NHS
Bristol
NHS Foundation Trust
Bristol | Weston



Integrated Performance and Quality Report

Month of publication: November 2026
Data up to September 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.

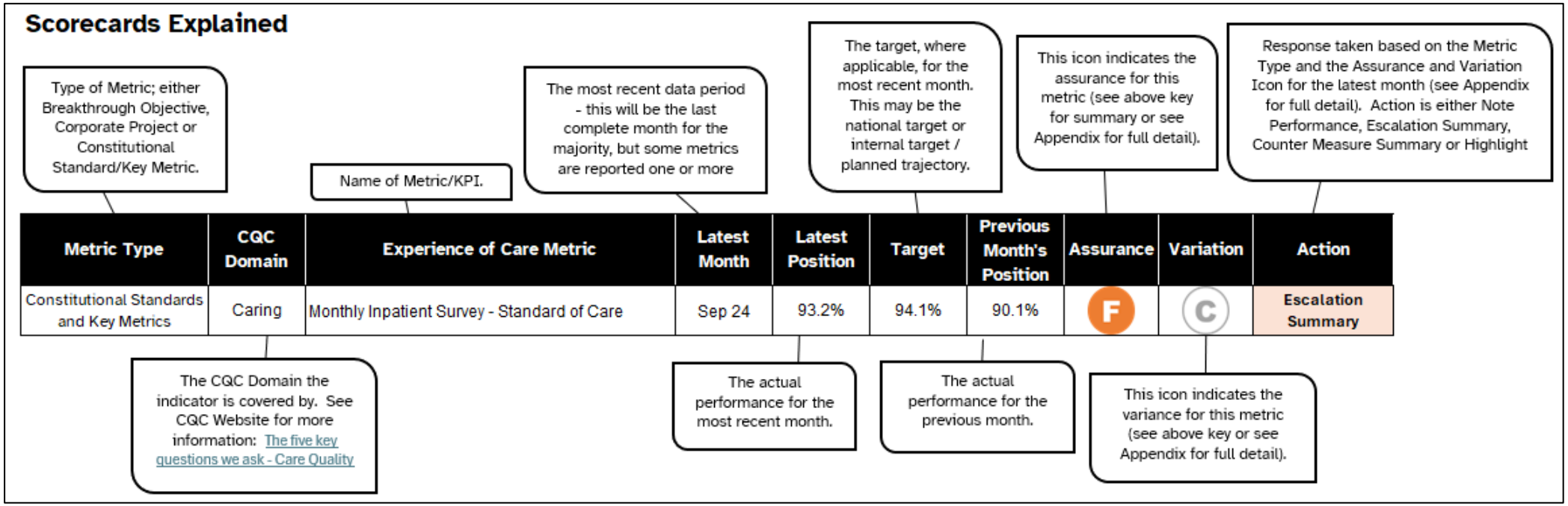
Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance.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



Business Rules and Actions

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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	

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 September, the Bristol Foundation Trust (BFT) ED 4-hour performance was 69.7% against target of 70.1%. 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 improved in September but remains behind trajectory; 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 with the first patient going to Burren in November.

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 seven complex Plastic Surgery DIEP patient waiting longer than 65 weeks at the end of September due to the ongoing impact of previous absence in the consultant body. City and Weston Hospital Operating Unit (CWHOU) had nine patients waiting longer than 65 weeks at the end of September, noting particular challenges in paediatric dentistry due to ongoing recruitment challenges, and long-term sickness. Divisional plans have been stood up, overseen by the Chief Operating Officers to support recovery.

Diagnostics

Performance was behind for September which has been impacted largely by challenges at City and Weston. Southmead has recovered their position following the previous capacity challenges in Endoscopy and DEXA, with actions bringing performance back to the constitutional standard. During September, City and Weston saw a reduction in waiting list size and improved performance, indicating that recovery actions are beginning to deliver positive results, which has been particularly notable in Endoscopy, Non-Obstetric Ultrasound, and Audiology. Recovery actions continue into the second half of 2026/27, and performance is expected to continue to recover in year.

Cancer Wait Time Standards

For August, Trust performance was on target for all three cancer standards. 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

City and Weston Hospital Operating Unit (HOU) reported two MRSA cases in September, bringing the year-to-date total to five. Both cases occurred on the same ward and were confirmed as linked following strain typing. The cases have therefore been formally managed as an outbreak, with a robust multidisciplinary action plan in place. This focuses on clinical practice and Infection Prevention and Control measures, including MRSA screening and decolonisation, decluttering, achievement of required cleaning standards, and maintenance of the built environment. At Southmead, one MRSA case was reported in September, bringing the year-to-date total to three.

City and Weston HOU reported four Clostridioides difficile cases in September, comprising two Hospital Onset Healthcare Associated (HOHA) and two Community Onset Healthcare Associated (COHA) cases. This brings the year-to-date total to 60 cases (38 HOHA and 22 COHA), against a trajectory of 109.Quality improvement activity continues, with a focus on commode scrutiny and cleaning, review and appropriate replacement of clinical equipment including foam mattresses, general cleaning standards and compliance with the NHSE National Standards of Healthcare Cleanliness, and shared learning from case reviews. At Southmead HOU, ten cases were reported in September, comprising seven HOHA and three COHA cases. The year-to-date total is 51 against a trajectory of 79.Cases are reviewed monthly through the HCAI Group, supporting oversight, discussion and identification of learning and improvement opportunities.

At City and Weston HOU, 258 medication-related incidents were reported in September 2026, of which one resulted in moderate or above harm and is currently under patient safety review. A resource proposal is being developed to establish the pharmacy workforce capacity required to support sustained medicines safety improvement across the merged Trust. Progress continues to be monitored through a Trust-level risk. At Southmead HOU, 129 medication incidents involving patients were reported in September 2026, of which three resulted in moderate or above harm, comprising two moderate-harm incidents and one severe-harm incident.

At City & Weston HOU, eight pressure ulcers were reported in September, comprising seven Category 2 and one Category 3, with the majority occurring at Weston. This represents an increase, with sacral pressure damage identified as a recurring theme. Targeted improvement work is underway with the Weston Tissue Viability Matron, focusing on reassessment following deterioration, timely escalation, appropriate use of pressure-relieving equipment, and preventative care for frail and end-of-life patients. In addition, a 12-month trial of Dolphin Fluid Immersion Simulation (FIS) has been approved for critically unstable patients on GICU.

At City & Weston HOU, VTE risk assessment compliance remains below the 95% target, at around 80%. Ward pharmacist spot audits indicate lower compliance, consistent with performance when the inflationary effect of some cohorts is removed. Cohort definitions are being reviewed and refined to ensure alignment with national requirements and consistent application across the merged Trust. Improving transparency of performance across clinical areas will support stronger operational and divisional oversight. At Southmead HOU, VTE risk assessment compliance was 93.8%, remaining broadly stable compared with recent months. The reduction observed since October 2025 reflects a change in reporting methodology rather than a deterioration in performance.

At City & Weston HOU, 152 falls were reported in September 2026, equating to 4.703 falls per 1,000 bed days, below the target of 4.8. Three falls resulted in harm, with two occurring within the Weston Division and one within the Medicine Division. Learning from Falls reviews will be undertaken to identify contributory factors, learning and any actions required to inform further improvement work. At Southmead HOU, the falls rate reduced to 5.5 per 1,000 bed days, remaining above the target of 5. A digital post-fall action document has successfully completed its trial and will be rolled out across the Medicine Division in October. Work also continues with Health and Safety to consider alternative shower chairs, following thematic analysis of related incidents.

Across the Trust, overall staffing fill rates remain within the expected range, although the fill rate reduced in September to just over 100%. September was a challenging month for filling shifts through temporary staffing. However, there is an expected pipeline of staff that should help address current gaps and support staffing resilience.

Patient & Carer Experience

Overall the Trust complaint response compliance rate was 62.6% for September 2026. This is a reduction of 11.6% with declines across both hospital operating units. Action plans are in place across both HOUs and are being delivered within Divisions, supported by the Hospital Directors of Nursing. Improvement activity includes testing approaches such as protected time for complaint handling. In addition, a dedicated workstream within the Complaints Improvement Programme is focused on improving response timeliness and overall compliance.

Executive Summary

Our People

NHS Bristol NHS Foundation Trust Bristol | Weston

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 September, and now meets the target of 11.1%.
- **Southmead** turnover is 11.3% in September, above the target of 10.6% triggering commentary.
- **City and Weston** turnover is 10.9% in September below the target of 11.5%.

Vacancy Rate

- **Bristol Foundation Trust** rate is 5.0% in September, 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 5.7% in September, 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 4.4% in September, below the target of 4.8%.

Sickness

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

Essential Training

- **Bristol Foundation Trust -** Monthly overall compliance decreased slightly by 0.4%, to 88.2%, below target of 90%, triggering commentary. Improvements continue to be made in Oliver McGowan compliance; however actual numbers are insufficient to meet the 90% target by April 2027.
- **Southmead** – Core skills compliance for 'all staff' remains below target at 85.65%. Individual titles Information Governance, and Resuscitation, remain below target, with action plans in place to address with Subject Matter Experts. The decrease in overall compliance is driven by minor drops in compliance for a range of titles, rather than driven by one key area.
- **City and Weston** – Core skills compliance at 90.6% above group target of 90%, but a slight decrease of 0.3%. Information Governance, Moving and Handling, Oliver McGowan and Resuscitation remain below target with on-going actions in place to address with Subject Matter Experts.

Executive Summary

Finance

NHS Bristol NHS Foundation Trust Bristol | Weston

In Month 6, BFT delivered a planned deficit £0.6m. Year-to-date actual deficit was £19.7m against the plan of £19.8m.

The key variances included under delivery of CIP plan (£9.2m 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 £4.2m behind plan, but the Trust is currently £7.1m 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 6 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**	**Sep-26**	**69.7%**	**70.1%**	**71.9%**	?	C	**Escalation Summary**
		Southmead Hospital Operating Unit	Sep-26	62.4%	66.2%	66.5%	?	C	**Escalation Summary**
		City and Weston Hospital Operating Unit	Sep-26	73.5%	72.1%	74.8%	?	H	**Note Performance**
Responsive	ED % Spending Over 12 Hours in Department	**Trust**	**Sep-26**	**4.9%**	**4.9%**	**4.4%**	?	C	**Escalation Summary**
		Southmead Hospital Operating Unit	Sep-26	7.7%	7.9%	6.3%	?	C	**Escalation Summary**
		City and Weston Hospital Operating Unit	Sep-26	3.4%	3.3%	3.3%	?	C	**Escalation Summary**
Responsive	ED % Spending Over 4 Hours in Department - Paediatric	**Trust**	**Sep-26**	**88.9%**	**89.7%**	**93.1%**	?	C	**Escalation Summary**
		Southmead Hospital Operating Unit	Sep-26	84.3%	86.8%	89.0%	?	C	**Escalation Summary**
		City and Weston Hospital Operating Unit	Sep-26	89.3%	90.0%	93.4%	?	C	**Escalation Summary**
Responsive	ED Number Spending over 24 Hours in Department	**Trust**	**Sep-24**	**208**	**0**	**169**	F	C	**Escalation Summary**
		Southmead Hospital Operating Unit	Sep-26	133	0	111	F	C	**Escalation Summary**
		City and Weston Hospital Operating Unit	Sep-26	75	0	58	F	C	**Escalation Summary**
Responsive	Ambulance Handover Delays (under 15 minutes)	**Trust**	**Sep-26**	**43.3%**	**35.5%**	**46.6%**	Slide not required for this metric		
		Southmead Hospital Operating Unit	Sep-26	35.9%	31.8%	42.4%	?	C	**Escalation Summary**
		City and Weston Hospital Operating Unit	Sep-26	49.0%	38.2%	49.9%	?	H	**Note Performance**
Responsive	Average Ambulance Handover Time	**Trust**	**Sep-26**	**20.5**	**26.6**	**19.6**	P	L	**Note Performance**
		Southmead Hospital Operating Unit	Sep-26	23.3	29.5	22.0	?	L	**Note Performance**
		City and Weston Hospital Operating Unit	Sep-26	18.3	24.5	17.8	P	L	**Note Performance**
Responsive	% Ambulance Handovers over 45 minutes	**Trust**	**Sep-26**	**5.8%**	**7.5%**	**4.8%**	?	L	**Note Performance**
		Southmead Hospital Operating Unit	Sep-26	9.0%	7.5%	8.0%	F-	L	**Escalation Summary**
		City and Weston Hospital Operating Unit	Sep-26	3.3%	7.5%	2.3%	P	L	**Note Performance**
Responsive	Number of patients in corridor care in ED (Average)	**Trust**	**Sep-26**	**26**	**0**	**16**	N/A*	N/A*	**Commentary**
		Southmead Hospital Operating Unit	Sep-26	21	0	10	N/A*	N/A*	**Commentary**
		City and Weston Hospital Operating Unit	Sep-26	5	0	7	N/A*	N/A*	**Commentary**
Responsive	Number of patients in corridor care in G&A beds (Average)	**Trust**	**Sep-26**	**71**	**0**	**67**	N/A*	N/A*	**Commentary**
		Southmead Hospital Operating Unit	Sep-26	41	0	41	N/A*	N/A*	**Commentary**
		City and Weston Hospital Operating Unit	Sep-26	29	0	26	N/A*	N/A*	**Commentary**
Responsive	Number of patients in G&A Escalation Beds (Average)	**Trust**	**Sep-26**	**76**	**0**	**59**	N/A*	N/A*	**Commentary**
		Southmead Hospital Operating Unit	Sep-26	49	0	36	N/A*	N/A*	**Commentary**
		City and Weston Hospital Operating Unit	Sep-26	27	0	24	N/A*	N/A*	**Commentary**
Responsive	No Criteria to Reside	**Trust**	**Sep-26**	**393**	**298**	**445**	N/A*	N/A*	**Commentary**
		Southmead Hospital Operating Unit	Sep-26	179	167	218	N/A*	N/A*	**Commentary**
		City and Weston Hospital Operating Unit	Sep-26	215	131	227	N/A*	N/A*	**Commentary**

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

Responsiveness

Scorecard Cont.

NHS Bristol NHS Foundation Trust
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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**	**Sep-26**	**0.5%**	**0.5%**	**0.5%**	?	L	Note Performance
		Southmead Hospital Operating Unit	Sep-26	0.3%	0.1%	0.3%	?	C	Escalation Summary
		City and Weston Hospital Operating Unit	Sep-26	0.6%	0.9%	0.8%	P	L	Note Performance
Responsive	RTT Ongoing Pathways Under 18 Weeks	**Trust**	**Sep-26**	**68.9%**	**72.4%**	**69.1%**	F-	H	Escalation Summary
		Southmead Hospital Operating Unit	Sep-26	70.6%	75.3%	70.7%	F-	H	Escalation Summary
		City and Weston Hospital Operating Unit	Sep-26	67.3%	70.0%	67.7%	F-	H	Escalation Summary
Responsive	Referral To Treatment Number of Ongoing Pathways	**Trust**	**Sep-26**	**97428**	**86234**	**95997**	N/A*	N/A*	Commentary
		Southmead Hospital Operating Unit	Sep-26	46223	38636	45054	N/A*	N/A*	Commentary
		City and Weston Hospital Operating Unit	Sep-26	51205	47598	50943	N/A*	N/A*	Commentary
Responsive	Diagnostics % Over 6 Weeks	**Trust**	**Sep-26**	**6.4%**	**2.2%**	**8.5%**	F-	C	Escalation Summary
		Southmead Hospital Operating Unit	Sep-26	0.3%	0.0%	1.1%	?	C	Escalation Summary
		City and Weston Hospital Operating Unit	Sep-26	11.2%	3.4%	14.0%	F-	C	Escalation Summary
Responsive	Cancer 28 Day Faster Diagnosis	**Trust**	**Aug-26**	**79.0%**	**78.7%**	**78.4%**	?	H	Note Performance
		Southmead Hospital Operating Unit	Aug-26	79.5%	77.9%	79.4%	?	C	Escalation Summary
		City and Weston Hospital Operating Unit	Aug-26	78.0%	80.0%	74.4%	?	C	Escalation Summary
Responsive	Cancer 31 Day Decision-To-Treat to Start of Treatment	**Trust**	**Aug-26**	**93.4%**	**93.4%**	**93.7%**	?	C	Escalation Summary
		Southmead Hospital Operating Unit	Aug-26	85.3%	89.5%	85.8%	?	C	Escalation Summary
		City and Weston Hospital Operating Unit	Aug-26	97.9%	96.0%	98.0%	?	C	Escalation Summary
Responsive	Cancer 62 Day Referral to Treatment	**Trust**	**Aug-26**	**75.0%**	**72.6%**	**72.2%**	?	C	Escalation Summary
		Southmead Hospital Operating Unit	Aug-26	73.0%	70.8%	69.3%	?	C	Escalation Summary
		City and Weston Hospital Operating Unit	Aug-26	77.7%	76.0%	75.9%	?	C	Escalation Summary
Responsive	Last Minute Cancelled Operations	**Trust**	**Sep-26**	**1.5%**	No Target	**1.3%**	N/A	C	Commentary
		Southmead Hospital Operating Unit	Sep-26	0.9%	0.8%	0.5%	?	C	Escalation Summary
		City and Weston Hospital Operating Unit	Sep-26	2.0%	1.5%	1.9%	F	C	Escalation Summary
Responsive	% to Stroke Unit within 4 Hours	**Trust (Southmead Hospital Operating Unit)**	**Aug-26**	**71.6%**	**90.0%**	**67.5%**	F-	H	Escalation Summary
Responsive	Stroke Thrombolysis within 1 hour	**Trust (Southmead Hospital Operating Unit)**	**Aug-26**	**88.9%**	**60.0%**	**80.0%**	?	C	Escalation Summary
Responsive	90% Time in Stroke Unit Performance validated	**Trust (Southmead Hospital Operating Unit)**	**Aug-26**	**61.2%**	**90.0%**	**62.3%**	F-	C	Escalation Summary
Responsive	% Seen within 14 Hours by a Stroke Consultant - Validated	**Trust (Southmead Hospital Operating Unit)**	**Aug-26**	**91.2%**	**90.0%**	**87.1%**	?	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

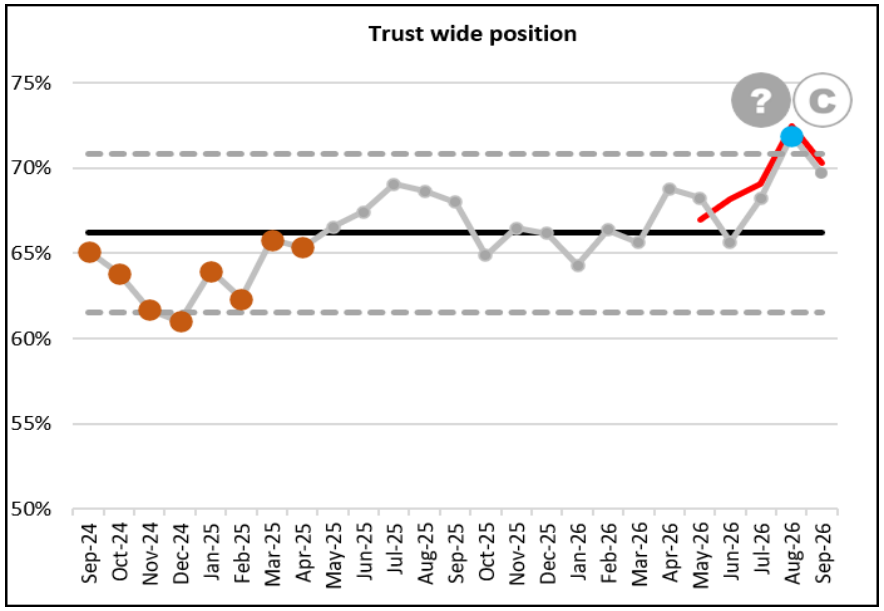
Latest Month
Sep-26

Performance
69.7%

Target
70.1%

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

Performance - Previous Month
71.9%

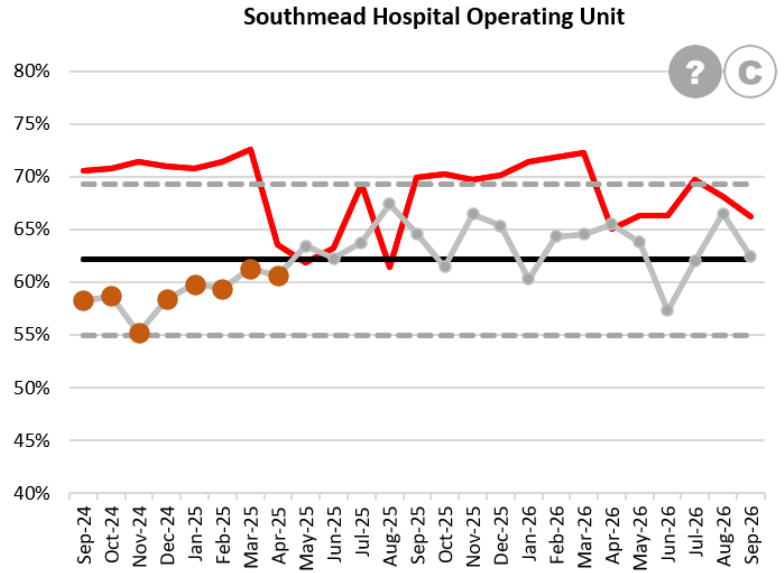


What does the data tell us?
Four-hour performance remains challenged across the Trust, with continued pressure from high levels of demand, constrained inpatient capacity and delays across the adult admitted pathway.

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.

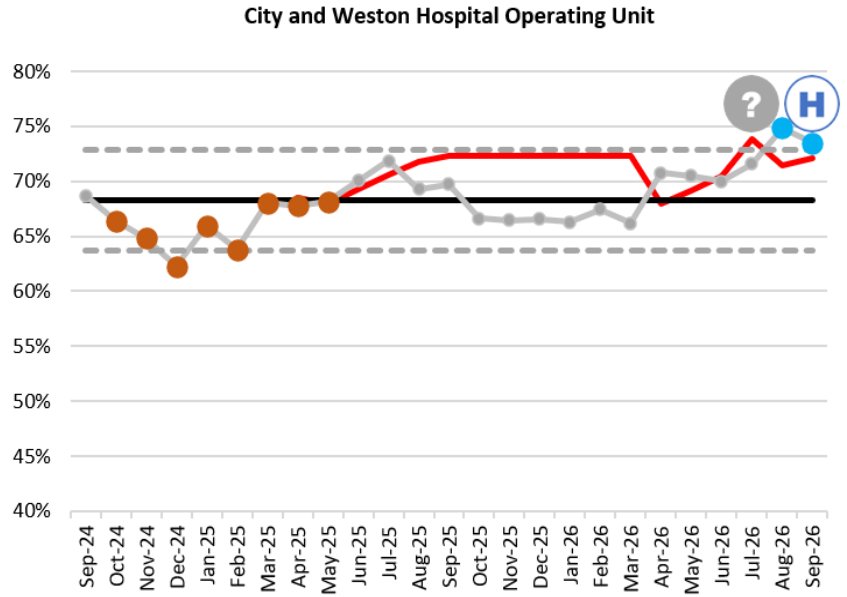
October performance is tracking on target (as at 18th October).



ED attendances for September were above the mean for the seventh consecutive month.

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.
- Clinical Operational Standards - ongoing work to standardise referrals onto CareFlow. Stroke is next specialty to go live.



Four-hour performance remained strong in September at around 74%, although slightly below August.

Overall performance for the August / September period was the highest since September 2023.

Weston continue to perform better than BRI, where pressure within the adult admitted pathway remains the main challenge.
The "One Change Week" ran at the end of September showed improvements across all UEC KPIs with notable improvement at Weston.

Responsiveness

ED Percentage Spending over 12 Hours in Department

NHS Bristol NHS Foundation Trust
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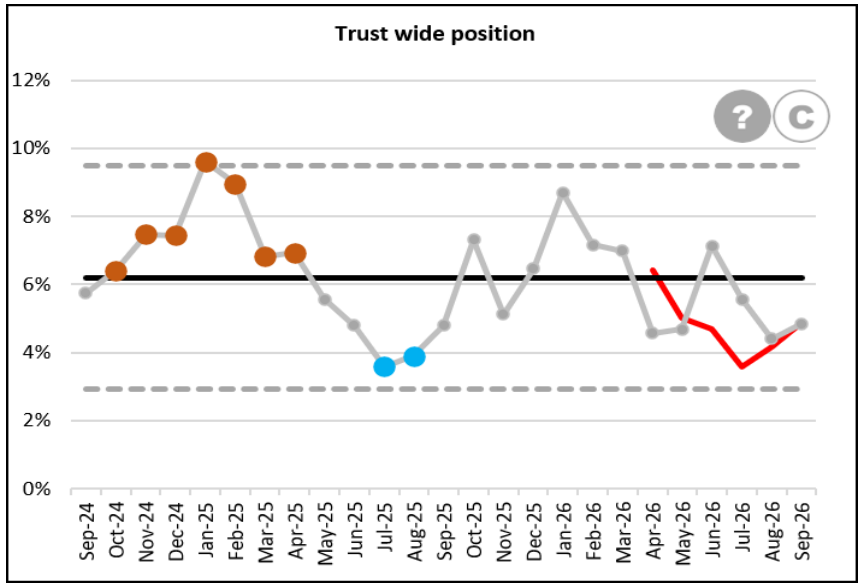
Latest Month
Sep-26

Performance
4.9%

Target
4.9%

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

Performance - Previous
4.4%

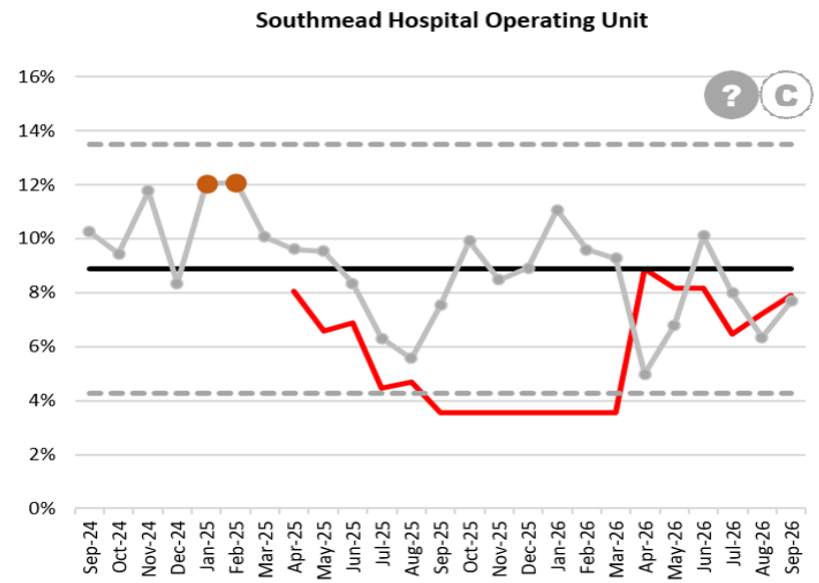


What does the data tell us?
Long waits increased in September but met the Trust trajectory, with delays predominantly associated with pressure on the adult admitted pathway and access to inpatient capacity.

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.

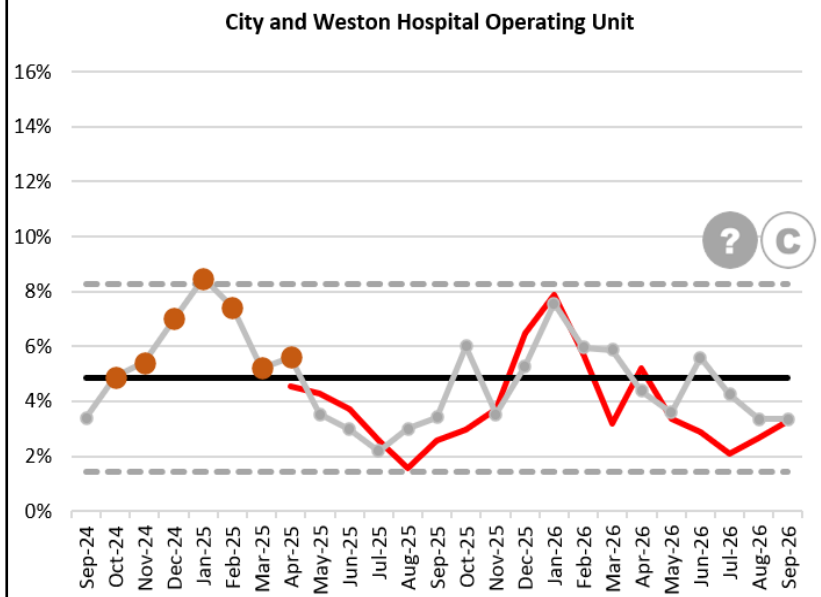
Impact on forecast
Further improvement is expected as these interventions embed, although delivery remains sensitive to demand, bed occupancy and NCTR levels.

October is tracking improvement and currently on target (as at 18th October).



12 hour performance deteriorated but remains below the mean.

GIRFT Long LOS reviews taking place twice weekly on four medical wards and showing positive impact on average length of stay and increased discharges. Shortly to expand into NMSK.



The proportion of patients spending over 12 hours in ED increased in September following the improvement seen in August, although remains below the long-term average. Long waits continue to be driven by pressure on the adult admitted pathway and delays accessing inpatient capacity.
The winter capital programme, including the introduction of the Acute Medical Team (AMT) and optimisation of Same Day Emergency Care (SDEC) pathways aim to improve patient flow, support earlier clinical decision-making and avoid unnecessary admissions where clinically appropriate in order to support reduction in 12 hour waits.

Responsiveness

ED percentage spending under 4 hours in department - Paediatric

NHS Bristol NHS Foundation Trust
Bristol | Weston

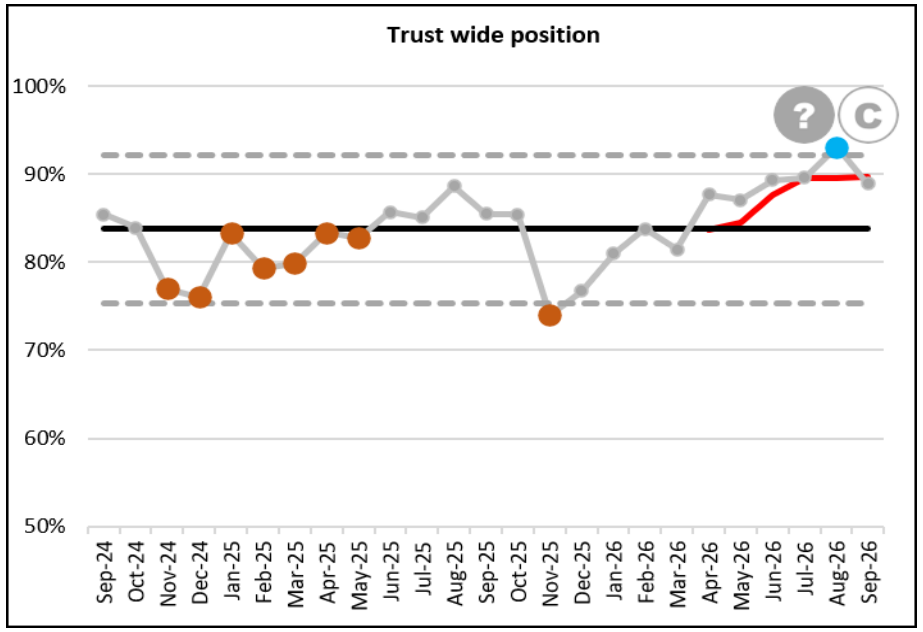
Latest Month
Sep-26

Performance
88.9%

Target
89.7%

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

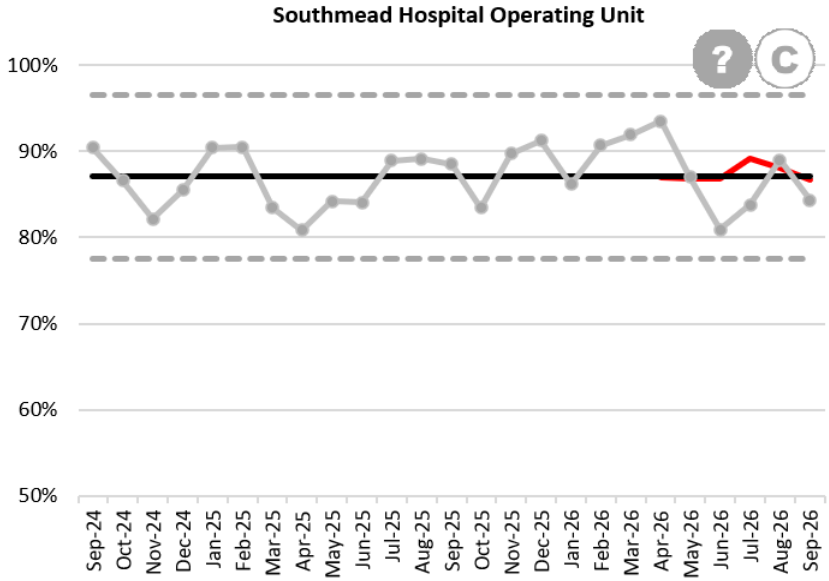
Performance - Previous
93.1%



What does the data tell us?
4-hour performance for September decreased to 88.37% from 93.17% in August, associated with an increase in attendances, ambulances and admissions during this period

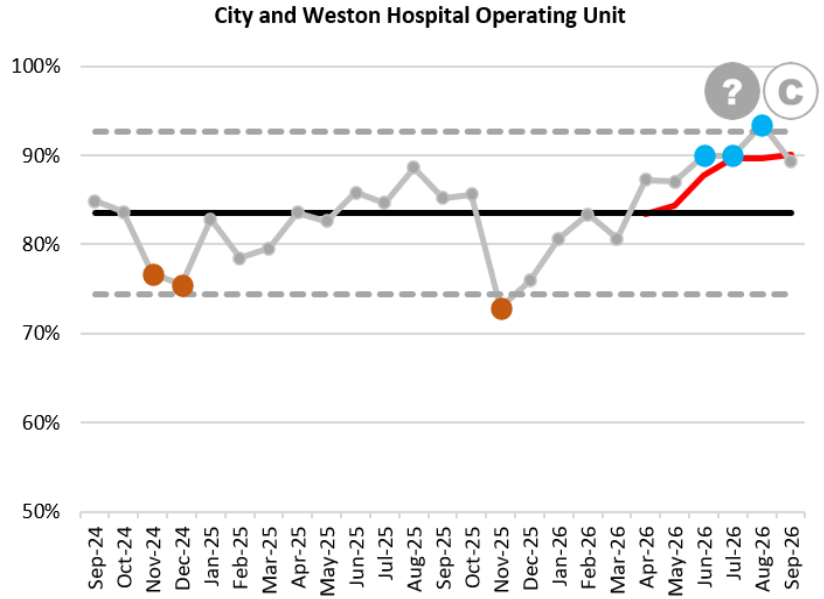
Actions being taken to improve

- 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 – pending
- 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
- Review of delays admitting patients to CED Obs wards – review of 4-6 hour breaches to identify themes and identify quick wins. Main reason due to be lack of capacity – under review
- 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
- Recruitment to new operational matron successful – to start in January 27.



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 which will deliver 95% four-hour performance for paediatric attendees.



Paediatric four-hour performance reduced in September following the strong August position of 93.4%, with performance in September at 89.3%.

Improvement work focuses on embedding Children's ED streaming, implementing surgical specialty referrals through CareFlow and reducing delays in transfers to Caterpillar ward through improved bed turnaround.

Recruitment and pathway development for EEMAC, planned for January 2027, will support more sustainable improvement.

Responsiveness

ED Number Spending over 24 Hours in Department

NHS Bristol NHS Foundation Trust
Bristol | Weston

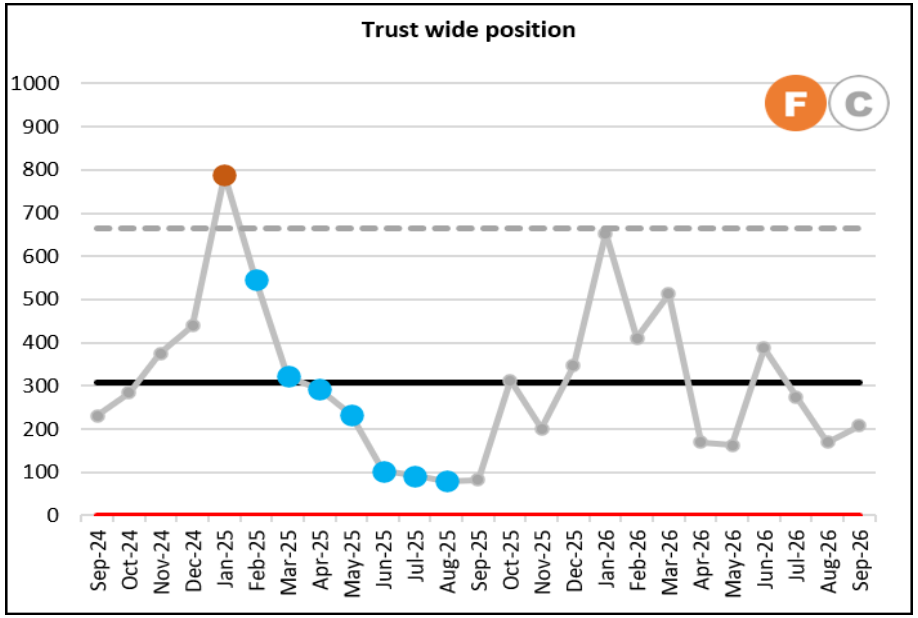
Latest Month
Sep-26

Performance
208

Target
0

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

Performance - Previous Month
169

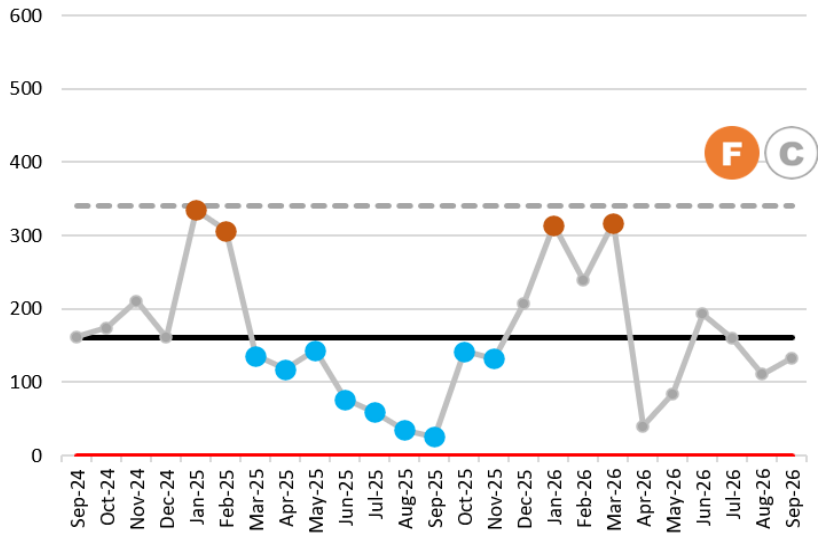


What does the data tell us?
The number of patients experiencing waits over 24 hours was up compared to the previous month; these very long waits remain closely associated with pressures in the adult admitted pathway, inpatient capacity and NCTR.

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.

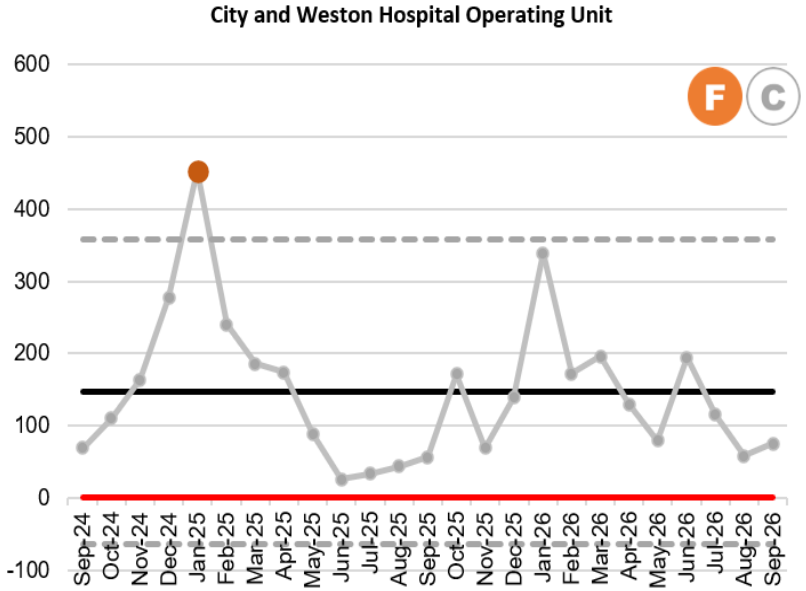
October is tracking improvement (as at 18th October).



Level of weekend discharges was above the mean for the fourth consecutive month.

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

New Transcathetar Aortic Valve Implantation (TAVI) pathway and development of cardiac surgery virtual ward by BHI team will also support reducing long length of stay on SHOU cardiology ward.



The number of patients spending over 24 hours in ED increased in September from 58 in August, although remains considerably below the peaks seen earlier in the year. Long waits continue to reflect pressure within the adult admitted pathway, particularly inpatient bed availability and NCTR.

Expansion of Surgical SDEC, improved specialty response and wider UEC programme work on inpatient flow and discharge are expected to support further reductions.

Responsiveness

Percentage Ambulance Handovers over 45 minutes

NHS Bristol NHS Foundation Trust
Bristol | Weston

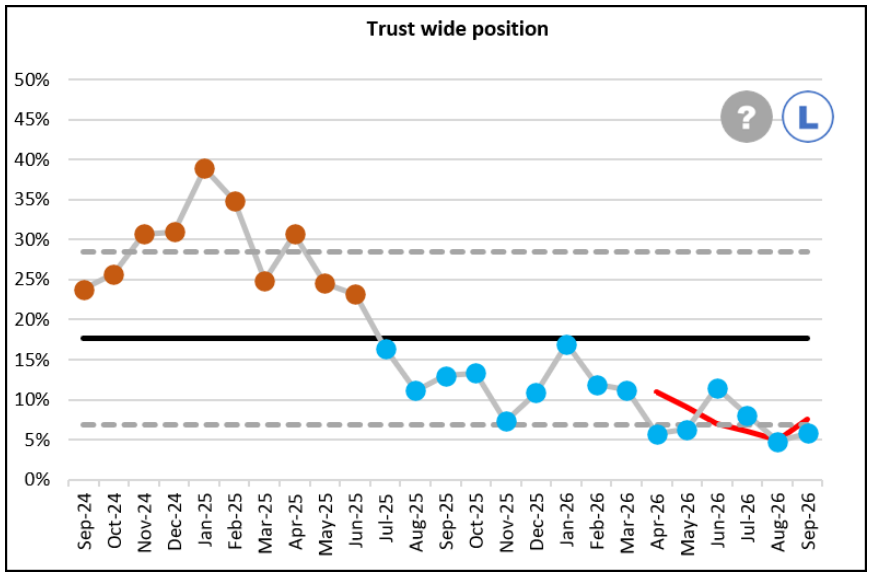
Latest Month
Sep-26

Performance
5.8%

Target
7.5%

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

Performance - Previous Month
4.8%

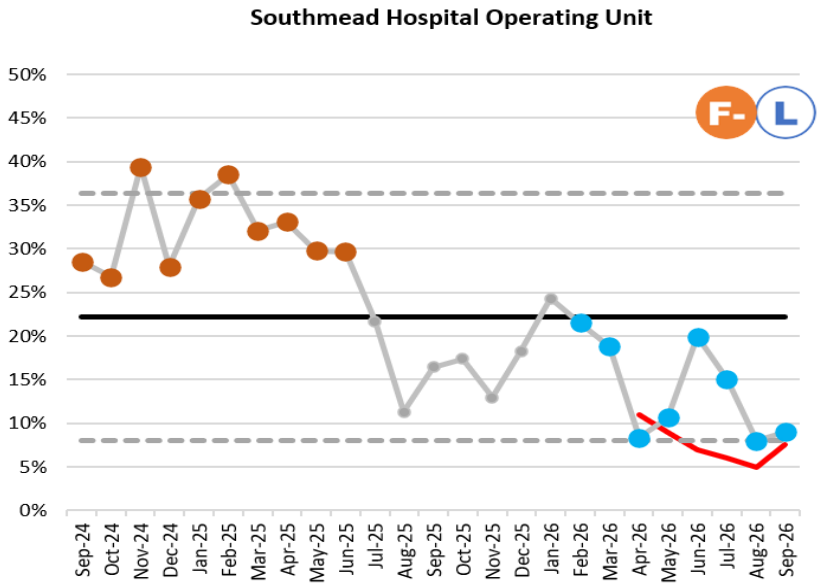


What does the data tell us?
The proportion of ambulance handovers exceeding 45 minutes has shown sustained improvement, although further progress is required to consistently achieve the Trust trajectory.

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.
Current improvement work is focused on implementing the Timely Handover Protocol (THP30), supported by strengthened escalation arrangements and improvements to ED flow.

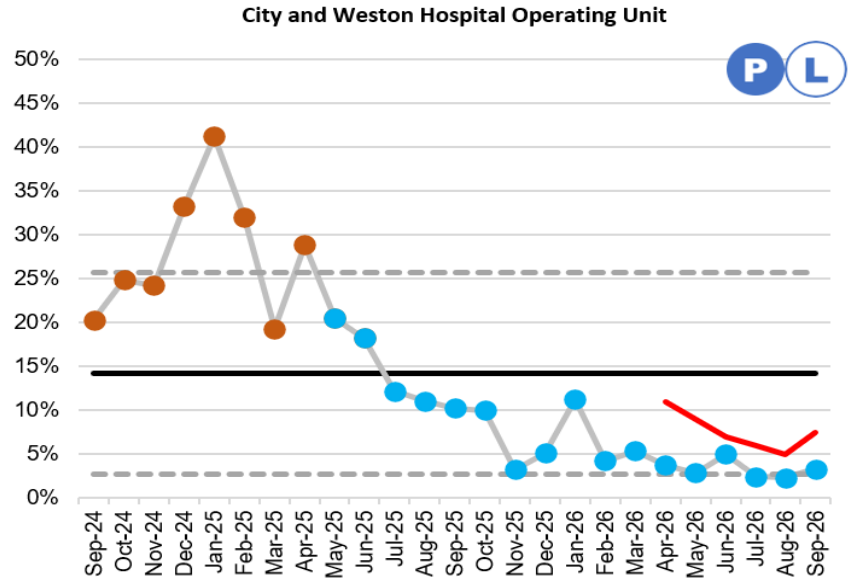
Impact on forecast
Further improvement is anticipated as these actions embed, including expansion of CEMS and system care-coordination arrangements.

October is tracking further improvement at 3.9% and is ahead of target (as at 18th October).



Performance remained stable for September and well below the mean.

A pilot will be undertaken during end Oct / Nov testing a new process for managing handovers during surge / multiple concurrent arrivals.



The proportion of ambulance handovers exceeding 45 minutes increased slightly in September from 2.3% in August but remains significantly below the long-term average.

Actions align with the implementation of THP30, including consistent offloading and escalation arrangements and wider improvements to ED flow.

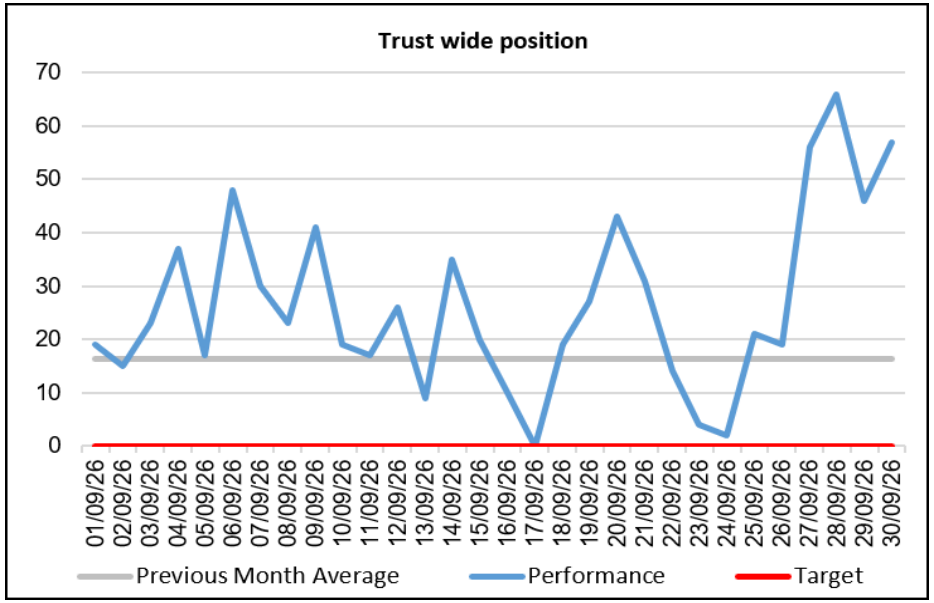
Maintaining sufficient offload capacity and reducing ED exit block will be important to sustaining performance through winter.

Responsiveness

Number of patients in corridor care in ED

NHS Bristol NHS Foundation Trust
Bristol | Weston

Latest Month
Sep-26
Target
0
Latest Month's Position (average)
26
Trust Level / Corporate Risk
Risk 1940 - Score 20
Risk 2233 - Score 15
Risk 2614 - Score 15
Previous Month's Position
16

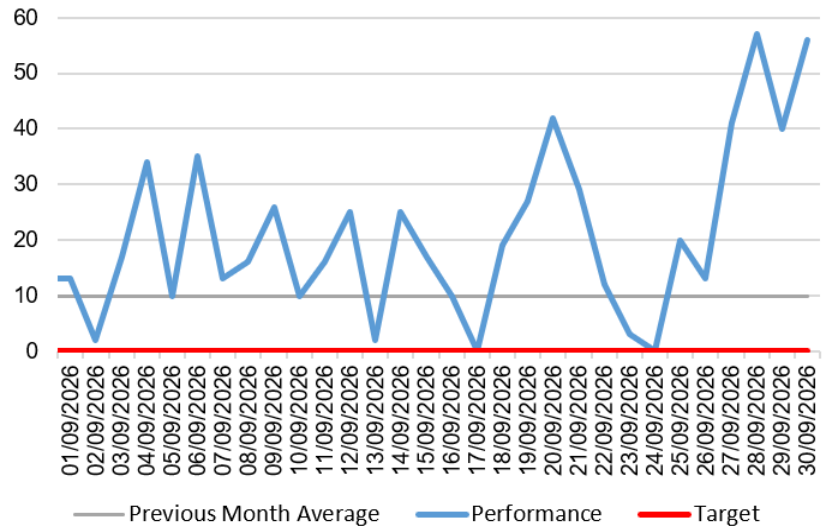


NHS England considers the delivery of corridor care in departments or wards experiencing patient crowding to be unacceptable and should never be considered standard. Patients should only be placed in corridors in extremis and for the shortest possible duration, to ensure the time patients are cared for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

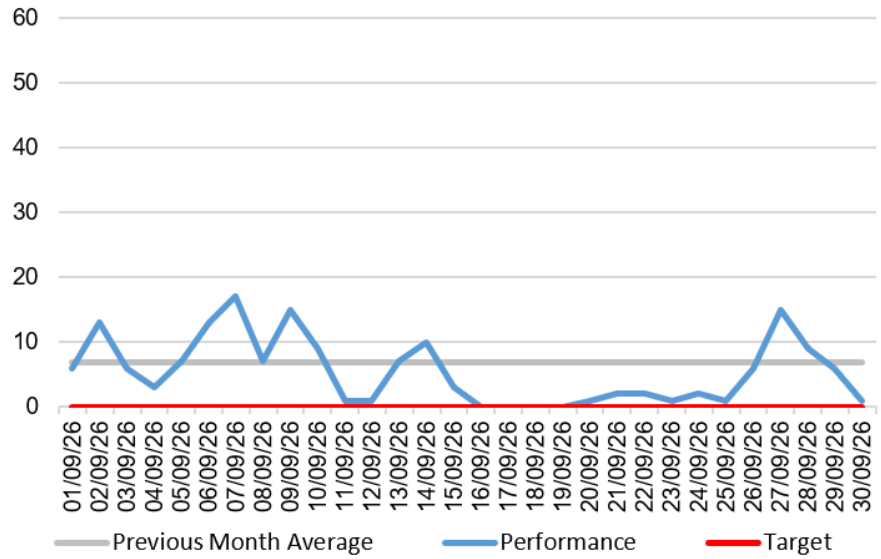


During September, an average of 21 patients were in an ED corridor care space each day, an increase on last month.

Since 1st April, over 5350 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 September, an average of 5 patients per day received care in an ED corridor space, compared with 7 in August.

Actions to improve include:

WGH have revised their escalation policy to reduce corridor care – so far with positive results.

Wider 'flow' piece under UEC programme to be managed through the Operational Delivery Group

Responsiveness

Number of patients in corridor care in G&A beds

NHS Bristol NHS Foundation Trust
Bristol | Weston

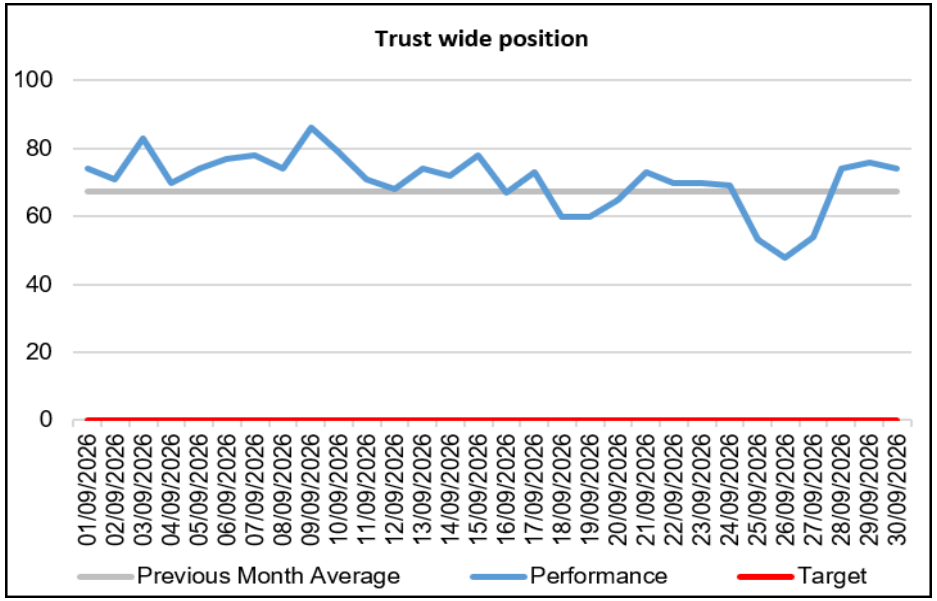
Latest Month
Sep-26

Target
0

Latest Month's Position (average)
71

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

Previous Month's Position
67

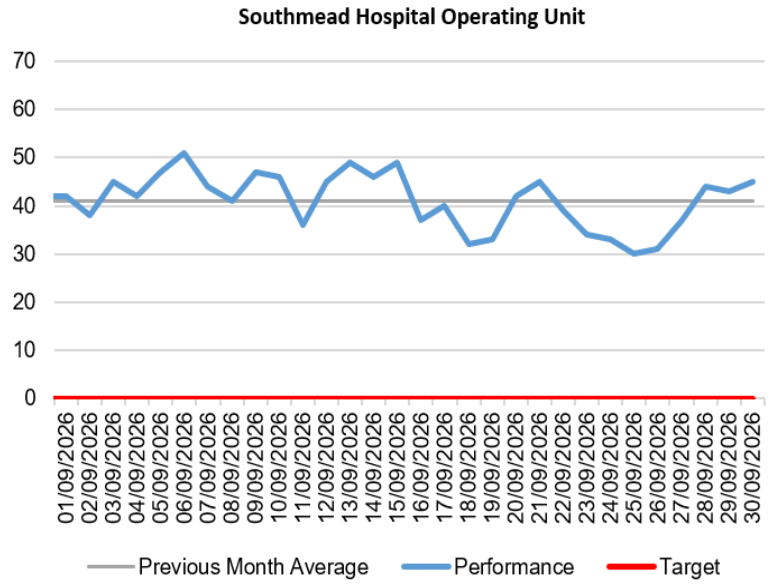


NHS England considers the delivery of corridor care in departments or wards experiencing patient crowding to be unacceptable and should never be considered standard. Patients should only be placed in corridors in extremis and for the shortest possible duration, to ensure the time patients are cared for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

What does the data tell us?
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.

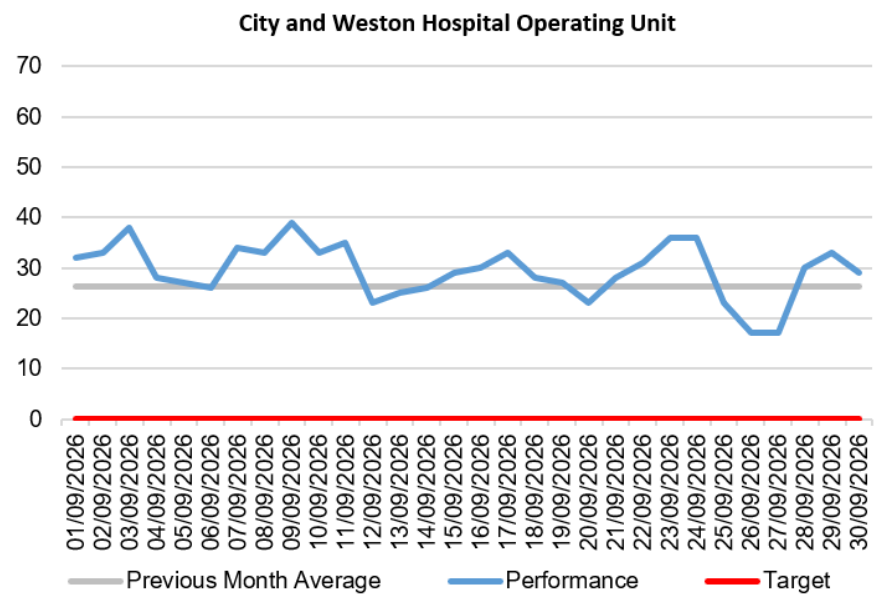
Impact on forecast
Sustainable reductions will depend on delivery of these wider flow improvements and reducing reliance on additional capacity.



During September, an average of 41 patients were in a G&A bed corridor care space each day.

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

Moreover, building on initial feedback from hospital visits by Ian Sturgess, a new program of work is being established, focusing on holding Estimated Discharge Date (EDD) and preventing system barriers to achieving.



During September, an average of **29 patients per day** were cared for in a G&A corridor care space, a deterioration compared with approximately **26 patients per day in August**.

Actions remain closely linked to improving whole-hospital flow; reducing NCTR, improving inpatient bed turnaround and supporting earlier discharge through EMM.

Responsiveness

Number of patients in Escalation G&A beds

NHS Bristol NHS Foundation Trust
Bristol | Weston

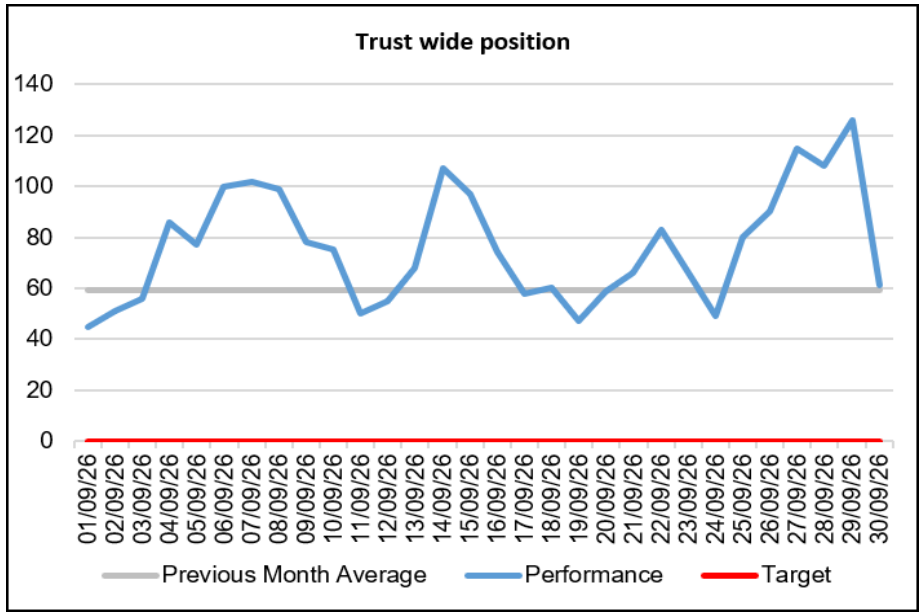
Latest Month
Sep-26

Target
0

Latest Month's Position (average)
76

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

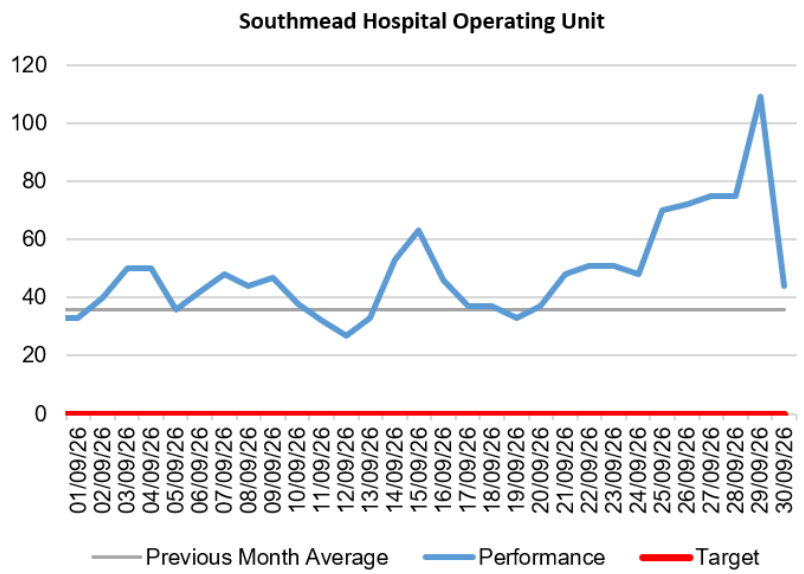
Previous Month's Position
59



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.

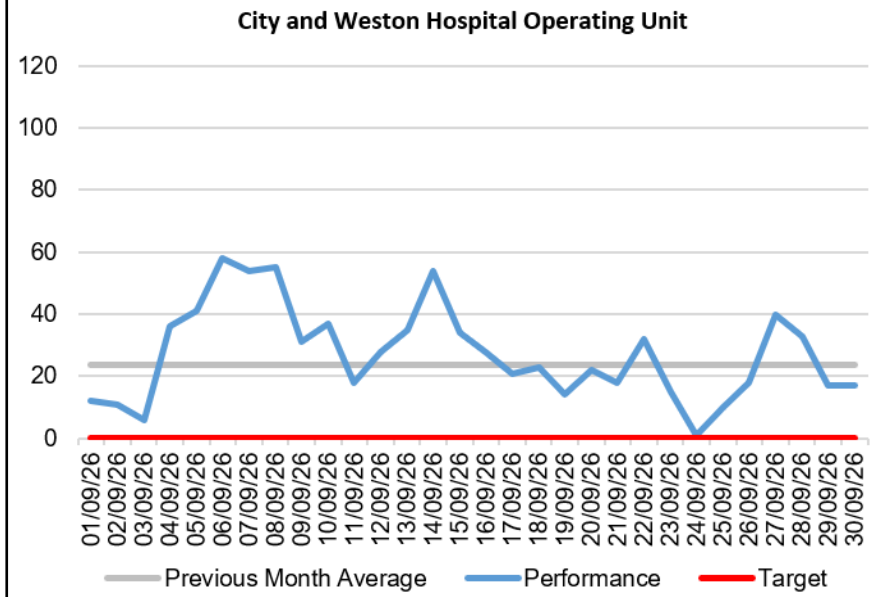
Impact on forecast
Further reductions are achievable if recent flow improvements are sustained, although escalation requirements will remain sensitive to demand, occupancy and discharge performance.



There were an average of 49 admitted patients being cared for in escalation beds for the month of September.

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

The actions to reduce G&A escalation bed base are intrinsically linked with the System Hospital Beds in the Community (HBIC) programme of work.



During September, an average of 27 admitted patients per day were cared for in escalation beds, compared with 24 per day in August, representing an increase.

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

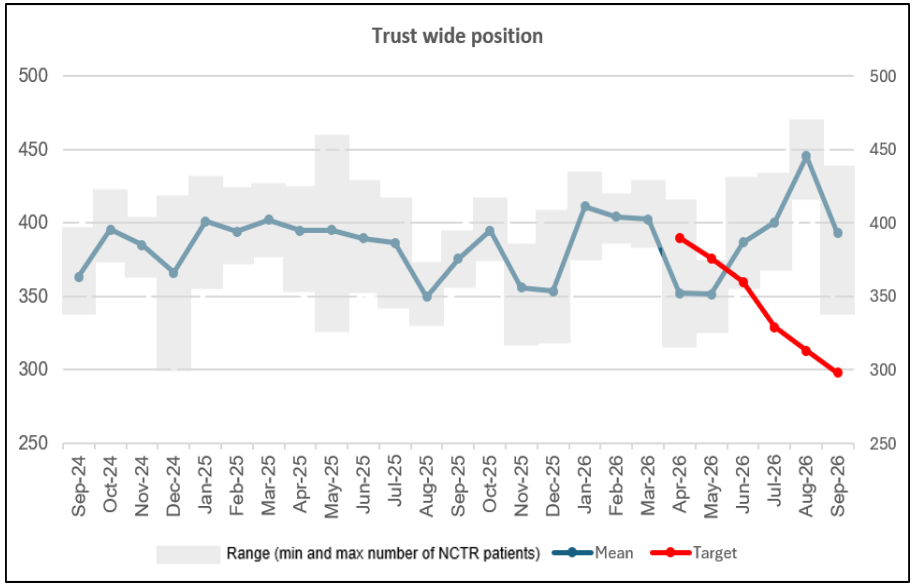
Latest Month
Sep-26

Performance
393 (average)

Target
298

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

Performance - Previous Month
445 (average)

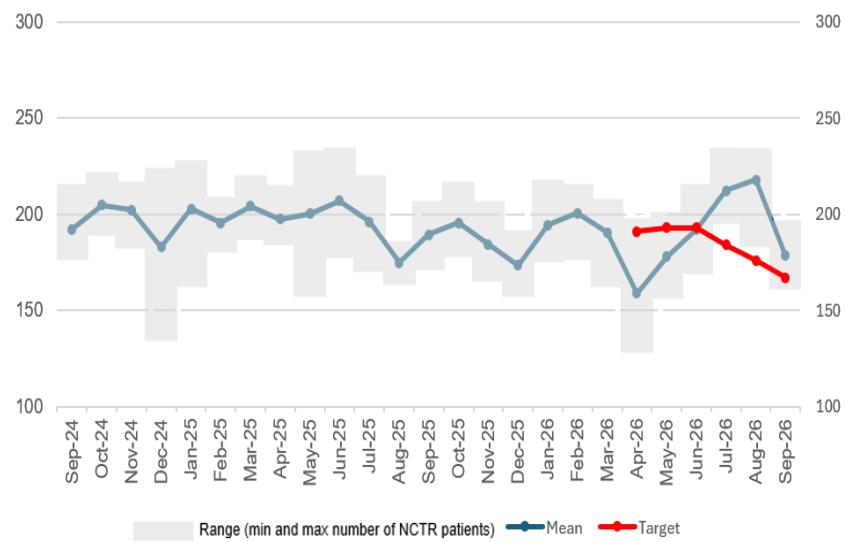


What does the data tell us?
The number of patients with no criteria to reside continues to increase and remains higher than plan.

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 November 2026; phased opening of 15 beds opened by December and 36 beds by January.
- 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
October is seeing ongoing challenge with NCTR with average higher than the previous month (as at 18th October).

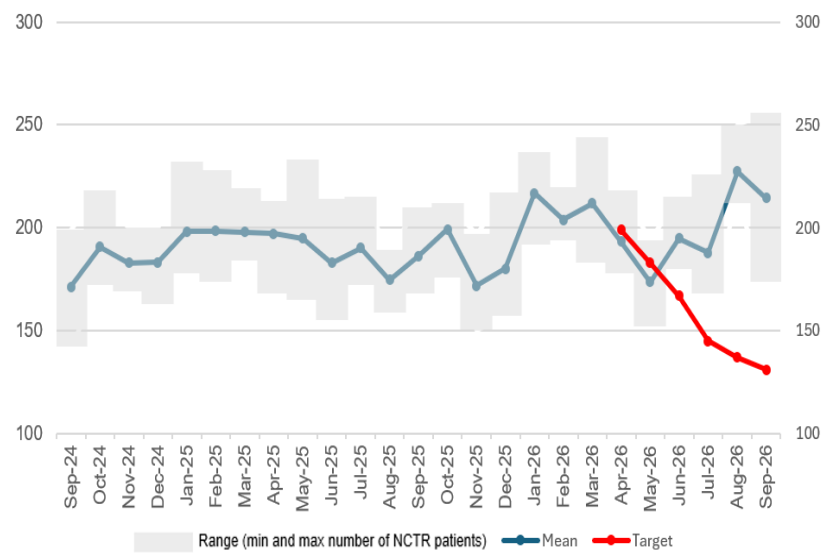


NCTR remains high with challenges across all Local Authority areas and pathways.

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 10 November.

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



NCTR remains high with the main challenges sitting in North Somerset Council (NSC) (P3 capacity).

NSC P3 Options Appraisal developed with system partners

Development of a self-assessment of the Model Discharge Pathway.

Development of the medical model to support mobilisation at the Burren.

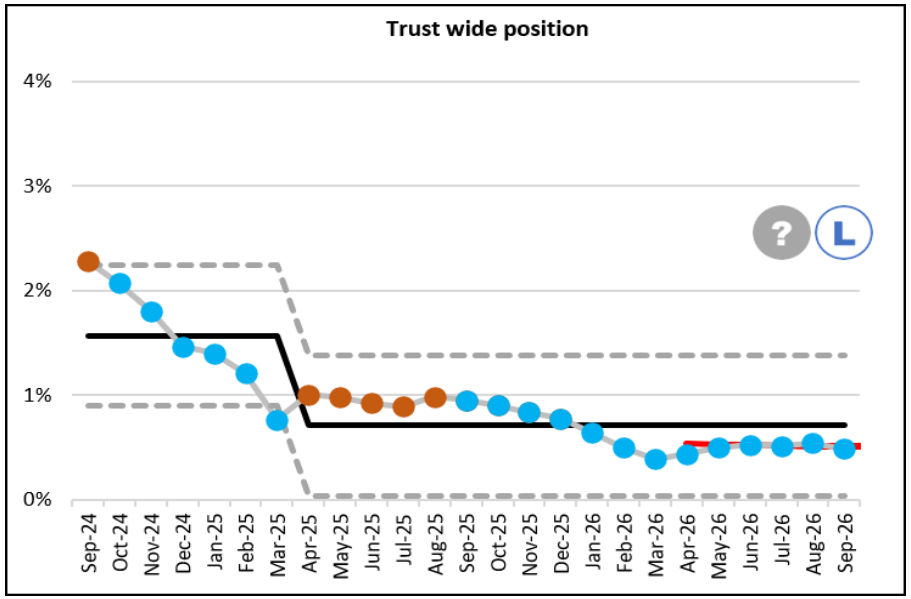
>21 day NCTR work continues with partners. Early Supported Discharge resulted in 114 patients leaving hospital early in saving 427 bed days.

Responsiveness

Referral To Treatment Percentage Over 52 Weeks

NHS Bristol NHS Foundation Trust
Bristol | Weston

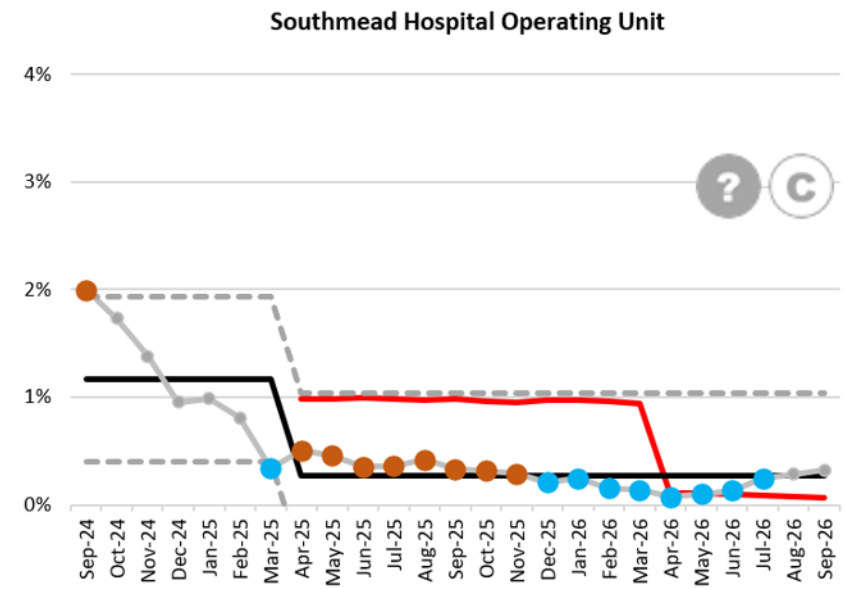
Latest Month
Sep-26
Performance
0.5%
Target
0.5%
Trust Level / Corporate Risk
Risk 801 - Score 12
Performance - Previous
0.5%



What does the data tell us?
The Trust was on target for September.

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.

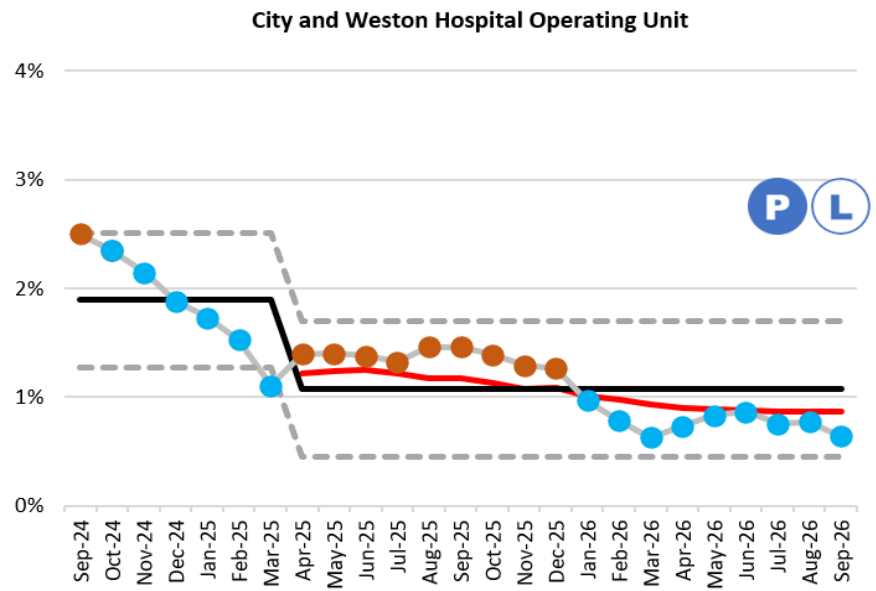
Impact on forecast
The Trust is anticipating variation in the coming months but is expecting to remain below the 1% national threshold.



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.



328 patients were waiting for 52 weeks or more at the end of September (392 in August), against the total waiting list size of 51,205 (0.6% of waiting list vs trajectory 0.9%).

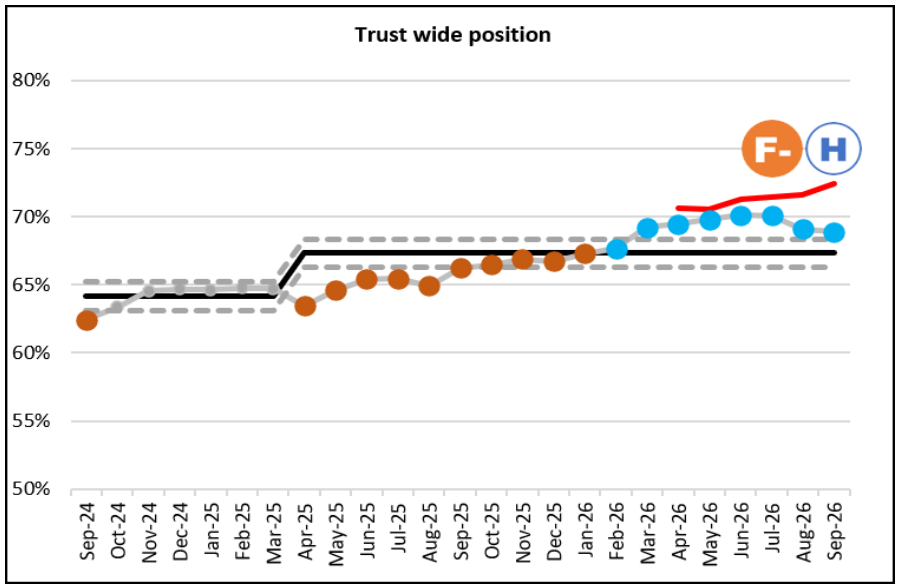
Paediatric Dentistry Consultant capacity and a continued challenge with recruiting to this specialised role has led to an increase in long waits within this particular specialty.
Plans are in place to support recovery of the position, supported by additional oversight from Chief Operating Officer's Office.

Responsiveness

Referral To Treatment Ongoing Pathways Under 18 Weeks

NHS Bristol NHS Foundation Trust
Bristol | Weston

Latest Month
Sep-26
Performance
68.9%
Target
72.4%
Trust Level / Corporate Risk
Risk 801 - Score 12
Performance - Previous
69.1%

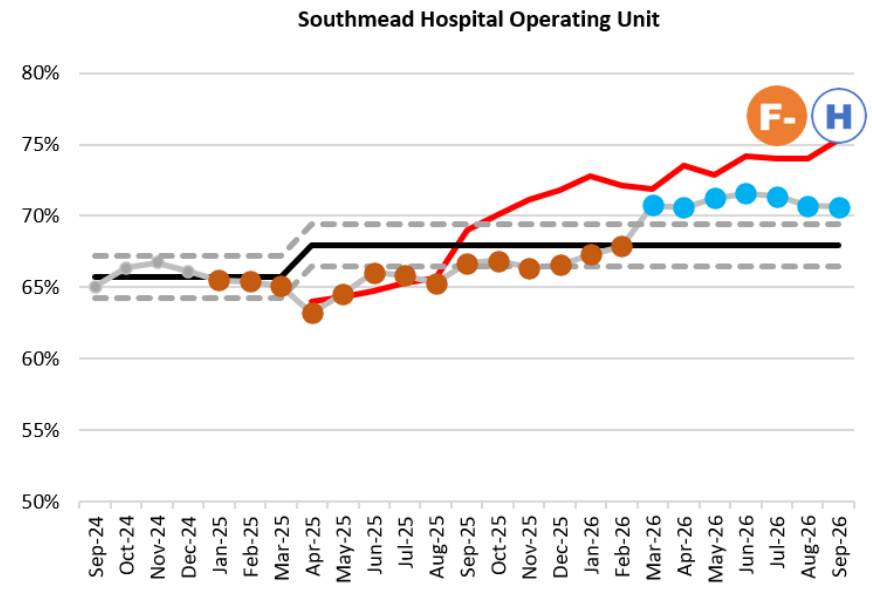


What does the data tell us?
RTT performance was behind trajectory for September.

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 HOUs are utilising DrDoctor for additional patient contacts, identifying whether patients no longer require to be seen (self-limiting conditions).
- Focus on booking of first outpatient appointment to expedite onward diagnosis, and treatment

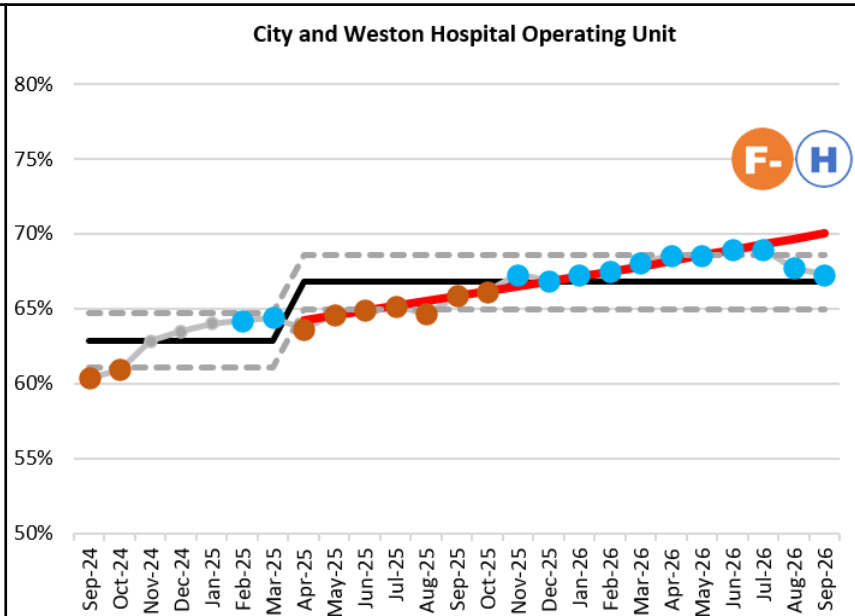
Impact on forecast
We continue to closely monitor the patients under 18-weeks and focused booking of first OPA earlier in the pathway to achieve the ambition into 2026/27.



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

Key focus is on T&O, Gynaecology, Cardiology and Neurology for improvement. Currently, 15 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 September was 67.3% against the target of 70.0%

To support recovery, specialty-level targets have been set, to ensure that any patient who will be waiting 39 weeks by March 2027 is booked and seen by end of December 2026, supporting an earlier diagnosis and expediting treatment.

Additional waiting list initiative schemes are being stood up and elective recovery funding provided to support increase activity to enhance the organisations RTT recovery plans.

Responsiveness

Referral To Treatment Number of Ongoing Pathways

NHS Bristol NHS Foundation Trust
Bristol | Weston

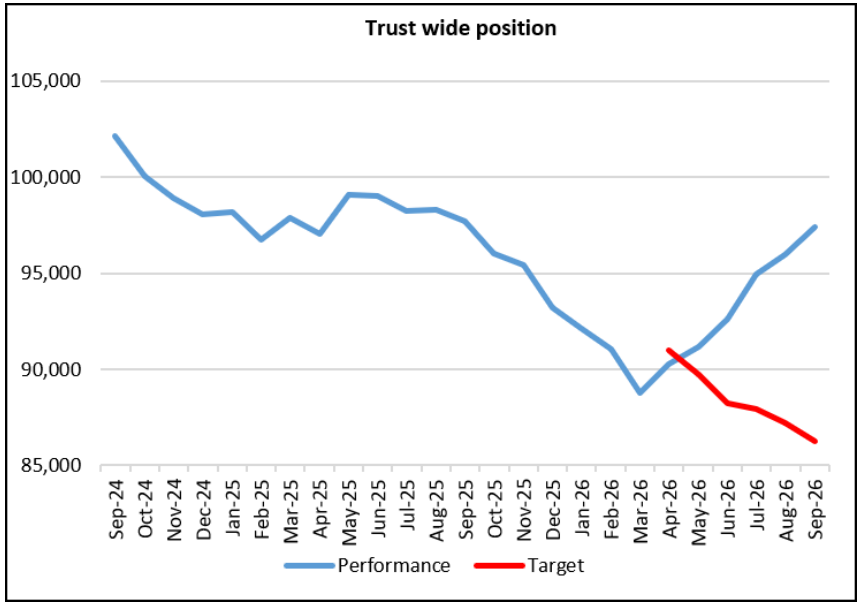
Latest Month
Sep-26

Performance
97428

Target
86234

Trust Level / Corporate Risk
Risk 801 - Score 12

Performance - Previous
95997

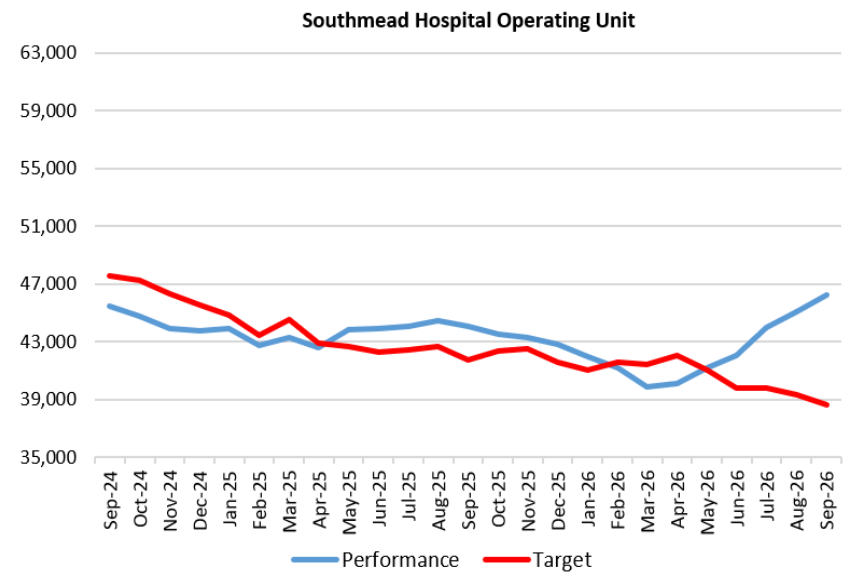


What does the data tell us?
The Trust has now been experiencing an ongoing increase in wait-list size which has also been observed in Trusts across the South West region.

Actions being taken to improve

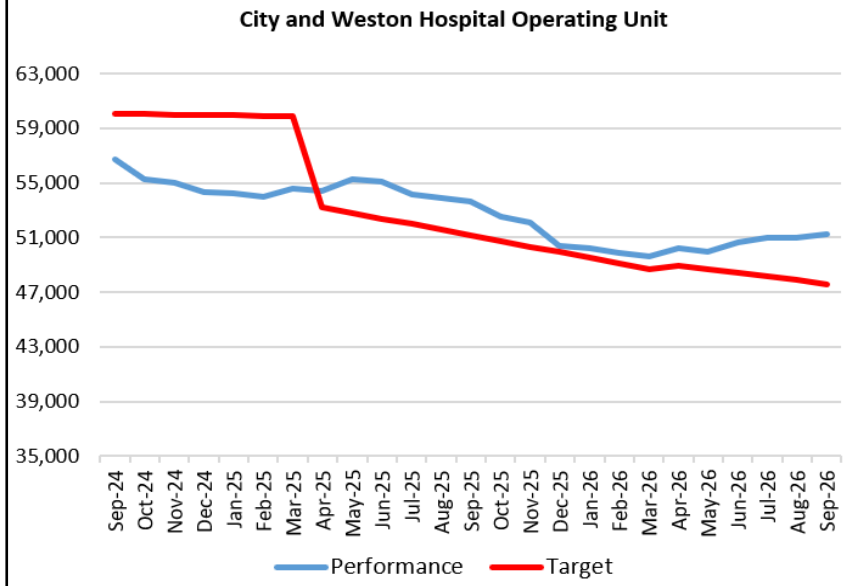
- Focus continues to reduce the overall waiting list size with additional activity required to achieve the reduction in waiting list size target throughout 2026/27.
- In light of the level of regional growth, and unanticipated increase in demand for the Trust, the Trust has ensured that recovery plans are responding to known growth and acknowledge the risk of further growth.
- The Trust is also working towards the introduction of Single Point of Access (SPoA) to support improved triage of patients.

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



At the end of September, the total waiting list size was 46,223; higher than the operating plan target 38,636.

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 September, the total waiting list size was 51,205 against a target of 47,598

The total waiting list size increased by 262 in comparison to end of August. The waiting list size at the end of August is 6.4% above operating plan.

Actions being taken to address are described in previous two slides

Responsiveness

Diagnostics Percentage Over 6 Weeks

NHS Bristol NHS Foundation Trust
Bristol | Weston

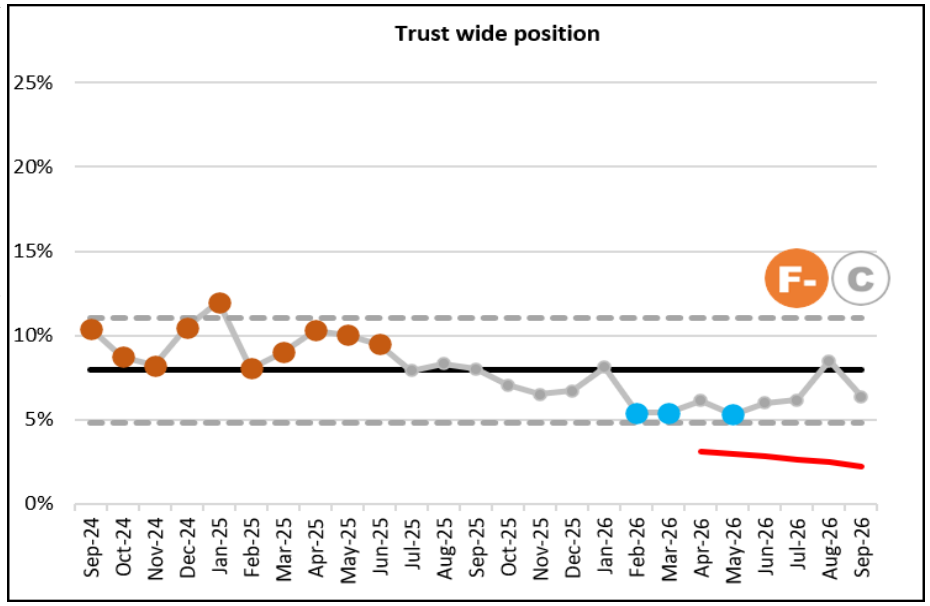
Latest Month
Sep-26

Performance
6.4%

Target
2.2%

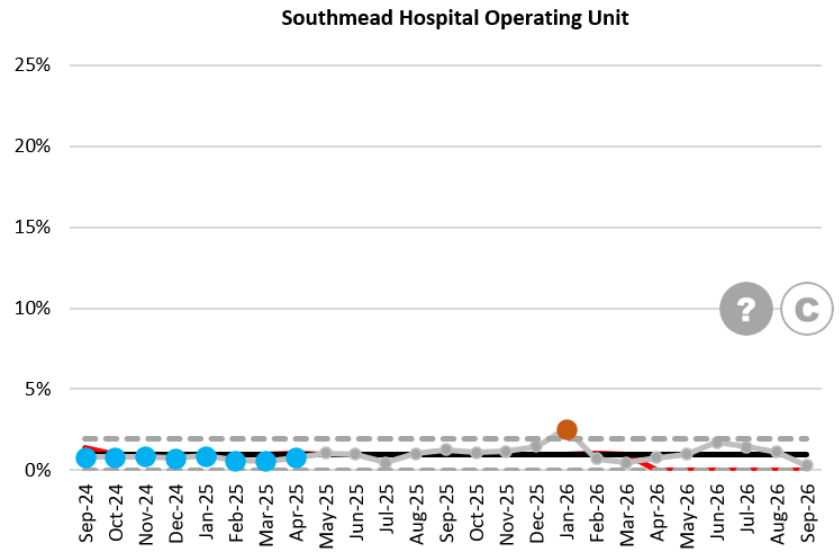
Trust Level / Corporate Risk
Risk 801 - Score 12

Performance - Previous Month
8.5%

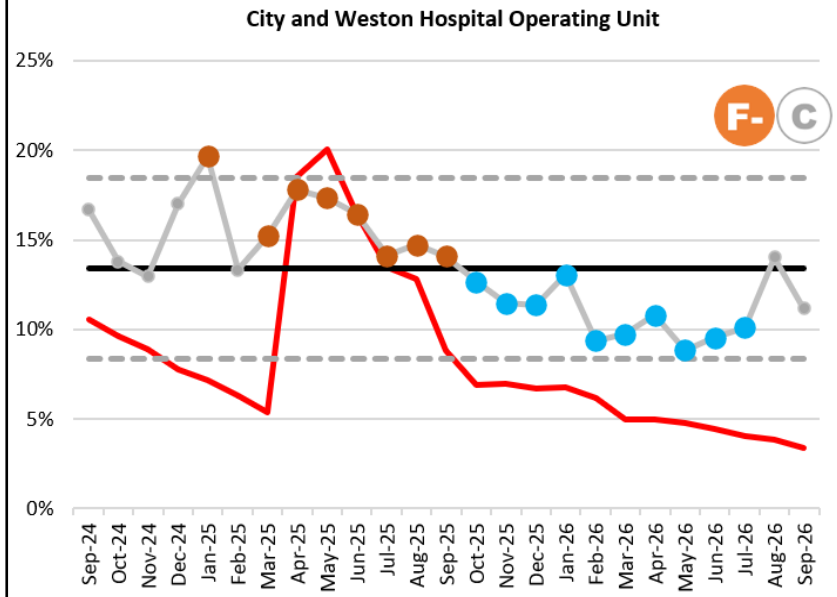


What does the data tell us?
Performance was behind for September which has been impacted largely by challenges in C&W performance (detailed below).

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



In September, performance has recovered to the national constitutional standard, with improvement seen across all diagnostic modalities.



Performance improved to 11.2% in September, and the total waiting list size reduced by a further 399 patients.

Areas of Focus:

Non-Obstetric Ultrasound, Audiology, and Endoscopy recovery to continue into October, with good progress noted in September for each modality.
Continued focus on MRI Cardiac position, where capacity constraints remain a challenge.

Responsiveness

Cancer - 28 Day Faster Diagnosis

NHS Bristol NHS Foundation Trust
Bristol | Weston

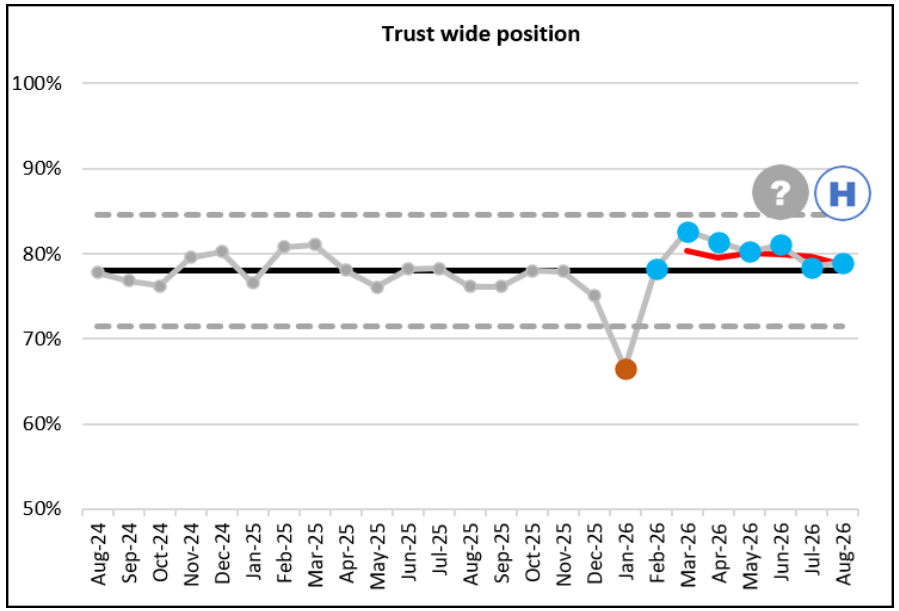
Latest Month
Aug-26

Performance
79.0%

Target
78.7%

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

Performance - Previous Month
78.4%

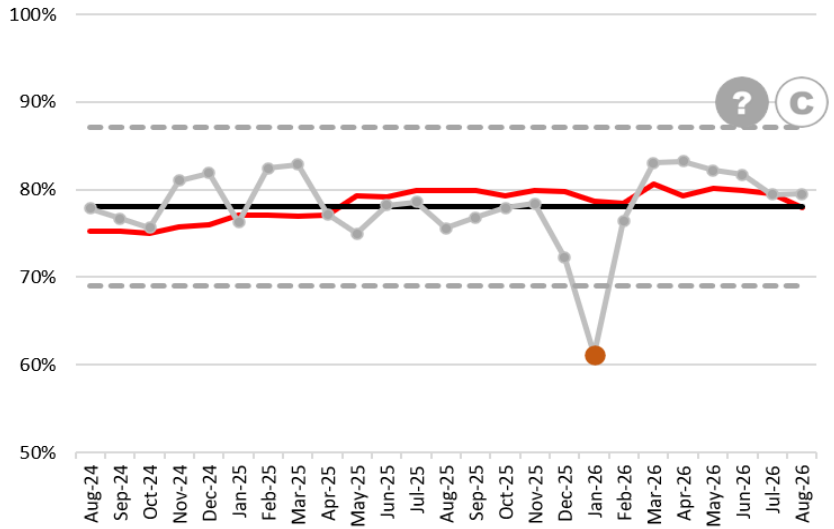


What does the data tell us?
Performance complied with the trajectory target of 78.7%.

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
We expect to continue to meet the forecast, although there is some risk from Skin due to high demand and limited capacity.

The Trust anticipates ongoing delivery of the trajectory.



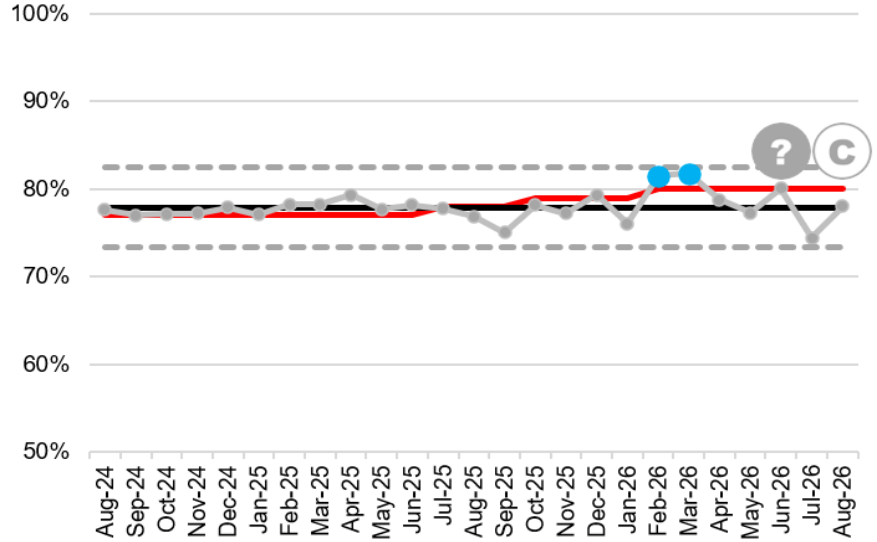
28-Day performance delivered 79.50% against a plan of 79.89% in August 2026.

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 implemented 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.



Performance improved from July, with fewer patients who had chosen to delay their care following the fire affecting Weston's endoscopy unit. Performance still fell short of the trajectory due to the tail end of this impact.

Improving outpatient capacity in skin and head and neck through a locum and additionality are other key actions to ensure recovery and ongoing delivery.

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

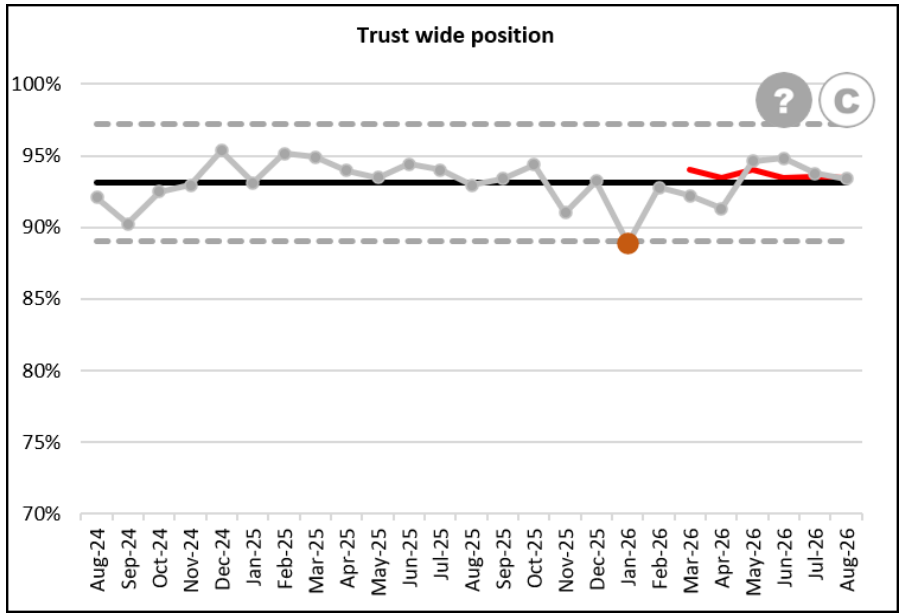
Latest Month
Aug-26

Performance
93.4%

Target
93.4%

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

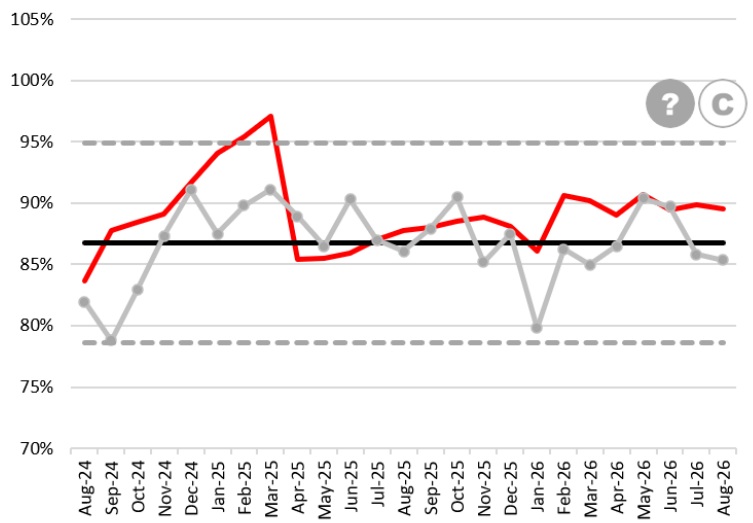
Performance - Previous Month
93.7%



What does the data tell us?
31-Day performance complied with the Trust's improvement target of 93.4%.

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 SHOU.

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

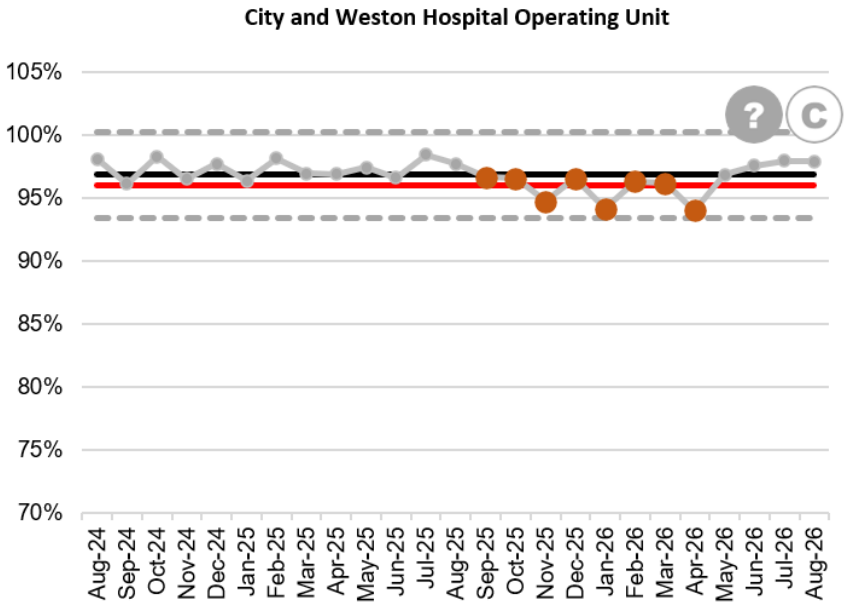


Performance was off plan for August. This was driven by the increase in Skin demand.

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, which will drive an additional 8 cases per week from October 2026. The Sentinel Lymph Node Biopsy (SLNB) backlog has been cleared.



The standard was compliant with the national threshold of 96% .

Ongoing transformation work in chemotherapy, and ensuring surgical activity is not impacted over winter, are key to maintaining success.

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

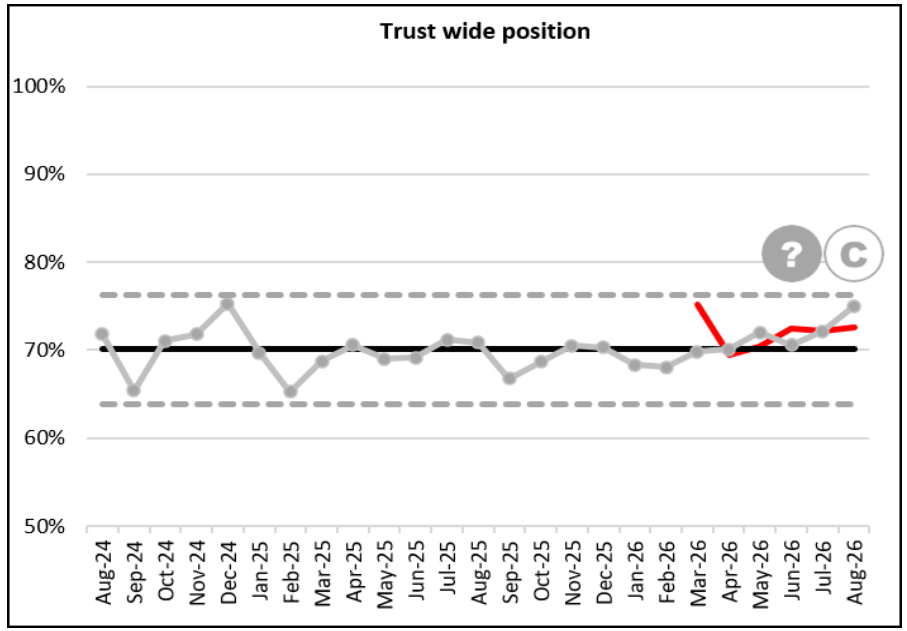
Latest Month
Aug-26

Performance
75.0%

Target
72.6%

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

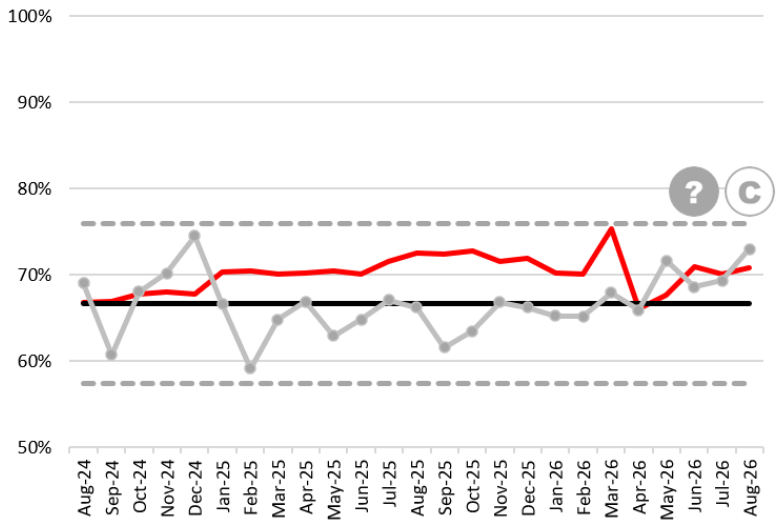
Performance - Previous Month
72.2%



What does the data tell us?
62-Day performance met the 72.6% trajectory for August.

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.

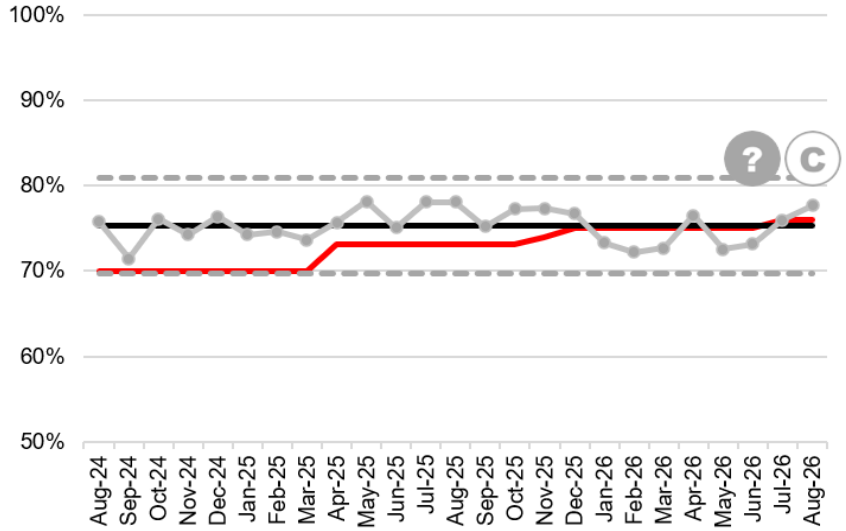
Impact on forecast
Compliance with trajectory is expected to vary across Q2 as the merged position for Bristol NHS Foundation Trust is reported .



August performance was on plan at 73.00% against the target of 70.79%.

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. Breast reported to plan for August.



The estimated unit split of performance shows the unit met its trajectory target. This standard is best considered at BFT level, due to the high level of pathways crossing both units.

Sustaining and improving early pathways are the most impactful ways to further improve delivery of this standard, particularly in head and neck, lower GI and skin.

The unit expects to continue to comply with trajectory.

Responsiveness

Last Minute Cancelled Operations - Percentage of Elective Admissions

NHS Bristol NHS Foundation Trust
Bristol | Weston

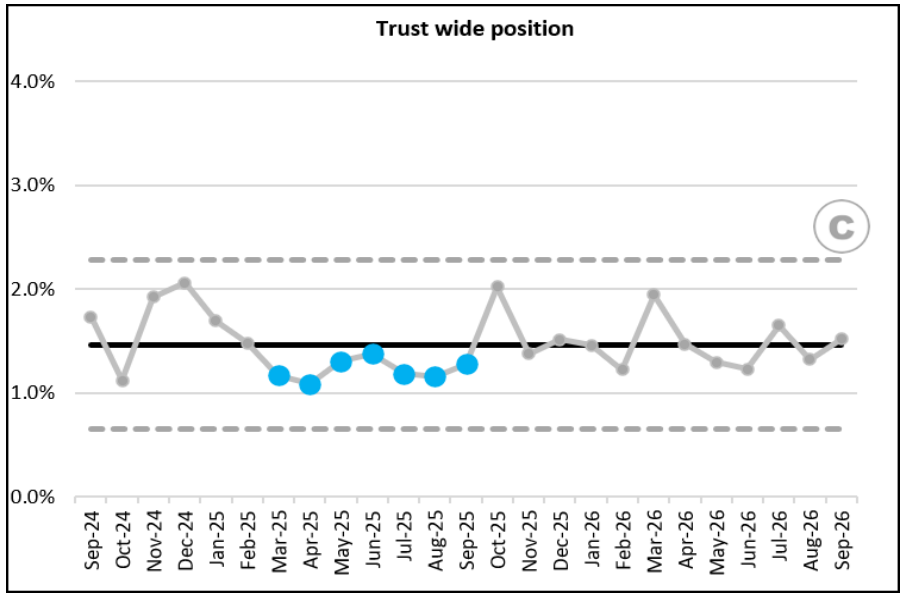
Latest Month
Sep-26

Performance
1.5%

Target
No Target

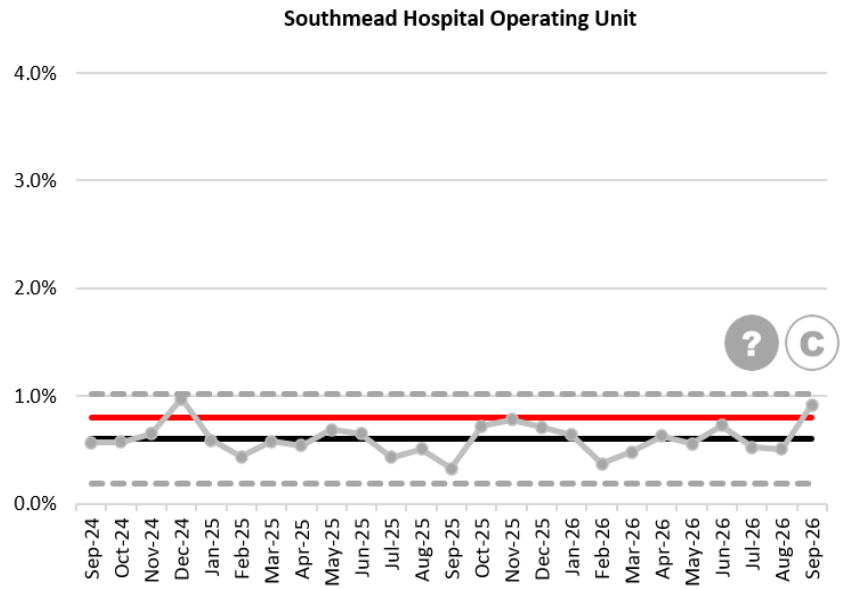
Trust Level / Corporate Risk
Risk 1035 - Score 16

Performance - Previous
1.3%



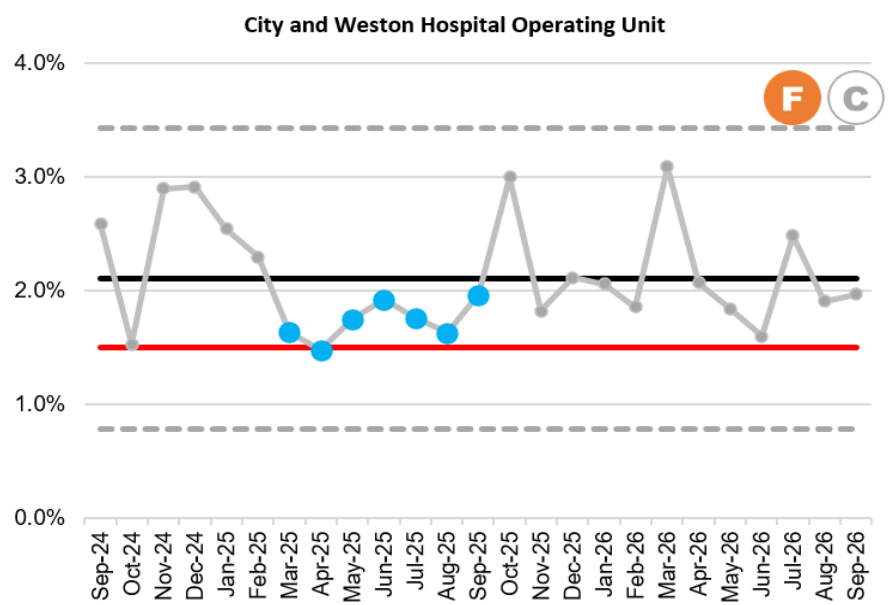
What does the data tell us?
The City Centre and Weston HOU continues to have challenges in delivering to target; there had been improvements leading up to July which was impacted as detailed below. Southmead had an increase in September which is expected to resolve in October.

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



Last minute cancelled operations increased above target to 0.92% for September. Reasons for the increase are being explored through the Theatre Efficiency Group.

Southmead otherwise has consistently been on target and expected to be back to target for October.



Mitigations put in place over the last few months are still having an impact despite the number of last minute cancellations (LMC's) being slightly higher than August.

The majority of the LMC's in theatre are due to ward bed availability and lists that over run causing the last patient to be cancelled.

Work is continuing to minimise cancellations across theatres and outpatients but there is limited scope to mitigate those due to a lack of ward beds.

Responsiveness

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

NHS Bristol NHS Foundation Trust
Bristol | Weston

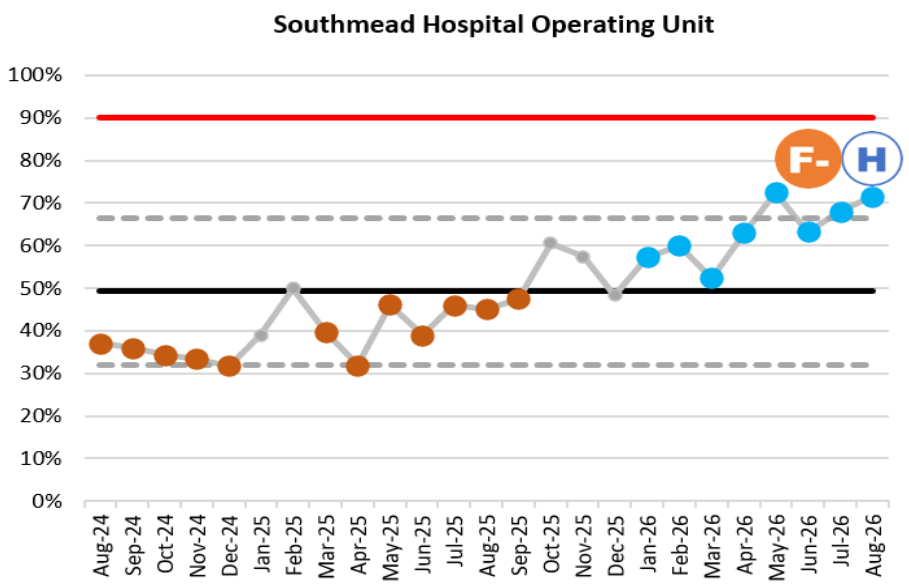
Latest Month
Aug-26

Target
90.0%

Latest Month's Position
71.6%

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

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



What does the data tell us?
Continuous improvement in performance since June.

Actions being taken to improve
The Hot repatriation SOP (for thrombectomy transfers) is in process of being signed off. 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
We expect further performance to remain strong.

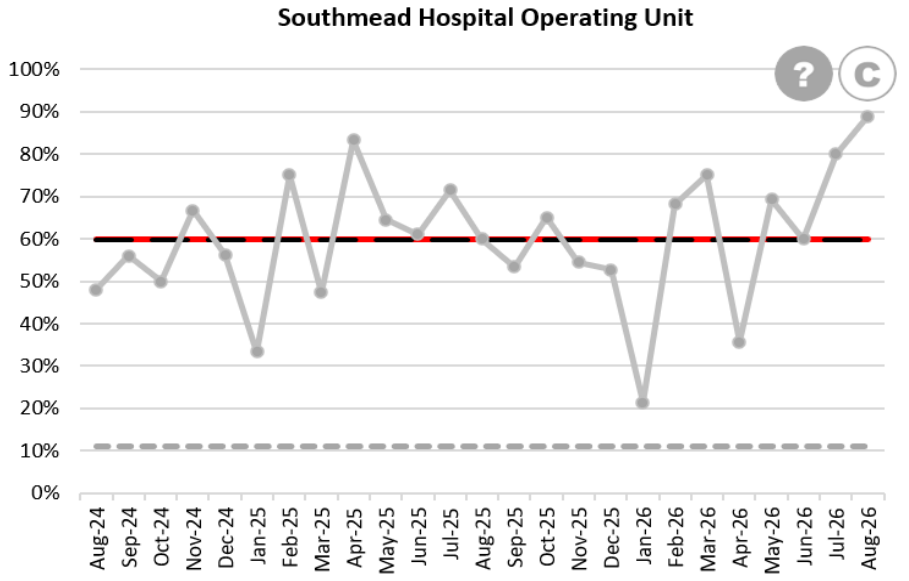
Latest Month
Aug-26

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?
We continue to see an improvement in performance. However, due to the low number of monthly cases this can add to data volatility.

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.

Actions being taken to improve
The wake up 8am slot is being operationalised.

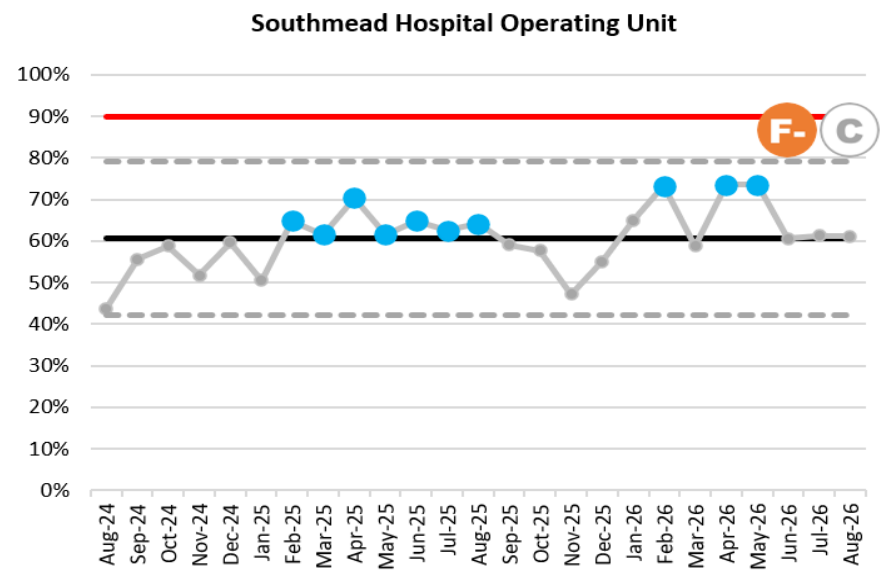
Impact on Forecast
As per last month, we continue to see a strong yet variable performance, although slightly impacted by performing more extended thrombolysis.

Responsiveness

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

NHS Bristol NHS Foundation Trust
Bristol | Weston

Latest Month
Aug-26
Target
90.0%
Latest Month's Position
61.2%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
Risk 1704 - There is a risk that patients receive sub-optimal stroke care and face potential worse clinical outcomes as a result of poor Trust performance against delivery of key national benchmarks (15).



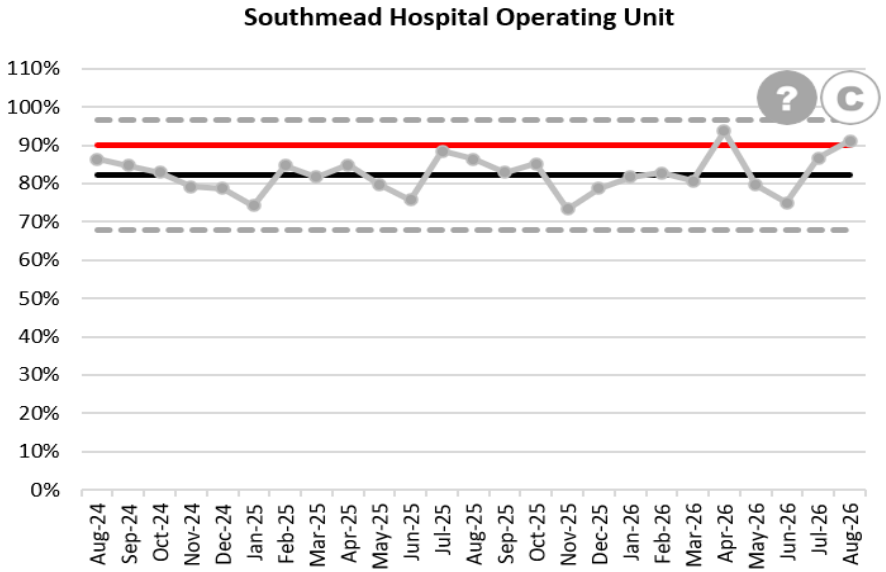
What does the data tell us?
90% stay on a stroke unit performance is related to occupancy rates, which have been stable since June.

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.

The Stroke investment business case is expected to impact positively on length of stay and occupancy. This is being operationalised currently.

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

Latest Month
Aug-26
Target
90.0%
Latest Month's Position
91.2%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
Trust Level Risk
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?
August continues to improve as predicted follow the data issue in June, which is now resolved.

Actions being taken to improve
To continue to ensure more sustainable and consistent consultant rota.

To regularly 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.

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	Sep-26	0.4	0.5	0.6	?	C	Escalation Summary
		City and Weston Hospital Operating Unit	Sep-26	0.2	0.4	0.2	P*	H	Escalation Summary
Safe	MRSA Hospital Onset Cases	Southmead Hospital Operating Unit	Sep-26	1	0	1	F	C	Escalation Summary
		City and Weston Hospital Operating Unit	Sep-26	2	0	0	F	C	Escalation Summary
Safe	CDiff Healthcare Associated Cases	Southmead Hospital Operating Unit	Sep-26	7	6.8	8	?	C	Escalation Summary
		City and Weston Hospital Operating Unit	Sep-26	4	9.1	9	?	C	Escalation Summary
Safe	EColi Hospital Onset Cases	Southmead Hospital Operating Unit	Sep-26	7	7.0	8	?	C	Escalation Summary
		City and Weston Hospital Operating Unit	Sep-26	6	9.1	5	?	C	Escalation Summary
Safe	Falls Per 1,000 Beddays	Southmead Hospital Operating Unit	Sep-25	5.5	5.0	6.1	F	C	Escalation Summary
		City and Weston Hospital Operating Unit	Sep-26	4.7	4.8	4.8	?	C	Escalation Summary
Safe	Total Number of Patient Falls Resulting in Harm	Southmead Hospital Operating Unit	Sep-26	2	No Target	4	N/A	C	Note Performance
		City and Weston Hospital Operating Unit	Sep-26	3	2	2	F	C	Escalation Summary
Safe	Medication Incidents per 1,000 Bed Days	Southmead Hospital Operating Unit	Sep-26	4.5	No Target	5.1	N/A	C	Note Performance
		City and Weston Hospital Operating Unit	Sep-26	8.0	No Target	8.7	N/A	C	Note Performance
Safe	Medication Incidents Causing Moderate or Above Harm	Southmead Hospital Operating Unit	Sep-26	3	0	4	F	C	Escalation Summary
		City and Weston Hospital Operating Unit	Sep-26	1	0	0	F	C	Escalation Summary
Safe	Adult Inpatients who Received a VTE Risk Assessment	Southmead Hospital Operating Unit	Sep-26	93.8%	95.0%	94.1%	F	L	Escalation Summary
		City and Weston Hospital Operating Unit	Sep-26	80.0%	95.0%	80.8%	F-	H	Escalation Summary
Safe	Nursing, Midwifery Inpatient Safe Staffing Fill Rate	**Trust**	**Sep-26**	**100.5%**	**80%-100%**	**99.8%**	N/A	C	Commentary
		Southmead Hospital Operating Unit	Sep-26	96.9%	80%-100%	99.1%	N/A	C	Commentary
		City and Weston Hospital Operating Unit	Sep-26	100.5%	80%-100%	100.4%	N/A	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	May-26	91.3	100.0	91.2	P*	L	Note Performance
		City and Weston Hospital Operating Unit	May-26	86.9	100.0	87.0	P*	L	Note Performance
Effective	Fracture Neck of Femur Patients Treated Within 36 Hours	Southmead Hospital Operating Unit	Aug-26	32.1%	Under Review	30.0%	N/A	C	Commentary
		City and Weston Hospital Operating Unit	Sep-26	35.5%		44.1%	N/A	C	Note Performance
Effective	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	Southmead Hospital Operating Unit	Aug-26	94.3%	Under Review	80.0%	N/A	C	Note Performance
		City and Weston Hospital Operating Unit	Sep-26	96.8%		97.1%	N/A	C	Note Performance
Effective	Fracture Neck of Femur Patients Achieving Best Practice Tariff	Southmead Hospital Operating Unit	Aug-26	29.3%	Under Review	26.7%	N/A	C	Note Performance
		City and Weston Hospital Operating Unit	Sep-26	35.5%		44.1%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Inpatient	**Trust**	**Sep-26**	**94.6%**	**No Target**	**93.9%**	N/A	C	Note Performance
		Southmead Hospital Operating Unit	Sep-26	94.3%	No Target	93.5%	N/A	H	Note Performance
		City and Weston Hospital Operating Unit	Sep-26	94.8%	No Target	94.8%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Outpatient	Southmead Hospital Operating Unit	Sep-26	93.6%	No Target	94.3%	N/A	C	Note Performance
		City and Weston Hospital Operating Unit	Sep-26	93.7%	No Target	94.7%	N/A	C	Note Performance
Caring	Friends and Family Test Score - ED	Southmead Hospital Operating Unit	Sep-26	75.1%	No Target	78.2%	N/A	C	Note Performance
		City and Weston Hospital Operating Unit	Sep-26	86.7%	No Target	87.5%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Maternity	Southmead Hospital Operating Unit	Sep-26	91.8%	No Target	87.2%	N/A	C	Note Performance
		City and Weston Hospital Operating Unit	Sep-26	97.5%	No Target	95.5%	N/A	C	Note Performance
Caring	Number of Formal Complaints Received	**Trust**	**Sep-26**	**165**	**No Target**	**204**	N/A	C	Commentary
		Southmead Hospital Operating Unit	Sep-26	86	No Target	90	N/A	H	Escalation Summary
		City and Weston Hospital Operating Unit	Sep-26	79	No Target	114	N/A	C	Commentary
Caring	Formal Complaints Responded To Within Agreed Timeframe	**Trust**	**Sep-26**	**62.6%**	**90.0%**	**74.2%**	F-	C	Escalation Summary
		Southmead Hospital Operating Unit	Sep-26	71.6%	90.0%	79.5%	F	C	Escalation Summary
		City and Weston Hospital Operating Unit	Sep-26	55.4%	90.0%	70.2%	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	

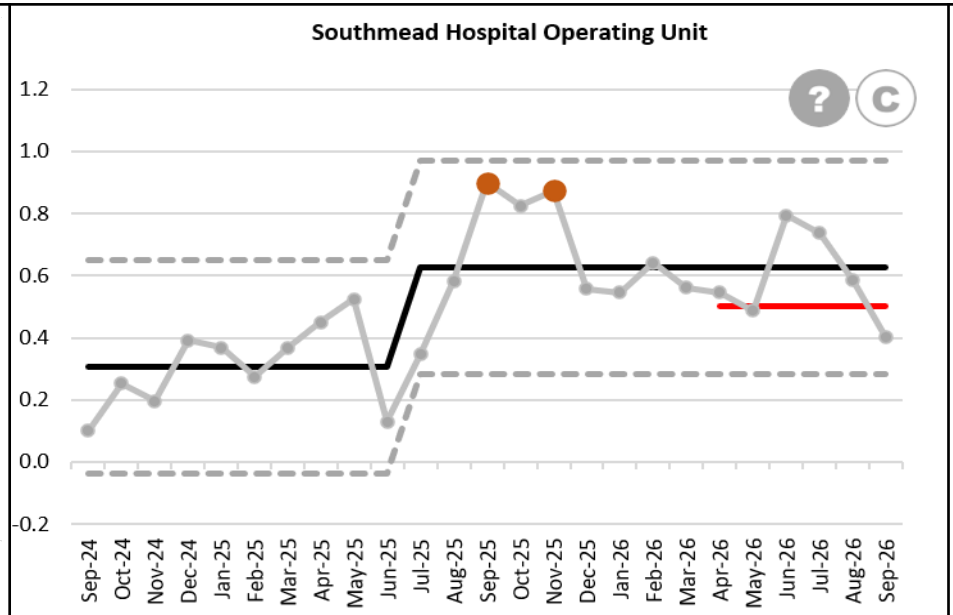
Quality

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

NHS Bristol NHS Foundation Trust
Bristol | Weston

Latest Month
Sep-26
Target
0.5
Latest Month's Position
0.40
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation

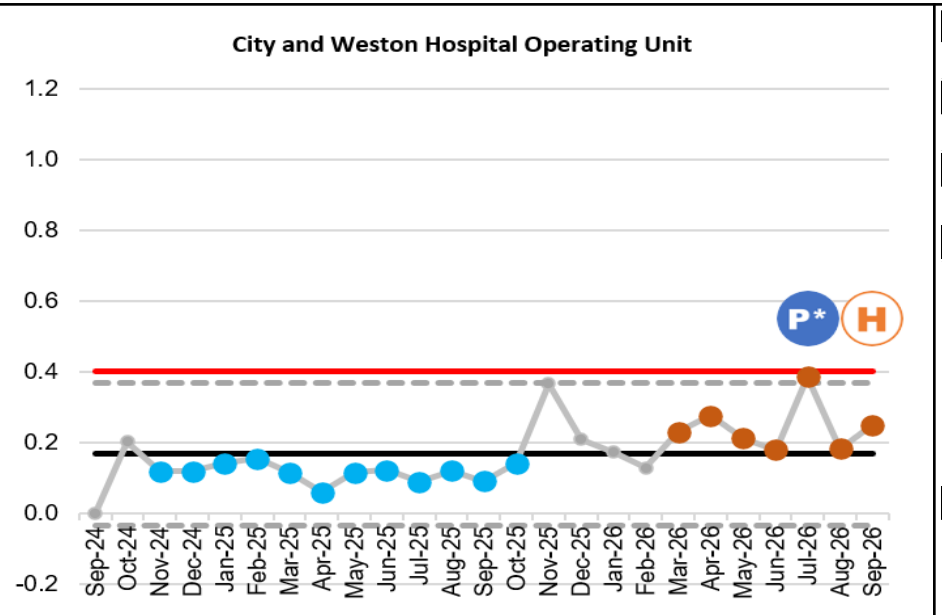
Trust Level Risk
No Trust Level Risk



What does the data tell us?
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 approved. Procurement of the wedges is underway, and the planning of the education and rollout is now commencing to provide heel offloading for patients in selected inpatient wards.
- Specialist immersion mattresses are now available in the HOU and can be implemented for complex patients at high risk of pressure ulcer development, including those being proned in ICU, patients receiving end-of-life care, and patients who are unable to reposition independently due to pain, medical instability, or 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.
- ED trolley overlay audit: The audit identified a need to procure additional trolley overlays to ensure adequate availability during the winter period. The TVNs are working with the medical division to support procurement.
- TV link session delivered to TV links to support PU prevention and management in clinical areas.

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



Latest Month
Sep-26
Target
0.4
Latest Month's Position
0.25
Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration but target is greater than upper limit.

Corporate Risk
No Corporate Risk

What does the data tell us?
At City & Weston HOU, eight pressure ulcers were reported in September, comprising seven Category 2 and one Category 3. Of the Category 2 pressure ulcers, five occurred at Weston, including four involving sacral pressure damage and one associated with a wrist cast. The remaining two occurred in Specialised Services (heel) and Women's Services (nasal bridge associated with an NIV mask). One Category 3 heel pressure ulcer was also reported at Weston. September saw an increase in pressure ulcers at Weston, with sacral pressure damage emerging as a recurring theme.

Actions being taken to improve:
Targeted improvement work is underway with the Weston Tissue Viability Matron, with an action plan focused on education and reinforcement of key themes, including reassessment following clinical deterioration, earlier escalation, timely provision of appropriate pressure-relieving equipment, and preventative care for frail and end-of-life patients.
A 12-month trial of Dolphin Fluid Immersion Simulation (FIS) has been approved for critically unstable patients on GICU.
Monthly Pressure Ulcer Care Plan audits continue across Surgery, Weston and Medicine, with results reported to Divisions each month to support oversight and improvement. This is complemented by ongoing engagement with ward Tissue Viability Champions to reinforce good pressure-ulcer prevention practice, alongside monthly Tissue Viability newsletters highlighting key themes and messages for staff.

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

Quality

Infection Prevention & Control – MRSA Hospital Onset Cases

NHS Bristol NHS Foundation Trust
Bristol | Weston

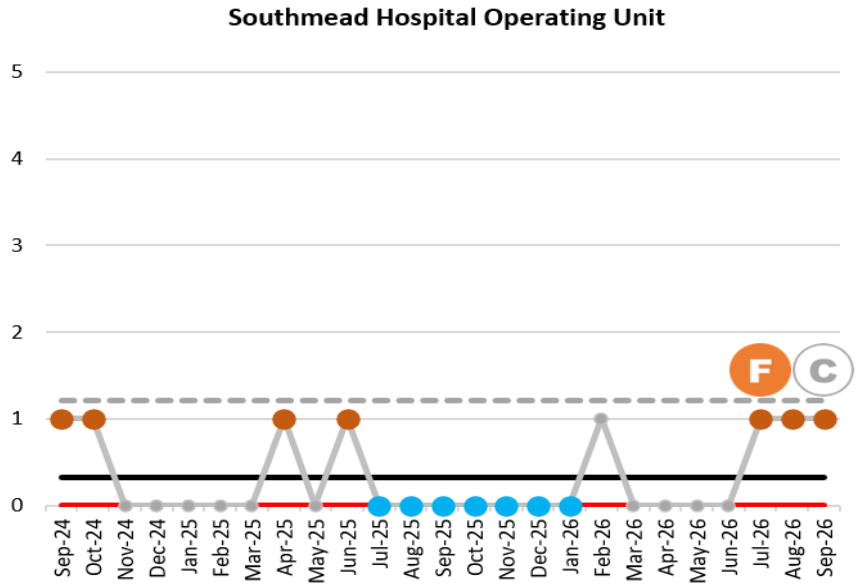
Latest Month
Sep-26

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

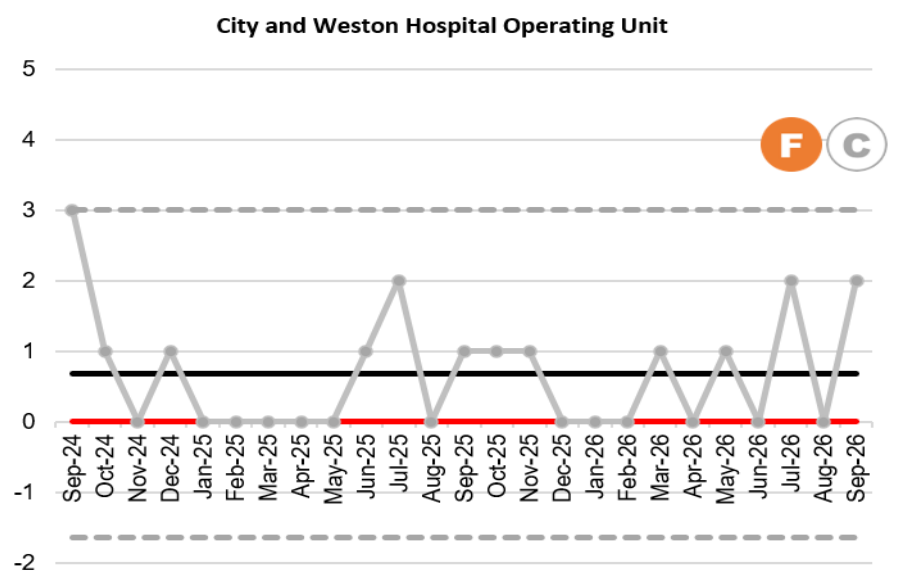
Trust Level Risk
No Trust Level Risk



What does the data tell us?
One case reported in September, this brings the total to three cases this year .

Actions taken to improve
- The three cases in SHOU had different themes .
- Line care and soft tissue wound care management are the themes of improvement work following these case reviews

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 three cases in this financial year in a position that should be nil.



What does the data tell us?
At City & Weston HOU, two MRSA cases were reported in September, bringing the year-to-date total to five.

Actions being taken to improve
The two additional MRSA cases occurred on the same ward and were confirmed as linked following strain typing. The cases have been formally managed as an outbreak, with a robust multidisciplinary action plan addressing clinical practice and Infection Prevention and Control measures. Actions include MRSA screening and decolonisation management, decluttering, achievement of required cleaning standards, and maintenance of the built environment. The ward is recognised as a high-risk area and is subject to an FR1 cleaning standard. Alongside the outbreak response, quality improvement work relating to IV access is being reinvigorated, and organism-specific improvement work, including a continued focus on MRSA, remains ongoing.

Impact on forecast
The NHSE limit for MRSA bacteraemia is zero. We have breached this limit.

Latest Month
Sep-26

Target
0

Latest Month's Position
2

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

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

Quality

Infection Prevention & Control – C. difficile Healthcare Associated Cases

NHS Bristol NHS Foundation Trust
Bristol | Weston

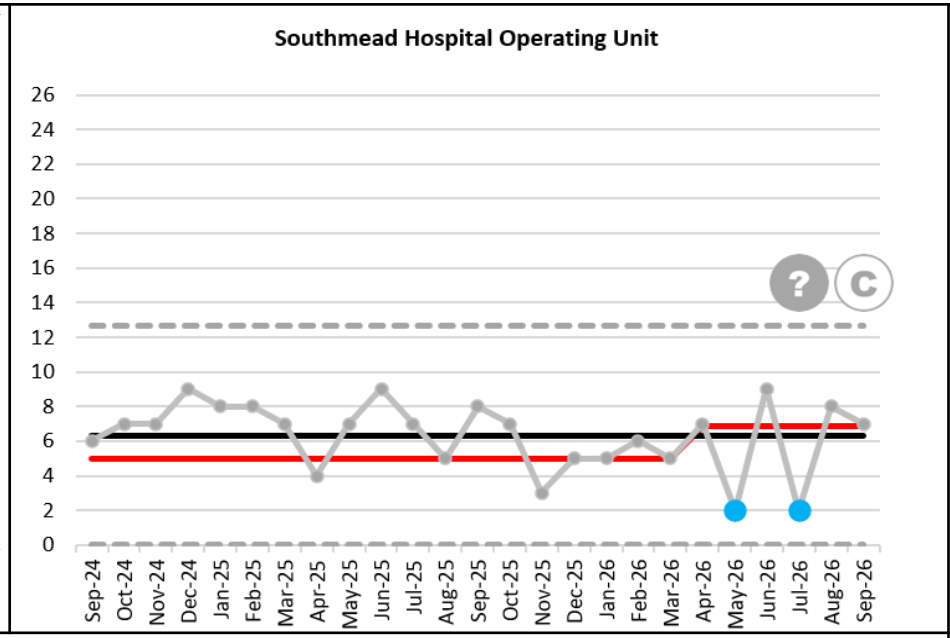
Latest Month
Sep-26

Target
6.8

Latest Month's Position
7

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

Trust Level Risk
No Trust Level Risk

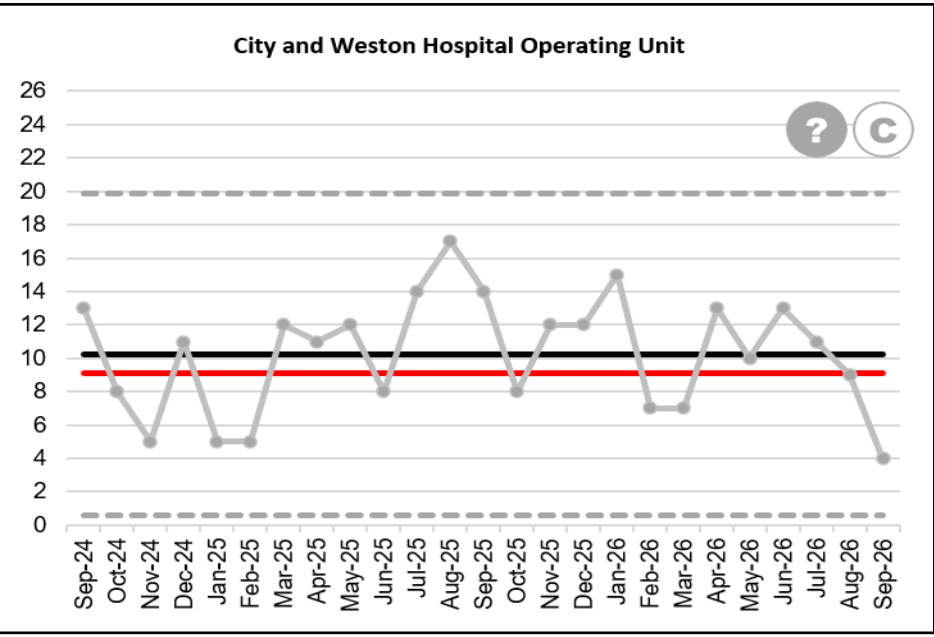


What does the data tell us?
In September there were seven Hospital Onset Hospital Acquired (HOHA) and three Community Onset Hospital Acquired (COHA). The position is slightly above trajectory

The year total to date is at 51 cases . 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?
In September there were four Clostridioides difficile cases for City & Weston , the breakdown shows as two Hospital Onset Hospital Acquired (HOHA) and two Community Onset Hospital Acquired (COHA). Year-to-date total shows as being 60 (38 HOHA & 22 COHA) against a trajectory of 109.
Previous year 2025/26 showed a total of 75 cases in September (53 HOHA & 22 COHA) .

Actions being taken to improve
Quality improvement activity continues, with a focus on commode cleaning and scrutiny, review and appropriate replacement of clinical equipment such as foam mattresses, general cleaning standards, compliance with the NHSE National Standards of Healthcare Cleanliness, and shared learning from case reviews.
Antimicrobial stewardship continues through the Antimicrobial Stewardship Committee, providing oversight of prescribing practice. Initial work has also commenced to review cleaning products used across the organisation and consider whether alternative products could reduce IPC risks.

Impact on forecast
With 60 attributed cases, with a limit of 109, the risk remains that the NHSE limited could be exceeded, noting seasonal variance and the reduce case rates in September.

Latest Month
Sep-26

Target
9.08

Latest Month's Position
4

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

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

Quality

Infection Prevention & Control - E.coli Hospital Onset Cases

NHS Bristol NHS Foundation Trust
Bristol | Weston

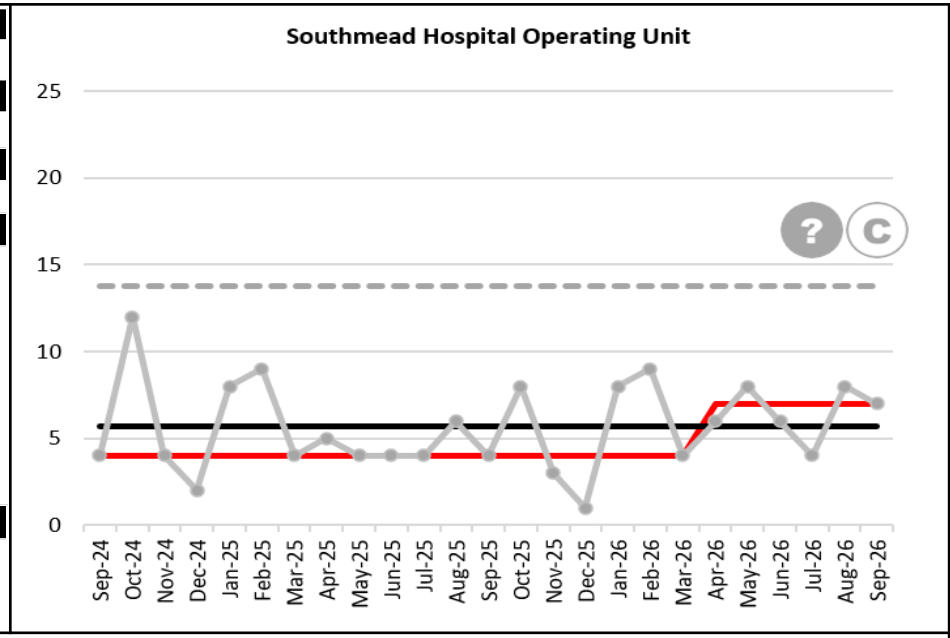
Latest Month
Sep-26

Target
7.0

Latest Month's Position
7

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

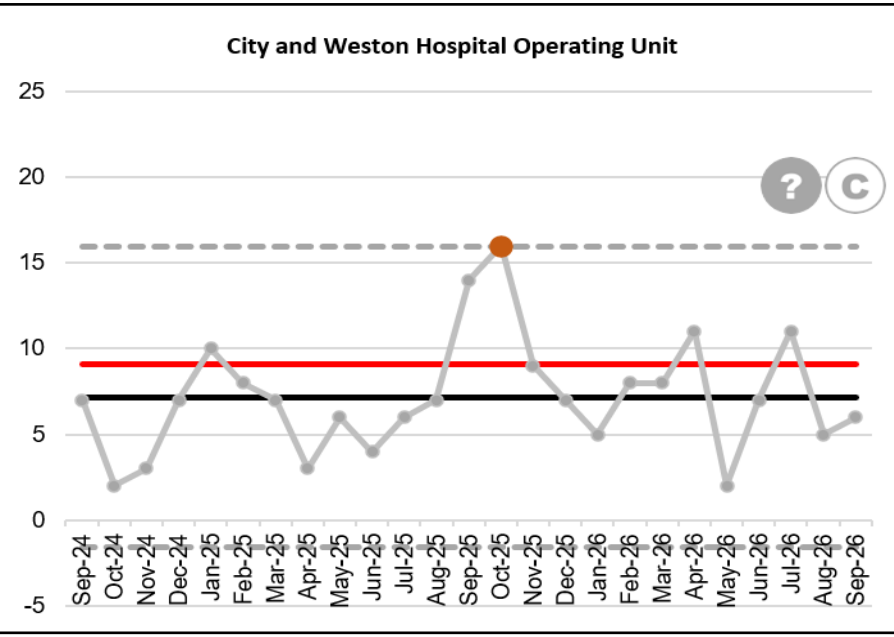
Trust Level Risk
No Trust Level Risk



What does the data tell us?
- Seven cases in September with a total of 39 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
Sep-26

Target
9.08

Latest Month's Position
6

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

Corporate Risk
No Corporate Risk

What does the data tell us?
There were six E. coli cases in September for City & Weston this brings the year-to-date total to 42 cases.

Actions being taken to improve
The initial phase of quality improvement work in being scoped and will include work as a ICB system. This include management of urinary catheters, as a higher risk intervention.
Information is shared monthly with Divisions about case numbers.

Impact on forecast
It is unlikely that the NHSE limit will be exceeded.

Quality

Falls – Rate per 1000 bed days

NHS Bristol NHS Foundation Trust
Bristol | Weston

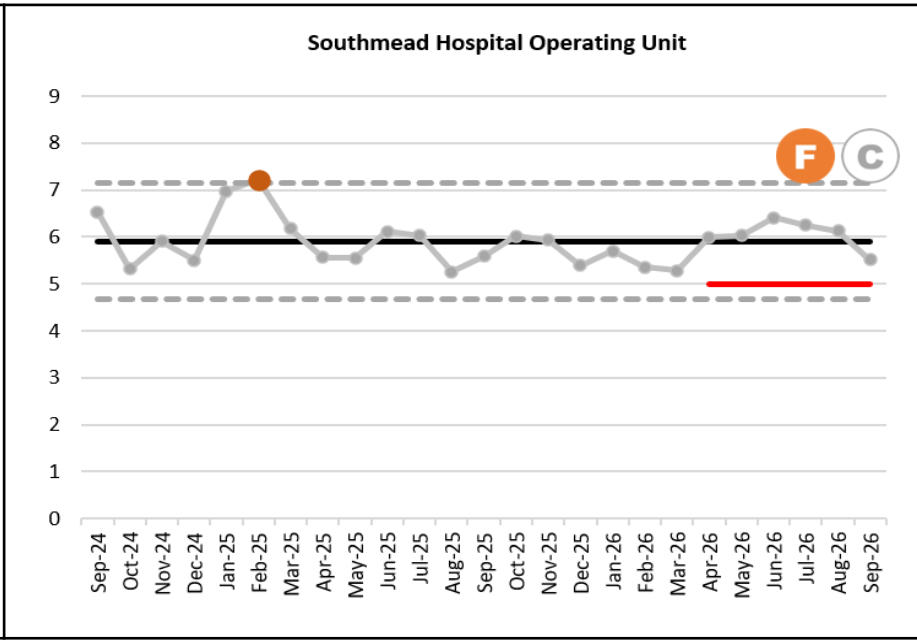
Latest Month
Sep-26

Target
5.0

Latest Month's Position
5.5

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

Trust Level Risk
No Trust Level Risk

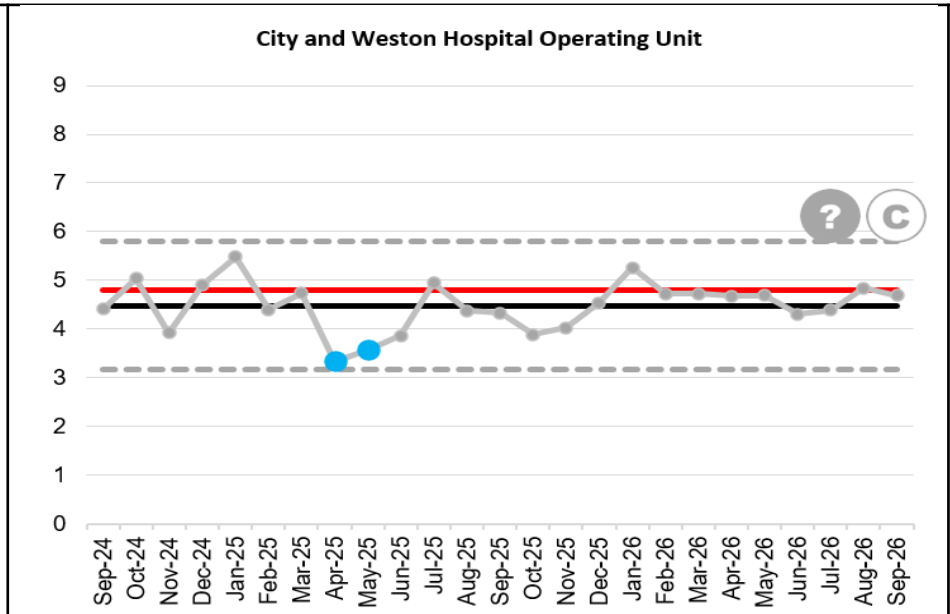


What does the data tell us?
Multiple falls continue to contribute to overall falls figures.

Actions being taken to improve
Divisions continue 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.

- The digital post falls action document has completed its trial successfully on selected wards and is being rolled out across the 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.

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 month's 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. A review of the target for falls causing harm across the Trust is being undertaken and is expected to conclude during Q3.



Latest Month
Sep-26

Target
4.8

Latest Month's Position
4.7

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

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

What does the data tell us? There have been 152 falls in total across City and Weston operating unit in September 2026, this equates to 4.703 per 1000 bed days which is below current target of 4.8. There have been 102 falls in Bristol site and 50 falls in Weston site. Risk of falls continues to remain on the divisions' risk registers as well as the Trust risk register.

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 (DDF) 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.

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

Falls – Number resulting in Harm

NHS Bristol NHS Foundation Trust
Bristol | Weston

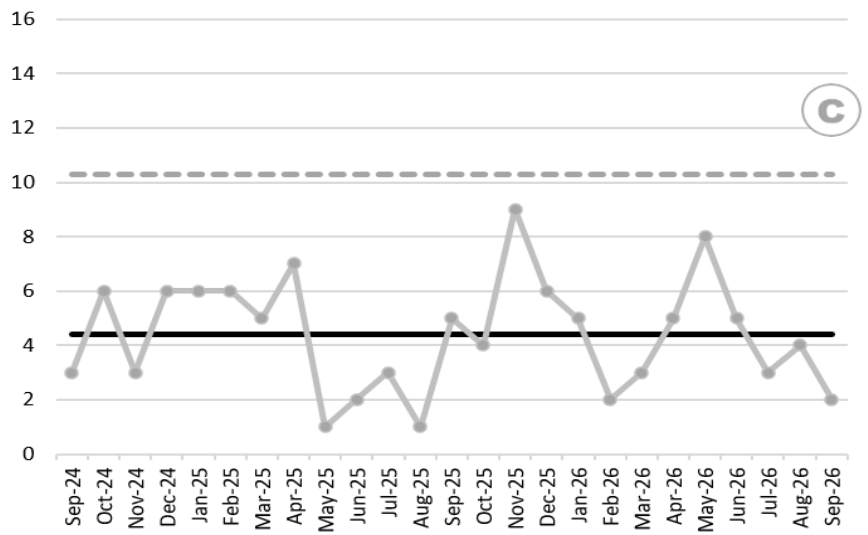
Latest Month
Sep-26

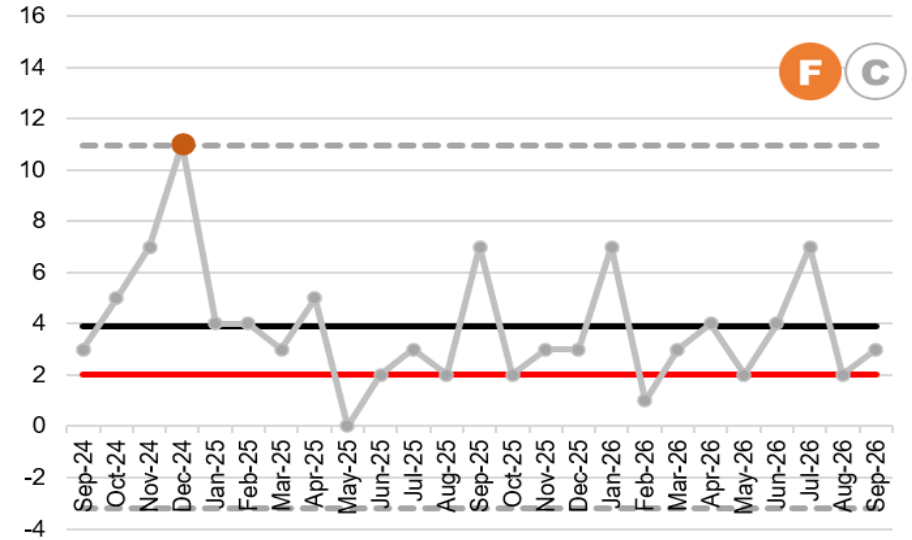
Target
No Target

Latest Month's Position
2

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

Trust Level Risk
No Trust Level Risk





Latest Month
Sep-26

Target
2

Latest Month's Position
3

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

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

No narrative required as per business rules, see previous slide.

What does the data tell us?
There have been three falls with harm this month, this is more than previous month (2). Two falls with harm occurred within the Weston division and one within medicine division.
Medicine division- Fall in bathroom, patient sustained left fractured neck of femur.
Weston division- Unwitnessed fall on ward in a cubicle, patient sustained subarachnoid haemorrhage, subdural haematoma and complex facial fractures.
Weston division- Unwitnessed fall from trolley, patient sustained facial and orbital fractures.

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.

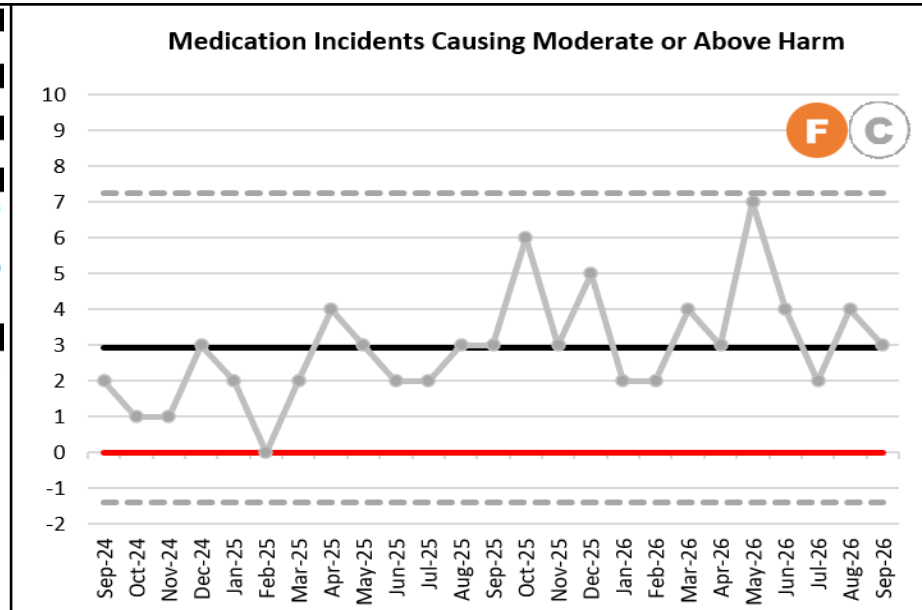
Quality

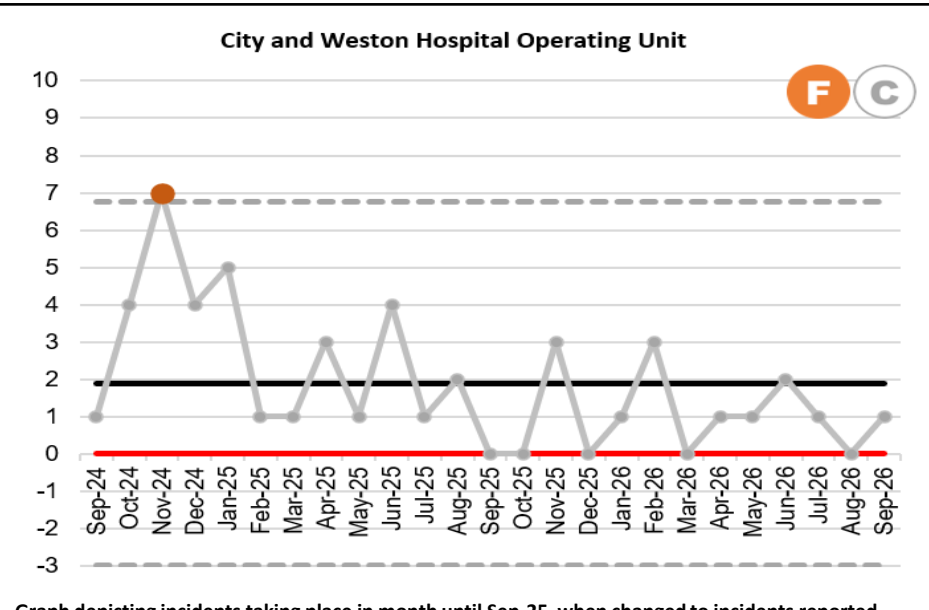
Medication Incidents – Number Causing Moderate or Above Harm

NHS Bristol NHS Foundation Trust
Bristol | Weston

Latest Month
Sep-26
Target
0
Latest Month's Position
3
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration

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





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

Latest Month
Sep-26
Target
0
Latest Month's Position
1
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.

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

What does the data tell us?
During September 2026, Southmead recorded 129 medication incidents involving patients; of these, three were graded as causing moderate or above harm to a patient (2 x moderate and 1 x severe).

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), safe handling of monoclonal antibodies and safe and effective use of medication patches
- A Learning from Incidents Group has been set up within Pharmacy – this will consider incidents which occur within the department e.g dispensing errors but also those which occur at ward level for which there is learning for the Pharmacy teams.
- The Medicines Governance team are also working closely with the CMM team to identify any emerging themes or trends in terms of incidents which may be related to changes in process following adoption of CMM.
- A resource proposal detailing the Pharmacy staffing required to support medicines safety improvement work going forward is being written for sharing with colleagues.

What does the data tell us?
During September 2026, City and Weston Hospital Operating Unit (HOU) recorded 258 medication-related incidents, one of which resulted in moderate or above harm. This incident is due for review by PSIM.

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. A new Policy to support dissemination and implementation of MHRA Drug Safety Updates has been approved.

Work to merge BFT Medicines Policies is underway. Pharmacy is undertaking a review of medicines supply standards to identify opportunities for improvement and promote consistency of practice. Work with nursing teams to improve the safe and secure handling of medicines including monoclonal antibodies is ongoing.

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

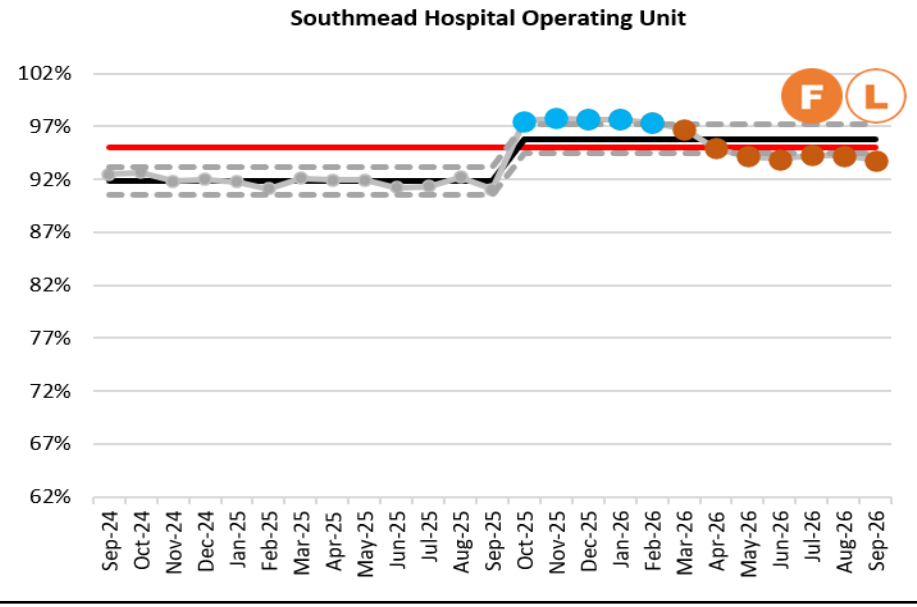
Latest Month
Sep-26

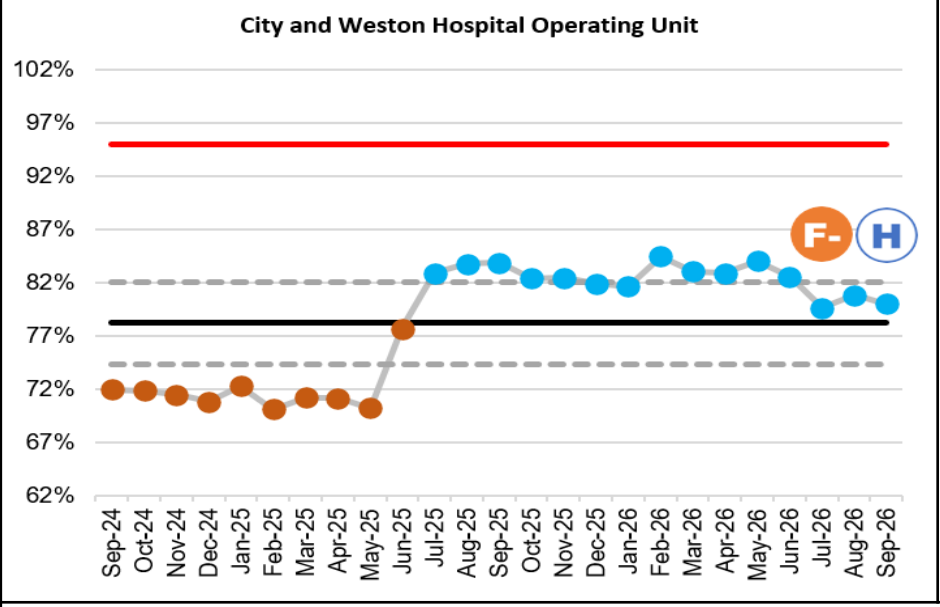
Target
95.0%

Latest Month's Position
93.8%

Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration and last six data points are less than target

Trust Level Risk
No Trust Level Risk





Latest Month
Sep-26

Target
95.0%

Latest Month's Position
80.0%

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

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

What the data is telling us

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

Actions being taken to improve

Cohort definitions are also being reviewed and refined to ensure they meet national requirements and are applied consistently across the merged organisation. Improving transparency of performance across clinical areas will strengthen operational and divisional oversight. The impact of wardview boards at C&W HOU will inform whether this initiative will be a useful process to replicate at Southmead HOU.

Impact on forecast

A further reduction is anticipated as national reporting moves to a decision-to-admit standard from July 2026; however, this rule has not been applied to the Southmead HOU dataset yet and is delayed pending implementation within data systems. Sustained improved performance will depend on timely VTE RA completion across all admission pathways.

What does the data tell us?

VTE Risk Assessment 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). The apparent reduction shown therefore reflects a change in reporting methodology, not a deterioration in performance. 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

- Ward view 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

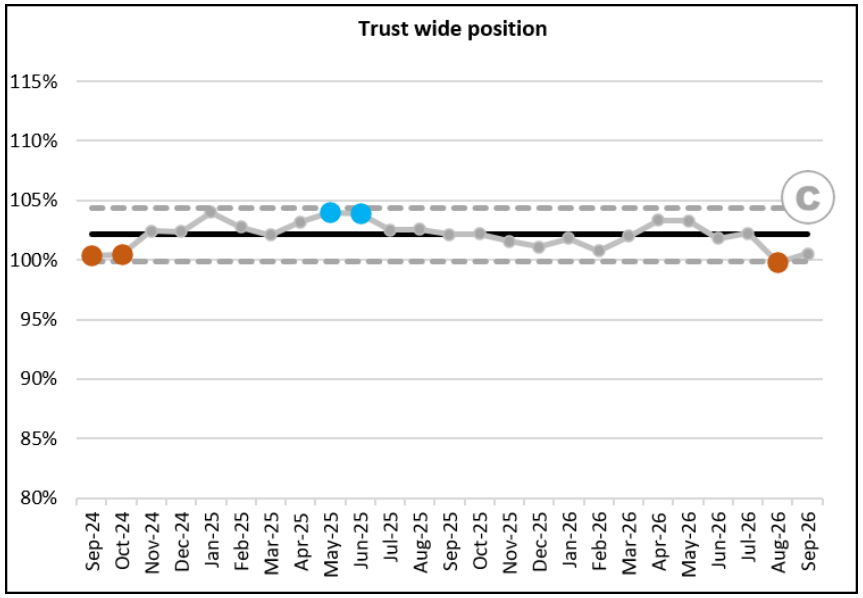
Latest Month
Sep-26

Performance
100.5%

Target
No Target

Trust Level / Corporate Risk
Risk 1035 - Score 16

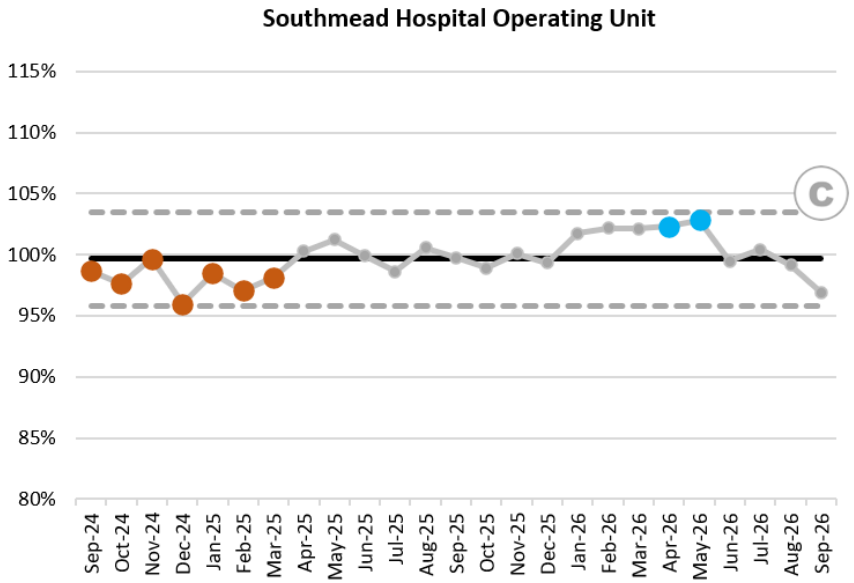
Performance - Previous
99.8%



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

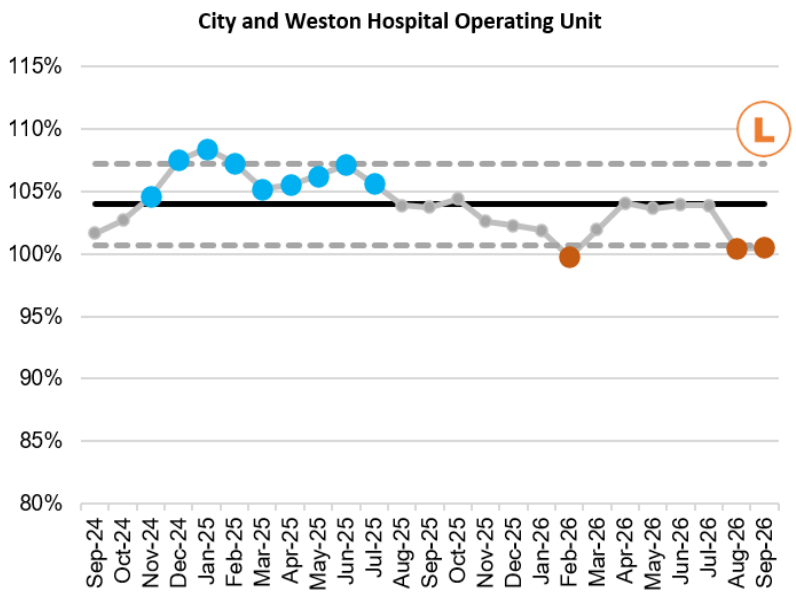
Actions being taken to improve
- Continued oversight of staffing to ensure all areas remain safely staffed each shift
- Careful use of temporary staffing to ensure critical gaps in staffing were appropriately filled to maintain patient safety.

Impact on forecast
September continued to be a challenging month to fill shift gaps through temporary staffing however there is an expected pipeline of staff to help fill some of these gaps.



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

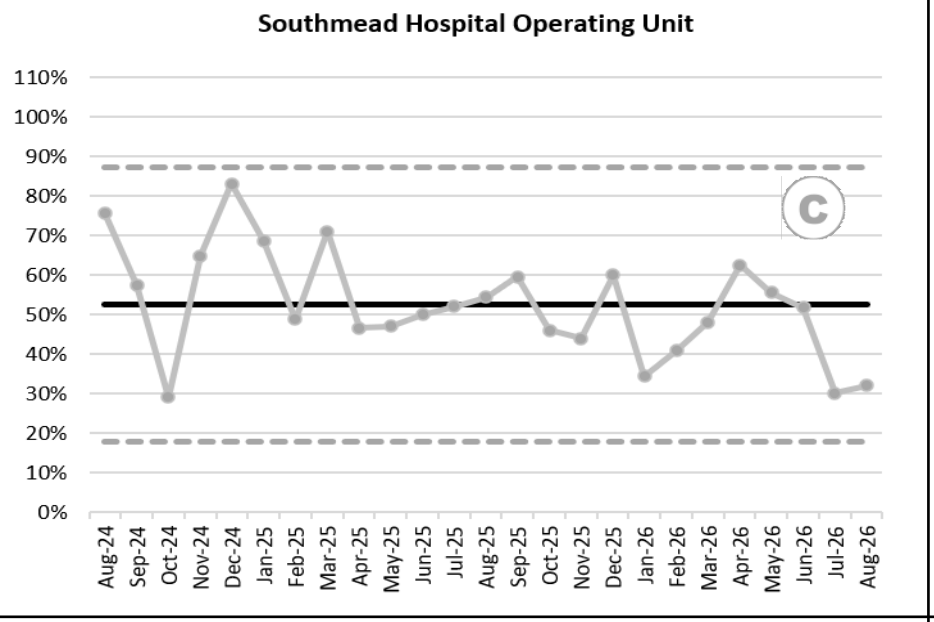
Latest Month
Aug-26

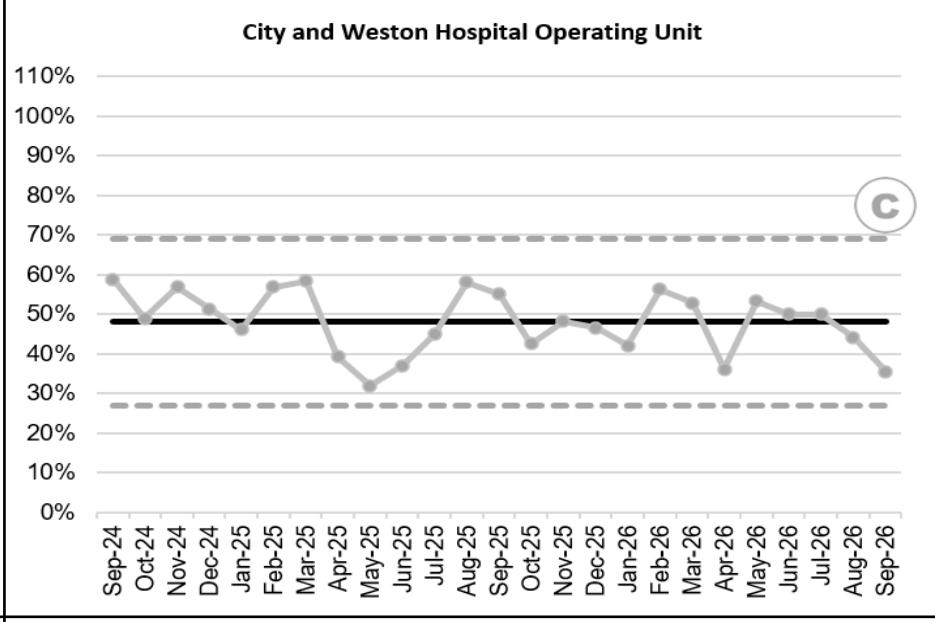
Target
No Target

Latest Month's Position
32.1%

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

Trust Level Risk
No Trust Level Risk





Latest Month
Sep-26

Target
No Target

Latest Month's Position
35.5%

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

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

- Trauma demand was highly unpredictable, with several increases of 20+ operating hours within 24 hours.
- Persistent lower limb trauma backlog throughout the month, peaking at 43.5 hours of operating time.
- Multiple high-acuity cases including polytrauma, pelvic trauma, infection and ortho-plastic cases required prolonged theatre time.
- Clinical complexity placed pressure on capacity despite trauma hours only exceeding the 80-hour escalation threshold twice.
- All cases prioritised through the daily Trauma MDT according to clinical urgency.
- Performance reflects high case complexity, persistent trauma backlog, and constrained trauma capacity, rather than overall trauma hours alone.

No narrative required as per business rules.

Quality

Number of Formal Complaints Received

NHS Bristol NHS Foundation Trust
Bristol | Weston

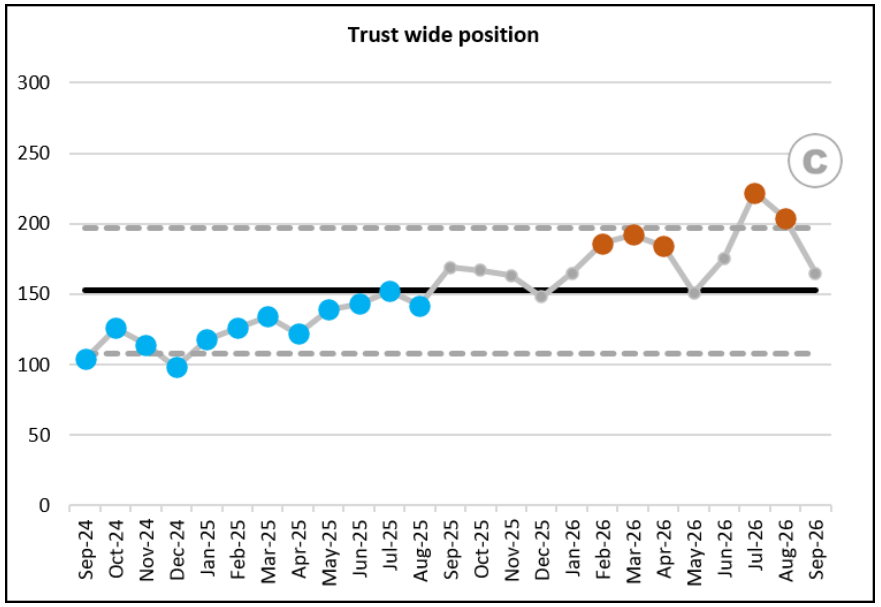
Latest Month
Sep-26

Performance
165

Target
No Target

Trust Level / Corporate Risk
No Trust level risk

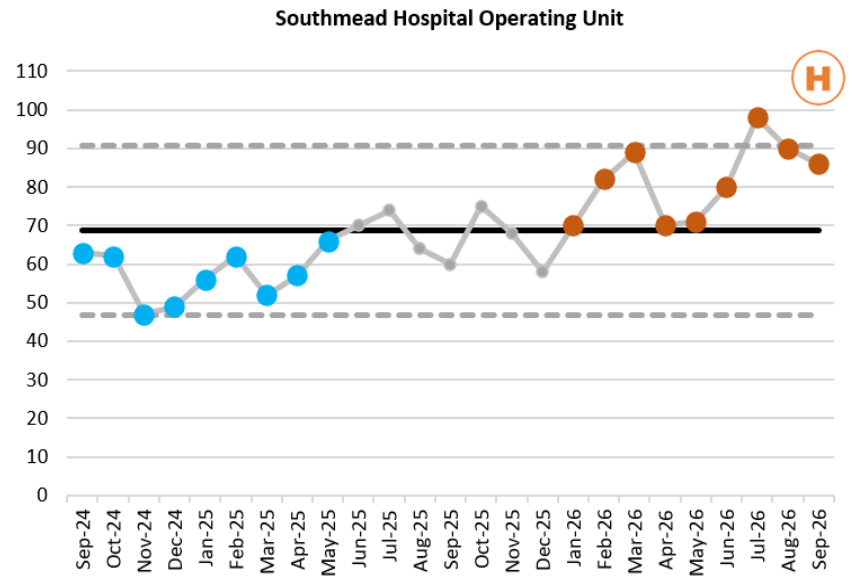
Performance - Previous Month
204



What does the data tell us?
Complaint volumes have decreased by 19%, with the most significant reductions reported at City and Weston. Some of this reduction may be attributable to delays in logging and opening cases associated with capacity pressures within the central complaints team and therefore may not fully represent underlying demand.

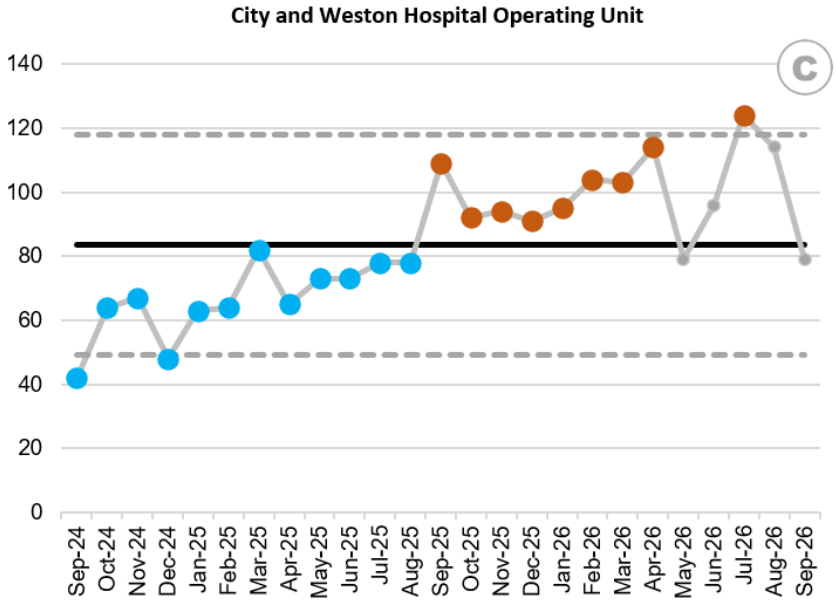
Actions being taken to improve
A range of actions are in place to address the backlog, including the use of bank staff to increase capacity and the streaming of PALS concerns to ensure issues are managed through the most appropriate route. These measures are intended to improve timeliness and reduce the number of complaints awaiting formal logging.

Impact on forecast
Complaint volumes are increasing both regionally and nationally, driven by rising patient activity and the growing ease of submitting complaints. While we cannot directly influence demand, we continue to monitor themes and trends to identify opportunities for improvement in patient experience. Work is also underway to develop a complaints-to-activity metric to provide a more meaningful measure of complaint rates over time.



Whilst complaint volumes remain high, they have decreased slightly since the July peak.

Review against agreed escalation triggers identified no significant increases in services, themes or divisions, and no triggers were met this month.



Please note that complaint volumes at C&W are now measured using the date logged/opened, effective from September 2026.

This aligns reporting arrangements with Southmead. To maintain consistency and accuracy, the change has been applied retrospectively to the last 24 months of data, and historical figures have been updated accordingly.

Quality

Formal Complaints Responded to Within Agreed Timeframe

NHS Bristol NHS Foundation Trust
Bristol | Weston

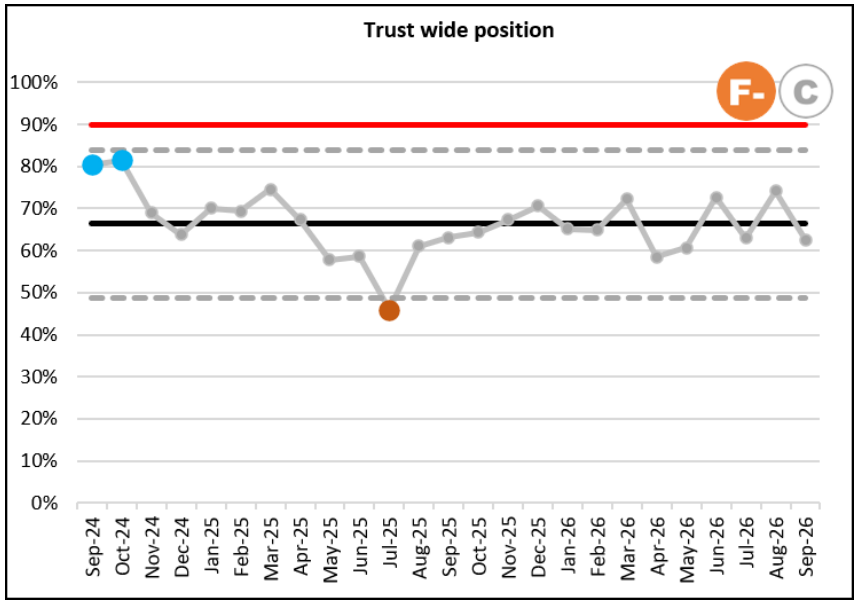
Latest Month
Sep-26

Performance
62.6%

Target
90.0%

Trust Level / Corporate Risk
No Trust level risk

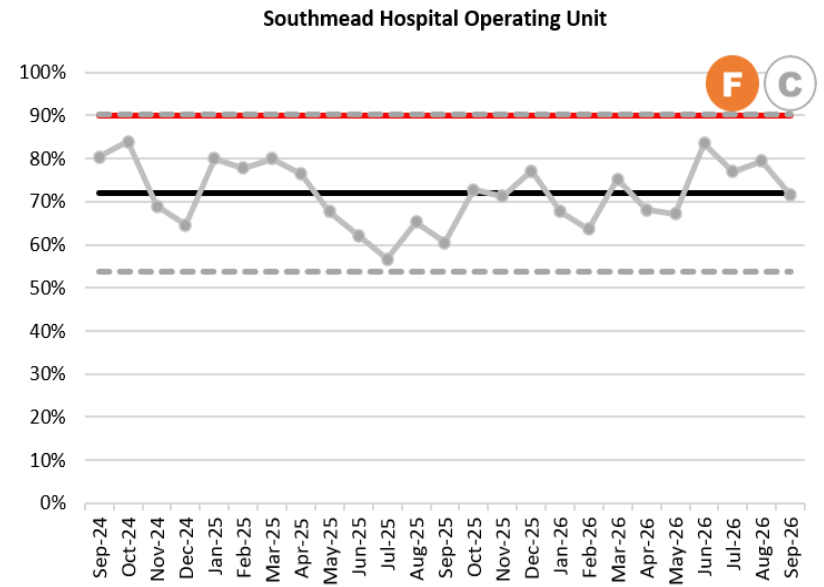
Performance - Previous Month
74.2%



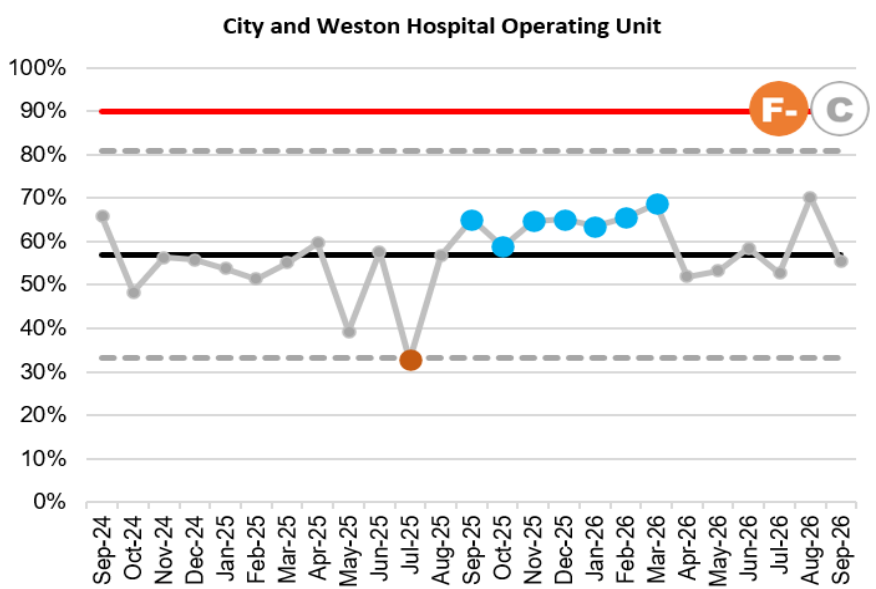
What does the data tell us?
Overall compliance has decreased by 11.6% since August, with declines reported across both Hospital Operating Units (HOUs):
SHOU: down 7.9%
C&W: down 14.8%

Actions being taken to improve
Action plans are in place across both HOUs and are being delivered within Divisions. Both Hospital Directors of Nursing are working closely with divisional teams to improve compliance, including testing new approaches such as protected time for complaint handling. In addition, a dedicated workstream within the Complaints Improvement Programme is focused on improving response timeliness and overall compliance.

Impact on forecast
As complaint volumes continue to increase, maintaining responsiveness will remain challenging without additional resource. However, the Complaints Improvement Programme provides opportunities to explore digital solutions that could streamline elements of the complaints process, support more efficient investigations, and improve the timeliness of responses.



Note narrative in Trust section above.



Note narrative in Trust section above.

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**	**Sep-26**	**11.1%**	**11.1%**	**11.2%**	N/A*	N/A*	**Commentary**
		Southmead Hospital Operating Unit	Sep-26	11.3%	10.6%	11.3%	N/A*	N/A*	**Commentary**
		City and Weston Hospital Operating Unit	Sep-26	10.9%	11.5%	11.1%	N/A*	N/A*	**Commentary**
Well-Led	Vacancy (Vacancy FTE as Percent of Funded FTE)	**Trust**	**Sep-26**	**5.0%**	**3.8%**	**4.6%**	F	C	**Escalation Summary**
		Southmead Hospital Operating Unit	Sep-26	5.7%	2.5%	5.3%	F-	C	**Escalation Summary**
		City and Weston Hospital Operating Unit	Sep-26	4.4%	4.8%	4.0%	?	C	**Escalation Summary**
Well-Led	Sickness (Rolling 12-month)	**Trust**	**Sep-26**	**4.9%**	**4.4%**	**4.9%**	N/A*	N/A*	**Commentary**
		Southmead Hospital Operating Unit	Sep-26	4.9%	4.4%	4.9%	N/A*	N/A*	**Commentary**
		City and Weston Hospital Operating Unit	Sep-26	4.9%	4.4%	4.9%	N/A*	N/A*	**Commentary**
Well-Led	Essential Training Compliance	**Trust**	**Sep-26**	**88.2%**	**90.0%**	**88.6%**	F-	L	**Escalation Summary**
		Southmead Hospital Operating Unit	Sep-26	85.9%	90.0%	86.2%	F-	L	**Escalation Summary**
		City and Weston Hospital Operating Unit	Sep-26	90.6%	90.0%	90.9%	P	H	**Note Performance****

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

** with commentary

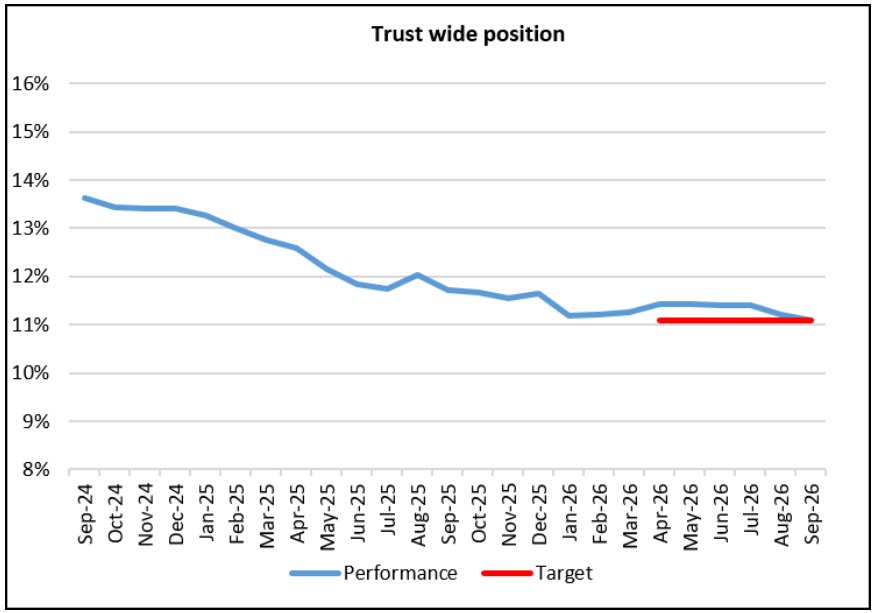
Assurance						Variation			
P*	P	?	F	F-	No icon	H	L	C	H	L
Consistently Passing Target	Meeting or Passing Target	Passing and Falling Short of Target	Falling Short of Target	Consistently Falling Short of Target	No Specified Target	Improving Variation		Common Cause (natural) Variation	Concerning Variation	

Our People

Workforce Turnover

NHS Bristol NHS Foundation Trust
Bristol | Weston

Latest Month
Sep-26
Rate
11.1%
Target
11.1%
Trust Level / Corporate Risk
Risk 1979 - Score 16
Risk 8383 - score 16
Performance - Previous Month
11.2%



What does the data tell us?

Southmead HOU turnover reduced to 11.3% in Sep-26 from 11.4% in the previous month. Leaver FTE reduced by 86.8 FTE to 93.1 FTE from 179.8 FTE the previous month, of the reduced FTE, 56.6 FTE is within the Medical and Dental staff group and the role of Trust Grade Specialty Registrar and this was driven by August Resident Doctor rotation impact. The divisions of ASCR (21.7 FTE), Medicine (19.8 FTE) and Neurosciences and Musculoskeletal (15.1 FTE) being affected the most by the reductions.

City and Weston HOU turnover has reduced to 10.9% in Sep-26 from 11.1% the previous month. Leaver FTE reduced by 36.4 FTE to 134.8 FTE from 171.1 FTE the previous month, of the reduced FTE, 50.6 FTE is within the Medical and Dental staff group and the role of Trust Grade Specialty Registrar and this was driven by August Resident Doctor rotation impact. The divisions of Medicine (-29.4 FTE), and Women's and Children's (9.0 FTE) being affected the most by the reductions.

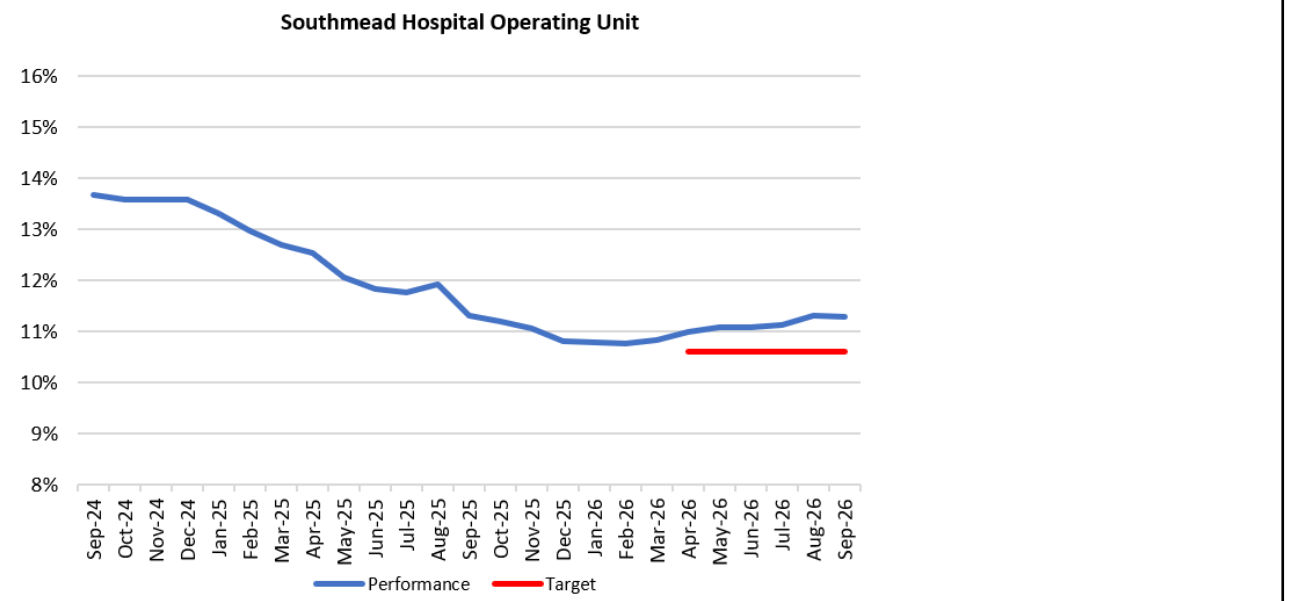
Actions being taken to improve

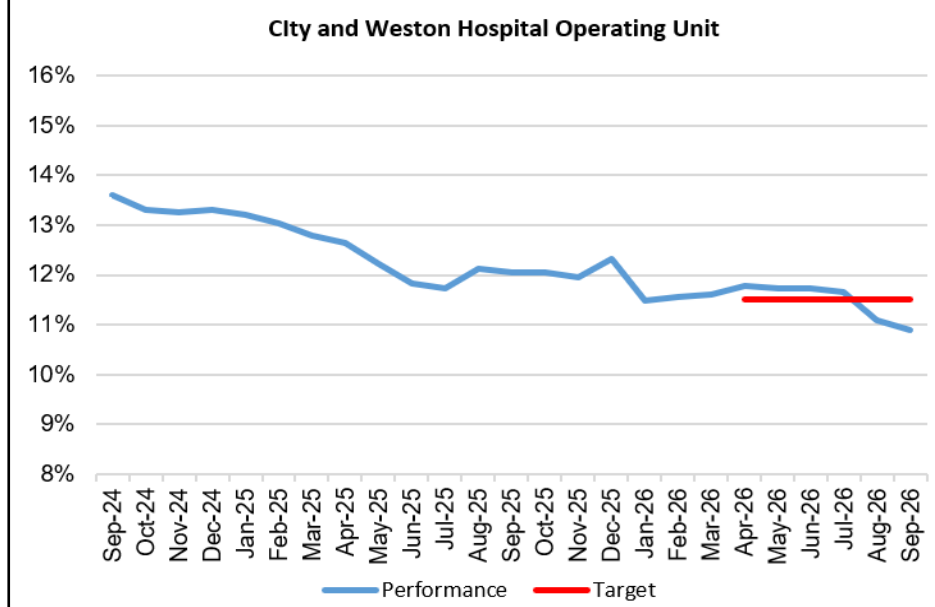
Phase 1 of the values engagement work is complete with work is now underway to validate this, with a plan to launch from December. The National Staff Survey launched with a targeted *'You Said Together We Did'* message to remind colleagues of the work that has taken place over the last 12 months to improve colleague experience, aligned to Division's local People and Culture Plans.

Business As Usual Group Clinical Service Work and Corporate Service Transformation programmes, along with colleague experience initiatives continue.

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.





Our People

Vacancies

NHS Bristol NHS Foundation Trust
Bristol | Weston

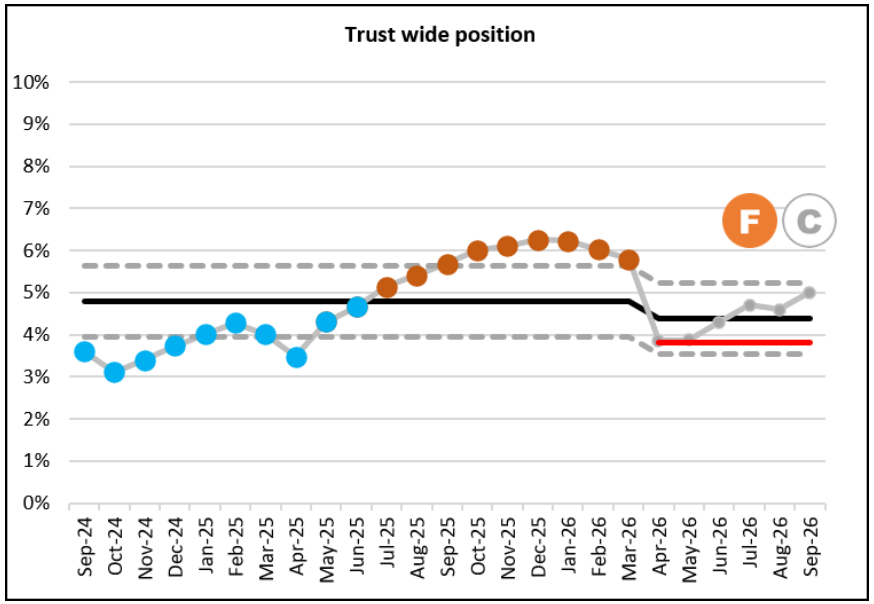
Latest Month
Sep-26

Rate
5.0%

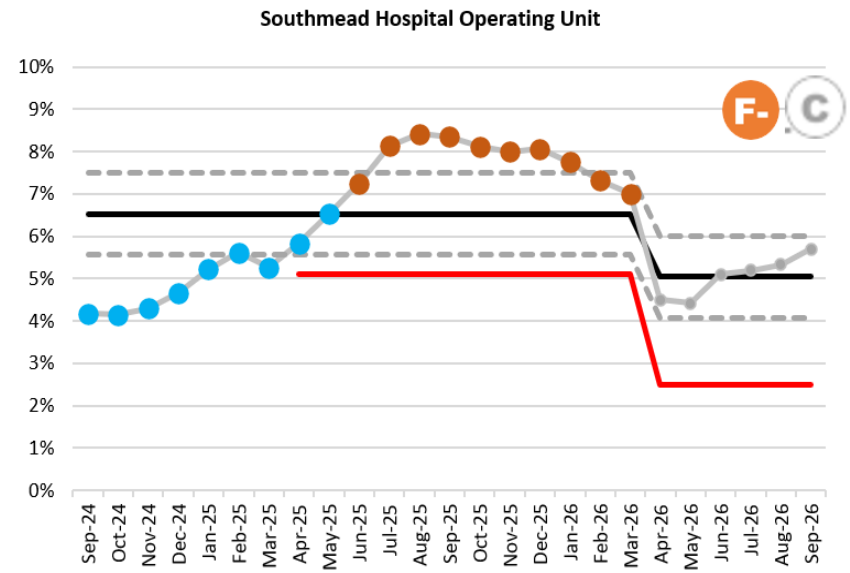
Target
3.8%

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

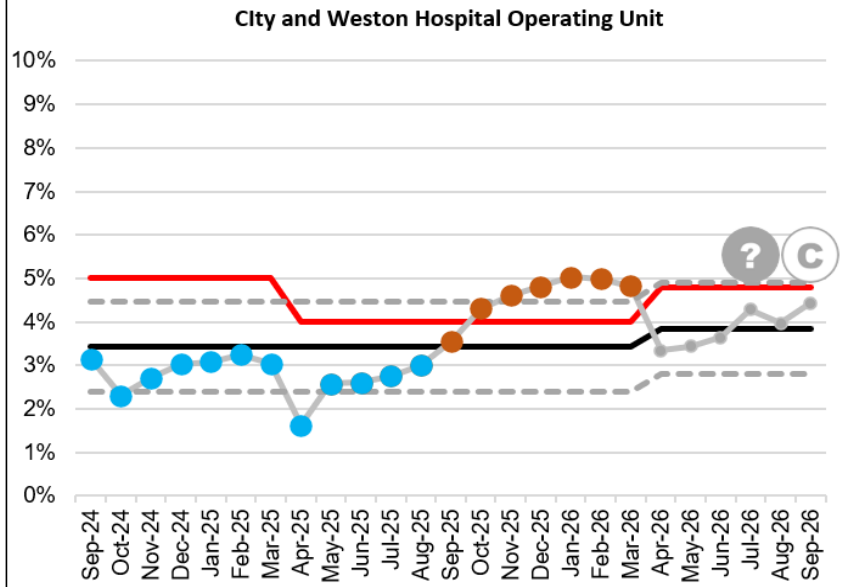
Performance - Previous
4.6%



What does the data tell us?
The trust wide position increased to 5.0% compared to 4.6% in the previous month.
Southmead HOU Vacancies increased by 32.2 FTE in Sep-26. The Funded establishment increased by 59.4 FTE and the overall staff in post increased by 27.3 FTE. ASCR (+12.8 FTE), Core Clinical Services (+8.6 FTE), and Medicine (+8.2) are the divisions that have been affected the most. Additional Clinical Services (+41.0 FTE) and Healthcare Scientists (-21.0 FTE) are the staff groups that been affected the most.
City and Weston HOU Vacancies increased by 60.7 FTE in Sep-26. The Funded establishment increased by 38.8 FTE and the overall staff in post reduced by 21.9 FTE. The largest divisional vacancy increases were seen Diagnostics and Therapies (+33.4 FTE) and Surgery (+11.4). At staff group level, the largest increases were in Medical and Dental (+18.8), Admin and Clerical (+18.3FTE), and Healthcare Scientists (+16.3), Add Prof Scientific and Technical had the largest reduction (-8.5 FTE).
Actions being taken to improve
There is an ongoing focus on HCSW recruitment across the Trust to address growing vacancies in Additional Clinical Services roles in both HOU's with a focus on reducing time to hire. There is ongoing success with the Talent Pool of "interview ready" candidates created for Band 2-3 roles for Allied Health Professions and Healthcare Science vacancies. This process will reduce the time to hire for managers with 12 offers made so far. This concept is now being extended to Administrative and Clerical roles. Newly qualifying nurses recruited over the summer continue to join the Trust throughout September and October.
Impact on forecast
Targeted recruitment campaigns (HCSW, ED and ICU) will continue to improve the vacancy position in October.



HCSW Supply: In September recruitment was focused on the NMSK Division with 10 offers made for Band 2 roles.
Newly Qualifying nurses: A successful final round of newly qualifying nurses resulted in a further 26 offers in September.
ED Expansion: 40 roles have now been offered and going through pre-employment checks with a robust social media plan to recruit to the remaining vacancies.
ICU Recruitment: Is ongoing with 25 offers made so far against a target of 35.

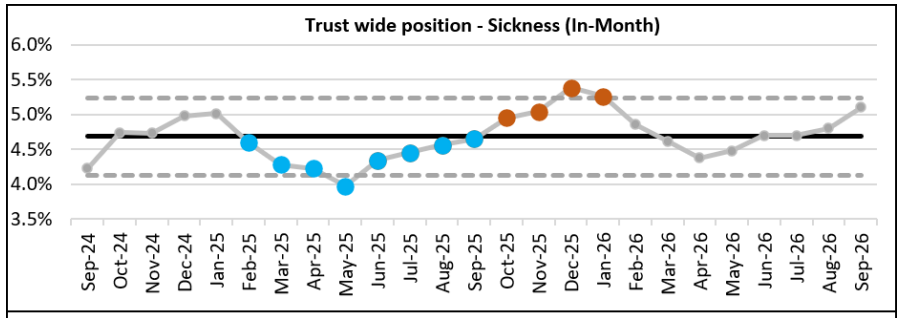


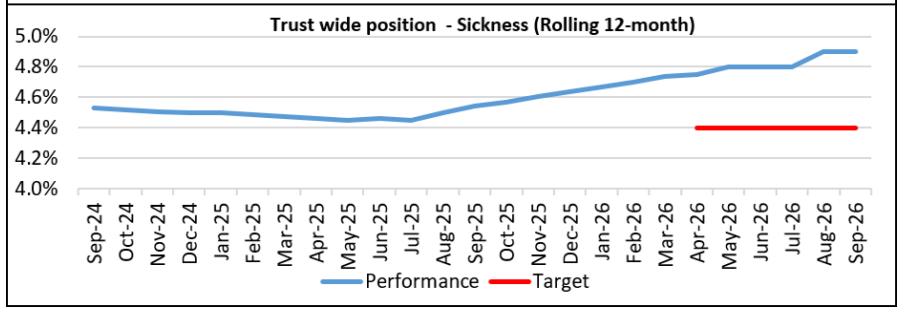
HCSW Supply: One assessment centre was held in September resulting in 8 Band 3 offers made for the Children's Division. The Medicine division continue to use funding for Band 2 roles to cover the over recruitment of Band 5 staff within the division which does skew the HCSW vacancy position.
Newly Qualifying Nurses: 103 newly qualifying nurses continue to take up post across C&W throughout the Autumn.
Rotational Midwives: 8 offers have been made for Band 6 midwives at St Michael's hospital with ongoing recruitment for the remaining 6.

Our People
Sickness Absence

NHS Bristol NHS Foundation Trust
Bristol | Weston

Latest Month	Sep-26
Rate (In Month)	5.1%
Rate (In Month) - Previous Month	4.8%
Rate (Rolling 12-Month)	4.9%
Target	4.4%
Rate (Rolling 12-Month) - Previous Month	4.9%
Trust Level / Corporate Risk	No Trust Level Risk





What does the data tell us?

Southmead HOU rolling 12-month sickness absence increased to 4.89% from 4.87% the previous month. Top three contributors for Sep-26 were Stress/Anxiety/Depression/Other Psychiatric Illness, Cold, Cough, Flu, and Other Musculoskeletal. Sep-26 absence rates in month were higher than Aug-26 (+0.12%), both short-term absence (+0.09%) and long-term absence (+0.03%) increased compared to Aug-26. Sep-26 in-month absence rates were also higher than Sep-25 absence rates (+0.29%) but this has not significantly impacted the cumulative position.

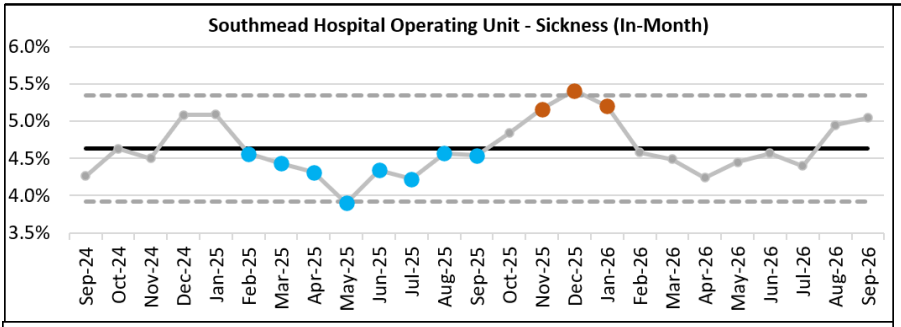
City and Weston HOU rolling 12-month sickness absence remained static at 4.9% compared to the previous month. Top three contributors for Sep-26 were Stress/Anxiety/Depression/Other Psychiatric Illness, Cold, Cough, Flu, and Other Musculoskeletal, with Cold, Cough, Flu episodes days lost increasing to 2,222.1 from 1037.0 in Aug-26. Sep-26 absence rates in month were higher than Aug-26 (+0.40%) driven by an increase in short-term absence (+11.1%) long-term absence increased (+3.2%). Sep-26 in-month absence rates were higher than Sep-25 absence rates (+0.46%) but this has not significantly impacted the cumulative position.

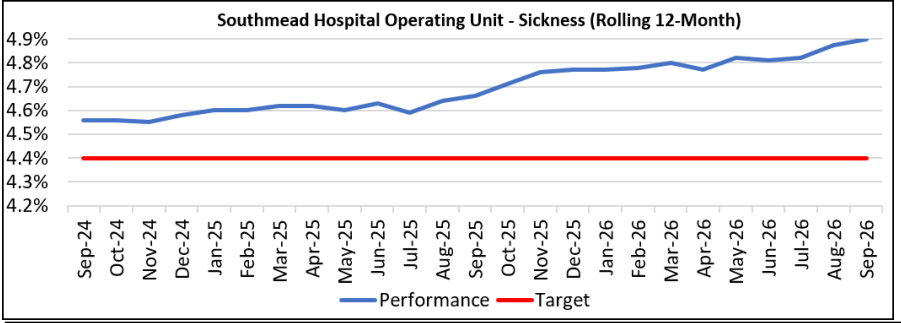
Actions being taken to improve

- 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 Divisional practitioners on 23 September, with follow up scheduled in November. Absence Reporting now being taken through Deployment Reviews
- People Operations & Advice structure finalised in October.
- People Services / People Advice representative identified for Well@Work working group.

Impact on forecast

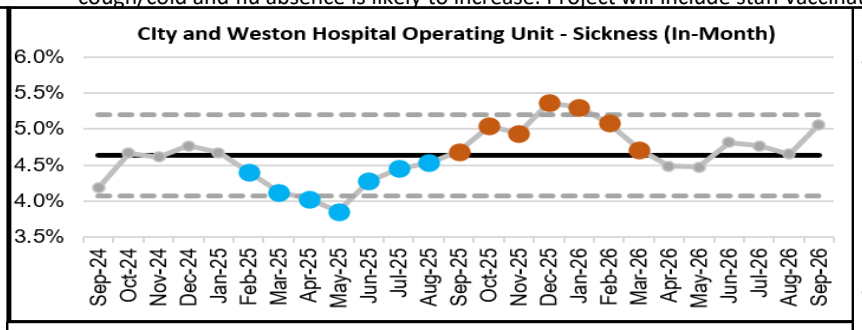
- Well@Work is a long term project and the impact will be harder to discern in the monthly SPC chart as seasonal cough/cold and flu absence is likely to increase. Project will include staff vaccination compliance.

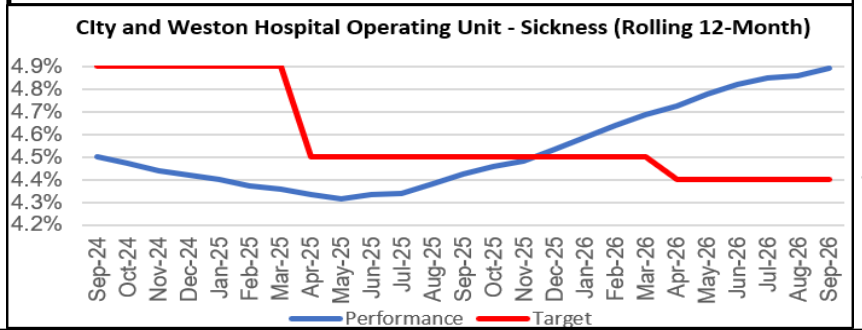




People Services taking part in Well at Work project group to take active role in establishing improvement projects to support reducing sickness absence within the Trust.

Other actions are as outlined above.





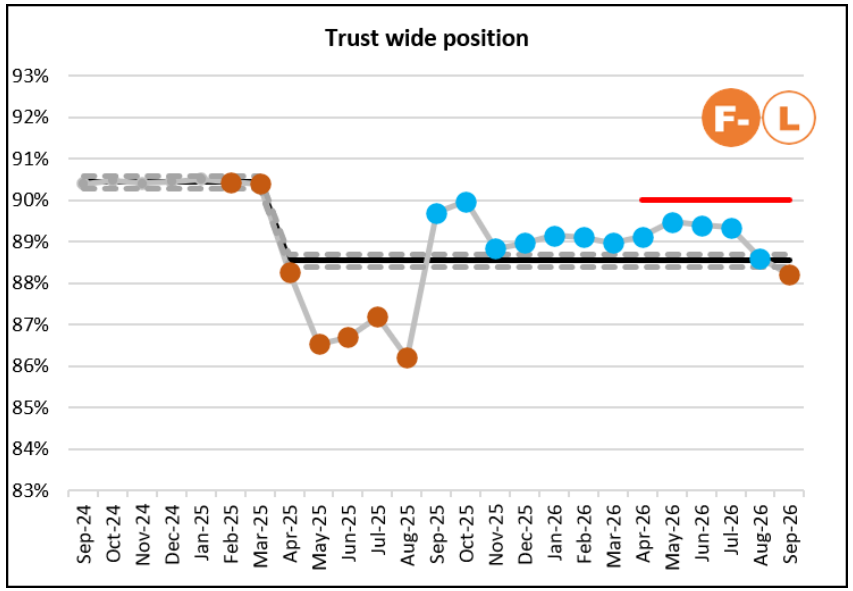
- Updates to the joint Supporting attendance policy have been made and shared at Joint policy group. The purpose of these updates are to ensure clarity over Absence reviews and a consistent approach across colleagues.
- People Services will be attending OH Monthly business meetings moving forward to enable greater two-way dialogue out key themes or challenges from either team to enable more proactive approach.
- 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

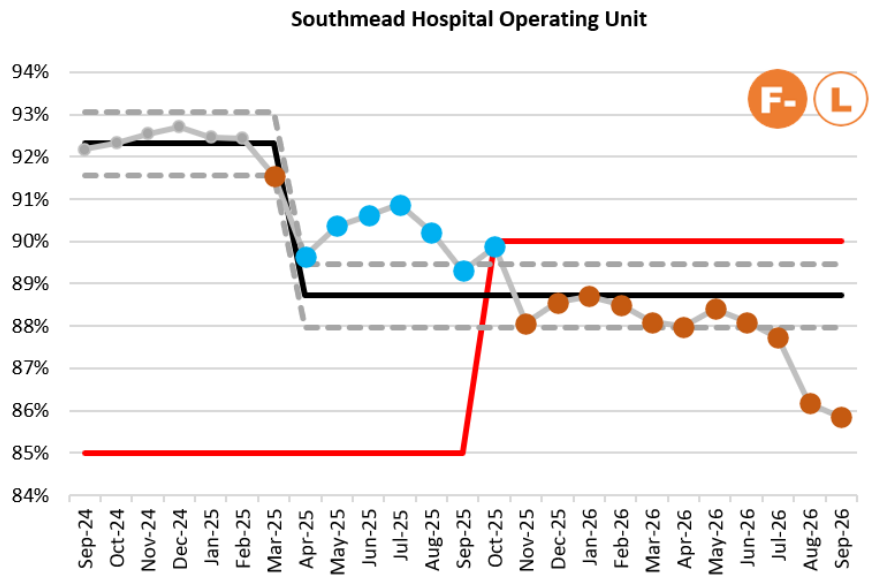
Latest Month
Sep-26
Position
88.2%
Target
90.0%
Position - Previous Month
88.6%
Oliver McGowan Tiers 1 and 2 Virtual/Face to Face
50.5%
Trust Level / Corporate Risk
No Corporate risk



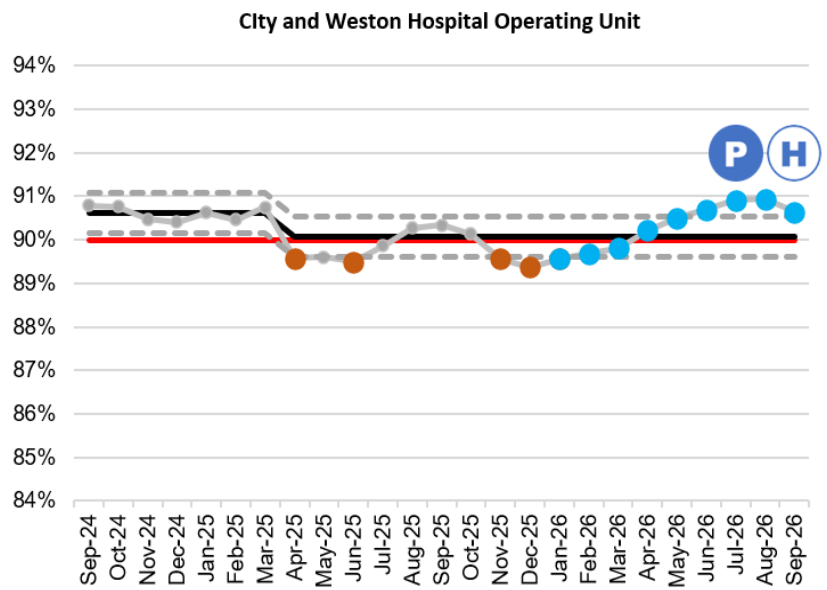
What does the data tell us?
Monthly overall Trust essential training compliance decreased slightly by 0.4%, to 88.2% with a particular downward trend impacting compliance rates within Southmead at 85.65%, a drop of 0.2%, in comparison to City/Weston 90.6% compliance. The Southmead decrease is driven by slight decreases across a range of individual titles, rather than one key area of low compliance. It should be noted overall compliance for Southmead permanent staff sits at 92.3%.

Actions being taken to improve
Targeted interventions continue in partnership with subject leads to address lower compliance rates in Information Governance, Moving and Handling, Resuscitation, and Oliver McGowan Mandatory Training (OMMT). Improvements continue to be made in OMMT compliance; however, these remain short of the projected numbers required to meet the 90% target by April 2027. In addition, the Kallidus Learn (LMS) merger project is facilitating the standardisation of mandatory and statutory training across BFT, aligning content, delivery approaches and update cycles, which is expected to have a positive impact on future compliance levels.

Impact on forecast
Continued targeting of individual areas of low-compliance alongside the LMS merge project serve to support compliance improvements, however particular changes are required to resuscitation level 3 provision in readiness for the next reporting month. 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: Compliance of tier 1 group improved, now sitting at 50.0%. Tier 2 compliance increased by 0.8% to 49.5%. The key mitigation of capacity within the ICB OMMT training provision remains robust, flexible and able to accommodate training requests. However, the improvements are not sufficient to meet the Trust target of 90% by April 2027.
Resuscitation: Overall compliance sits at 83.6%, improvements have been made to Adult Level 3 compliance, however a drop of -4% for Newborn Level 2 is noted and to be addressed with resuscitation and LMS leads.



No narrative required as per to business rules, however, commentary on OMMT is included due to continued focus on this area.

OMMT: Compliance for both tiers continues to improve, with a notable increase of 2.2% to 54.97% for tier 1, and 0.1% to 55.7% for tier 2. In month, OMMT compliance reporting was introduced to divisional reviews on a rolling basis. However, improvements in compliance are short of required month enrolments to meet 90% target by April 2027.

FINANCE

SPORT

NHS Bristol NHS Foundation Trust Bristol | Weston

Successes	Priorities
• The Trust is on plan in Month 6. • The Trust continues to maintain a cash balance above plan. • Payments and Receivables performance strengthened in month, with improved BPPC compliance and reduced debt balances.	• Trust-wide Financial Recovery Plan to be implemented. • Forecast year end cash balance driven by the impact of the I&E forecast outturn. • 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. • Cash flow and balance sheet sustainability remain dependent of delivery of the recovery plan.

FINANCE

I&E Overview

NHS Bristol NHS Foundation Trust
Bristol | Weston

	Month 6 (September 26)			YTD		
	Budget	Actual	Variance	Budget	Actual	Variance
	£m	£m	£m	£m	£m	£m
Patient Care Income	186.3	184.4	(1.9)	1,102.8	1,108.5	5.7
Other Income	19.2	18.2	(1.0)	110.5	114.9	4.4
Pay	(125.9)	(128.1)	(2.2)	(758.4)	(764.8)	(6.4)
Non-Pay	(80.2)	(75.1)	5.1	(474.7)	(478.3)	(3.6)
Surplus/(Deficit)	**(0.6)**	**(0.6)**	**0.0**	**(19.8)**	**(19.7)**	**0.1**

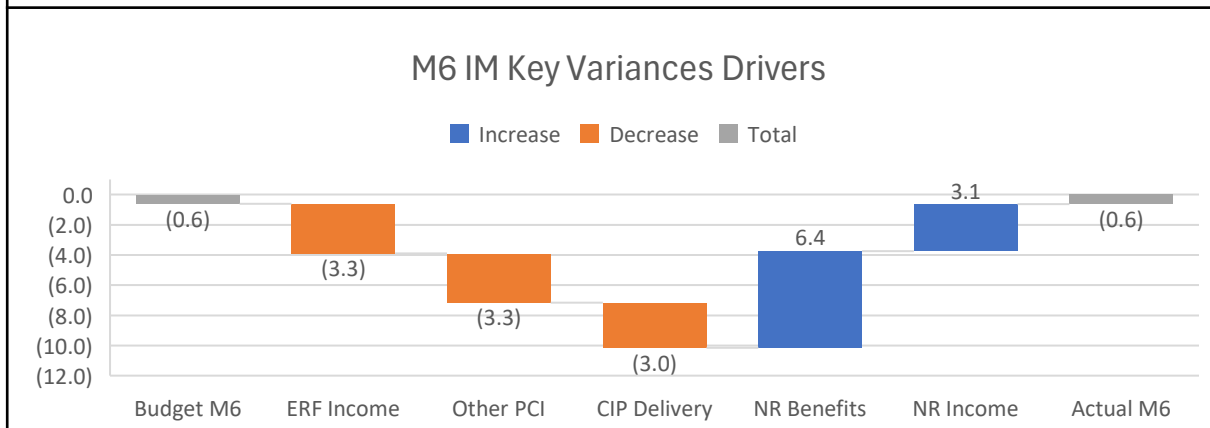
All figures in this report are presented on a consolidated basis from April 2026, which means that they may differ to figures reported to NHSE for BFT only.

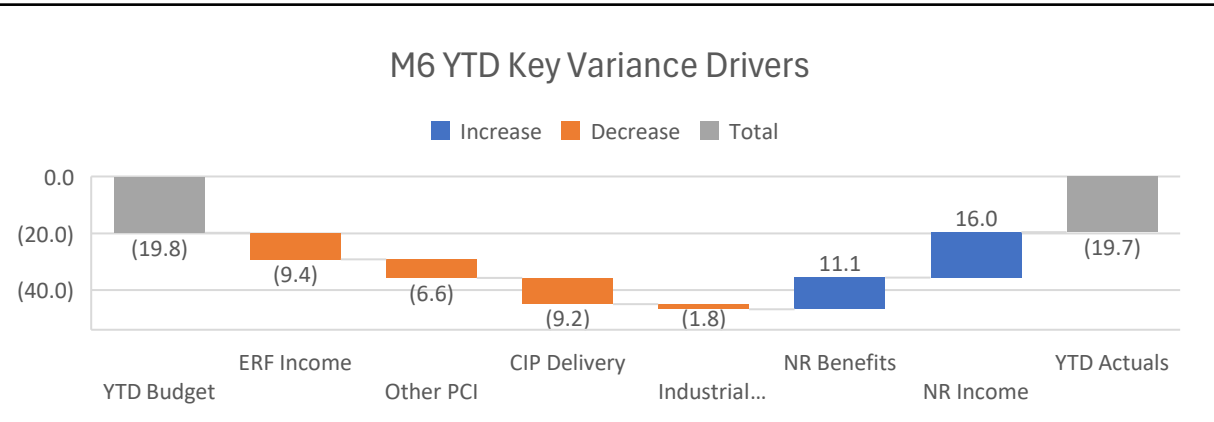
Key Messages:

- Year to Date planned deficit is £19.8m, while the in-month planned deficit is £0.6m. 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 Outturn			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	£2.9	£1.6	(£1.3)	£7.1	£4.6	(£2.4)	£1.2	£3.8	(£3.2)	7	17
Medicine	£2.6	£2.7	£0.0	£6.2	£6.2	£0.0	£3.5	£5.9	(£0.2)	24	32
Specialised Services	£3.3	£2.3	(£0.9)	£6.8	£6.5	(£0.3)	£3.6	£5.8	(£1.0)	28	29
Surgery	£5.3	£2.7	(£2.6)	£11.8	£5.5	(£6.3)	£3.9	£7.0	(£4.8)	66	69
Weston	£1.6	£0.9	(£0.7)	£3.6	£2.4	(£1.1)	£0.5	£1.9	(£1.6)	17	18
Women's & Children's	£4.8	£4.1	(£0.7)	£12.3	£9.2	(£3.1)	£5.9	£8.0	(£4.2)	13	13
Estates & Facilities	£1.2	£1.2	(£0.0)	£2.6	£2.8	£0.2	£1.0	£1.3	(£1.4)	12	16
COO	£0.5	£0.5	£0.0	£1.0	£1.0	£0.0	£1.0	£1.0	£0.0	0	0
Profile to NHSE plan	(£2.5)	£0.0	£2.5	£0.0	£0.0	(£0.0)	£0.0	£0.0	(£0.0)	0	0
City & Weston HOU Total	**£19.7**	£16.0	(£3.7)	£51.3	£38.3	(£13.0)	£20.7	£34.8	(£16.5)	**167**	**194**
ASCR	£4.1	£1.5	(£2.6)	£9.5	£3.0	(£6.6)	£1.3	£3.8	(£5.8)	4	22
CCS	£3.5	£2.7	(£0.8)	£8.3	£3.8	(£4.6)	£2.6	£5.1	(£3.3)	17	20
Medicine	£2.8	£0.8	(£2.1)	£6.7	£1.9	(£4.8)	£0.9	£3.0	(£3.7)	2	10
NMSK	£2.6	£1.2	(£1.4)	£6.0	£3.1	(£3.0)	£1.3	£6.9	£0.9	1	1
Women's & Children's	£1.2	£0.5	(£0.7)	£2.7	£1.2	(£1.5)	£0.5	£2.2	(£0.5)	0	5
Facilities	£1.4	£0.6	(£0.8)	£3.3	£1.7	(£1.6)	£1.0	£1.8	(£1.6)	7	12
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	**£15.8**	**£7.3**	**(£8.5)**	**£37.2**	**£14.9**	**(£22.2)**	**£8.0**	**£23.1**	**(£14.1)**	**37**	**75**
Central NR CIP	£0.0	£8.3	£8.3	£0.0	£14.0	£14.0	£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	**£15.8**	**£11.8**	**(£4.0)**	**£37.2**	**£25.1**	**(£12.1)**	**£8.0**	**£23.1**	**(£14.1)**	**37**	**75**
CMO	£0.1	£0.0	(£0.0)	£0.1	£0.1	£0.0	£0.0	£0.1	£0.0	2	2
CNO	£0.2	£0.2	£0.0	£0.4	£0.4	(£0.0)	£0.0	£0.4	(£0.0)	7	7
Finance	£0.4	£0.4	£0.0	£1.1	£1.1	£0.0	£0.4	£0.9	(£0.2)	1	1
HR	£0.4	£0.5	£0.1	£1.4	£1.4	£0.0	£0.8	£1.4	£0.0	21	28
Digital	£0.9	£0.9	(£0.0)	£2.2	£2.1	(£0.1)	£1.5	£2.4	£0.2	4	19
Trust HQ	£0.3	£0.3	(£0.0)	£0.8	£0.8	(£0.0)	£0.0	£1.1	£0.2	15	15
Central	£7.0	£6.0	(£1.0)	£16.4	£14.5	(£1.8)	£2.5	£3.0	(£13.4)	0	0
Corporate Total	**£9.2**	**£8.2**	**(£1.0)**	**£22.4**	**£20.5**	**(£1.9)**	**£5.1**	**£9.2**	**(£13.2)**	**50**	**72**
Merger Benefits	**£1.1**	**£0.6**	**(£0.4)**	**£9.6**	**£6.1**	**(£3.5)**	**£0.0**	**£5.6**	**(£4.0)**	**0**	**0**
Trust Total	**£45.8**	**£36.7**	**(£9.1)**	**£120.4**	**£89.9**	**(£30.5)**	**£33.8**	**£72.7**	**(£47.7)**	**254**	**341**

Delivery:

- **Year To Date** (CYE) £36.7m Delivered vs £45.8m Plan = (£9.1m) Variance
- **Forecast Outturn** (CYE) £89.9m Forecast vs £120.4m Plan = (£30.5m) Variance
- **Full Year Effect** (FYE) Recurrent Forecast Outturn £72.7m Forecast vs £120.4m Plan = (£47.7m)

Actions:

- Surgery at C&W, have moved into escalation and are receiving enhanced corporate support to strengthen savings delivery.
- Workstream updates presented to PFIG and FSG, outlining priority areas and seeking engagement on refreshed programmes of savings opportunities.
- The Financial Improvement Team supporting workstreams and divisions as part of the refreshed savings programme.

Key Risks:

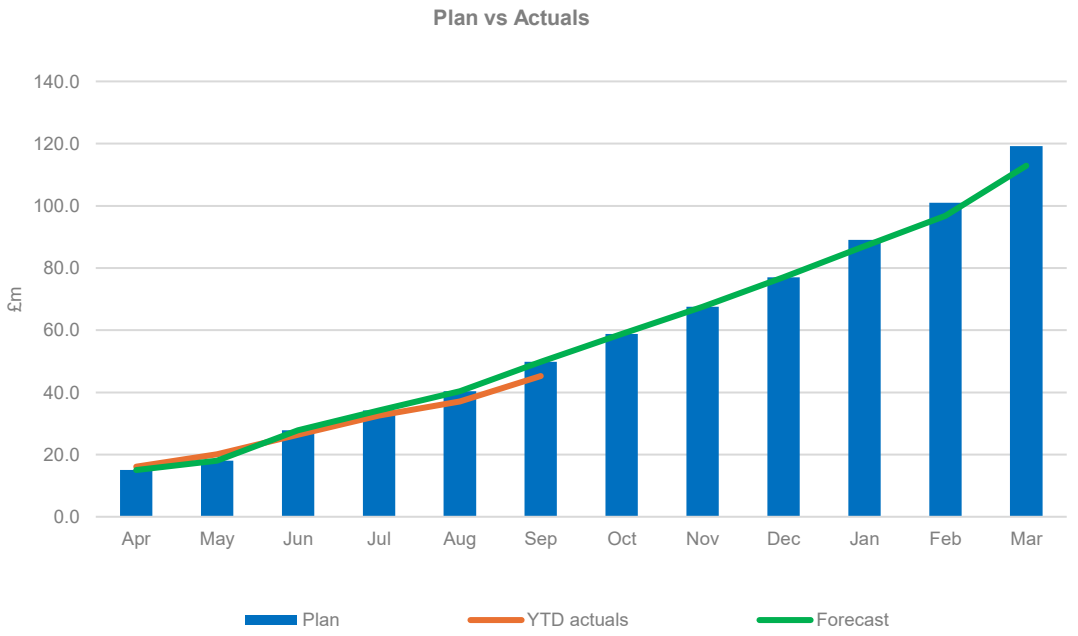
- Adverse Variances Reported YTD, FOT & FYE currently.
- Significant focus on improving savings identification and delivery required

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	31.2	15.8	3.6	10.6	7.0
Major Diagnostic Replacement	14.3	17.3	3.0	3.9	2.2	(1.7)
Medical Equipment	7.1	15.1	8.1	2.3	5.8	3.6
Fire Improvement Programme	1.4	6.8	5.4	0.7	2.6	1.8
Estates Schemes	50.9	40.4	(10.5)	17.3	9.1	(8.2)
Digital Services	19.9	15.5	(4.4)	14.8	10.7	(4.1)
Planned Slippage	0.0	(24.6)	(24.6)	0.0	0.0	0.0
Right of use assets - leased assets (IFRS16)	8.1	8.1	0.0	6.7	3.5	(3.2)
Donations balance of plan £1.5m	0.5	1.2	0.7	0.2	0.0	(0.2)
PFI Lifecyle	3.2	3.2	0.0	0.0	0.7	0.7
Total - Capital Expenditure	**120.7**	**114.1**	**(6.6)**	**49.5**	**45.3**	**(4.2)**
Capital Funding (Sources)						
CDEL	67.7	67.8	0.1	28.7	35.8	7.1
PDC	43.8	37.4	(6.4)	13.6	5.6	(8.0)
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	0.8	0.4	(0.4)
Total - Capital Funding	**120.7**	**114.4**	**(6.3)**	**49.5**	**45.3**	**(4.2)**



Key Messages:

- Capital expenditure at the end of September is £45.3m, which is £4.2m below the plan of £49.5m.
- Following the original NHSE plan submission in March, £9.3m of PDC funding for RAAC and Estate Safety schemes has been reprofiled into future years, in agreement with NHSE, to align with revised delivery timescales
- An additional £5m of national PDC funding has been awarded since the planning stage.

Key Risks:

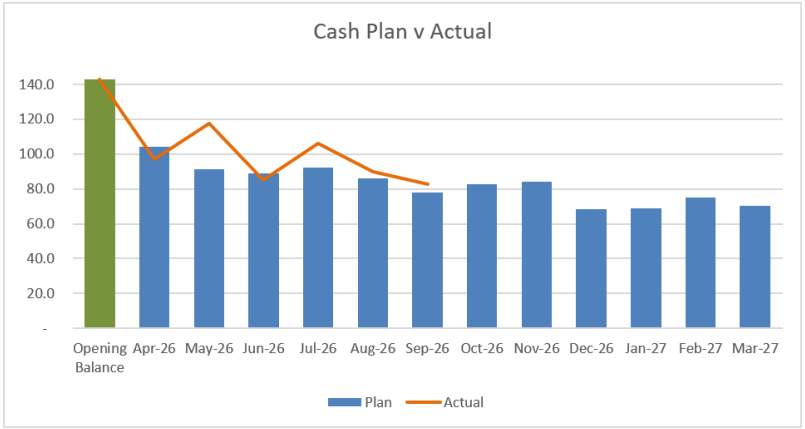
- The overall CDEL position remains constrained, with overspends on CDEL allocation spent by September, limiting flexibility to respond to emerging capital pressures.
- Delays or delivery challenges across major capital schemes may result in further in-year slippage. A robust forecasting exercise is 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	30th Sept 2026 £m	Monthly Movement £m
Operating Surplus/(Deficit)	(3.7)	(3.5)	1.3	4.8
Depreciation and Amortisation	17.9	24.3	30.6	6.3
Impairments and Reversals	-	-	-	-
Losses on Disposals	-	-	0.08	0.08
Income from Donations	(0.1)	(0.2)	(0.4)	(0.2)
(Increase)/Decrease in Assets	(24.2)	(30.7)	(27.9)	2.8
Increase/(Decrease) in Liabilities	48.3	35.8	34.2	(1.6)
Net Cash Generated from/(used in) Operating Activities	**38.3**	**25.7**	**37.9**	**12.2**
Interest Received	1.8	2.1	2.5	0.4
Purchase of Assets	(31.2)	(33.5)	(40.6)	(7.1)
Donated Assets	-	0.2	0.4	0.2
Net cash from / (used in) Investing Activities	**(29.4)**	**(31.2)**	**(37.7)**	**(6.5)**
Public Dividend Capital - Rec	0.7	3.4	4.1	0.7
Loans	(2.8)	(2.8)	(2.8)	-
Capital Element - Leases	(2.8)	(3.3)	(5.4)	(2.1)
Capital Element - PFI	(1.7)	(3.4)	(5.1)	(1.7)
Interest Paid - Loans/Leases	(0.9)	(1.1)	(1.2)	(0.1)
Interest Paid - PFI	(3.2)	(6.0)	(9.1)	(3.1)
PDC dividend paid	-	-	(6.3)	(6.3)
Net cash from/(used in) financing activities	**(10.7)**	**(13.2)**	**(25.8)**	**(12.6)**
Increase/(Decrease) in cash and cash equivalents	(1.8)	(18.7)	(25.6)	(6.9)
Cash transferred by absoorption	35.3	35.3	35.3	-
Opening balance	73.1	73.1	73.1	-
Closing balance	**106.6**	**89.7**	**82.8**	**(6.9)**



Key messages:

- The closing cash for the month was £82.8m, compared to a plan of £77.8m.
- In month cash utilisation was £6.9m, which was due to a net cash inflow from operating activities of £12.2m, offset by outflow of cash investing activities *(capex)* of £6.5m and financing activities *(loans/PFI etc)* of £12.6m.
- Total cash receipts were £215.0m *(£214.3m revenue, £0.7m PDC),* offset by payroll costs of £124.9m, supplier payments of £90.4m, loan payments of £0.2m and PDC dividend payment of £6.4m.
- The year end forecast outturn cash position will be updated following 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	30th Sept 2026 £m	Monthly Movement £m
PPE & Intangibles	791.8	791.3	794.5	3.2
PFI	286.1	285.6	285.1	(0.5)
Leases & Other	117.1	116.2	115.4	(0.8)
Total Non-Current Assets	**1,195.0**	**1,193.1**	**1,195.0**	**1.9**
Inventory	36.0	36.5	37.2	0.7
Receivables	149.4	155.1	151.9	(3.2)
Cash and Cash Equivalents	106.6	89.7	82.8	(6.9)
Total Current Assets	**292.0**	**281.3**	**271.9**	**(9.4)**
Trade and Payables	(264.9)	(254.8)	(239.4)	15.4
Deferred Income	(49.7)	(48.4)	(57.5)	(9.1)
Borrowings	(40.0)	(40.1)	(40.1)	-
Provisions	(4.6)	(4.6)	(4.6)	-
Total Current Liabilities	**(359.2)**	**(347.9)**	**(341.6)**	**6.3**
Net Current Assets	**(67.2)**	**(66.6)**	**(69.7)**	**(3.1)**
Deferred Income	(15.0)	(14.3)	(14.2)	0.1
Borrowings	(128.2)	(127.6)	(126.7)	0.9
PFI Liability	(584.5)	(583.1)	(581.4)	1.7
Provisions	(3.0)	(3.6)	(3.6)	0.0
Total Non-Current Liabilities	**(730.7)**	**(728.6)**	**(725.9)**	**2.7**
Total Assets Employed	**397.1**	**397.9**	**399.4**	**1.5**
Public Dividend Capital	371.0	373.8	374.3	0.5
Retained Earning	(90.3)	(92.3)	(91.4)	0.9
Revaluation Reserve	116.3	116.3	116.4	0.1
Other Reserves	0.09	0.09	0.09	-
Total Taxpayer's Equity	**397.1**	**397.9**	**399.4**	**1.5**

Key Messages:

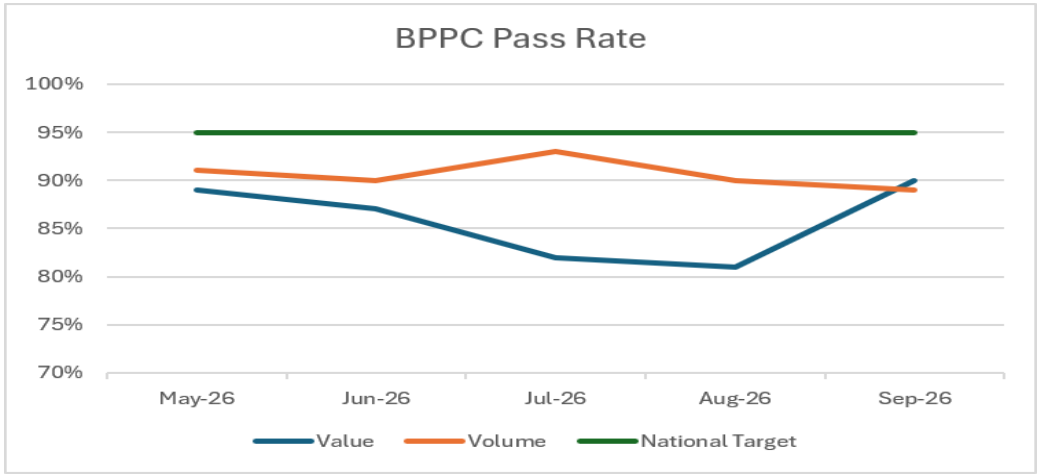
- The NBT assets, liabilities and equity were transferred at 1st July 2026 using absorption accounting at carrying value.
- Total Assets Employed increased by £1.5m to £399.4m, reflecting a modest strengthening of the Trust's overall balance sheet position.
- Non-current assets increased by £1.9m, driven by a £3.2m increase in PPE & Intangibles, partially offset by reductions in PFI and leased assets.
- Cash balances fell by £6.9m to £82.8m *(see cash position slide),* contributing to a £9.4m reduction in current assets, despite inventory increasing by £0.7m.
- Current liabilities reduced by £6.3m, mainly due to a £15.4m reduction in trade and payables due to half year PDC dividend payment and reduction in NHS payable invoices following merger *(see BPPC slide)*.

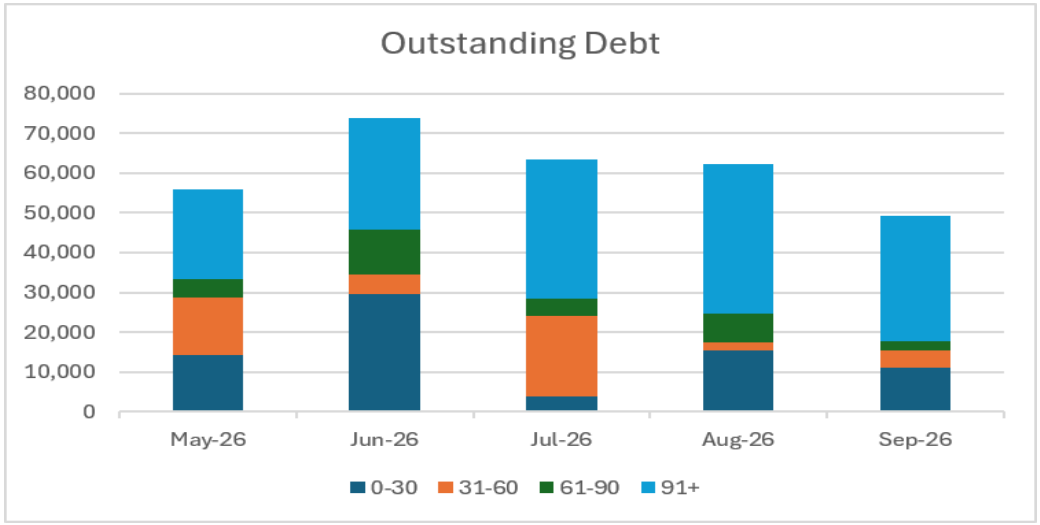
Key Risks:

- Cash and cash equivalents continue to decline and have reduced by £23.8m since July, placing ongoing pressure on cash management and working capital.
- The Trust remains in a net current liability position of £69.7m, with current liabilities exceeding current assets by a significant margin.
- The Trust continues to carry substantial PFI liabilities and total non-current liabilities, limiting future financial flexibility.

FINANCE

BPPC and Debt Position





Key messages:

- BPPC performance improved during September, achieving 90% compliance by value and 89% by volume, with approximately 25,800 invoices paid during the month.
- Outstanding debt reduced significantly, with the overall receivables balance falling by £12m, driven primarily by an £8m NHS England invoice and the settlement of six commissioning invoices worth £2.5m.
- Accounts Payables, Digital and Procurement teams continue to work collaboratively to address interface issues.
- Mitigation processes have been introduced to prioritise customer and supplier invoices, helping minimise relationship impacts and ensuring priority accounts are reviewed promptly.

Key Risks:

- BPPC performance remains below the 95% national target, despite improvement during the month.
- System interface issues have now been resolved within Accounts Payable at the end of September, reducing operational risk; however, resolution of the Accounts Receivable interface remains outstanding and is expected by the end of October.
- Customer and supplier relationship risk remains, requiring continued prioritisation of invoicing and payments to mitigate delays and reduce the risk of escalation or service disruption.

Assurance and Variation Icons – Detailed Description

NHS Bristol NHS Foundation Trust
Bristol | Weston

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