

Integrated Quality and Performance Report

Month of Publication March 2026

Data up to January 2026

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Key to KPI Variation and Assurance Icons

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

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 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](#)

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.

Scorecards Explained

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

Name of Metric/KPI.

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

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

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

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

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

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

The actual performance for the most recent month.

The actual performance for the previous month.

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

Business Rules and Actions

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

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

Executive Summary – Group Update

Responsiveness

Urgent Care

UHBW ED 4-hour performance improved to 73.8% in January (73.5% in December) against a March 2026 target of 78% for all attendance types, including type-3 footprint uplift. A combination of demand, high bed occupancy and continued high levels of “No Criteria to Reside” (NCTR), create a challenging clinical, operational and performance environment, thus, impacting on 12-hour total time in the Emergency Department and ambulance handover metrics. For NBT, ED 4-hour performance was 60.3% for January 2026 (68.3% with footprint uplift). NBT is actively working with the GIRFT team to align their findings with their UEC programme and a summary of this was presented at NBT’s Quality Outcomes Committee.

The System ambition to reduce the NC2R percentage to 15% remains unachieved. Delivery of the NC2R reduction is a core component of the Trusts ability to deliver the 78% ED 4-hour performance requirement for March 2025, as of yet, there is no evidence this ambition will be realised. However, the refreshed ICS discharge programme is underway and alongside a detailed redesign of the 15% NCTR Ambition Plan being developed in partnership with all system partners. In the meantime, internal hospital flow plans continue to be developed and implemented across all sites.

Elective Care

Whilst UHBW anticipate no further 65 week waits during 2025/26, there was one Paediatric Dental patient waiting beyond 65 weeks at the end of January 2026, who has since been seen and treated at the beginning of February. NBT had two complex Plastic Surgery DIEP patients waiting longer than 65 weeks at the end of January 2026 due to further unexpected absence in the consultant body. At the end of January, both Trusts met the March 2026 ambition that less than 1% of the total waiting list will be >52 weeks.

Diagnostics

For January, NBT’s diagnostic performance reported at 2.6% which was impacted mainly by ongoing challenges in DEXA, as well as a deterioration in Echocardiography. NBT remains in the top quartile in the country and are forecasting improvement for February with a return to the constitutional standard at the end of March 2026. UHBW position in January has dropped to 13% (11.4% in December) primarily due to capacity constraints associated with non-obstetric ultrasound and endoscopy. Plans have been stood up to support recovery within the affected modalities, with improvement in performance expected in final two months of the year.

Cancer Wait Time Standards

During December, UHBW was compliant with all three, core cancer standards, reporting 96.6% (target of 96%) against the 31-day standard, 76.7% for 62-day metric (target of 73.2%) and 79.3% (target of 79%) against the 28-day Faster Diagnosis Standard. Whilst January may prove a more challenging month, UHBW expect to be compliant with each of the three core cancer standards by the end of Q4. At NBT, 28-Day FDS, 31-Day and the 62-Day Combined position were off plan for the month of December. The work previously undertaken has been around improving systems and processes, and maximising performance in the high-volume tumor sites. The current position is due to challenges in the Urology and Breast pathway; there are improvement plans in place to reduce the time to diagnosis and provide sufficient capacity to deliver treatments. NBT anticipate returning to forecast by the end of February. Both trusts are part of the SWAG programme of improvement called ‘Days Matter’ which will focus on Urology pathways at NBT and Colorectal at UHBW.

Executive Summary – Group Update

Quality

Patient Safety

At UHBW, there have been no new MRSA cases for the trust in January and a total of six cases 2025/26 year to date compared with seven in the same period in 2024/25. A comprehensive review of the six MRSA bacteraemia's has been undertaken by NBT colleagues, Deputy DIPC and Lead IPC Doctor and will be presented to the Group Quality and Outcomes Committee in February. There have been no additional MRSA cases reported at NBT, the total for 2025/26 remains at two cases.

There were five UHBW Escherichia coli (E. coli) infections for January taking the figure to 77 year to date compared with 62 in the same period in 2024/25. Ongoing work continues to make improvements in urinary catheter care using an updated urinary catheter care plan. At NBT The number of cases reported has increased in January. Cases remain significantly below trajectory 58 cases to an end of year trajectory of 89.

There were 15 UHBW cases of Clostridium Difficile in January: 11 Hospital Onset Hospital Acquired (HOHA) and four Community Onset Hospital Acquired (COHA). We have exceeded our reduction target of 109 cases for 2025/26 with 123 cases year to date (89 HOHA 34 COHA) presently. The UHBW quality improvement initiative for C. difficile continues, led by a Divisional Director of Nursing. This has been reinvigorated and incorporated into the Operational Infection Control Group. For NBT, five HOHA and two COHA - cases need to trend at 6 or lower monthly to match a trajectory position. The current position is trending slightly above the trajectory. Total position so far this year 89 cases against a trajectory of 79.

In January there have been 183 falls at UHBW which is higher than the Trust target of 4.8 per 1000 bed days. There were seven falls with moderate physical and/or psychological harm. Divisions are undertaking reviews of falls and falls with harm to identify themes and learning. Action plans will be developed, implemented and shared throughout the division.

Following the appointment of new Group and Trust VTE leads, the Venous Thrombo-embolism (VTE) Risk Assessment indicator is being reviewed to analyse the contribution of data from various cohorts of patients that comprise the overall reported figure and identify where improvements could most effectively be targeted. NBT compliance continues to be sustained around 97%.

Patient & Carer Experience

In December 65 complaints were received. Surgery, Medicine and Women & Children's remain the highest-volume areas, 62% of complaints met the overall response target. All complaints actioned were completed within 45 days (100%) 223 cases were closed in December, showing good throughput. Work continues with divisions to reduce complaint response delays proactively extend complex complaints, prompt sending of complaints to divisions within 72 hours of complaint received. Performance is expected to continue to improve due to clearing of the backlog in the PALS and Complaints team.

Within NBT the monthly compliance rate decreased from 77% in December to 68% in January. Of the 65 complaints due for response in December, 44 were closed within the agreed timescale, seven were outside the agreed timescale, and 14 were still open at the time of reporting. The overall Trust compliance score has decreased due to a decline in ASCR from 63% in December to 37% in January. This is the first time since September that ASCR has been below 50%. An improvement from ASCR will likely result in a higher score for the Trust, provided the other divisions continue to sustain their performances. The average score for the other divisions for January was 86%.

Please note the following variance in metric definitions:

Turnover – NBT report turnover for Permanent and Fixed Term staff (excluding resident Drs) whereas UHBW calculate turnover based on Permanent leavers only

Staff in Post – NBT source this data from ESR and UHBW source this data from the ledger. Vacancy is calculated by deducting staff in post from the funded establishment.

Work is in progress to move towards aligned metrics and where appropriate targets in common.

Turnover

- **NBT** turnover is 9.5% in January, below the NBT target of 11.3% for 2025/26
- **UHBW** turnover is 9.1% in January and below target.

Vacancy Rate

- **NBT** is 7.8%, reduction in vacancies driven by enhanced and targeted nursing recruitment into Band 2, 3 and 5 roles
- **UHBW** is 5.0%, an increase from 4.8% in December and above target, triggering an escalation summary.

Sickness

- **NBT** rate is 4.8%, above the target of 4.4%. NBT is carrying out detailed work on long term absence as the predominant driver of the position with a focus on impacting SAD and MSK absence
- **UHBW** rate is 4.6% in month, an increase from 4.5% in December. This is above target, so does now trigger an escalation summary.

Essential Training

- **NBT** – 88.7% against a target of 90% - key hotspots are Infection Prevention Control, OMMT and Information Governance
- **UHBW** - 89.6% against a target of 90%. key hotspots are Infection Prevention & Control, Moving and Handling, OMMT, Resuscitation and Information Governance

Both Trusts conducting on-going discussions with subject matter experts to progress sufficient recovery actions including delivery models, communication and promotion, ongoing governance and the level of confidence that actions will have required impact to recover our position with a particular on-going scrutiny of Oliver McGowan (Face to Face and virtual training sessions). Based on current compliance datasets and projected future booking trajectories, extrapolated compliance estimates for tiers 1 and 2 were generated for each organisation to meet the ICB 63.3% compliance. The output and an accompanying report to be disseminated to GEM and respective trust management teams.

Executive Summary

Finance

In Month 10 (January), NBT delivered a £0.9m surplus position, against a surplus plan of £0.9m. Year to date NBT has delivered a £1.7m deficit position which is on plan.

UHBW delivered a £3.9m surplus in Month 10, against a surplus plan of £3.8m. UHBW's year to date deficit is £5.4m, £0.2m favourable to plan.

Pay expenditure within NBT is £2.9m adverse to plan in month. This is driven by overspends in nursing and healthcare assistants due to escalation and enhanced care, under-delivery against in-year savings which is offset by vacancies in consultant and other staff groups.

Pay expenditure in UHBW is £3.6m adverse to plan in month. This is driven mainly by higher than planned substantive and bank expenditure particularly across nursing due to escalation and enhanced care.

The NBT cash balance as at the 31 January 2026 is £16.6m, £3.3m lower than planned, a £60.8m reduction from 31 March 2025.

The UHBW cash balance as at the 31 January 2026 is £37.3m, £37.4m lower than planned, a £35.0m reduction from 31 March 2025. The variance from plan is largely driven by timing differences on the Capital Programme i.e. cash draw down for nationally funded schemes is later than initially planned.

Responsiveness

Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	ED % Spending Under 4 Hours in Department	NBT	Jan-26	60.3%	71.4%	65.4%	F-	C	Escalation Summary
		UHBW	Jan-26	66.3%	72.3%	66.6%	F	C	Escalation Summary
Responsive	ED % Spending Over 12 Hours in Department	NBT	Jan-26	11.0%	2.0%	8.9%	F-	C	Escalation Summary
		UHBW	Jan-26	8.7%	2.0%	6.0%	F	C	Escalation Summary
Responsive	Bristol Children's Hospital ED - Percentage Within 4 Hours								
		UHBW	Jan-26	79.3%	No Target	73.6%	N/A	C	Note Performance*
Responsive	ED 12 Hour Trolley Waits (from DTA)	NBT	Jan-26	564	0	430	F-	C	Escalation Summary
		UHBW	Jan-26	793	0	496	F-	H	Escalation Summary
Responsive	Ambulance Handover Delays (under 15 minutes)	NBT	Jan-26	20.0%	65.0%	31.0%	F-	C	Escalation Summary
		UHBW	Jan-26	30.5%	65.0%	42.0%	F-	C	Escalation Summary
Responsive	Average Ambulance Handover Time	NBT	Jan-26	36.2	45.0	28.3	P	L	Note Performance
		UHBW	Jan-26	25.2	45.0	20.3	P	L	Note Performance
Responsive	% Ambulance Handovers over 45 minutes	NBT	Jan-26	24.9%	0.0%	18.5%	F-	C	Escalation Summary
		UHBW	Jan-26	11.2%	0.0%	5.1%	F-	L	Escalation Summary
Responsive	No Criteria to Reside	NBT	Jan-26	22.4%	15.0%	21.1%	F-	L	Escalation Summary
		UHBW	Jan-26	24.4%	15.0%	21.2%	F-	H	Escalation Summary
Responsive	RTT Percentage Over 52 Weeks	NBT	Jan-26	0.2%	1.0%	0.2%	P	L	Note Performance
		UHBW	Jan-26	1.0%	1.0%	1.3%	F-	L	Escalation Summary
Responsive	RTT Ongoing Pathways Under 18 Weeks	NBT	Jan-26	67.3%	72.8%	66.6%	F-	H	Escalation Summary
		UHBW	Jan-26	67.3%	67.1%	66.9%	F-	H	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		

* with commentary

Responsiveness

Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	RTT First Attendance Under 18 Weeks	NBT	Jan-26	72.3%	75.0%	70.3%	F-	H	Escalation Summary
		UHBW	Jan-26	71.3%	70.8%	69.1%	F-	H	Escalation Summary
Responsive	Diagnostics % Over 6 Weeks	NBT	Jan-26	2.6%	1.0%	1.5%	?	C	Escalation Summary
		UHBW	Jan-26	13.0%	6.8%	11.4%	F-	L	Escalation Summary
Responsive	Cancer 28 Day Faster Diagnosis	NBT	Dec-25	72.2%	79.7%	78.4%	F	C	Escalation Summary
		UHBW	Dec-25	79.3%	79.0%	77.2%	?	C	Escalation Summary
Responsive	Cancer 31 Day Decision-To-Treat to Start of Treatment	NBT	Dec-25	87.5%	88.1%	85.2%	?	C	Escalation Summary
		UHBW	Dec-25	96.6%	96.0%	94.7%	?	C	Escalation Summary
Responsive	Cancer 62 Day Referral to Treatment	NBT	Dec-25	66.2%	71.9%	66.8%	F	C	Escalation Summary
		UHBW	Dec-25	76.7%	73.2%	77.4%	P	C	Note Performance
Responsive	Last Minute Cancelled Operations	NBT	Jan-26	0.7%	0.8%	0.7%	P	C	Note Performance
		UHBW	Jan-26	2.1%	1.5%	2.1%	F	C	Escalation Summary
Responsive	% to Stroke Unit within 4 Hours	NBT	Dec-25	48.4%	90.0%	56.2%	F-	C	Escalation Summary
Responsive	Stroke Thrombolysis within 1 hour	NBT	Dec-25	52.6%	60.0%	57.1%	?	C	Escalation Summary
Responsive	90% Time in Stroke Unit Performance validated	NBT	Dec-25	55.0%	90.0%	48.5%	F-	C	Escalation Summary
Responsive	% Seen within 14 Hours by a Stroke Consultant - Validated	NBT	Dec-25	78.7%	90.0%	73.3%	F	C	Escalation Summary

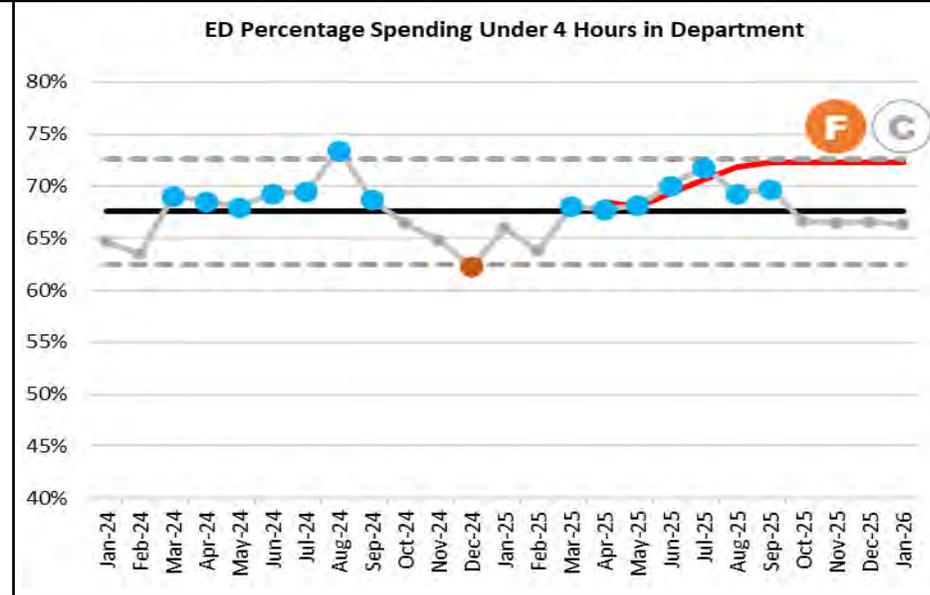
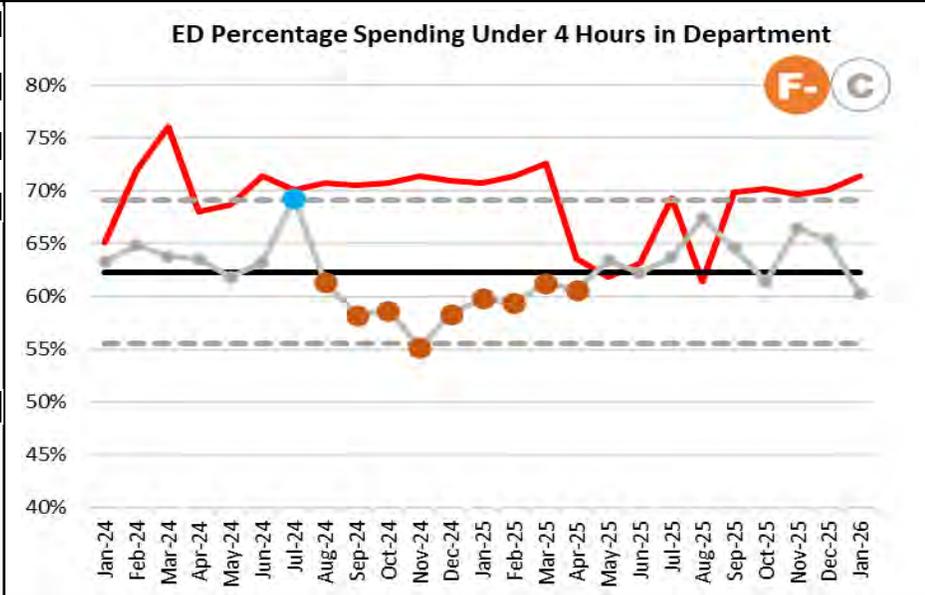
Please note - Stroke performance for December is provisional pending validation.

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

UEC – Emergency Department Metrics

Latest Month
Jan-26
Target
71.4%
Latest Month's Position
60.3%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



Latest Month
Jan-26
Target
72.3%
Latest Month's Position
66.3%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration.
Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?
The percentage of patients spending under 4 hours in ED for January decreased to 60.3%. Attendances were static compared to December, but admissions increased, in particular those referred in via primary care (up by c12% month on month).

Actions being taken to improve

- Capital funding secured to facilitate **moving ED minors** (Target date: Summer 26) to an alternative onsite location. The current minors' area will be used to provide an expanded ED SDEC and ED majors area, reducing the requirement to use existing ED corridor areas.
- Clinical Operational Standards (COS) Oversight Group** (Medium term: 6 months) - GIRFT COS session held on 04/02/26. Priority areas of focus will be Standardised Referral Pathways, Diagnostic pathways, Frailty / Care Homes, all of which will reduce patient LOS across UEC pathways.
- Quarterly **Test of Change Weeks – November 2025 schemes** now embedded and include augmented ED staffing which has reduced ED LOS, pilot work with Community Emergency Medicine Service (which led to the system business case), alternative locations for each specialty to bring expected patients into (ie ED avoidance). **February 2026 ToCW** will test further changes to ED staffing, driving redirection further through new initial assessment model.

Impact on forecast
February is expected to land at c 65% four hour performance based on month to date data.

What does the data tell us?
The ED 4-hour standard across the trust remains relatively static for January at 66.3% when compared to December (66.6%), noting a deterioration in performance at Weston with a drop to 65% from 71% in December BRHC saw an improved performance at 79% compared to 74% in December, alongside a drop in overall attendances.

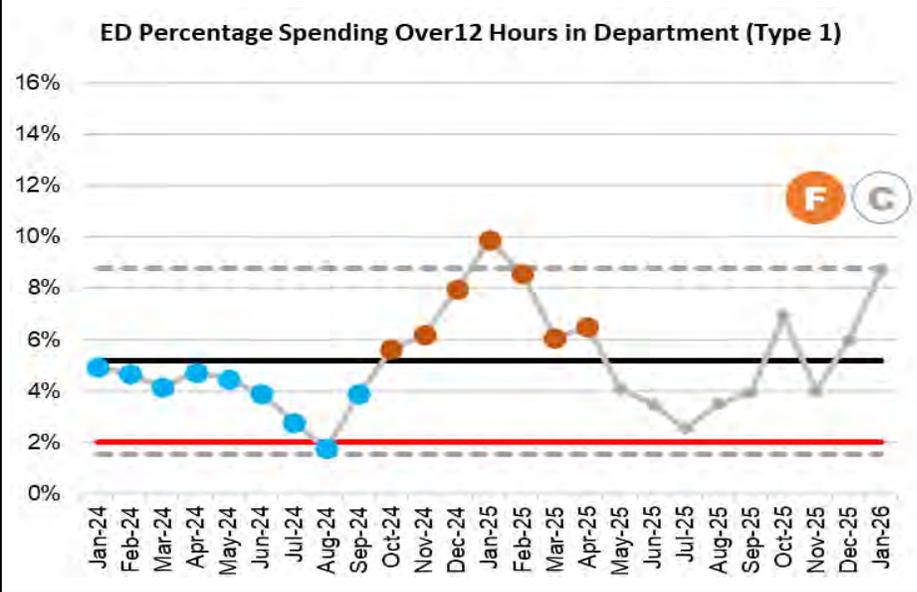
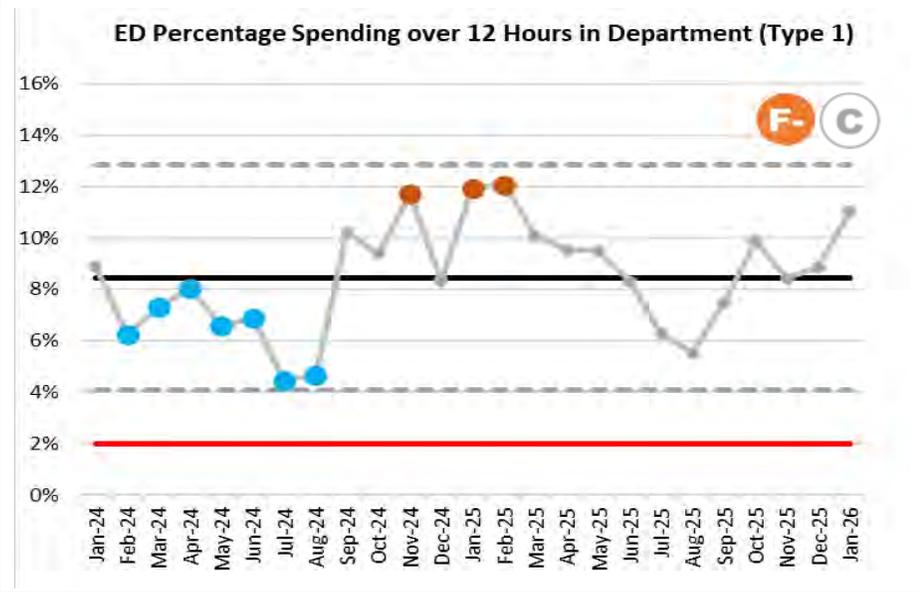
Actions being taken to improve
Ongoing mobilisation of ED improvement plans across both BRI and Weston, including workforce reconfiguration to augment and better align senior decision makers to peak times IN & OOH, in addition to optimising SDEC utilisation and front door redirection models. AMT (Acute Medical Triage) service planned within front door footprint anticipated to reduce ED crowding and ED waits.
Whole hospital review of ED 'quality standards' is progressing, with a specific focus on establishing the Inter-Professional Standards, reducing delays in specialty reviews in ED and improving outward flow from ED. The department is also working closely with SWAST, community and primary care partners to maximise admissions avoidance schemes e.g. Frailty – Assessment & Coordination of Urgent & Emergency Care (F-ACE). NB UHBW currently leading the parallel development with Paediatrics (P-ACE), and increased utilisation of the Community Emergency Medicine service (CEMS)

Impact on forecast
Forecasting improvement plans aim to improve the Trust position; c68% in February
The End of Year Target for this measure is 72.3% (78% inclusive of Sirona type-3 uplift)

Responsiveness

UEC – Emergency Department Metrics

Latest Month	Jan-26
Target	2.0%
Latest Month's Position	11.0%
Performance / Assurance	Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration
Trust Level Risk	1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



Latest Month	Jan-26
Target	2.0%
Latest Month's Position	8.7%
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 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?
The percentage of patients spending over 12 hours in ED increased to 11% in January.

Actions being taken to improve
We continue to focus on this important quality metric, with the following key projects underway:

- 1) Improvements made during November test of change week have been sustained, including DTA flow out of ED at 8am and the Medicine weekend discharge approach.
- 2) For February's test of change week (w/c 23 February) schemes will focus on earlier discharge summary preparation in COTE, site wide use of the discharge lounge without TTAs, review of cleaning requests to reduce demand / increase flow.
- 3) Every Minute Matters approach – working to improve key internal flow and discharge metrics, including use of the discharge lounge, discharges before 10am and the proportion of weekend discharges.

Impact on forecast
Whilst February remains a challenging month, the teams are working to reduce 12 hour impacts, with month to date tracking at <10%.

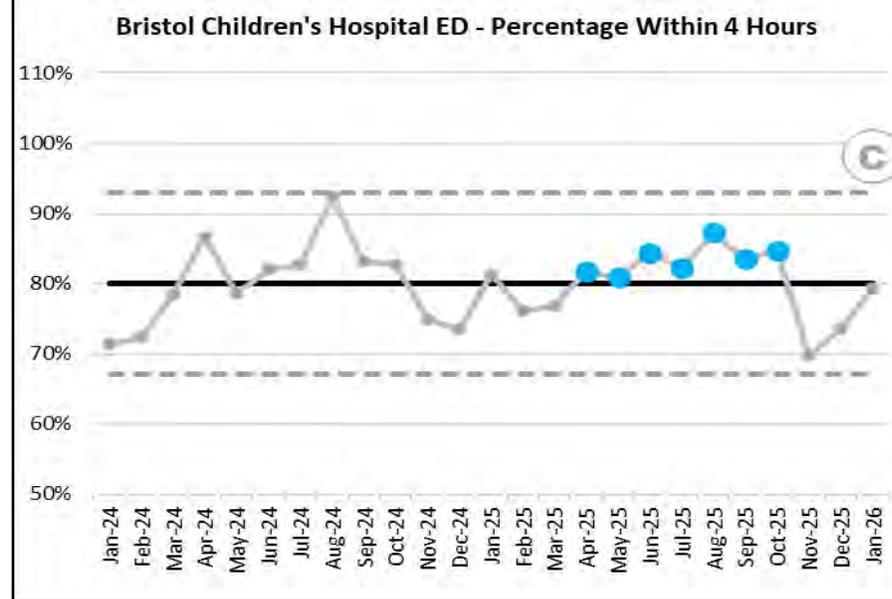
What does the data tell us?
The percentage of patients spending over 12 hours in ED for the month of January (8.7%) deteriorated compared to December (6%) but still below the national threshold of 10%. A notable increase occurred at the BRI (from 9.6% in December to 12.9% in January) with BRI admitted patients waiting over 12 hrs increasing from 24% in December to 33% in January. Weston also saw an increase from 5.6% to 9.8% with admitted 12 hr waits up from 13% to 22%. The number of patients with No Criteria to Reside increased across both sites impacting on overall flow and timely access to beds for patients in ED.

Actions being taken to improve
Note previous slide.
Implementation of inter-professional standards and accompanying dashboard due in March in support of cross-divisional review of time to specialty assessments in ED.
BRI consultant recruitment underway with 2 posts filled and further interviews in the next couple of months – will enable improved support into ED in Out of hours periods.

Impact on forecast
January performance has been particularly challenging with a critical incident declared at the beginning of the month alongside ongoing ward closures at the BRI and demand for IPC cubicles across both sites. Actions have been put in place to mitigate the ward closures, but the position may remain challenging throughout February. Forecast for February is c6%.

Responsive

UEC – Emergency Department Metrics



Latest Month
Jan-26
Target
No Target
Latest Month's Position
79.3%
Performance / Assurance
Common Cause (natural/expected) variation where up is improvement.
Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?

4-hour performance improved in January (79%) when compared to December (73.6%)

The Trust saw a total of 4,195 attendances in January, which is significantly less than 4,765 in December but slightly higher when compared year on year to the 3,946 attendances in January 2025

There were 16x 12-hour breaches in January which is a reduction on the 45 reported in December

Actions being taken to improve

4-hour improvement plan continues to be worked through within the department, working towards delivery of

95% target for March 2027, with clear workstreams identified

Review of admitted patient pathway due to start, aiming to identify areas for improvement by reviewing whole patient pathway, from ED through to ward to discharge home

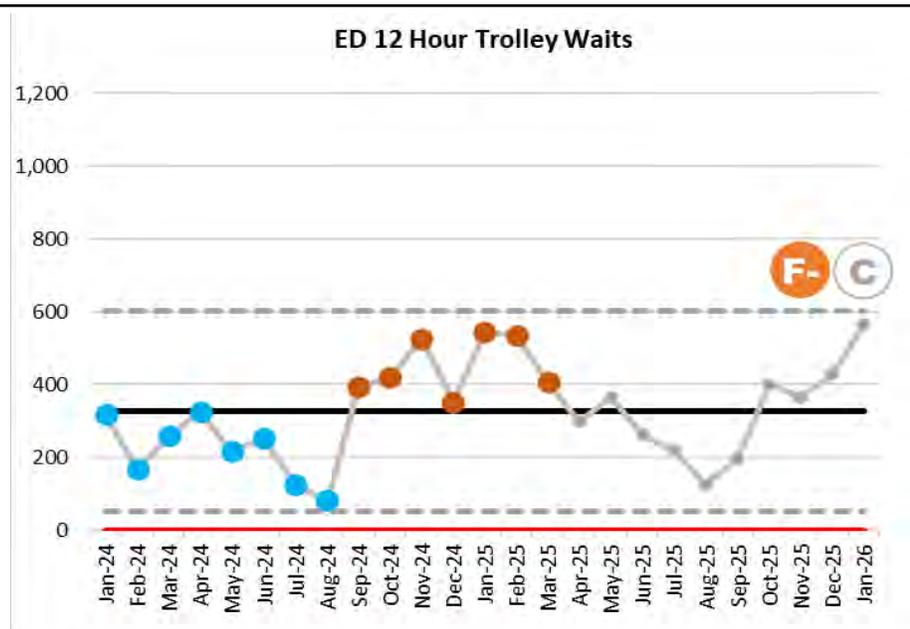
12-hour breach review meeting is ongoing

Posters shared with speciality teams regarding support needed to improve 4-hour position as a hospital

Responsiveness

UEC – Emergency Department Metrics

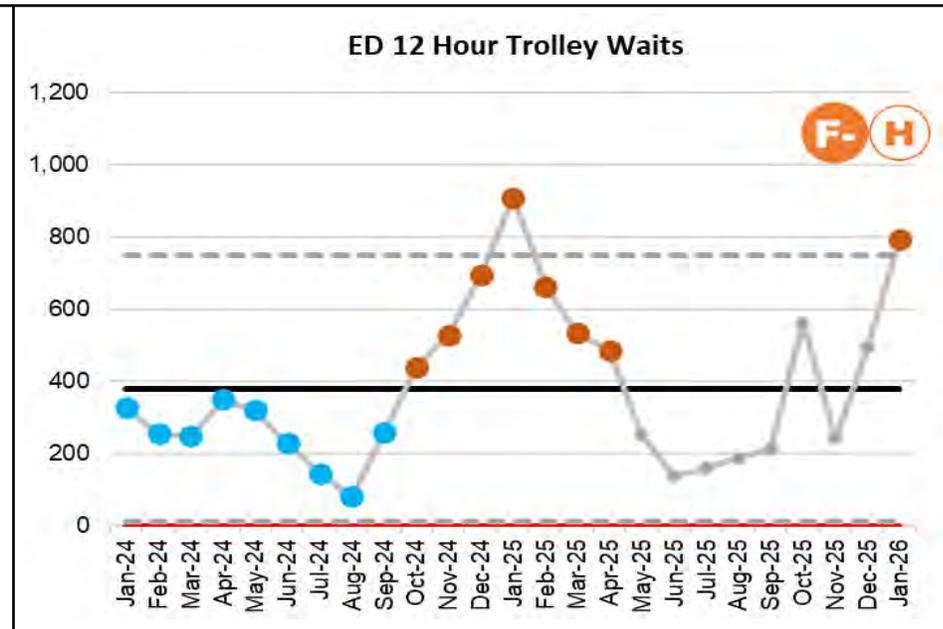
Latest Month	Jan-26
Target	0
Latest Month's Position	564
Performance / Assurance	Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration
Trust Level Risk	1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



What does the data tell us?
The number of 12 hour trolley waits increased compared to the previous month to 564.

Actions being taken to improve
See previous slides – all actions are relevant to 12-hour DTA reduction.

Impact on forecast
See previous slide.



What does the data tell us?
The number of 12 Hour trolley waits increased throughout January (793) compared to December (496)

Actions being taken to improve
Note actions from previous two slides

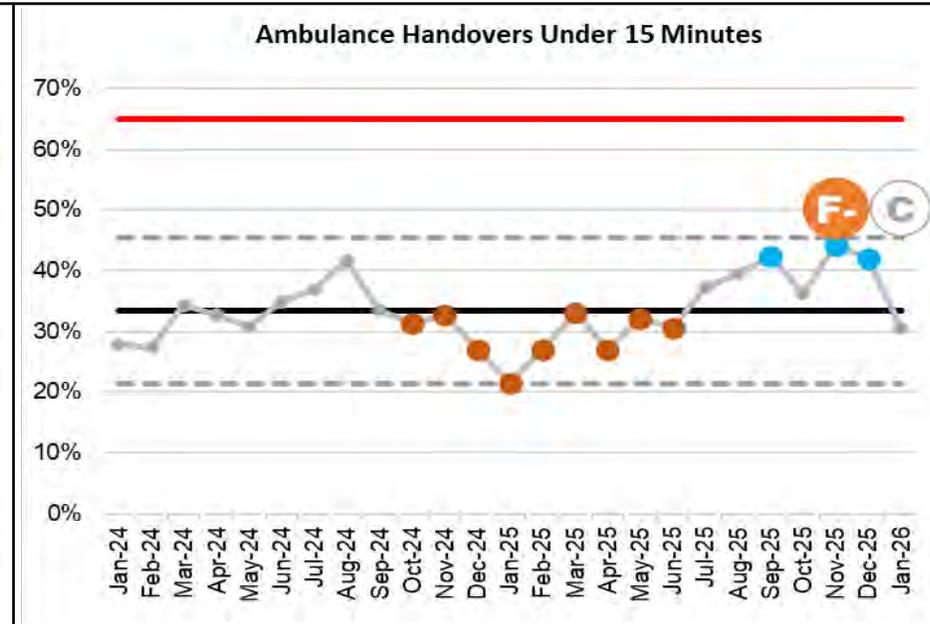
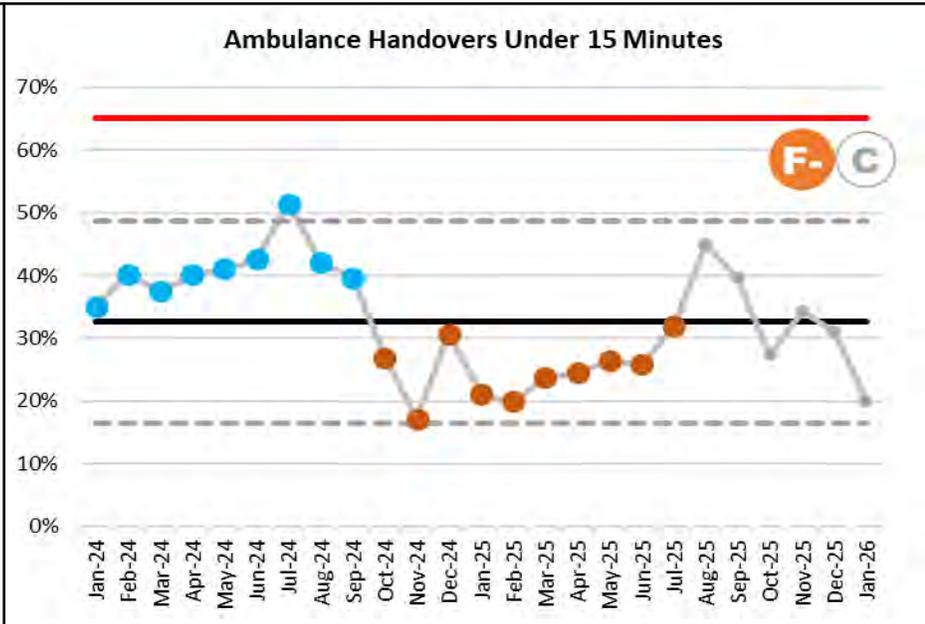
Impact on forecast
Along with improvement work noted against the 4-hour and 12-hour standard, it is anticipated that the number of 12-hour trolley waits should improve during February

Latest Month	Jan-26
Target	0
Latest Month's Position	793
Performance / Assurance	Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit.
Corporate Risk	Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20). Risk 2614 - Risk that patient care and experience is affected due to being cared for in extra capacity locations (15)

Responsiveness

UEC – Ambulance Handover Delays

Latest Month
Jan-26
Target
65.0%
Latest Month's Position
20.0%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



Latest Month
Jan-26
Target
65.0%
Latest Month's Position
30.5%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit and down is deterioration.
Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?

The proportion of handovers completed within 15 minutes has decreased to 20%.

Actions being taken to improve

- 1) Work with ICB, SWASFT and BrisDoc Severnside on validation of Category 3 and Category 4 ambulance dispositions – new group to review process and impacts and assess benefits of working towards validation of Category 2 dispositions also.
- 2) Support to ICB business case for seven-day Community Emergency Medicine Service provision which will reduce conveyances.

Impact on forecast

Based on month to date work in February a return to December level performance is expected for February 2026.

What does the data tell us?

Ambulance handovers within 15 mins show a deterioration in January at 30.5% compared to December at 42% but still a marked improvement compared to the last year. Notable decrease observed at BRI from 37.1% in December to 24.8% in January, despite a slight drop in conveyances with a very similar change observed at Weston. This correlates with reduced flow as described within 4hr and 12 performance updates.

Actions being taken to improve

Implementation of the updated SWAST Timely Handover Policy in response to the new NHSE KPI: zero tolerance to handovers over 45 mins - has resulted in a collective response within UHBW to embed additional actions and strengthen existing processes in support of timely ambulance handovers. An updated trust-wide escalation policy is due to be cascaded in March with clearly defined steps for the use of and de-escalation out of all 'corridor' spaces.

Expansion to the CEMS service planned by the ICB should result in an improvement in ambulance conveyances throughout the year as this is implemented.

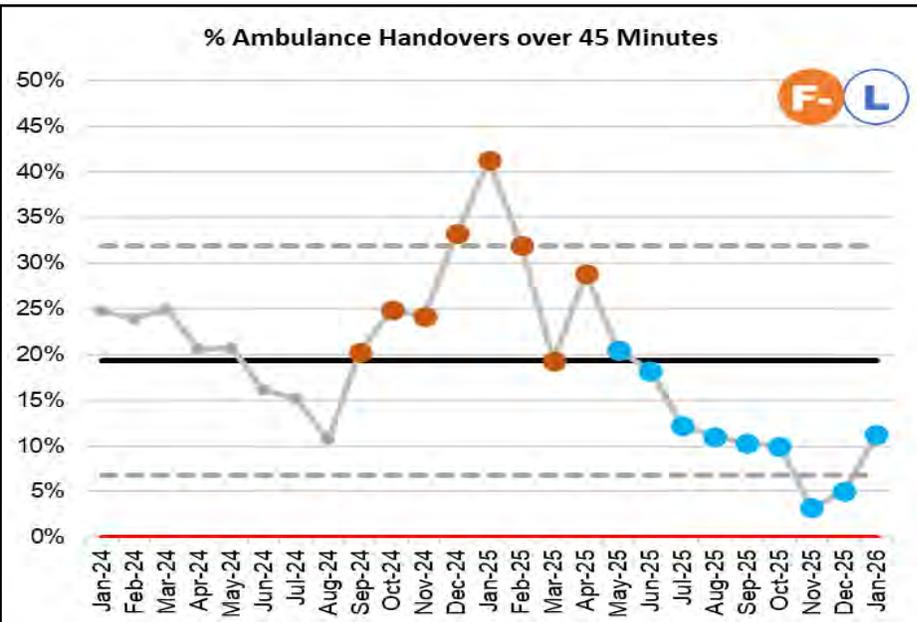
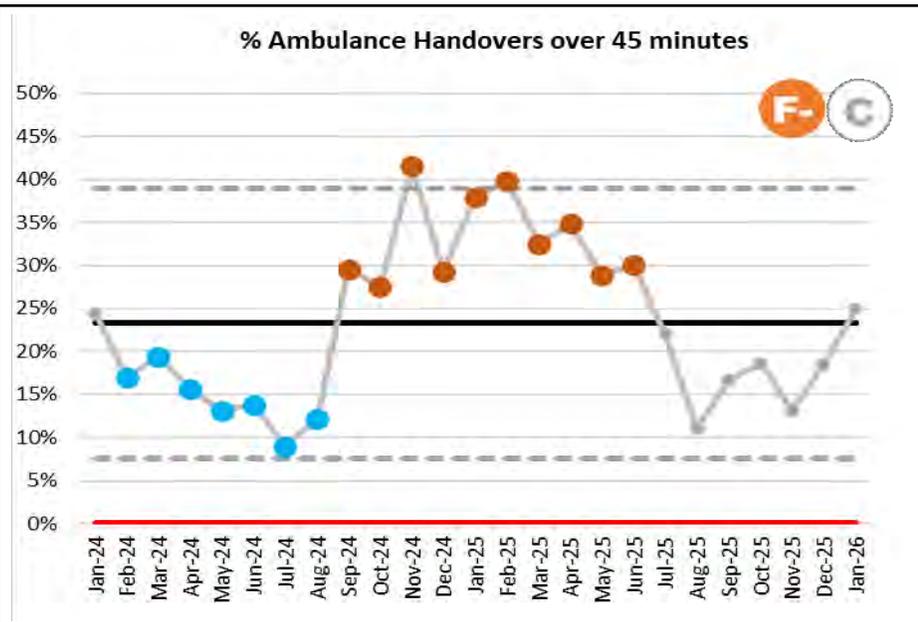
Impact on forecast

It is anticipated that the ongoing improvement work will continue to contribute to an improved position in the forthcoming months, though flow out of ED into the BRI bed base will remain challenging due to the closure of two inpatient wards.

Responsiveness

UEC – Ambulance Handover Delays

Latest Month
Jan-26
Target
0.0%
Latest Month's Position
25.0%
Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration or greater than upper limit down is deterioration
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



Latest Month
Jan-26
Target
0%
Latest Month's Position
11.2%
Performance / Assurance
Special Cause Improving Variation Low, where down is improvement but target is less than lower limit.
Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?
The proportion of handovers over 45 minutes increased in January 2026 to 25% .

Actions being taken to improve
The system Rapid Emergency Assessment Framework (REAF) group met and reviewed the impacts of the SWASFT Timely Handover Plan at a specially convened session in January. Learning and recommendations from that session are being compiled prior to a follow up review with acute clinical and operational staff. It is anticipated that an action plan will be developed and overseen via the BNSSG UEC Operational Delivery Group.

Impact on forecast
Additional demand management strategies are being deployed by partners to support a call before convey approach. Is successful these options should open up alternative pathways for SWASFT clinicians to use.

What does the data tell us?
Ambulance handover times within 45 minutes have deteriorated throughout January at 11.2% compared to 5.1% in December. Notable increase observed at BRI from 6.4% in December to 14.6% in January.

Actions being taken to improve
As per previous slides actions are focussed on enabling improved flow through and out of ED, including implementation of Inter Professional Standards, Acute Medical Triage service, enhanced redirection processes and strengthening the processes in place regarding the use of escalation spaces and corridor care.

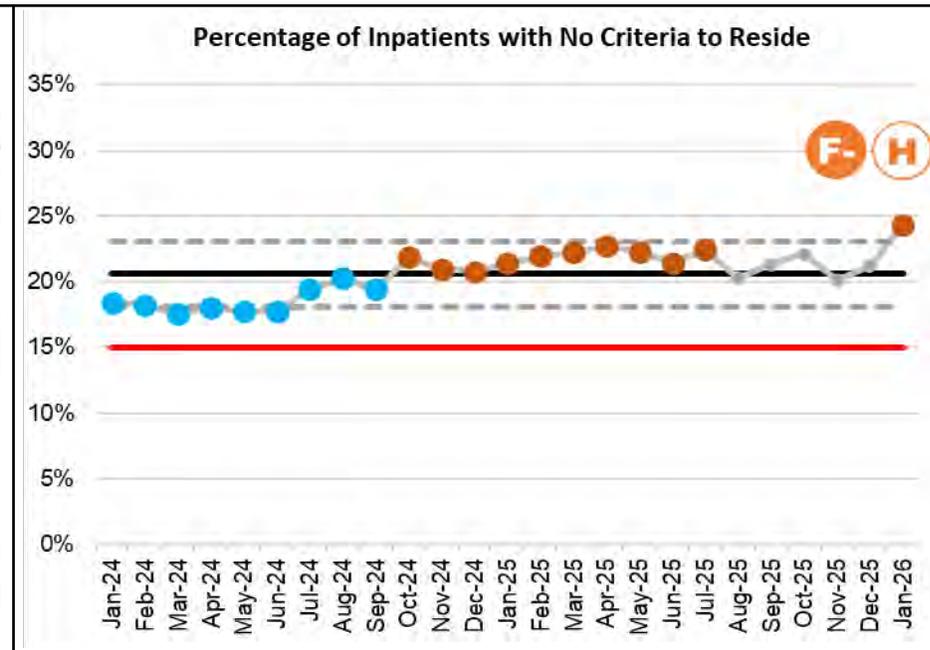
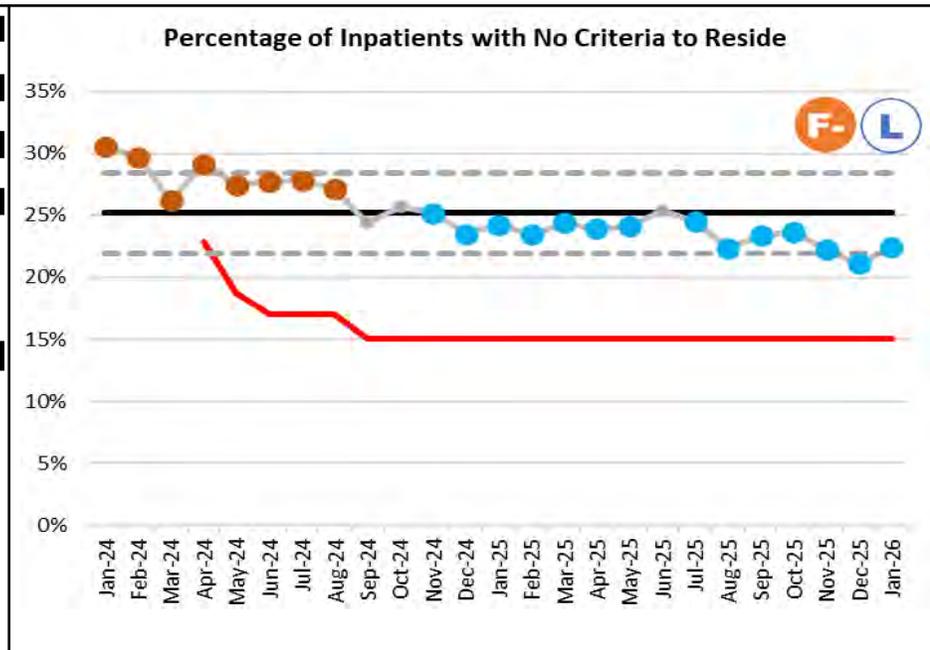
See previous slide for expansion of CEMs service.

Impact on forecast
It is anticipated that the ongoing improvement work will continue to contribute to an improved position in the forthcoming months, though flow out of ED into the BRI bed base will remain challenging due to the closure of 2 inpatient wards. Current February forecast c4%

Responsiveness

UEC – No Criteria To Reside

Latest Month	Jan-26
Target	15.0%
Latest Month's Position	22.4%
Performance / Assurance	Special Cause Improving Variation Low, where down is improvement but target is less than lower limit
Trust Level Risk	Risk 2182 - patients who are 'discharge ready' who remain in hospital beds with 'No Criteria to Reside (NC2R)' will be at greater risk of deconditioning, hospital acquired infections, falls and delirium which could lead to varying levels of harm/patient outcomes (12).



Latest Month	Jan-26
Target	15.0%
Latest Month's Position	24.4%
Performance / Assurance	Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit.
Corporate Risk	Corporate Risk 423 - Risk that demand for inpatient admission exceeds available bed capacity (25). Corporate Risk 8252 - Patients with no criteria to reside continue to remain in hospital beds (16)

What does the data tell us?
No Criteria to Reside (NCTR) increased to 22.4% in January and remains above the BNSSG system target of 15%.

- Actions being taken to improve**
- Partnership work with ICB CNO team has resulted in a revised approach to Fast Track assessment and referral with a dedicated NBT team due to go live Apr-26. Estimated to reduce fast track LOS by c.5 days.
 - Home first approach taken in the Transfer of Care Hub (Ongoing) to reduce delays and support patient discharge to own home wherever possible.
 - NBT strategic review of Elgar Model (Medium term: 3-6 months), with first workshop in early Mar-26. This work will feed into the system review of inpatient intermediate care being led by Sirona CEO.
 - System redesign of home-based intermediate care (Medium term: 3-6 months), including detailed demand and capacity reviews at LA level to ensure right service first time on time for people leaving acute care.

Impact on forecast
System NCTR target: 15% NBT remains unmet, though the position is expected to improve marginally in February.

What does the data tell us?
UHBW No Criteria to Reside (NCTR) patient waiting list increased in January to 24.4% (217 patients) vs 21.2% (180 patients) in December.

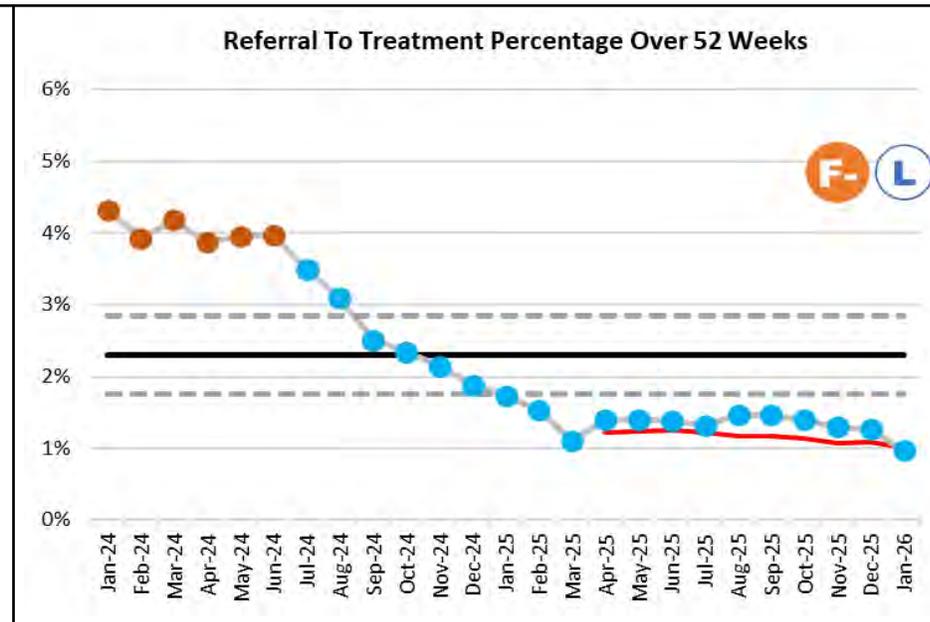
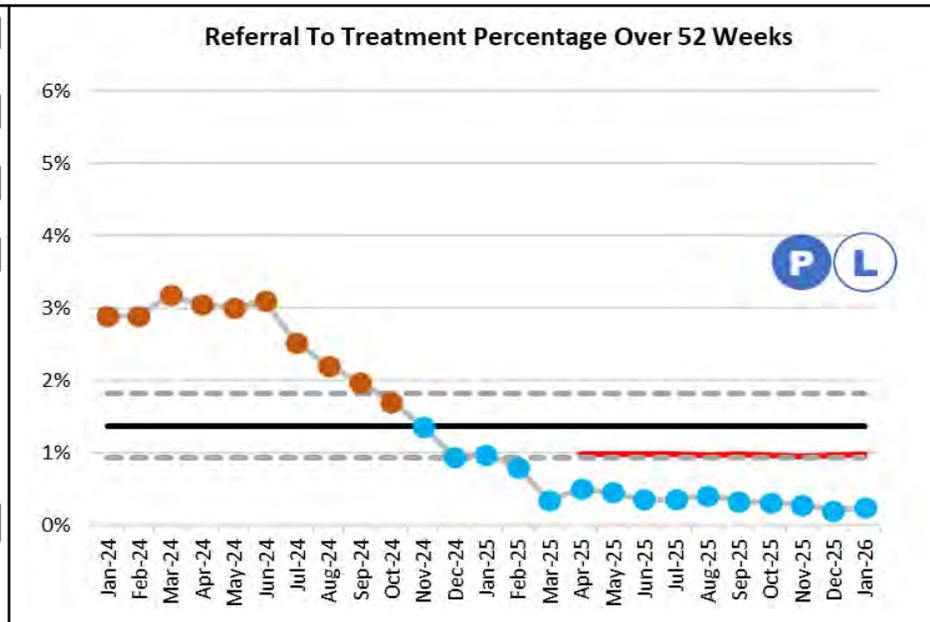
BRI: Jan 21.5% (117pts) vs Dec 17.6% (96 pts) ; Weston: Jan 34% (100 pts) vs Dec 31% (84 pts).
Inadequate community capacity (beds & support services) available to meet high proportion of complex patients requiring specialist care, particular issues in North Som (all pathways) and P1 across all LA's.

- Actions being taken to improve**
System focus on development of improvement plans to deliver the 15% NCTR reduction continues:
- ICB Demand and capacity modelling undertaken across community beds.
 - P1: LAs and Sirona to reduce and improve the timeliness of handoffs in community P1. P1 Trial with Sirona giving dates up to 14 days in advance and exploiting opportunities for Early Supported Discharge
 - P2 Improvement work: GIRFT review by external assessor with internal clinical representatives.
 - P3: System review of patient choice in particular to be applied to Non D2A patients reducing overall LoS. UHBW linking in with Chelsea and Westminster Trust as per DAG meeting.
- Home First Team improvement projects:
•Continuing Health Care Fast Track - a reduction of average 4.9 days and MCA and BID- reduction of 1 day since Aug 25
•Early Supported Discharges enables patients to leave hospital before their package of care start date with family support: 188 patients left hospital early saving 465 bed days in January (highest number since 2022).
- Impact on forecast:** System NCTR target: 15% (103) UHBW remains unmet (BRI 53; WGH 50).

Responsiveness

Planned Care – Referral to Treatment (RTT)

Latest Month	Jan-26
Target	1.0%
Latest Month's Position	0.2%
Performance / Assurance	Special Cause Improving Variation Low, where down is improvement and last six data points are less than target
Corporate Risk	No Trust Level Risk



Latest Month	Jan-26
Target	1.0%
Latest Month's Position	1.0%
Performance / Assurance	Special Cause Improving Variation where Down is Improvement, but target is less than lower limit
Corporate Risk	Risk 801 - Elements of the NHS Oversight Framework are not met (12)

No narrative required as per business rules.

What does the data tell us?
486 patients were waiting for 52 weeks or more at the end of January (636 in December), against the total waiting list size of 50,188 which achieves the trajectory set for January 2026 of 1.1% and has met the NHSE March 2026 ambition of <1%. The overall waiting list size also reduced by 213 to 50,188 during January, against the Trust trajectory for January of 49,516

At the end of January there was one paediatric dentistry patient waiting greater than 65 weeks. This patient has since been seen and treatment commenced in early February.

Actions being taken to improve
Actions include a combination of augmentation to better align resources to the scale of the demand challenge, underpinned ultimately with support from productivity improvements, additional WLIs, Super Saturdays and use of insourcing and waiting list initiatives with on-boarding of consultants and specialist doctors to fill some of the recruitment gaps.

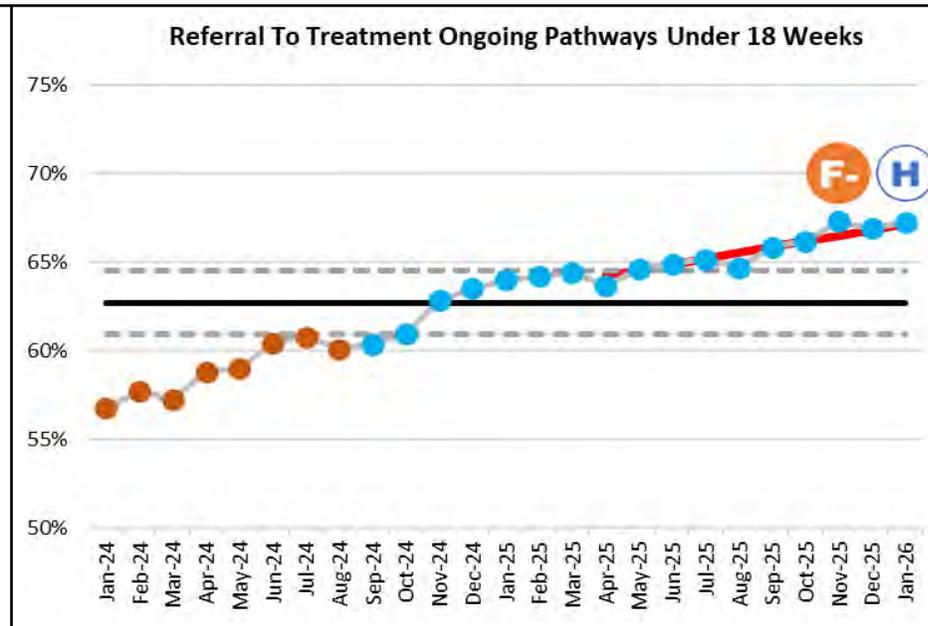
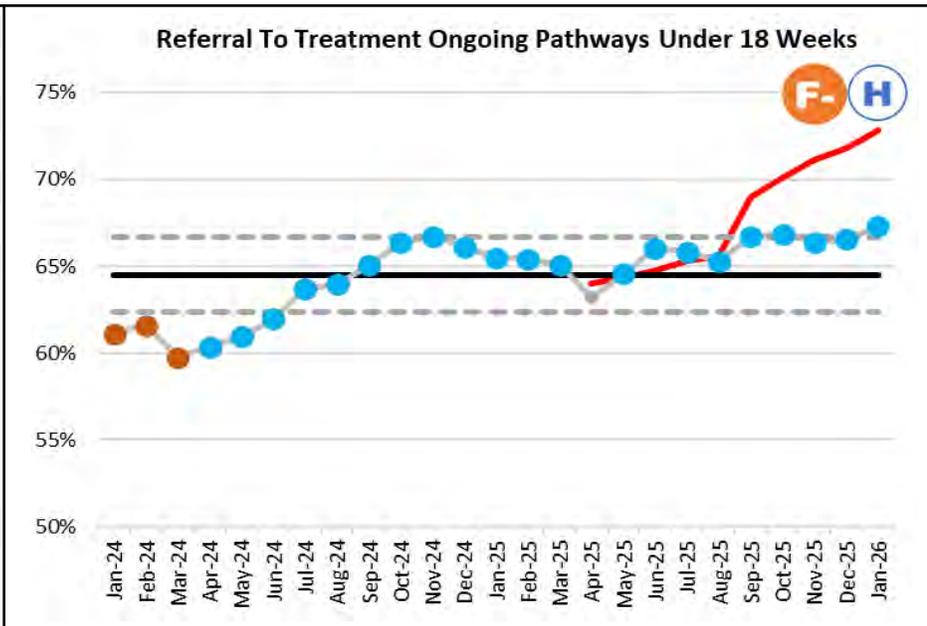
Recovery plans continue to be monitored in specialties with more challenged waiting times.

Impact on forecast
The End of Year Target for this measure is 0.94%

Responsiveness

Planned Care – Referral to Treatment (RTT)

Latest Month
Jan-26
Target
72.8%
Latest Month's Position
67.3%
Performance / Assurance
Special Cause Improving
Variation High, where up is improvement but target is greater than upper limit
Trust Level Risk
No Trust Level Risk



Latest Month
Jan-26
Target
67.1%
Latest Month's Position
67.3%
Performance / Assurance
Special Cause Improving
Variation High, where up is improvement but target is greater than upper limit.
Corporate Risk
Risk 801 - Elements of the NHS Oversight Framework are not met (12)

What does the data tell us?
At the end of January, the percentage of patients waiting less than 18 weeks was 67.3%, performing under the Trust trajectory of 72.8% set as part of the Trust operational planning submission (target of 71.8% by March 2026). This underperformance was partly due to the phased activity plan related to the BSC not meeting trajectory.

Actions being taken to improve
The 2025/26 delivery plans developed with clinical divisions, incorporate additional resource for some of the services (e.g. neurology and pain specialties) requiring greater support to recover their position. The Princess Royal Bristol Surgical Centre (PRBSC) opened earlier in the year with a focus on optimising orthopaedic activity. Additional patient contacts are being made via DrDoctor to identify whether patients no longer require to be seen (self-limiting conditions). Operational re-focus to overall percentage performance established going into Q4 which is being led by the COO.

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 of the end of year target.

What does the data tell us?
At the end of January, the number of patient waiting less than 18-weeks is 33,756 (67.3%) , exceeding the Operational Planning trajectory target of 67.1%.

Actions being taken to improve
The 2025/26 delivery plans developed with clinical divisions, incorporate additional resource for some of the services (e.g. dental and paediatric specialties) requiring greater support to recover their position. The Trust continue to take part in the NHS England validation sprint and RTT sprints, where an additional validation exercise focusses on patients across a broad range of specialties and additional outpatient and day case activity to reduce our waiting list size. Additional patient contacts are also being made via DrDoctor to identify whether patients no longer require to be seen (self-limiting conditions)

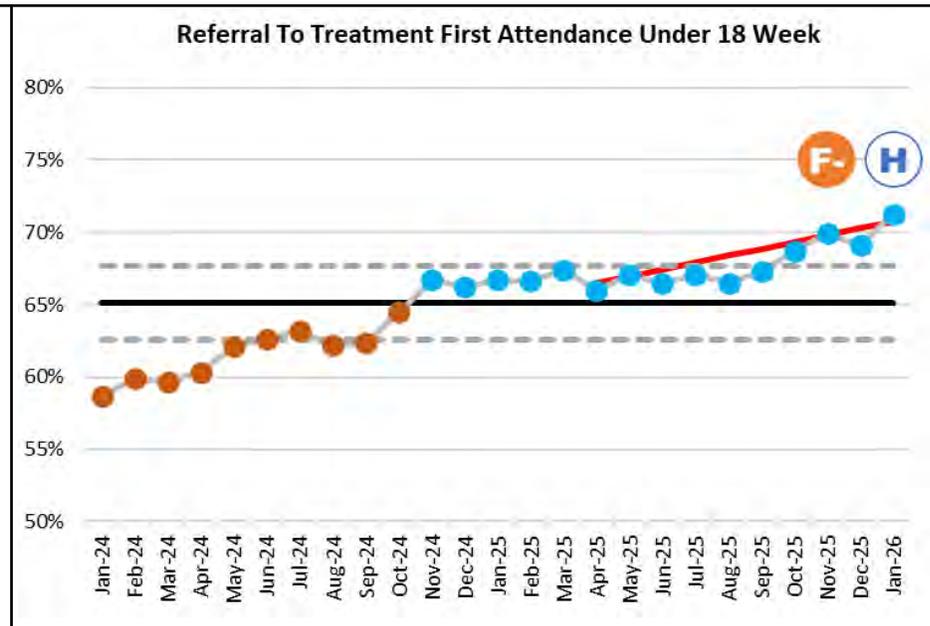
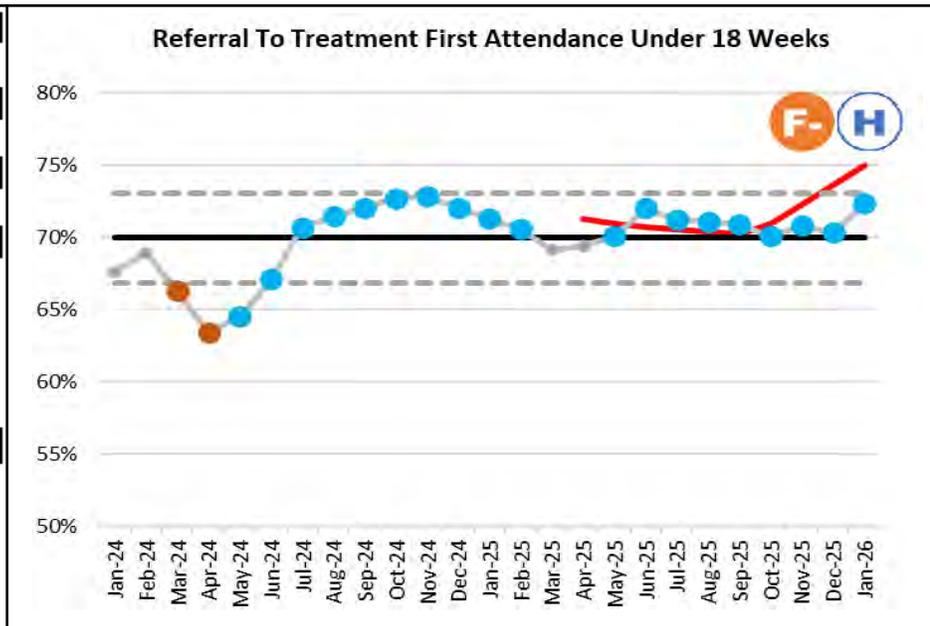
Impact on forecast
We continue to closely monitor the patients under 18-weeks and focused booking of first OPA earlier in the pathway to achieve the ambition of the end of year target

The End of Year Target for this measure is 67.8%

Responsiveness

Planned Care – Referral to Treatment (RTT)

Latest Month	Jan-26
Target	75.0%
Latest Month's Position	72.3%
Performance / Assurance	Special Cause Improving Variation High, where up is improvement but target is greater than upper limit
Corporate Risk	No Trust Level Risk



Latest Month	Jan-26
Target	70.8%
Latest Month's Position	71.3%
Performance / Assurance	Special Cause Improving Variation High, where up is improvement but target is greater than upper limit.
Corporate Risk	Risk 801 - Elements of the NHS Oversight Framework are not met (12)

What does the data tell us?

At the end of January, the percentage of patients waiting less than 18 weeks for their first appointment was 72.3%, performing under the Trust trajectory of 75% set as part of the Trust operational planning submission.

Actions being taken to improve

The 2025/26 delivery plans developed with clinical divisions, incorporate additional resource for some of the services (e.g. neurology and pain specialties) requiring greater support to recover their position. Additional patient contacts are being made via DrDoctor to identify whether patients no longer require to be seen (self-limiting conditions). Operational re-focus to overall percentage performance established going into Q4 which is being led by the COO.

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 of the end of year target.

What does the data tell us?

At the end of January, the percentage of patients waiting less than 18 weeks for their first appointment is 71.3% against the target of 70.8% set for January 2026 as part of the Trust Operational Planning submission.

Actions being taken to improve

Actions align with previous slide, noting the focus on divisions booking patients earlier to ensure the first attendance is undertaken as soon as possible. Actions to improve include the use of 'booking in order' reporting tools, utilisation of available clinic slots to see a greater number of new patients, running additional clinics via waiting list initiatives and increased use of insourcing arrangements. Oversight meetings are in play with the most challenged specialties to ensure that all plans for additional activity is exploited.

Impact on forecast

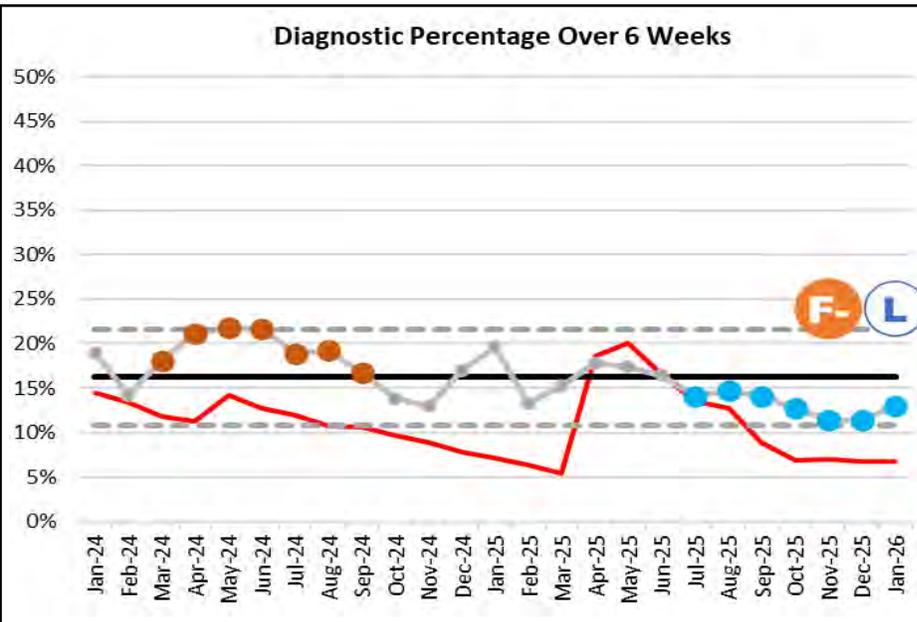
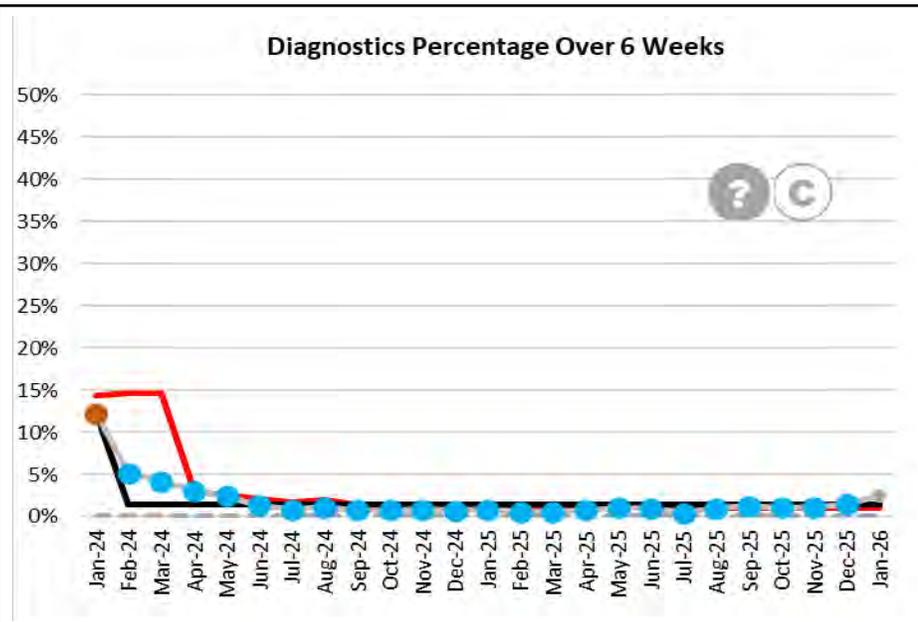
We continue to closely monitor the patients under 18-weeks and focused booking of first OPA earlier in the pathway to achieve the ambition of the end of year target

The End of Year Target for this measure is 71.7%

Responsiveness

Planned Care – Diagnostics

Latest Month
Jan-26
Target
1.0%
Latest Month's Position
2.6%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
Trust Level Risk
No Trust Level Risk



Latest Month
Jan-26
Target
6.8%
Latest Month's Position
13.0%
Performance / Assurance
Special Cause Improving Variation Low, where down is improvement but target is less than lower limit.
Corporate Risk
Risk 801 - Elements of the NHS Oversight Framework are not met (12)

What does the data tell us?
In January, the proportion of patients waiting over six weeks against the DM01 standard deteriorated to 2.6%, (1.5% in December). DEXA has been the main contributor with ongoing challenges in the service, but Echocardiography also saw a deterioration in January.

Actions being taken to improve
DEXA - scheduling additional weekend clinics, consultant triage according to referral criteria to manage demand, and Medinet Insourcing.
Echocardiography – rota review to maximise core capacity, support from UHBW for additional staff capacity for clinics and additional agency support following a shortfall in agency across the festive period.

Impact on forecast
Expecting an improvement in February and a return to constitutional standard by the end of March 2026. Sustained performance expected in 2026/27.

What does the data tell us?
In January, the proportion of patients waiting over six weeks against the DM01 standard was 13.0%, signifying a 1.6% increase from December. Capacity constraints internally and within the Community Diagnostic Centre (CDC) were the biggest contributors to deteriorations in endoscopy and NOUS respectively.

Actions being taken to improve

- Restoration of Adult U/S capacity in the CDC which was significantly reduced in January due to workforce shortages. In addition to CDC capacity, Medicare outsourcing continues to create additional capacity to support Adult Ultrasound recovery.
- Endoscopy unit restored to full capacity following the unit's recovery beds being repurposed for Surgical Treatment Assessment Unit (STAU) due to unavoidable bed closures. Additional weekend lists are planned to support performance recovery by year end.
- Exploring insourcing options for complex Neurophysiology tests where workforce is specialised and constrained.

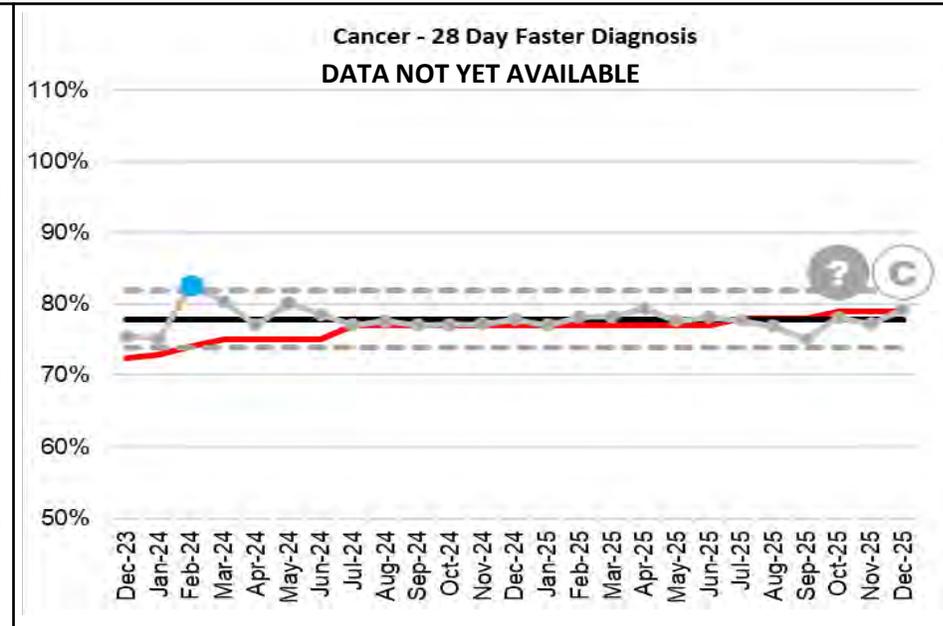
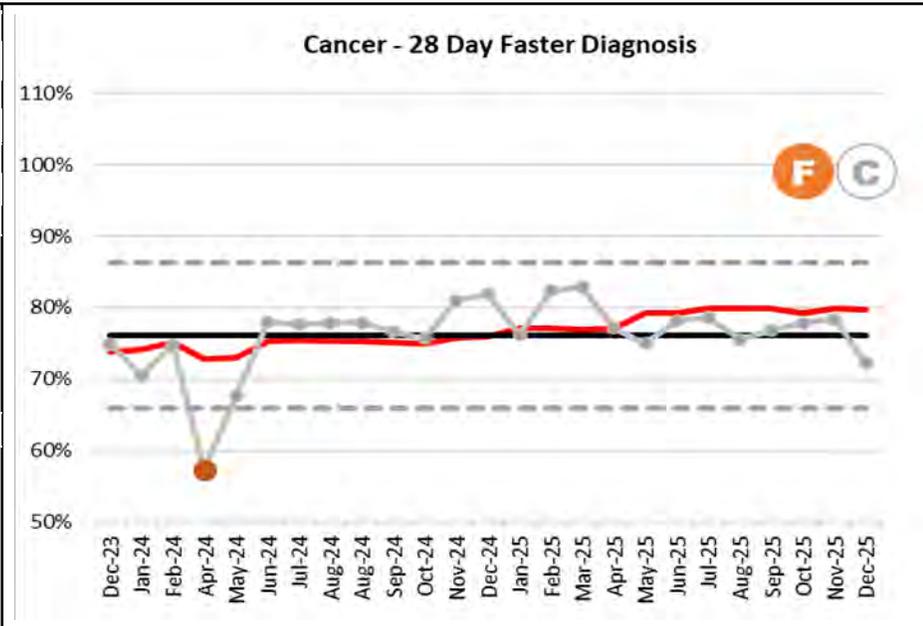
Impact on forecast
Performance recovery plans are anticipated to improve diagnostic performance, however, specialist sub-modalities where national workforce challenges preside present a constraint in fully recovering performance against trajectory in February.

The End of Year Target for this measure is 5.0%

Responsiveness

Planned Care – Cancer Metrics

Latest Month
Dec-25
Target
79.7%
Latest Month's Position
72.2%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration
Trust Level Risk
988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).



Latest Month
Dec-25
Target
79.0%
Latest Month's Position
79.3%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
Risk 6782 - Risk that the 28-day faster diagnosis cancer standard is not met (20)

What does the data tell us?
28-Day performance did not meet the trajectory for December. The overall informed volume was below plan and there were more reported breaches. The position was driven by Breast and Urology.

Actions being taken to improve
Detailed recovery plan provided to NHS England through the Tier 2 support; the recovery plan details a return to plan by year-end.
Key areas of focus are 1st OPA within Breast and diagnostic capacity and turnaround times in Urology. SWAG and NHSE funding has been approved.

Impact on forecast
Forecasting a challenged January but returning to plan by year-end.

What do the data tell us?
Performance complied with the improvement trajectory for the month of 79%

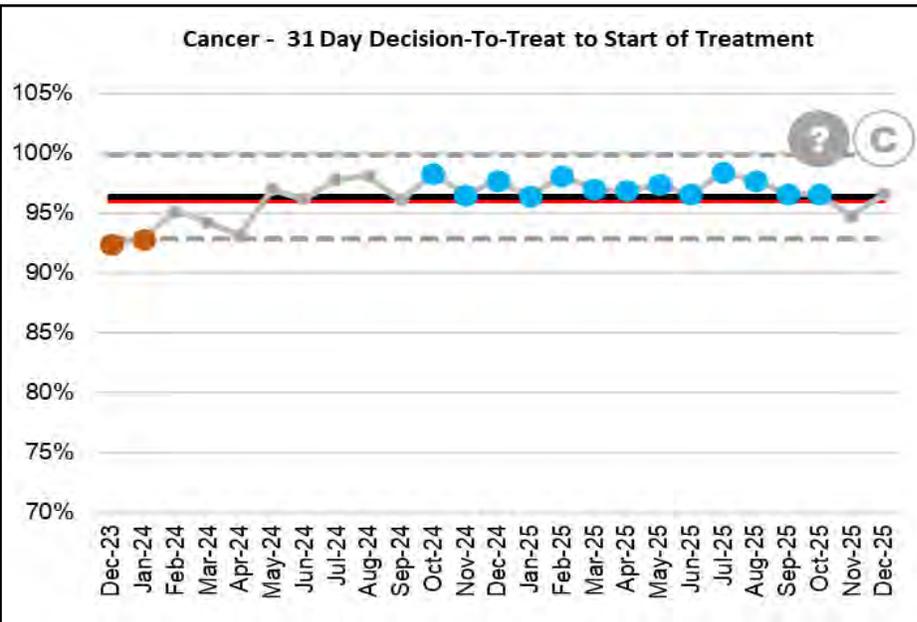
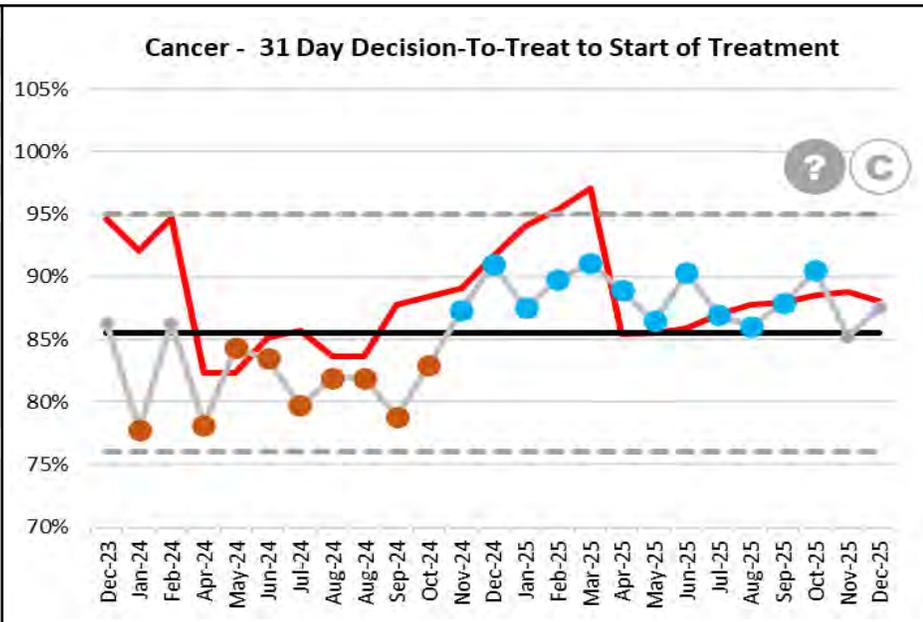
Actions being taken to improve
Ongoing improvement being seen in head and neck following multiple vacancies being filled. Deterioration likely in January due to the impact of patient choice over the Christmas period

Impact on forecast
The Trust expect to reach compliance by end of March

Responsiveness

Planned Care – Cancer Metrics

Latest Month
Dec-25
Target
88.1%
Latest Month's Position
87.5%
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
988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).



Latest Month
Dec-25
Target
96.0%
Latest Month's Position
96.6%
Performance / Assurance
Common Cause
(natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
Risk 5532 - Non-compliance with the 31 day cancer standard (12)

What does the data tell us?

31-Day performance did not meet the trajectory for December. The overall treatment volume was above plan and there were more reported breaches.

Actions being taken to improve

The delivery of recovery plans and backlog clearance across our high-volume treatment sites has contributed to delays from DTT to treatment. Key areas of focus are capacity in Skin and Urology for both first and subsequent treatments.

Impact on forecast

To return to plan by year-end.

What do the data tell us?

The Trust was compliant with the national threshold of 96%

Actions being taken to improve

Maintaining performance at the current level following drop in November, noting that January will be a challenged month

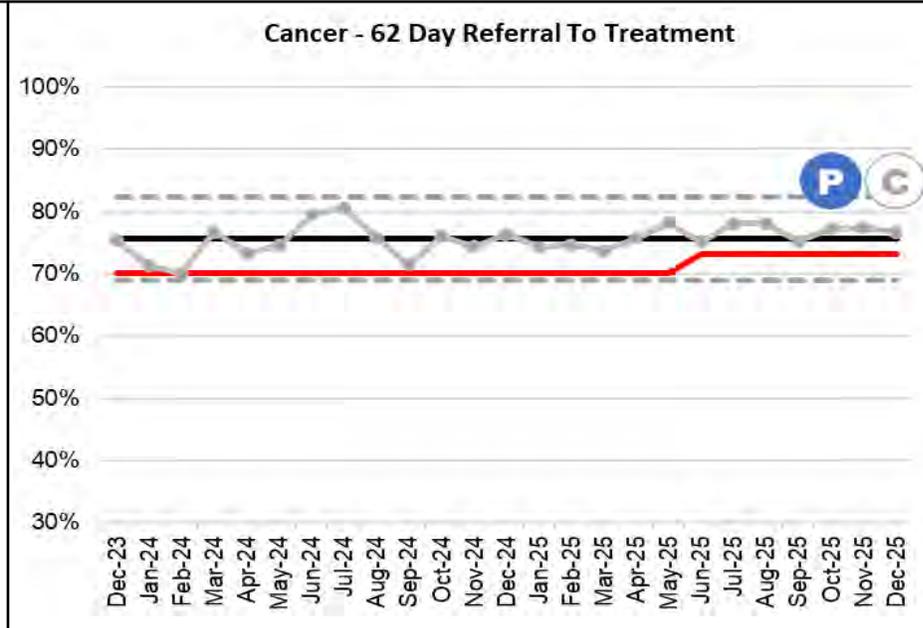
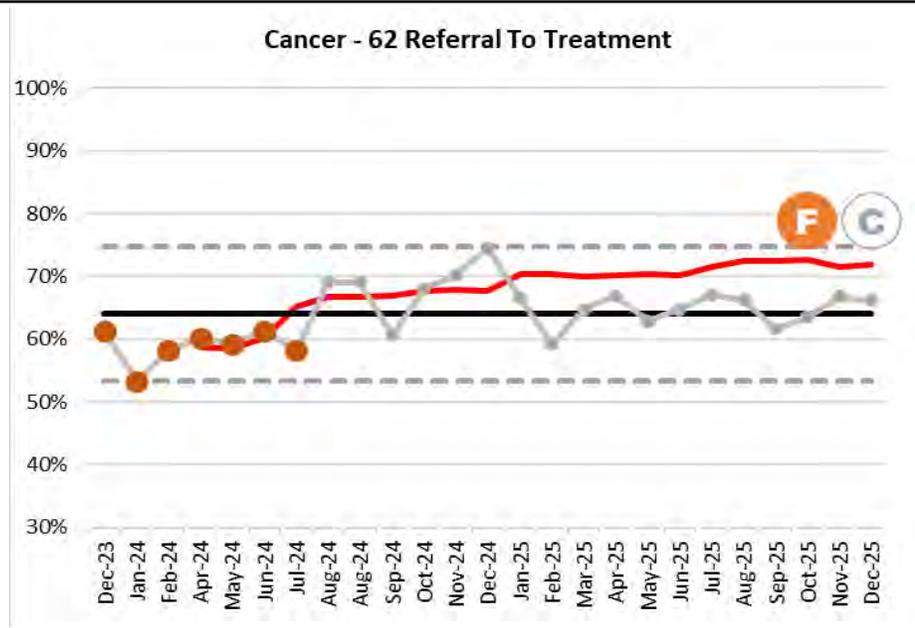
Impact on forecast

January is forecast to be non-compliant due to the impact of patient choice on the chemotherapy service following the festive period. Return to compliance expected by March 2026.

Responsiveness

Planned Care – Cancer Metrics

Latest Month
Dec-25
Target
71.9%
Latest Month's Position
66.2%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration
Trust Level Risk
988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).



Latest Month
Dec-25
Target
73.2%
Latest Month's Position
76.7%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is improvement.
Corporate Risk
Risk 5531 - Non-compliance with the 62 day cancer standard (12)

What does the data tell us?
62-Day performance did not meet the trajectory for December. The overall treatment volume was above plan and there were more reported breaches. Breast and Urology makeup 74% of the total breaches.

Actions being taken to improve
Detailed recovery plan provided to NHS England through the Tier 2 support; delivery of the plan is being monitored through COO-level oversight.

Key areas of focus are Urology which is demonstrating improvement and is on track against the specialty improvement plan. Other area of focus is Breast services which are challenged in both screening and symptomatic pathways, this is primarily driven by workforce challenges relating to hard-to-recruit radiologists. There is increased director-level scrutiny through recovery sustainability meetings in both specialities. There is an increasing trend of referrals from outside BNSSG, specifically in Urology, impacting on performance.

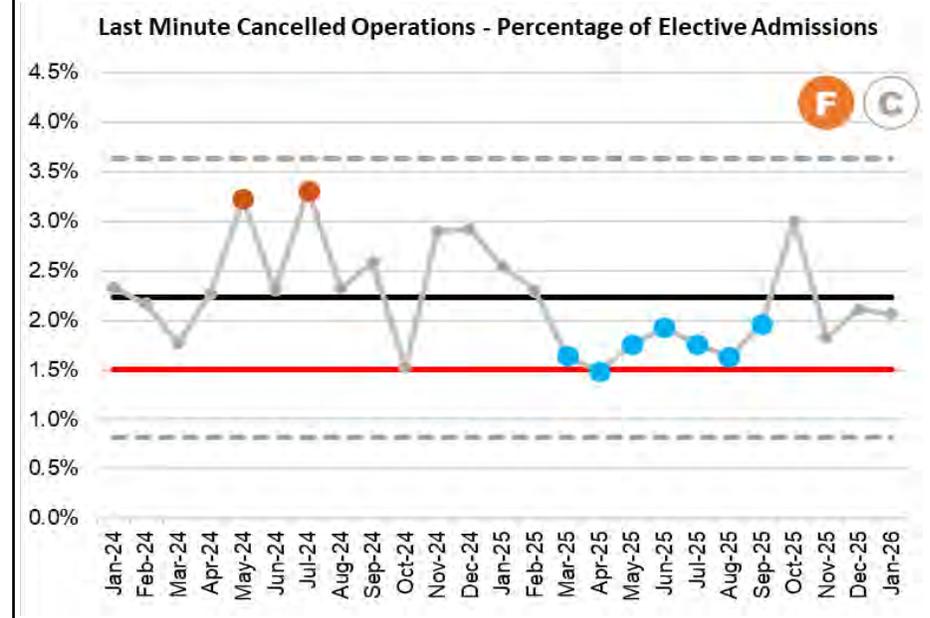
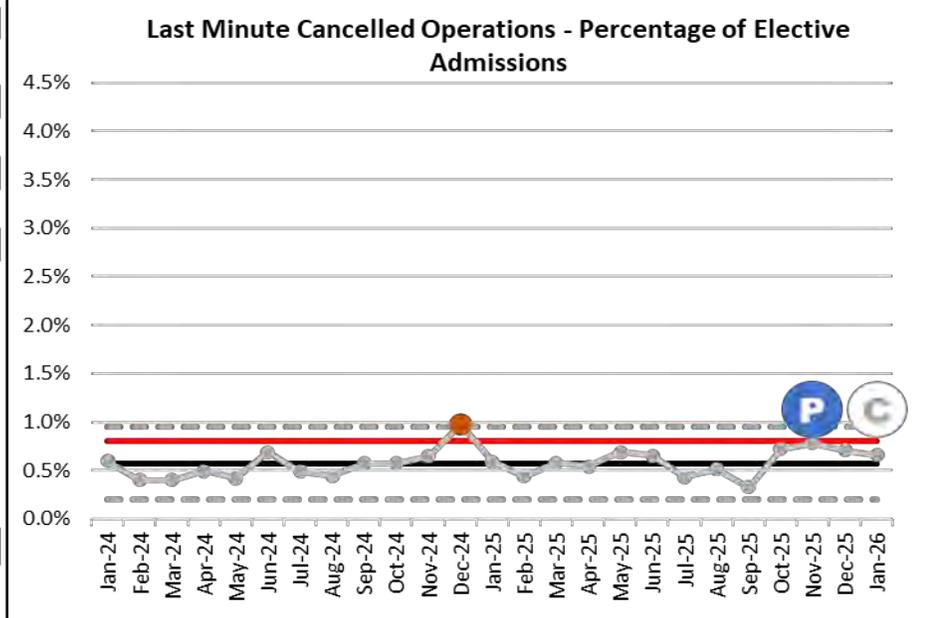
Impact on forecast
Recovery actions in place to mitigate further deterioration. Anticipating return to revised forecast as agreed with NHSE.

No narrative required as per business rules.

Responsiveness

Last Minute Cancelled Operations

Latest Month
Jan-26
Target
0.8%
Latest Month's Position
0.7%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is improvement
Trust Level Risk
No Trust Level Risk



Latest Month
Jan-26
Target
1.5%
Latest Month's Position
2.1%
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
Corporate Risk 1035 - Risk that BNSSG and tertiary catchment populations do not have access to sufficient critical care beds (16)

No narrative required as per business rules.

What does the data tell us? The number of Last Minute Cancellations during January (175) was marginally higher than in December (168), with performance remaining at 2.1%. Cancellations within non-surgical specialities primarily related to lack of availability of ward beds and surgical cases cancelled were mostly due to available operating time and rescheduling of cases to prioritise clinically urgent patients.

Actions being taken to improve

A specific workstream is being set up by the Trust's Perioperative Improvement Programme to address both patient cancellations and session cancellations now that we have improved data and reporting. The trust dashboard is in use across divisions and monitored by the Planned Care Group with oversight and escalation via the Theatre Improvement Programme. Short notice booking remains an issue within most specialities and is a recognised risk to the improvement of last minute cancellations, however, improvements within pre assessment is expected to lead to a pool of patients for most specialities who are assessed as fit for surgery and available at short notice to fill gaps on lists

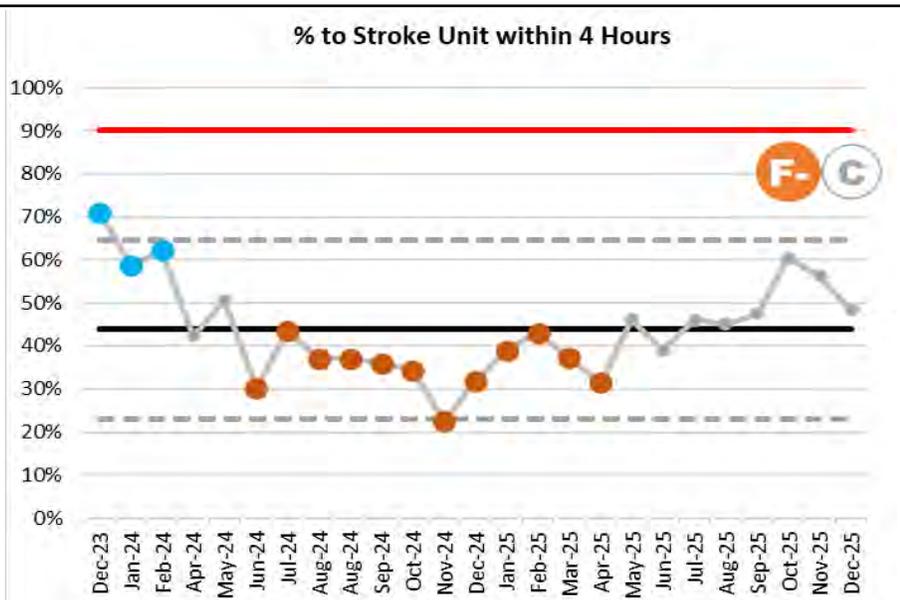
Impact on forecast

Improvement is expected during Q4 2025/26 and into 2026/27 through focussed workstreams and robust management by the Perioperative Improvement Programme

Responsiveness

Stroke Performance - NBT

Latest Month
Dec-25
Target
90.0%
Latest Month's Position
48.4%
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?
Performance on admitting patients to the stroke unit within four hours has generally improved over time, although there has been some natural month-to-month variation. Recent months showed encouraging progress, but the latest data point dips slightly. Data for December admissions are still being completed, so the final figure may change. This metric is also monitored through SSNAP, providing an additional layer of oversight and external benchmarking.

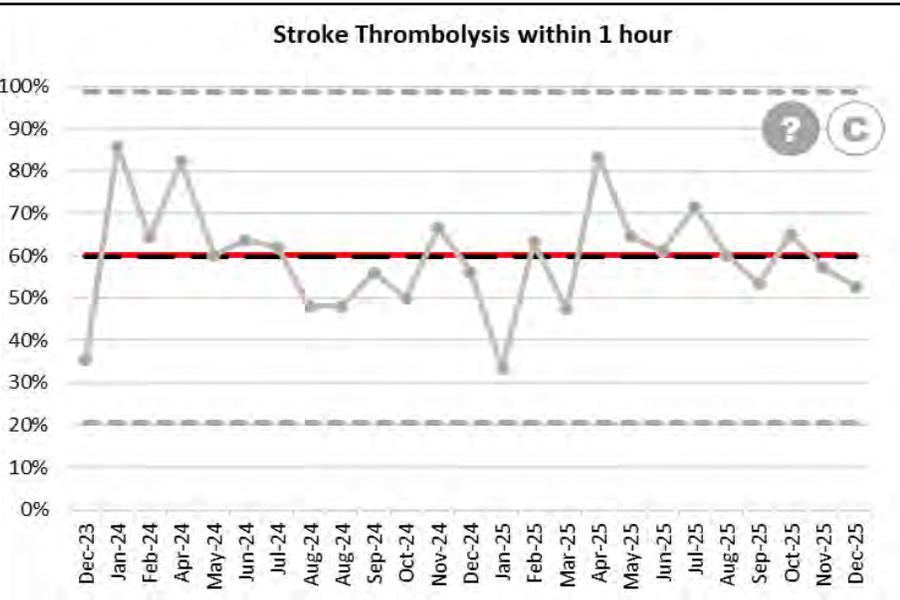
Actions being taken to improve
The implementation of the revised flow processes to support timely transfers from the Emergency Department to the stroke unit continues to support patient flow.

The Hot Bed SOP has gone through Stroke and NMSK clinical governance - including consulting with NBT and BRI site teams. It will now go through the OMB due to operational considerations.

Ongoing high NCTR highlights the need for input at a system level to support improvement.

Impact on Forecast
Despite some improvement, performance continues to be impacted by high bed occupancy (including NCTR patients needing SSARU) and ongoing pressure within the Emergency Department.

Latest Month
Dec-25
Target
60.0%
Latest Month's Position
52.6%
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?
Thrombolysis figures are based on a small patient cohort, which can contribute to variability. We continue to provide extended window thrombolysis on a case-by-case basis, often requiring additional investigations to support safe and well-informed decision-making. Overall, our performance remains strong, with timely access to thrombolysis offering patients the potential for significantly improved outcomes. Data for December admissions are still being completed, so the final figure may change. This metric is also monitored through SSNAP, providing an additional layer of oversight and external benchmarking.

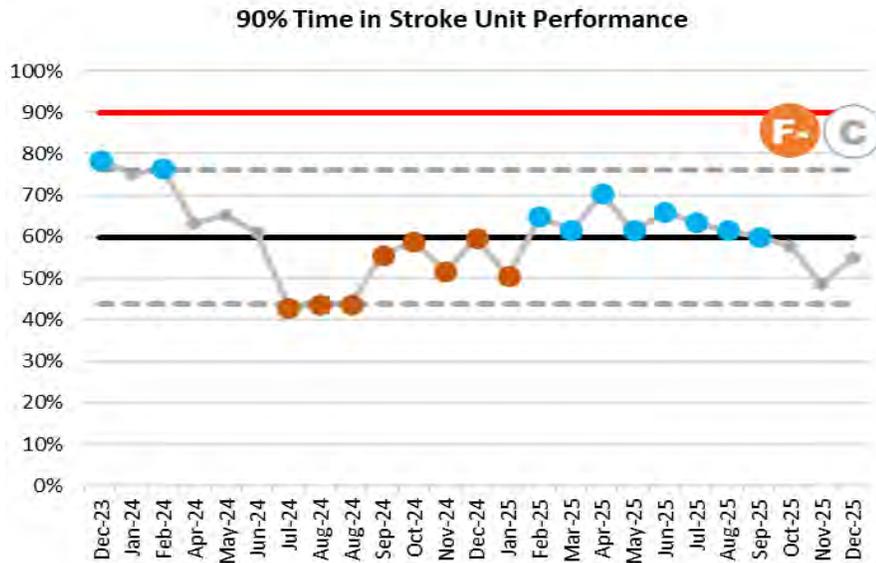
Actions being taken to improve
A bi-weekly reperfusion meeting is now well established and continues to drive ongoing improvement. Our strengthened governance and review processes allow us to spot any early decline in performance and understand the cause, while routine monitoring of balancing measures ensures changes do not create unintended harm. Timelier access to MRI is required to support decision-making for extended thrombolysis. Risk to be added to risk register (MRI access) including mitigating actions.

Impact on Forecast
We expect a return to achieving the national and site-specific target as monitored through SSNAP, while also progressing work toward safely implementing extended-window thrombolysis to further expand treatment for eligible patients.

Responsiveness

Stroke Performance - NBT

Latest Month
Dec-25
Target
90.0%
Latest Month's Position
55.0%
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?

Improvement from November's data but is still below the target of 90%. The ongoing high occupancy numbers have resulted in an increased number of outliers negatively affecting performance. Data for December admissions are still being completed, so the final figure may change. This metric is also monitored through SSNAP, providing an additional layer of oversight and external benchmarking.

Actions being taken to improve

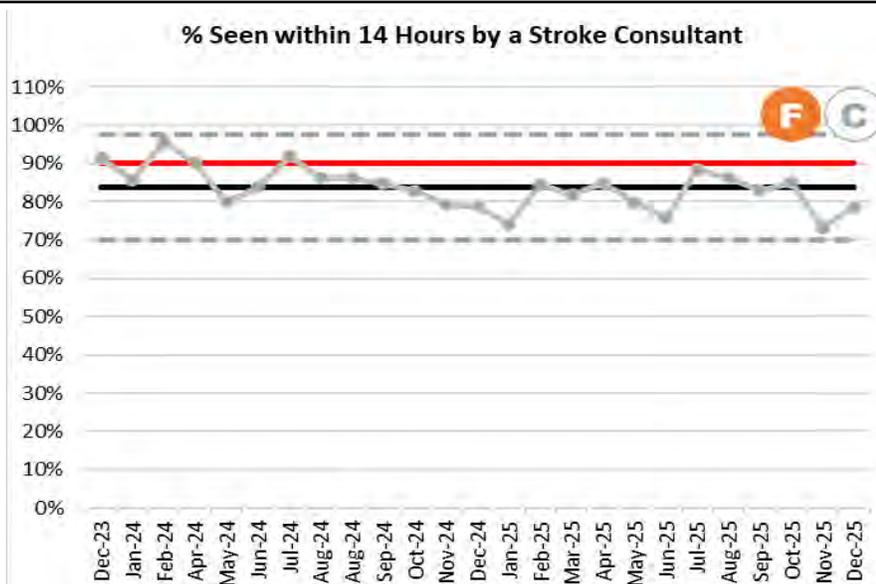
Actions already described in Stroke unit within 4 hours metric – including the Hot bed SOP. System level work ongoing to aid in reducing occupancy levels, this involves engagement from ICB with view to enhancing community provision and releasing acute capacity. Increased numbers of SBCH and BIRU beds as well more ICSS staff have been actioned.

The challenge is still with community provision, and this has been escalated through the ODG and HCIG through a review of service against the original business case. This is an ongoing process and requires input at a system level to drive change.

Impact on Forecast

Current occupancy levels remain high, and we expect the performance to continue to be challenged, until occupancy levels reduce; there is a direct correlation to the NCTR position.

Latest Month
Dec-25
Target
90.0%
Latest Month's Position
78.7%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where 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?

Improvement from November's data noted. Data for December admissions are still being completed, so the final figure may change. This metric is also monitored through SSNAP, providing an additional layer of oversight and external benchmarking.

Actions being taken to improve

Recent performance continues to be supported by a more sustainable and consistent consultant rota, strengthened further by the appointment of a new consultant who will be contributing to improved service stability. The Careflow narrative form is expected to be implemented soon, which will further enhance the accuracy and completeness of data for this metric. This metric is also monitored through SSNAP, providing an additional layer of oversight and external benchmarking.

Impact on Forecast

Expect to see sustained improvement over the coming months.

Quality Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Safe	Pressure Injuries Per 1,000 Beddays	NBT	Jan-26	0.0	No Target	5.0	N/A	C	Note Performance
		UHBW	Jan-26	0.2	0.4	0.2	P*	C	Note Performance
Safe	MRSA Hospital Onset Cases	NBT	Jan-26	0	0	0	F	L	Escalation Summary
		UHBW	Jan-26	0	0	0	F	C	Escalation Summary
Safe	CDiff Healthcare Associated Cases	NBT	Jan-26	5	5	5	?	C	Escalation Summary
		UHBW	Jan-26	15	9.08	12	?	C	Escalation Summary
Safe	EColi Hospital Onset Cases	NBT	Jan-26	8	4.00	1	?	C	Escalation Summary
		UHBW	Jan-26	5	9.08	7	?	C	Escalation Summary
Safe	Falls Per 1,000 Beddays	NBT	Jan-26	5.7	No Target	5.4	N/A	C	Note Performance
		UHBW	Jan-26	5.3	4.8	4.5	?	C	Escalation Summary
Safe	Total Number of Patient Falls Resulting in Harm	NBT	Jan-26	4	No Target	5	N/A	C	Note Performance
		UHBW	Jan-26	7	2	3	F	C	Escalation Summary
Safe	Medication Incidents per 1,000 Bed Days	NBT	Jan-26	4.2	No Target	4.3	N/A	L	Note Performance
		UHBW	Jan-26	7.5	No Target	8.4	N/A	C	Note Performance
Safe	Medication Incidents Causing Moderate or Above Harm	NBT	Jan-26	2	0	5	F	C	Escalation Summary
		UHBW	Jan-26	1	0	0	F	L	Escalation Summary
Safe	Adult Inpatients who Received a VTE Risk Assessment	NBT	Jan-26	97.5%	95.0%	97.6%	F-	H	Escalation Summary
		UHBW	Jan-26	80.1%	95.0%	80.4%	F-	H	Escalation Summary
Safe	Staffing Fill Rate	NBT	Jan-26	101.7%	No Target	99.3%	N/A	C	Note Performance
		UHBW	Jan-26	101.9%	100.0%	102.3%	P*	C	Note Performance

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

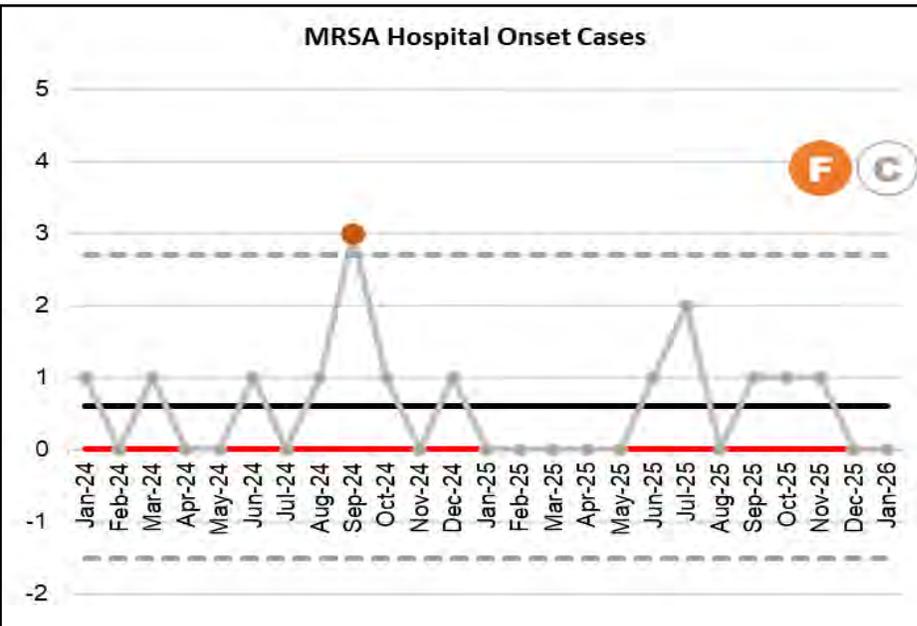
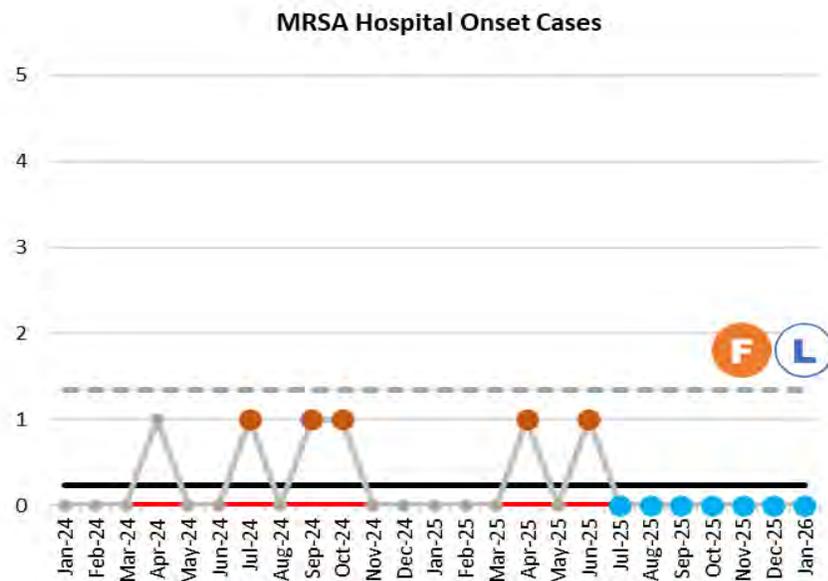
CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Effective	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	NBT	Sep-25	94.1	100.0	94.2	P*	C	Note Performance
		UHBW	Sep-25	87.7	100.0	86.8	P*	L	Note Performance
Effective	Fracture Neck of Femur Patients Treated Within 36 Hours	NBT	Dec-25	62.8%	No Target	44.0%	N/A	C	Note Performance
		UHBW	Jan-26	42.1%	90.0%	46.6%	F-	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	NBT	Dec-25	95.3%	No Target	98.0%	N/A	C	Note Performance
		UHBW	Jan-26	87.7%	90.0%	87.9%	?	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Achieving Best Practice Tariff	NBT	Dec-25	55.8%	No Target	46.0%	N/A	C	Note Performance
		UHBW	Jan-26	33.3%	No Target	36.2%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Inpatient	NBT	Jan-26	90.2%	No Target	90.1%	N/A	C	Note Performance
		UHBW	Jan-26	95.4%	No Target	95.9%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Outpatient	NBT	Jan-26	93.9%	No Target	94.7%	N/A	L	Escalation Summary
		UHBW	Jan-26	94.7%	No Target	94.7%	N/A	C	Note Performance
Caring	Friends and Family Test Score - ED	NBT	Jan-26	76.9%	No Target	79.6%	N/A	C	Note Performance
		UHBW	Jan-26	85.9%	No Target	80.1%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Maternity	NBT	Jan-26	86.5%	No Target	86.8%	N/A	C	Note Performance
		UHBW	Jan-26	98.0%	No Target	97.8%	N/A	C	Note Performance
Caring	Patient Complaints - Formal	NBT	Jan-26	70	No Target	58	N/A	H	Escalation Summary
		UHBW	Dec-25	65	No Target	61	N/A	H	Escalation Summary
Caring	Formal Complaints Responded To Within Trust Timeframe	NBT	Jan-26	67.7%	90.0%	77.1%	F	C	Escalation Summary
		UHBW	Dec-25	62.1%	90.0%	70.1%	F	C	Escalation Summary

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

Quality

Infection Prevention & Control

Latest Month
Jan-26
Target
0
Latest Month's Position
0
Performance / Assurance
Special Cause Improving Variation Low, where down is improvement but last six data points are greater than or equal to target
Trust Level Risk
No Trust Level Risk



Latest Month
Jan-26
Target
0
Latest Month's Position
0
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.
Corporate Risk
Risk 6013 - Risk that the Trust exceeds its NHSE/I limit for Methicillin Resistant Staphylococcus aureus bacteraemia's (12)

What does the data tell us?

With no new cases reported in January Trust numbers remain at 2 cases .

Actions taken to improve

The HCAI improvement and reporting group continues to have oversight and monitor potential risk factors. Work is continuing on influencing factors surrounding screening and decolonisation, This has resulted in a sustained improvement with no further MRSA cases .

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

Impact on forecast

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

What does the data tell us?

There have been no new cases of MRSA for the trust in January. The cases for 2025/26 are now at six in total, this month in 2024/25 the trust was seven.

Actions being taken to improve

A comprehensive review of the six MRSA bacteraemia's, year to date, has been undertaken by NBT colleagues; Deputy DIPC and Lead IPC Doctor. The finding are due to be presented to QOCiC in February. Additional learning has been identified, and specifically clear Divisional accountability for the actions for improvement.

Impact on forecast

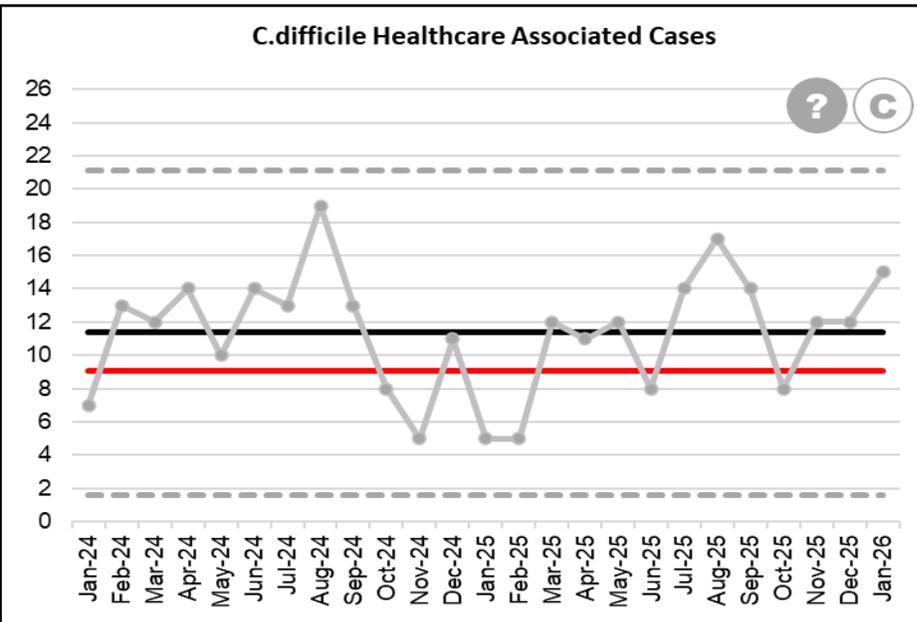
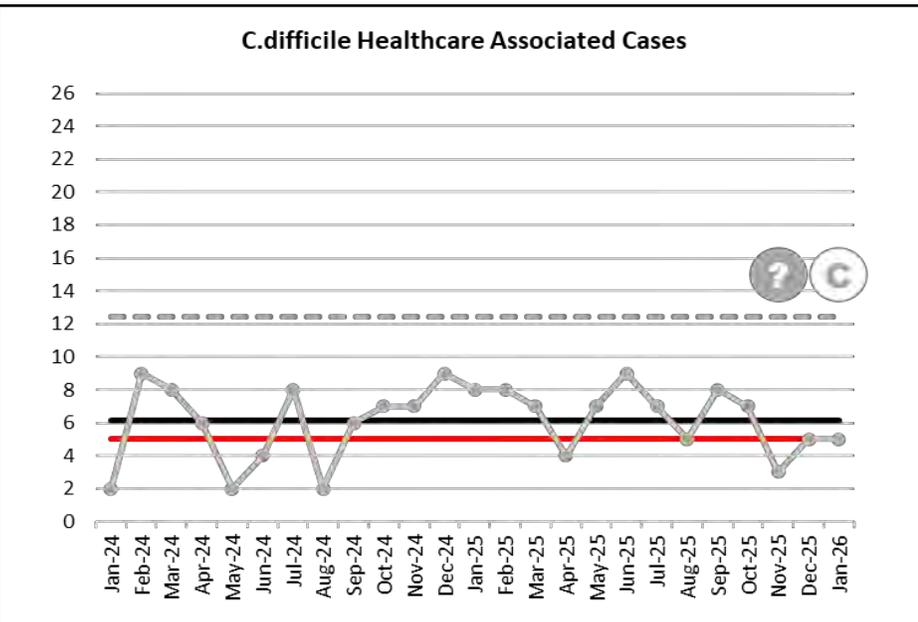
A system (BNSSG) MRSA task and finish group is now in place, as our system has the highest case rate of MRSA bacteraemia in the southwest. This work is chaired by UHBW, with two specific workstreams, focusing on health inequalities.

The UHBW quality improvement initiative for MRSA bacteraemia continues, led by a Director of Nursing. This has been reinvigorated. This will pick up the actions for improvement from the MRSA review by NBT colleagues. The quality improvement work linked to IV access continues to build momentum with key stakeholders, led by a Director of Nursing.

Quality

Infection Prevention & Control

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



Latest Month	Jan-26
Target	9.08
Latest Month's Position	15
Performance / Assurance	Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk	Risk 3216 - Breach of the NHSE Limits for HA C-Diff (12)

What does the data tell us?
Cases in January - 5 HOHA and 2 COHA - cases need to trend at 6 or lower monthly to match a trajectory position. The current position is trending slightly above the trajectory. Total position so far this year 89 cases of a trajectory of 79.

Actions being taken to improve
C.difficile ward rounds have seen improvements in the management of positive cases.

Following work to RED clean multi occupancy bays a plan is in place for a schedule of RED cleaning in these areas aligned with HOIST servicing and sitting in an operational bay closure maintenance plan

Education on sampling has been a strong focus that has been picked up through the divisional work to ensure timely sampling and correct use of sample stickers.

Work also taking place through AMS pharmacist looking at appropriate prescribing of antibiotics as these are the kept themes

Following detection of a concerning Ribotype strain at UHBW all cases are being types for 6 months from 27th Jan 26

What does the data tell us?
UHBW saw 15 cases of *C. difficile* for January the breakdown on this is 11 HOHA and 4 COHA. This now breaches our threshold of 109 to 123 cases (89 HOHA 34 COHA) presently.

Actions being taken to improve
The UHBW quality improvement initiative for *C. difficile* continues, led by a Director of Nursing. This has been reinigorated and incorporated into the Operational Infection Control group.

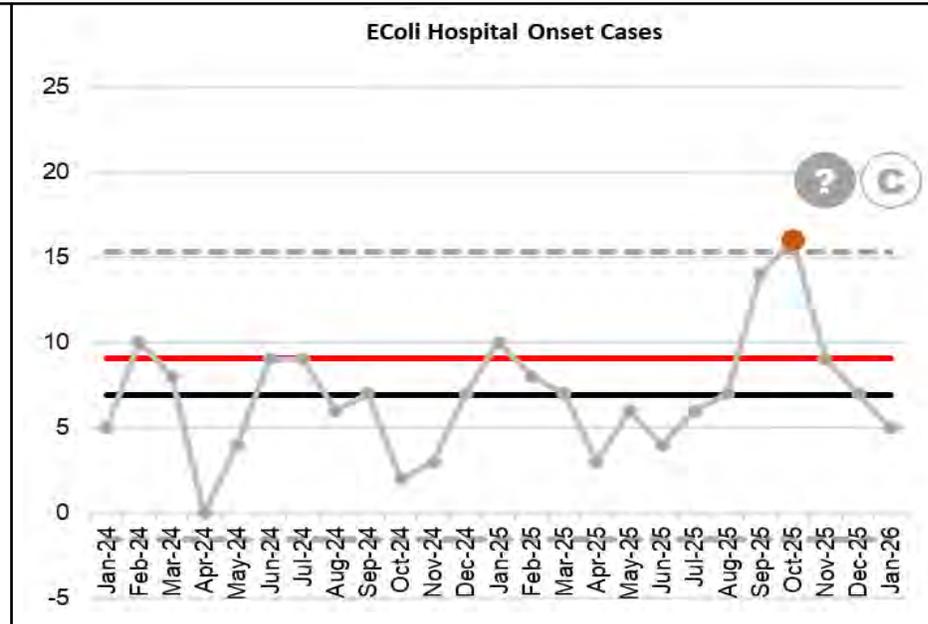
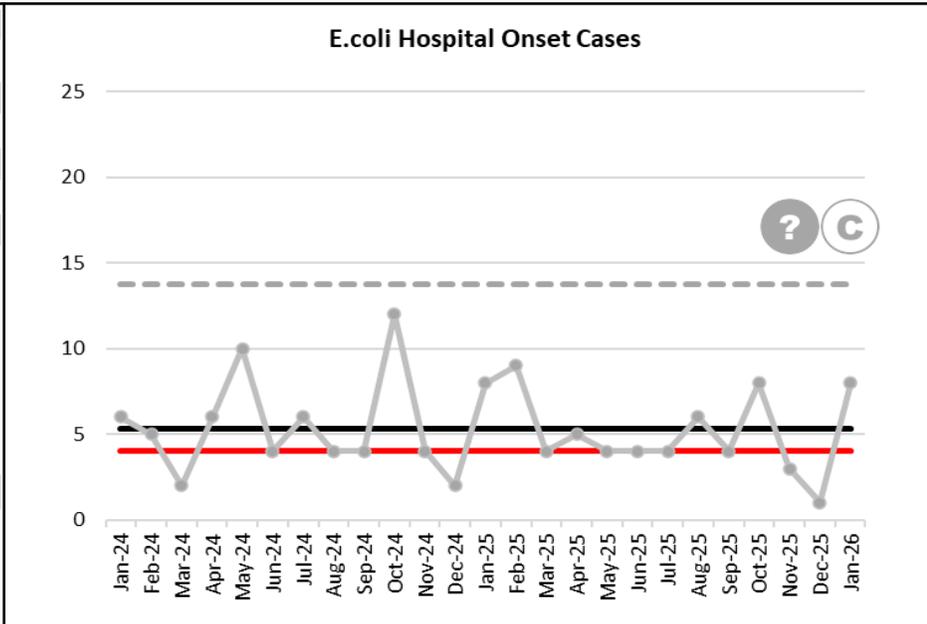
Following the outbreak of *C. difficile* reported in A900 in Quarter 3, continued vigilance has continued with delivery of robust and compliant cleaning standards, which is being picked up by the Directors of Nursing as further assurance is required.

Impact on forecast
UHBW has exceeded its *C. difficile* trajectory, (limit) which will likely continue until year end.

Quality

Infection Prevention & Control

Latest Month
Jan-26
Target
4
Latest Month's Position
8
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
Trust Level Risk
No Trust Level Risk



Latest Month
Jan-26
Target
9.08
Latest Month's Position
5
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
No Corporate Risk

What does the data tell us?

Cases remain significantly below trajectory 58 cases to an end of year trajectory of 89.

Actions being taken to improve

Working along side BD medical looking at Catheter care and reduction of CAUTI as a Quality improvement project.

Impact on forecast

Threshold has increased slightly but unlikely to exceed trajectory, but scope for improvement noted.

What does the data tell us?

UHBW had an additional five cases of E. coli for January this takes the current figure to 77 for the year. The same period in 2024/25 showed that we had 62 cases.

Actions being taken to improve

The case rates have been reviewed. Ongoing work continues about the improvements in urinary catheter care, with the updated urinary catheter care plan.

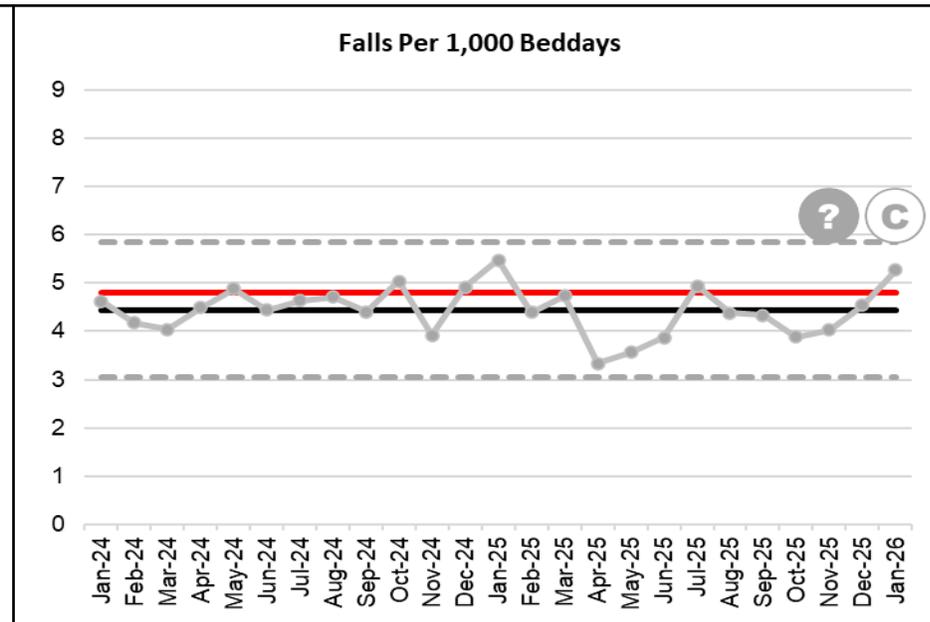
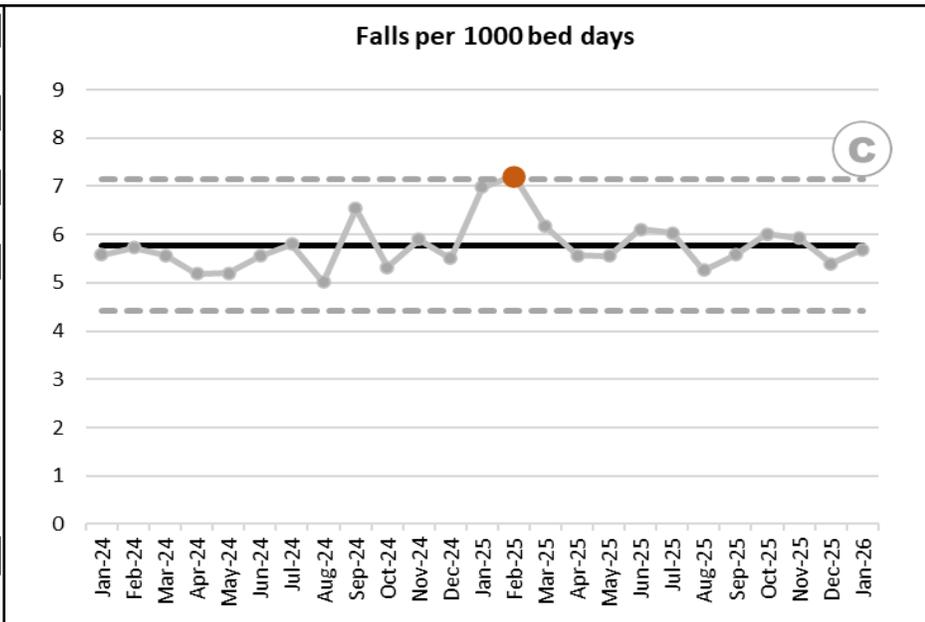
There is opportunity for wider collaborative work with Divisions, including hydration management.

Impact on forecast

Unlikely to exceed trajectory at year end.

Quality Falls

Latest Month
Jan-26
Target
No Target
Latest Month's Position
6
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit where down is improvement
Trust Level Risk
No Trust Level Risk



Latest Month
Jan-26
Target
4.8
Latest Month's Position
5.3
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
Risk 1598 - Patients suffer harm or injury from preventable falls (12)

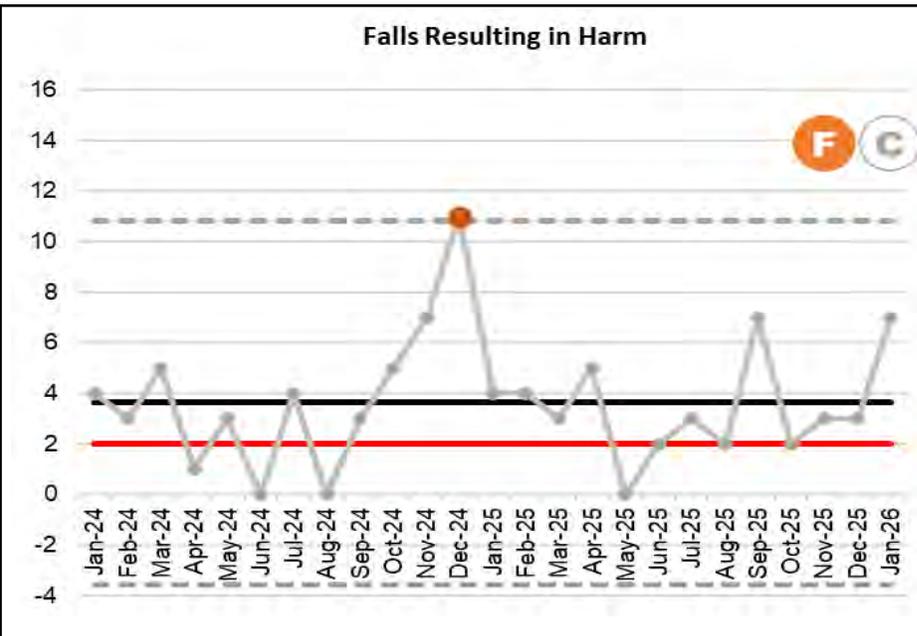
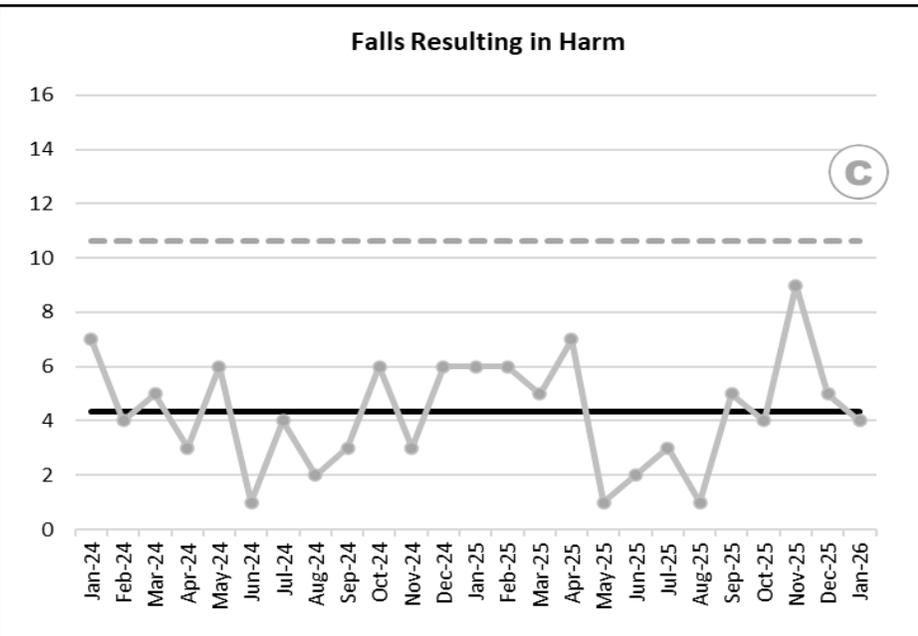
No narrative required as per business rules.

What does the data tell us:
 During January 2026: there have been 183 falls, which per 1000 bed days equates to 5.266, this is higher than the Trust target of 4.8 per 1000 bed days. There were 113 falls at the Bristol site and 70 falls at the Weston site. There were seven falls with moderate physical and/or psychological harm.
 The number of falls in January 2026 (183) is more than December 2025 (153). There were seven falls with moderate harm, this is higher than the previous month (3).
 Risk of falls continues to remain on the divisions' risk registers as well as the Trust risk register. Actions to reduce falls, all of which have potential to cause harm, is provided below.

Continued on next slide...

Quality Falls

Latest Month
Jan-26
Target
No Target
Latest Month's Position
4
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit where down is improvement
Trust Level Risk
No Trust Level Risk



Latest Month
Jan-26
Target
2
Latest Month's Position
7
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.
Corporate Risk
Risk 1598 - Patients suffer harm or injury from preventable falls (12)

No narrative required as per business rules.

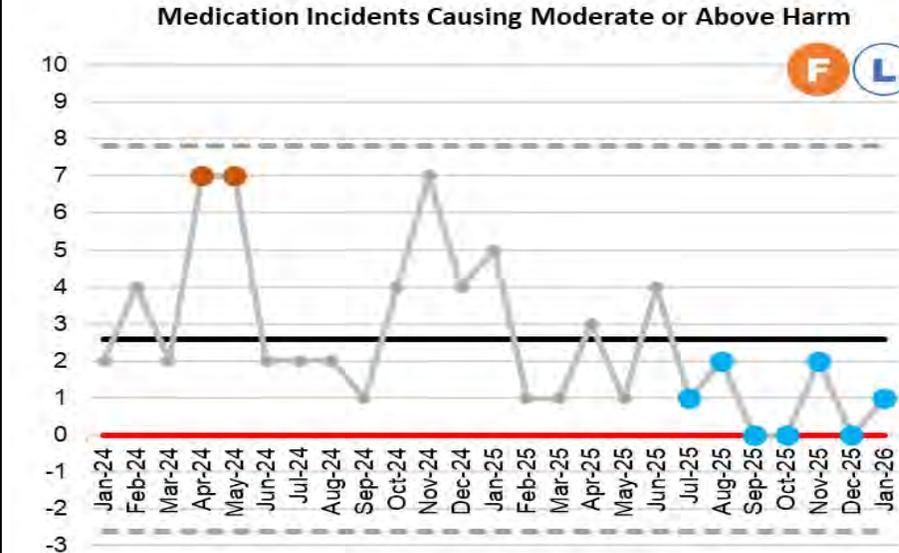
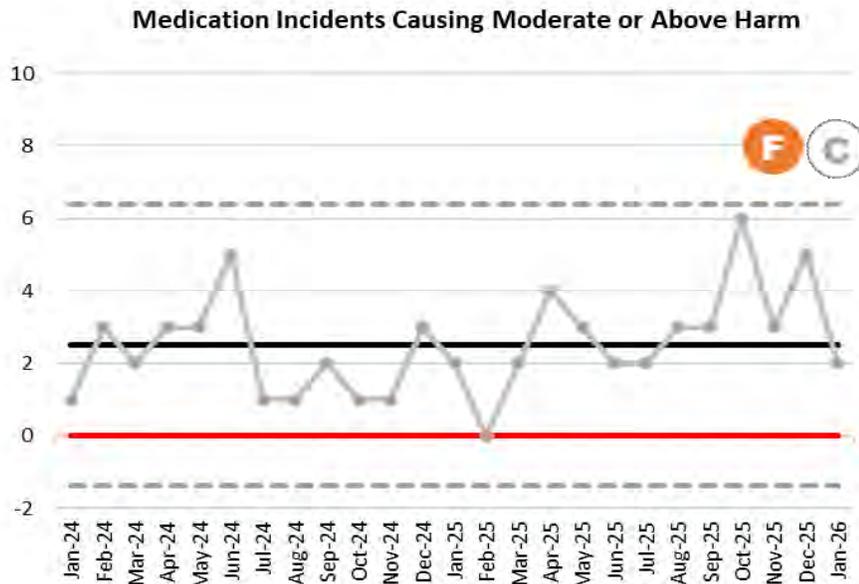
- Actions being taken to improve**
- Divisions which have reported higher falls incidences are undertaking reviews of falls and falls with harm to identify themes and learning. Action plans will be developed, implemented and shared throughout the division.
 - We continue to work on personalisation, prediction, participation and prevention as a framework for reducing falls and falls with harm across the Trust.
 - Quality improvement projects for the next 12 months have commenced, these include consistent use of Abbey pain scale, improving nutrition and hydration for persons with dementia and working on a falls management plan for non-inpatient areas.
 - Audit: We continue to participate in the National Audit of Inpatient Falls and National Audit of Dementia.
 - We are reviewing and updating the Trust Falls policy and associated documents over the next couple of months and will reflect the updated NICE (NG249) guidance in the revised version.
 - Training -The DDF Steering Group provides an education component, bitesize education sessions are delivered to the group on relevant topics. The DDF team continue to deliver education sessions and simulation-based training.

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

Quality

Medication Incidents

Latest Month	Jan-26
Target	0
Latest Month's Position	2
Performance / Assurance	Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration
Trust Level Risk	Risk 1800 – Allergy status may not be identified resulting in medication being incorrectly prescribed or administered (20). 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	Jan-26
Target	0
Latest Month's Position	1
Performance / Assurance	Special Cause Improving Variation Low, where down is improvement but last six data points are greater than or equal to target.
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 January 2026, NBT recorded 146 medication incidents involving patients of these, 2 were graded as causing moderate or above harm to a patient. (both moderate).

Actions being taken to improve

Safe and secure handling of medicines audits undertaken in November by the Medicines Governance Team. These also served as an opportunity to speak to ward staff about medicines management challenges.

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 the CMM go live.

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 January 2026, UHBW recorded 262 medication-related incidents, one of which was reported as causing moderate or above harm. The dataset pre-April 2024 is based on previous harm descriptors in place in the Trust. The data indicates a good reporting culture with few harm incidents compared to number of incidents.

Actions being taken to improve

Incidents related to the prescribing and administration of subcutaneous syringe drivers on CMM have led to a multiprofessional safety review recommending CMM changes be completed and a Trust wide safety alert to raise awareness of the new risks identified. This will be discussed at Patient Safety Group.

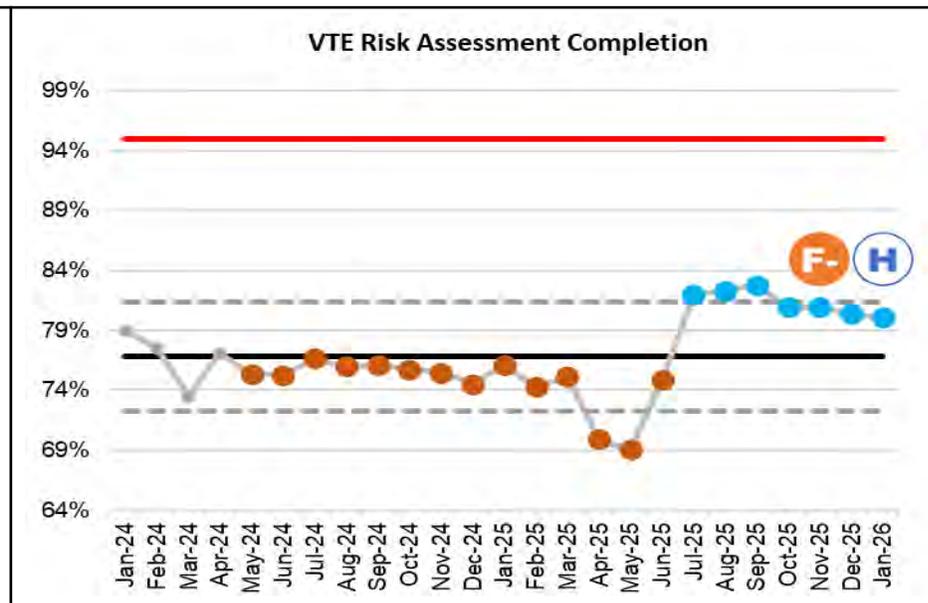
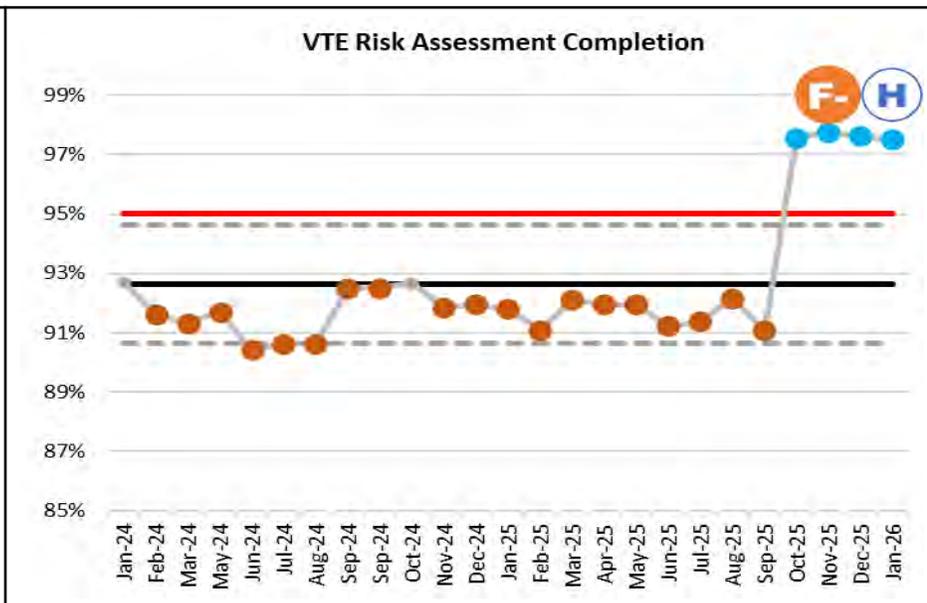
Specific learning is shared across the Trust via the Medicines Safety Bulletin and with BNSSG system colleagues via system medicines quality and safety meetings. This report has been developed collaboratively by the UHBW and NBT medicines safety teams.

A resource proposal detailing the Pharmacy staffing required to support medicines safety improvement work across the Hospital Group going forward is being written for sharing with colleagues.

Quality

VTE Risk Assessment

Latest Month	Jan-26
Target	95.0%
Latest Month's Position	97.5%
Performance / Assurance	Special Cause Improving Variation High, where up is improvement but target is greater than upper limit
Trust Level Risk	No Trust Level Risk



Latest Month	Jan-26
Target	95.0%
Latest Month's Position	80.1%
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 does the data tell us?
VTE RA compliance sat below the 95% target for over 2 years, demonstrating a persistent under-performance in part due to the CareFlow Narrative process of recording VTE RA. The sharp inflection in October 2025 was a result of CMM go live which forced VTE risk assessment on all admitted patients (unless they resided in the Emergency Department). As a result, figures are now sustained around 97%.

Actions being taken to improve
This new digital workflow has prompted assessments therefore reducing missed entries, and improved consistency.

Impact on Forecast
With performance now above target and stabilising, the Trust should be on track to maintain compliance in future reporting periods. Of note, reporting standards will be updated to NHSE specifications of VTE RA within 14 hours of admission. This will risk dropping compliance below 95%. Furthermore, patients stranded in ED due to poor flow will not receive the same forcing measure so can potentially drop compliance further.

What does the data tell us?
Since the move to CMM and mandatory VTE RA completion on all downstream wards, there has been a sustained improvement of around 10%. UHBW remains below the NICE 95% target at around 80% completion.

Actions being taken to improve

- Wardview boards have been delayed (planned by end of Jan '26) - these will increase visibility of VTE RA completion and VTEP prescribing so that ward staff can make targeted interventions.
- Venous Thrombo-embolism (VTE) Risk Assessment indicator is being reviewed to analyse the contribution of data from various cohorts of patients that comprise the overall reported figure and identify where improvements could most effectively be targeted.
- Reviewing pharmacy audit forms to gather general data on VTE RA completion and prescribing on wards (currently targeted audit to ensure VTEP prescribing has not been accidentally omitted)
- Focus on admission areas – observing workflow to identify areas for improvement and providing education

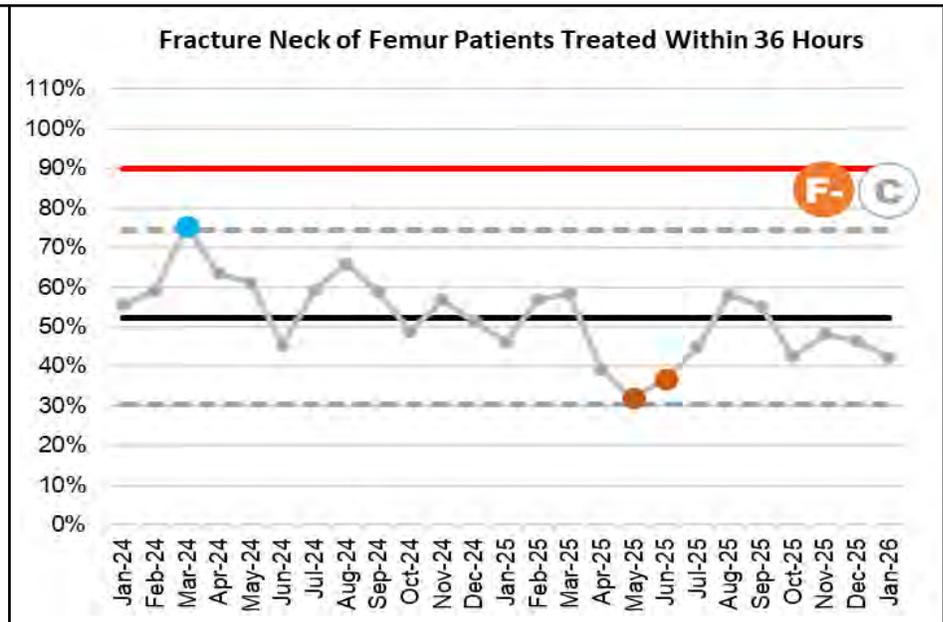
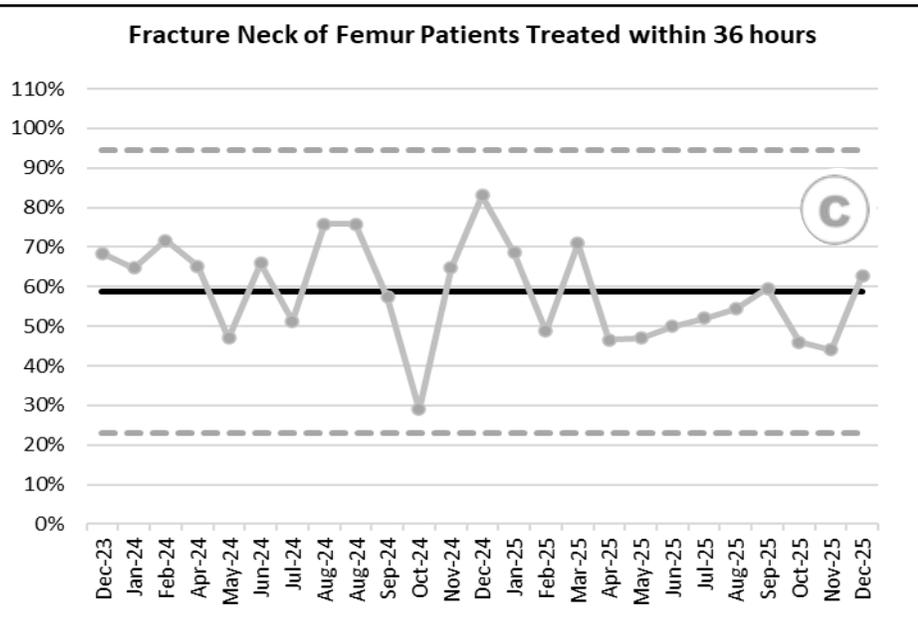
Impact on forecast

- The pharmacy audit will identify if cohorted areas are disproportionately reflecting the overall Trust position.
- Focusing on admissions wards should provide improvement in downstream areas

Quality

Neck of Femur

Latest Month
Dec-25
Target
No Target
Latest Month's Position
62.8%
Performance /
Common Cause
(natural/expected)
variation, where target is
greater than upper limit
down is deterioration
Trust Level Risk
No Trust Level Risk



Latest Month
Jan-26
Target
90.0%
Latest Month's Position
42.1%
Performance / Assurance
Common Cause
(natural/expected) variation,
where target is greater than
upper limit and down is
deterioration.
Corporate Risk
Risk 924 - Delay in hip
fracture patients accessing
surgery within 36 hours (15)

No narrative required as per business rules.

What does the data tell us?

At UHBW in January 57 patients were eligible for the best practice tariff (BPT), 24/57 patients (42%) were operated on within 36 hours of admission, 50/57 (88%) received ortho-geriatric assessment within 72 hours, resulting in 19/57 patients (33%) met all BPT criteria.

Main reasons for missed targets:

At Weston: seven patients missed the time to surgery target. This was due to lack of theatre space (4), THR surgeon required (1), Medical optimisation needed before surgery (1) and missed diagnosis (1). Six patients were not seen by the single part-time geriatrician. This was due to no support given when the geriatrician was on annual leave/study leave. Four additional patients did not meet other markers to meet BPT; 4 AT score (2) Physio assessment (2).

At the BRI: 26 patients missed the 36hrs target for surgery. This was primarily due to lack of theatre capacity. One Pt missed the 72-hr target for an Ortho-geriatrician (OG)review, admitted on Friday morning they missed the OG team review that day and hence did not get seen until Monday, time taken 78 hrs (missed by 6 hrs).

Actions being taken

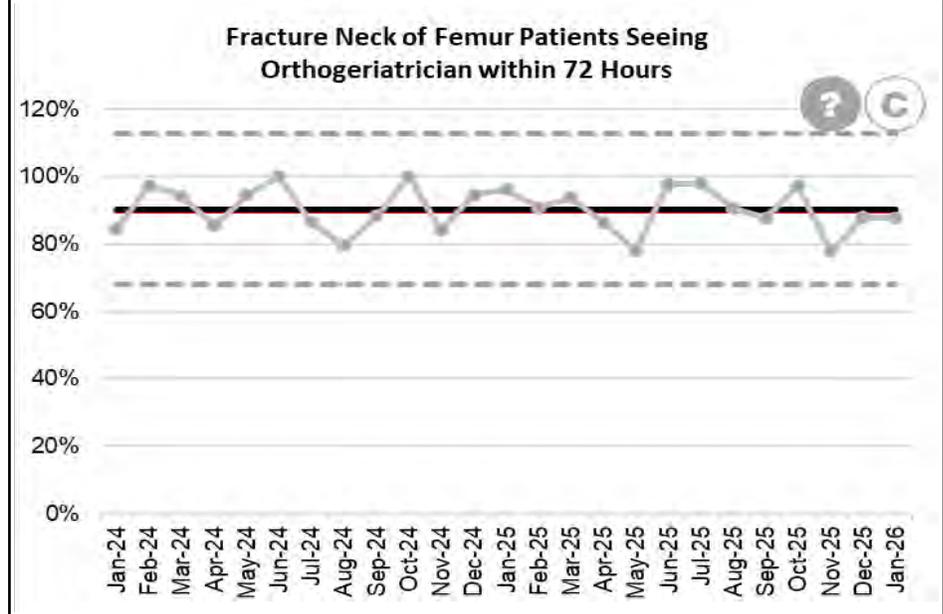
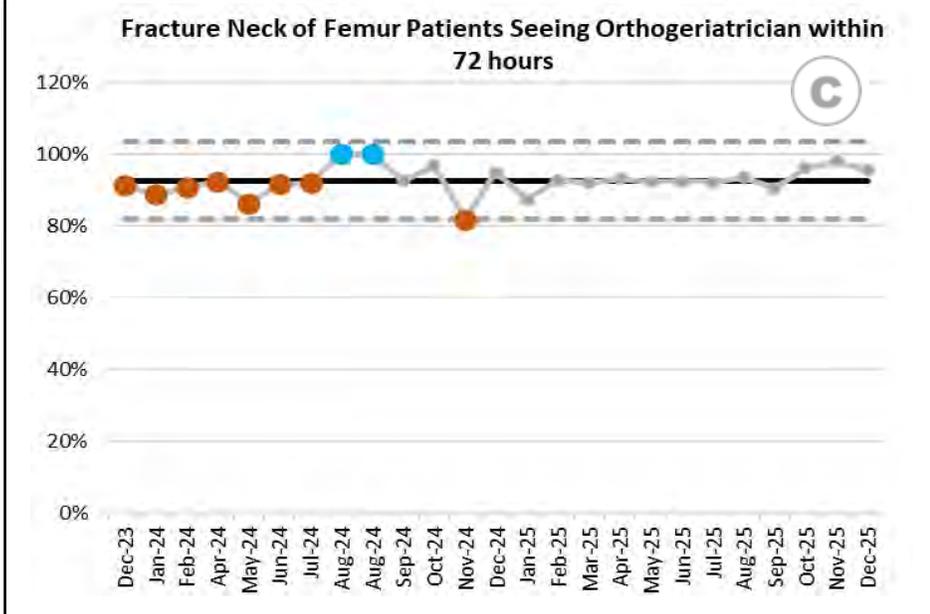
Extra theatre space is created where possible to reduce theatre delays. Elective theatre lists or CEPOD are often used at short notice to create extra support for trauma.

Impact on forecast Half day trauma lists (Tues+Thurs) and specialist trauma being planned on other lists impacts on daily admissions for surgery.

Quality

Neck of Femur

Latest Month
Dec-25
Target
No Target
Latest Month's Position
95.3%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Corporate Risk
No Trust Level Risk



Latest Month
Jan-26
Target
90%
Latest Month's Position
87.7%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
No Corporate Risk

No narrative required as per business rules.

What does the data tell us?

50/57 (88%) Patients received an ortho-geriatric assessment within 72 hours.

Main reason for missed targets

At Weston six patients were not seen by the single part-time geriatrician. This was due to the lack of resilience when the geriatrician was on annual leave/study leave.

At the BRI one patient missed the 72 hr target as admitted on Friday morning due to a lack of referral to Ortho-Geriatrician (OG) team on Friday, the patient was seen on Monday by OG team, time taken 78 hrs (target missed by 6 hrs).

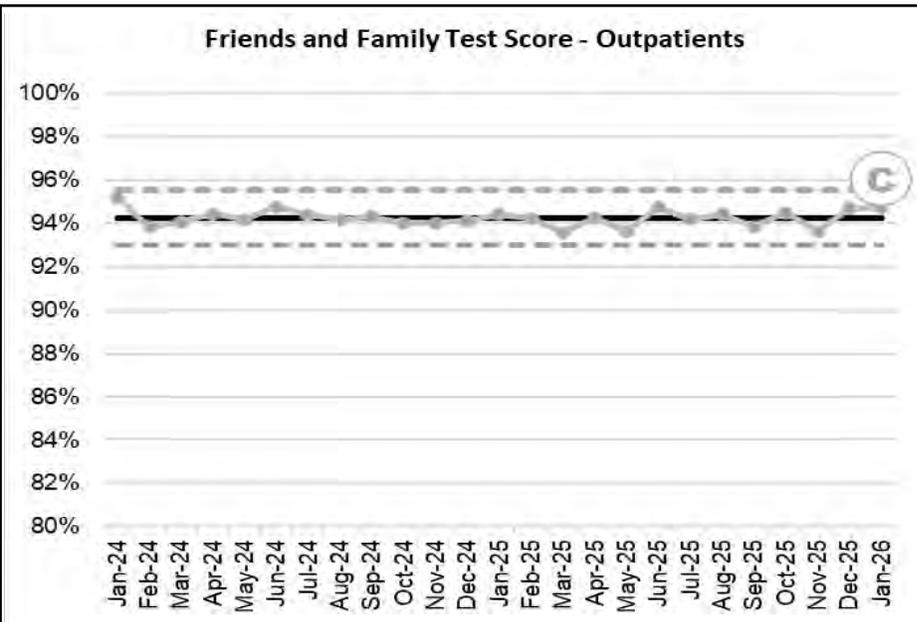
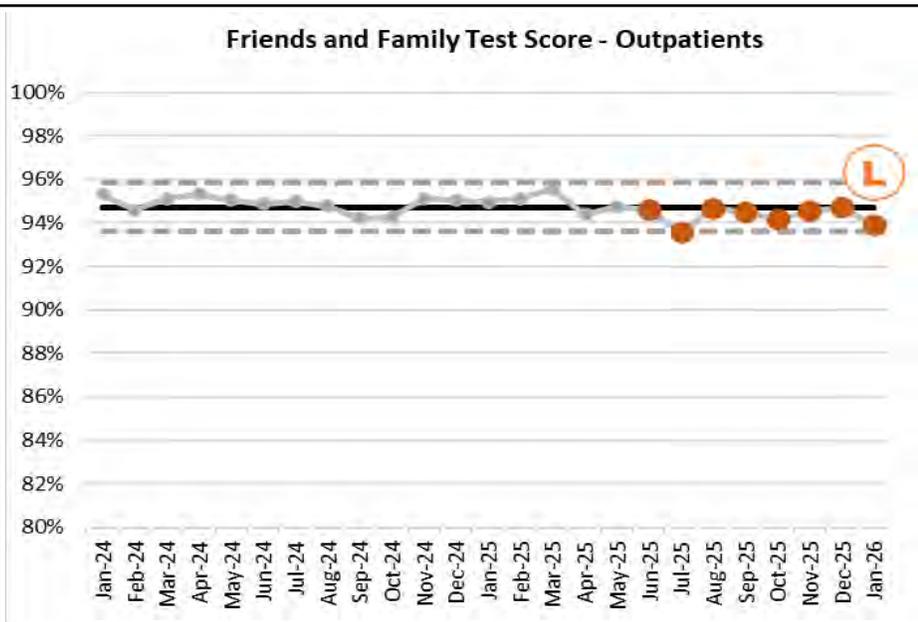
Impact on forecast

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

Quality

Friends and Family Test

Latest Month
Jan-26
Target
No Target
Latest Month's Position
93.9%
Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit
Trust Level Risk
No Trust Level Risk



Latest Month
Jan-26
Target
No Target
Latest Month's Position
94.7%
Performance / Assurance
Common Cause (natural/expected) variation where up is improvement.
Corporate Risk
No Corporate Risk

What does the data tell us?

- The Outpatient FFT score (total % of patients rating their experience as 'Very good' or 'Good') has remained lower than expected at 93.9% in January.
- The top negative theme identified in comments is 'Waiting time', followed by 'Communication'.
- Though the positive response ratings have decreased, they do remain very high, but the minor decrease this month is consistent with the drop seen for the same reporting period last year. The negative response ratings remain consistent and below the nationally reported average.

Actions taken to improve

- We are continuing to monitor results to identify any areas where improvements can be targeted.
- Improving Patient Experience – Customer Care training to become essential to role / targeted intervention for hotspot areas with negative feedback regarding communication and/or staff behaviour.

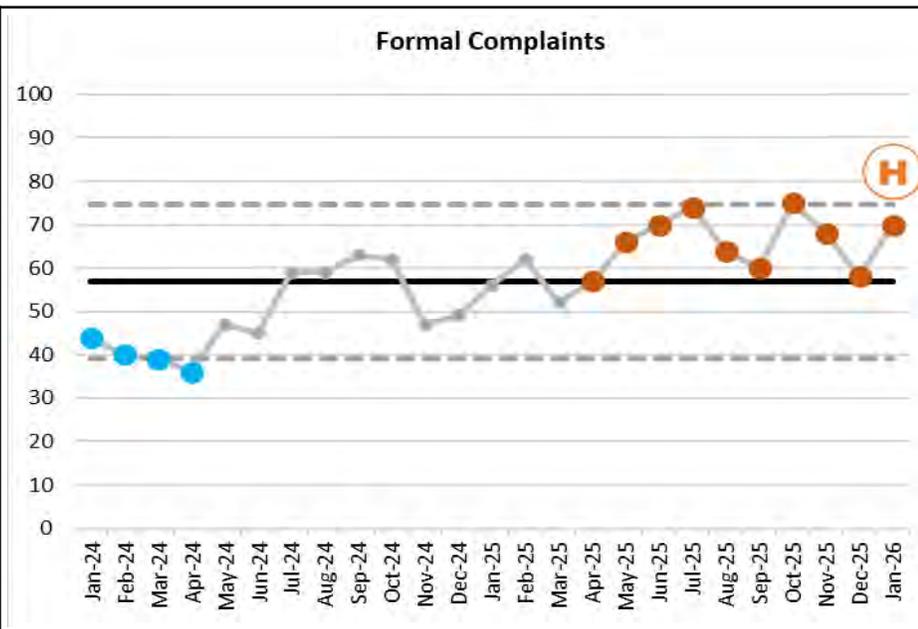
Impact on forecast

- It is difficult to predict, given the current pressures the Trust faces and that 'Waiting time' is a major factor in negatively reported experiences.

No narrative required as per business rules.

Quality Complaints

Latest Month
Jan-26
Target
No Target
Latest Month's Position
70
Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration but target is greater than upper limit
Trust Level Risk
No Trust Level Risk

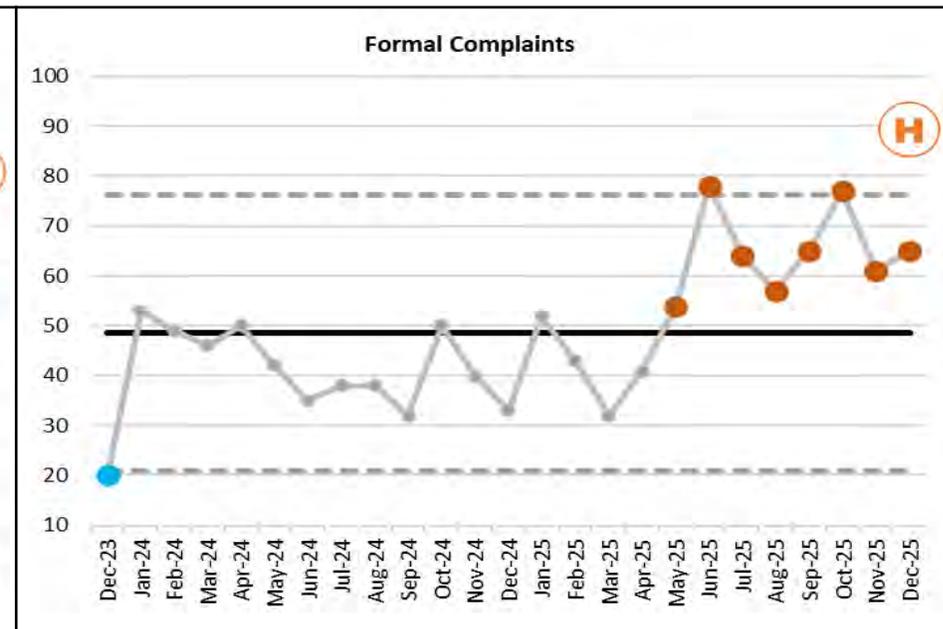


What does the data tell us?

- In January, the Trust received 70 complaints, which was 12 more than the previous month, and 14 more compared to the previous year.
- Since April, we have received an average of 66 complaints per month.
- Gynaecology received the most complaints, followed by Urology , Emergency Medicine and Maternity. The remainder of the complaints were spread across 21 other specialties.
- Clinical Care and Treatment was the most selected lead theme of the complaints received.

Actions being taken to improve
We will continue to monitor and discuss any trends with the divisional patient experience teams.

Impact on forecast
It is difficult to predict the number of complaints received each month. This fluctuates largely based on patient's experience of the care and treatment they receive and often reflects the operational pressure faced by the Trust and changes in activity level. This is a trend that is being seen in Trusts across the region. The number of PALS concerns received also remains high (165).



Latest Month
Dec-25
Target
No Target
Latest Month's Position
65
Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration.
Corporate Risk
No Corporate Risk

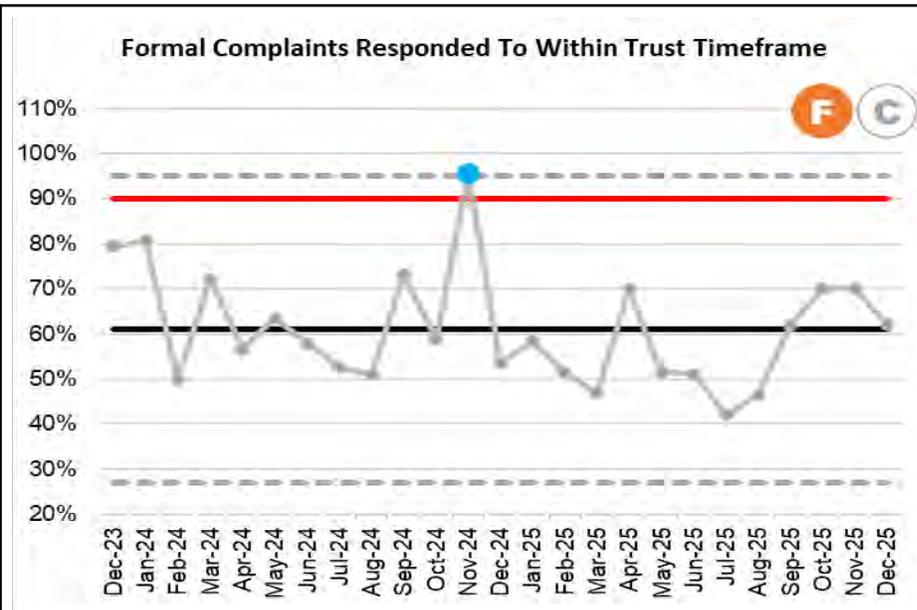
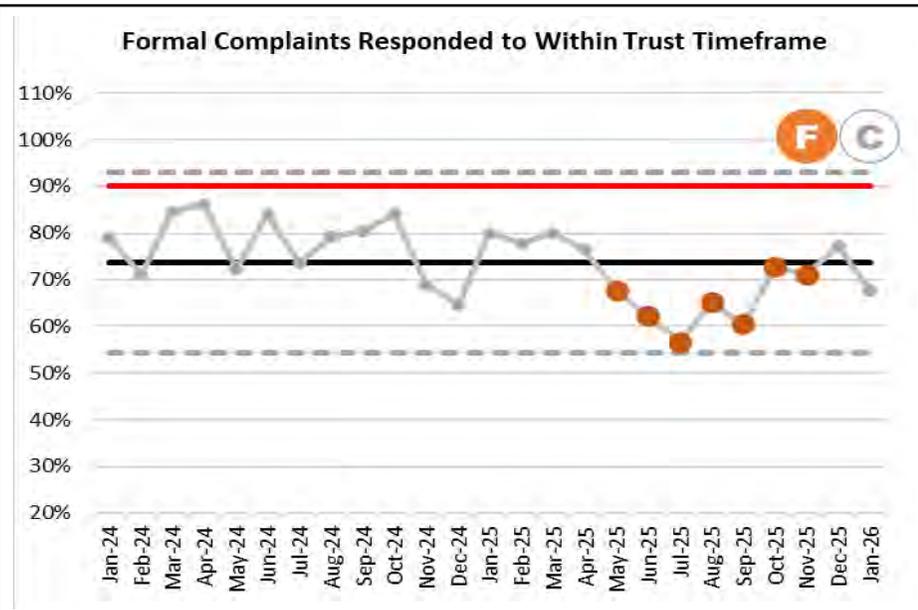
What does the data tell us?

- In December the Trust received 65 complaints with Surgery, Medicine and Women & Children's remaining the highest-volume areas
- 10 complaints were reopened, these were mostly in Surgery, Weston and Womens and Children's
- All complaints actioned were completed within 45 days (100%) with 223 cases closed in December .

Actions being taken to improve
Continue to work with divisions to proactively extend complex complaints
Prompt sending of complaints to divisions within 72 hours of complaint received, ensuring concerns are reviewed promptly by division.

Impact on forecast
Performance is expected to continue to improve due to clearing of the backlog in the PALS and Complaints team. The large volume of complaints from the backlog are now under investigation or complete and therefore we will see the number of cases closed increase in the next couple months.

Latest Month
Jan-26
Target
90.0%
Latest Month's Position
67.7%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration
Trust Level Risk
No Trust Level Risk



Latest Month
Dec-25
Target
90.0%
Latest Month's Position
62.1%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration.
Corporate Risk
No Corporate Risk

What does the data tell us?

- The compliance rate decreased from 77% in December to 68% in January.
- This decrease was predominantly due to a decline in ASCR from 63% in December to 37% in January.
- Of the 65 complaints due for response in December, 44 were closed within the agreed timescale, 7 were outside the agreed timescale, and 14 were still open at the time of reporting.

Actions being taken to improve

- ASCR continues to embed their recovery plan to bring them in line with the compliance scores of the other clinical divisions.
- The Complaints & PALS Manager continues to hold weekly meetings with divisional patient experience teams to review upcoming/overdue cases, addressing complexities and agree appropriate resolutions, including proportionate extensions. A weekly tracker is shared with senior divisional leaders to escalate overdue complaints and support timely resolution.

Impact on forecast

The overall Trust compliance score has decreased due to a decline in ASCR. This is the first time since September that ASCR has been below 50%. An improvement from ASCR will likely result in a higher score for the Trust, provided the other divisions continue to sustain their performances. The average score for the other divisions for January was 86%.

What does the data tell us?

- The compliance rate decreased from 70% in November to 62.1% in December.
- There had been a steady increase in the compliance levels since July 2025 with the reduction in the back log. December is the first month where there has been a noticeable decrease in compliance.

Actions being taken to improve

- There is a review of complaint extensions and the number of extensions being requested by each division.
- The escalation policy for both PALS and Complaints team and divisional patient experience teams is being reviewed to enable improved responses.
- Recovery plans are being developed for divisions to improve quality and timeliness in complaint response.

Impact on forecast

A review of individual divisional compliance will allow focus on divisions to review case compliance to ensure that the divisions improves month to month.

Our People

Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Well-Led	Workforce Turnover (Rolling 12-month)	NBT	Jan-26	9.5%	11.3%	9.5%	N/A*	N/A*	No Commentary
		UHBW	Jan-26	9.1%	11.1%	9.4%	N/A*	N/A*	No Commentary
Well-Led	Vacancy (Vacancy FTE as Percent of Funded FTE)	NBT	Jan-26	7.8%	5.1%	8.1%	F-	H	Escalation Summary
		UHBW	Jan-26	5.0%	4.0%	4.8%	?	H	Escalation Summary
Well-Led	Sickness (Rolling 12-month)	NBT	Jan-26	4.8%	4.4%	4.8%	N/A*	N/A*	Commentary
		UHBW	Jan-26	4.6%	4.5%	4.5%	N/A*	N/A*	Commentary
Well-Led	Essential Training Compliance	NBT	Jan-26	88.7%	90.0%	88.6%	?	C	Escalation Summary
		UHBW	Jan-26	89.6%	90.0%	89.4%	?	C	Escalation Summary

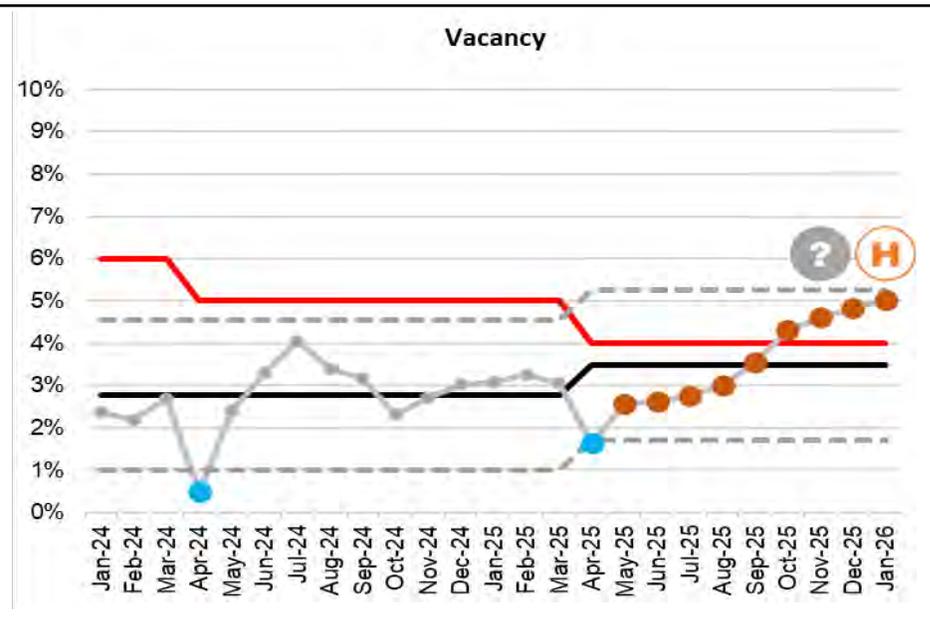
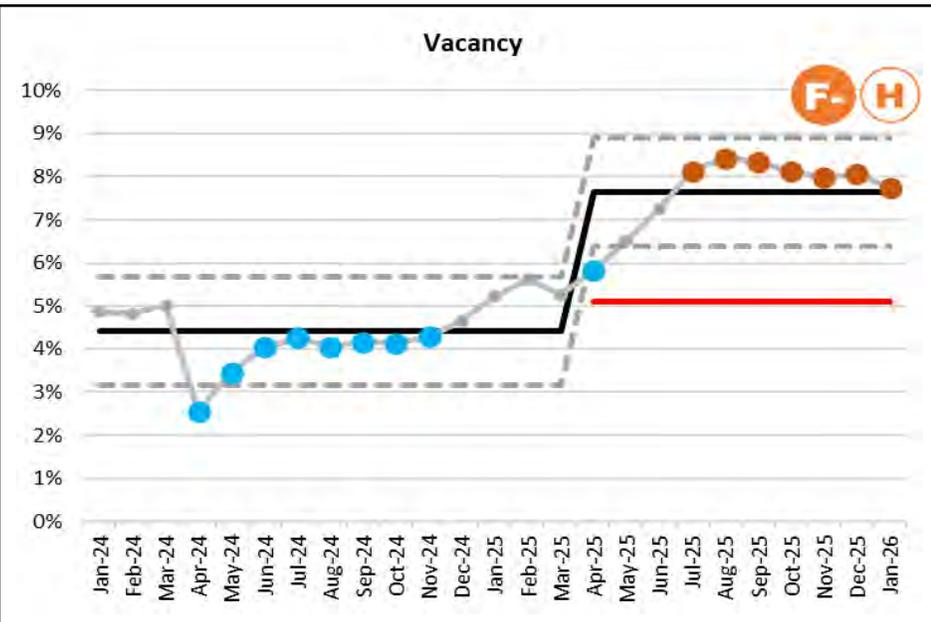
*Cannot generate Assurance and Variation icons as SPC not appropriate for rolling data.

Assurance					Variation					
					No icon					
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

Vacancies

Latest Month
Jan-26
Year End Target
5.1%
Latest Month's Position
7.8%
Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit
Trust Level Risk
Risk 1979 -
There is a risk to our clinical teams and services due to the inability to recruit into vacant specialist medical roles (16)



Latest Month
Jan-26
Year End Target
4.0%
Latest Month's Position
5.0%
Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration and last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
Risk 8383 -
Risk that inability to recruit and retain specialist staff continues (16)

What does the data tell us?

- Vacancies decreased by 33 fte in Jan-26 due to a high number of starters and an overall net gain of staff. Greatest reductions were in Band 5 and Band 2/3 Nursing and Midwifery staff, reflective of co-ordinated recruitment campaigns delivering 21 fte band 5 nurses and 36.5 fte band 2/3 HCSWs.

Actions being taken to improve

- HCSW Supply** – Trust wide and tailored Health Care Support Worker (HCSW) assessment centres for scaled up campaign. Assessment Centre in **Feb-26** saw 23 candidates attend and 9 offers made
- Youth Outreach:** Targeted campaign promoting HCSW career pathway featuring a recruitment video to be shared with local education providers. Group wide campaign live - **Mar-26. Outreach starting Apr-26**
- Enhanced visibility and engagement:** Apprenticeship advert posted in **Jan-26** received over 40 applications. Our contacts with the Kings Trust is working with the applicants to make them interview ready before seeing at assessment centre – 7 Apprenticeship candidates were interviewed in **Jan-26**
- Strategy for NQ qualifying nurses to apply for roles in Sept-26 agreed across NBT and UHBW – Newly Qualifying nurses will be given links to apply in **Feb-26** with applications closing in **Apr-26**

Impact on forecast

- Impact of enhanced assessment centres for Band 2/3 HCSW – 35.2 fte predicted to start in Clinical Divisions in **Feb/Mar-26** and 44.2 fte Band 5s in Nursing and Midwifery for **Feb/Mar-26**

What does the data tell us?

Vacancies increased in January (26. fte). Budget increased by 10.5 fte (Surgery) to support the new standalone SDEC and overall staff in post reduced by 16.3 fte. Registered Nursing saw a budget increase of 7.7 fte and a staff in post reduction of 10.9 fte. Unregistered Nursing saw a staff in post reduction of 17.1 fte. Healthcare Scientists increased 7.2 fte staff in post.

Actions being taken to improve

- The 25/26 plan requires a net headcount reduction which is being managed in part via vacancy controls and the vacancy position reflects this. Monitoring of the vacancy position through Divisional and SDR processes is important to avoid increased temporary staffing
- HCSW Supply** – Assessment centres for Adult areas are currently on hold while staff in closed wards are re-distributed across the Trust. BRHC held an Assessment centre in Jan which recruited 2 PICU and 2 Mental Health support workers. Strategy for NQ qualifying nurses to apply for roles in Sept-26 agreed across NBT and UHBW – Newly Qualifying nurses will be given links to apply in **Feb-26** with applications closing in **Apr-26**
- Youth-focused outreach:** The Trust is working with the Kings Trust for a new candidate pipeline

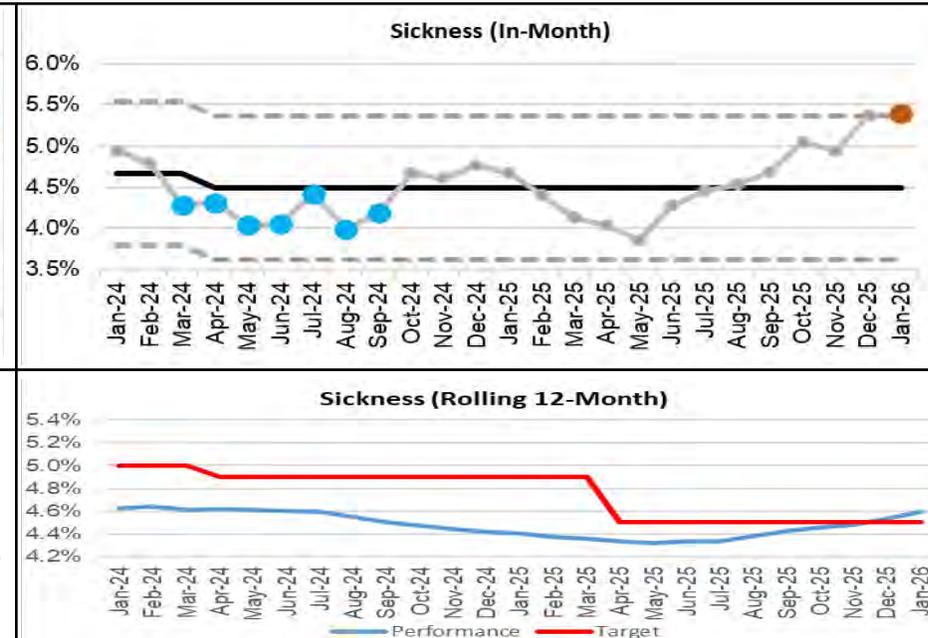
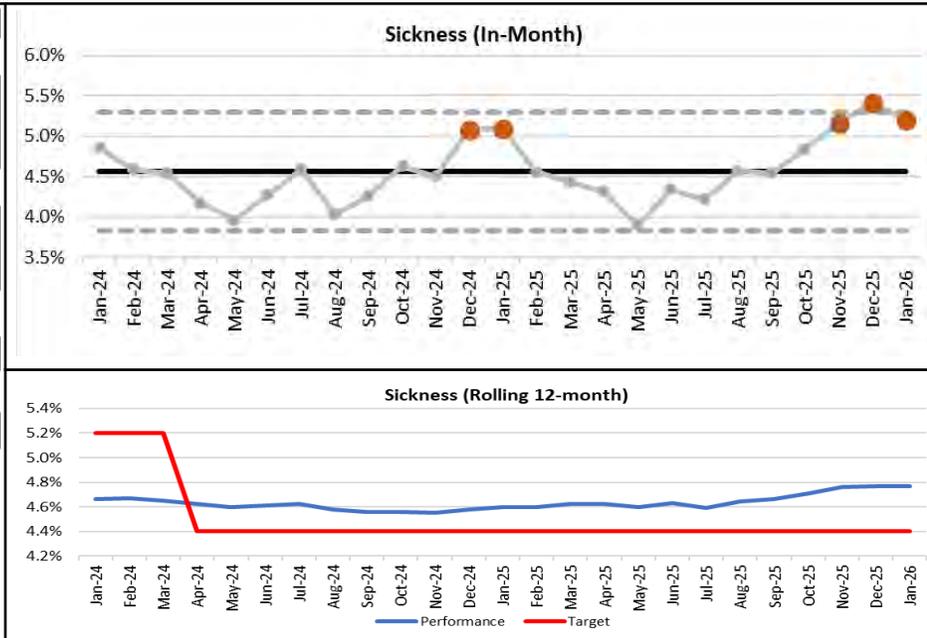
Impact on forecast

Recruitment for posts associated with Oncology growth require specialist chemo skills. Delays in opening SBCH additional capacity due to Estates works means the unit should be fully operational Mar/ Apr 26, enabling the workforce supply to be achieved.
3 HCSW started in **Jan-26** with an additional 62 offers in the pipeline. 20 of which have start dates booked **Feb – Mar26**

Our People

Sickness Absence

Latest Month
Jan-26
Latest Month's Position Rate (In-Month)
5.2%
Latest Month's Position Rate (Rolling 12-Month)
4.8%
Target
4.4%
Trust Level Risk
No Trust Level Risk



Latest Month
Jan-26
Latest Month's Position Rate (In-Month)
5.4%
Latest Month's Position Rate (Rolling 12-Month)
4.6%
Target (Rolling 12-month)
4.5%
Corporate Risk
No Corporate Risk

What does the data tell us?

- Jan-26 absence rate in month lower than Dec-26 (-0.4%) with reductions in season absence e.g., cough/cold/flu and gastrointestinal absence and lower than Jan-25 (-0.27%). SAD remain stable and continues to be main contributor to absence and MSK reasons has seen growth over winter, and Jan-26 rates are above this same point last year
- Both long- and short-term absence saw a reduction in Jan-26

Actions being taken to improve

People Advice Team and Business Partnering

- Action plan developed to reduce reliance on 'other' category use for absence recording – **Mar 26**
- Review of Caseworker recommended case benchmarks to enhance data quality undertaken and to be incorporated into new system standards following recent external audit outcome – **Apr 26**
- Proposed changes to return to work process to allow early identification and triangulation of absence causes and effective approaches for management to be included in new sickness absence policy to be introduced pre-Merger – **May 26**
- Executive DPR Focus - robust review and management of divisional sickness cases with new improvement tracking method to be implemented – **Mar 26**

Staff Experience Team

- Supporting staff experiencing psychological distress Training for Managers and Leaders (Staff Psychology team & MHLT) pilot delivered roll out spring 2026
- NBT Staff Physiotherapists trained in Mat Pilates – Delivery of 6-week Mat Pilates training to small groups of staff to improve mobility and musculoskeletal health.

Impact on Forecast

What does the data tell us?

- Top three contributors for January are Anxiety/Stress/Depression/Other Psychiatric Illness – 25.6% of all absence FTE days in Jan. Cold, Cough, Flu accounts for 11.3%, and Other Musculoskeletal Problems account for 7.8%. Anxiety/Stress/Depression/Other Psychiatric Illness account for 13,262.4 absent FTE days in January compared to 9,478.7 FTE in May. Cold, Cough, Flu accounts for 5,670.4 FTE absence days in January compared to 2014.0 FTE absence days in May. Sickness rates are highest in Facilities and Estates (8.5%, a reduction from 9.1% the previous month) and Weston General Hospital (6.5%, an increase from 5.5% the previous month).
- Unregistered Nursing and Midwifery staff absence rate of 7.7%, an increase from 6.7% the previous month.

Actions being taken to improve

- Sickness Project Launched Jan 26, includes Manager clinics to support 'hotspot' sickness areas and review return to work process and streamlined form to – Full roll out to be complete by **Mar 26**
- Collaboration with Health Roster to allow increased absence reporting from People Services team to ensure all sickness cases captured on Assure and that managers are supported effectively – **Feb 26**
- Bitesize video training and formal in person training on health and wellness being developed and launched – **Mar 26**
- Working group reviewing support around reasonable adjustments, (FAQs and Bitesize videos) – **Mar 26**

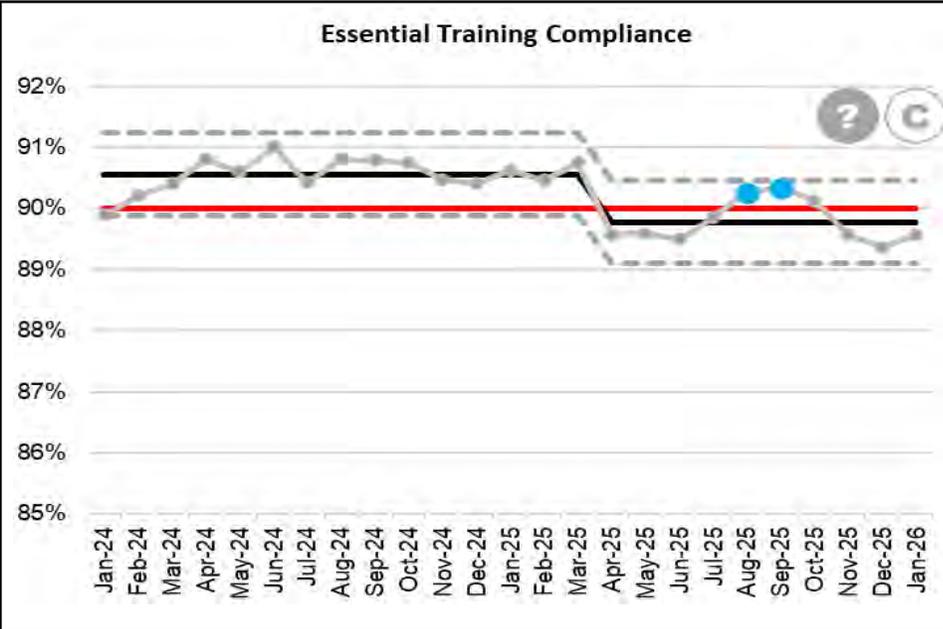
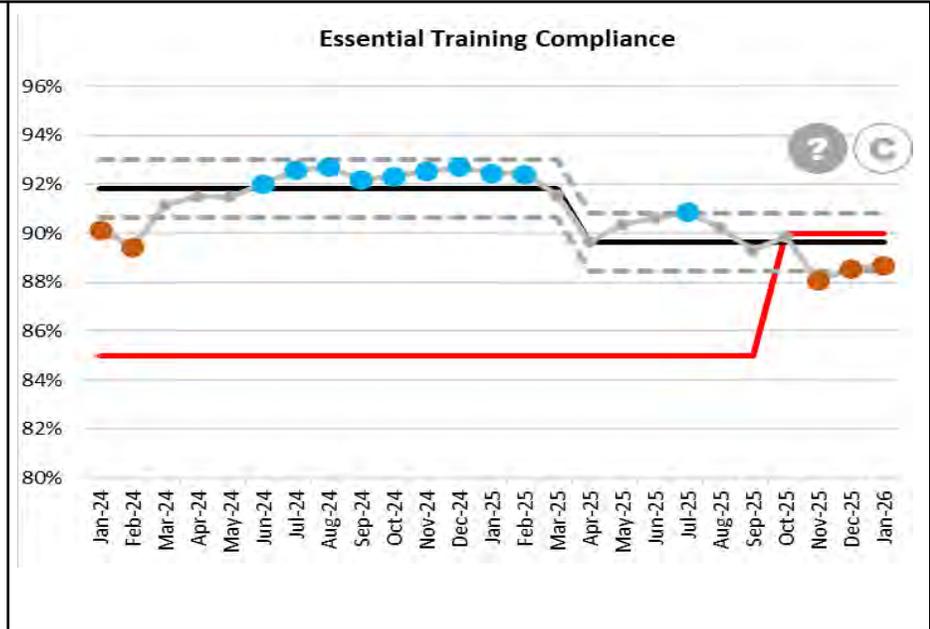
Impact on Forecast

- Sickness management project – aim to ensure absence cases are supportively and effectively managed at appropriate timescales to reduce length of absences where possible
- Additional training for managers to allow for early supportive interventions to prevent work related long term absences to ensure adjustments put in place to allow return to works at earlier stages.

Our People

Mandatory and Statutory Training

Latest Month
Jan-26
Target
90.0%
Latest Month's Position
88.7%
Oliver McGowan Tiers 1 and 2 Virtual / Face to Face
32.6%
Performance / Assurance
Common Cause
(natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
Trust Level Risk
No Trust Level Risk



Latest Month
Jan-26
Target
90.0%
Latest Month's Position
89.6%
Oliver McGowan Tiers 1 and 2
42.8%
Performance / Assurance
Common Cause
(natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
No Corporate Risk

What does the data tell us? Compliance is below the target overall, driven by specific areas: Information Governance (IG) at 83.20%, Oliver McGowan (OMMT) level 1 (eLearning) rate at 85.72%, and Infection Prevention and Control (IPC) at 86.15%.

- Actions Being Taken to Improve**
- IPC:** We have started to see a recovery in this position, as clinical staff have realised that this needs to be annual. The divisions have escalated this message, and we have promoted this in IPC and on the IPC link page.
 - IG:** Compliance continues to meet national guidance recommendation but below group target. Appointment of the SME is awaiting outcome; however, steps are in place to validate divisional assurance and areas requiring greater local oversight.
 - OMMT:** At present, combined compliance for face-to-face and webinar training marginally increased to 32.6% (1.1% increase) and significantly below the ICB target which will not be met by the trust. Across the ICB, tier 2 attendance rates experienced a spike in Did Not Attend (DNA) rates impacted by critical incident. DNA rates for NBT bookings in January totalled 28%. Tier 1 webinar compliance currently stands at 32.2%. The introduction of an 'out-of-core' hours Tier 1 webinar sessions for estates and facilities staff has driven strong engagement, with 259 staff from NBT and UHBW attending the webinar sessions; positively impacting compliance rates by 0.25%. Based on current compliance datasets and projected future booking trajectories, extrapolated compliance estimates for tiers 1 and 2 have been generated for each organisation. These outputs will be reported to GEM and respective trust management teams.
- Impact on forecast**
- IPC:** The increase in compliance has been noted at the Infection Control Assurance Group, a quarterly meeting.
 - IG:** Continued SME engagement to maintain current performance and overall improvement.
 - OMMT:** Notable positive impact upon tier 1 compliance from the out-of-hours sessions. In conjunction with the ICB continue to monitor DNA rates for Tier 2 provision. Improved scrutiny of compliance through the trajectory data.

What does the data tell us? Compliance is below the target overall, being driven by specific areas, most notably for: Infection Prevention and Control (IPC) at 89.9%, Information Governance (IG) at 88.1%, Moving & Handling at 78.4%, Resuscitation at 76.3% and Oliver McGowan (OMMT) level 1 (eLearning) rate at 84.8%.

- Actions Being Taken to Improve**
- IPC:** team now contributing to corporate induction to reinforce core requirements. Training content and audiences being updated in line with new national guidance.
 - IG:** The eLearning module is actively promoted to all staff via the LMS.
 - OMMT:** Reporting as per NBT. Combined Level 2 compliance is 42.8% (↑1.8%) but below the ICB target which will not be met. Engagement supported via the LD & Autism Steering Group, focusing upon DNA's. However, DNA rate increased to 14% during critical incident. The introduction of a new out-of-core-hours webinar has driven improvements amongst Estates and Facilities colleagues, with tier 1 compliance rising by 3.8% from 259 staff attending across the group.
 - Moving & Handling:** An updated curriculum launched 2nd Jan; eLearning made available for those requiring a level 2 minimal patient-handling update. This will have resulted in a notable compliance improvement of 1.3%
 - Resuscitation:** A self-service approach to compliance recording introduced toward the end of 2025 for those undertaking higher-level training; improving efficiency and thus supporting greater compliance.
- Impact on forecast**
- Moving & Handling:** Level 2 and thus overall compliance anticipated to continue to increase over coming months.
 - IG, IPC and Resuscitation:** Ongoing monitoring of compliance rates will take place to determine impact of actions
 - OMMT:** Notable positive impact upon tier 1 compliance from the out-of-hours sessions and improved scrutiny of compliance through the trajectory data

Income & Expenditure

Actual Vs Plan (YTD)

<p>Latest Month</p>	<p>YTD Plan vs Actuals</p> <p>YTD Surplus/(Deficit) £m</p> <p>Financial Year 2025-26</p> <p>— Plan — YTD actuals</p>	<p>Latest Month</p>
<p>Jan-26</p>		<p>Jan-26</p>
<p>Year to Date Plan</p>		<p>Year to Date Plan</p>
<p>£(1.7m) deficit</p>	<p>YTD Plan vs Actuals</p> <p>YTD Surplus/(Deficit) (£m)</p> <p>Financial Year 2025-26</p> <p>— Plan — YTD actuals</p>	<p>£(5.6m) deficit</p>
<p>Year to Date Actual</p>		<p>Year to Date Actual</p>
<p>£(1.7m) deficit</p>		<p>£(5.4m) deficit</p>

<p>Summary</p>	<p>Summary:</p> <ul style="list-style-type: none"> The financial plan for 2025/26 in Month 10 was a surplus of £0.9m. The Trust has delivered a £0.9m surplus and on plan. Year to date the Trust has delivered a £1.7m deficit position which is on plan. The Trust continues to have higher than planned levels of No Criteria To Reside (NCTR) and high acuity driving pressures on escalation and enhanced care costs. This has led to overspends on nursing of £0.7m in month. In month, the Trust received £1.5m of NCTR funding towards costs seen in the year-to-date position. Elective Recovery Performance in month is driving an adverse position of £0.9m and divisional non-pay is causing an adverse variance of £0.4m due to increased activity in the hospital. This has been offset by PFI Funding received in month relating to prior year of £1.4m. There are other overspends driving a £0.5m adverse variance in month. In month, the Trust under-delivered against the recurrent Month 10 savings target by £2.3m driving a £1.8m adverse variance in month. This was offset in month by non-recurrent savings from consultant and AfC vacancies which contributed a £1.1m favourable variance. Year to date recurrent savings delivery is £18.2m and non-recurrent of £1.9m against a plan of £32.1m. <p>Key risks</p> <ul style="list-style-type: none"> Delivery of planned elective activity and further in year savings delivery will be required to ensure the Trust delivers a breakeven position at year-end. 	<p>Summary</p>	<p>Summary:</p> <ul style="list-style-type: none"> The position at the end of January is a net deficit of £5.4m against a planned deficit of £5.6m. The Trust is, therefore, marginally ahead of plan. Significant variances against plan are higher than planned pay expenditure (£17.6m) and increased non-pay costs (£25.1m). This is offset by higher than planned operating income (£41.6m). Total staff in post (substantive, bank and agency) has reduced since March. Although staffing levels are within budget in March, they have exceeded funded establishment for the majority of the YTD, with nursing budgets driving the adverse pay position due to additional use of registered mental health nurses and staffing of bed escalation areas linked to NCTR. Agency and bank expenditure was higher in month compared with December and overall is £3.7m higher than planned YTD. Agency expenditure is 14% lower than plan YTD with expenditure in month of £0.6m, comparable with December. Bank expenditure is 11% higher than plan YTD mainly due to the cost of industrial action, with expenditure in month of £5.7m, £0.6m higher than December. The average number of NCTR patients in January is 209, significantly above the system plan of 136. This equates to 26% of the Trust's bed base being occupied by NCTR patients. The year end system plan is 103 NCTR patients <p>Key risks</p> <ul style="list-style-type: none"> The delivery of elective activity necessary to secure the Trust's required level of income. A shortfall in savings delivery may result in failure to achieve the breakeven plan without a continued step change in delivery within Clinical Divisions and Corporate Services. Financial recovery plan actions necessary to support the Trust's FOT are not fully achieved.
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CIP

Actual Vs Plan (YTD)

<p>Latest Month</p> <p>Jan-26</p> <p>Year to Date Plan</p> <p>£32.1m</p> <p>Year to Date Actual</p> <p>£21.0m</p>	<p>Planned Savings v Actual</p> <p>£m</p> <p>Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar</p> <p>Planned Recurrent CIP In Year CIP Delivery Recurrent CIP</p>	<p>Planned Savings v Actual</p> <p>£m</p> <p>Apr May June July Aug Sep Oct Nov Dec Jan Feb Mar</p> <p>Planned Recurrent CIP Planned Non-Recurrent CIP Actual Recurring CIP FOT Recurring CIP Total Actual CIP FOT Actual CIP</p>	<p>Latest Month</p> <p>Jan-26</p> <p>Year to Date Plan</p> <p>£43.3m</p> <p>Year to Date Actual</p> <p>£43.3m</p>
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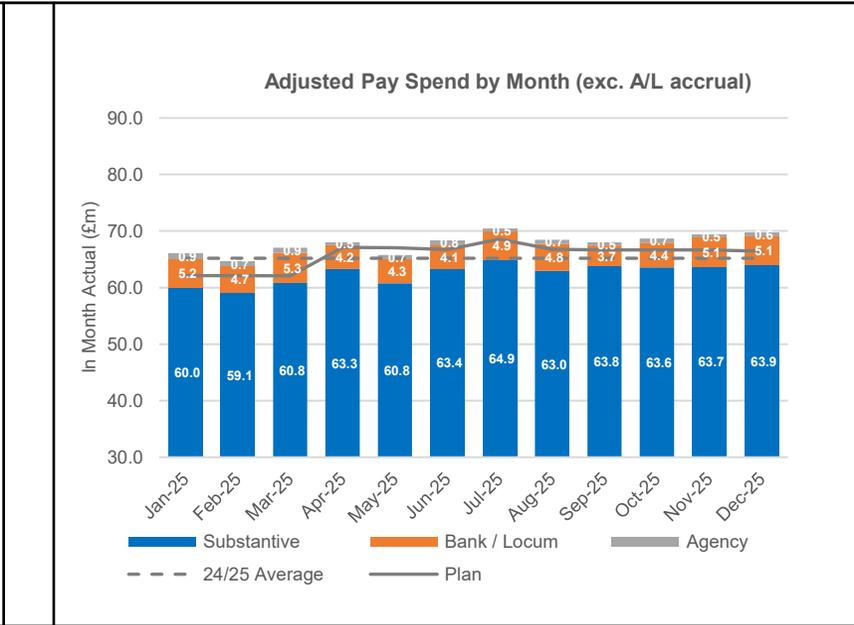
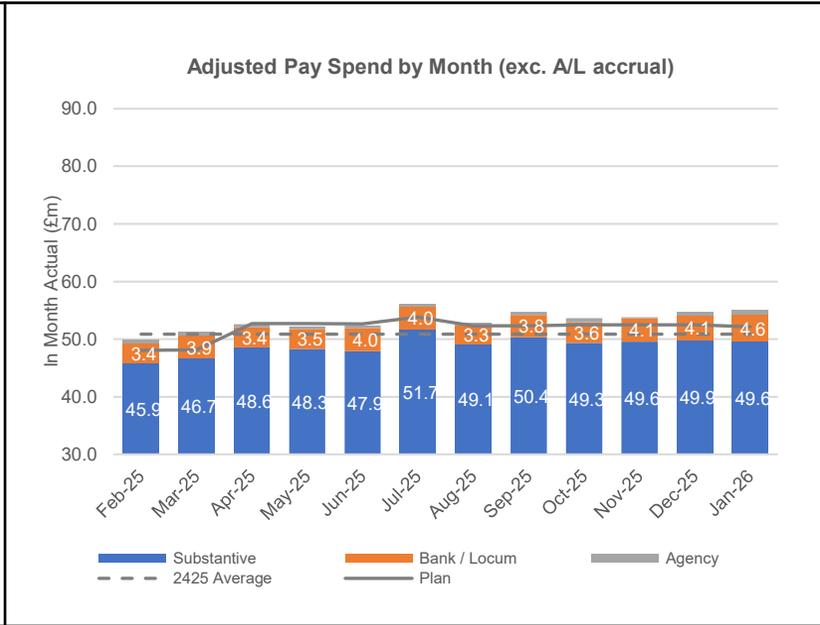
<p>Summary</p> <ul style="list-style-type: none"> The CIP plan for 2025/26 is for savings of £40.6m with £32.1m planned delivery at Month 10. At Month 10 the Trust has £21.1m of completed schemes on the tracker. There are a further £5.6m of schemes in implementation and planning, leaving a remaining £14.0m of schemes to be developed. The CIP delivery is the full year effect figure that will be delivered recurrently. Due to the start date of CIP schemes this creates a mis-match between the 2025/26 impact and the recurrent full year impact. This can be seen on the orange line on the graph above.
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<p>Summary</p> <ul style="list-style-type: none"> The Trust's 2025/26 recurrent savings plan is £53.0m. The Divisional plans represent 70% or £37.1m of the Trust plans. 30% or £15.9m sits centrally with the corporate finance team. As at 31st January 2026, the Trust is reporting total savings delivery of £43.3m against a plan of £43.3m. The Trust is forecasting savings of £52.4m, an improvement of £0.2m from last month. This leaves a forecast in year savings delivery shortfall of £0.6m or 1%. On a recurrent basis, the full year effect forecast outturn at Month 10 is £29.6m. This leaves a resulting forecast recurrent shortfall of £23.4m or 44% of the 2025/26 target. A number of non-recurrent schemes have been utilised in year, which will not be repeatable in 2026/27. The largest component of this relates to central schemes which equates to £14.8m / 28% of the shortfall.
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Workforce

Pay Costs Vs Plan Run Rate

Latest Month
Jan-26
In Month Plan
£55.0m
In Month Actual
£52.1m



Latest Month
Jan-26
In Month Plan
£66.6m
In Month Actual
£70.2m

Summary
Pay spend is £2.9m adverse in month, when adjusted for pass through items, the revised position is £0.3m adverse to plan. The main drivers are:

- In year CIP - £0.4m adverse, in month impact of recurrent CIP delivery.
- Escalation and enhanced care - £0.7m adverse in nursing driven by hospital pressures.
- Vacancies - £1.1m favourable due to consultant vacancies in Anaesthetics and Imaging and other clinical/admin vacancies across all divisions.
- There are other variances of £0.3m relating to smaller overspends in the divisions.

Summary

- Total pay expenditure in January is £70.2m, £3.6m higher than plan due to higher than planned substantive and bank costs.
- Pay costs remain higher than plan YTD driven by the cost of nursing staffing levels exceeding planned values with levels of substantive and temporary staffing combined beyond the Trust's funded establishment by an average of 129WTE since April.
- Nursing staffing levels exceed the funded establishment by 160WTE in January. Contributing factors to the ongoing over-establishment are the use of escalation capacity, high levels of acuity requiring additional mental health input and sickness absence.
- Additional workforce controls have been put in place with effect from 1st August and the expected reduction in staff in post back to establishment remains the focus of the Clinical Divisions.

Temporary Staffing

Agency Costs Vs Plan Run Rate

<p>Latest Month</p> <p>Jan-26</p> <p>In Month Plan</p> <p>£0.4m</p> <p>In Month Actual</p> <p>£0.8m</p>	<p>Agency Spend by Staff Group</p>	<p>Agency Spend by Staff Group</p>	<p>Latest Month</p> <p>Jan-26</p> <p>In Month Plan</p> <p>£0.7m</p> <p>In Month Actual</p> <p>£0.6m</p>
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Summary

Monthly Trend

- Agency spend in January has increased compared to December. This is largely driven by an increase in Nursing spend due to increased hospital pressures and acuity.
- Overall spend in month is driven by consultant agency usage in Medicine and ASCR covering vacancies, nursing agency usage in ICU, ED and Gastroenterology wards driven by escalation (ED) and acuity (ICU and Gastro).

In Month vs Prior Year

- Trustwide agency spend in January is below 2024/25 average spend. This is due to increased controls being implemented across divisions from November last year, and their continued impact.

Summary

Monthly Trend

- Agency expenditure in January is £0.6m, £0.1m below plan and consistent with December's agency expenditure. YTD agency expenditure is 14% below plan.
- Agency expenditure is c1.0% of total pay costs.
- Agency usage continues to be largely driven additional escalation bed capacity across nursing and medical staffing due to a deterioration in the NCTR position against plan. The use of registered mental health nurses is also a key driver.
- Nurse agency shifts decreased by 57 or 7% in January compared with December.
- Medical agency expenditure is broadly similar to the previous month. The number of shifts covered has decreased from 207 in December to 142 in January.

In Month vs Prior Year

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

Temporary Staffing

Bank Costs Vs Plan Run Rate

Latest Month

Jan-26

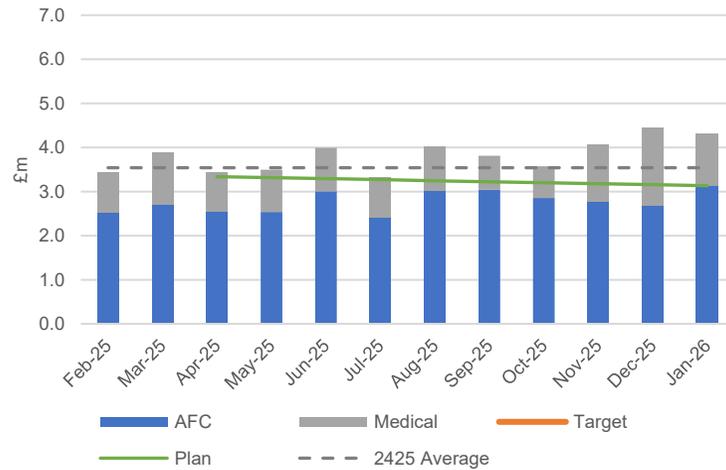
In Month Plan

£3.2m

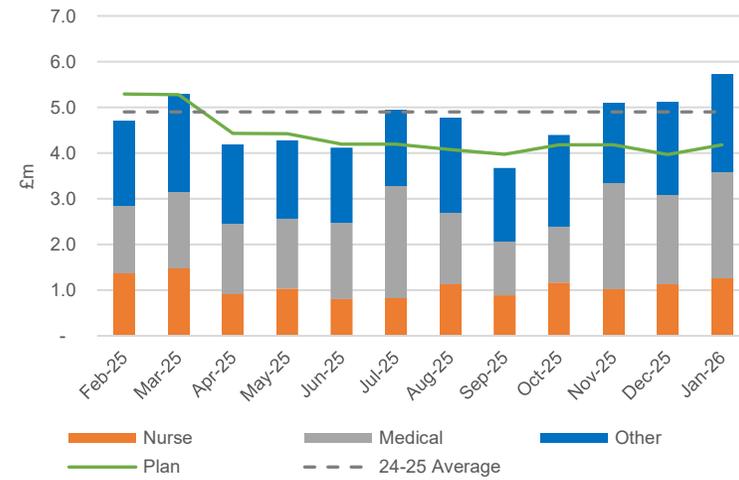
In Month Actual

£4.3m

Bank Spend by Staff Group



Bank Spend by Staff Group



Latest Month

Jan-26

In Month Plan

£4.2m

In Month Actual

£5.7m

Summary

Monthly Trend

- In January (when spend is normalised), there has been a decrease in bank spend compared to December. The decrease is driven by medical staff staff due to industrial action costs in December. This is offset by an increase in AfC costs due to increased escalation and acuity.

In Month vs Prior Year

- Bank spend in month is above the average 2024/25 spend, however 2024/25 spend reduced significantly in the second half of the year due to additional controls put in place.

Summary

Monthly Trend

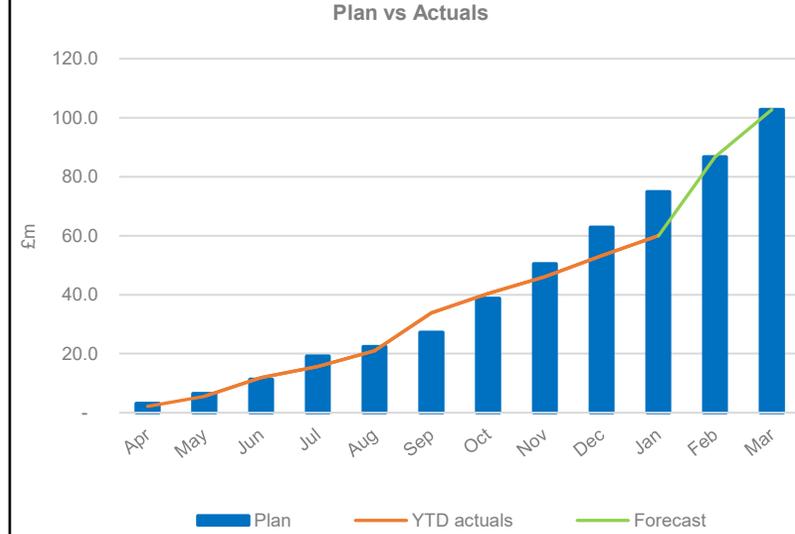
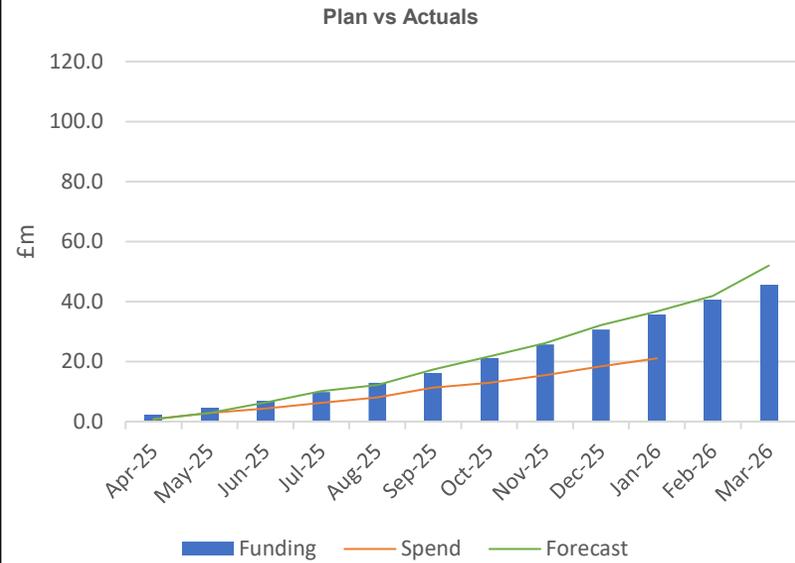
- Bank costs in January are £5.7m, £0.6m higher than December. Costs are £4.8m higher than plan YTD, due mainly to costs associated with operating escalation capacity due to NCTR and Industrial Action. Of the £5.7m spent in January, £2.3m relates to medical bank and £1.3m to registered nurse bank.
- Nurse bank expenditure increased by £0.1m in January from £1.2m in December, whilst shifts decreased by 370 or 5%.
- Medical bank was higher than December at £2.3m. c£0.3m of which relates to back-dated costs.

In Month vs Prior year

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

Capital Actual Vs Plan

Latest Month
Jan-26
In Month Plan
£4.6m
In Month Actual
£2.6m



Latest Month
Jan-26
In Month Plan
£12.0m
In Month Actual
£6.8m

Summary

Summary

- The Trust currently has a system capital allocation of £22.7m for 2025/26. A further £14.7m of projects have been taken forwards as a result of national funding.
- Overall spend in Month 10 was £2.6m. This takes the overall year to date spend to £21.1m, of which £7.7m is against the Bristol Surgical Centre.
- The year-to-date variance against forecast is primarily due to delays across several projects. In most cases, spending is expected to accelerate in the coming months to align with the planned annual expenditure. Where slippage is anticipated into next year, mitigations have been implemented by bringing forward priority capital projects from 2026/27 to ensure full utilisation of available capital funding.
- Overall spend on the Bristol Surgical Centre to date is £49.8m, of which £38.3m relates to the main construction contract.
- The Trust has received approval for a £7.3m Salix grant to be spent on decarbonisation work. This funding will be received throughout the year to match spend.

Summary

Summary

- Following NHSE confirmation of capital funding allocations of £55.2m, the Trust submitted a revised 2025/26 capital plan to NHSE on 30th April 2025 totalling £102.7m. The sources of funding include:
 - £40.5m CDEL allocations from the BNSSG ICS capital envelope;
 - £55.2m PDC matched with CDEL from NHSE including centrally allocated schemes;
 - £5.5m Right of use assets (leases); and
 - £1.5m for donated asset purchases.
- YTD expenditure at the end of January is £60.0m, £14.9m behind the plan of £74.9m. Due to the re-profiling of national funding into future years.
- Significant variances to plan include slippage on Major Capital Schemes (£21.2m) and Estates Schemes (£13.6m), offset in part by ahead of plan delivery against medical equipment, digital services, fire improvement and right of use assets (IFRS16).
- The Trust continues to monitor the forecast outturn via Capital Programme Board and expects to deliver in line with the notified CDEL.

Cash

Actual Vs Plan

Latest Month

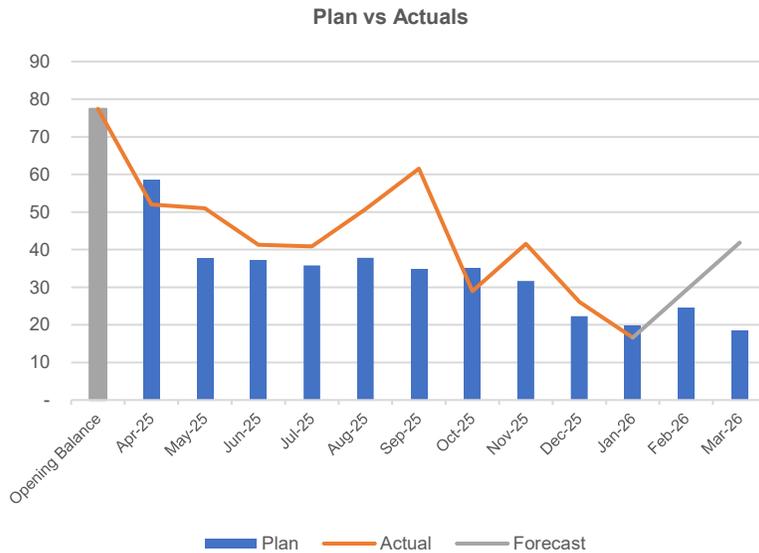
Jan-26

Target

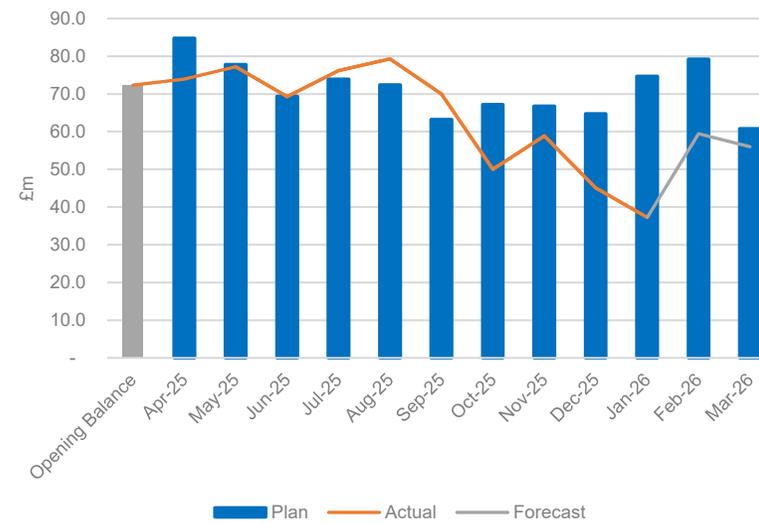
£19.9m

Actual

£16.6m



Plan vs Actuals



Latest Month

Jan-26

Target

£74.7m

Actual

£37.3m

Summary

- In month cash is £16.6m, which is a £9.5m decrease from December driven by the unwinding of £7.5m pre-payment received from BNSSG received in December.
- The cash balance has decreased by £60.8m year to date, driven by capital expenditure, delays in receiving capital income, payment of invoices relating to 2024/25 and the underlying differences between PFI cash payments and the costs recorded in the revenue position .
- Year-to-date cash balances are £3.3m higher than plan and the year end cash balance is forecast to be £21.8m (£3.4m above plan), primarily driven by lower than forecast capital cash spend.

Summary

- The closing cash balance of £37.3m is a decrease of £7.8m from December.
- The £35.0m decrease from 31st March is due to a net cash inflow from operations of £21.1m, offset by cash outflow of £50.3m relating to investing activities (i.e. capital), and cash outflow of £5.9m on financing activities (i.e. loans, leases & PDC).
- The Trust's total cash receipts in January were £110.1m to cover payroll payments of £68.6m and supplier payments of £49.3m.
- YTD cash balances are £37.4m below plan due to timing difference on the Capital Programme (c£20m), in-month delays in receiving income (c£9m), underspend on depreciation (c£2m) and the difference directly related to the shortfall between the forecast year end cash position and the plan (c£6m).
- The forecast year end cash balance is £51.0m, £9.8m below plan.

Assurance and Variation Icons – Detailed Description

ASSURANCE ICON						No icon	
VARIATION ICON	Consistently Passing target (target outside control limits)		Passing target	Passing and Falling short of target subject to random variation	Falling short of target	Consistently Falling short of target (target outside control limits)	No Target
	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.
	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.
	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.
	Special Cause Concerning Variation High, where up is deterioration	Special Cause Concerning Variation High, where up is deterioration and 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.
	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