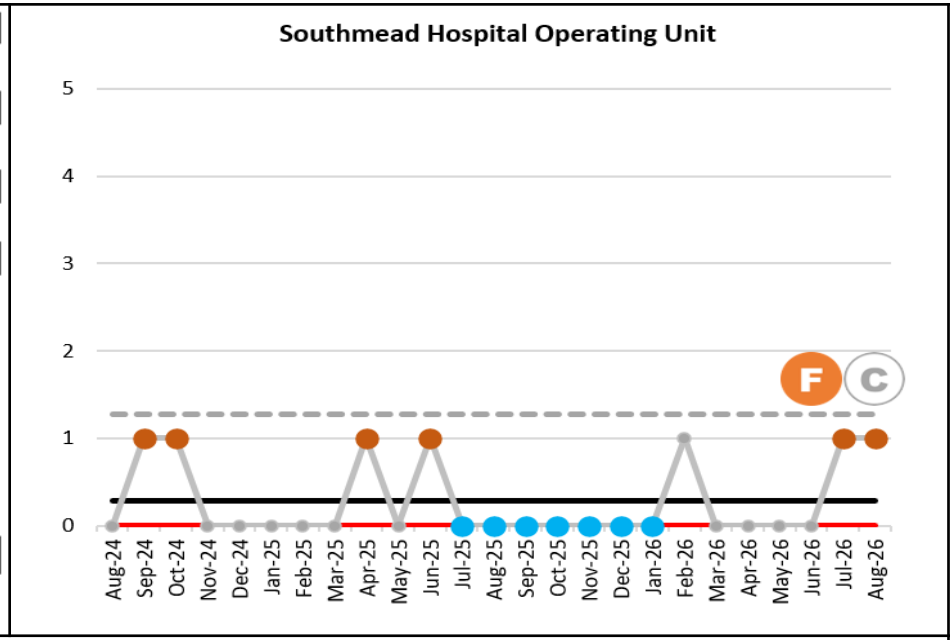
Latest Month
Aug-26

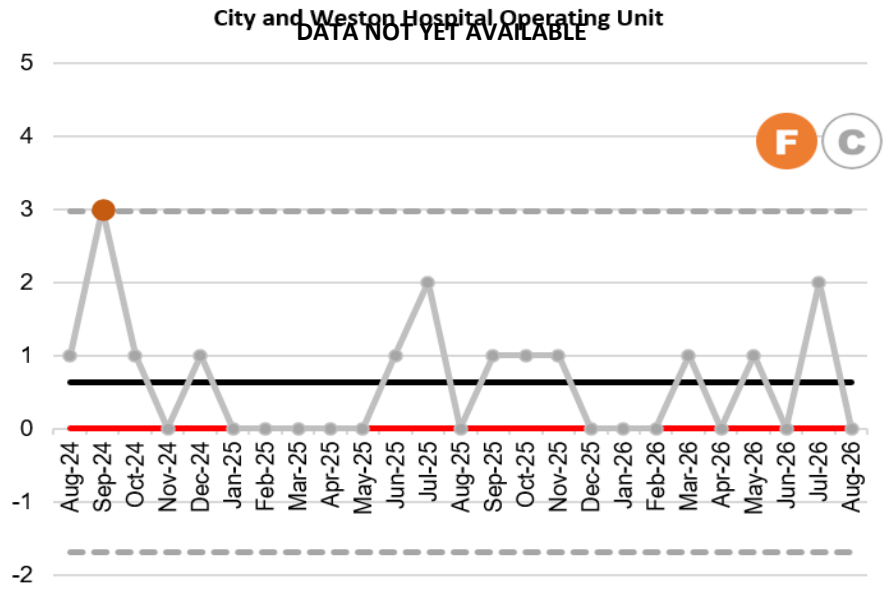
Target
0

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





Latest Month
Aug-26

Target
0

Latest Month's Position
0

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

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

What does the data tell us?
One case reported in August, this brings the total to two cases this year

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 and decision making re lines as well as decolonization

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?
At City & Weston sites, there were no MRSA cases reported for August. Year-to-date figures are three. In August 2025/26 showed we had the same amount of cases reported.

Actions being taken to improve
No additional cases were reported in August for C&W HOU. Quality improvement activity continues monitored through the Infection Control Operational Group, lead by a Divisional Director of Nursing. Additionally a review of the MRSA screening policy has begun to provide a consistent guideline between both operating units.

Impact on forecast
The request for the attribution of the two of the cases to be re-assigned as community onset, rather than hospital onset (after 48 hours of admission) has been declined by the UKHSA. Both of these cases were identified within 48 hours of admission and the attribution by the UKHSA is based on days within the system, not hours.

Quality

Infection Prevention & Control – C. difficile Healthcare Associated Cases

NHS Bristol NHS Foundation Trust
Bristol | Weston

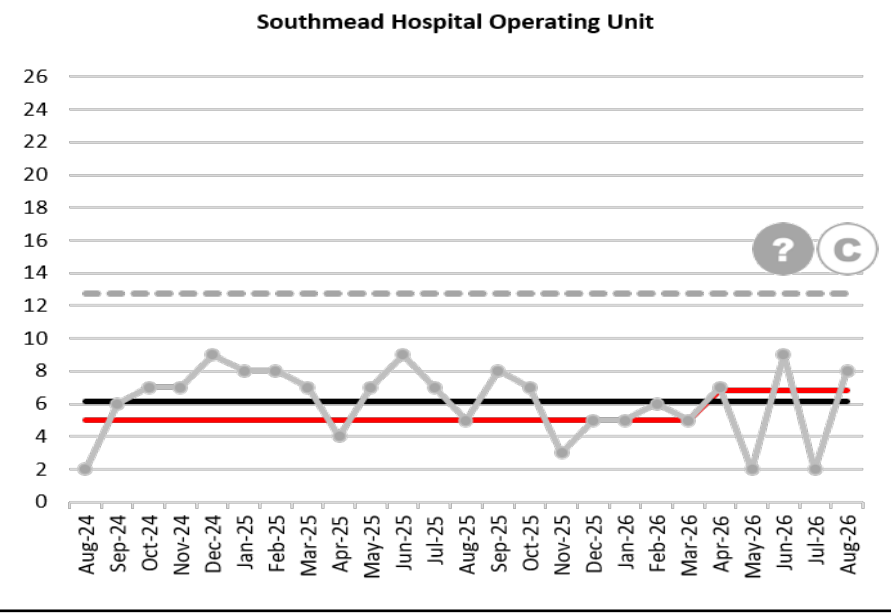
Latest Month
Aug-26

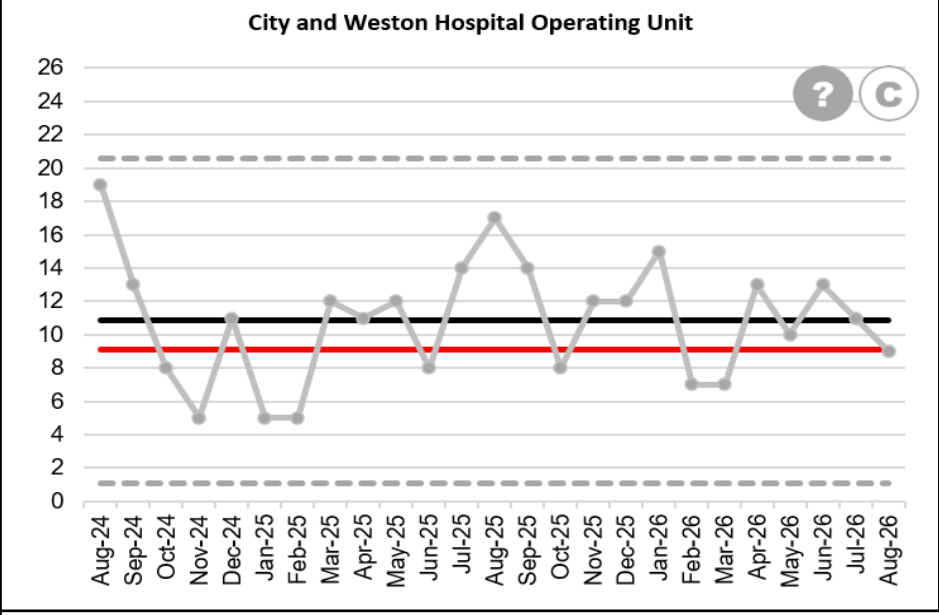
Target
6.83

Latest Month's Position
8

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

Trust Level Risk
No Trust Level Risk





Latest Month
Aug-26

Target
9.08

Latest Month's Position
9

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

Corporate Risk
Risk 3216 - Breach of the NHSE Limits for HA C-Diff (12)

What does the data tell us?
In August there were eight Hospital Onset Hospital Acquired (HOHA) and three Community Onset Hospital Acquired (COHA). Substantial decrease seen in HOHA cases in July from June's position.

The year total to date is at 44 cases (28 HOHA & 16 COHA). Trajectory set at 79 For Southmead HOU.

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?
At City & Weston HOU there were nine cases of Clostridium difficile reported in August , seven Hospital Onset Hospital Acquired (HOHA) and two Community Onset Hospital Acquired (COHA). This brings the year-to-date total to 56 (36 HOHA and 20 COHA respectively).
Performance in 2025/26, at the same point in time in August showed we had 61 cases (43 HOHA and 18 COHA) therefore we 5 cases lower. The Trajectory is currently set at 109 for City and Weston HOU.

Actions being taken to improve
The focus of quality improvement remain high, with particular work being undertaken with commode cleaning and focused activity, and cleaning of other clinical equipment. Scrutiny of antibiotic prescribing remains a focus as the relationship between anti-microbial stewardship and C. difficile risk is widely understood.

Impact on forecast
If the case rates continue at the current rate then it is likely the NHSE limited will be exceeded.

Quality

Infection Prevention & Control - E.coli Hospital Onset Cases

NHS Bristol NHS Foundation Trust
Bristol | Weston

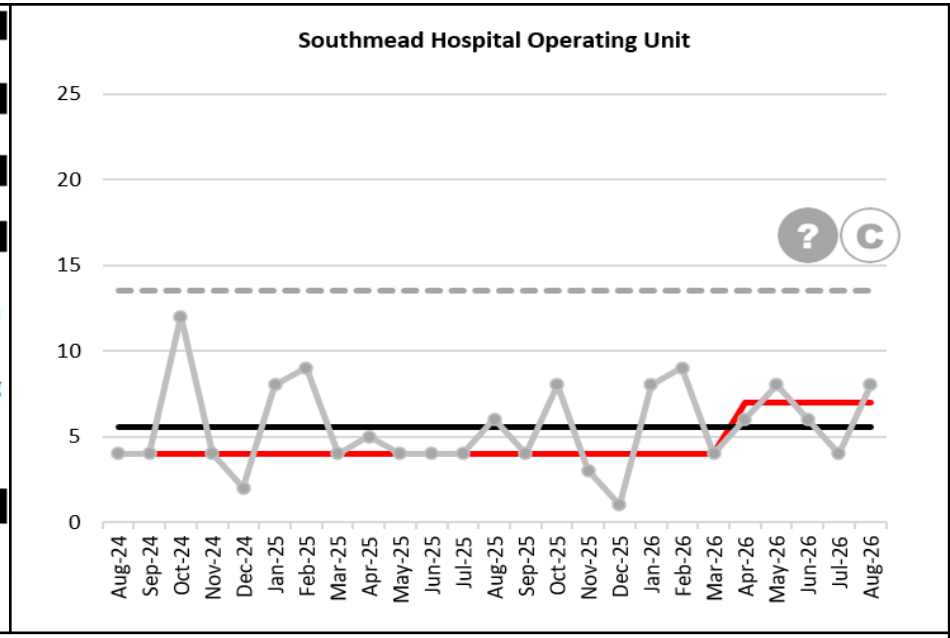
Latest Month
Aug-26

Target
7

Latest Month's Position
8

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

Trust Level Risk
No Trust Level Risk



What does the data tell us?

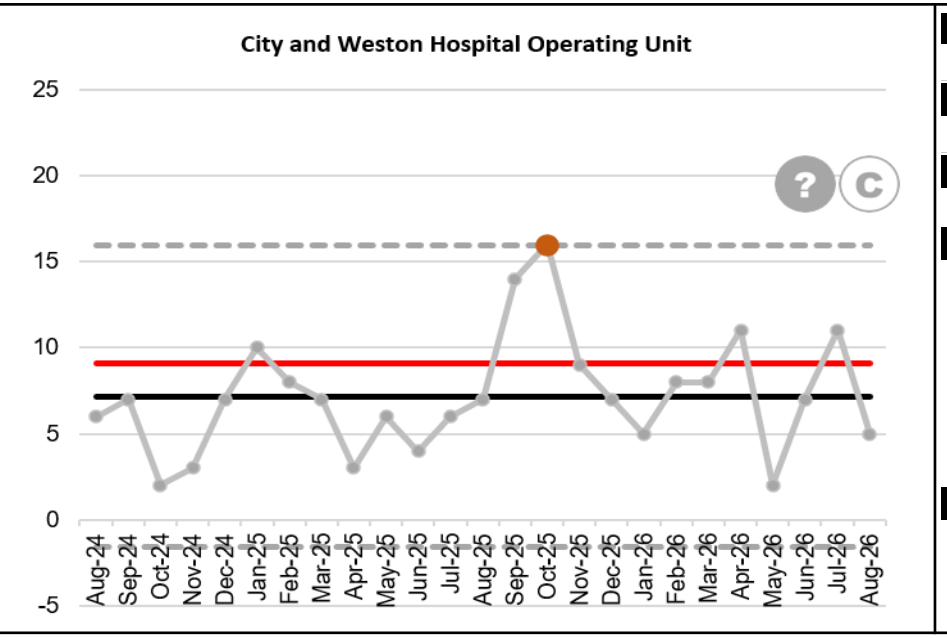
- Eight cases in August with a total of 32 to-date this year.
- Cases remain below trajectory position.

Actions being taken to improve

- Work ongoing to roll our 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.



Latest Month
Aug-26

Target
9.08

Latest Month's Position
5

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

Corporate Risk
No Corporate Risk

What does the data tell us?

Five cases of Escherichia Coli (E. Coli) were reported in August. Year-to-date figures show as being 36. 2025/26 in August showed as being at 26 a rise by 10 cases.

Actions being taken to improve

The review of case by the lead IPC microbiologist have recognised the link between urinary catheters related infections and E. coli. Findings shared with the ICB mean a system piece of quality improvement work will be delivered.

Impact on forecast

There are seasonal fluctuations with E. coli. It is anticipated we will below the NHSE limit at year end.

Quality

Falls – Rate per 1000 bed days

NHS Bristol NHS Foundation Trust
Bristol | Weston

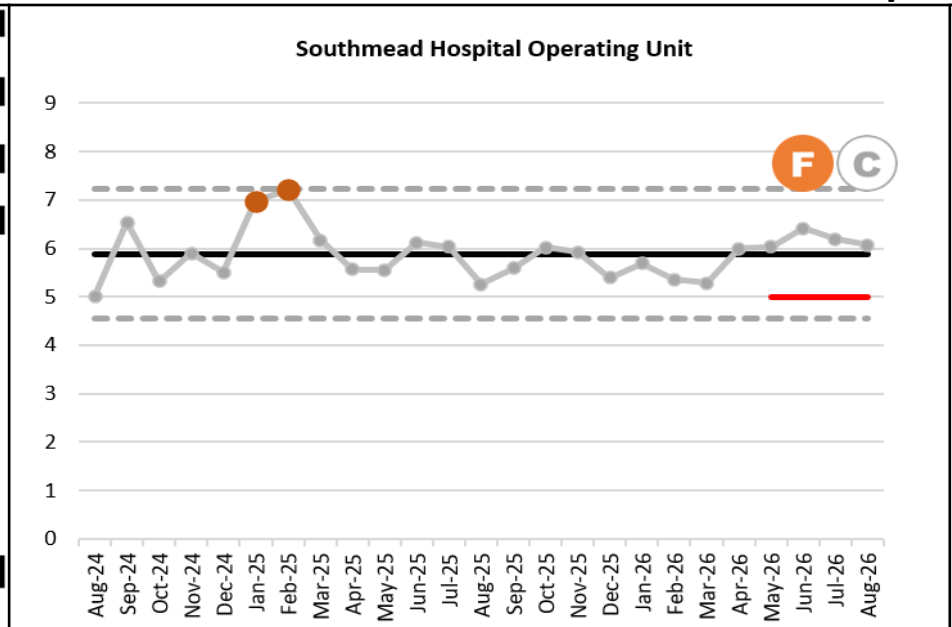
Latest Month
Aug-26

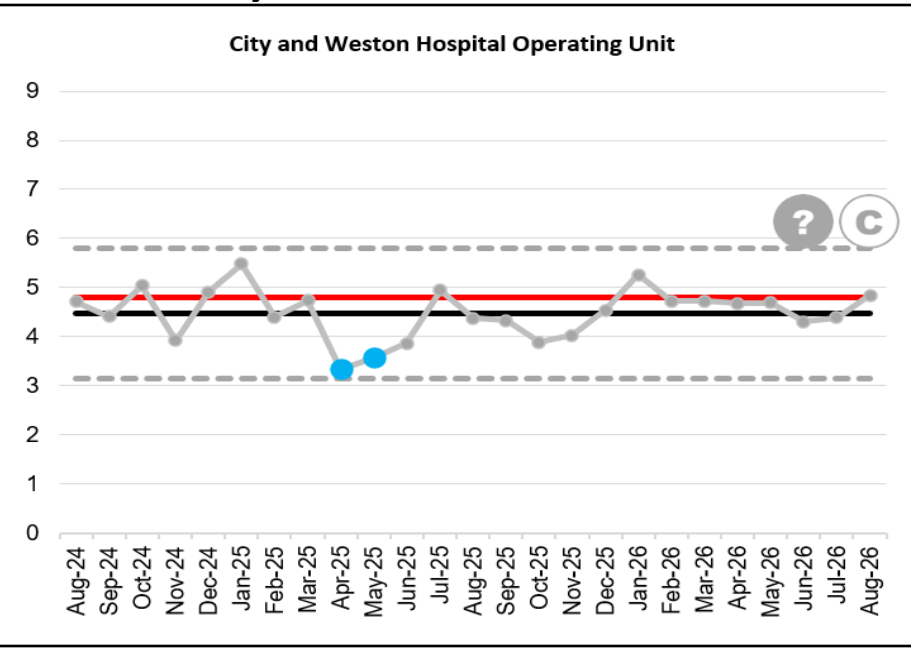
Target
5

Latest Month's Position
6

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

Trust Level Risk
No Trust Level Risk





Latest Month
Aug-26

Target
4.8

Latest Month's Position
4.8

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

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

What does the data tell us?
Multiple falls continue to contribute to overall falls figures. 34% of falls this month were from patients experiencing multiple falls within the month with one patient having six falls. Over a third of our falls are experienced by patients aged over 80. Of the falls with harm four out of six were experienced by older patients. In addition to the falls displayed there were also 4 falls in out-patient areas and three incidents which relate to clinical incidents where the patient came to rest on the ground as a result of a major intrinsic event.

Actions being taken to improve
The digital post falls action document has completed its trial successfully on selected wards and is due for roll out across medicine division in October, with other divisions to follow after. This will support insights on how we manage falls aftercare and is a practical guide to support appropriate staff action after a fall.
Working with Health and Safety team for a consideration of alternative shower chairs based on a theme that emerged from incident reviews. Continuing work to support learning from incidents reviews.

Impact on forecast
Using data from BNSSG the statistically modelled benchmark or expected level of performance for 2026 is 6.1 falls per 1000 bed days. This months performance aligns with this expectation but is above the HOU set target of 5.0 falls per 1000 bed days, this target has been set to reflect our improvement ambition as an organisation.

What does the data tell us
There have been 159 falls in total across City and Weston hospital operating units in August 2026, this equates to 4.909 per 1000 bed days which is slightly above current target of 4.8. There have been 94 falls in Bristol site and 65 falls in Weston site.
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, are being implemented and shared throughout the divisions and at the Dementia Delirium and Falls steering group. Implementation and effectiveness of actions are being regularly monitored.
- 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 currently reviewing and updating the Trust Falls policy and associated documents these will reflect the updated NICE (NG249) guidance in the revised version.
- Training - The DDF team continue to deliver education sessions and simulation-based training

Quality

Falls – Number resulting in Harm

NHS Bristol NHS Foundation Trust
Bristol | Weston

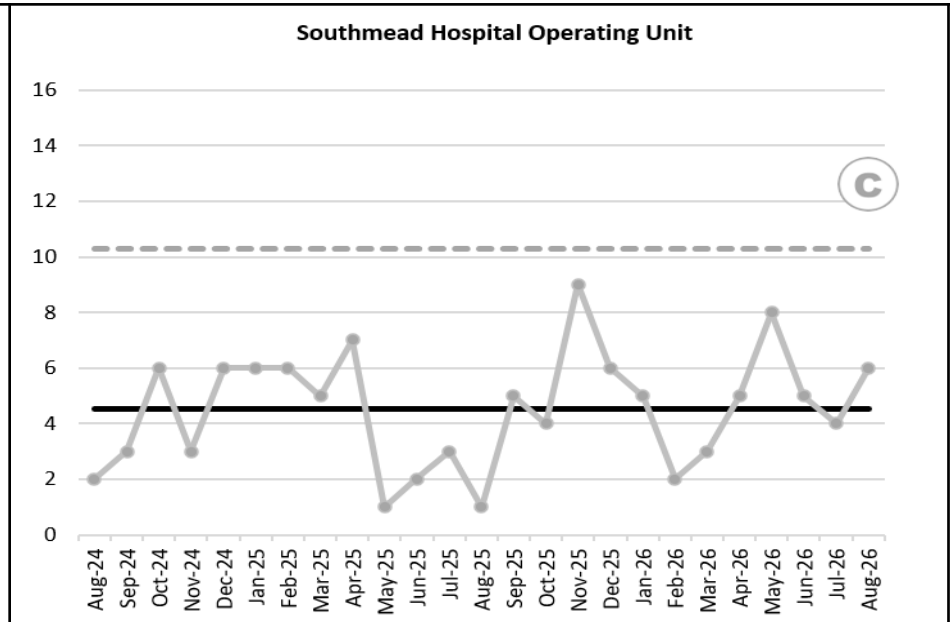
Latest Month
Aug-26

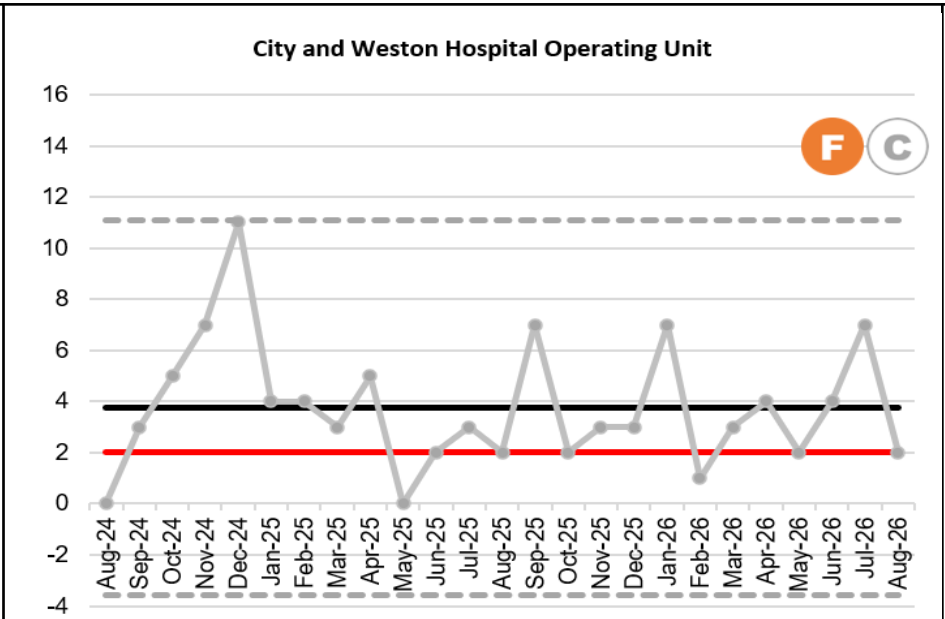
Target
No Target

Latest Month's Position
6

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

Trust Level Risk
No Trust Level Risk





Latest Month
Aug-26

Target
2

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

SHOU continues to monitor falls causing harm through routine quality governance arrangements and monthly performance reporting. Any increase in harm falls triggers review and scrutiny, with actions implemented where improvement opportunities are identified. This approach provides assurance that falls prevention remains a priority while recognising the limitations of using a fixed harm target as the sole measure of success.

A review of the target across the Trust is being undertaken and is expected to conclude during Q3.

What does the data tell us?
There have been two falls with harm this month, this is less than previous month (7).
Both falls with harm occurred within the Weston division.
One fall occurred away from ward area, patient had left the ward to go outside when fall occurred, patient sustained fractured ribs.
One fall occurred on ward in a cubicle. Unwitnessed fall resulting in patient sustaining a fractured shoulder.

Actions being taken to improve
Learning from falls reports will be completed to identify contributing factors, learning from incident and any actions required for improvement work.

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

Quality

Medication Incidents – Number Causing Moderate or Above Harm

NHS Bristol NHS Foundation Trust
Bristol | Weston

Latest Month
Aug-26

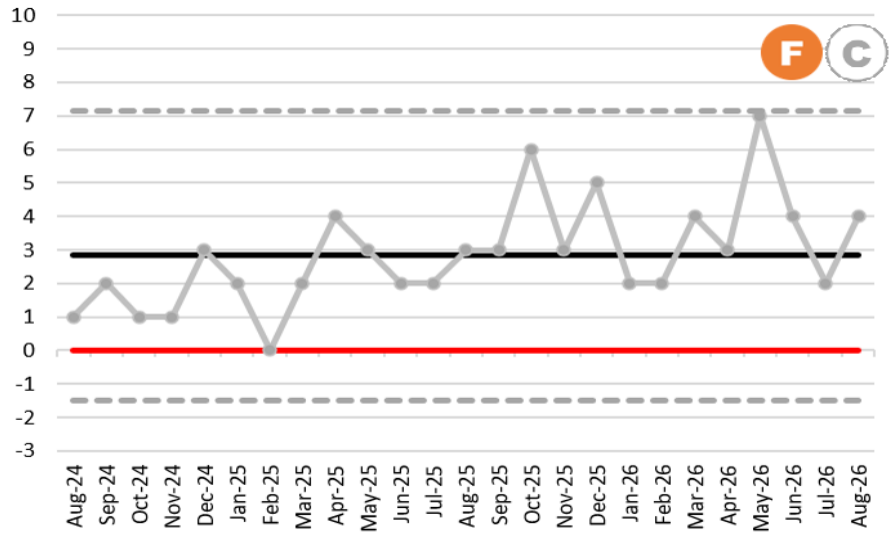
Target
0

Latest Month's Position
4

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

Trust Level Risk
Risk 1800 – Allergy status may not be identified resulting in medication being incorrectly prescribed or administered (20).
Risk 2134 - risk to patient safety and service provision due to insufficient staffing within the Pharmacy Medicines Governance & Safety Team (16).

Southmead Hospital Operating Unit



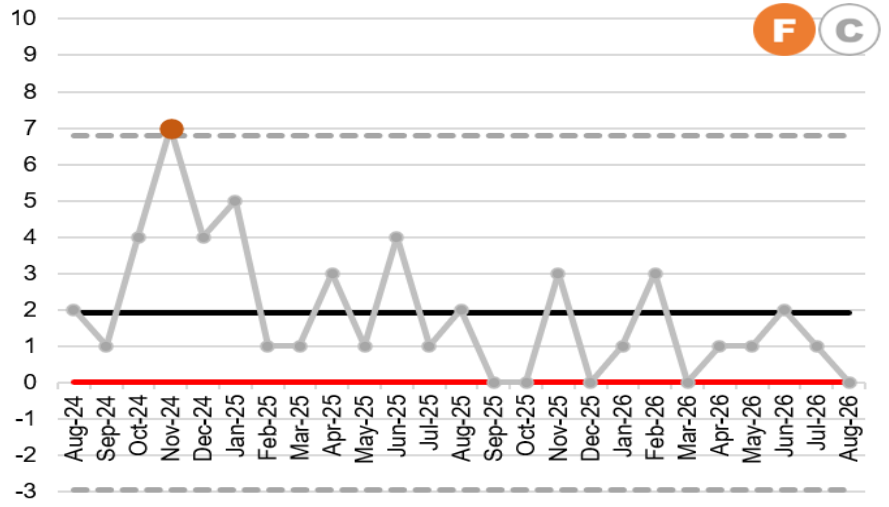
What does the data tell us?

During August 2026, Southmead recorded 146 medication incidents involving patients; of these, four were graded as causing moderate or above harm to a patient (2 x moderate and 2 x severe). The two severe harm incidents are the subject of PSIIs and group wide human factors related learning response.

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.

City and Weston Hospital Operating Unit



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

Latest Month
Aug-26

Target
0

Latest Month's Position
0

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

Corporate Risk
Risk 7633 - Reliance on paper-based medication prescribing and administration (16)
Risk 8386 - Risk that patients come to harm from a known medication allergy (20)

What does the data tell us?

During August 2026, City and Weston Hospital Operating Units (HOU) recorded 286 medication-related incidents, none of which resulted in moderate or above harm.

Actions being taken to improve

Syringe driver prescribing and administration within CareFlow Medicines Management (CMM) continues to be reviewed through a safety review and is monitored via a Trust-level risk. Work is ongoing to strengthen the dissemination and implementation of MHRA Drug Safety Updates.

Collaborative work with nursing colleagues to improve the safe and secure handling of medicines including monoclonal antibodies is underway. In addition, Pharmacy is undertaking a review of medicines supply standards to identify opportunities for improvement and promote consistency of practice.

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

A resource proposal is being developed to define the pharmacy workforce capacity required to support sustained medicines safety improvement across the merged Trust. Progress is being monitored through a Trust-level risk.

Quality

VTE Risk Assessment Completion

NHS Bristol NHS Foundation Trust
Bristol | Weston

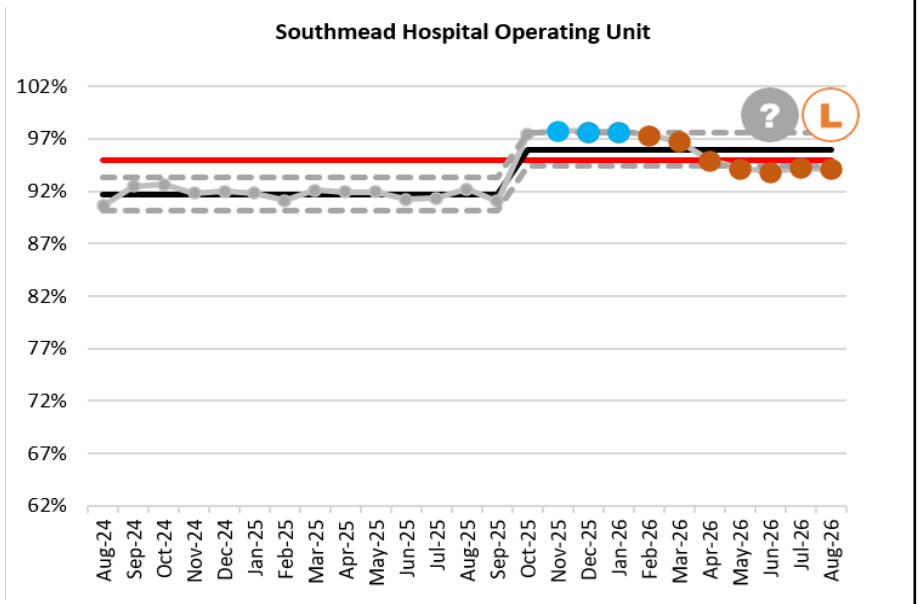
Latest Month
Aug-26

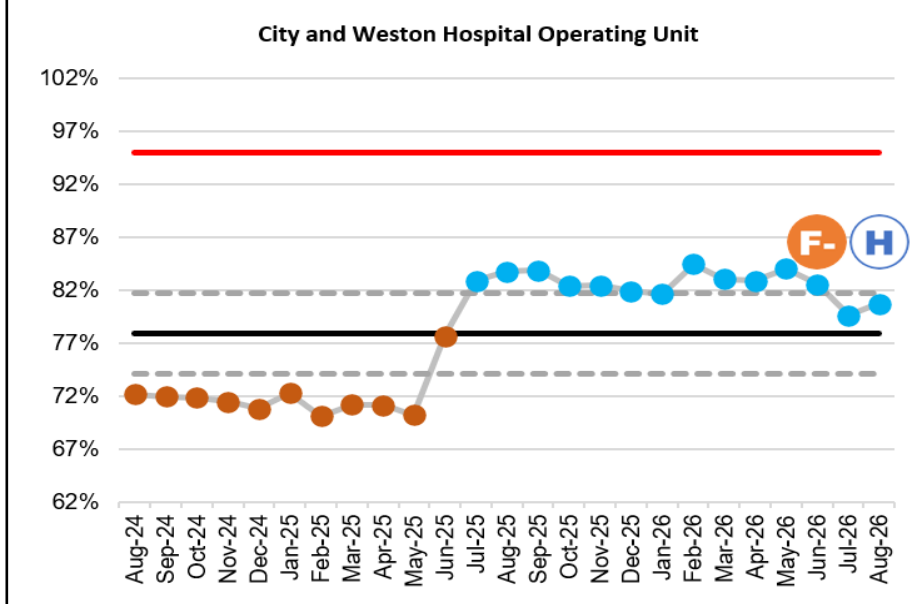
Target
95.0%

Latest Month's Position
94.1%

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

Trust Level Risk
No Trust Level Risk





Latest Month
Aug-26

Target
95.0%

Latest Month's Position
80.7%

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

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

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

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

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

What does the data tell us?
At City & Weston HOU the VTE RA compliance remains below the 95% target and remains around 80%. The drop of around 5% in July is likely to be the result of a change in reporting to incorporate completion of VTE risk assessment within 14 hours of Decision To Admit (DTA) for Emergency Department (ED) admissions (rather than time of arrival to ward). Spot audits by ward pharmacists demonstrate a lower compliance rate which is in keeping with the actual compliance after inflationary effect of cohorts are removed.

Actions being taken to improve
- Wardview boards have now been implemented to display real time VTE RA/thromboprophylaxis compliance at ward level
- Further face to face teaching for foundation year doctors arranged in the next quarter.
- Cohort definitions are being reviewed and refined to ensure they meet national requirements and are applied consistently across the merged organisation. Improving transparency of performance across clinical areas will strengthen operational and divisional oversight.

Impact on forecast
- Using the ward view boards should improve visibility of key VTE prevention metrics. Successful implementation will guide delivery across the wider organisation.
- Further improvement will depend on timely VTE RA completion across all admission pathways

Quality

Nursing, Midwifery Inpatient Safe Staffing Fill Rate

NHS Bristol NHS Foundation Trust
Bristol | Weston

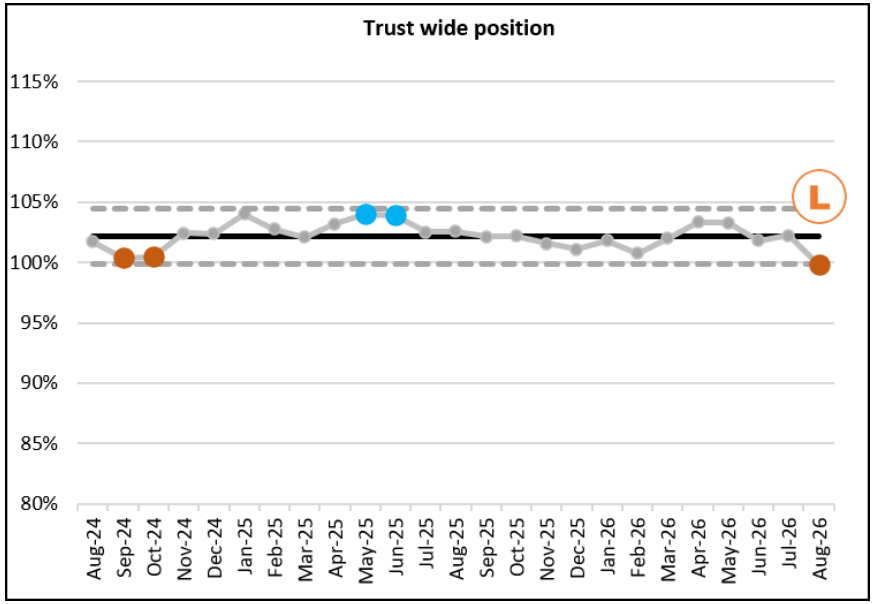
Latest Month
Aug-26

Performance
99.8%

Target
No Target

Trust Level / Corporate Risk
Risk 1035 - Score 16

Performance - Previous
102.3%

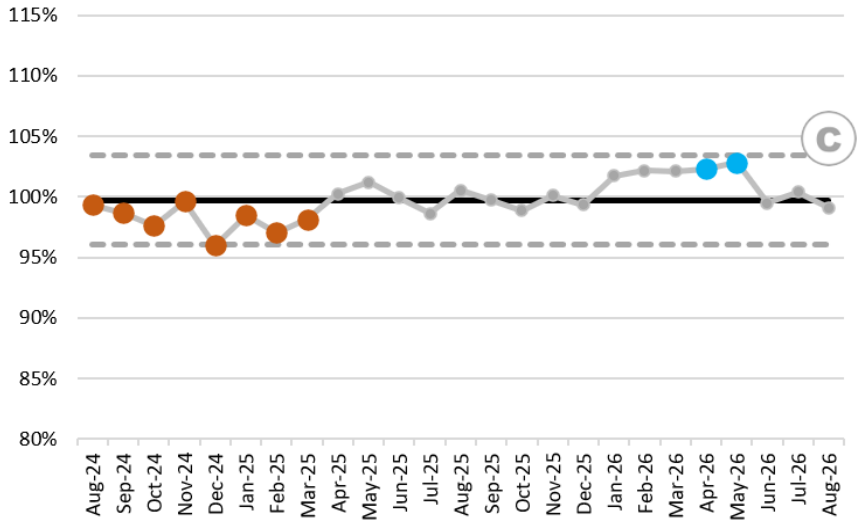


What does the data tell us?
The fill rate for the Trust has fallen to just over 100% compared to compared to previous months.

Actions being taken to improve

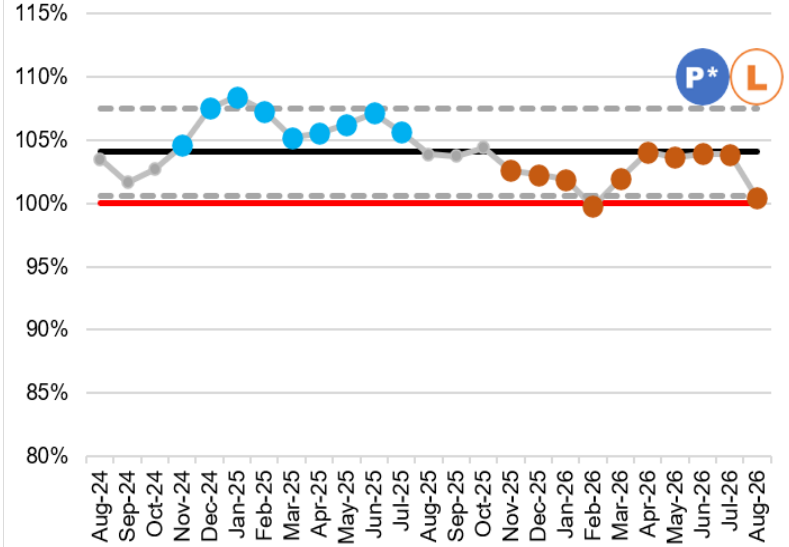
- Continued oversight of staffing to ensure all areas remain safely staffed each shift
- Careful use of temporary staffing to ensure critical gaps in staffing were appropriately filled to maintain patient safety.

Impact on forecast
August was a challenging month to fill shift gaps through temporary staffing however this is expected to improve next month.



The fill rate for the Southmead Hospital Operating Unit (HOU) has dipped below 100%.

Actions taken are consistent across both HOU to ensure patient safety is maintained.



The overall fill rate dropped to around 100% this month following an improving picture over the last six months.
Actions taken are consistent across both HOU to ensure patient safety is maintained.
The fill rate is expected 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

NHS Bristol NHS Foundation Trust
Bristol | Weston

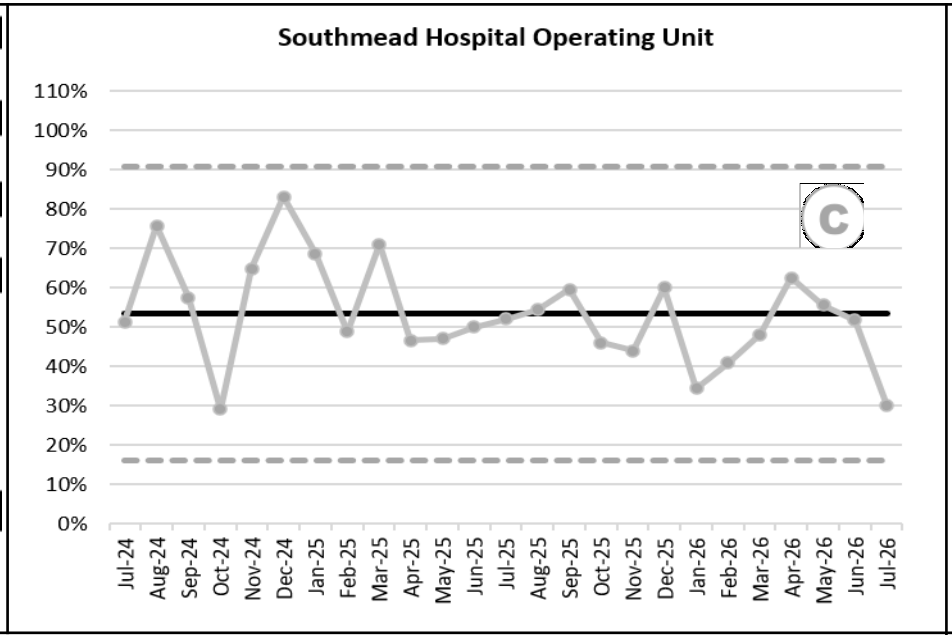
Latest Month
Jul-26

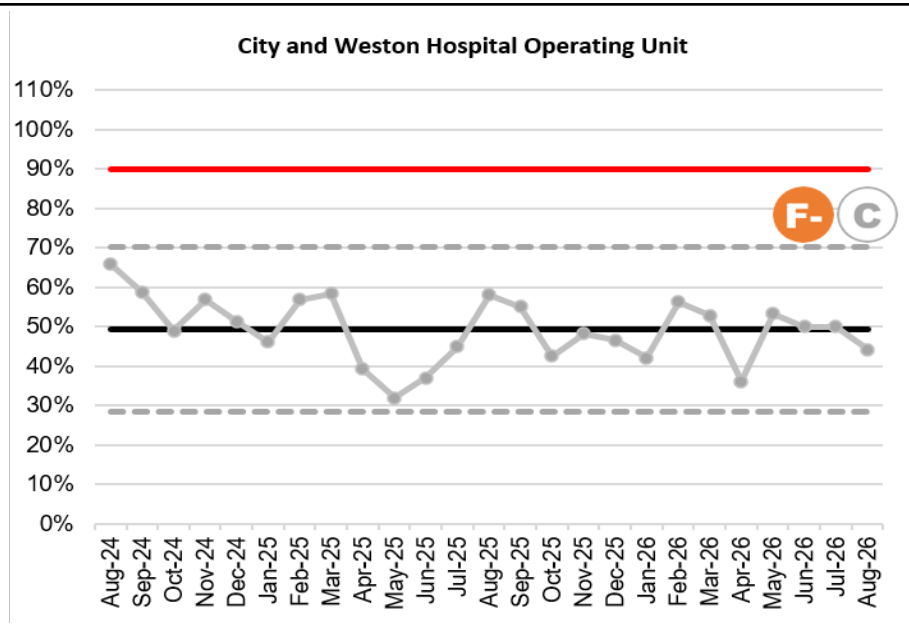
Target
No Target

Latest Month's Position
30.0%

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

Trust Level Risk
No Trust Level Risk





Latest Month
Aug-26

Target
90.0%

Latest Month's Position
44.1%

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

Corporate Risk
Risk 924 - Delay in hip fracture patients accessing surgery within 36 hours (15)

- Exceptionally high trauma demand throughout July, with an average requirement of 91 trauma operating hours and peaks of over 130 hours.
- Higher than usual NOF admissions alongside several complex polytrauma cases, each requiring >12 hours of operating time.
- Sustained pressure from both increased volume and case complexity significantly reduced theatre flexibility.
- 23 additional trauma theatre sessions were delivered above normal allocation to increase capacity and minimise delays.
- Despite these mitigations, demand continued to exceed available operating capacity.
- July NOF performance (30% within 36 hours) reflects an exceptional and sustained period of trauma activity.

What does the data tell us?

In August , 34 patients were eligible for Best Practice Tariff (BFT) at Bristol and Weston sites Hospital Operating Units (HOU). Overall BFT was achieved for 15/ 34 (44%), 15 (44%) patients underwent surgery in 36 hours, 33 (97%) patients received an Ortho- geriatrician review within 72hours.

The time to surgery target was mainly due to theatre capacity, at Weston two patients missed time to surgery due to a diagnostic delay. One patients missed the ortho-geriatrician 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 CEPOD 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

NHS Bristol NHS Foundation Trust
Bristol | Weston

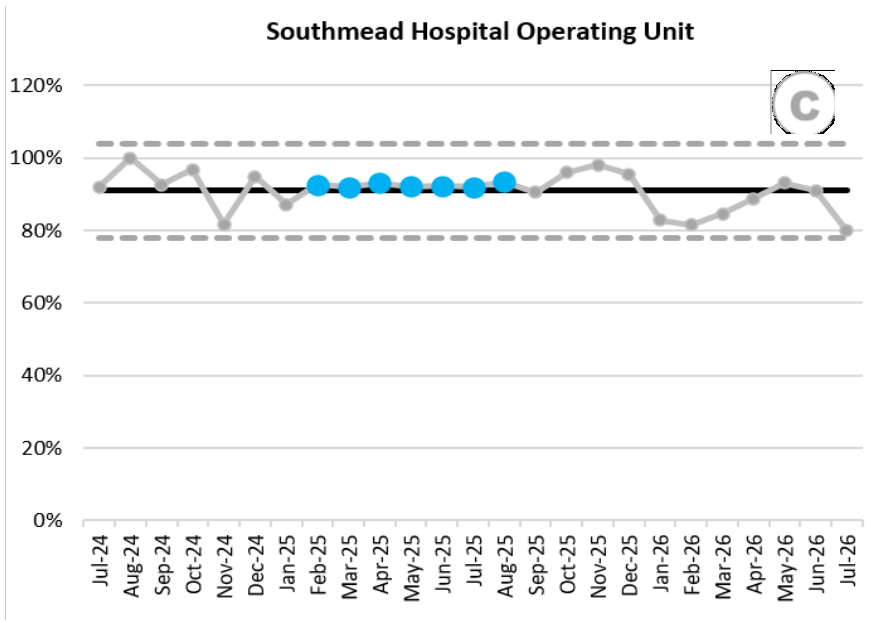
Latest Month
Jul-26

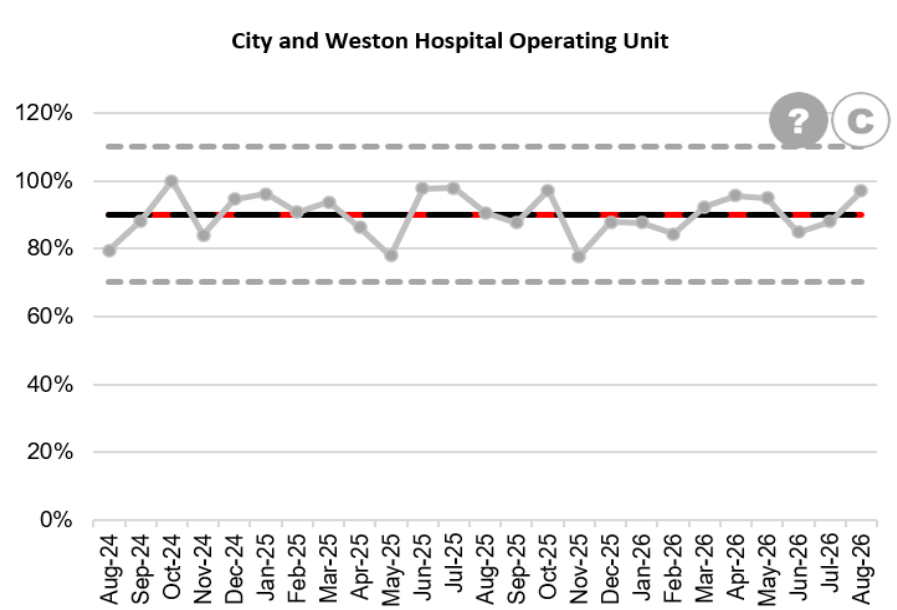
Target
No Target

Latest Month's Position
80.0%

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

Corporate Risk
No Trust Level Risk





Latest Month
Aug-26

Target
90%

Latest Month's Position
97.1%

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

Corporate Risk
No Corporate Risk

No narrative required as per business rules.

What does the data tell us?
Across City & Weston sites 33/34 (97%) patients received an otho-geriatrician review within 72hours.
One patient at Weston did not receive an ortho-geriatric assessment within 72 hours , the patient was not seen by the single part-time geriatrician. This was due to no staffing cover for the geriatrician who was on planned leave or over bank holidays/weekends.

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

NHS Bristol NHS Foundation Trust
Bristol | Weston

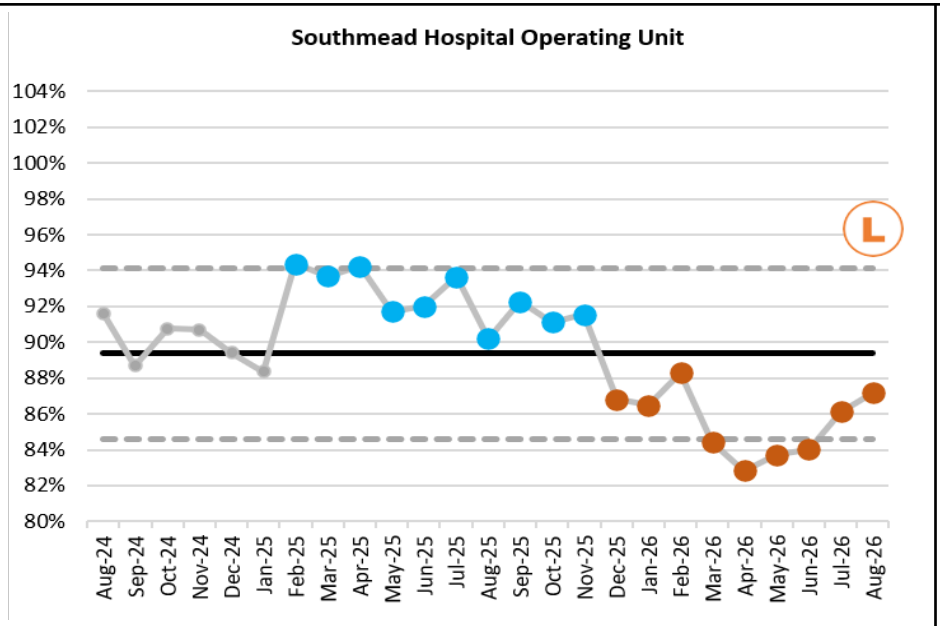
Latest Month
Aug-26

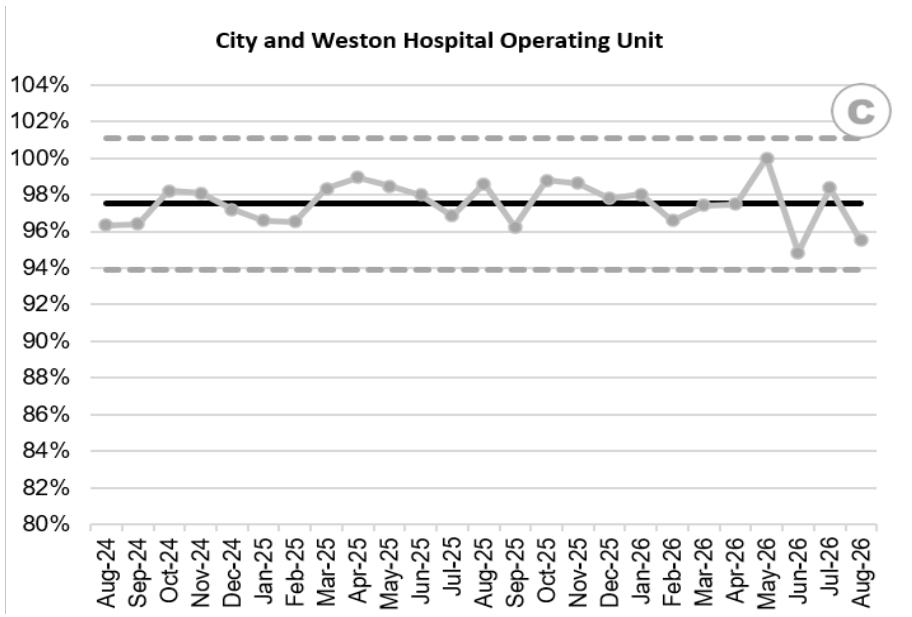
Target
No Target

Latest Month's Position
87.2%

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
Aug-26

Target
No Target

Latest Month's Position
95.5%

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

Corporate Risk
No Corporate Risk

What does the data tell us?
Maternity FFT scores have risen for the fourth month, from 86% in July to 87.2% in August. The wider decline since Dec 2025 reflects methodology changes, including the addition of Antenatal feedback, which broadens insight but affects response volumes across other touchpoints. FFT methodology

Actions being taken to improve
The maternity team is delivering an FFT action plan focused on key drivers of lower scores: improved weekend access, updates to the BRAIN tool, partner support via Dad Matters, and more equitable pain assessment. We're also adjusting the methodology to ensure balanced feedback across the pathway and establish a reliable new baseline.

Impact on forecast
Since transitioning to a new FFT provider on 1 April 2026, maternity feedback now includes Antenatal, Birth, Postnatal Ward and Postnatal Community responses. Antenatal frequency has been adjusted to balance response volumes across all touchpoints. We'll continue monitoring and refining the approach.

No narrative required as per business rules.

Quality

Formal Complaints

NHS Bristol NHS Foundation Trust
Bristol | Weston

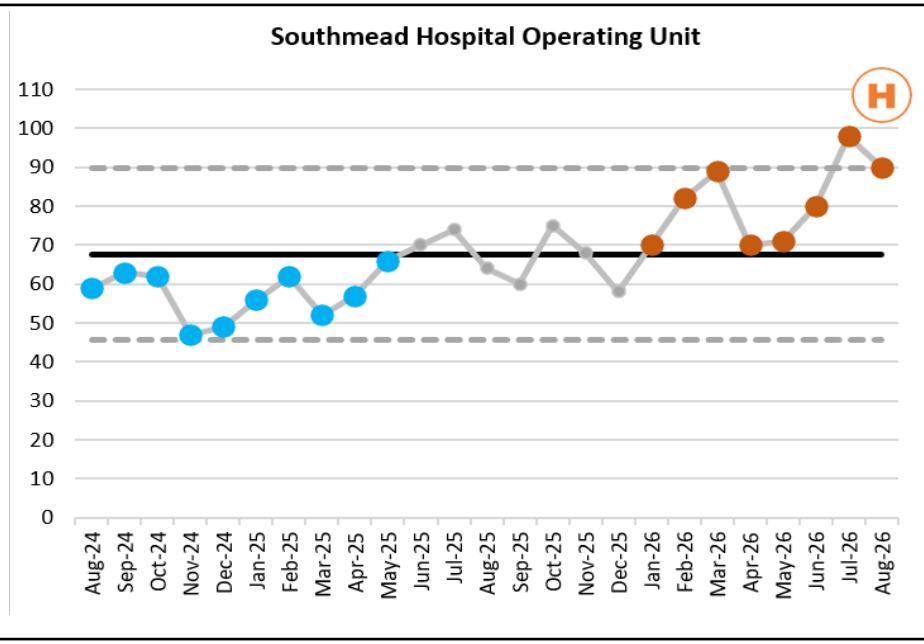
Latest Month
Aug-26

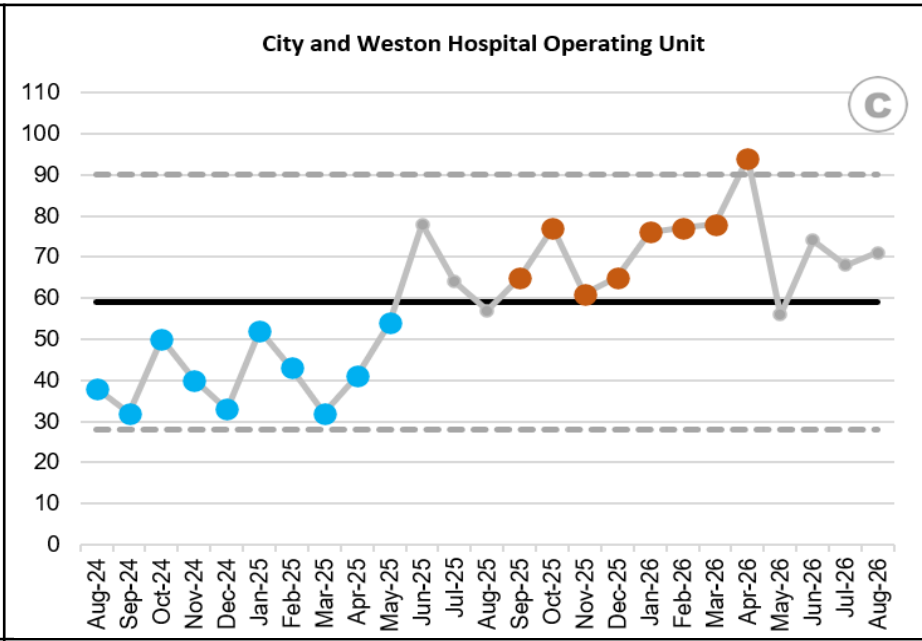
Target
No Target

Latest Month's Position
90

Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration and there is no target

Trust Level Risk
No Trust Level Risk





Latest Month
Aug-26

Target
No Target

Latest Month's Position
71

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

Corporate Risk
No Corporate Risk

What does the data tell us?

- In August, we received 90 complaints, Since January, SHOU have averaged 81 complaints a month, which is 30% increase over the same period last year.
- Medicine (29) received the most complaints, followed by WaCH (18), then ASCR and NMSK (17 each). A full review of the Medicine complaints is underway to understand what is driving this increase.

Actions being taken to improve

The Hospital Director of Nursing is undertaking a review of complaints themes across all divisions to identify recurring concerns, strengthen organisational learning, and ensure improvement actions are embedded. Findings will be used to inform divisional action plans, improve patient experience, and support greater triangulation of complaints, incidents, and patient feedback within quality governance processes. Progress will be monitored through divisional and HOU governance arrangements.

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 August has also risen (209), a 50% increase on the same month last year.

No narrative required as per business rules.

Quality

Formal Complaints Responded to Within Timeframe

NHS Bristol NHS Foundation Trust
Bristol | Weston

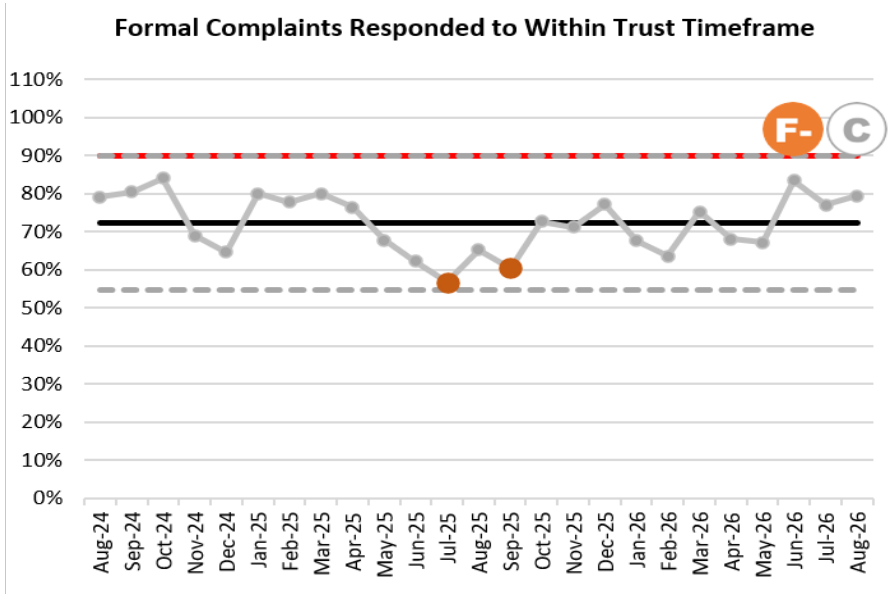
Latest Month
Aug-26

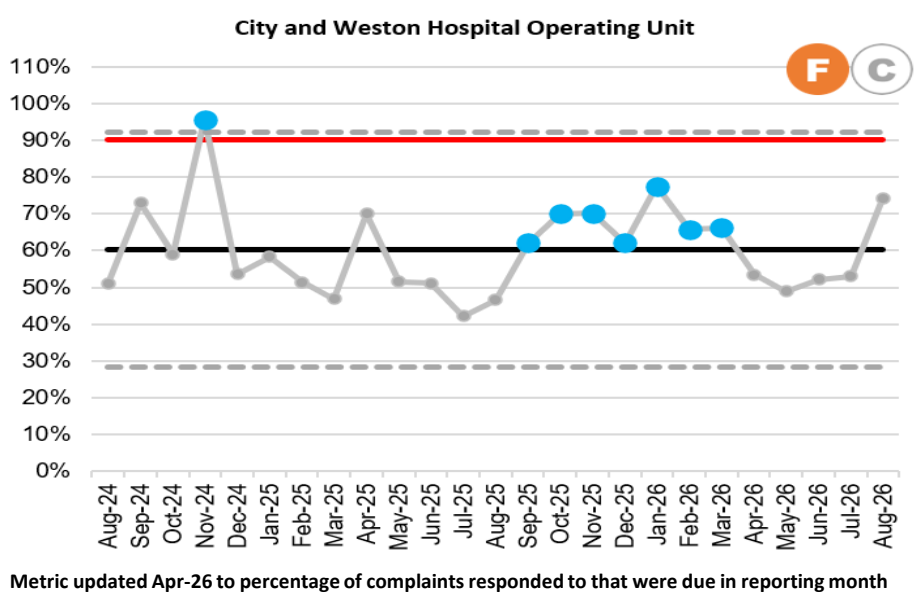
Target
90.0%

Latest Month's Position
79.5%

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

Trust Level Risk
No Trust Level Risk





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

Latest Month
Aug-26

Target
90.0%

Latest Month's Position
74.1%

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration.

Corporate Risk
No Corporate Risk

What does the data tell us?

- The complaint compliance rate has increased slightly from 77% in July to 79.5% in August, and is above the average.
- Of the 78 complaints due for response in August, 62 were closed within the agreed timescale, 7 were outside the agreed timescale, and 9 were still open at the time of reporting.

Actions being taken to improve

Improving complaints response times remains a priority for SHOU. Work is underway with divisions to understand the factors contributing to delays, strengthen oversight of open complaints, and improve the timeliness and quality of responses. The Hospital Director of Nursing is reviewing complaint themes and process effectiveness with divisional teams to support more consistent performance, ensuring patients and families receive timely responses and that learning is acted upon promptly through governance arrangements.

Impact on forecast

Performance is expected to show progressive improvement through Q3 and Q4 2026/27, with compliance against response time standards returning to target levels by 31 March 2027. Progress will be monitored monthly through divisional and HOU governance arrangements

What does the data tell us?

- Complaint compliance improved significantly from 53% in July to 74% in August, performing above the year-to-date average.
- This is the highest level of complaint compliance since January, suggesting that divisional improvement plans are beginning to have a positive impact. Weston, Women's and Children's, and Surgery all achieved compliance rates above 75%.
- Of the 81 complaints due for response in August, 60 were closed within the agreed timescale, demonstrating a marked improvement in timeliness, although opportunities remain to achieve more consistent performance across all divisions.

Actions being taken to improve

Improving complaint compliance and ensuring a quality response remains a key organisational priority. Each clinical division has an active improvement plan focused on strengthening oversight, monitoring outstanding complaints, and ensuring responses are completed within agreed timescales.

Impact on forecast

If divisions sustain current performance and continue to deliver their improvement plans, complaint compliance is expected to remain above average and improve further over the coming months. Continued focus will be required to ensure recent gains are embedded and consistently achieved across all services.

Our People
Scorecard

NHS Bristol NHS Foundation Trust
Bristol | Weston

	Metric	Hospital Operating Unit	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Well-Led	Workforce Turnover (Rolling 12-month)	**Trust**	**Aug-26**	**11.1%**	**11.1%**	**11.4%**	N/A*	N/A*	**Commentary**
		Southmead Hospital Operating Unit	Aug-26	11.3%	10.6%	11.1%	N/A*	N/A*	**Commentary**
		City Centre and Weston Hospital Operating Unit	Aug-26	11.0%	11.5%	11.7%	N/A*	N/A*	**Commentary**
Well-Led	Vacancy (Vacancy FTE as Percent of Funded FTE)	**Trust**	**Aug-26**	**4.6%**	**3.8%**	**4.7%**	**F**	**C**	**Escalation Summary**
		Southmead Hospital Operating Unit	Aug-26	5.3%	2.5%	5.2%	**F-**	**C**	**Escalation Summary**
		City Centre and Weston Hospital Operating Unit	Aug-26	4.0%	4.8%	4.3%	**P***	**C**	**Note Performance****
Well-Led	Sickness (Rolling 12-month)	**Trust**	**Aug-26**	**4.9%**	**4.4%**	**4.8%**	N/A*	N/A*	**Commentary**
		Southmead Hospital Operating Unit	Aug-26	4.9%	4.4%	4.8%	N/A*	N/A*	**Commentary**
		City Centre and Weston Hospital Operating Unit	Aug-26	4.9%	4.4%	4.9%	N/A*	N/A*	**Commentary**
Well-Led	Essential Training Compliance	**Trust**	**Aug-26**	**88.6%**	**90.0%**	**89.3%**	**F-**	**H**	**Escalation Summary**
		Southmead Hospital Operating Unit	Aug-26	86.2%	90.0%	87.7%	**F-**	**L**	**Escalation Summary**
		City Centre and Weston Hospital Operating Unit	Aug-26	90.9%	90.0%	90.9%	**?**	**H**	**Note Performance****

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

** with commentary

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

Our People

Workforce Turnover

NHS Bristol NHS Foundation Trust
Bristol | Weston

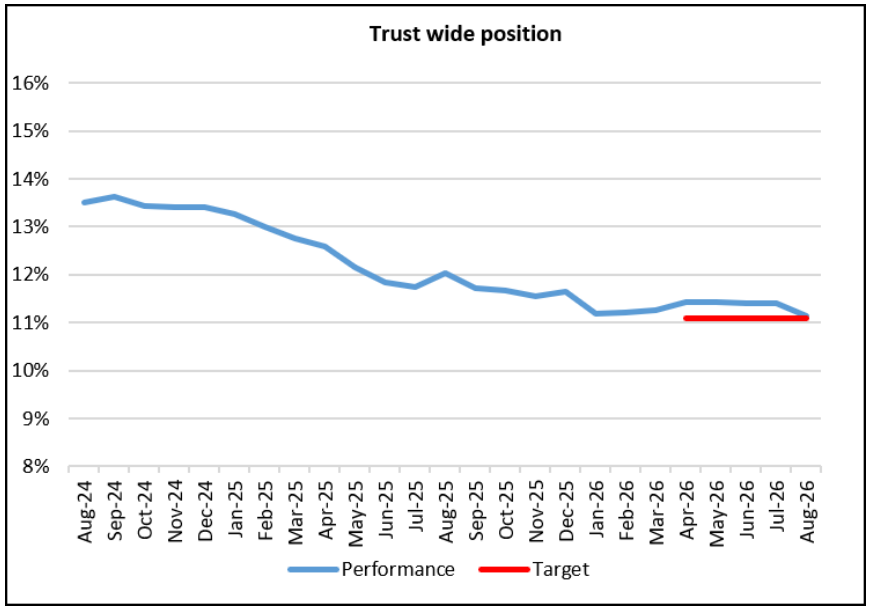
Latest Month
Aug-26

Rate
11.1%

Target
11.1%

Trust Level / Corporate Risk
Risk 1979 - Score 16
Risk 8383 - score 16

Performance - Previous Month
11.4%



What does the data tell us?

Southmead HOU turnover increased to 11.3% in Aug-26 from 11.2% in the previous month. Leaver FTE increased by 90.7 FTE to 177.8 FTE from 87.1 FTE the previous month, of the increased FTE, 53.9 FTE is within the Medical and Dental staff group and the role of Trust Grade Specialty Registrar, and Additional Clinical Services staff group contributing 22.0 FTE. The divisions of ASCR (26.5 FTE), Neurosciences and Musculoskeletal (17.4 FTE), Medicine (14.3 FTE), and Core Clinical Services (13.3 FTE) being affected the most by the increases.

City and Weston HOU turnover has reduced to 11.0% in Aug-26 from 11.7% the previous month. The reduction is largely due to 12-month leavers reducing to 1271.2 FTE in Aug-26 from 1351.2 FTE in Jul-26 (-79.9 FTE). There were 26.0 FTE fewer Admin and Clerical leavers, of which 21.2 were permanent, 19.3 FTE fewer fixed term Trust Grade Specialty Registrars, and 17.0 FTE fewer Registered Nursing leavers, of which 13.0 FTE were permanent, when comparing Aug-26 in month leavers to Aug-25 in month leavers. 12-month fixed term leavers reduced by 35.5FTE to 323.9 FTE and permanent 12-month leavers reduced by 44.4 FTE from 990.7 FTE. Medical and Dental 12-month fixed term Leaver FTE reduced 19.7 FTE compared to the previous month, (excludes resident doctors).

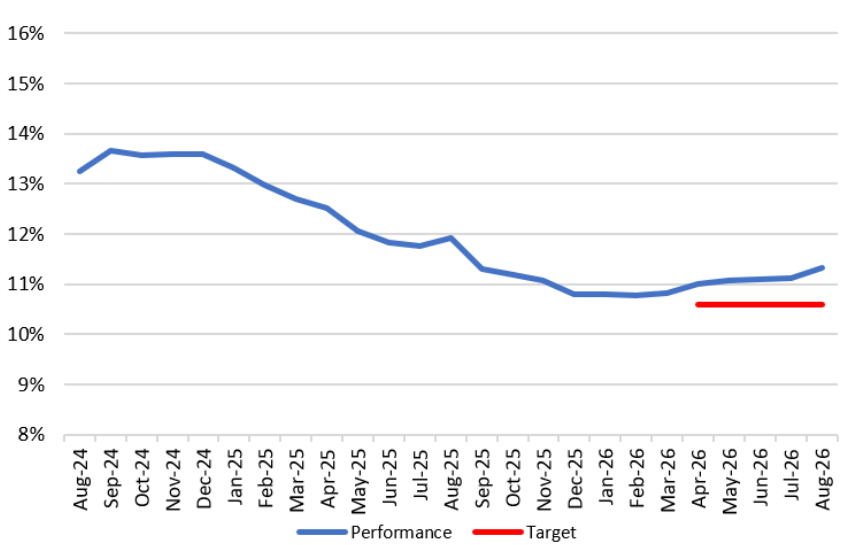
Actions being taken to improve

Continued focus on the development of the organisational values. 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 . Engagement continues across divisions to support the delivery of local people and culture plans.

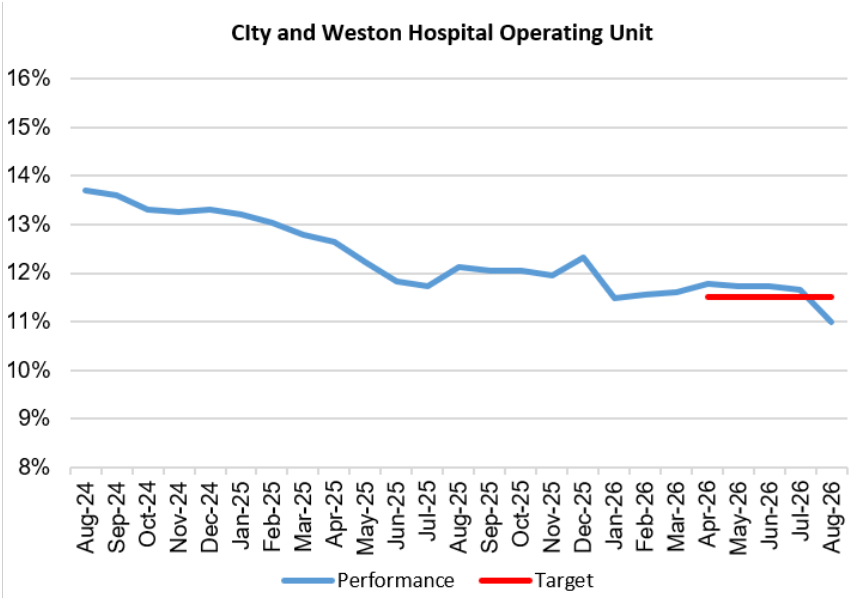
Work to assess and improve our speaking up culture is being finalised and aligned with our promotion of FTSU and Black History month in October. Focussed work to understand the drivers for increased Additional Clinical Service staff turnover at Southmead HOU will be taken forward, in conjunction with the HRBPs in the areas affected.

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.



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

NHS Bristol NHS Foundation Trust
Bristol | Weston

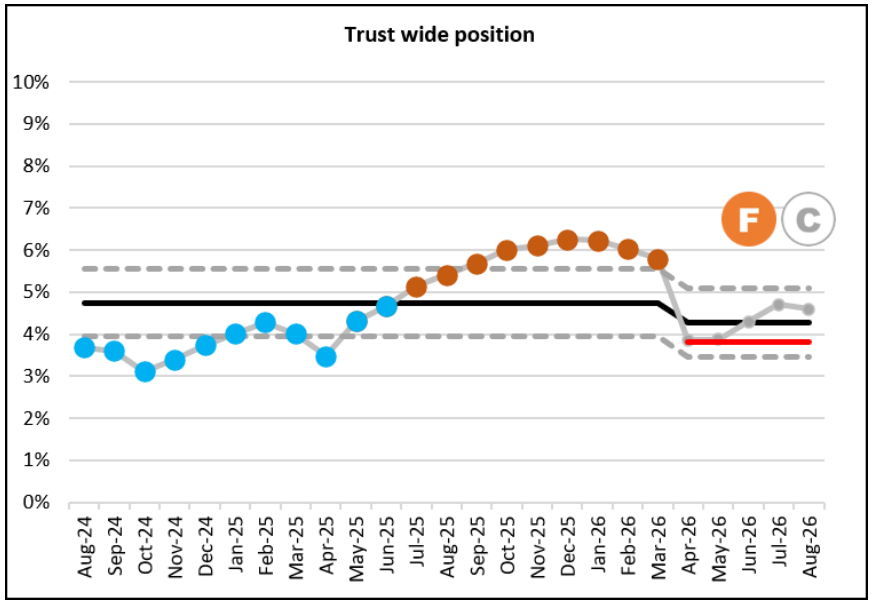
Latest Month
Aug-26

Rate
4.6%

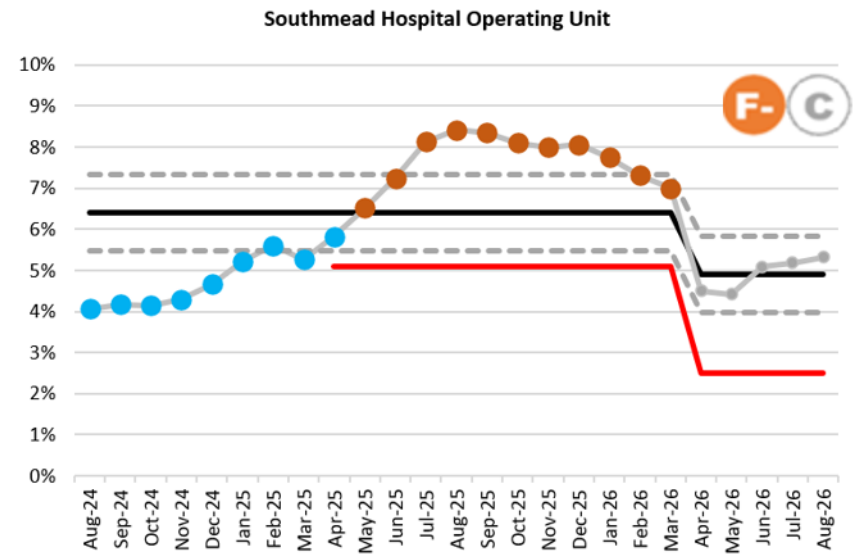
Target
3.8%

Trust Level / Corporate Risk
Risk 1979 - Score 16
Risk 8383 - score 16

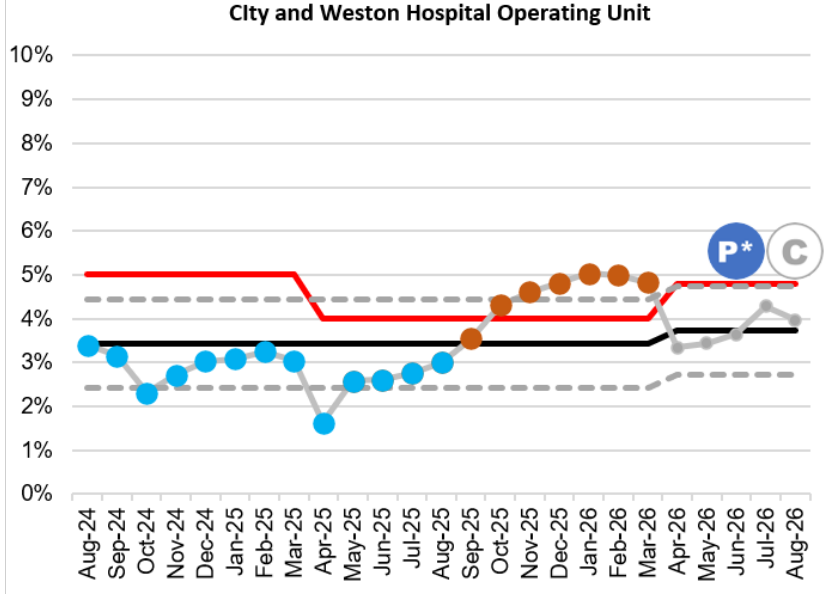
Performance - Previous
4.7%



What does the data tell us?
The trust wide position reduced to 4.6% compared to 4.7% in the previous month.
Southmead HOU Vacancies increased by 15.9 FTE in Aug-26. The Funded establishment increased by 20.2 FTE and the overall staff in post increased by 4.3 FTE. Core Clinical Services (+19.7 FTE), Facilities (+15.5 FTE), Medicine (+14.2), and ASCR (-13.2 FTE) are the divisions that have been affected the most. Medical (-46.9 FTE), Additional Clinical Services (+35.9 FTE) and Registered Nursing and Midwifery (+17.7 FTE) are the staff groups that been affected the most.
City and Weston HOU Vacancies reduced by 37.0 FTE in Aug-26. The Funded establishment increased by 46.2 FTE and the overall staff in post increased by 83.2 FTE. The largest divisional vacancy increase was seen in Women's and Children's (+36.3 FTE). At staff group level, the largest increase was in Registered Nursing and Midwifery (+17.7FTE), Medical and Dental had the largest reduction (-67.7 FTE).
Actions being taken to improve
Consistent recruitment of HCSWs is planned to address growing vacancies in Additional Clinical services roles within Southmead HOU. A Talent Pool of "interview ready" candidates has been created for Band 2-3 roles across AHP and HCS vacancies. This process will reduce the time to hire for managers. 8wte of offers have been made so far. Newly qualifying nurses recruited over the summer will start to join the trust throughout Sept and Oct and will impact vacancies across the wider Trust.
Impact on forecast
Resident Doctors recruitment has improved the medical workforce position across both HOUs.
Newly registered cohorts of nurses will continue to improve the vacancy position in September.



HCSW Supply: Assessment centres in **August 26** provided 16 offers for Band 2/3 roles across Southmead wards
Newly Qualifying nurses: Advertising for a final round of Newly qualifying nurses went live in Aug to recruit nurses into Medicine and NMSK wards.
ED expansion plans are now set with adverts live for 14.67WTE experienced Band 5 Nurses to work in the Emergency Zone
ICU Recruitment has started for 26 vacancies to fill due to turnover. Interviews are set for **September 26**

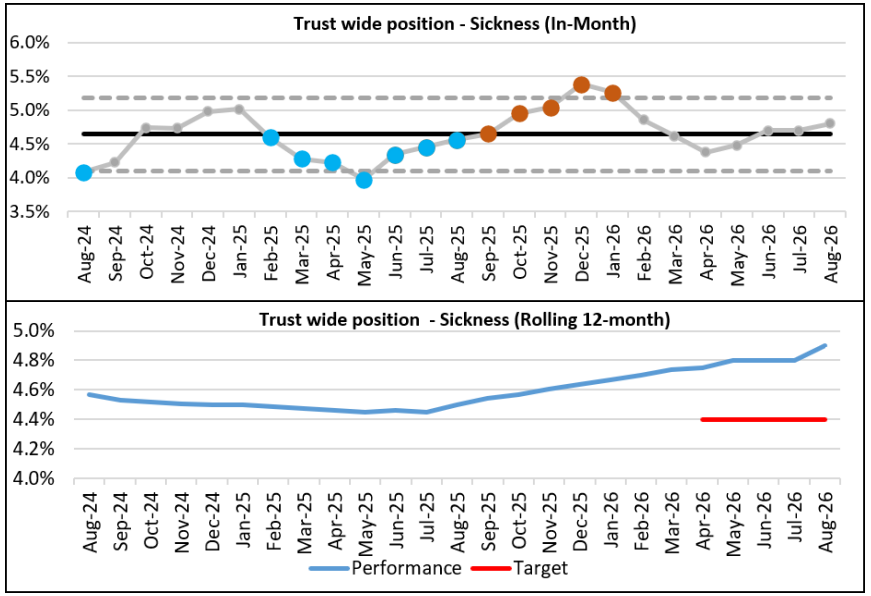


HCSW Supply: Recruitment continued in August 26 with 9 offers being made for Band 2/3 roles. Medicine division are using funding for Band 2 roles to cover the over recruitment of Band 5 staff within the division.
Newly Qualifying Nurses: 103 NQ nurses are completing checks for roles to start in **Autumn 26**
Rotational Midwives: 5 offers have been made for Band 6 midwives at St Michael's hospital with 6 more booked for interview in September.

Our People
Sickness Absence

NHS Bristol NHS Foundation Trust
Bristol | Weston

Latest Month	Aug-26
Rate (In Month)	4.8%
Rate (In Month) - Previous Month	4.7%
Rate (Rolling 12-Month)	4.9%
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?

Southmead HOU rolling 12-month sickness absence increased to 4.87% from 4.84% the previous month. Top three contributors for Aug-26 were Stress/Anxiety/Depression/Other Psychiatric Illness, Cold, Cough, Flu, and Other Musculoskeletal. Aug-26 absence rates in month were higher than Jul-26 (+0.27%), both short-term absence (+0.12%) and long-term absence (+0.16%) increased compared Jul-26. Aug-26 in-month absence rates were also higher than Aug-25 absence rates (+0.30%) but this has not significantly impacted the cumulative position.

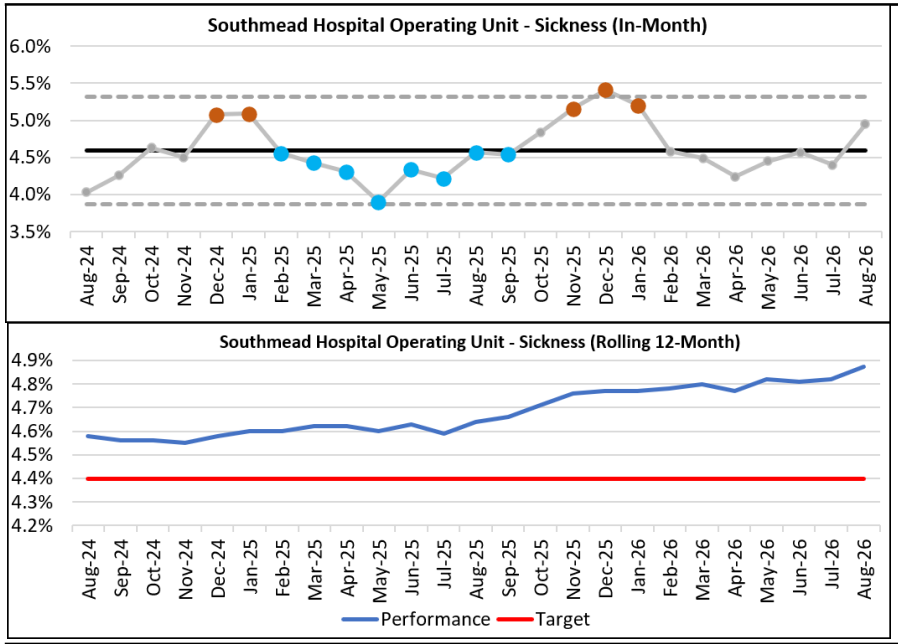
City and Weston HOU rolling 12-month sickness absence remained static at 4.9% compared to the previous month. Top three contributors for Aug-26 were Stress/Anxiety/Depression/Other Psychiatric Illness, Other Musculoskeletal and Gastrointestinal Problems. Aug-26 absence rates in month were lower than Jul-26 (-0.14%) driven by an increase in long-term absence (+4.6%) however short-term absence reduced (-3.1%). Aug-26 in-month absence rates were higher than Aug-25 absence rates (+0.10%) but this has not significantly impacted the cumulative position.

Actions being taken to improve

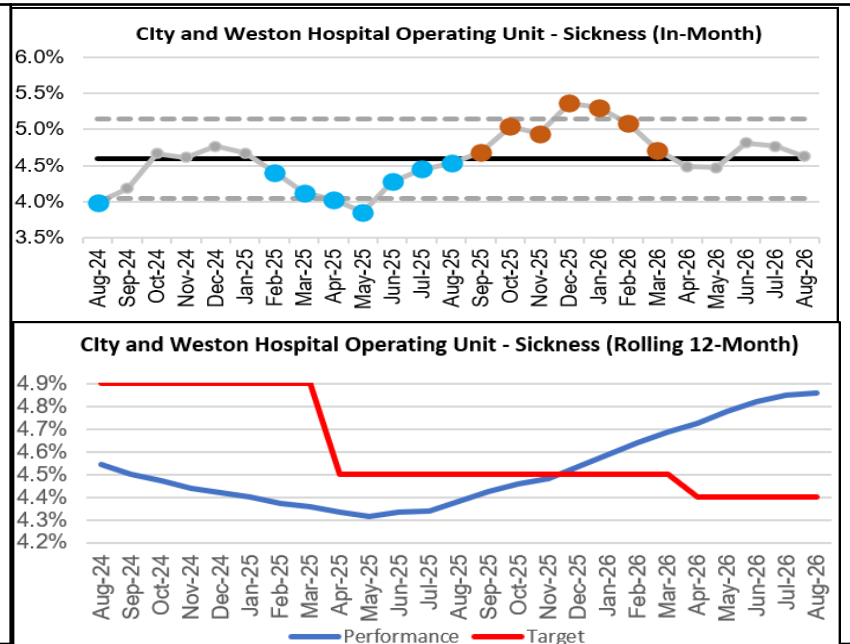
- Joint absence policy Q&A and Face to Face Training being developed for role out to managers
- The Well@Work launched its first workshop with specialists and Diviosnal practitioners on 23 September.
- Reporting now being taken through Deployment Reviews
- People Services / People Advice representative identified for Well@Work working group.

Impact on forecast

- Well@Work is a longterm project and the impact will be harder to discern in the monthly SPC chart as seasonal cough/cold and flu absence is likely to increase. Project will include staff vaccination compliance.



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.



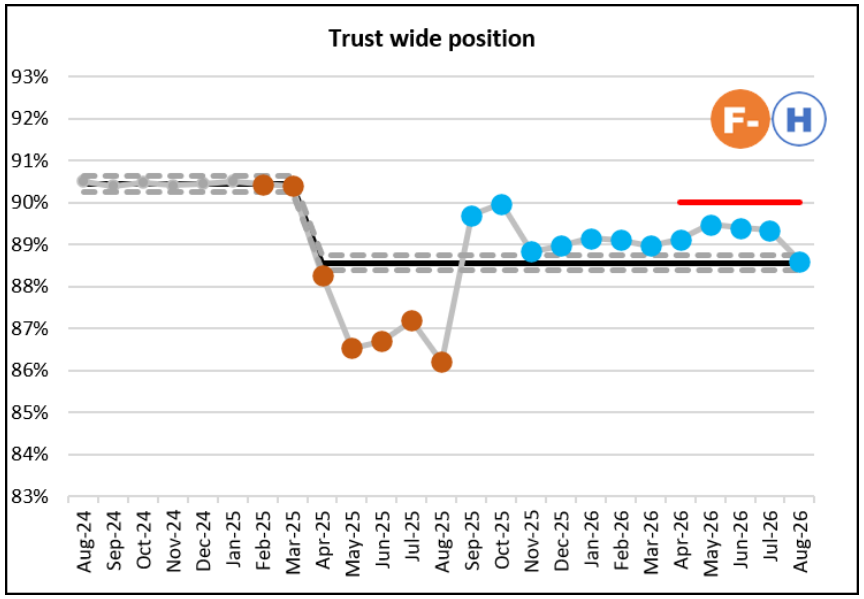
- 3 month review of Supporting Attendance policy which was launched in July 2026 underway to ensure continuous development of the policy and approach.
- People Services working with L&D around reasonable adjustments training for managers to provide additional guidance for those supporting individuals with long term health conditions.
- People Services taking part in Well at Work project group to take active role in establishing improvement projects to support reducing sickness absence within the Trust.

Our People

Mandatory and Statutory Training

NHS Bristol NHS Foundation Trust
Bristol | Weston

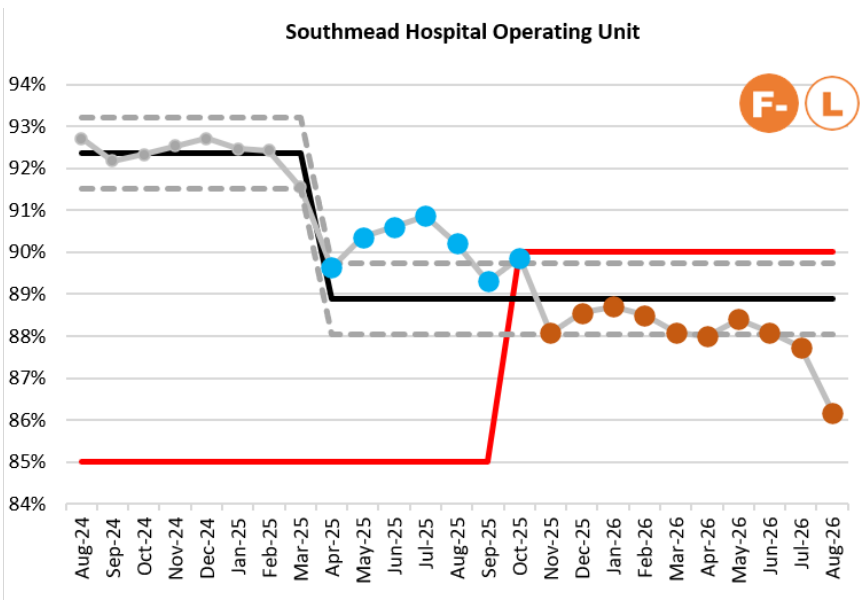
Latest Month
Aug-26
Position
88.6%
Target
90.0%
Position - Previous Month
89.3%
Oliver McGowan Tiers 1 and 2 Virtual/Face to Face
50.0%
Trust Level / Corporate Risk
No Corporate risk



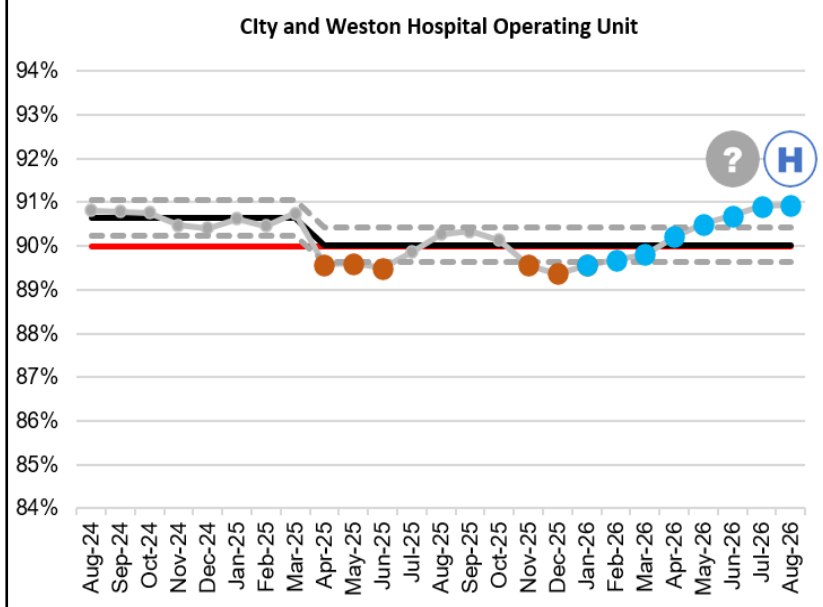
What does the data tell us?
Monthly overall Trust compliance decreased slightly by 0.7%, to 88.6% with a particular downward trend in overall compliance rates within Southmead.

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). An outcome of the Kallidus Learn (LMS) merge project is prompting the alignment of mandatory & statutory training across BFT, in terms of content, delivery and update cycles with the potential for a positive impact upon compliance.

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



IG: An existing SME monitoring and engagement with divisions targets specific areas for improvement.
OMMT: Whilst compliance continues to rise, it is not sufficient to meet the target of 90% by April 2027. Compliance of tier 1 group improved, now sitting at 49.8%. Tier 2 compliance increased by 2.2% to 48.7%. The key mitigation of capacity within the ICB OMMT training provision remains robust, flexible and able to accommodate training requests.
Resuscitation: A significant drop is noted for resus level 3, a process rather than training issue, being addressed with resus leads.



- **IG:** a slight decrease of 0.4% to 88.8% triggered SME engagement to address.
- **OMMT:** Overall, improvements in compliance are short of the required on month enrolments to meet the 90% target by April 2027. Compliance for both tiers continues to improve, with an increase of 2% to 52.7% for tier 1, and 1.9% to 55.6% for tier 2. In month OMMT compliance reporting was introduced to divisional reviews on a rolling basis.
- **Moving & Handling:** The upward compliance trajectory continued, with a 0.4% increase to 85.1%.
- **Resuscitation:** Increased attendance led to a 0.6% 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

SPORT

NHS Bristol NHS Foundation Trust Bristol | Weston

Successes	Priorities
• The Trust is on plan in Month 5. • The Trust continues to maintain a cash balance above plan. • While there is still further work to complete, the finance team has completed the initial phase of the merger including absorption accounting, single purchase and sales ledger, and alignment of the general ledger.	• Trust-wide revenue Forecast Outturn and Financial Recovery Plan to be developed and implemented. • Trust-wide capital Forecast Outturn to be completed to ensure compliance with the Trust's capital allocation and limits. • Continued focus on delivery of variable income across both Hospital Operating Units with the production of an operational recovery plan to bridge the gap between planned and delivered activity. • To ensure delivery is progressing on in-year savings to enable delivery of the plan as well as reducing the underlying deficit. • Reduce temporary staffing spend in line with NHSE targets. • Continue work on alignment of financial processes and systems across both "legacy" sites and systems.
Opportunities	**Risks and Threats**
• Alignment of workforce controls across both Hospital Operating Units and Corporate areas to manage substantive recruitment and temporary staffing use. • Alignment of non-pay controls across BFT to reduce run rates. • Continue to seek additional funding from commissioners. • Accelerating the benefits of the Merger Business Case across Divisions and Corporate Services • Further review of planning assumptions and accounting policies required to understand opportunities associated with bringing together accounting policies and plans. • Pursue opportunities to secure further additional capital funding.	• Unprecedented NCTR levels resulting in further under-delivery of elective activity against plan and high escalation costs. • Challenging delivery targets underpin the financial plan, particularly around savings and elective activity. Improvements to delivery will be required over the remainder of the year to breakeven.

FINANCE

I&E Overview

NHS Bristol NHS Foundation Trust
Bristol | Weston

	Month 5 (August 25)			YTD		
	Budget	Actual	Variance	Budget	Actual	Variance
	£m	£m	£m	£m	£m	£m
Patient Care Income	189.1	182.9	(6.2)	917.0	924.1	7.1
Other Income	8.6	16.0	7.4	90.7	96.7	5.9
Pay	(125.9)	(125.0)	0.9	(632.5)	(636.7)	(4.1)
Non-Pay	(76.4)	(78.6)	(2.1)	(394.5)	(403.3)	(8.8)
Surplus/(Deficit)	**(4.6)**	**(4.7)**	**0.0**	**(19.3)**	**(19.2)**	**0.1**

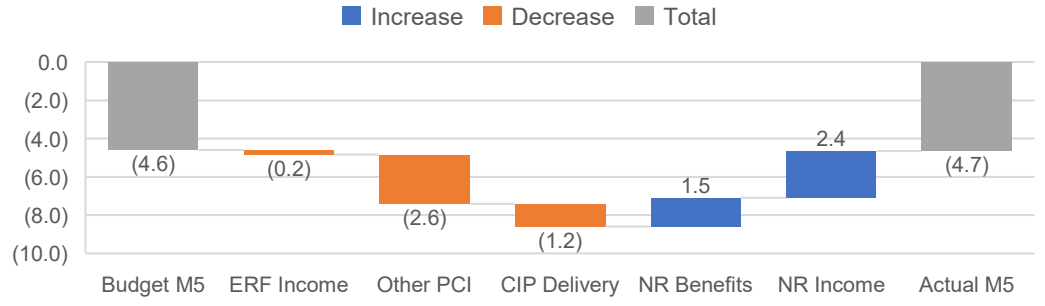
All figures in this report are presented on a consolidated basis from April 2026, which means that they may differ to figures reported to NHSE for BFT only.

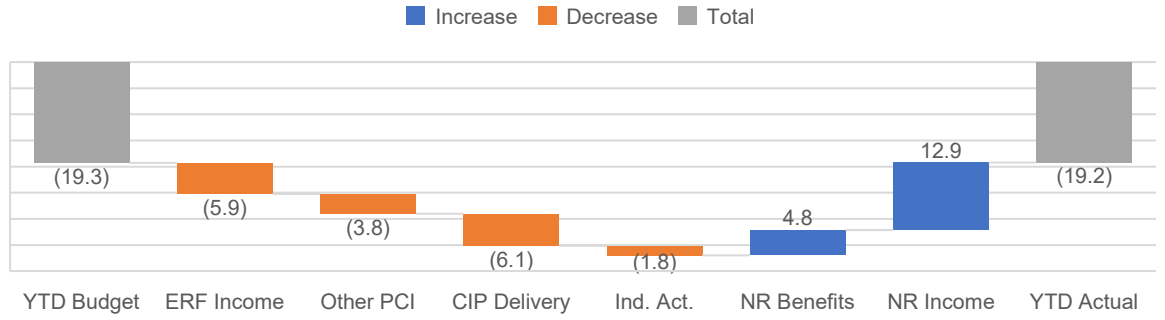
Key Messages:

- Year to Date planned deficit is £19.3m, while the in-month planned deficit is £4.6m. The Trust is currently on plan.
- Both in-year and in-month, the key variances are under-delivery of the savings plan and under-performance on variable patient income across the whole Trust. There is also a minor cost pressure linked with Industrial Action (£1.9m) earlier in the year.
- The in year pressures are currently mitigated by vacancies and non-recurrent mitigations.
- The in-month position continues to include 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, review of non-recurrent budget mitigations, realignment with NHSE plan.

Key Risks:

- There are ongoing concerns around recovery of under-delivered elective income across both Hospital Operating Units. Corrective action, within existing budgets, 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 savings 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 sites.





FINANCE

Saving Programme

NHS Bristol NHS Foundation Trust
Bristol | Weston

Division	Progress to Date CYE			Forecast Outturn CYE			Full Year Forecast Outurn			WTE	
	Plan	Actual	Variance	Target	Actual	Variance	FYE Completed Total	FYE FOT Total	FYE FOT Variance	YTD	FOT
	£m	£m	£m	£m	£m	£m	£m	£m	£m	WTE	WTE
Diagnostics & Therapies	£2.3	£1.3	(£0.9)	£7.1	£4.9	(£2.1)	£1.2	£5.2	(£1.9)	7	31
Medicine	£2.2	£2.2	(£0.0)	£6.2	£5.8	(£0.4)	£3.5	£5.9	(£0.3)	23	32
Specialised Services	£2.8	£1.7	(£1.1)	£6.8	£6.1	(£0.7)	£3.6	£5.5	(£1.2)	18	24
Surgery	£4.3	£2.3	(£1.9)	£11.9	£7.1	(£4.8)	£4.1	£8.0	(£4.0)	66	81
Weston	£1.3	£0.8	(£0.5)	£3.6	£2.6	(£0.9)	£0.6	£2.1	(£1.4)	20	20
Women's & Children's	£4.0	£3.4	(£0.6)	£12.3	£10.7	(£1.6)	£5.9	£11.0	(£1.2)	13	15
Estates & Facilities	£1.0	£0.9	(£0.1)	£2.6	£2.7	£0.1	£0.9	£1.2	(£1.5)	11	16
COO	£0.4	£0.4	£0.0	£1.0	£1.0	£0.0	£1.0	£1.0	£0.0	0	0
Central	£3.6	£3.6	£0.0	£10.8	£11.2	£0.4	£0.3	£0.3	(£10.5)	0	0
Profile to NHSE plan	(£2.3)	£0.0	£2.3	£0.0	£0.0	£0.0	£0.0	£0.0	£0.0	0	0
City & Weston HOU Total	**£19.6**	**£16.7**	**(£2.8)**	**£62.2**	**£52.2**	**(£10.0)**	**£21.1**	**£40.2**	**(£21.9)**	**158**	**218**
ASCR	£3.2	£1.0	(£2.2)	£9.5	£3.1	(£6.5)	£1.2	£8.6	(£1.0)	0	61
CCS	£2.8	£2.5	(£0.4)	£8.3	£5.2	(£3.2)	£2.3	£5.2	(£3.1)	15	48
Medicine	£2.3	£0.7	(£1.6)	£6.7	£1.8	(£4.9)	£0.8	£2.8	(£3.9)	2	10
NMSK	£2.0	£1.0	(£1.0)	£6.0	£4.5	(£1.6)	£1.0	£6.5	£0.5	0	1
Women's & Children's	£0.9	£0.4	(£0.5)	£2.7	£1.2	(£1.6)	£0.5	£2.2	(£0.5)	0	5
Facilities	£1.1	£0.6	(£0.5)	£3.3	£1.2	(£2.2)	£0.7	£2.8	(£0.6)	4	11
Operations	£0.2	£0.1	(£0.1)	£0.5	£0.3	(£0.2)	£0.3	£0.4	(£0.1)	5	6
Southmead HOU Sub Total	**£12.6**	**£6.3**	**(£6.3)**	**£37.2**	**£17.2**	**(£20.0)**	**£6.8**	**£28.5**	**(£8.7)**	**28**	**141**
Central NR CIP	£0.0	£8.3	£8.3	£0.0	£13.7	£13.7	£0.0	£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	0	0
Southmead HOU Total	**£12.6**	**£10.8**	**(£1.8)**	**£37.2**	**£27.1**	**(£10.1)**	**£6.8**	**£28.5**	**(£8.7)**	**28**	**141**
CMO	£0.0	£0.0	(£0.0)	£0.1	£0.1	£0.0	£0.0	£0.1	£0.0	0	2
CNO	£0.1	£0.2	£0.0	£0.4	£0.4	(£0.0)	£0.0	£0.4	(£0.0)	7	7
Finance	£0.3	£0.2	(£0.1)	£1.1	£1.1	£0.0	£0.4	£0.8	(£0.2)	1	1
HR	£0.3	£0.5	£0.2	£1.4	£1.4	(£0.0)	£0.8	£1.4	£0.0	20	27
Digital	£0.7	£0.7	(£0.1)	£2.2	£2.1	(£0.1)	£1.4	£3.1	£0.9	4	31
Trust HQ	£0.2	£0.2	(£0.0)	£0.8	£0.8	(£0.0)	£0.0	£1.1	£0.2	15	15
Trustwide SOU	£1.9	£0.6	(£1.3)	£5.6	£1.5	(£4.1)	£1.3	£1.8	(£3.7)	0	0
Corporate Total	**£3.6**	**£2.3**	**(£1.3)**	**£11.6**	**£7.3**	**(£4.2)**	**£3.9**	**£8.7**	**(£2.8)**	**46**	**82**
Merger Benefits	**£0.8**	**£0.6**	**(£0.2)**	**£9.6**	**£6.1**	**(£3.5)**	**£0.0**	**£5.6**	**(£4.0)**	**0**	**0**
Trust Total	**£36.6**	**£30.4**	**(£6.1)**	**£120.5**	**£92.7**	**(£27.8)**	**£31.8**	**£83.0**	**(£37.5)**	**232**	**442**

Delivery:

- **Year To Date** (CYE) £30.4m Delivered vs £36.8m Plan = (£8.1m) Variance
- **Forecast Outturn** (CYE) £92.7m Forecast vs £120.5m Plan = (£27.8m) Variance
- **Full Year Effect** (FYE) Recurrent Forecast Outturn £83.0m Forecast vs £120.5m Plan = (£37.5m)

Actions:

- Divisions of Medicine and ASCR at SOU, and Surgery at C&W, have moved into escalation and are receiving enhanced corporate support to strengthen savings delivery.
- Workstream updates will be presented to PFIG and FSG, outlining priority areas and seeking engagement on refreshed programmes of savings opportunities.
- The Financial Improvement Team is setting out its support offer to workstreams and divisions as part of the refreshed savings programme.

Key Risks:

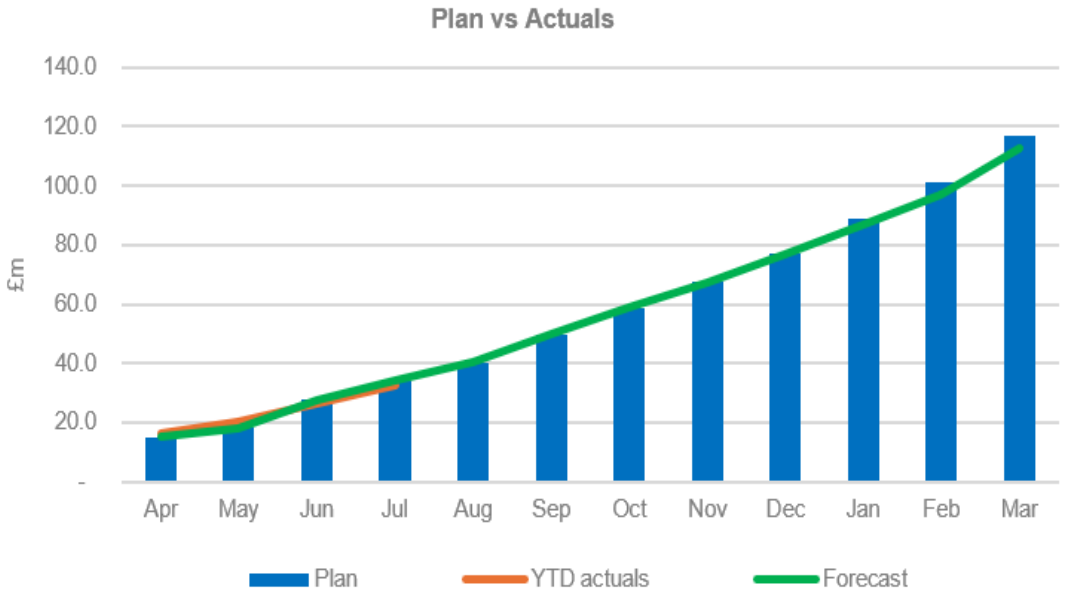
- Adverse Variances Reported YTD, FOT & FYE currently.
- Significant focus on improving savings identification and delivery required

FINANCE

Capital Position

NHS Bristol NHS Foundation Trust
Bristol | Weston

	Full Year Plan £m	Full Year Forecast £m	Full Year Variance £m	Year to Date Plan £m	Year to Date Spend £m	Year to Date Variance £m
Capital Expenditure (Applications)						
Major Capital Schemes	15.3	30.3	15.0	2.8	8.5	5.6
Major Diagnostic Replacement	14.3	17.7	3.4	2.5	2.0	(0.5)
Medical Equipment	7.1	14.5	7.4	1.7	4.2	2.5
Fire Improvement Programme	1.4	6.8	5.4	0.6	1.9	1.3
Estates Schemes	48.9	39.7	(9.2)	11.6	6.6	(5.0)
Digital Services	18.4	15.2	(3.2)	13.9	10.1	(3.8)
Planned Slippage	0.0	(23.8)	(23.8)	0.0	0.0	0.0
Right of use assets - leased assets (IFRS16)	8.1	8.1	0.0	6.6	3.5	(3.1)
Donations balance of plan £1.5m	0.5	1.2	0.7	0.1	(0.0)	(0.1)
PFI Lifecyle	3.2	3.2	0.0	0.0	0.4	0.4
Total - Capital Expenditure	**117.2**	**112.9**	**(4.3)**	**39.8**	**37.0**	**(2.8)**
Capital Funding (Sources)						
CDEL	67.0	69.0	2.0	23.0	29.9	6.9
PDC	41.0	34.7	(6.3)	9.8	3.4	(6.4)
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	0.7	0.2	(0.5)
Total - Capital Funding	**117.2**	**112.9**	**(4.3)**	**39.8**	**37.0**	**(2.8)**



Key Messages:

- Capital expenditure at the end of August is £37m, which is £2.8m below the plan of £39.8m.
- 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 £5m of national PDC funding has been awarded since the planning stage.

Key Risks:

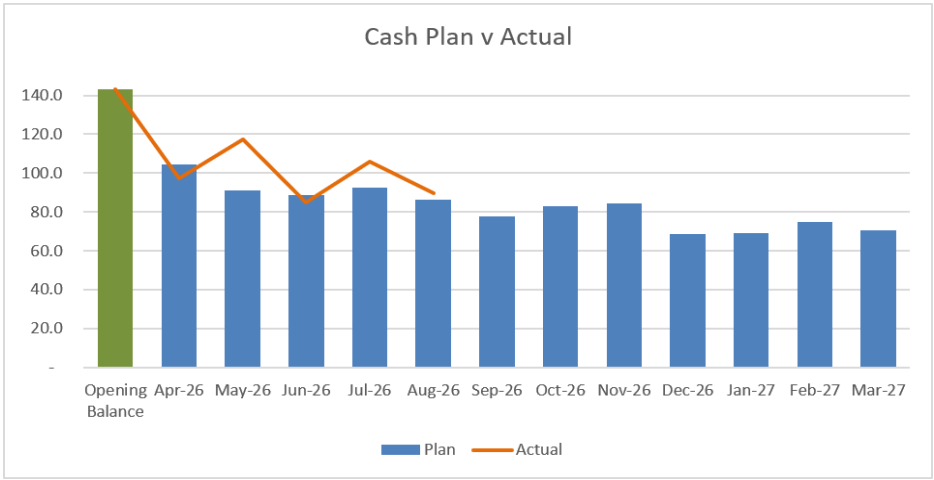
- The overall CDEL position remains constrained, with £29.9m of the £69m allocation spent by August, limiting flexibility to respond to emerging capital pressures.
- Delays or delivery challenges across major capital schemes may result in further in-year slippage. A robust forecasting exercise is planned for September to assess delivery progress and identify any emerging risks and opportunities.

FINANCE

Cash Position

NHS Bristol NHS Foundation Trust
Bristol | Weston

	31st July 2026 £m	31st August 2026 £m	Monthly Movement £m
Operating Surplus/(Deficit)	(3.7)	(3.5)	0.2
Depreciation and Amortisation	17.9	24.3	6.4
Impairments and Reversals	-	-	-
Losses on Disposals	-	-	-
Income from Donations	(0.1)	(0.2)	(0.2)
(Increase)/Decrease in Assets	(24.2)	(30.7)	(6.5)
Increase/(Decrease) in Liabilities	48.3	35.8	(12.5)
Net Cash Generated from/(used in) Operating Activities	**38.3**	**25.7**	**(12.6)**
Interest Received	1.8	2.1	0.3
Purchase of Assets	(31.2)	(33.5)	(2.3)
Donated Assets	-	0.2	0.2
Net cash from / (used in) Investing Activities	**(29.4)**	**(31.2)**	**(1.8)**
Public Dividend Capital - Rec	0.7	3.4	2.7
Loans	(2.8)	(2.8)	-
Capital Element - Leases	(2.8)	(3.3)	(0.5)
Capital Element - PFI	(1.7)	(3.4)	(1.7)
Interest Paid - Loans/Leases	(0.9)	(1.1)	(0.2)
Interest Paid - PFI	(3.2)	(6.0)	(2.8)
PDC dividend paid	-	-	-
Net cash from/(used in) financing activities	**(10.7)**	**(13.2)**	**(2.5)**
Increase/(Decrease) in cash and cash equivalents	(1.8)	(18.7)	(16.9)
Cash transferred by absoorption	35.3	35.3	-
Opening balance	73.1	73.1	-
Closing balance	**106.6**	**89.7**	(16.9)



Key messages:

- The closing cash for the month was £89.7m compared to a plan of £86.1m.
- In month cash utilisation was £16.9m, which was due to a net cash inflow from operating activities of £25.7m, offset by outflow of cash investing activities *(capex)* of £31.2m financing activities (loans/PFI etc) of £13.2m.
- Total cash receipts in the month were £198.0m *(£195.2m revenue & £2.8m PDC),* offset by payroll costs of £124.0m and total payables of £90.9m.
- The year end forecast outturn cash position will be updated as part of the forecast outturn review.

Key Risks:

- Delivery of the year-end cash forecast remains dependent on achieving planned operational performance, income receipts and capital expenditure assumptions.
- 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 *(see BPPC and debt position slide).*

FINANCE

Statement of Financial Position

NHS Bristol NHS Foundation Trust
Bristol | Weston

	31st July 2026 £m	31st August 2026 £m	Monthly Movement £m	NBT Closing Balances £m
PPE & Intangibles	791.8	791.3	(0.5)	268.7
PFI	286.1	285.6	(0.5)	286.6
Leases & Other	117.1	116.2	(0.9)	9.2
Total Non-Current Assets	**1,195.0**	**1,193.1**	**(1.9)**	**564.5**
Inventory	36.0	36.5	0.5	17.3
Receivables	149.4	155.1	5.7	70.0
Cash and Cash Equivalents	106.6	89.7	(16.9)	18.3
Total Current Assets	**292.0**	**281.3**	**(10.7)**	**105.6**
Trade and Payables	(264.9)	(254.8)	10.1	(84.1)
Deferred Income	(49.7)	(48.4)	1.3	(11.1)
Borrowings	(40.0)	(40.1)	(0.1)	(26.6)
Provisions	(4.6)	(4.6)	-	(4.4)
Total Current Liabilities	**(359.2)**	**(347.9)**	**11.3**	**(126.2)**
Net Current Assets	**(67.2)**	**(66.6)**	**0.6**	**(20.6)**
Deferred Income	(15.0)	(14.3)	0.7	(14.4)
Borrowings	(128.2)	(127.6)	0.6	(6.6)
PFI Liability	(584.5)	(583.1)	1.4	(586.5)
Provisions	(3.0)	(3.6)	(0.6)	(1.1)
Total Non-Current Liabilities	**(730.7)**	**(728.6)**	**2.1**	**(608.6)**
Total Assets Employed	**397.1**	**397.9**	**0.8**	**(64.7)**
Public Dividend Capital	371.0	373.8	2.8	-
Retained Earning	(90.3)	(92.3)	(2.0)	(129.6)
Revaluation Reserve	116.3	116.3	-	64.90
Other Reserves	0.09	0.09	-	-
Total Taxpayer's Equity	**397.1**	**397.9**	**0.8**	**(64.7)**

Key Messages:

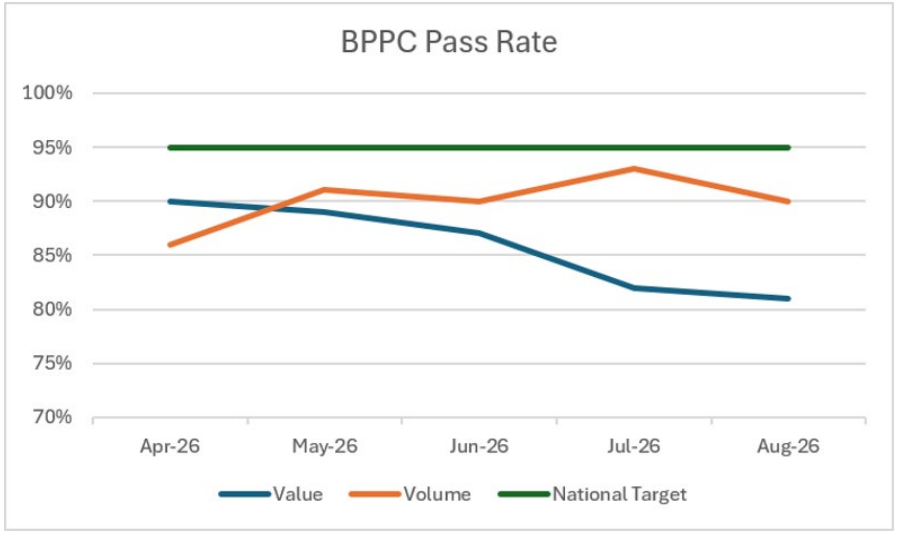
- The NBT assets, liabilities and equity were transferred at 1st July 2026 using absorption accounting at carrying value.
- The transfer by absorption transaction was £64.7m of negative total assets employed offset by a negative retained earnings balance of £129.6m and a revaluation reserve of £64.9m.
- There was a small movement from last month with Total Assets Employed increasing by £0.8m during the month, as analysed below
    - Total receivables, including accrued income, increased by £5.7m (see BPPC and debt position slide)
    - Inventories increased by £0.5m
    - Total current and non-current liabilities decreased by £11.3m and £2.1m respectively as payments normalised following the merger
    - Non-current assets reduced by £1.9m (see capital page)
    - Cash reduced by £16.9m (see previous page)

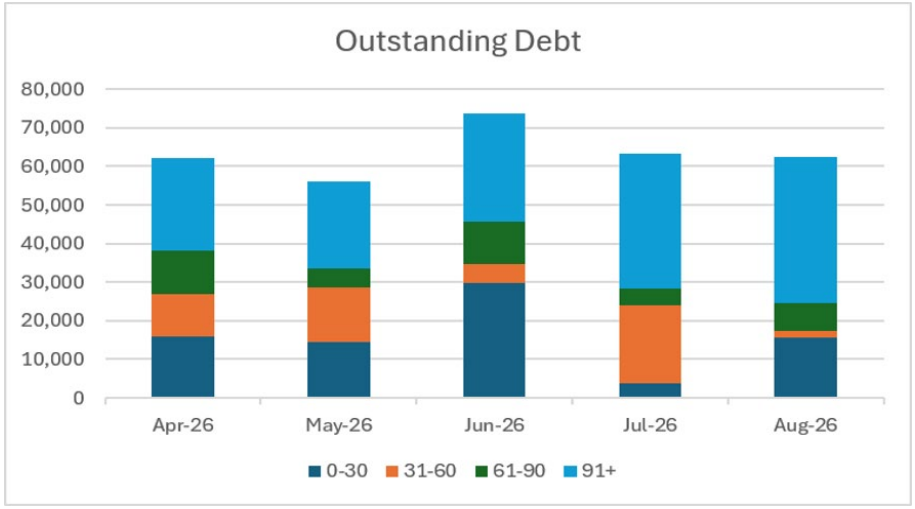
Key Risks:

- Trade and other receivables have increased following merger, increasing exposure to delayed cash collection, aged receivables and potential bad debt provisions.
- Cash balances have reduced to £89.7m while net current liabilities remain at £66.6m. This indicates continued pressure on short-term liquidity and a reliance on timely cash collection and funding flows.
- PFI liabilities remain the largest balance sheet obligation and represent a significant long-term financial commitment.

FINANCE

BPPC and Debt Position





Key messages:

- Better Payment Practice Code (BPPC) performance deteriorated during the month due to interface issues between the ordering and finance systems following the merger, resulting in delays to invoice processing.
- The Accounts Payable Team and the Bristol and Weston Procurement Consortium are actively progressing resolution plans, with all corrective actions expected complete in September.
- A mitigating process has been introduced to prioritise invoices from suppliers actively pursuing payment, helping to minimise supplier relationship impacts.
- The overall receivables balance remained stable at £63.6m, broadly in line with the month 4 position and the year-to-date average balance of £63.0m.
- There was significant movement within the aged debt profile during the month; receipt of a £10m PFI payment reduced balances in the 30 to 60-day category and an £8m invoice to NHS England for education funding increased balances within the 0 to 30-day category.
- A comprehensive review of Accounts Receivable reporting and escalation processes is underway and is scheduled for completion in month 6 which will strengthen debt recovery performance and reduce the level of aged balances.

Key Risks:

- A backlog of supplier invoices following the merger has increased workload pressures within the Accounts Payable Team as staff continue to adapt to new processes and systems. This risk is being mitigated through prioritisation of high-risk supplier accounts, alongside targeted user training and support.
- The Income Due Advice (IDA) system is currently unable to generate sales invoices for activity at the Southmead site. A manual invoicing process has been implemented to minimise operational disruption while Finance and Digital teams work with the system supplier to resolve the issue.

Assurance and Variation Icons – Detailed Description

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

KEY
Note Performance
Constitutional Standards and Key Metrics = Escalation Summary