

Integrated Quality and Performance Report

Month of Publication October 2025
Data up to August 2025

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Key to KPI Variation and Assurance Icons

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

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

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

Escalation Rules: SPC charts for metrics are only included in the IQPR where the combination of icons for that metric has triggered a Business Rule – see page at the end for 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 are number of videos explaining the approach and a series of case studies – these can be accessed via the following link:

[NHS England » Making data count](#)

Scorecards Explained

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

Name of Metric/KPI.

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

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

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

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

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

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

The actual performance for the most recent month.

The actual performance for the previous month.

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

Business Rules and Actions

Assurance						Variation			
					No icon				 
Consistently <u>P</u> assing Target	Meeting or <u>P</u> assing Target for at least Six Months	Inconsistent Passing and Falling Short of Target	<u>F</u> alling Short of Target for at least Six Months	Consistently <u>F</u> alling Short of Target	No Assurance Icon as No Specified Target	Special Cause of Improving Variation due to <u>H</u> igher or <u>L</u> ower Values	<u>C</u> ommon Cause Variation - No Significant	Special Cause of Concerning Variation due to <u>H</u> igher or <u>L</u> 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 dropped slightly during August to 76.7% (78.7% in July) against a March 2026 target of 78% for all attendance types, including type-3 footprint uplift. A combination of increasing demand, high bed occupancy, and continued high levels of 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 improved to 67.4% for August 2025 (73.9% 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. This ambition was central to the Trusts being able 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

UHBW successfully eliminated 65 week waits by the end of 2024/25 and compliance is forecast for Q2 with no patients waiting beyond 65 weeks at the end of August. The potential exception to 65 week wait elimination relates to the previously reported national shortage of graft material, noting that NHSE formal dispensation for cornea graft still applies. Both Trusts have set the ambition that less than 1% of the total waiting list will be waiting 52 weeks by the end of March 2026, with NBT already achieving this ambition.

Diagnostics

For August, NBT's diagnostic performance met the national constitutional standard, reporting at 1.0%. UHBW position in August dropped to 14.7% (14.1% in July) falling short of the August target of 12.8%. Diagnostic recovery plans are in place to continue to meet the recovery trajectory, with improvement in performance expected by the end of Q2.

Cancer Wait Time Standards

During July, UHBW remains compliant with the FDS-28-Day standard and continues to deliver the 31-Day and 62-Day standards with the expectation that this will continue through 2025/26.

At NBT, both FDS and the 62-Day Combined position were off plan for the month of July. 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.

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

There were 17 cases of *Clostridioides Difficile* (*C.Diff*) in UHBW in August. The breakdown for the cases is 14 Hospital acquired hospital onset (HOHA) and 3 community acquired community onset (COHA) above the trajectory of 9.08 cases per month. This brings the 2025/26 year-to-date rate to 62 cases, fewer than 70 cases in the equivalent time period in 2024/25. Antimicrobial stewardship is a key element that should improve as electronic medicines prescribing is implemented from May 2025 facilitating greater scrutiny and collaboration between pharmacy and clinical teams. For NBT there were 5 cases of HOHA and 3 COHA, a reduction on recent months and within the required monthly position to move towards the required annual trajectory.

During August 2025, UHBW recorded 323 medication related incidents. Two medication incidents were recorded as causing moderate, or above harm. From August 2025, data is being reported by incident ‘reported date’, the previous dataset is based on incidents reported by ‘incident date’. Reporting in this way will ensure that all incidents reported are captured in this report. No specific themes have been identified from the low number of medication incidents associated with moderate and above harm following review at the multidisciplinary Medicines Governance Group. At NBT, the rate of medication incidents was 4.6 per 1000 bed days, just above the 6-month average. Incidents of harm remain low with three incidents reporting moderate harm or above.

During August 2025 at UHBW there have been 147 falls, which per 1000 bed days equates to 4.446, this is lower than the Trust target of 4.8 per 1000 bed days. There were 97 falls at the Bristol site and 50 falls at the Weston site. There was one fall with moderate physical and/or psychological harm. The Dementia, Delirium and falls team have identified quality improvement projects for the next 12 months, including 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. At NBT the falls rate was 5.3 per 1000 bed days below the mean level over recent months.

Since the launch of Careflow Medicines Management (CMM) at UHBW in summer 2025, the VTE risk assessment completion is slowly increasing with July reported at almost 80%. We expect this to continue to rise as staff become familiar with the new system and as more wards adopt a mandatory approach. However, despite the improvement in risk assessment completion, we have observed an unexpected reduction in VTE prophylaxis prescribing. This has emerged as CMM has been rolled out across the organisation. In response, we have raised a new risk (Risk 8448): Risk that VTE prophylaxis is not prescribed when indicated. A human factors analysis has identified key contributing factors and targeted actions have been developed to address these issues and strengthen existing controls. Within NBT CMM the early adopter wards went live successfully on 17 September, with remaining Brunel wards to follow on 1st October.

Patient & Carer Experience

At UHBW 42% (24/57) of complaints responses sent out by UHBW in July were within the agreed deadline. 81% (126/156) of responses to PALS concerns sent out by the Trust in July were within the agreed timescale. In July, nearly three times as many cases were investigated as PALS concerns than (formal) complaints. Based on the current standard timescale of 35 working days, it is likely that in the short term the timeliness of complaints responses will remain below target due to the complexity of complaints received and divisional staffing and capacity challenges. In August 2025, 65.2% of formal complaints at NBT were responded to within the agreed timeframe, an improvement from 56.8% the previous month. The ASCR divisional position remains the principal outlier across the trust. The ASCR Divisional Director of Nursing is developing a recovery plan for submission to the NBT Director of Nursing to drive rapid improvement.

Executive Summary – Group Update

Our People

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

Sickness – NBT SPC report shows rolling 12-month sickness whereas UHBW SPC reports the absence in month with the comparative cumulative figure noted in the slide.

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 at NBT is 10.5% in August, below the NBT target of 11.3% for 2025/26. At UHBW, turnover is 9.6% in August and below target.

The vacancy rate at NBT has increased from 8.1% in July to 8.4% in June predominantly driven by increases in establishment associated with the Bristol Surgical Centre. At UHBW the vacancy rate for August is 3%, an increase from 2.8% in July but remaining below target.

For NBT, sickness remains at 4.6% which is above the target of 4.4%, a focus on both sickness management process improvement including risk-tolerance and on our health and wellbeing strategy delivery are in progress aimed at improving the position and for UHBW August sickness is 4.5% in line with target and the previous month's position.

Essential Training

NBT: Current Compliance Rates (top 11) for all staff are increasing; however, they remain below the 85% target at 84.34%, especially Oliver McGowan Mandatory Training (OMMT) at 52.22% (up from 51.63%). Future compliance reporting will distinguish OMMT training compliance from overall compliance, to provide great transparency in the reporting of the latter and in recognition of national expectations to achieve 66% compliance by financial year end. Compliance across the ICB and within the Trust remains on target to achieve the 66% threshold. Internal staff absences, reduced training releases, and OPEL 4 escalations have affected compliance however additional training sessions on-site are being provided to increase training capacity.

UHBW: Essential training compliance rose by 0.6% to 85.7%, below the target of 90%. The position is mainly driven by the low completions of Level 2 Oliver McGowan Mandatory Training (OMM). OMMT compliance continues to improve with 82.9% colleagues completing the level 1 eLearning, however compliance for webinar session for non-clinical staff is 21.5% and 40.2% for the face-to-face session for clinical staff. Increased training capacity within the ICB is positively impacting upon staff accessing the training. Therefore, as stated above, compliance within the Trust and across the ICB remains on target to achievement 66% compliance for the webinar and face-to-face session by financial year end.

Executive Summary – Group Update

Finance

In Month 5 (August) NBT delivered a £0.3m surplus position which is £0.6m favourable to plan. Year to date NBT has delivered a £3.2m deficit position against a £3.2m deficit plan, which is on plan.

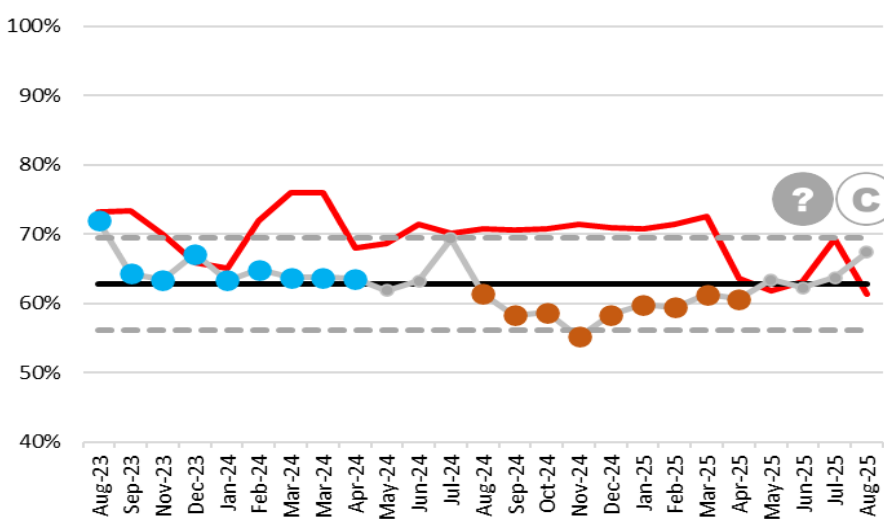
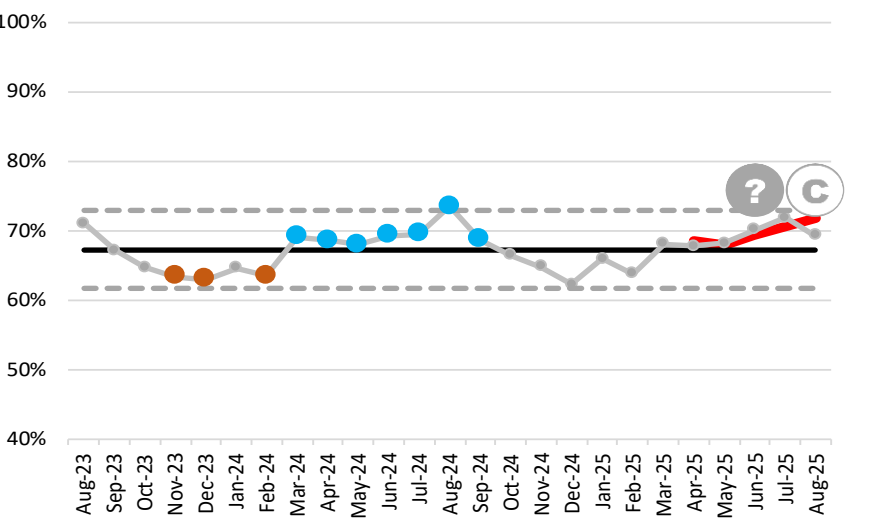
UHBW delivered a £2.0m deficit in month 5, against a deficit plan of £1.9m. UHBW's year to date deficit is £10.0m, £0.8m adverse to the deficit plan of £9.2m.

Pay expenditure within NBT is £0.6m 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 agenda for change staff groups.

Pay expenditure in UHBW is £1.7m higher than the plan for August and £4.7m higher year to date. This is due to staffing exceeding budgeted establishments, particularly across nursing budgets and the inclusion of the additional medical costs to cover the resident doctor industrial action. The position is partly offset by higher than planned pay savings.

The NBT cash balance as at the 31 August 2025 is £50.7m, £12.9m higher than planned, a £39.6m reduction from 31 March 2025.

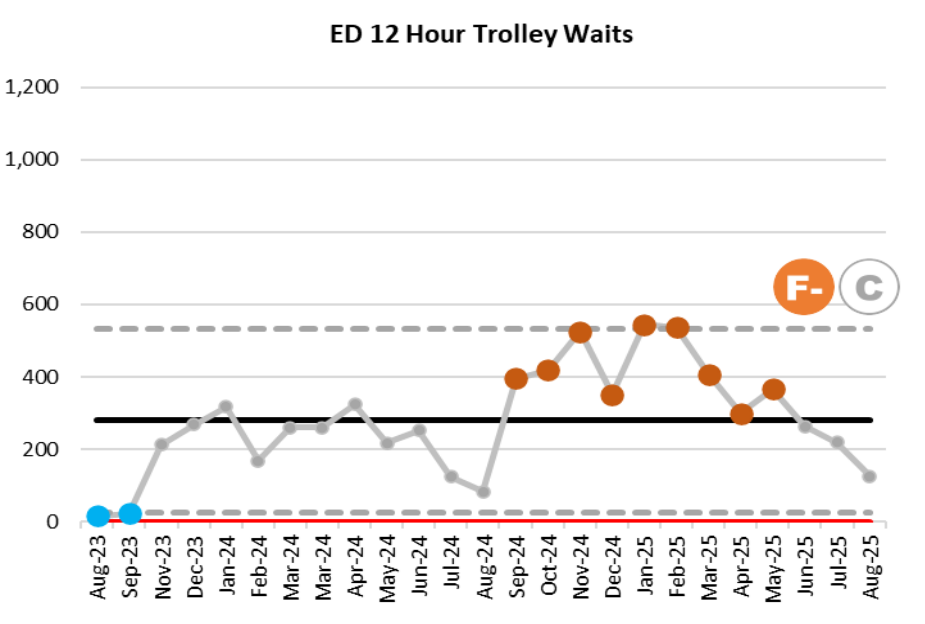
The UHBW cash balance as at the 31 August 2025 is £79.3m, £6.9m higher than planned and a £7.0m increase from 31 March 2025.

Latest Month Aug-25 Target 61.4% Latest Month's Position 67.4% 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 1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).	ED Percentage Spending Under 4 Hours in Department 	ED Percentage Spending Under 4 Hours in Department 	Latest Month Aug-25 Target 71.8% Latest Month's Position 69.3% Performance / Assurance Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation. 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 the month of August improved again to 67.4%, breaking the previous pattern and moving back up above the mean with the best performance since July 2024. Actions being taken to improve The four-hour focus work continues into September, and includes actions to support staff to work differently, including working with national leads on clinical productivity expectations. A GIRFT clinical associate has now been assigned to NBT (an ED consultant by background) and will be spending time with us during the month to work up further action planning. We have a working group growing the continuous flow benefits, including strengthening continuous flow in ASCR and NMSK. We have sustained the improvements made across July to admitted four-hour performance. As part of the UEC transformation programme, ward moves were completed during August which have facilitated Medicine to move into Gate 7B. This move resulted in a reduction to 0-2 medical outliers per day (was c30). Medicine will consolidate the efficiency gains made by creating a specialty ward environment and reducing safari ward rounds. Impact on forecast Efforts this month are focussed on making further improvement to performance, building on recommendations from GIRFT.	What does the data tell us? A decreasing position across the trust against the ED 4-hour standard at 69.3% in August compared to 71.8 % in July. Decrease specifically observed with inpatient breaches (BRI) and associated with an increase in bed occupancy throughout August 104.3% compared to 101.8% in July for the BRI. 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. Whole hospital review of ED 'quality standards' continues, with a specific focus on 'specialty reviews' and 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). Impact on forecast Forecasting improvement plans will continue to iterate and improve the Trust position; c72% in September 25/26. The End of Year Target for this measure is 72.3% (78% inclusive of Sirona type-3 uplift)		

Responsiveness

UEC – Emergency Department Metrics

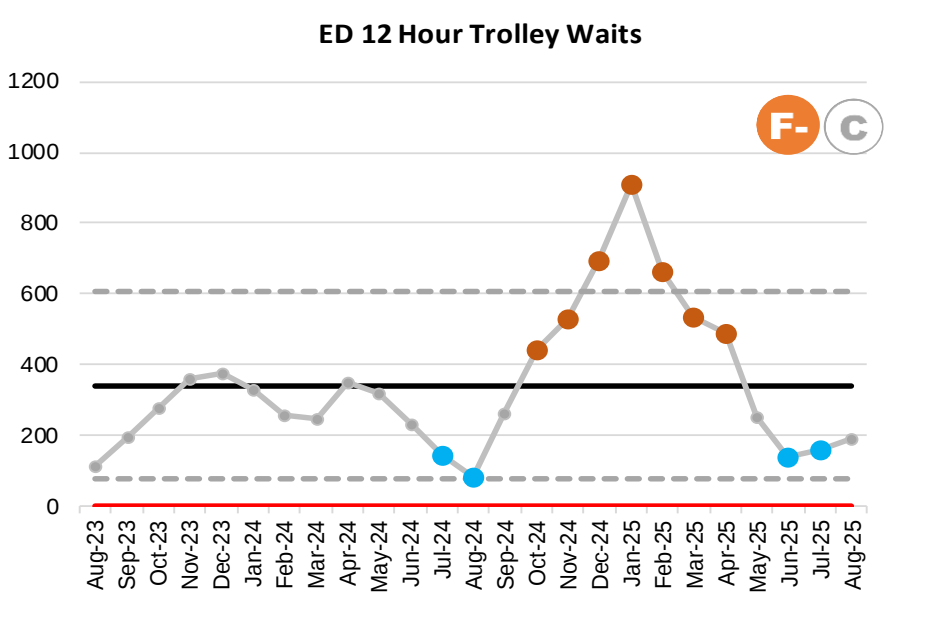
Latest Month
Aug-25
Target
0
Latest Month's Position
126
Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



What does the data tell us?
The number of 12 hour trolley waits decreased compared to the previous month to 126.

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

Impact on forecast
See previous slide – 12 hour trolley waits are likely to reduce in line with overall 12 hour improvement seen so far during September.



What does the data tell us?
The number of 12 Hour trolley waits increased slightly throughout August to 188 compared to 161 in July.

Actions being taken to improve
Note actions from previous two slides

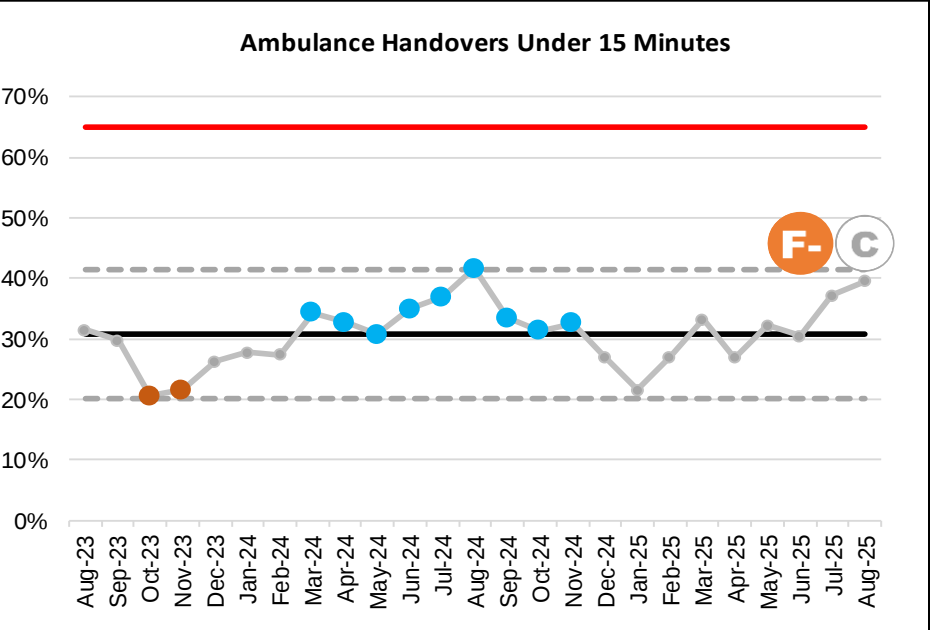
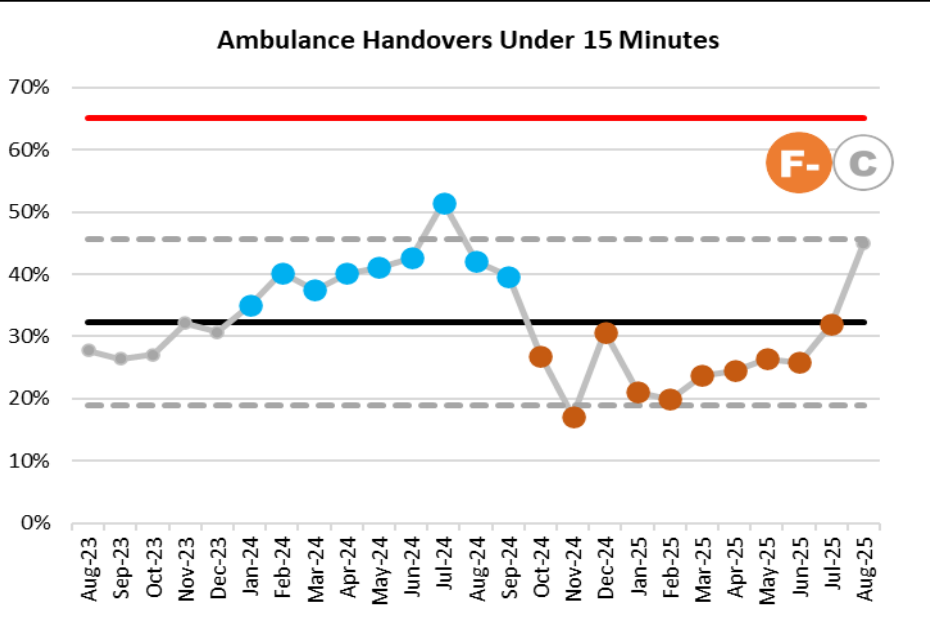
Impact on forecast
Along with improvement work noted against the 4-hour and 12-hour standard, it is anticipated that 12-hour trolley waits will reduce in August as a result of the enhanced focus and re-launch of the ED Quality Standards in relation to “Speciality Reviews” in particular.

Latest Month
Aug-25
Target
0
Latest Month's Position
188
Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration.
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

Responsiveness

UEC – Ambulance Handover Delays

Latest Month
Aug-25
Target
65.0%
Latest Month's Position
45.0%
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
Aug-25
Target
65.0%
Latest Month's Position
39.5%
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 continued to improve over the last six reporting months, with performance now back above the mean, this is despite receiving the highest number of ambulance conveyances since July 2023.

Actions being taken to improve

Following two recent system wide study days led by SWAST, BNSSG has an outline plan to focus prior to winter on:

- 1) Call before convey offer to SWAST – this will build on the work done to date by Frailty ACE but will offer an all-age response for SWAST crews calling from scene to investigate alternatives to conveyance to hospital.
- 2) Outline planning for a system-wide Care Co-Ordination Centre, which will form the initial priority to be taken forwards from the recently developed BNSSG UEC strategy plan.

Impact on forecast

The work planned for September is likely to make further improvements to all aspects of ambulance handover performance.

What does the data tell us?

Ambulance handovers within 15 mins have improved across UHBW throughout August at 39.5% compared to 37.5% in July

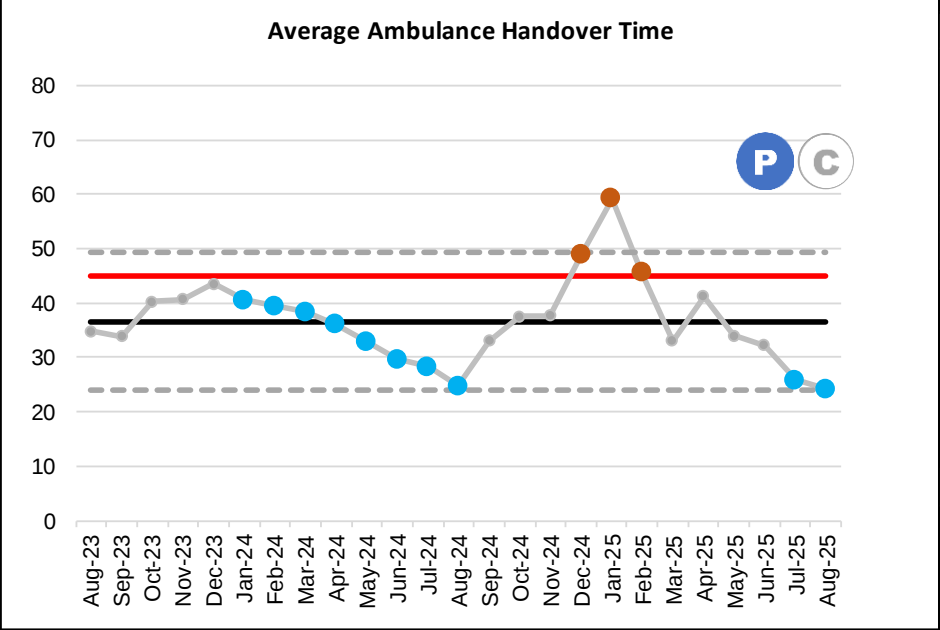
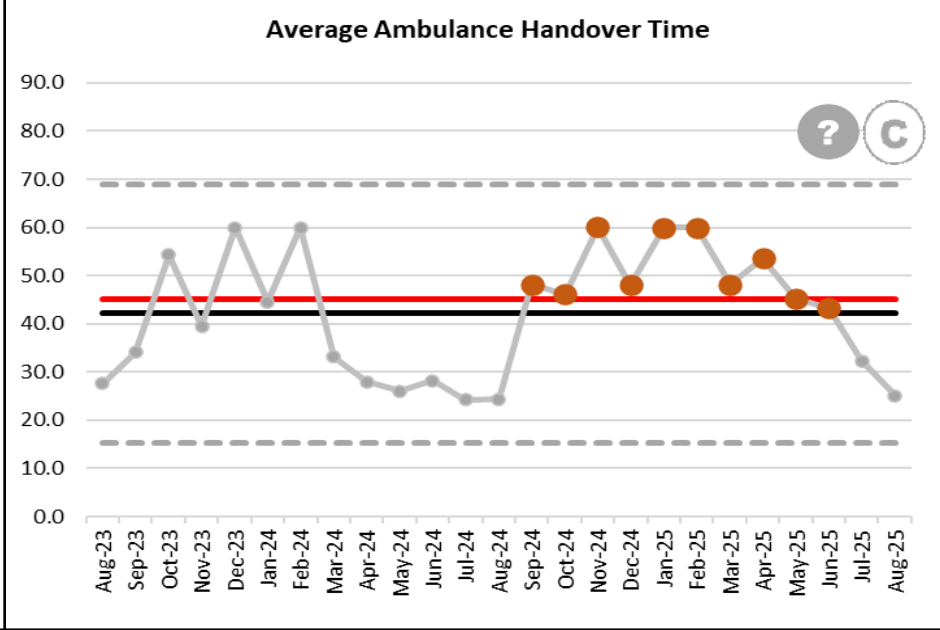
Actions being taken to improve

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.

Impact on forecast

It is anticipated that the ongoing improvement work will continue to contribute to an improved position in the forthcoming months.

Latest Month
Aug-25
Target
24.2
Latest Month's Position
25.1
Performance / Assurance
Common Cause
(natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



Latest Month
Aug-25
Target
45
Latest Month's Position
24.3
Performance / Assurance
Common Cause
(natural/expected) variation where last six data points are less than target where down is improvement.
Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?

For August 2025, the average handover time for ambulance conveyances improved to 25.1 minutes, taking this metric below the mean with best performance since August 2024.

Actions being taken to improve

Following a piece of rapid improvement work undertaken in August, we have an action plan we're following aimed at reducing handover times and delays. This includes identifying a "surge nurse" who will assist with taking handovers during surge periods and implementing new processes in resus and stroke. Direct access to Medical SDEC for paramedics went live on 1 September.

The UEC programme work to relocate minors will unlock space within the current ED footprint which will support better handover time adherence. This is by creating an additional nine majors' spaces and two extra ambulance receiving centre spaces. The start date for the relocation is being recalculated due to the complexity and space availability to relocate services.

Impact on forecast

The actions taken together are expected to improve overall handover times, and therefore average handover.

What does the data tell us?

Average ambulance handover time across UHBW has improved throughout August at 24.3 mins compared to July at around 26 minutes.

Actions being taken to improve

A programme of work has been established focussing specifically on maintaining the zero tolerance to >45-minute ambulance handovers across UHBW. Actions have been identified across the BRI and WGH ED sites in particular - that focus on improving timelier flow of patients out of ED and ensuring more patients are directed to alternative services such as Same Day Emergency Care where appropriate. This in turn will enable continued improvements in ambulance handover times.

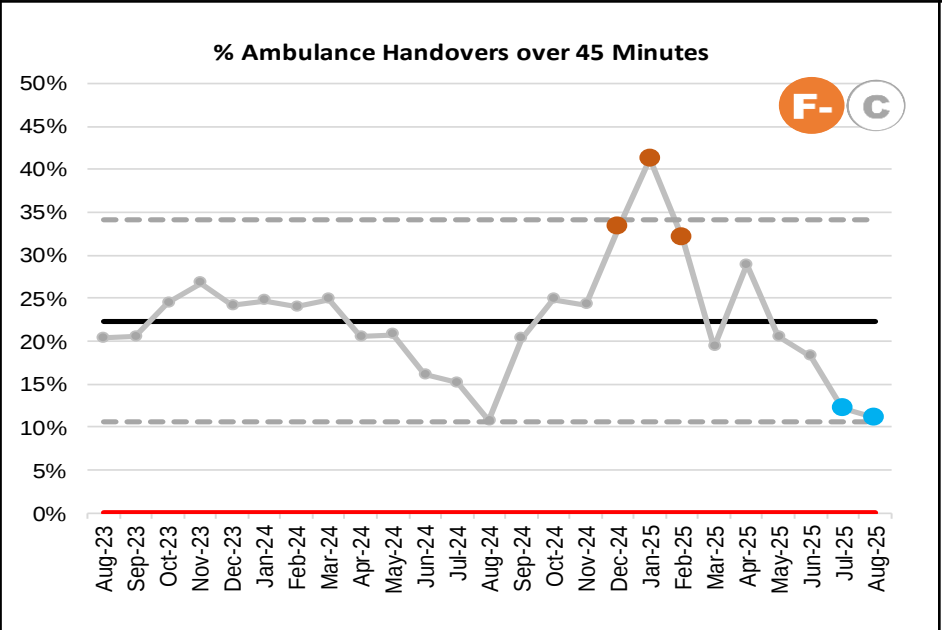
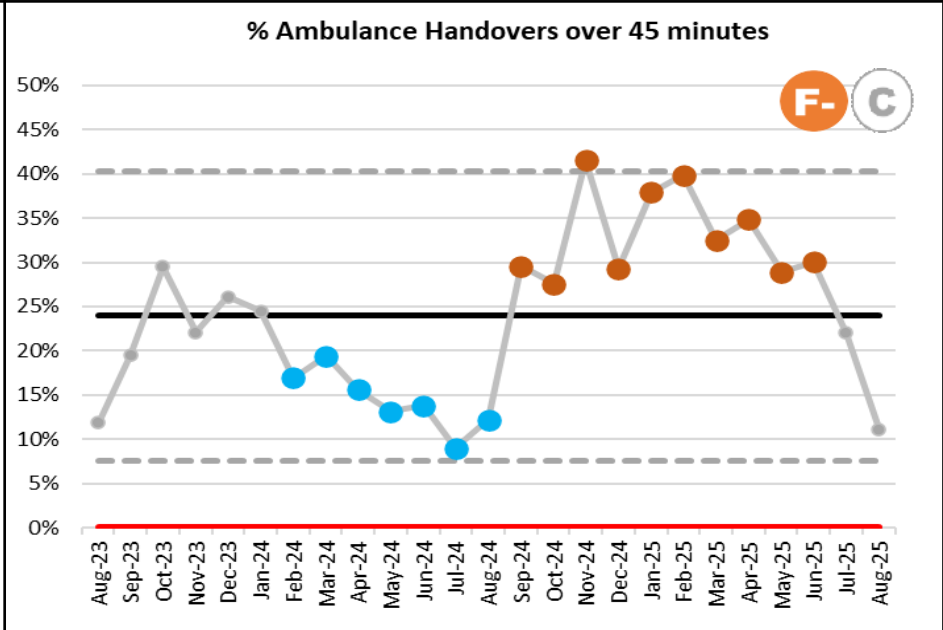
Impact on forecast

The improvement work outlined above is expected to contribute to the ongoing achievement of the <45- minute average ambulance handover time.

Responsiveness

UEC – Ambulance Handover Delays

Latest Month
Aug-25
Target
0.0%
Latest Month's Position
11.1%
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
Aug-25
Target
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.
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 45 minutes improved significantly in August 2025 to 11.1%, taking this metric significantly below the mean with the best performance since August 2024.

Actions being taken to improve

In partnership with SWAST NBT implemented the Timely Handover Plan on 30 June 2025. Since then, we have worked on refining the escalation huddles we use to create capacity. Next steps for September include reviewing the approach taken to staffing cohorts along with further work with SWAST on improving the joint approach to handover. One risk for NBT is that currently mental health handovers to Mason suite are counted against NBT rather than AWP – it has been escalated to senior staff in SWAST and solution are currently being sought.

Impact on forecast

The above ongoing work is likely to improve handovers further in September.

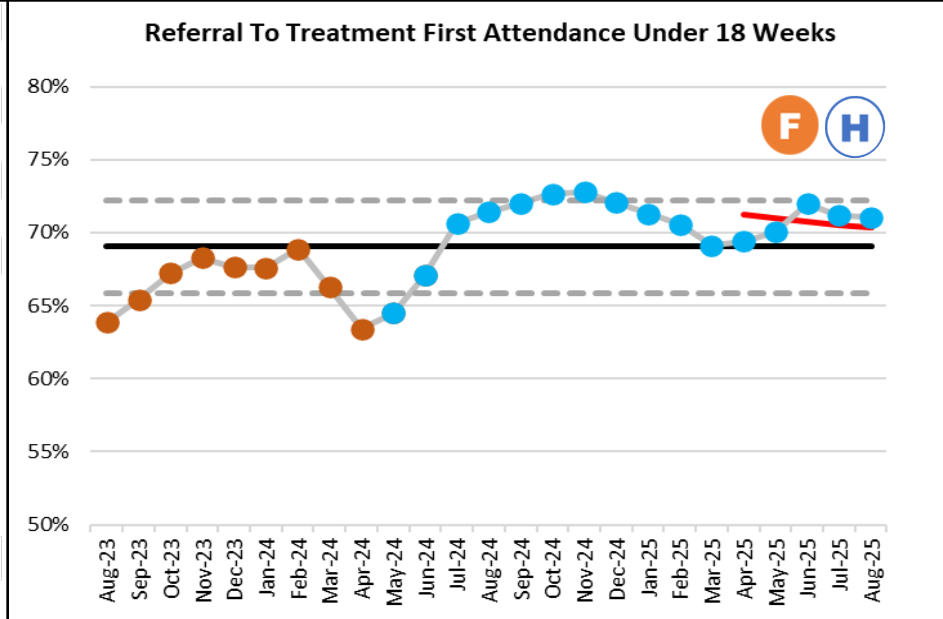
What does the data tell us?

Ambulance handover times within 45 minutes have continued to improve across the last three months.

See Previous Slide for Ambulance Handover Summary detail

Latest Month Aug-25 Target 65.6% Latest Month's Position 65.3% Performance / Assurance Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration, or less than target where down is deterioration Trust Level Risk No Trust Level Risk	Referral To Treatment Ongoing Pathways Under 18 Weeks <table><tr><th>Month</th><th>RTT (%)</th></tr><tr><td>Aug-23</td><td>60.5</td></tr><tr><td>Sep-23</td><td>60.5</td></tr><tr><td>Oct-23</td><td>61.5</td></tr><tr><td>Nov-23</td><td>62.0</td></tr><tr><td>Dec-23</td><td>60.0</td></tr><tr><td>Jan-24</td><td>61.0</td></tr><tr><td>Feb-24</td><td>61.5</td></tr><tr><td>Mar-24</td><td>59.5</td></tr><tr><td>Apr-24</td><td>60.5</td></tr><tr><td>May-24</td><td>61.0</td></tr><tr><td>Jun-24</td><td>63.5</td></tr><tr><td>Jul-24</td><td>63.5</td></tr><tr><td>Aug-24</td><td>64.0</td></tr><tr><td>Sep-24</td><td>64.0</td></tr><tr><td>Oct-24</td><td>66.5</td></tr><tr><td>Nov-24</td><td>67.0</td></tr><tr><td>Dec-24</td><td>66.0</td></tr><tr><td>Jan-25</td><td>65.5</td></tr><tr><td>Feb-25</td><td>65.5</td></tr><tr><td>Mar-25</td><td>65.0</td></tr><tr><td>Apr-25</td><td>63.0</td></tr><tr><td>May-25</td><td>64.0</td></tr><tr><td>Jun-25</td><td>66.0</td></tr><tr><td>Jul-25</td><td>65.5</td></tr><tr><td>Aug-25</td><td>65.3</td></tr></table>	Month	RTT (%)	Aug-23	60.5	Sep-23	60.5	Oct-23	61.5	Nov-23	62.0	Dec-23	60.0	Jan-24	61.0	Feb-24	61.5	Mar-24	59.5	Apr-24	60.5	May-24	61.0	Jun-24	63.5	Jul-24	63.5	Aug-24	64.0	Sep-24	64.0	Oct-24	66.5	Nov-24	67.0	Dec-24	66.0	Jan-25	65.5	Feb-25	65.5	Mar-25	65.0	Apr-25	63.0	May-25	64.0	Jun-25	66.0	Jul-25	65.5	Aug-25	65.3	Referral To Treatment Ongoing Pathways Under 18 Weeks <table><tr><th>Month</th><th>RTT (%)</th></tr><tr><td>Aug-23</td><td>51.5</td></tr><tr><td>Sep-23</td><td>51.5</td></tr><tr><td>Oct-23</td><td>55.0</td></tr><tr><td>Nov-23</td><td>55.0</td></tr><tr><td>Dec-23</td><td>54.5</td></tr><tr><td>Jan-24</td><td>57.0</td></tr><tr><td>Feb-24</td><td>58.0</td></tr><tr><td>Mar-24</td><td>57.5</td></tr><tr><td>Apr-24</td><td>59.0</td></tr><tr><td>May-24</td><td>59.0</td></tr><tr><td>Jun-24</td><td>60.5</td></tr><tr><td>Jul-24</td><td>60.5</td></tr><tr><td>Aug-24</td><td>60.0</td></tr><tr><td>Sep-24</td><td>60.5</td></tr><tr><td>Oct-24</td><td>61.0</td></tr><tr><td>Nov-24</td><td>63.0</td></tr><tr><td>Dec-24</td><td>63.5</td></tr><tr><td>Jan-25</td><td>64.0</td></tr><tr><td>Feb-25</td><td>64.0</td></tr><tr><td>Mar-25</td><td>64.5</td></tr><tr><td>Apr-25</td><td>63.5</td></tr><tr><td>May-25</td><td>64.5</td></tr><tr><td>Jun-25</td><td>64.5</td></tr><tr><td>Jul-25</td><td>65.0</td></tr><tr><td>Aug-25</td><td>64.7</td></tr></table>	Month	RTT (%)	Aug-23	51.5	Sep-23	51.5	Oct-23	55.0	Nov-23	55.0	Dec-23	54.5	Jan-24	57.0	Feb-24	58.0	Mar-24	57.5	Apr-24	59.0	May-24	59.0	Jun-24	60.5	Jul-24	60.5	Aug-24	60.0	Sep-24	60.5	Oct-24	61.0	Nov-24	63.0	Dec-24	63.5	Jan-25	64.0	Feb-25	64.0	Mar-25	64.5	Apr-25	63.5	May-25	64.5	Jun-25	64.5	Jul-25	65.0	Aug-25	64.7	Latest Month Aug-25 Target 65.4% Latest Month's Position 64.7% 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)
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What does the data tell us? At the end of August, the percentage of patients waiting less than 18 weeks was 65.3%, performing just under the Trust trajectory of 65.6% set as part of the Trust operational planning submission (target of 72% by March 2026). This deterioration was partly due to the BMA resident doctor strike which adversely affected outpatient and surgical capacity. 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) has now opened which will see additional activity delivered in orthopaedics and other surgical specialties. The Trust are taking part in the NHS England validation sprint, where an additional validation exercise will focus on patients across a broad range of specialties. Additional patient contacts are being made via DrDoctor to identify whether patients no longer require to be seen (self-limiting conditions). Impact on forecast Anticipated to deliver end of year target	What does the data tell us? At the end of August, the number of patients waiting less than 18-weeks is 34,818 (64.7%) which shows a short fall of 0.7% against the target for the end of August (65.5%) 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 are taking part in the NHS England validation sprint, where an additional validation exercise will focus on patients across a broad range of specialties. 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%																																																																																																										

Latest Month
Aug-25
Target
70.4%
Latest Month's Position
71.1%
Performance / Assurance
Special Cause
Improving Variation
High, where up is improvement but last six data points are less than target
Corporate Risk
No Trust Level Risk

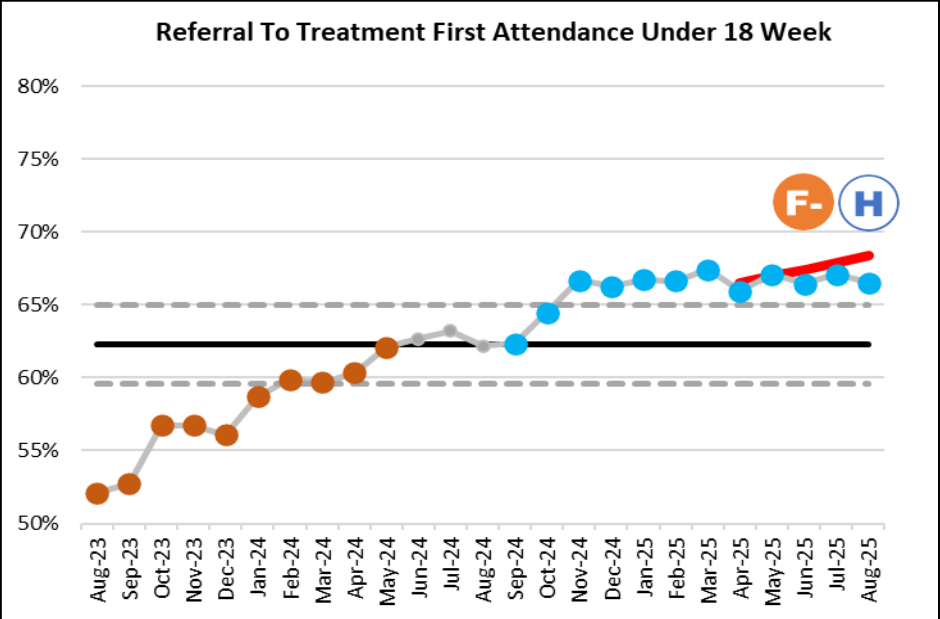


What does the data tell us?
At the end of August, the percentage of patients waiting less than 18 weeks for their first appointment is 71.1%, performing better than the trajectory of 70.4% set as part of the Trust operational planning submission (target of 78% by March 2026)

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.

This also includes 'booking in order' where clinically appropriate, utilisation of available clinic slots to see a greater number of new patients, running additional clinics via waiting list initiatives, increased use of insourcing arrangements and the use of digital solutions to reduce the number of patients who do not attend their appointments.

Impact on forecast
Ongoing work to undertake actions and recover to the trajectory for year-end target.



Latest Month
Aug-25
Target
68.4%
Latest Month's Position
66.5%
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 August, the percentage of patients waiting less than 18 weeks for their first appointment is 66.5% against the target of 68.4% set for August 2025 as part of the Trust operational planning submission (target of 71.7% by March 2026)

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 specialities to ensure that all plans for additional activity is exploited.

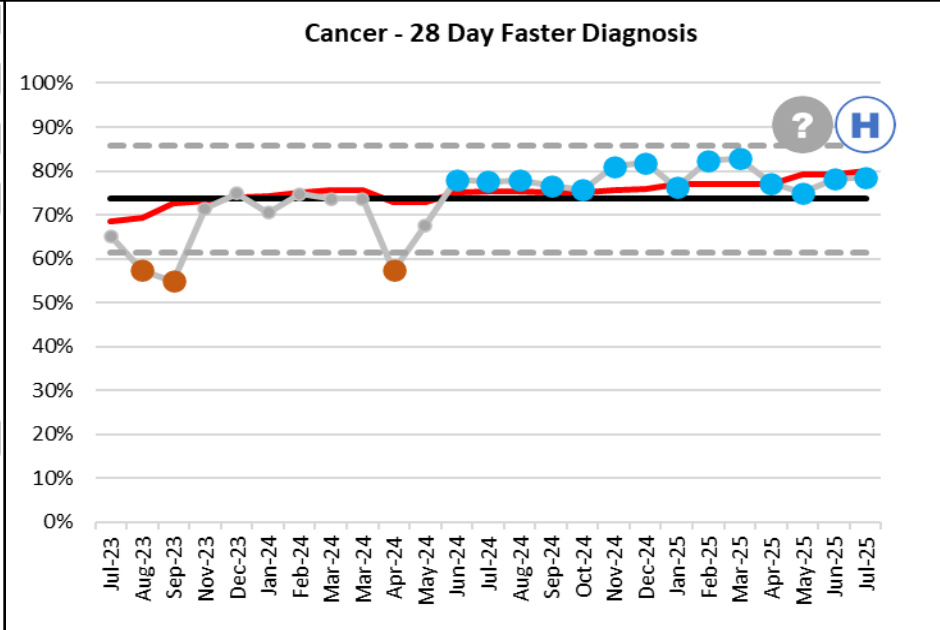
Impact on forecast
Continue to monitor the position with the ambition of delivery of the end of year operational planning trajectory

The End of Year Target for this measure is 71.7%

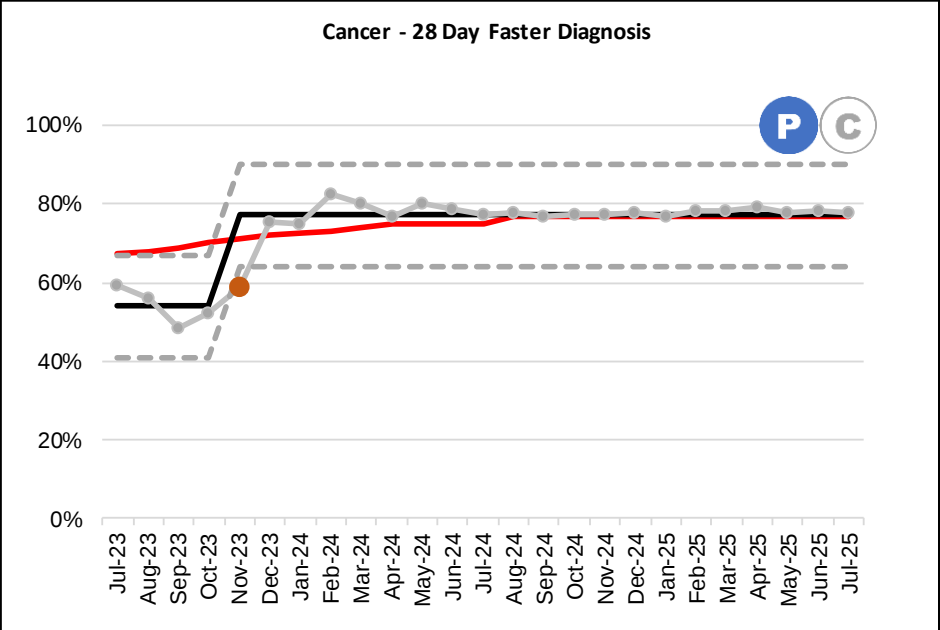
Responsiveness

Planned Care – Cancer Metrics

Latest Month
Jul-25
Target
79.9%
Latest Month's Position
78.6%
Performance / Assurance
Special Cause Improving Variation High (where up is improvement) and last six data points are hitting and missing target, subject to random variation
Trust Level Risk
988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).



No narrative required as per business rules.



No narrative required as per business rules.

Latest Month
Jul-25
Target
77.0%
Latest Month's Position
77.7%
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 6782 - Non-compliance with the 28 day Faster Diagnosis cancer standard (16)

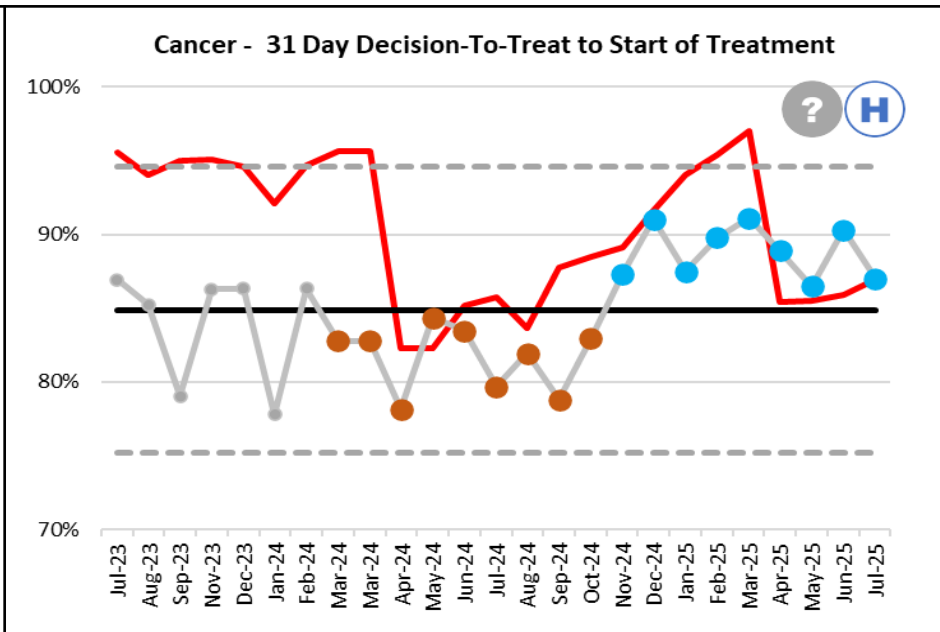
Latest Month Jul-25 Target 71.5% Latest Month's Position 67.1% Performance / Assurance Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration Trust Level Risk 988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).	Cancer - 62 Referral To Treatment <table><tr><th>Month</th><th>Performance (%)</th></tr><tr><td>Jul-23</td><td>62.0</td></tr><tr><td>Aug-23</td><td>61.0</td></tr><tr><td>Sep-23</td><td>58.0</td></tr><tr><td>Nov-23</td><td>61.0</td></tr><tr><td>Dec-23</td><td>61.0</td></tr><tr><td>Jan-24</td><td>53.0</td></tr><tr><td>Feb-24</td><td>58.0</td></tr><tr><td>Mar-24</td><td>59.0</td></tr><tr><td>Mar-24</td><td>59.0</td></tr><tr><td>Apr-24</td><td>60.0</td></tr><tr><td>May-24</td><td>59.0</td></tr><tr><td>Jun-24</td><td>61.0</td></tr><tr><td>Jul-24</td><td>58.0</td></tr><tr><td>Aug-24</td><td>68.0</td></tr><tr><td>Sep-24</td><td>61.0</td></tr><tr><td>Oct-24</td><td>68.0</td></tr><tr><td>Nov-24</td><td>70.0</td></tr><tr><td>Dec-24</td><td>74.0</td></tr><tr><td>Jan-25</td><td>67.0</td></tr><tr><td>Feb-25</td><td>59.0</td></tr><tr><td>Mar-25</td><td>65.0</td></tr><tr><td>Apr-25</td><td>67.0</td></tr><tr><td>May-25</td><td>63.0</td></tr><tr><td>Jun-25</td><td>65.0</td></tr><tr><td>Jul-25</td><td>67.1</td></tr></table>	Month	Performance (%)	Jul-23	62.0	Aug-23	61.0	Sep-23	58.0	Nov-23	61.0	Dec-23	61.0	Jan-24	53.0	Feb-24	58.0	Mar-24	59.0	Mar-24	59.0	Apr-24	60.0	May-24	59.0	Jun-24	61.0	Jul-24	58.0	Aug-24	68.0	Sep-24	61.0	Oct-24	68.0	Nov-24	70.0	Dec-24	74.0	Jan-25	67.0	Feb-25	59.0	Mar-25	65.0	Apr-25	67.0	May-25	63.0	Jun-25	65.0	Jul-25	67.1	Cancer - 62 Day Referral To Treatment <table><tr><th>Month</th><th>Performance (%)</th></tr><tr><td>Jul-23</td><td>68.0</td></tr><tr><td>Aug-23</td><td>66.0</td></tr><tr><td>Sep-23</td><td>65.0</td></tr><tr><td>Oct-23</td><td>62.0</td></tr><tr><td>Nov-23</td><td>66.0</td></tr><tr><td>Dec-23</td><td>75.0</td></tr><tr><td>Jan-24</td><td>70.0</td></tr><tr><td>Feb-24</td><td>70.0</td></tr><tr><td>Mar-24</td><td>77.0</td></tr><tr><td>Apr-24</td><td>73.0</td></tr><tr><td>May-24</td><td>74.0</td></tr><tr><td>Jun-24</td><td>79.0</td></tr><tr><td>Jul-24</td><td>80.0</td></tr><tr><td>Aug-24</td><td>75.0</td></tr><tr><td>Sep-24</td><td>71.0</td></tr><tr><td>Oct-24</td><td>76.0</td></tr><tr><td>Nov-24</td><td>74.0</td></tr><tr><td>Dec-24</td><td>76.0</td></tr><tr><td>Jan-25</td><td>74.0</td></tr><tr><td>Feb-25</td><td>74.0</td></tr><tr><td>Mar-25</td><td>73.0</td></tr><tr><td>Apr-25</td><td>75.0</td></tr><tr><td>May-25</td><td>78.0</td></tr><tr><td>Jun-25</td><td>74.0</td></tr><tr><td>Jul-25</td><td>78.0</td></tr></table>	Month	Performance (%)	Jul-23	68.0	Aug-23	66.0	Sep-23	65.0	Oct-23	62.0	Nov-23	66.0	Dec-23	75.0	Jan-24	70.0	Feb-24	70.0	Mar-24	77.0	Apr-24	73.0	May-24	74.0	Jun-24	79.0	Jul-24	80.0	Aug-24	75.0	Sep-24	71.0	Oct-24	76.0	Nov-24	74.0	Dec-24	76.0	Jan-25	74.0	Feb-25	74.0	Mar-25	73.0	Apr-25	75.0	May-25	78.0	Jun-25	74.0	Jul-25	78.0	Latest Month Jul-25 Target 73.2% Latest Month's Position 78.0% Performance / Assurance Special Cause Improving Variation High, where up is improvement and last six data points are greater than or equal to target. Corporate Risk Risk 5531 - Non-compliance with the 62 day cancer standard (12)
Month	Performance (%)																																																																																																										
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What does the data tell us? 62-Day performance did not meet the trajectory for July. The overall treatment volume was in line with plan however there were more reported breaches. This was driven by Breast and Urology. Actions being taken to improve Additionality in Urology Robotic Assisted Laparoscopic Prostatectomy is required to clear local and tertiary workload. Agreed investment into diagnostic capacity, specifically MpMRI. Additional capacity in all tumour sites is planned to balance demand. Impact on forecast Breaches remain high for August; it is expected to remain off trajectory.	No narrative required as per business rules.
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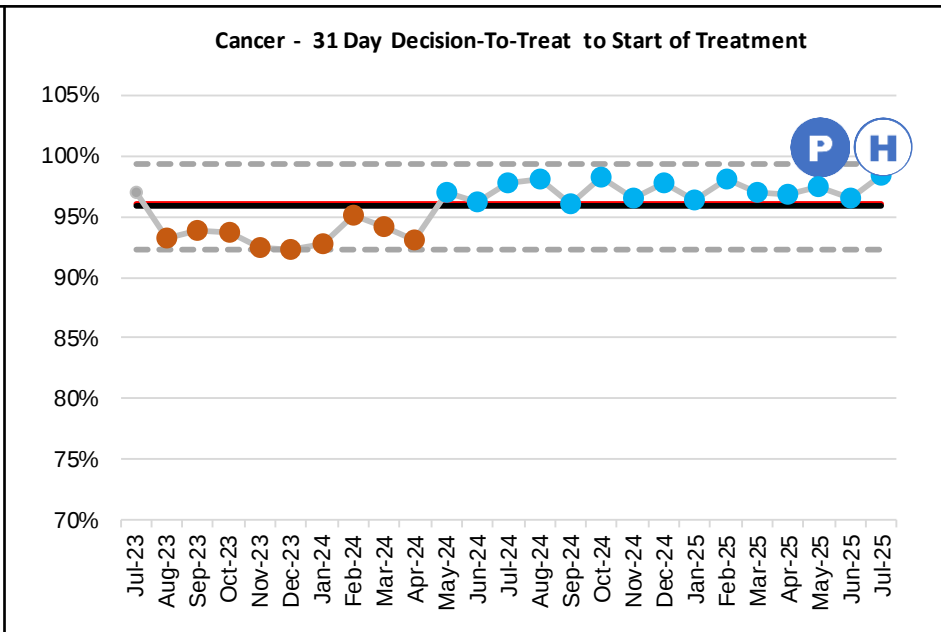
Responsiveness

Planned Care – Cancer Metrics

Latest Month Jul-25 Target 87.0% Latest Month's Position 87.0% Performance / Assurance Special Cause Improving Variation High (where up is improvement) and last six data points are hitting and missing target, subject to random variation Trust Level Risk 988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).
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No narrative required as per business rules.



Latest Month
Jul-25
Target
96.0%
Latest Month's Position
98.4%
Performance / Assurance
Special Cause Improving Variation High, where up is improvement and last six data points are greater than or equal to target.
Corporate Risk
Risk 5532 - Non-compliance with the 31 day cancer standard (12)

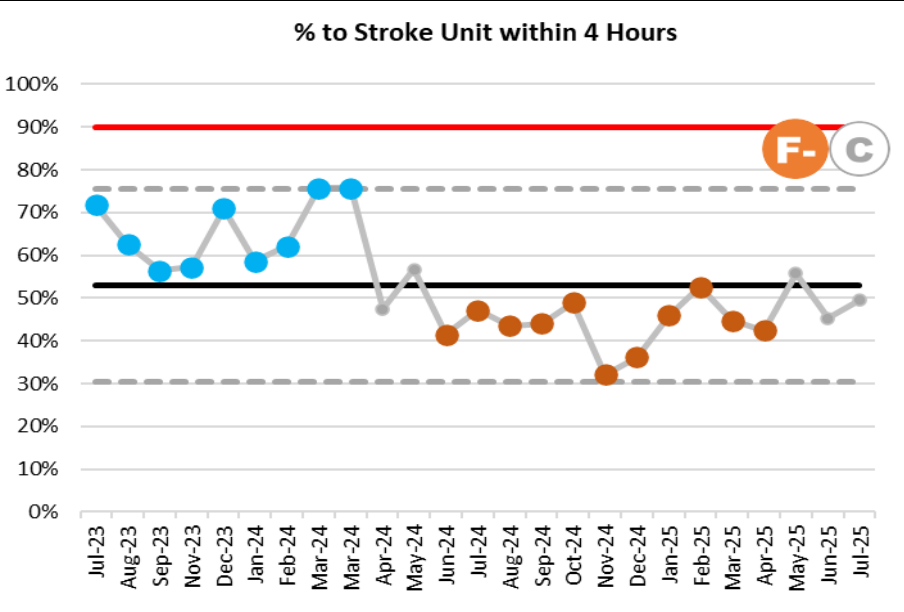
No narrative required as per business rules.

NHS North Bristol NHS Trust		Responsiveness Last Minute Cancelled Operations		NHS University Hospitals Bristol and Weston NHS Foundation Trust																																																																																																									
Latest Month Aug-25 Target 0.8% Latest Month's Position 0.5% 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	Last Minute Cancelled Operations - Percentage of Elective Admissions <table><caption>Last Minute Cancelled Operations - Percentage of Elective Admissions</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Aug-23</td><td>0.35%</td></tr><tr><td>Sep-23</td><td>0.55%</td></tr><tr><td>Oct-23</td><td>0.65%</td></tr><tr><td>Nov-23</td><td>0.70%</td></tr><tr><td>Dec-23</td><td>0.85%</td></tr><tr><td>Jan-24</td><td>0.65%</td></tr><tr><td>Feb-24</td><td>0.40%</td></tr><tr><td>Mar-24</td><td>0.40%</td></tr><tr><td>Apr-24</td><td>0.50%</td></tr><tr><td>May-24</td><td>0.45%</td></tr><tr><td>Jun-24</td><td>0.70%</td></tr><tr><td>Jul-24</td><td>0.45%</td></tr><tr><td>Aug-24</td><td>0.40%</td></tr><tr><td>Sep-24</td><td>0.55%</td></tr><tr><td>Oct-24</td><td>0.55%</td></tr><tr><td>Nov-24</td><td>0.65%</td></tr><tr><td>Dec-24</td><td>0.95%</td></tr><tr><td>Jan-25</td><td>0.65%</td></tr><tr><td>Feb-25</td><td>0.45%</td></tr><tr><td>Mar-25</td><td>0.55%</td></tr><tr><td>Apr-25</td><td>0.50%</td></tr><tr><td>May-25</td><td>0.70%</td></tr><tr><td>Jun-25</td><td>0.65%</td></tr><tr><td>Jul-25</td><td>0.45%</td></tr><tr><td>Aug-25</td><td>0.50%</td></tr></tbody></table>		Month	Percentage	Aug-23	0.35%	Sep-23	0.55%	Oct-23	0.65%	Nov-23	0.70%	Dec-23	0.85%	Jan-24	0.65%	Feb-24	0.40%	Mar-24	0.40%	Apr-24	0.50%	May-24	0.45%	Jun-24	0.70%	Jul-24	0.45%	Aug-24	0.40%	Sep-24	0.55%	Oct-24	0.55%	Nov-24	0.65%	Dec-24	0.95%	Jan-25	0.65%	Feb-25	0.45%	Mar-25	0.55%	Apr-25	0.50%	May-25	0.70%	Jun-25	0.65%	Jul-25	0.45%	Aug-25	0.50%	Last Minute Cancelled Operations - Percentage of Elective Admissions <table><caption>Last Minute Cancelled Operations - Percentage of Elective Admissions</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Aug-23</td><td>2.05%</td></tr><tr><td>Sep-23</td><td>1.50%</td></tr><tr><td>Oct-23</td><td>1.95%</td></tr><tr><td>Nov-23</td><td>1.80%</td></tr><tr><td>Dec-23</td><td>2.35%</td></tr><tr><td>Jan-24</td><td>2.40%</td></tr><tr><td>Feb-24</td><td>2.20%</td></tr><tr><td>Mar-24</td><td>1.80%</td></tr><tr><td>Apr-24</td><td>2.35%</td></tr><tr><td>May-24</td><td>3.25%</td></tr><tr><td>Jun-24</td><td>2.35%</td></tr><tr><td>Jul-24</td><td>3.35%</td></tr><tr><td>Aug-24</td><td>2.40%</td></tr><tr><td>Sep-24</td><td>2.60%</td></tr><tr><td>Oct-24</td><td>1.55%</td></tr><tr><td>Nov-24</td><td>2.90%</td></tr><tr><td>Dec-24</td><td>2.95%</td></tr><tr><td>Jan-25</td><td>2.55%</td></tr><tr><td>Feb-25</td><td>2.35%</td></tr><tr><td>Mar-25</td><td>1.65%</td></tr><tr><td>Apr-25</td><td>1.50%</td></tr><tr><td>May-25</td><td>1.75%</td></tr><tr><td>Jun-25</td><td>1.95%</td></tr><tr><td>Jul-25</td><td>1.75%</td></tr><tr><td>Aug-25</td><td>1.60%</td></tr></tbody></table>		Month	Percentage	Aug-23	2.05%	Sep-23	1.50%	Oct-23	1.95%	Nov-23	1.80%	Dec-23	2.35%	Jan-24	2.40%	Feb-24	2.20%	Mar-24	1.80%	Apr-24	2.35%	May-24	3.25%	Jun-24	2.35%	Jul-24	3.35%	Aug-24	2.40%	Sep-24	2.60%	Oct-24	1.55%	Nov-24	2.90%	Dec-24	2.95%	Jan-25	2.55%	Feb-25	2.35%	Mar-25	1.65%	Apr-25	1.50%	May-25	1.75%	Jun-25	1.95%	Jul-25	1.75%	Aug-25	1.60%	Latest Month Aug-25 Target 1.5% Latest Month's Position 1.6% Performance / Assurance Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation. Corporate Risk Corporate Risk 1035 - Risk that BNSSG and tertiary catchment populations do not have access to sufficient critical care beds (16)
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No narrative required as per business rules.		What does the data tell us? Improvements in data quality and a concerted focus within divisions has contributed towards an improved performance in August (1.8 July). During August 2025, there were 126 cancelled operations out of 7,730 total admissions (1.63%) against a target of 1.5%; 44 related to non-surgical specialties (primarily due to no ward beds) and 92 to surgical admissions, which were primarily due to available operating time and rescheduling of cases to prioritise clinically urgent patients. Actions being taken to improve Actions for reducing last minute cancellations are being delivered by the Trust’s Theatre Productivity Programme. As part of this Programme, the Theatre Improvement Delivery Group and Planned Care Group are continuing to work on the data quality associated with this metric. A dashboard is available, with data concerning the timeliness of validation at specialty level. The dashboard is in use across divisions and monitored via Planned Care Group. Impact on forecast Continued improvement expected during Q2 2025/26 through focussed management as referenced above.																																																																																																											

Responsiveness

Stroke Performance - NBT

Latest Month
Jul-25
Target
90.0%
Latest Month's Position
49.5%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
No Trust Level Risk



What does the data tell us?

There has been an improvement in the proportion of stroke patients admitted to the stroke unit within four hours of arrival during July. *Please note that July submissions to SSNAP are currently ongoing.*

Actions being taken to improve

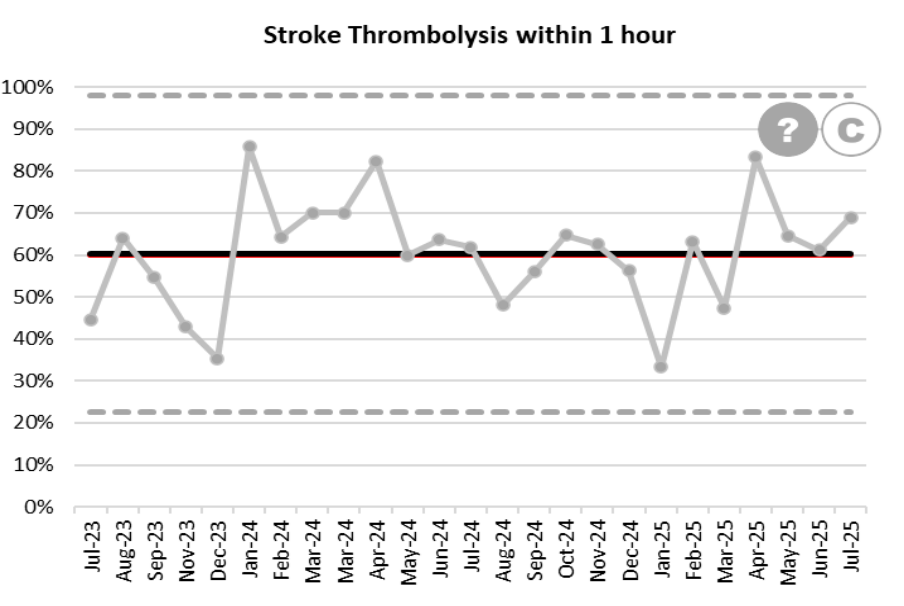
The implementation of the revised flow processes to support timely transfers from the Emergency Department to the stroke unit. Ongoing targeted improvement work within the Stroke Assessment Area and the wards to enhance patient flow and reduce delays.

The Hot Bed SOP is almost finalised to support the creation of beds on a consistent basis, ensuring availability for new patients.

Impact on Forecast

The improvement plan continues to be rolled out. However, performance remains challenged by high bed occupancy (including NCTR patients) and sustained pressure within the Emergency Department.

Latest Month
Jul-25
Target
60.0%
Latest Month's Position
69.0%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random
Trust Level Risk
No Trust Level Risk



What does the data tell us?

Performance in July has improved and continues to exceed the 60% target. However, this data is based on a small patient cohort which can influence variability. Several of the recorded breaches are attributable to valid clinical reasons. There is also a growing trend toward considering extended thrombolysis on a case-by-case basis, which often requires additional investigations to support safe and informed decision-making. While these cases remain infrequent, this tailored approach may result in longer door-to-needle times, with the overarching goal of improving patient outcomes. *Please note that July submissions to SSNAP are currently ongoing.*

Actions being taken to improve

NBT is one of 12 trusts nationally taking part in the Thrombolysis in Acute Stroke Collaborate (TASC) prestigious programme, aimed at increasing thrombolysis rates and improving door-to-needle times. The programme provides targeted quality improvement support, peer learning, and access to national best practice to help embed sustainable changes within the stroke pathway. Review of Stroke Imaging Protocol in relation to extended Thrombolysis cases.

Impact on Forecast

The projected 12-month outcome includes a potential doubling of thrombolysis treatment rates, alongside a significant improvement in average door-to-needle times.

Responsiveness

Stroke Performance - NBT

Latest Month

Jul-25

Target

90.0%

Latest Month's Position

70.1%

Performance / Assurance

Common Cause

(natural/expected)

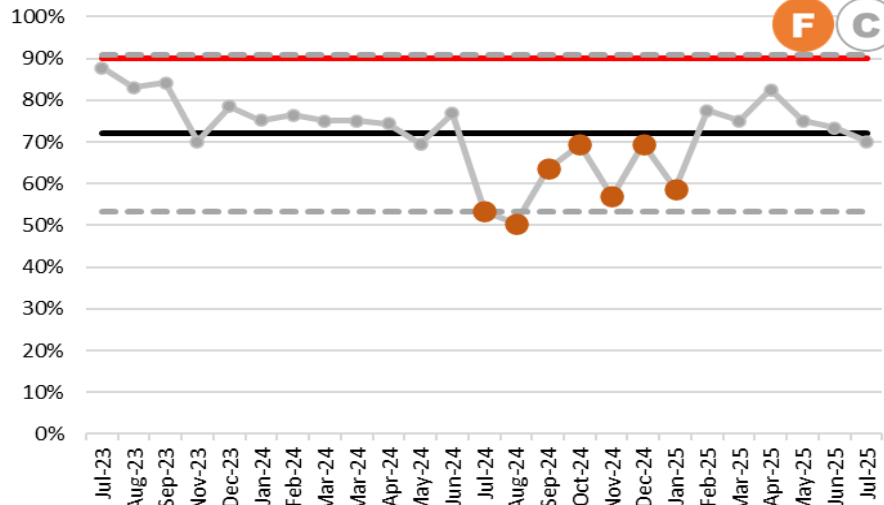
variation where last six data points are less than target where down is

deterioration

Trust Level Risk

No Trust Level Risk

90% Time in Stroke Unit Performance



What does the data tell us?

Performance has declined slightly, primarily due to high stroke bed occupancy. As a result, some NCTR patients are being accommodated outside the Stroke Unit, which is negatively affecting this metric. Stroke Unit within 4 hours also impacts this metric. Overall stroke occupancy correlates directly with 90% in stroke unit.

Please note that July submissions to SSNAP are currently ongoing.

Actions being taken to improve

Actions already described in Stroke unit within 4 hours metric – including the Hot bed SOP which is almost finalised.

Impact on Forecast

Current occupancy levels remain at the numbers we have seen since Feb 25' with an increase in May/June before a drop again mid-July (July submissions to SSNAP are currently ongoing so not all data fed through). End of August/start of September is showing an initial increase in numbers again, at May/June levels.

Latest Month

Jul-25

Target

90.0%

Latest Month's Position

88.5%

Performance / Assurance

Common Cause

(natural/expected)

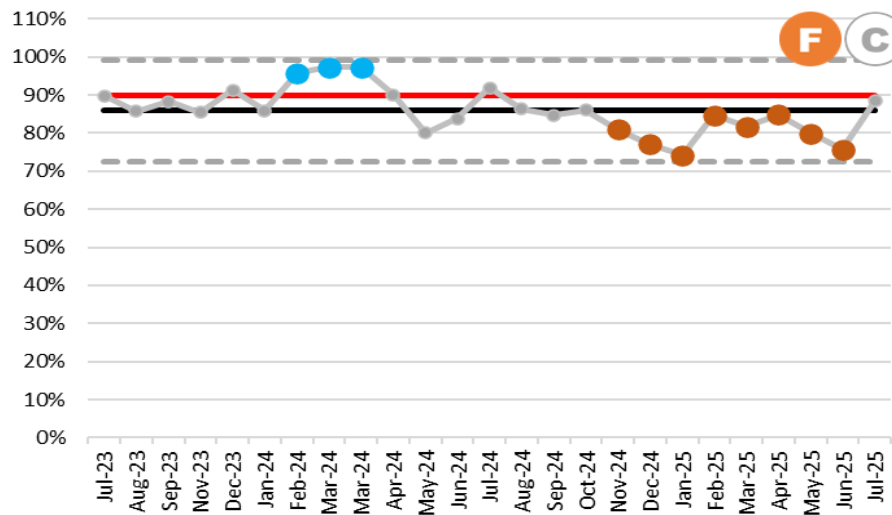
variation where last six data points are less than target where down is

deterioration

Trust Level Risk

No Trust Level Risk

% Seen within 14 Hours by a Stroke Consultant



What does the data tell us?

There has been an improvement in performance in July for the percentage of patients reviewed by a stroke consultant within 14 hours of admission.

Please note that July submissions to SSNAP are currently ongoing.

Actions being taken to improve

Recent performance improvements have been supported by a more sustainable and consistent consultant rota. From August, the timing of the HASU board round was adjusted to start slightly later, enabling earlier PTWR and improving consultant review times for patients admitted overnight. Additionally, progress has been made on enhancing documentation processes: updates to the paper admission proforma and the Careflow narrative form are underway to improve the accuracy and completeness of data capture for this metric.

Impact on Forecast

With current workforce stability and enhanced data capture processes, strong performance in timely consultant reviews is expected to continue.

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Safe	Pressure Injuries Per 1,000 Beddays	NBT	Aug-25	0.5	No Target	0.3	N/A	C	Note Performance
		UHBW	Aug-25	0.1	0.4	0.1	P*	C	Note Performance
Safe	MRSA Hospital Onset Cases	NBT	Aug-25	0	0	0	F	C	Escalation Summary
		UHBW	Aug-25	0	0	2	F	C	Escalation Summary
Safe	CDiff Healthcare Associated Cases	NBT	Aug-25	5	5	7	?	C	Escalation Summary
		UHBW	Aug-25	17	9	14	?	C	Escalation Summary
Safe	Falls Per 1,000 Beddays	NBT	Aug-25	5.3	No Target	6.0	N/A	C	Note Performance
		UHBW	Aug-25	4.4	4.8	4.9	?	C	Escalation Summary
Safe	Total Number of Patient Falls Resulting in Harm	NBT	Aug-25	1	No Target	3	N/A	C	Note Performance
		UHBW	Aug-25	1	2	3	?	C	Escalation Summary
Safe	Medication Incidents per 1,000 Bed Days	NBT	Aug-25	4.6	No Target	4.2	N/A	L	Note Performance
		UHBW	Aug-25	9.6	No Target	11.0	n/a	C	Note Performance
Safe	Medication Incidents Causing Moderate or Above Harm	NBT	Aug-25	3	0	2	F	C	Escalation Summary
		UHBW	Aug-25	2	0	1	F	C	Escalation Summary
Safe	Adult Inpatients who Received a VTE Risk Assessment	NBT	Aug-25	91.7%	95.0%	91.2%	F-	C	Escalation Summary
		UHBW	Aug-25	82.2%	95.0%	82.0%	F-	C	Escalation Summary
Safe	Staffing Fill Rate	NBT	Aug-25	100.6%	No Target	98.6%	N/A	C	Note Performance
		UHBW	Aug-25	103.9%	100.0%	105.6%	P	H	Note Performance

Assurance

P*

P

?

F

F-

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

Variation

H

L

C

H

L

Improving Variation

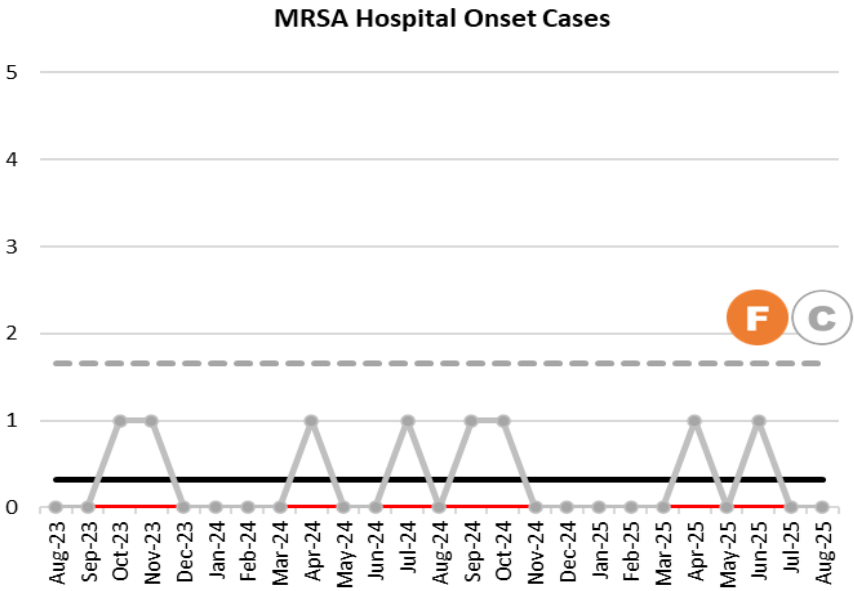
Common Cause (natural) Variation

Concerning Variation

Quality

Infection Control

Latest Month
Aug-25
Target
0
Latest Month's Position
0
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration
Trust Level Risk
No Trust Level Risk



What does the data tell us?

With no new cases reported in August, this totals two this year to date.

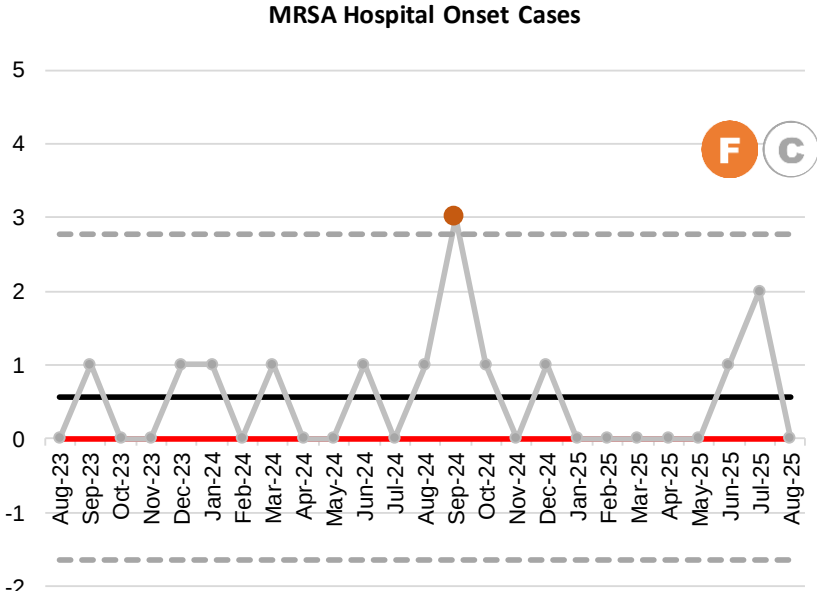
Actions taken to improve

The HCAI improvement and reporting group continues to have oversight and monitor potential risk factors. Work continue on influencing factors surrounding screening and decolonisation as well improvements with vascular management, access and education.

NBT will be taking part in some regional improvement work focusing on MSSA and MRSA reduction, learning from all MRSA cases are shared with the ICB

Impact on forecast

The intention is to improve the position with the plans outlined above.



What does the data tell us?

In August, UHBW saw no additional cases for MRSA. The trust year-to-date rate is 3.

Actions being taken to improve

- The three cases are unrelated by location.
- Previously reported actions continue using audit data to drive improvements in MRSA compliance and targeted patient screening and decolonisation. Further actions for improvement will follow.
- A quality improvement group has been convened to take forward associated improvement work regarding intravenous (IV) line care.

Impact on forecast

The intention is to continue vigilance and risk reduction interventions to reach and sustain zero cases. In the NHSE League tables of hospitals reported in September, reported UHBW at 132/ 134 hospitals nationally for MRSA bacteraemia.

Latest Month
Aug-25
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?

During August 2025, NBT recorded 141 medication incidents. Three medication incidents were reported as causing moderate harm to a patient.

Actions being taken to improve

Over the past few months, the Medicines Governance Team and Patient Safety team have been taking stock of the success of, and challenges faced by the Medicines Safety Forum – a group previously in place to consider and address medicines safety challenges. At present the monthly meetings have been paused to reflect on the learning to date and work is in progress to consider how we approach Medicines Safety as a hospital group and inform our Medicines Safety Strategy going forward.

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 August 2025, UHBW recorded 323 medication related incidents. Two medication incidents were recorded as causing moderate, or above harm.

From August 2025, data is being reported by incident ‘reported date’, the previous dataset is based on incidents reported by ‘incident date’. Reporting in this way will ensure that all incidents reported are captured in this report. The dataset pre-April 2024 is based on previous harm descriptors in place in the Trust. The data indicates a good reporting culture with a low percentage of harm incidents (0.6%) compared to number of incidents.

Actions being taken to improve

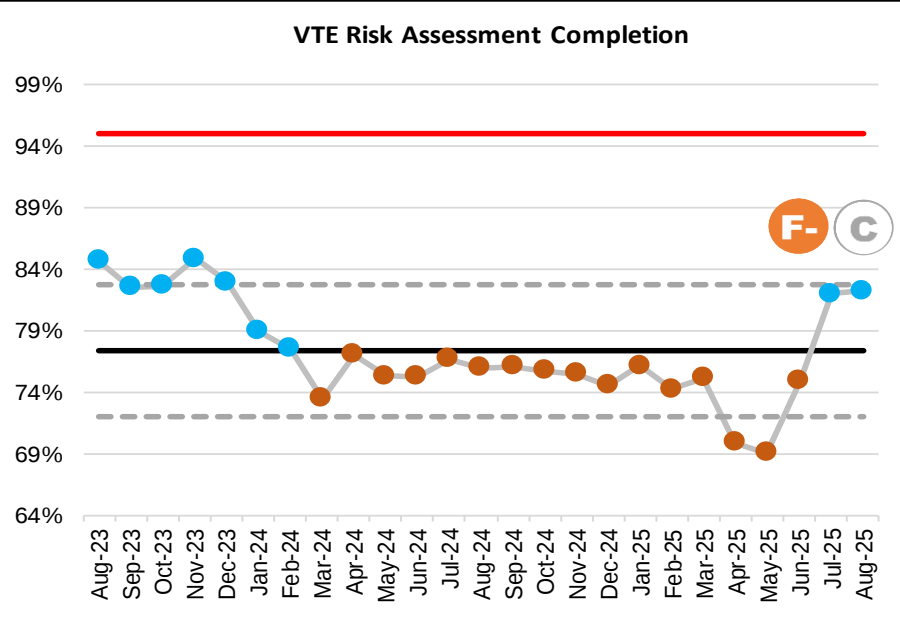
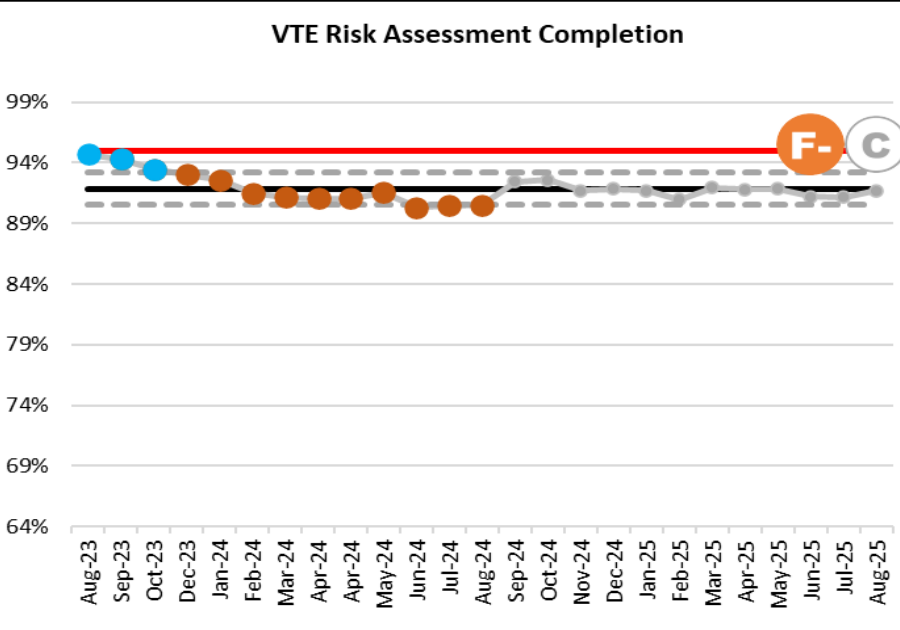
Medication incidents are reviewed by the UHBW medication safety team. Incidents are identified for enhanced learning response according to the Patient Safety Incident Response Plan. No specific themes have been identified from the low number of medication incidents associated with moderate and above harm following review at the multidisciplinary Medicines Governance Group. The implementation of Careflow Medicines Management will help reduce some risks associated with medicines use.

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. This takes advantage of the new joint Hospital Group Medication Safety Officer role.

Quality

VTE Risk Assessment

Latest Month
Aug-25
Target
95.0%
Latest Month's Position
91.7%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
No Trust Level Risk



Latest Month
Aug-25
Target
95%
Latest Month's Position
82.2%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration.
Corporate Risk
No Corporate Risk

What does the data tell us?
VTE risk assessment completion is improving slightly. In June 2022, there was a noticeable dip in VTE RA compliance. An audit of patient notes revealed that VTE forms were not consistently completed.

Actions that are being taken to improve
In February 2023, a pilot of a VTE digital assessment took place; this was successful and was thus rolled out across the Trust in July 2023. Reasons for the drop in compliance are linked to the hybrid clerking process, with ‘main clerking’ on paper and VTE RA digital, and we are working towards improving compliance with regular audit, teaching, and reminders typed into Careflow. Audit is undertaken, ad hoc, on the wards. VTE prophylaxis appears to be 100% prescribed; however, errors in the dose of Enoxaparin are not uncommon – this seems to be related to a lack of visible weight. Consequently, a decision was made at the Safe Care Group that all weights MUST be recorded digitally. Compliance against this has been included in the 2nd round of questions, as part of the Clinical Accreditation Programme

Impact on forecast
In October 2025, when the Careflow Medicine Management Programme (CMM, e-prescribing) is launched, completion of the VTE RA will become a ‘forcing’ measure. It is projected that this will improve compliance. In the meantime, the VTE team constantly reviews the requirements for a VTE RA for individual patients, identifies cohorts of patients who do not require a VTE RA, and ensures that the data collection is accurate.

What does the data tell us?
Since the launch of Careflow Medicines Management (CMM) at UHBW in summer 2025, VTE risk assessment completion is slowly increasing with August reported at more than 80%. We expect this to continue to rise as staff become familiar with the new system and as more wards adopt a mandatory approach. However, despite the improvement in risk assessment completion, we have observed an unexpected reduction in VTE prophylaxis prescribing. This has emerged as CMM has been rolled out across the organisation. In response, we have raised a new risk (Risk 8448): *Risk that VTE prophylaxis is not prescribed when indicated*. A human factors analysis has identified key contributing factors and targeted actions have been developed to address these issues and strengthen existing controls.

Actions being taken to improve
Human factors analysis of the contributing factors to this new risk has identified key actions are to close the gaps in controls related to the new VTE prescribing risk have been identified. These have been worked through and presented to Patient Safety Group, Additional work is being undertaken with the BI team in order to target interventions

Impact on forecast
We expect the overall VTE risk assessment completion to continue to improve over the coming months.

Latest Month

Jul-25

Target

No Target

Latest Month's Position

63.6%

Performance /

Common Cause

(natural/expected)

variation, where target

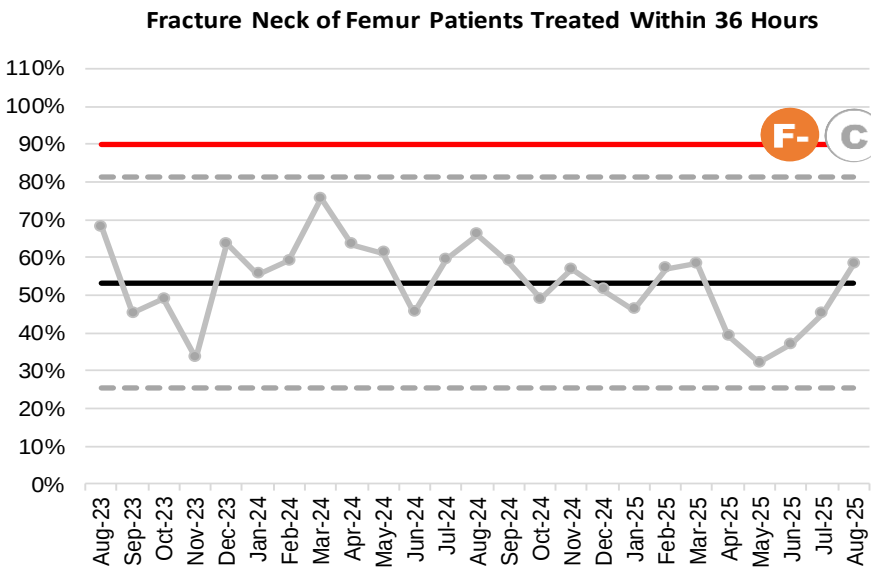
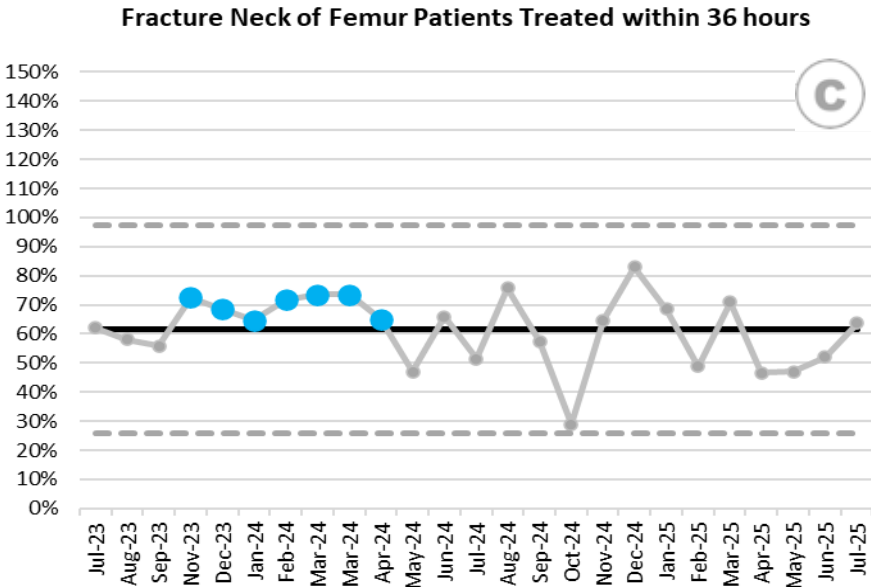
is greater than upper

limit down is

deterioration

Trust Level Risk

No Trust Level Risk



Latest Month

Aug-25

Target

90.0%

Latest Month's Position

58.1%

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?
Weston / BRI August Best Practice Tarriff (BPT) Data (Fractured Femur): 43 patients eligible for Best Practice Tariff (BPT) of which 42% (18/43) met all BPT criteria, 58% (25/43) underwent surgery within 36 hours of admission, 91% (39/43) received ortho-geriatric assessment within 72 hours.

The reason for the missed target include: 17 patients missed the 36-hour surgery target due to a lack of theatre space and additionally due to clinical delays- reversal of anticoagulant (1) .

Actions being taken to improved
Clinical pathways reviewed in governance meetings to streamline pre-operative optimisation and imaging decisions.
Anaesthetic protocols being updated to better manage patients on anticoagulants.
Theatre scheduling - extra theatre space is created where possible to reduce delays.
Staff education to ensure consistent completion of pre-operative 4AT assessments

Impact on forecast
Documentation improvements alone could immediately boost compliance by ~19% (3 patients).
Operational efficiencies may reduce delays, improving time-to-surgery rates and overall patient outcomes.
Ambulatory patients from September will be moved to NBT, this will free up BRI theatres for NOF patients and will improve compliance.

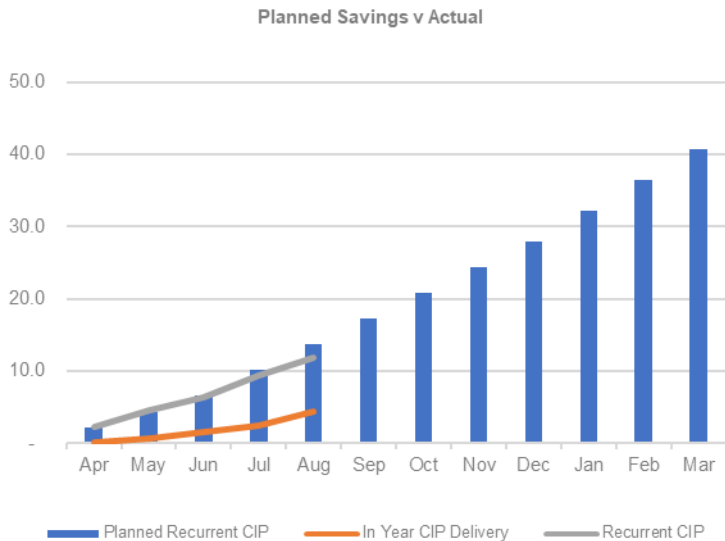
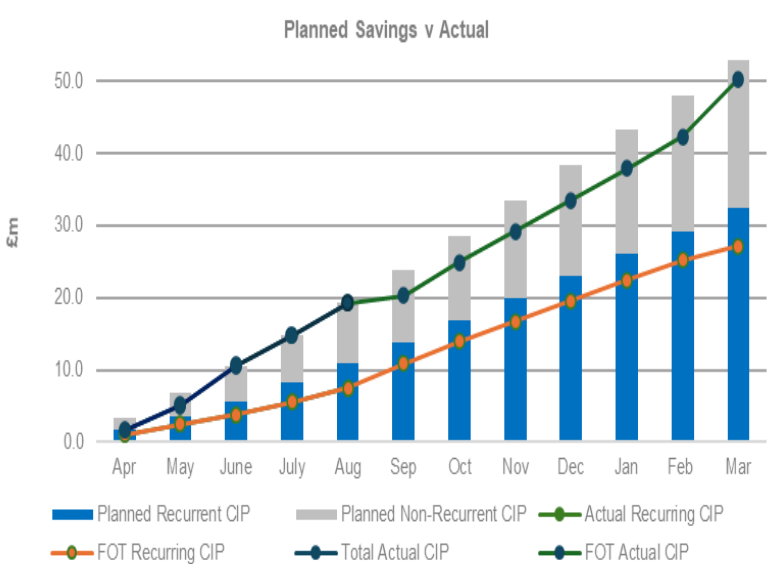
No narrative required as per business rules.	What does the data tell us? There has been an increase in the percentage of patients reviewed by an ortho-geriatrician with 72 hours to 91% (39/43 patients) above the 96% standard in August. The presence of only one part-time geriatrician at Weston remains a persistent constraint. During periods of leave, there is no cover, which directly affects compliance with the ortho-geriatric assessment target Actions being taken to improve Discussions continue regarding recruitment of an additional ortho geriatrician at WGH. This will enable full-time cover. Impact on forecast Ortho geriatrician full time cover should enable the trust to meet the 100% target
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Latest Month Aug-25 Target 90.0% Latest Month's Position 65.2% Performance / Assurance Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation Trust Level Risk No Trust Level Risk	Formal Complaints Responded to Within Trust Timeframe <table><caption>Formal Complaints Responded to Within Trust Timeframe (North Bristol)</caption><tr><th>Month</th><th>Compliance Rate (%)</th></tr><tr><td>Aug-23</td><td>65</td></tr><tr><td>Sep-23</td><td>72</td></tr><tr><td>Oct-23</td><td>65</td></tr><tr><td>Nov-23</td><td>60</td></tr><tr><td>Dec-23</td><td>73</td></tr><tr><td>Jan-24</td><td>79</td></tr><tr><td>Feb-24</td><td>71</td></tr><tr><td>Mar-24</td><td>85</td></tr><tr><td>Apr-24</td><td>87</td></tr><tr><td>May-24</td><td>72</td></tr><tr><td>Jun-24</td><td>84</td></tr><tr><td>Jul-24</td><td>73</td></tr><tr><td>Aug-24</td><td>79</td></tr><tr><td>Sep-24</td><td>80</td></tr><tr><td>Oct-24</td><td>84</td></tr><tr><td>Nov-24</td><td>69</td></tr><tr><td>Dec-24</td><td>65</td></tr><tr><td>Jan-25</td><td>80</td></tr><tr><td>Feb-25</td><td>77</td></tr><tr><td>Mar-25</td><td>72</td></tr><tr><td>Apr-25</td><td>68</td></tr><tr><td>May-25</td><td>62</td></tr><tr><td>Jun-25</td><td>57</td></tr><tr><td>Jul-25</td><td>56</td></tr><tr><td>Aug-25</td><td>65</td></tr></table>	Month	Compliance Rate (%)	Aug-23	65	Sep-23	72	Oct-23	65	Nov-23	60	Dec-23	73	Jan-24	79	Feb-24	71	Mar-24	85	Apr-24	87	May-24	72	Jun-24	84	Jul-24	73	Aug-24	79	Sep-24	80	Oct-24	84	Nov-24	69	Dec-24	65	Jan-25	80	Feb-25	77	Mar-25	72	Apr-25	68	May-25	62	Jun-25	57	Jul-25	56	Aug-25	65	Formal Complaints Responded To Within Trust Timeframe <table><caption>Formal Complaints Responded To Within Trust Timeframe (UHBW)</caption><tr><th>Month</th><th>Compliance Rate (%)</th></tr><tr><td>Aug-23</td><td>88</td></tr><tr><td>Sep-23</td><td>75</td></tr><tr><td>Oct-23</td><td>79</td></tr><tr><td>Nov-23</td><td>67</td></tr><tr><td>Dec-23</td><td>80</td></tr><tr><td>Jan-24</td><td>81</td></tr><tr><td>Feb-24</td><td>51</td></tr><tr><td>Mar-24</td><td>72</td></tr><tr><td>Apr-24</td><td>57</td></tr><tr><td>May-24</td><td>64</td></tr><tr><td>Jun-24</td><td>58</td></tr><tr><td>Jul-24</td><td>53</td></tr><tr><td>Aug-24</td><td>52</td></tr><tr><td>Sep-24</td><td>73</td></tr><tr><td>Oct-24</td><td>59</td></tr><tr><td>Nov-24</td><td>95</td></tr><tr><td>Dec-24</td><td>54</td></tr><tr><td>Jan-25</td><td>59</td></tr><tr><td>Feb-25</td><td>52</td></tr><tr><td>Mar-25</td><td>48</td></tr><tr><td>Apr-25</td><td>70</td></tr><tr><td>May-25</td><td>52</td></tr><tr><td>Jun-25</td><td>51</td></tr><tr><td>Jul-25</td><td>42</td></tr></table>	Month	Compliance Rate (%)	Aug-23	88	Sep-23	75	Oct-23	79	Nov-23	67	Dec-23	80	Jan-24	81	Feb-24	51	Mar-24	72	Apr-24	57	May-24	64	Jun-24	58	Jul-24	53	Aug-24	52	Sep-24	73	Oct-24	59	Nov-24	95	Dec-24	54	Jan-25	59	Feb-25	52	Mar-25	48	Apr-25	70	May-25	52	Jun-25	51	Jul-25	42	Latest Month Jul-25 Target 90.0% Latest Month's Position 42.1% Performance / Assurance Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation. Corporate Risk Risk 2680 - Complainants experience a delay in receiving a call back (12)
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What does the data tell us? - The compliance rate for formal complaints responded to within the agreed timeframe increased from 57% in July to 65% in August, but remains below the 90% target, - Of the 69 complaints due for response in August, 45 were closed within the agreed timescale, 15 were outside the agreed timescale and 9 were still open at the time of reporting. - The ASCR compliance rate remains considerably lower than the other divisions, which continues to adversely impact the Trust's overall score. Actions being taken to improve - A meeting was held between the ASCR Divisional Director of Nursing, the NBT Director of Nursing, and the Patient Experience Managers to review ASCR compliance and explore opportunities for improvement. Following this, the ASCR Divisional Director of Nursing is developing a recovery plan for submission to the NBT Director of Nursing. - The Complaints & PALS Manager continues to hold weekly meetings with divisional patient experience teams to review upcoming and overdue cases, addressing complexities and agreeing appropriate resolutions, including proportionate extensions where appropriate. A weekly complaints tracker is shared with senior divisional leaders to escalate overdue complaints and support timely resolution. Impact on forecast Until the recovery plan is implemented and there is an improvement within ASCR the overall compliance rate is likely to remain around a similar level. We will continue to closely monitor compliance scores across all divisions to understand any issues that may impact the compliance scores.	What does the data tell us? 42% (24/57) of complaints responses sent out by UHBW in July were within the agreed deadline. Actions being taken to improve 81% (126/156) of responses to PALS concerns sent out by the Trust in July were within the agreed timescale. This category includes cases which until 31/3/25 were categorised by UHBW as informal complaints. UHBW actively encourages informal resolution, where appropriate, to provide enquirers with faster responses to their questions. In July, nearly three times as many cases were investigated as PALS concerns than (formal) complaints. Reasons why complaints are not always responded to within agreed deadlines were explored in a ‘deep dive’ report to the Quality and Outcomes Committee in June. These include clinicians’ capacity, the increasing complexity of complaints received, and staffing gaps in key divisional complaints support roles. Benchmarking also shows that many trusts are working to longer timescale for more complex complaints, typically up to 60 working days. The trust is exploring how digital/AI technology might support complaints resolution in the future. Impact on forecast Based on the current standard timescale of 35 working days, it is likely that in the short term the timeliness of complaints responses will remain below target due to the stated challenges.
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CIP

Actual Vs Plan (YTD)

	Latest Month Aug-25 Year to Date Plan £13.7m Year to Date Actual £11.9m	Planned Savings v Actual <table><tr><th>Month</th><th>Planned Recurrent CIP (£m)</th></tr><tr><td>Apr</td><td>2.0</td></tr><tr><td>May</td><td>4.0</td></tr><tr><td>Jun</td><td>6.0</td></tr><tr><td>Jul</td><td>8.0</td></tr><tr><td>Aug</td><td>10.0</td></tr><tr><td>Sep</td><td>12.0</td></tr><tr><td>Oct</td><td>14.0</td></tr><tr><td>Nov</td><td>16.0</td></tr><tr><td>Dec</td><td>18.0</td></tr><tr><td>Jan</td><td>20.0</td></tr><tr><td>Feb</td><td>22.0</td></tr><tr><td>Mar</td><td>24.0</td></tr></table>	Month	Planned Recurrent CIP (£m)	Apr	2.0	May	4.0	Jun	6.0	Jul	8.0	Aug	10.0	Sep	12.0	Oct	14.0	Nov	16.0	Dec	18.0	Jan	20.0	Feb	22.0	Mar	24.0	Planned Savings v Actual <table><tr><th>Month</th><th>Planned Recurrent CIP (£m)</th><th>Planned Non-Recurrent CIP (£m)</th><th>FOT Recurring CIP (£m)</th></tr><tr><td>Apr</td><td>2.0</td><td>0.0</td><td>0.0</td></tr><tr><td>May</td><td>4.0</td><td>0.0</td><td>0.0</td></tr><tr><td>June</td><td>6.0</td><td>0.0</td><td>0.0</td></tr><tr><td>July</td><td>8.0</td><td>0.0</td><td>0.0</td></tr><tr><td>Aug</td><td>10.0</td><td>0.0</td><td>0.0</td></tr><tr><td>Sep</td><td>12.0</td><td>0.0</td><td>0.0</td></tr><tr><td>Oct</td><td>14.0</td><td>0.0</td><td>0.0</td></tr><tr><td>Nov</td><td>16.0</td><td>0.0</td><td>0.0</td></tr><tr><td>Dec</td><td>18.0</td><td>0.0</td><td>0.0</td></tr><tr><td>Jan</td><td>20.0</td><td>0.0</td><td>0.0</td></tr><tr><td>Feb</td><td>22.0</td><td>0.0</td><td>0.0</td></tr><tr><td>Mar</td><td>24.0</td><td>0.0</td><td>0.0</td></tr></table>	Month	Planned Recurrent CIP (£m)	Planned Non-Recurrent CIP (£m)	FOT Recurring CIP (£m)	Apr	2.0	0.0	0.0	May	4.0	0.0	0.0	June	6.0	0.0	0.0	July	8.0	0.0	0.0	Aug	10.0	0.0	0.0	Sep	12.0	0.0	0.0	Oct	14.0	0.0	0.0	Nov	16.0	0.0	0.0	Dec	18.0	0.0	0.0	Jan	20.0	0.0	0.0	Feb	22.0	0.0	0.0	Mar	24.0	0.0	0.0	Latest Month Aug-25 Year to Date Plan £19.3m Year to Date Actual £19.3m
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Summary	Summary - The CIP plan for 2025/26 is for savings of £40.6m with £13.7m planned delivery at Month 5. - At Month 5 the Trust has £11.9m of completed schemes on the tracker. There are a further £9.9m of schemes in implementation and planning, leaving a remaining £19.5m 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.	Summary	Summary - The Trust’s 2025/26 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 August 2025, the Trust is reporting total savings delivery of £19.3m against a plan of £19.3m, therefore UHBW is currently on plan. The Trust is forecasting savings of £50.4m against the annual savings plans of £53.0m, the current forecast savings delivery shortfall is £2.6m or 5%. - The full year effect forecast outturn at month 5 is £35.6m, a forecast recurrent shortfall of £17.6m or 33%.																																																																															

Workforce

Pay Costs Vs Plan Run Rate

	Latest Month Aug-25 In- Month Plan £52.3m In-Month Actual £52.9m	Adjusted Pay Spend by Month (exc. A/L accrual) <table><tr><th>Month</th><th>Substantive</th><th>Bank / Locum</th><th>Agency</th><th>24/25 Average</th><th>Plan</th></tr><tr><td>Sep-24</td><td>45.0</td><td>3.5</td><td>0.5</td><td>50.0</td><td>50.0</td></tr><tr><td>Oct-24</td><td>45.2</td><td>3.0</td><td>0.5</td><td>50.0</td><td>50.0</td></tr><tr><td>Nov-24</td><td>45.5</td><td>3.2</td><td>0.5</td><td>50.0</td><td>50.0</td></tr><tr><td>Dec-24</td><td>45.8</td><td>3.3</td><td>0.5</td><td>50.0</td><td>50.0</td></tr><tr><td>Jan-25</td><td>46.0</td><td>3.6</td><td>0.5</td><td>50.0</td><td>50.0</td></tr><tr><td>Feb-25</td><td>45.9</td><td>3.4</td><td>0.5</td><td>50.0</td><td>50.0</td></tr><tr><td>Mar-25</td><td>46.7</td><td>3.9</td><td>0.5</td><td>50.0</td><td>50.0</td></tr><tr><td>Apr-25</td><td>48.6</td><td>3.4</td><td>0.5</td><td>50.0</td><td>50.0</td></tr><tr><td>May-25</td><td>48.3</td><td>3.5</td><td>0.5</td><td>50.0</td><td>50.0</td></tr><tr><td>Jun-25</td><td>47.9</td><td>4.0</td><td>0.5</td><td>50.0</td><td>50.0</td></tr><tr><td>Jul-25</td><td>51.7</td><td>4.0</td><td>0.5</td><td>50.0</td><td>50.0</td></tr><tr><td>Aug-25</td><td>49.1</td><td>3.3</td><td>0.5</td><td>50.0</td><td>50.0</td></tr></table>	Month	Substantive	Bank / Locum	Agency	24/25 Average	Plan	Sep-24	45.0	3.5	0.5	50.0	50.0	Oct-24	45.2	3.0	0.5	50.0	50.0	Nov-24	45.5	3.2	0.5	50.0	50.0	Dec-24	45.8	3.3	0.5	50.0	50.0	Jan-25	46.0	3.6	0.5	50.0	50.0	Feb-25	45.9	3.4	0.5	50.0	50.0	Mar-25	46.7	3.9	0.5	50.0	50.0	Apr-25	48.6	3.4	0.5	50.0	50.0	May-25	48.3	3.5	0.5	50.0	50.0	Jun-25	47.9	4.0	0.5	50.0	50.0	Jul-25	51.7	4.0	0.5	50.0	50.0	Aug-25	49.1	3.3	0.5	50.0	50.0	Adjusted Pay Spend by Month (exc. A/L accrual) <table><tr><th>Month</th><th>Substantive</th><th>Bank / Locum</th><th>Agency</th><th>24/25 Average</th><th>Plan</th></tr><tr><td>Aug-24</td><td>55.9</td><td>4.8</td><td>1.2</td><td>60.0</td><td>60.0</td></tr><tr><td>Sep-24</td><td>56.3</td><td>4.3</td><td>0.9</td><td>60.0</td><td>60.0</td></tr><tr><td>Oct-24</td><td>77.8</td><td>4.8</td><td>0.9</td><td>60.0</td><td>60.0</td></tr><tr><td>Nov-24</td><td>58.8</td><td>4.3</td><td>1.0</td><td>60.0</td><td>60.0</td></tr><tr><td>Dec-24</td><td>59.9</td><td>4.1</td><td>0.8</td><td>60.0</td><td>60.0</td></tr><tr><td>Jan-25</td><td>60.0</td><td>5.2</td><td>0.9</td><td>60.0</td><td>60.0</td></tr><tr><td>Feb-25</td><td>59.1</td><td>4.7</td><td>0.7</td><td>60.0</td><td>60.0</td></tr><tr><td>Mar-25</td><td>60.8</td><td>5.3</td><td>0.9</td><td>60.0</td><td>60.0</td></tr><tr><td>Apr-25</td><td>63.3</td><td>4.2</td><td>0.8</td><td>60.0</td><td>60.0</td></tr><tr><td>May-25</td><td>60.8</td><td>4.3</td><td>0.7</td><td>60.0</td><td>60.0</td></tr><tr><td>Jun-25</td><td>63.4</td><td>4.1</td><td>0.8</td><td>60.0</td><td>60.0</td></tr><tr><td>Jul-25</td><td>64.9</td><td>4.9</td><td>0.8</td><td>60.0</td><td>60.0</td></tr></table>	Month	Substantive	Bank / Locum	Agency	24/25 Average	Plan	Aug-24	55.9	4.8	1.2	60.0	60.0	Sep-24	56.3	4.3	0.9	60.0	60.0	Oct-24	77.8	4.8	0.9	60.0	60.0	Nov-24	58.8	4.3	1.0	60.0	60.0	Dec-24	59.9	4.1	0.8	60.0	60.0	Jan-25	60.0	5.2	0.9	60.0	60.0	Feb-25	59.1	4.7	0.7	60.0	60.0	Mar-25	60.8	5.3	0.9	60.0	60.0	Apr-25	63.3	4.2	0.8	60.0	60.0	May-25	60.8	4.3	0.7	60.0	60.0	Jun-25	63.4	4.1	0.8	60.0	60.0	Jul-25	64.9	4.9	0.8	60.0	60.0	Latest Month Aug-25 In-Month Plan £66.8m In-Month Actual £68.4m
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Oct-24	77.8	4.8	0.9	60.0	60.0																																																																																																																																																											
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Summary	Summary Pay spend is £0.6m adverse in month, when adjusted for pass through items, the revised position is £0.7m favourable to plan. The main drivers are: • In year CIP - £1.1m adverse, in month impact of recurrent CIP delivery. • Escalation and enhanced care - £0.5m adverse in nursing. • Vacancies - £1.7m favourable, consultant vacancies in Anaesthetics and Imaging and AfC vacancies in Genetics and Facilities. Facilities and ASCR vacancies relate to Bristol Surgical Centre posts not yet fully recruited. • Non-recurrent benefits - £0.7m favourable due to review of prior month accruals.	Summary	Summary • Total pay expenditure in August is £68.4m, £1.7m higher than plan due higher than planned bank costs and substantive staff in post exceeding establishment. • Pay costs remain higher than plan YTD mainly due to the cost of nursing staffing levels exceeding planned values with levels of substantive and temporary staffing combined beyond the Trust’s funded establishment by 208WTE in August. • Nursing staffing levels exceed the funded establishment by 297WTE linked to higher registered mental health usage and staffing of escalation capacity linked to NCTR. • 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

Latest Month

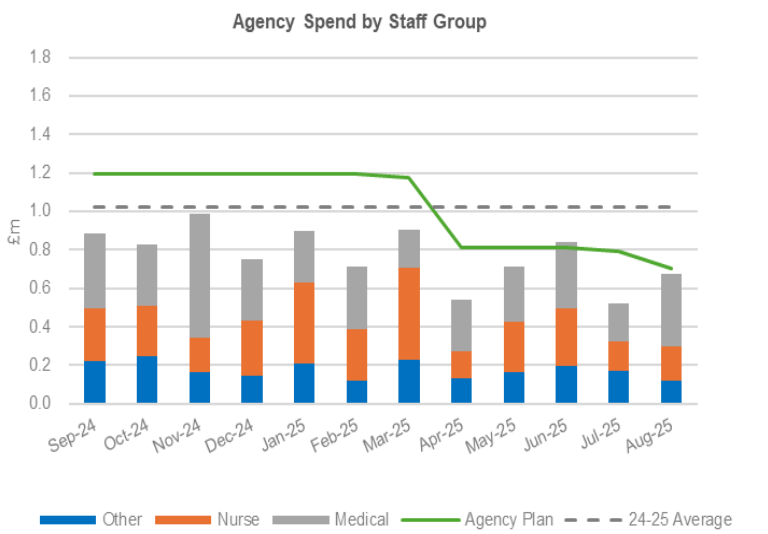
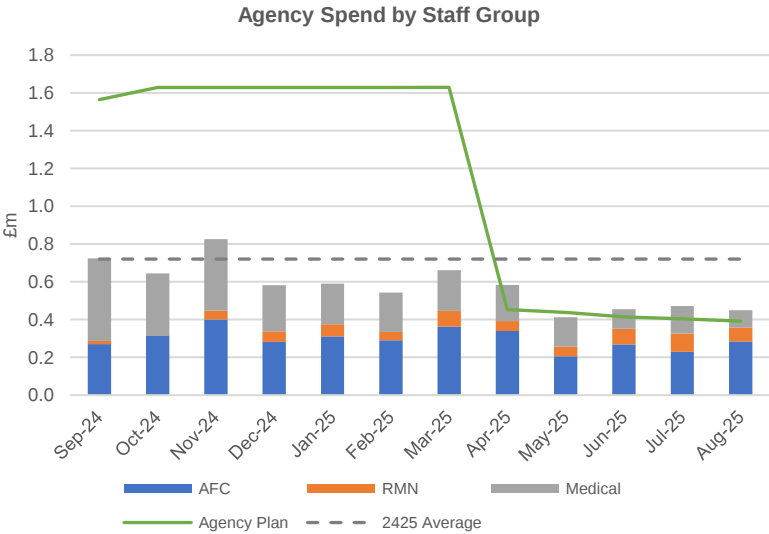
Aug-25

In-Month Plan

£0.4m

In-Month Actual

£0.5m



Latest Month

Aug-25

In-Month Plan

£0.8m

In-Month Actual

£0.7m

Summary

Summary

Monthly Trend

- Agency spend in August has decreased compared to July, remaining a reduction on run rate.
- Overall spend in month is driven by consultant agency usage in Medicine and ASCR covering vacancies, nursing agency usage in Critical Care and ED due to increased acuity, as well as Healthcare Scientists in Cardiology to deliver ECHO activity.

In Month vs Prior Year

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

Summary

Summary

Monthly Trend

- Agency expenditure in August is £0.7m, £0.1m lower than plan but higher than July's agency expenditure of £0.5m. YTD agency expenditure is 15% below plan.
- Agency expenditure is 1.0% of total pay costs.
- Agency usage continues to be largely driven by absence and additional escalation bed capacity across nursing and medical staffing due to no improvement in the NCTR position. Use of registered mental health nurses is also a key driver.
- Nurse agency shifts increased by 40 or 7% in August compared with July.
- Nurse agency spend is marginally higher than July due an increase in the number of shifts.
- Medical agency expenditure is higher by £0.2m from the previous month. The number of shifts covered has decreased from 332 in July to 301 in August.

In Month vs Prior Year

- Trustwide agency spend in August of £0.7m is below August 2024 spend of £1.2m. This is due to increased controls and scrutiny implemented across Divisions with the support Trust's Nurse leadership.

Temporary Staffing

Bank Costs Vs Plan Run Rate

	Latest Month Aug-25 In-Month Plan £3.3m In-Month Actual £4m	Bank Spend by Staff Group <table><tr><th>Month</th><th>AFC (£m)</th><th>Medical (£m)</th><th>Plan (£m)</th><th>24-25 Average (£m)</th></tr><tr><td>Sep-24</td><td>2.6</td><td>0.9</td><td>3.5</td><td>3.5</td></tr><tr><td>Oct-24</td><td>2.3</td><td>0.7</td><td>4.0</td><td>3.5</td></tr><tr><td>Nov-24</td><td>2.4</td><td>0.8</td><td>4.0</td><td>3.5</td></tr><tr><td>Dec-24</td><td>2.1</td><td>1.5</td><td>4.0</td><td>3.5</td></tr><tr><td>Jan-25</td><td>2.6</td><td>1.0</td><td>4.0</td><td>3.5</td></tr><tr><td>Feb-25</td><td>2.5</td><td>1.0</td><td>4.0</td><td>3.5</td></tr><tr><td>Mar-25</td><td>2.7</td><td>1.2</td><td>4.0</td><td>3.5</td></tr><tr><td>Apr-25</td><td>2.5</td><td>1.0</td><td>3.2</td><td>3.5</td></tr><tr><td>May-25</td><td>2.5</td><td>1.0</td><td>3.2</td><td>3.5</td></tr><tr><td>Jun-25</td><td>2.9</td><td>1.1</td><td>3.2</td><td>3.5</td></tr><tr><td>Jul-25</td><td>2.4</td><td>1.0</td><td>3.2</td><td>3.5</td></tr><tr><td>Aug-25</td><td>3.0</td><td>1.0</td><td>3.2</td><td>3.5</td></tr></table>	Month	AFC (£m)	Medical (£m)	Plan (£m)	24-25 Average (£m)	Sep-24	2.6	0.9	3.5	3.5	Oct-24	2.3	0.7	4.0	3.5	Nov-24	2.4	0.8	4.0	3.5	Dec-24	2.1	1.5	4.0	3.5	Jan-25	2.6	1.0	4.0	3.5	Feb-25	2.5	1.0	4.0	3.5	Mar-25	2.7	1.2	4.0	3.5	Apr-25	2.5	1.0	3.2	3.5	May-25	2.5	1.0	3.2	3.5	Jun-25	2.9	1.1	3.2	3.5	Jul-25	2.4	1.0	3.2	3.5	Aug-25	3.0	1.0	3.2	3.5	Bank Spend by Staff Group <table><tr><th>Month</th><th>Nurse (£m)</th><th>Medical (£m)</th><th>Other (£m)</th><th>Plan (£m)</th><th>24-25 Average (£m)</th></tr><tr><td>Sep-24</td><td>0.9</td><td>1.5</td><td>1.8</td><td>3.5</td><td>3.5</td></tr><tr><td>Oct-24</td><td>0.9</td><td>1.6</td><td>2.3</td><td>5.2</td><td>3.5</td></tr><tr><td>Nov-24</td><td>1.0</td><td>1.6</td><td>1.7</td><td>5.2</td><td>3.5</td></tr><tr><td>Dec-24</td><td>0.9</td><td>1.5</td><td>1.6</td><td>5.2</td><td>3.5</td></tr><tr><td>Jan-25</td><td>1.4</td><td>1.6</td><td>2.1</td><td>5.2</td><td>3.5</td></tr><tr><td>Feb-25</td><td>1.3</td><td>1.5</td><td>1.9</td><td>5.2</td><td>3.5</td></tr><tr><td>Mar-25</td><td>1.4</td><td>1.6</td><td>2.1</td><td>5.2</td><td>3.5</td></tr><tr><td>Apr-25</td><td>0.9</td><td>1.5</td><td>1.7</td><td>4.4</td><td>3.5</td></tr><tr><td>May-25</td><td>1.0</td><td>1.6</td><td>1.6</td><td>4.4</td><td>3.5</td></tr><tr><td>Jun-25</td><td>0.8</td><td>1.7</td><td>1.6</td><td>4.1</td><td>3.5</td></tr><tr><td>Jul-25</td><td>0.8</td><td>2.4</td><td>1.6</td><td>4.1</td><td>3.5</td></tr><tr><td>Aug-25</td><td>1.1</td><td>1.6</td><td>2.1</td><td>4.0</td><td>3.5</td></tr></table>	Month	Nurse (£m)	Medical (£m)	Other (£m)	Plan (£m)	24-25 Average (£m)	Sep-24	0.9	1.5	1.8	3.5	3.5	Oct-24	0.9	1.6	2.3	5.2	3.5	Nov-24	1.0	1.6	1.7	5.2	3.5	Dec-24	0.9	1.5	1.6	5.2	3.5	Jan-25	1.4	1.6	2.1	5.2	3.5	Feb-25	1.3	1.5	1.9	5.2	3.5	Mar-25	1.4	1.6	2.1	5.2	3.5	Apr-25	0.9	1.5	1.7	4.4	3.5	May-25	1.0	1.6	1.6	4.4	3.5	Jun-25	0.8	1.7	1.6	4.1	3.5	Jul-25	0.8	2.4	1.6	4.1	3.5	Aug-25	1.1	1.6	2.1	4.0	3.5	Latest Month Aug-25 In-Month Plan £4.1m In-Month Actual £4.8m
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Summary	Summary Monthly Trend - In August, there has been an increase in bank spend compared to run rate. The increase has largely been in nursing, driven by an increase in vacancies due to the Surgical Centre and Safer Staffing Investments in month being covered by bank staff. In Month vs Prior Year - Bank spend in month is higher than 2024/25 spend, however 2024/25 spend reduced significantly in the second half of the year due to additional controls put in place. This month saw additional pressures in enhanced care and escalation costs within Medicine. Compared to last year, the costs will have increased on run rate due to the National Insurance increases brought in from M1.	Summary Monthly Trend - Bank costs in August are £4.8m, a decrease of £0.1m from £4.9m in July (including £0.8m relating to Industrial Action). Costs are £1.0m higher than plan YTD, due mainly to costs associated with Industrial Action. Of the £4.8m spent in August, £1.6m relates to medical bank and £1.1m to registered nurse bank. - Nurse bank expenditure increased by £0.3m in August from £0.8m in July, whilst shifts decreased by c1,000 or 14% . The average cost per shift increased by 58% compared with the previous month. - Medical bank decreased to pre-industrial action levels in August, reducing by £0.8m to £1.6m . In Month vs Prior year - Bank expenditure in August is consistent with the same period last year.																																																																																																																																																	

Capital

Actual Vs Plan

Latest Month

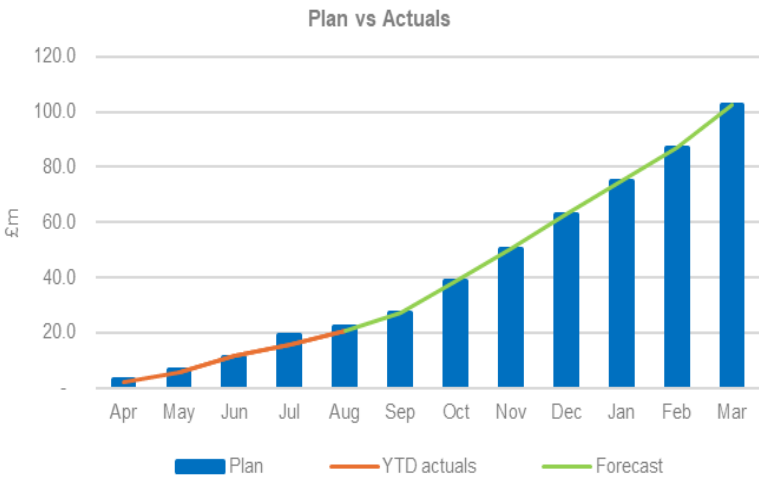
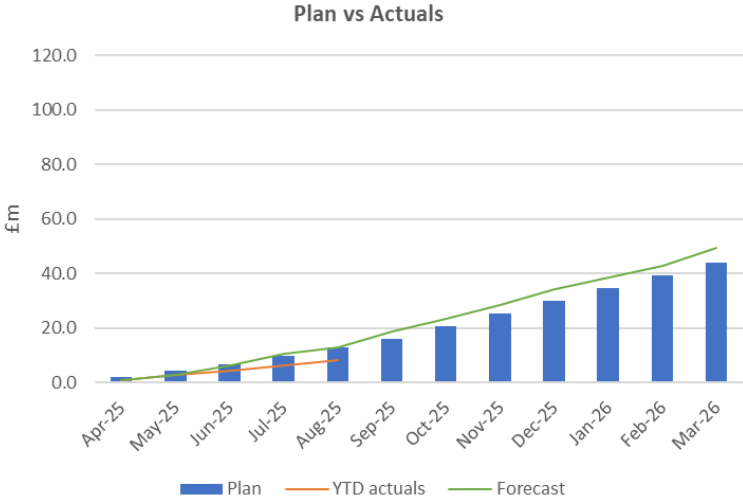
Aug-25

In-Month Plan

£3.1m

In-Month Actual

£1.8m



Latest Month

Aug-25

In-Month Plan

£3.2m

In-Month Actual

£5.3m

Summary

Summary

- The Trust currently has a system capital allocation of £22.7m for 2025/26. A further £9.6m of projects have been taken forwards for national funding.
- Overall spend in Month 5 was £1.8m, of which £0.4m was against the Bristol Surgical Centre. This takes the overall year to date spend to £8.1m, of which £5.7m is against the Bristol Surgical Centre.
- The year to date variance against the forecast is related to spend on the Surgical Centre, but is not expected to impact either the full year spend or forecast completion date.
- Overall spend on the Bristol Surgical Centre to date is £47.9m, of which £38.0m 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 August is £21.0m, £1.4m behind the plan of £22.4m.
- Significant variances to plan include slippage on Major Capital (£8.3m), offset by ahead of plan delivery against Estates Schemes (£1.7m) and Right of Use assets (£2.1m).
- Management of the delivery of the capital plan has been revised to drive project delivery via the Trust’s Capital Group, newly formed Estates Delivery Board and the Capital Programme Board.

Risks

- The Trust is unable to utilise its full CDEL without the support of brokerage via either system partners or NHSE South West.

Cash

Actual Vs Plan

Latest Month

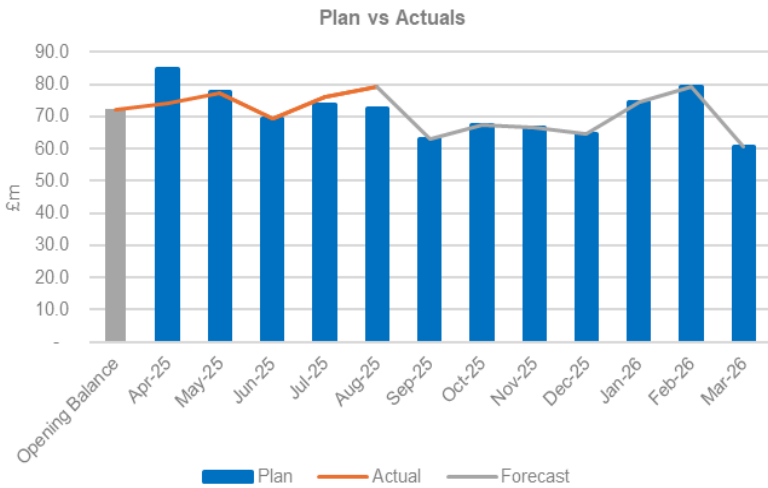
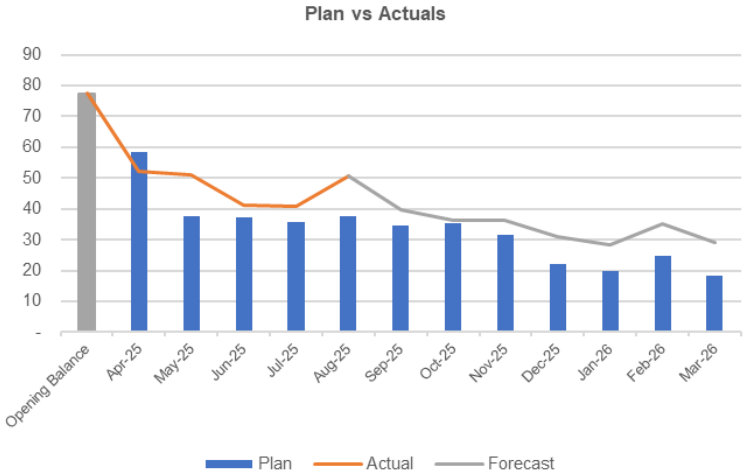
Aug-25

Target

£37.8m

Actual

£50.7m



Latest Month

Aug-25

Target

£72.4m

Actual

£79.3m

Summary

- In month cash is £50.7m, which is a £9.1m increase from July.
- The movement in month is driven by £5.9m pre-payment from BNSSG ICB and a £6m increase in payables due to delays in processing invoices caused by Oracle downtime.
- The cash balance has decreased by £27.7m year to date, driven by the movements in payables due to the high level of capital cash spend linked to items purchased at the end of 2024/25, and the payment of large maintenance contracts.
- Year-to-date cash balances are £12.9m above plan and the year end cash balance is forecast to be £10.9m above plan, primarily driven by lower than forecast capital cash spend.

Summary

- The closing cash balance of £79.3m is a £3.1m increase since July and £7.0m increase from 31st March 2025.
- The £7.0m increase from 31st March is due to a net cash inflow from operations of £31.7m, offset by cash outflow of £20.9m relating to investing activities (i.e. capital), and cash outflow of £3.8m on financing activities (i.e. loans, leases & PDC).
- As reported in the Statement of Financial Position, the movement in assets and liabilities, relates to:
 - for assets, the cash negative movement of £16.1m reflects the movement in the accrued income and prepayment balances, and
 - for liabilities, the cash positive movement of £36.1m reflects the increase in trade and other payables and deferred income.
- The Trust's total cash receipts in August were £121.7m offset by payroll payments of £70.7m and supplier payments of £47.9m.
- YTD cash balances are £6.9m above plan and the forecast year end cash balance is on plan at £60.8m.

Assurance and Variation Icons – Detailed Description

	ASSURANCE ICON						<i>No icon</i>
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 but target is greater than upper limit.	Special Cause Concerning Variation High, where up is deterioration, but last six data points are less than target.	Special Cause Concerning Variation High, where up is deterioration and last six data points are both hitting and missing target, subject to random variation.	Special Cause Concerning Variation High, where up is deterioration and last six data points are greater than or equal to target.	Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit.	Special Cause Concerning Variation High, where up is deterioration and there is no target.
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KEY
Note Performance
Constitutional Standards and Key Metrics = Escalation Summary