

Integrated Quality and Performance Report.

Month of Publication April 2026

Data up to February 2026

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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	

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

Further Reading / Other Resources

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

[NHS England » Making data count](#)

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

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

Scorecards Explained

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

Name of Metric/KPI.

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

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

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

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

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











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

The actual performance for the most recent month.

The actual performance for the previous month.

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

Business Rules and Actions

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

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

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

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

Executive Summary – Group Update

Responsiveness

Urgent Care

UHBW ED 4-hour performance improved to 74.5% in February (73.8% in January) against a March 2026 target of 78% for all attendance types, including type-3 footprint uplift. A combination of demand, high bed occupancy and continued high levels of 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 64.3% for February 2026 (71.3% with footprint uplift). NBT have incorporated the GIRFT recommendations into the UEC programme and this will form the basis of 2026/27 improvement.

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

Elective Care

At the end of February, UHBW reported that no patients were waiting 65 weeks or longer, anticipating that this will remain the case into March 2026 and throughout 2026/27. NBT had one complex Plastic Surgery DIEP patient waiting longer than 65 weeks at the end of February 2026 due to further unexpected absence in the consultant body. Both Trusts continue to meet the March 2026 ambition that less than 1% of the total waiting list will be waiting over 52 weeks.

Diagnostics

For February, NBT's diagnostic performance improved significantly and is now back to the constitutional standard of <1% and remains in the top quartile nationally. UHBW position in February has significantly improved to 9.4% (13% in January) and recovery actions are in place to support the more challenged, specialist modalities, with performance expected to remain stable in the final month of the year.

Cancer Wait Time Standards

As anticipated, UHBW performance against all three core cancer standards was reported as non-compliant during January, reporting 94.2% against the 31-day standard (target of 96%), 73.3% for 62-day metric (target of 75%) and 76.0% against the 28-day Faster Diagnosis Standard (target of 79%). Whilst January has proven to be a more challenging month, UHBW continue to work towards compliance with each of the three core cancer standards by the end of Q4. At NBT, 28-Day FDS, 31-Day and the 62-Day Combined position were off plan for the month of January. The work previously undertaken has been around improving systems and processes, and maximising performance in the high-volume tumor sites. The current position is due to challenges in the Urology and Breast pathway; there are improvement plans in place to reduce the time to diagnosis and provide sufficient capacity to deliver treatments. NBT forecast delivery of FDS by year-end and continue to deliver recovery plans into 2026/27 for the 62-Day and 31-Day standards.

Executive Summary – Group Update

Quality

Patient Safety

At NBT there has been a slight increase in Grade 2 and above pressure ulcers (per 1000 bed days). This increase mainly relates to patients' heels in within the frailty pathway. Additional wedge offloading devices are being purchased on the care of the elderly wards.

At UHBW there are no new cases of MRSA bacteraemia reported in February since November 2025, with 6 cases for the year to date. The 'deep dive' review of the six MRSA cases conducted by NBT colleagues has been shared within the organisation. Improvement actions are being monitored by the Infection Prevention and Control operational group. One new case has been identified at NBT and is currently under review.

At UHBW there were eight cases of Escherichia Coli bacteraemia reported for February, with 85 cases year to date, against the NHSE trajectory (limit) of 109. Quality improvement work continues around urinary catheter care including monthly assurance audits, by wards through the Trusts audit system. At NBT there were 58 cases against a trajectory of 89. Quality improvement is focussing on catheter care and the reduction of CAUTI.

At UHBW and NBT for Clostridium Difficile (C. Diff) cases in February each Trust had six Hospital Onset Hospital acquired (HOHA) 's and one Community Onset Hospital Acquired (COHA). The NHSE trajectory (limit) is 109 for UHBW, with 130 cases Year to Date (YTD) , of which 95 HOHA and 35 COHA were attributed to the Trust. At NBT the current total is 96 against a trajectory of 79. For NBT, specific C.Diff ward rounds have supported improvements in the management of cases, a review is underway to evaluate the effectiveness of this. Work is also underway through AMS Pharmacy to look at appropriate antibiotic prescribing.

At UHBW during February 2026: there were 148 falls, which per 1000 bed days equates to 4.763, which is below the Trust target of 4.8 per 1000 bed days. There were 85 falls at the Bristol site and 63 falls at the Weston site. There was one fall with moderate physical and/or psychological harm. Quality improvement projects for the next 12 months have commenced, these include consistent use of Abbey pain scale, improving nutrition and hydration for persons with dementia and working on a falls management plan for non-inpatient areas.

During February 2026, UHBW recorded 271 medication-related incidents, three of which were reported as causing moderate or above harm. At NBT 135 incidents were recorded, two were rated moderate or above harm. Work is underway to explore the impact of CMM at each trust and any emerging themes or trends following implementation, with shared learning from each.

At UHBW , venous thromboembolism (VTE) risk assessment completion data remains static around 80% for the Trust. Upon exploring the data, the Group Thrombosis lead (UHBW/NBT) has identified that UHBW compliance is less than the current data is reflecting this is thought to be attributed to the use of patient "cohorts" in reporting compliance. A review of cohorting groups is underway, particularly areas that have experienced ward moves in the last two years. At NBT achievement of risk assessment completion continues around 97%.

Patient & Carer Experience

At UHBW complaint management performance has continued to improve. A total of 76 complaints were received, predominantly within Surgery, Medicine, and Women & Children's. Eleven complaints responded to in December were reopened, primarily within Medicine and Women's and Children's. Compliance with response timescales increased to 77.4% up from 62.1% in December, with 97.75% of complaints actioned within 45 days. This sustained improvement reflects continued progress in reducing the complaints backlog since July 2025.

Within NBT the monthly compliance rate decreased from 68% in January to 64% in February. Of the 66 complaints due for response in December, 42 were closed within the agreed timescale, 12 were outside the agreed timescale, and 12 were still open at the time of reporting. The overall Trust compliance score has decreased due to a decline in ASCR division. Although this represents a 9% improvement compared with January, the score remains significantly lower than that of other clinical divisions. ASCR continues to embed their recovery plan.

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

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

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

Turnover

- **NBT** turnover is 9.4% in February, below the NBT target of 11.3% for 2025/26
- **UHBW** turnover is 9.2% in February and below target.

Vacancy Rate

- **NBT** is 7.3%, reduction in vacancies driven by enhanced and targeted nursing recruitment into Band 2, 3 and 5 roles and the impact of the February Resident Doctor rotation and Clinical Fellow recruitment
- **UHBW** remains at 5% and above target, triggering an escalation summary.

Sickness

- **NBT** rate is 4.8%, above the target of 4.4%. Actions focussed on process improvement and casework aim to impact long term absence
- **UHBW** rate is 4.6% in month, unchanged from January. This is above target, so does now trigger an escalation summary.

Essential Training

- **NBT** – marginal increase to 88.5% against a target of 90% - key hotspots remain Infection Prevention Control, OMMT and Information Governance
- **UHBW** - 89.7% against a target of 90%. key hotspots are Infection Prevention & Control, Moving and Handling, OMMT, Resuscitation and Information Governance

Learning and Development are conducting on-going discussions with subject matter expert to progress recovery actions, including delivery models and notifications, whilst also recognising the national review of statutory/mandatory topics. A particular focus remains upon Oliver McGowan level 2 provision – the Face to Face and virtual training sessions. Based upon tiers 1 and 2 bookings, a report is currently with GEM to review a compliance trajectory against target.

Executive Summary

In Month 11 (February), NBT delivered a £0.9m surplus position, against a surplus plan of £0.9m. Year to date NBT has delivered a £0.9m deficit position which is on plan.

UHBW delivered a £3.8m surplus in Month 11, against a surplus plan of £3.8m. UHBW's year to date deficit is £1.7m, in line with plan.

Pay expenditure within NBT is £2.4m adverse to plan in month. This is driven by overspends in nursing and healthcare assistants due to escalation and enhanced care and under-delivery against in-year savings, which is offset by vacancies in consultant and other staff groups.

Pay expenditure in UHBW is £3.3m adverse to plan in month. This is driven mainly by higher than planned substantive and bank expenditure particularly across nursing due to escalation and enhanced care.

The NBT cash balance as at the 28 February 2026 is £35.0m, £10.3m higher than planned, a £42.4m reduction from 31 March 2025.

The UHBW cash balance as at the 28 February 2026 is £53.1m, £26.1m lower than planned, a £19.0m reduction from 31 March 2025. The variance from plan is largely driven by timing differences on the Capital Programme i.e. cash draw down for nationally funded schemes has been later than planned.

Responsiveness

Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	ED % Spending Under 4 Hours in Department	NBT	Feb-26	64.3%	71.8%	60.3%	F-	C	Escalation Summary
		UHBW	Feb-26	67.4%	72.3%	66.3%	F	C	Escalation Summary
Responsive	ED % Spending Over 12 Hours in Department	NBT	Feb-26	9.6%	2.0%	11.0%	F-	C	Escalation Summary
		UHBW	Feb-26	6.9%	2.0%	8.7%	F	C	Escalation Summary
Responsive	Bristol Children's Hospital ED - Percentage Within 4 Hours								
		UHBW	Feb-26	81.5%	No Target	79.3%	N/A	C	Note Performance*
Responsive	ED 12 Hour Trolley Waits (from DTA)	NBT	Feb-26	430	0	564	F-	C	Escalation Summary
		UHBW	Feb-26	440	0	793	F	C	Escalation Summary
Responsive	Ambulance Handover Delays (under 15 minutes)	NBT	Feb-26	26.8%	65.0%	20.0%	F-	C	Escalation Summary
		UHBW	Feb-26	40.0%	65.0%	30.5%	F-	C	Escalation Summary
Responsive	Average Ambulance Handover Time	NBT	Feb-26	31.3	37.2	36.2	P	L	Note Performance
		UHBW	Feb-26	20.2	45.0	25.2	P	L	Note Performance
Responsive	% Ambulance Handovers over 45 minutes	NBT	Feb-26	22.0%	0.0%	25.0%	F-	C	Escalation Summary
		UHBW	Feb-26	4.2%	0.0%	11.2%	F-	L	Escalation Summary
Responsive	No Criteria to Reside	NBT	Feb-26	23.2%	15.0%	22.4%	F-	L	Escalation Summary
		UHBW	Feb-26	23.5%	15.0%	24.4%	F-	H	Escalation Summary
Responsive	RTT Percentage Over 52 Weeks	NBT	Feb-26	0.2%	1.0%	0.2%	P	L	Note Performance
		UHBW	Feb-26	0.8%	1.0%	1.0%	F-	L	Escalation Summary
Responsive	RTT Ongoing Pathways Under 18 Weeks	NBT	Feb-26	67.9%	72.1%	67.3%	F-	H	Escalation Summary
		UHBW	Feb-26	67.5%	67.5%	67.3%	F-	H	Escalation Summary

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

Responsiveness

Scorecard

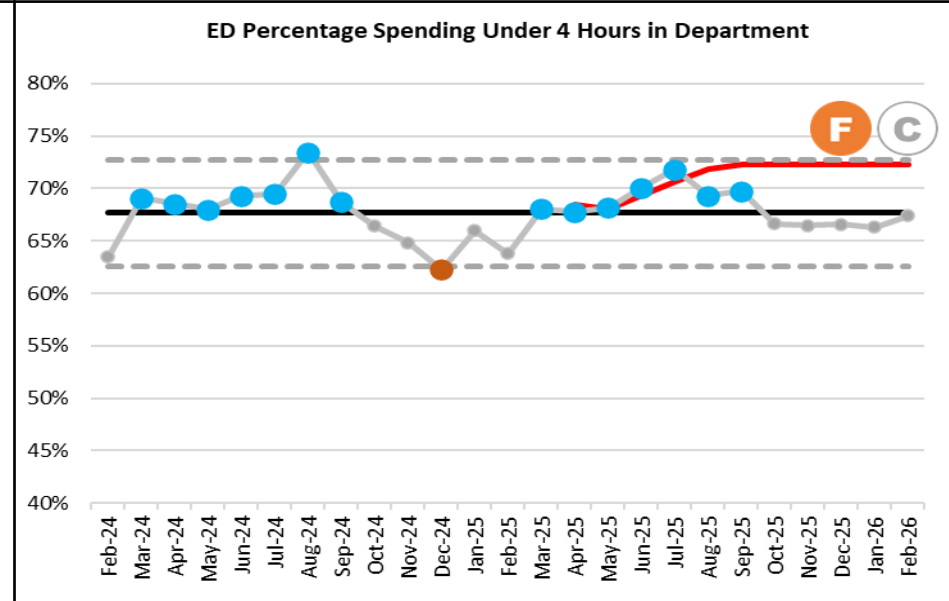
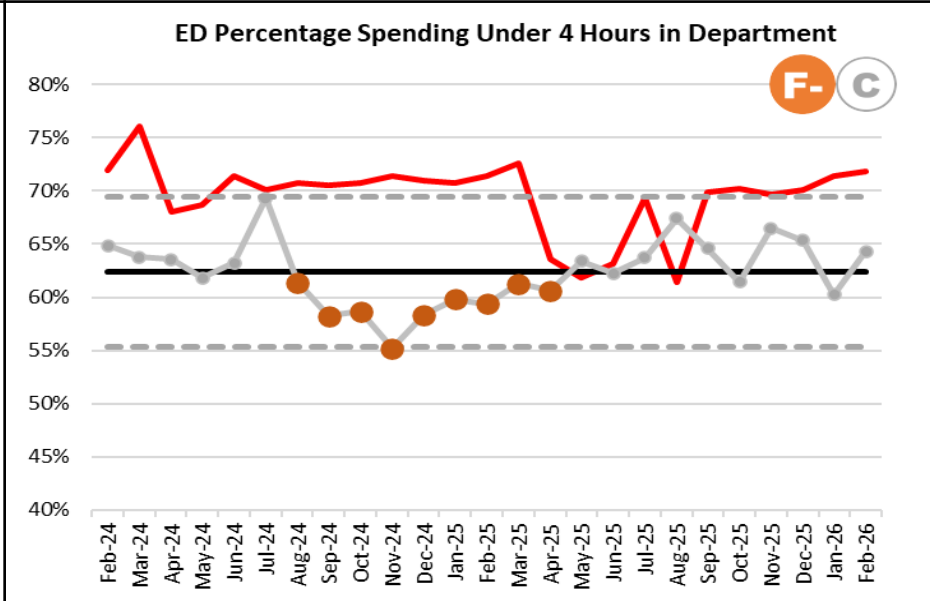
CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	RTT First Attendance Under 18 Weeks	NBT	Feb-26	73.3%	76.4%	72.3%	F-	H	Escalation Summary
		UHBW	Feb-26	71.1%	71.2%	71.3%	F-	H	Escalation Summary
Responsive	Diagnostics % Over 6 Weeks	NBT	Feb-26	0.7%	1.0%	2.6%	?	C	Escalation Summary
		UHBW	Feb-26	9.4%	6.2%	13.0%	F-	L	Escalation Summary
Responsive	Cancer 28 Day Faster Diagnosis	NBT	Jan-26	61.2%	78.7%	72.2%	F	L	Escalation Summary
		UHBW	Jan-26	76.0%	79.0%	79.3%	?	C	Escalation Summary
Responsive	Cancer 31 Day Decision-To-Treat to Start of Treatment	NBT	Jan-26	79.8%	86.1%	87.5%	?	C	Escalation Summary
		UHBW	Jan-26	94.2%	96.0%	96.6%	?	C	Escalation Summary
Responsive	Cancer 62 Day Referral to Treatment	NBT	Jan-26	65.2%	70.2%	66.2%	F	C	Escalation Summary
		UHBW	Jan-26	73.3%	75.0%	76.7%	?	C	Escalation Summary
Responsive	Last Minute Cancelled Operations	NBT	Feb-26	0.4%	0.8%	0.7%	P	C	Note Performance
		UHBW	Feb-26	1.9%	1.5%	2.1%	F	C	Escalation Summary
Responsive	% to Stroke Unit within 4 Hours	NBT	Jan-26	58.5%	90.0%	48.4%	F-	C	Escalation Summary
Responsive	Stroke Thrombolysis within 1 hour	NBT	Dec-26	52.6%	60.0%	57.1%	?	C	Escalation Summary
Responsive	90% Time in Stroke Unit Performance validated	NBT	Jan-26	64.2%	90.0%	55.0%	F-	C	Escalation Summary
Responsive	% Seen within 14 Hours by a Stroke Consultant - Validated	NBT	Jan-26	81.2%	90.0%	78.7%	F	C	Escalation Summary

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

Responsiveness

UEC – Emergency Department Metrics

Latest Month
Feb-26
Target
71.8%
Latest Month's Position
64.3%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



Latest Month
Feb-26
Target
72.3%
Latest Month's Position
67.4%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration.
Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?
The percentage of patients spending under 4 hours in ED for February increased to 64.3%.

Actions being taken to improve

- Capital funding secured to facilitate **moving ED minors** (Target date: November 2026) to an alternative onsite location. The current minors' area will be used to provide services in line with the new NHSE Model ED and extended emergency medicine ambulatory care (EEMAC) guidance. Service modelling and a detailed operational plan are currently being worked up.
- Clinical Operational Standards (COS) Oversight Group** - GIRFT COS session held in February. Priority areas of focus were Standardised Referral Pathways, Diagnostic pathways, Frailty / Care Homes, all of which will reduce patient LOS across UEC pathways.
- Quarterly **Test of Change Weeks (ToCW) – February 2026** tested further changes to ED staffing which has proved successful in reducing the time for first seen by a clinician. Further changes are planned and ToCW projects are being scoped for the next round in May.

Impact on forecast
March is tracking to deliver c 67% four-hour performance based on month-to-date data.

What does the data tell us?
The ED 4-hour standard across the trust improved throughout February at 67.4% compared to January at 66.3% All 3 ED's saw a decrease in attendances with the biggest impact on 4-hour performance noted at WGH (up to 68% from 65%)

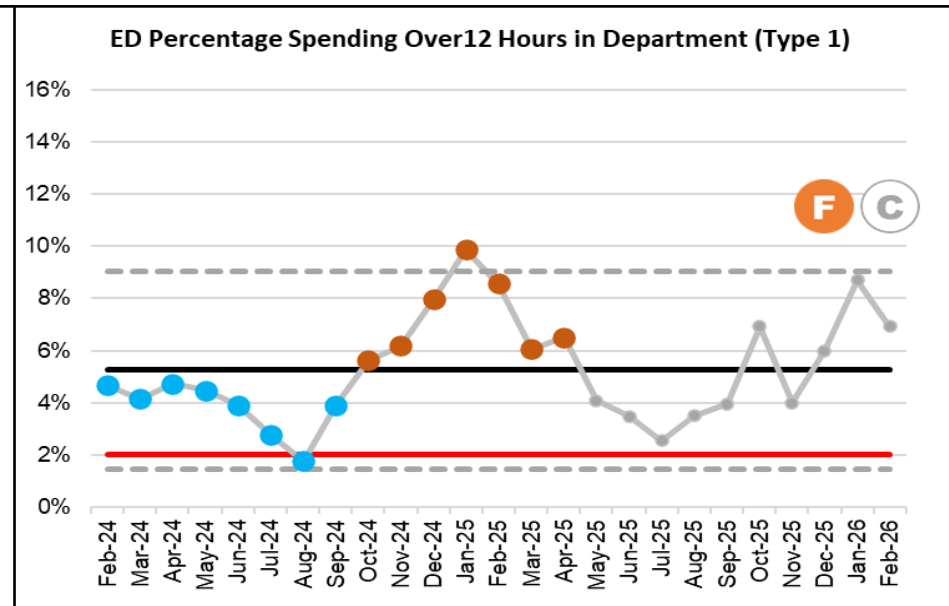
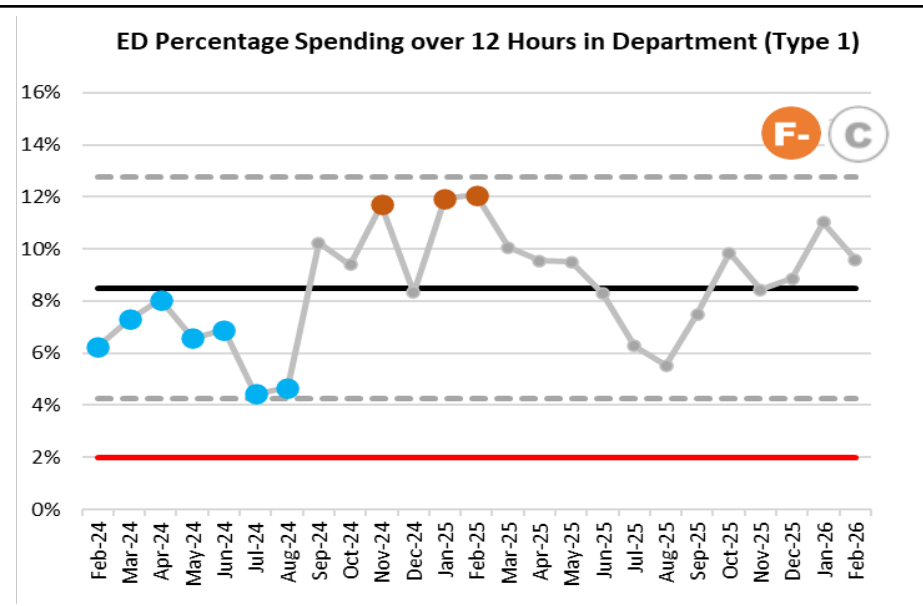
Actions being taken to improve
Ongoing mobilisation of ED improvement plans across both BRI and Weston, including workforce reconfiguration to augment and better align senior decision makers to peak times IN & OOH, in addition to optimising SDEC utilisation and front door redirection models. AMT (Acute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

Impact on forecast
Forecasting that improvement plans will improve the Trust position; forecast for March is c67%
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	Feb-26
Target	2.0%
Latest Month's Position	9.6%
Performance / Assurance	Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration
Trust Level Risk	1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



Latest Month	Feb-26
Target	2.0%
Latest Month's Position	6.9%
Performance / Assurance	Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.
Corporate Risk	Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?
The percentage of patients spending over 12 hours in ED decreased to 9.6% in February.

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

- 1) For February's test of change - schemes focused on earlier discharge summary, increasing discharge lounge usage to make it the default for patients leaving, and reducing time for the bed to become available for the next patient. This included reviewing cleaning regimes. All changes are being monitored to ensure they are fully embedded in practice.
- 2) Every Minute Matters approach – working to improve internal flow. A new focus for March is on reducing the amount of hospital transport requested on discharge with the aim of being able to respond more quickly for those people unable to use alternatives.

Impact on forecast
March continues to show improvement in this area, with month to date performance tracking at 8.5%.

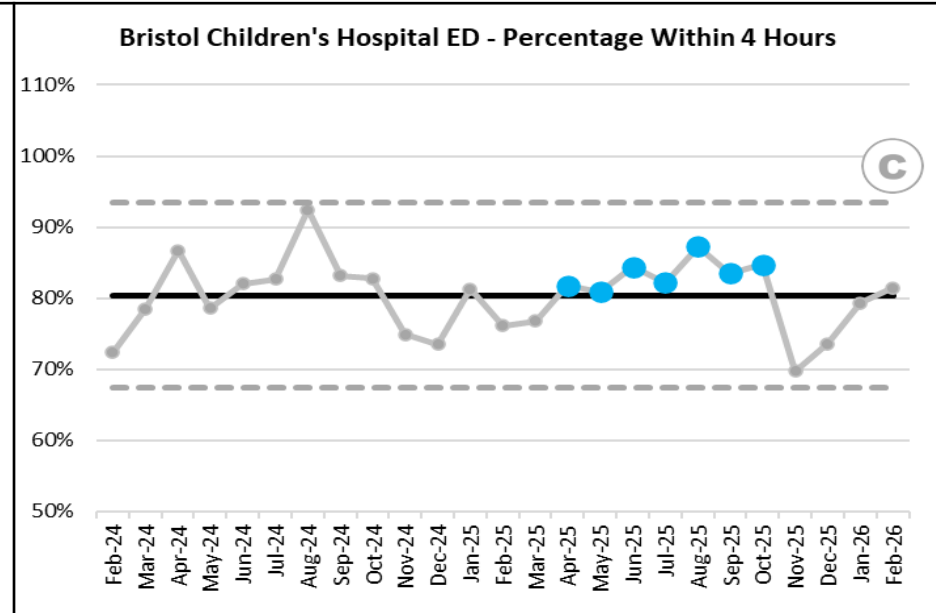
What does the data tell us?
The percentage of patients spending over 12 hours in ED for the month of February (6.9%) improved compared to January (8.7%) and still below the national threshold of 10%. BRI down from 13% to 10% and WGH down from 10% to 8%. This correlates with a slight decrease in NCTR patients for February along with a reduction in attendances and admissions overall.

Actions being taken to improve
Implementation of inter-professional standards and accompanying dashboard due in March in support of cross-divisional review of time to specialty assessments in ED.
Renewed focus on the medicine admitted pathway with actions identified to support the turn around time of inpatient beds and strengthen the process for escalation of 12 hr breaches in ED.
BRI consultant recruitment underway with 2 posts filled and further interviews in the next two months – will enable improved support into ED in Out of hours periods.

Impact on forecast
Ward closures at the BRI and demand for IPC cubicles across both sites remain a challenge. Actions have been put in place to mitigate the ward closures, but the position may remain challenging throughout March. Forecast for March is c6%.

Responsive

UEC – Emergency Department Metrics



Latest Month
Feb-26
Target
No Target
Latest Month's Position
81.5%
Performance / Assurance
Common Cause (natural/expected) variation where up is improvement.
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?

- 4-hour performance has been continuously improving since November 2025
- 4-hour performance in February improved to 81.5% from 79.3% in January.
- There were slightly fewer attendances in February (3,786) when compared to January (4,195) which may have contributed to the improvement of the overall 4-hour position

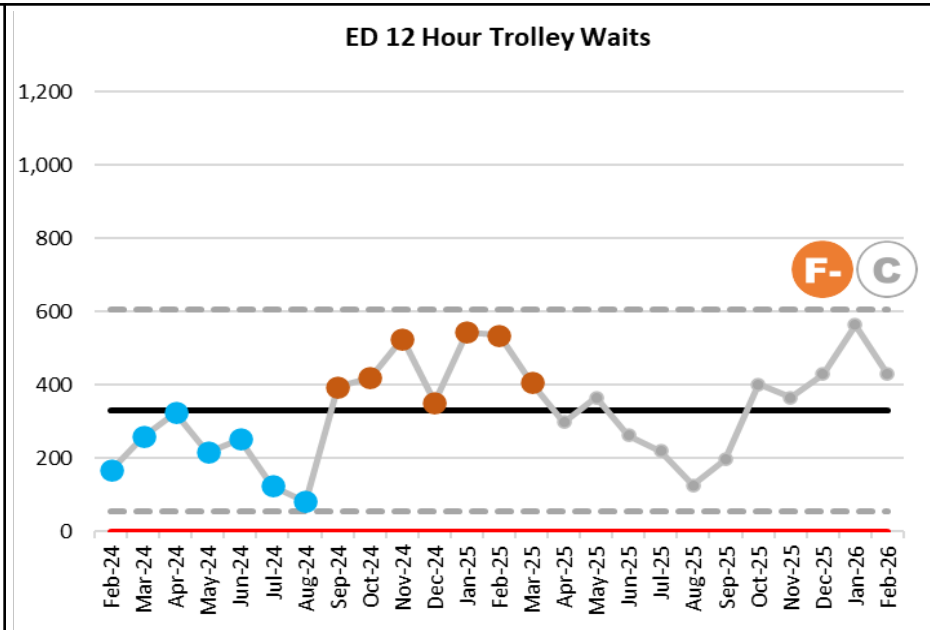
Actions being taken to improve

- Streaming has gone live on 16/3/26 - impact on 4-hour position will be reviewed and assessed in due course
- A3 project will be launched with D&T for lab turnaround times
- Criteria led discharge implemented for Observation Ward, promoting earlier discharge and flow
- Surgical teams to accept speciality referrals via CareFlow – has been on hold due to absence within the consultant team but discussions scheduled for March/April now staff have returned to work
- Time in motion study process map session scheduled for 2/4/26 - to review patient pathway from CED to medical ward to identify opportunity for improvements

Responsiveness

UEC – Emergency Department Metrics

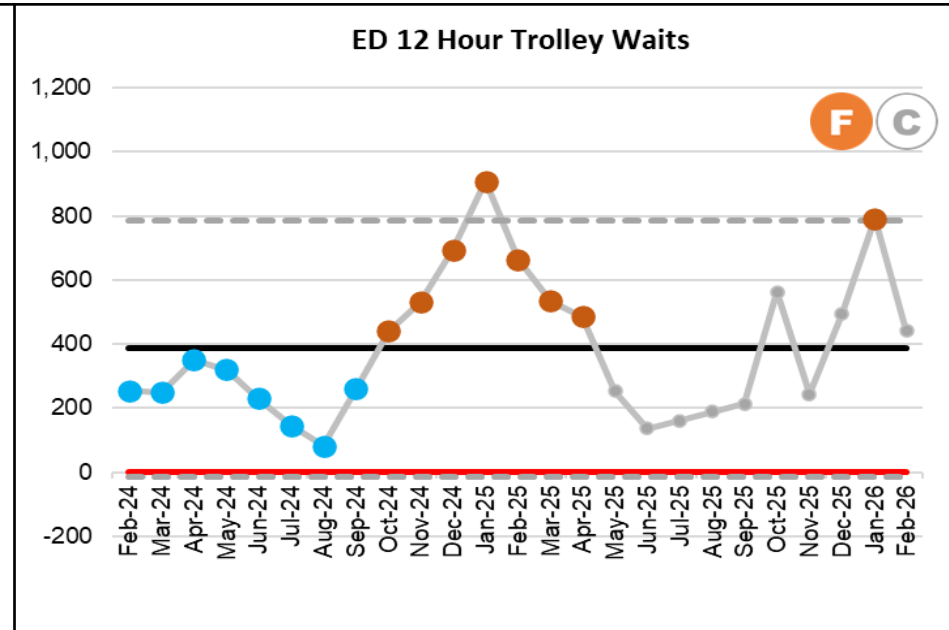
Latest Month	Feb-26
Target	0
Latest Month's Position	430
Performance / Assurance	Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration
Trust Level Risk	1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



What does the data tell us?
The number of 12-hour trolley waits decreased compared to the previous month to 430.

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

Impact on forecast
See previous slide.



What does the data tell us?
The number of 12 Hour trolley waits decreased throughout February (440) compared to January (793)

Actions being taken to improve
Note actions from previous two slides

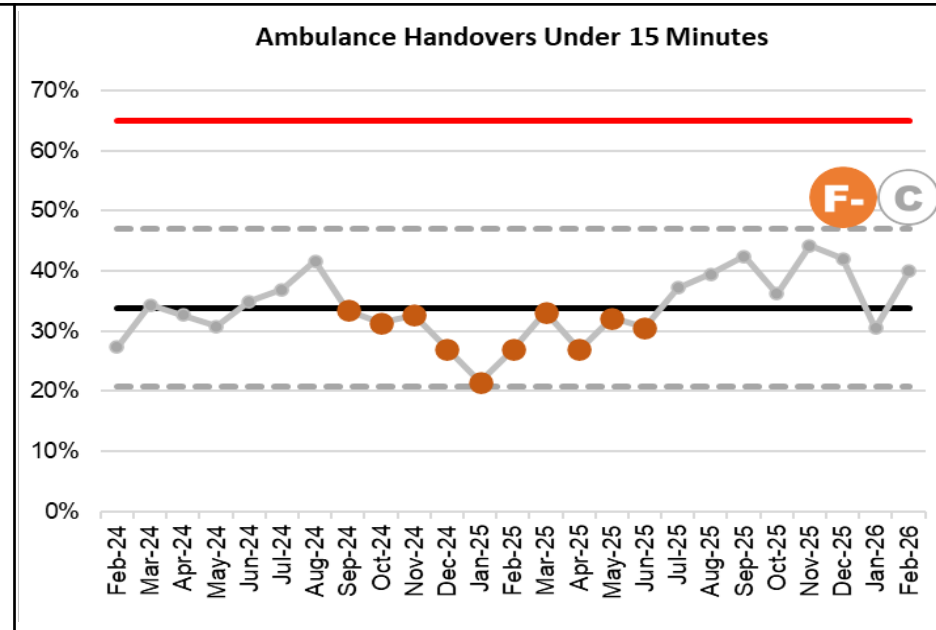
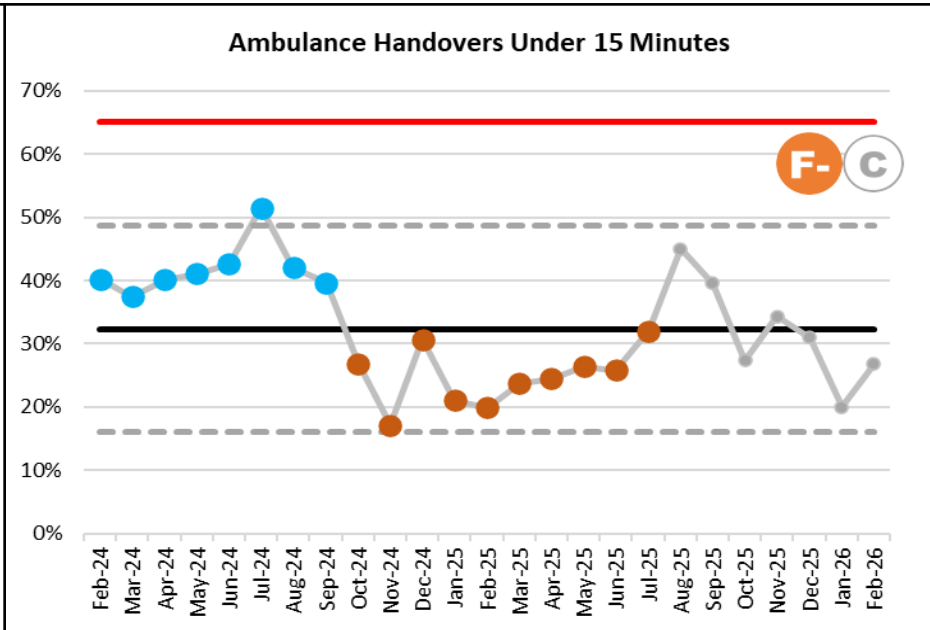
Impact on forecast
Along with improvement work noted against the 4-hour and 12-hour standard, it is anticipated that the number of 12-hour trolley waits should improve during March

Latest Month	Feb-26
Target	0
Latest Month's Position	440
Performance / Assurance	Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.
Corporate Risk	Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20). Risk 2614 - Risk that patient care and experience is affected due to being cared for in extra capacity locations (15)

Responsiveness

UEC – Ambulance Handover Delays

Latest Month
Feb-26
Target
65.0%
Latest Month's Position
26.8%
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
Feb-26
Target
65.0%
Latest Month's Position
40.0%
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 increased to 26.8% in February.

Actions being taken to improve

- 1) Work with ICB, SWASFT and BrisDoc Severnside on validation of Category 3 and Category 4 ambulance dispositions – new group to review process and impacts and assess benefits of working towards validation of Category 2 dispositions also.
- 2) System business case to expand the Community Emergency Medicine Service from three to seven substantive days of funding has been approved. The service will start to ramp up in line with recruitment from August onwards.

Impact on forecast
Based on month to date work in March, continued improvement in performance is expected.

What does the data tell us?
Ambulance handovers within 15 mins show an improvement in February at 40% compared to January at 30.5% and a marked improvement compared to last year. Notable increase observed at WGH from 26% in January up to 30% in February and at BCH from 71% up to 76%.

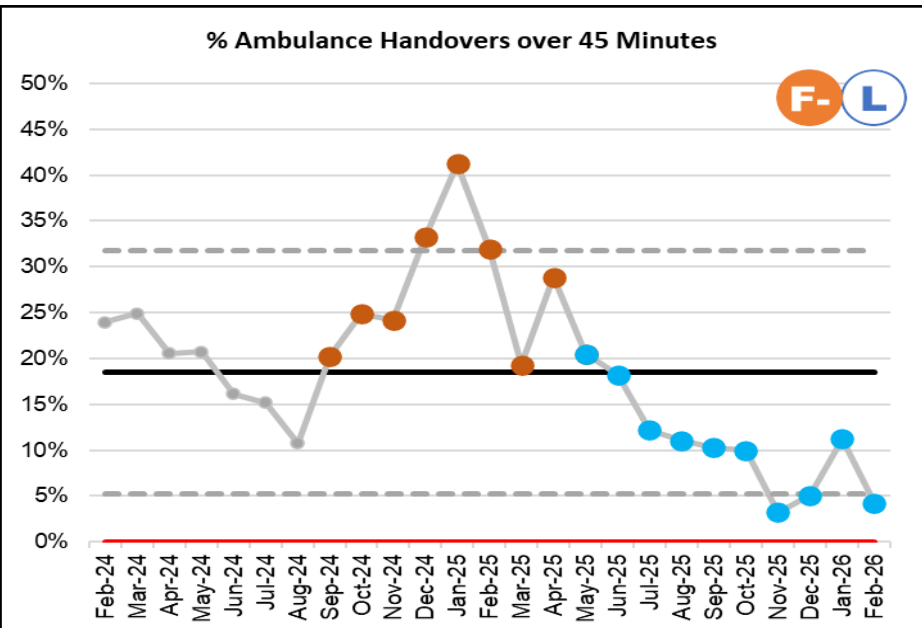
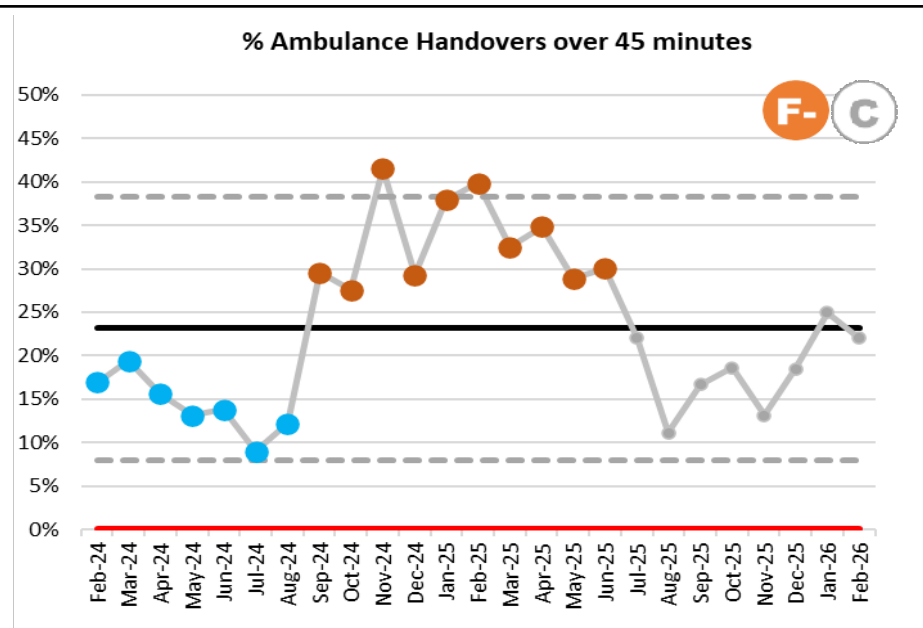
Actions being taken to improve
Implementation of the updated SWAST Timely Handover Policy in response to the new NHSE KPI: zero tolerance to handovers over 45 mins - has resulted in a collective response within UHBW to embed additional actions and strengthen existing processes in support of timely ambulance handovers. An updated trust-wide escalation policy is due to be cascaded in March with clearly defined steps for the use of and de-escalation out of all 'corridor' spaces.
Expansion to the CEMS service planned by the ICB should result in an improvement in ambulance conveyances throughout the year as this is implemented.

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

Responsiveness

UEC – Ambulance Handover Delays

Latest Month	Feb-26
Target	0.0%
Latest Month's Position	22.0%
Performance / Assurance	Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration or greater than upper limit down is deterioration
Trust Level Risk	1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



Latest Month	Feb-26
Target	0%
Latest Month's Position	4.2%
Performance / Assurance	Special Cause Improving Variation Low, where down is improvement but target is less than lower limit.
Corporate Risk	Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

What does the data tell us?
The proportion of handovers over 45 minutes reduced in February to 22%.

Actions being taken to improve
The system Rapid Emergency Assessment Framework (REAF) group met and reviewed the impacts of the SWASFT Timely Handover Plan at a specially convened session in January. Learning and recommendations from that session will be presented at the BNSSG UEC Operational Delivery Group (ODG) in March and an action plan will be developed to support further improvements.

Impact on forecast
Additional demand management strategies are being deployed by partners to support a call before convey approach, including the development of a system care co-ordination function – the results of a period of discovery work will be reported into UEC ODG in March.

What does the data tell us?
Ambulance handover times within 45 minutes have improved throughout February at 4.2% compared to January at 11.2%. Notable decrease observed at BRI from 14.6% in January down to 3.8% in February

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

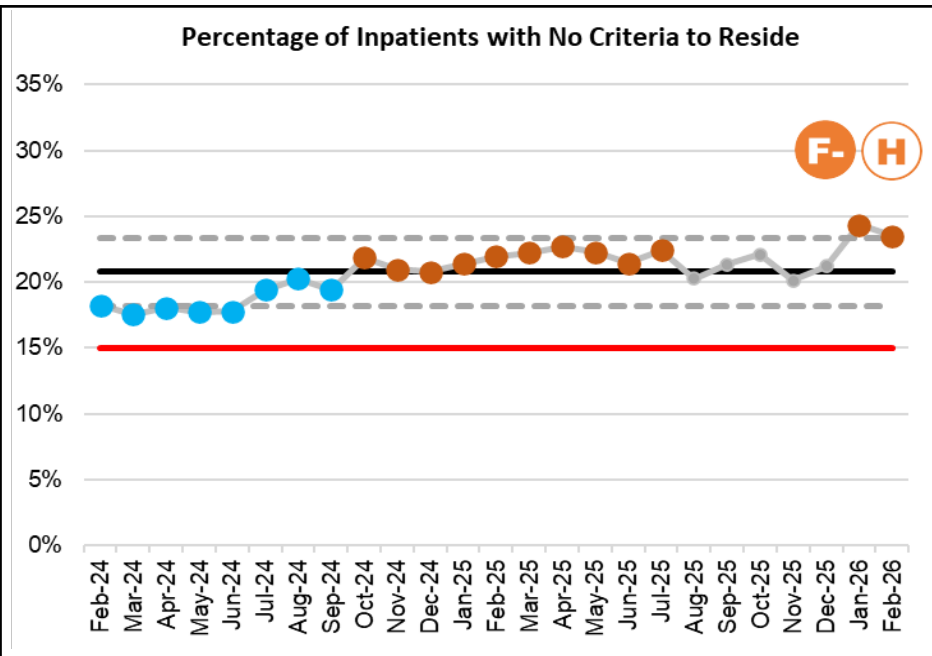
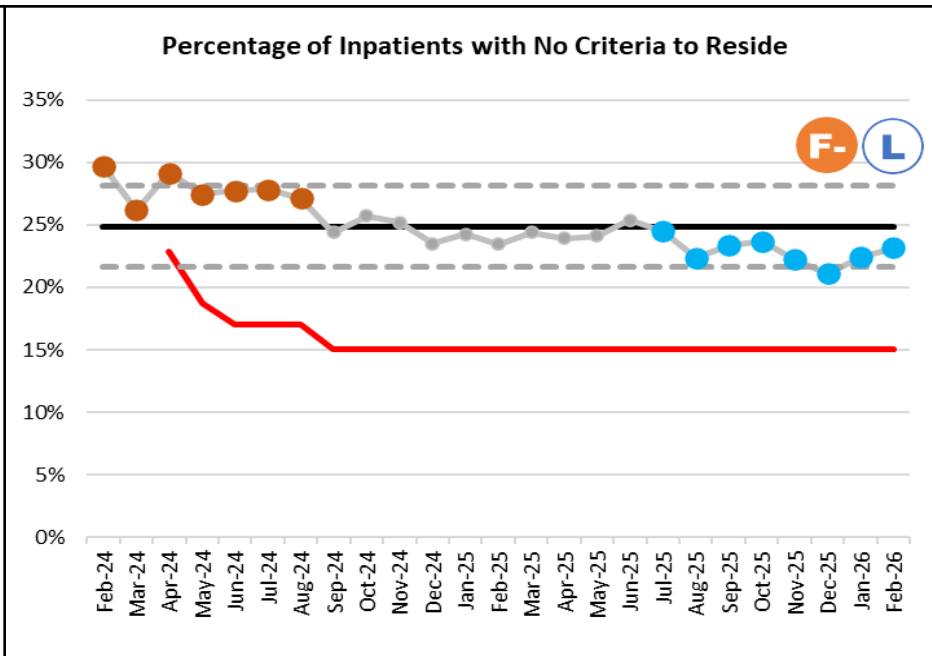
Expansion to the CEMS service planned by the ICB should result in an improvement in ambulance conveyances throughout the year as this is implemented.

Impact on forecast
It is anticipated that the ongoing improvement work will continue to contribute to an improved position in the forthcoming months, though flow out of ED into the BRI bed base will remain challenging due to the closure of two inpatient wards. Current March forecast c5%

Responsiveness

UEC – No Criteria To Reside

Latest Month
Feb-26
Target
15.0%
Latest Month's Position
23.2%
Performance / Assurance
Special Cause Improving Variation Low, where down is improvement but target is less than lower limit
Trust Level Risk
Risk 2182 - patients who are 'discharge ready' who remain in hospital beds with 'No Criteria to Reside (NC2R)' will be at greater risk of deconditioning, hospital acquired infections, falls and delirium which could lead to varying levels of harm/patient outcomes (12).



Latest Month
Feb-26
Target
15.0%
Latest Month's Position
23.5%
Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit.
Corporate Risk
Corporate Risk 423 - Risk that demand for inpatient admission exceeds available bed capacity (25). Corporate Risk 8252 - Patients with no criteria to reside continue to remain in hospital beds (16)

What does the data tell us?
No Criteria to Reside (NCTR) increased to 23.2% in February, remaining above the BNSSG system target of 15%.

- Actions being taken to improve**
- Partnership work with ICB CNO team has resulted in a revised approach to Fast Track assessment and referral with a dedicated NBT team now in place in care of the elderly and expanding Trustwide over the next few months (based on recruitment). Estimated to reduce fast track length of stay by c.5 days.
 - BNSSG case for the purchase of an additional 30 community beds was approved at Performance Escalation Meeting in mid March. These beds are available now and will be utilised over the next couple of weeks.
 - NBT strategic review of Elgar Model, with first workshop held in early Mar-26. This work is designed to review and enhance support to patients, enabling them to move to the next stage of their pathway as soon as possible.
 - Bristol NHS Group is hosting a system Transformation Programme related to home and inpatient based intermediate care. The aim is to support attainment of the 15% NCTR target..

Impact on forecast
The System NCTR target of 15% continues to remain unmet.

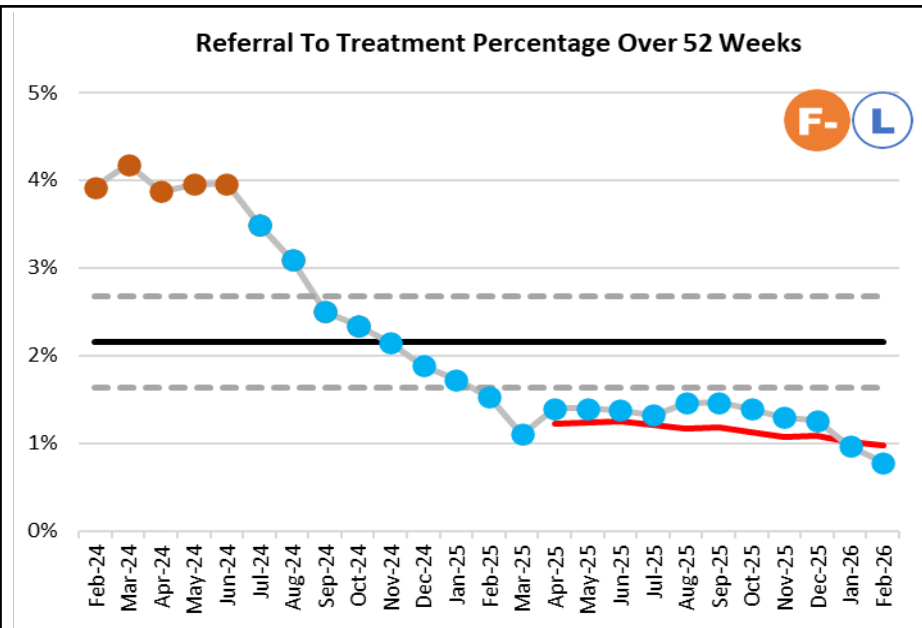
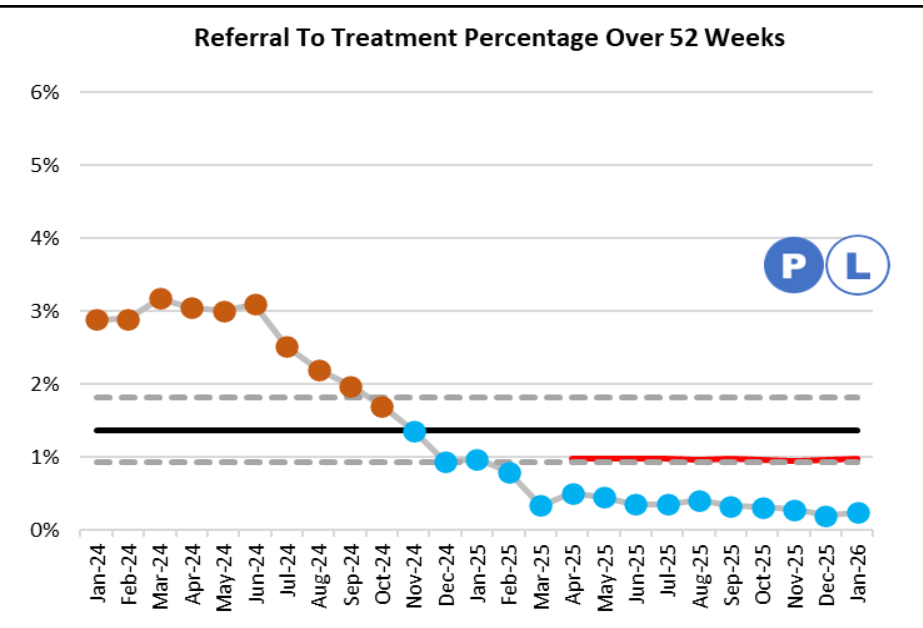
What does the data tell us?
UHBW No Criteria to Reside (NCTR) patient waiting list saw a small decrease in February to 23.5% (207 patients) vs 24.4% (217 patients) in January. BRI: Feb 20.6% (98 pts) vs Jan 21.5% (117pts) ; Weston: Feb 32.4% (105 pts) vs Jan 34% (100 pts).

- Particular flow issues in North Somerset (all pathways) and P1 across all LAs. Inadequate community service provision (beds & support services) available to meet high proportion of complex patients requiring specialist care upon discharge from hospital.
- Actions being taken to improve**
- Development of improvement plans at system level to deliver the 15% NCTR reduction continues with a business case having gone to PEM on 13/3 to increase bedded capacity.
 - Home First Team improvement projects:
 - Continuing Health Care Fast Track - a reduction of average 3.8 days and MCA and BID- reduction of 1 day since Aug 25 with 83% completed in 48hours.
 - Early Supported Discharges enables patients to leave hospital before their package of care start date with family support: 113 patients left hospital early saving 447 bed days in February.
 - Focus on reducing internal delays and support patient discharge to own home wherever possible.
- Impact on forecast:** System NCTR target: 15% (103) UHBW remains unmet (BRI 53; WGH 50).

Responsiveness

Planned Care – Referral to Treatment (RTT)

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



Latest Month	Feb-26
Target	1.0%
Latest Month's Position	0.8%
Performance / Assurance	Special Cause Improving Variation where Down is Improvement, but target is less than lower limit
Corporate Risk	Risk 801 - Elements of the NHS Oversight Framework are not met (12)

No narrative required as per business rules.

What does the data tell us?
389 patients were waiting 52 weeks or more at the end of February (486 in January), against the total waiting list size of 49,836 which achieves the trajectory set for February 2026 of 1.0% and has met the NHSE March 2026 ambition of <1%. The overall waiting list size also reduced by 352 to 49,836 during February, against the Trust trajectory for February of 49,107

There were no patients waiting 65ww or more at the end of February.

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

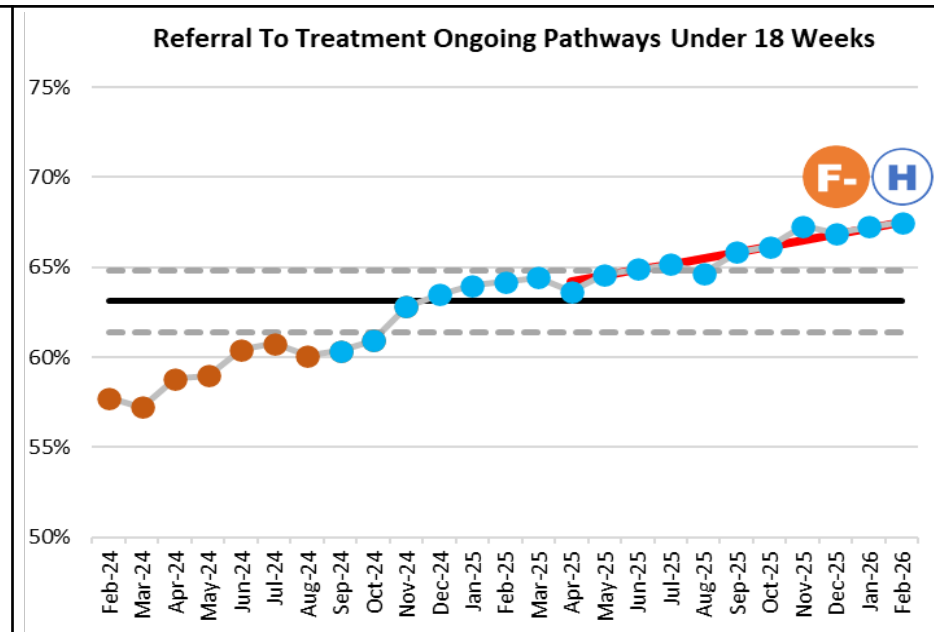
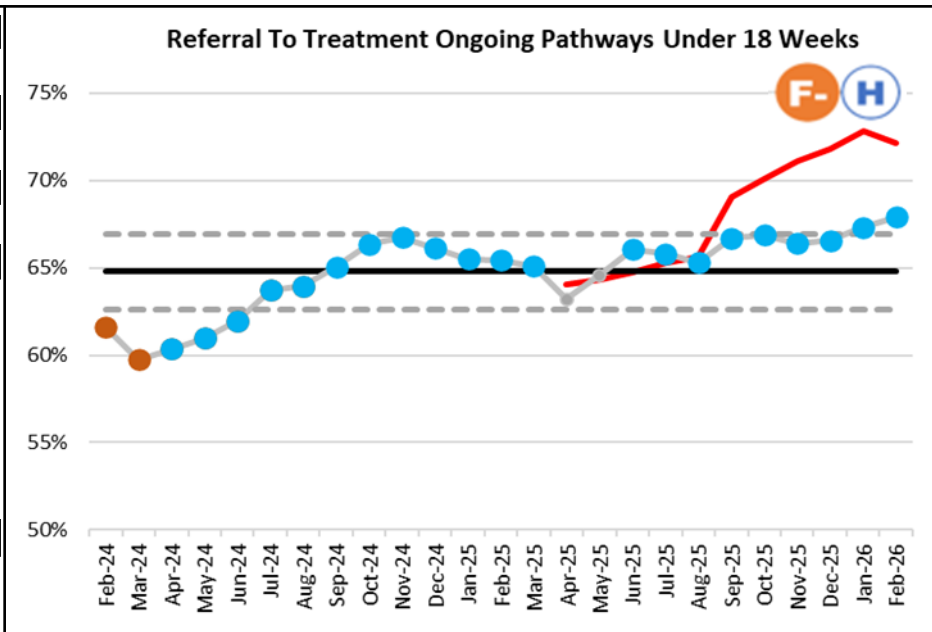
Recovery plans continue to be monitored in specialties with more challenged waiting times.

The End of Year Target for this measure is 0.94%

Responsiveness

Planned Care – Referral to Treatment (RTT)

Latest Month	Feb-26
Target	72.1%
Latest Month's Position	67.9%
Performance / Assurance	Special Cause Improving Variation High, where up is improvement but target is greater than upper limit
Trust Level Risk	No Trust Level Risk



Latest Month	Feb-26
Target	67.5%
Latest Month's Position	67.5%
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 February, the percentage of patients waiting less than 18 weeks was 67.9%, performing under the Trust trajectory of 72.1% set as part of the Trust operational planning submission (target of 71.9% by March 2026). This underperformance was partly due to the phased activity plan related to the BSC not meeting trajectory.

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

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

What does the data tell us?
At the end of February, the number of patient waiting less than 18-weeks is 33,627, achieving the Operational Planning trajectory target of 67.5%.

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 continue to take part in the NHS England validation sprint and RTT sprints, where an additional validation exercise focusses on patients across a broad range of specialties and additional outpatient and day case activity to reduce the waiting list size. Additional patient contacts are also being made via DrDoctor to identify whether patients no longer require to be seen (self-limiting conditions)

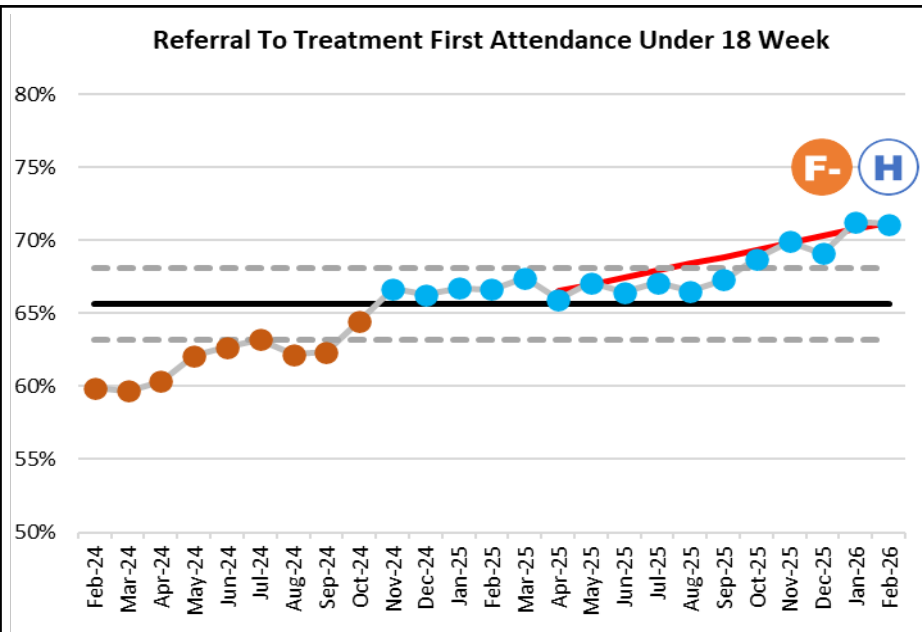
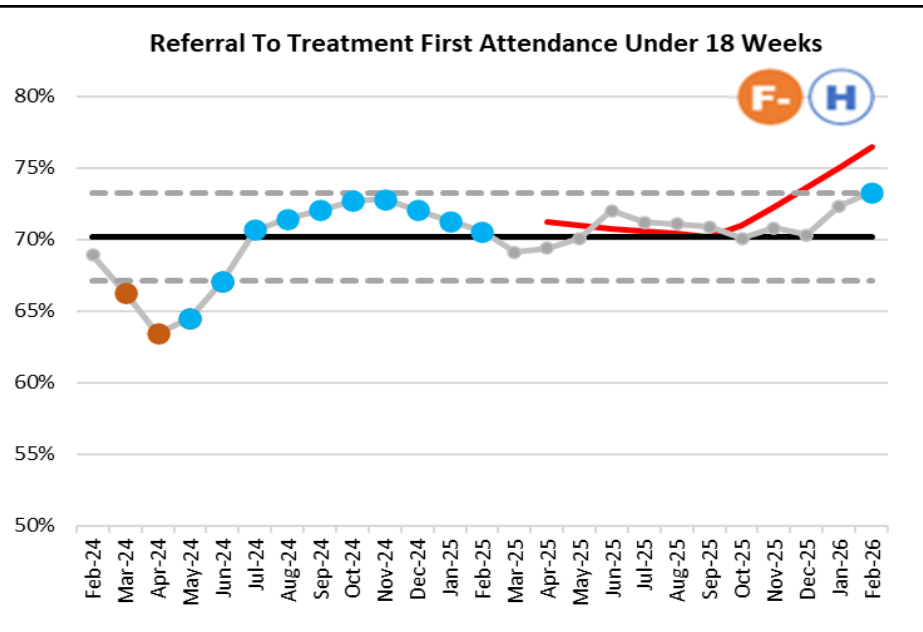
Impact on forecast
We continue to closely monitor the patients under 18-weeks and focused booking of first OPA earlier in the pathway to achieve the ambition of the end of year target

The End of Year Target for this measure is 67.8%

Responsiveness

Planned Care – Referral to Treatment (RTT)

Latest Month	Feb-26
Target	76.4%
Latest Month's Position	73.3%
Performance / Assurance	Special Cause Improving Variation High, where up is improvement but target is greater than upper limit
Corporate Risk	No Trust Level Risk



Latest Month	Feb-26
Target	71.2%
Latest Month's Position	71.1%
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 February, the percentage of patients waiting less than 18 weeks for their first appointment was 73.3%, performing under the Trust trajectory of 76.4% set as part of the Trust operational planning submission, but has been the highest performance year-to-date.

Actions being taken to improve
The 2025/26 delivery plans developed with clinical divisions, incorporate additional resource for some of the services (e.g. neurology and pain specialties) requiring greater support to recover their position. Additional patient contacts are being made via DrDoctor to identify whether patients no longer require to be seen (self-limiting conditions). Operational re-focus to overall percentage performance established including participation in the NHSE Q4 outpatient and validation sprints.

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

What does the data tell us?
At the end of February, the percentage of patients waiting less than 18 weeks for their first appointment is 71.1% against the target of 71.2% set for February 2026 as part of the Trust Operational Planning submission.

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

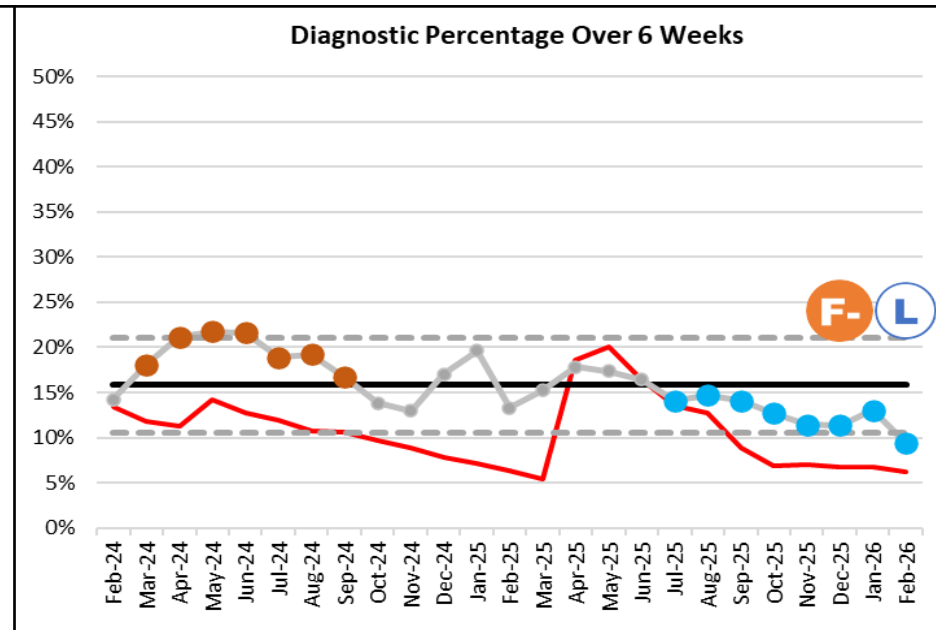
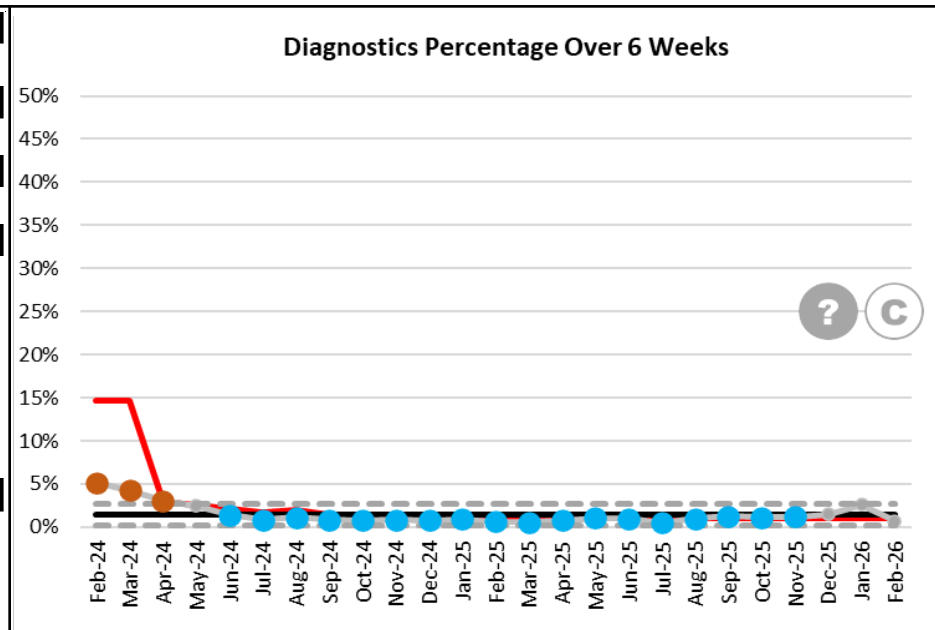
Impact on forecast
We continue to closely monitor the patients under 18-weeks and focused booking of first OPA earlier in the pathway to achieve the ambition of the end of year target

The End of Year Target for this measure is 71.7%

Responsiveness

Planned Care – Diagnostics

Latest Month
Feb-26
Target
1.0%
Latest Month's Position
0.7%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
Trust Level Risk
No Trust Level Risk



Latest Month
Feb-26
Target
6.2%
Latest Month's Position
9.4%
Performance / Assurance
Special Cause Improving Variation Low, where down is improvement but target is less than lower limit.
Corporate Risk
Risk 801 - Elements of the NHS Oversight Framework are not met (12)

What does the data tell us?
In February, the proportion of patients waiting over six weeks against the DM01 standard improved to 0.7%, (2.6% in January).

Actions being taken to improve
DEXA and Echocardiography have been the main contributors; as forecast the improvement actions in these modalities over the past two months have supported recovery of the Trust position back to constitutional standard.

Impact on forecast
Anticipate ongoing compliance to the constitutional standard with performance <1%.

What does the data tell us?
In February, the proportion of patients waiting over six weeks against the DM01 standard improved to 9.4% (13% in January).

Actions being taken to improve
Demand for diagnostics has increased significantly over Q4, while activity has remained at planned levels resulting in an increase in the waiting list size. Ongoing work is underway to support both demand management and short-term activity expansion.

Continued outsourcing of Ultrasound to address increased demand and recurrent backlogs.

Additional Endoscopy activity via waiting list initiatives and support from system due to capacity constraints

Impact on forecast
The impact of the recent fire at Weston is being assessed and is anticipated to affect endoscopy performance.

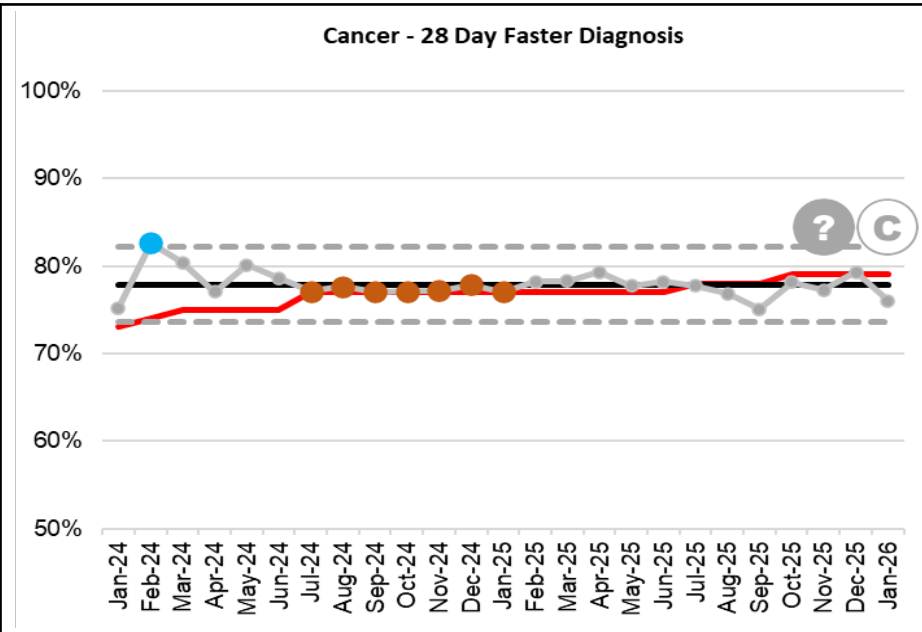
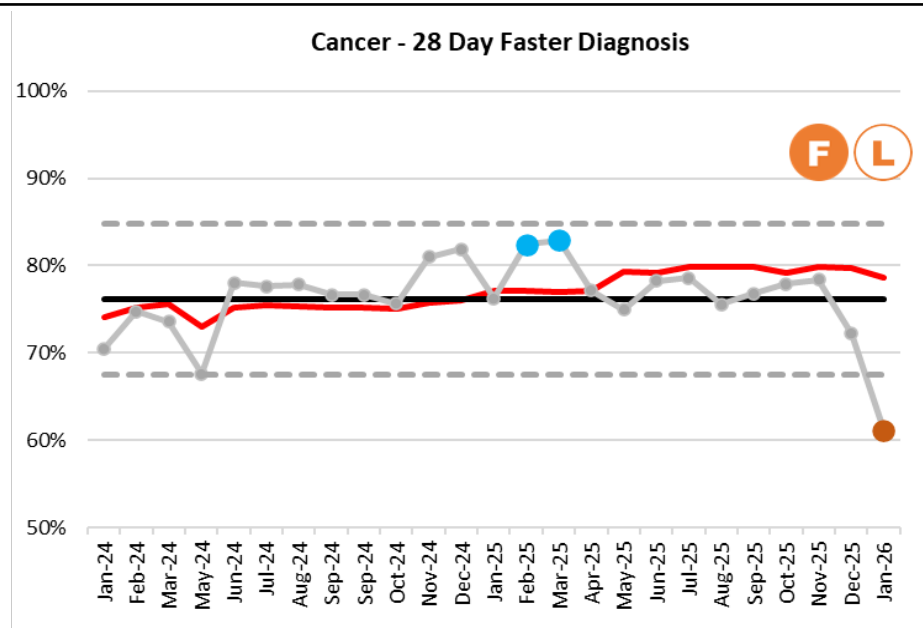
Given the increase in demand seen over Q4, it is expected that actions noted above will maintain current performance.

The End of Year Target for this measure is 5.0%

Responsiveness

Planned Care – Cancer Metrics

Latest Month
Jan-26
Target
78.7%
Latest Month's Position
61.2%
Performance / Assurance
Special Cause Concerning
Variation Low, where down is
deterioration and last six data
points are less than target
Trust Level Risk
988 - There is a risk that cancer
patients will not be treated in
the required timeframe due to
insufficient capacity (15).



Latest Month
Jan-26
Target
79.0%
Latest Month's Position
76.0%
Performance / Assurance
Common Cause
(natural/expected) variation
where last six data points are
both hitting and missing
target, subject to random
variation.
Corporate Risk
Risk 6782 - Risk that the
28 day faster diagnosis
cancer standard is not
met (20)

What does the data tell us?
As anticipated and forecast in the previous IQPR, 28-Day performance did not meet the trajectory for January. The primary driver for the position was due to under-provision of Breast one stop clinics related to specific workforce challenges.

Actions being taken to improve
Key areas of focus are 1st OPA within Breast and diagnostic capacity and turnaround times in Urology. SWAG and NHSE funding has been approved.

Additional high-cost insourcing to clear the backlog of patients waiting over 28 days for a diagnosis and review of core capacity delivered by NBT staff.

Impact on forecast
Forecasting a return to plan by year-end.

What does the data tell us?
There was a deterioration in performance due to high levels of patient choice over the festive period (particularly for investigations requiring bowel preparation). The critical incident further impacted performance due to bed shortage reducing endoscopy capacity, and delays for dermatology appointments on the Weston site which, when combined with the impact of historic cases from the previous head and neck staffing delays, contributed to a challenged month.

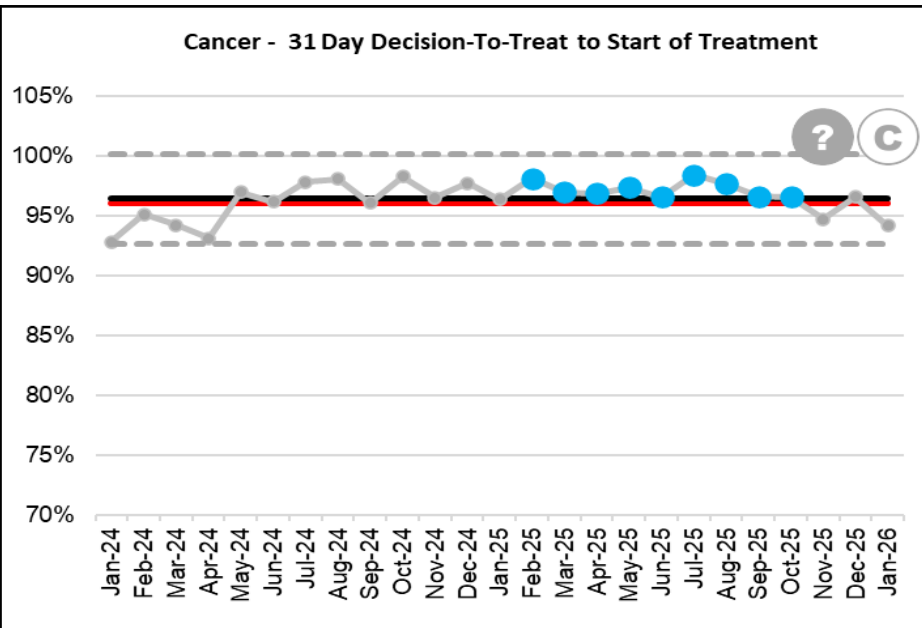
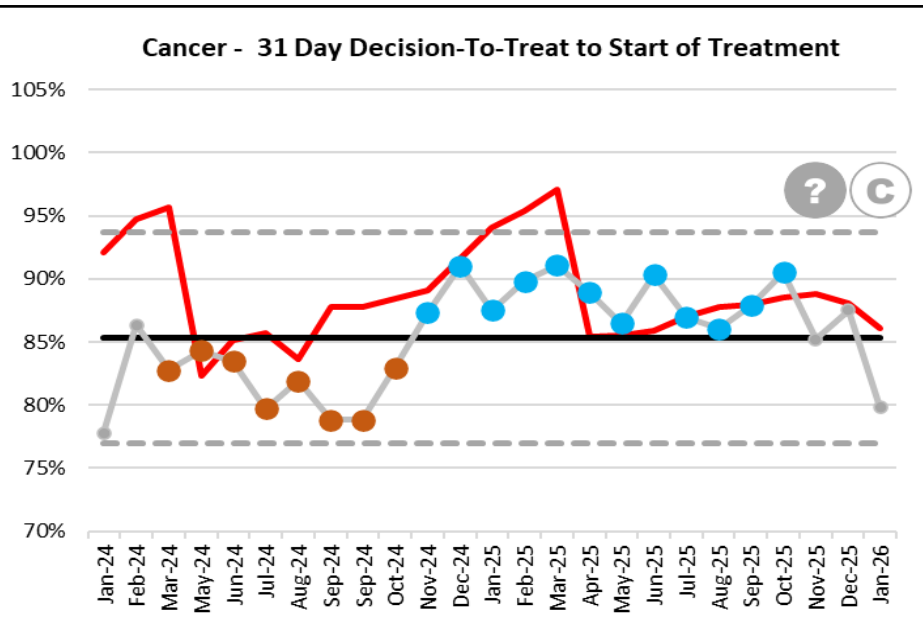
Actions being taken to improve
Many of the issues that impacted performance in January are no longer 'live issues' – for example head and neck appointment times are now within acceptable limits, capacity at the Weston site for dermatology has improved, and patient choice levels are more typical. However, the impact of problems in previous months, particularly in head and neck, can continue to impact on these standards for some time.

Impact on forecast
The Trust is still aiming to achieve the national ambition of 80% in March, with the main risk being the impact of historic cases as mentioned above

Responsiveness

Planned Care – Cancer Metrics

Latest Month
Jan-26
Target
86.1%
Latest Month's Position
79.8%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
Trust Level Risk
988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).



Latest Month
Jan-26
Target
96.0%
Latest Month's Position
94.2%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
Risk 5532 - Non-compliance with the 31 day cancer standard (12)

What does the data tell us?
31-Day performance did not meet the trajectory for January. NBT treated more cancer patients in the month than planned, however many of these patients had already waited more than 31 days for their treatment.

Actions being taken to improve
Stretching recovery plans are in place to deliver additional treatments.

Recovery plans are being monitored on a weekly basis through a COO-led governance process.

Impact on forecast
Continue to deliver recovery plans into 2026/27.

What does the data tell us?
There was a deterioration in performance primarily due to delays in chemotherapy delivery. Rapidly rising demand has outstripped capacity, and the impact of very high patient choice to start treatment in January (as opposed to over Christmas) could not be tolerated even with high levels of additionality to attempt to mitigate.

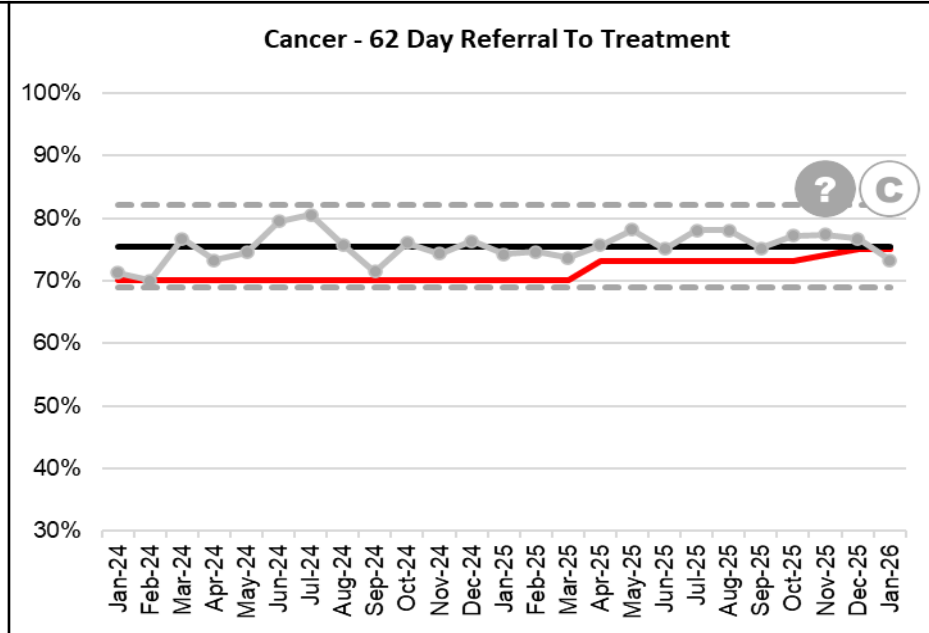
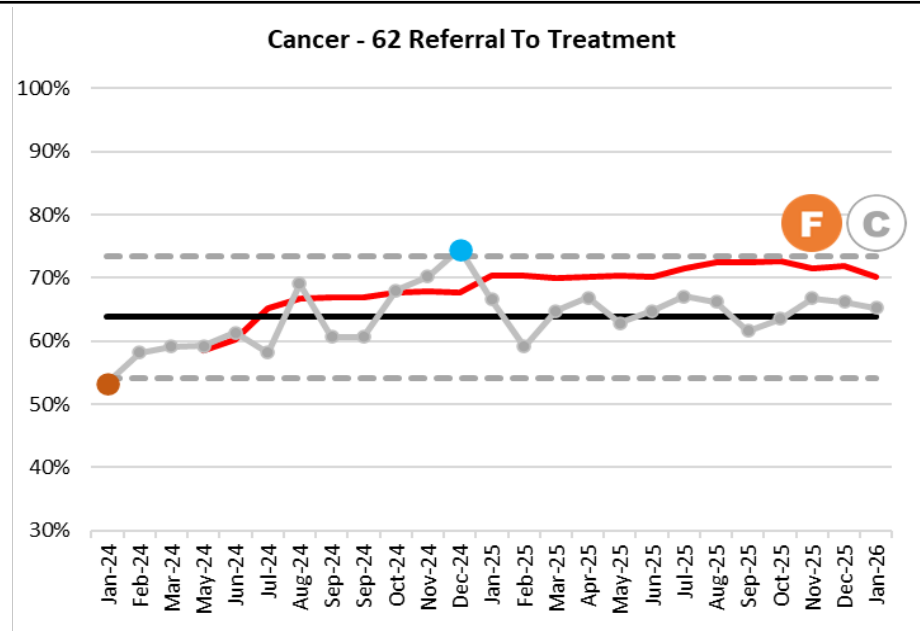
Actions being taken to improve
Chemotherapy waiting times improved across the month and are at a more acceptable level currently (March) although it remains a high-risk area due to the large capacity/demand imbalance. Dermatology is the other key risk area, and the Trust is exploring additional outsourcing options to ensure sufficient surgical capacity in March.

Impact on forecast
It remains likely that the Trust will regain compliance with the 96% standard in March, provided chemotherapy performance does not deteriorate. February is forecast to have an improved performance, which may return to compliance (96%).

Responsiveness

Planned Care – Cancer Metrics

Latest Month
Jan-26
Target
70.2%
Latest Month's Position
65.2%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration
Trust Level Risk
988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).



Latest Month
Jan-26
Target
75.0%
Latest Month's Position
73.3%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
Risk 5531 - Non-compliance with the 62 day cancer standard (12)

What does the data tell us?
62-Day performance did not meet the trajectory for January. The overall treatment volume was above plan and there were more reported breaches. Breast and Urology makeup 69% of the total breaches.

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

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

Impact on forecast
Continue to deliver recovery plans into 2026/27.

What do the data tell us?
As with the 31-day standard, there was a deterioration in performance due to delays in chemotherapy delivery. Rapidly rising demand has outstripped capacity, and the impact of very high patient choice to start treatment in January (as opposed to over Christmas) could not be tolerated even with high levels of additionality to attempt to mitigate.

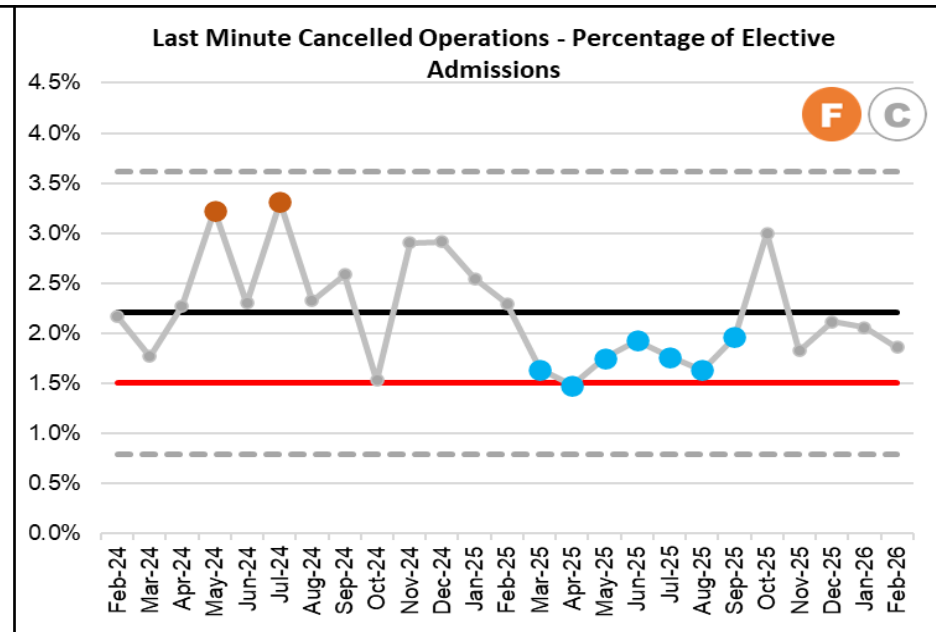
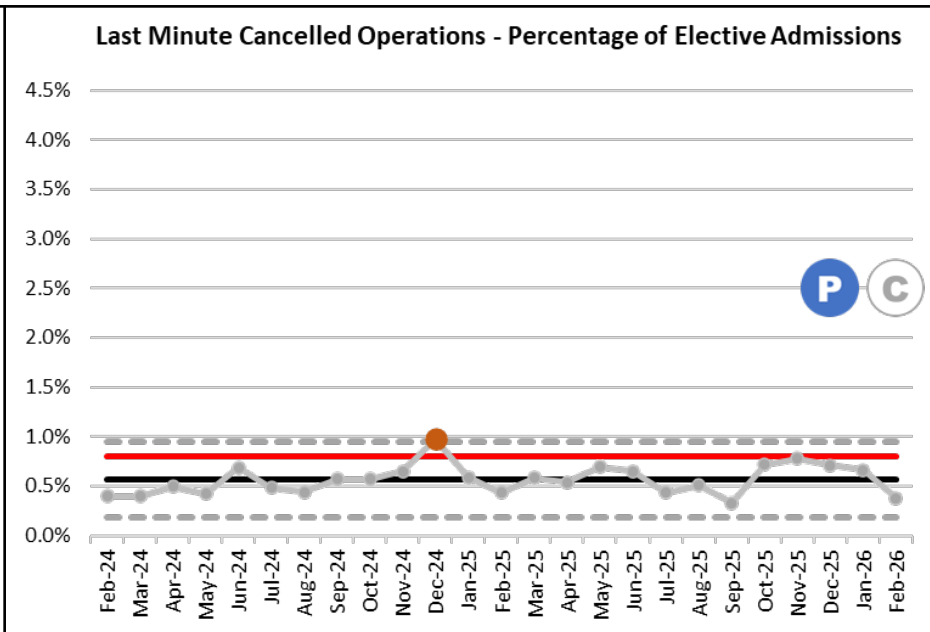
Actions being taken to improve
Chemotherapy waiting times improved across the month and are at a more acceptable level currently although it remains a high-risk area due to the large capacity/demand imbalance. Dermatology is the other key risk area and is exploring additional outsourcing options to ensure sufficient surgical capacity in March.

Impact on forecast
The Trust is expected to regain compliance with the 75% threshold in March, provided chemotherapy performance does not deteriorate. February is forecast to have an improved performance, which may return to compliance (75%).

Responsiveness

Last Minute Cancelled Operations

Latest Month
Feb-26
Target
0.8%
Latest Month's Position
0.4%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is improvement
Trust Level Risk
No Trust Level Risk



Latest Month
Feb-26
Target
1.5%
Latest Month's Position
1.9%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.
Corporate Risk
Corporate Risk 1035 - Risk that BNSSG and tertiary catchment populations do not have access to sufficient critical care beds (16)

No narrative required as per business rules.

What does the data tell us?
The number of last minute cancellations during February has reduced to 150 from 175 in January, resulting in an improved performance of 1.86%.

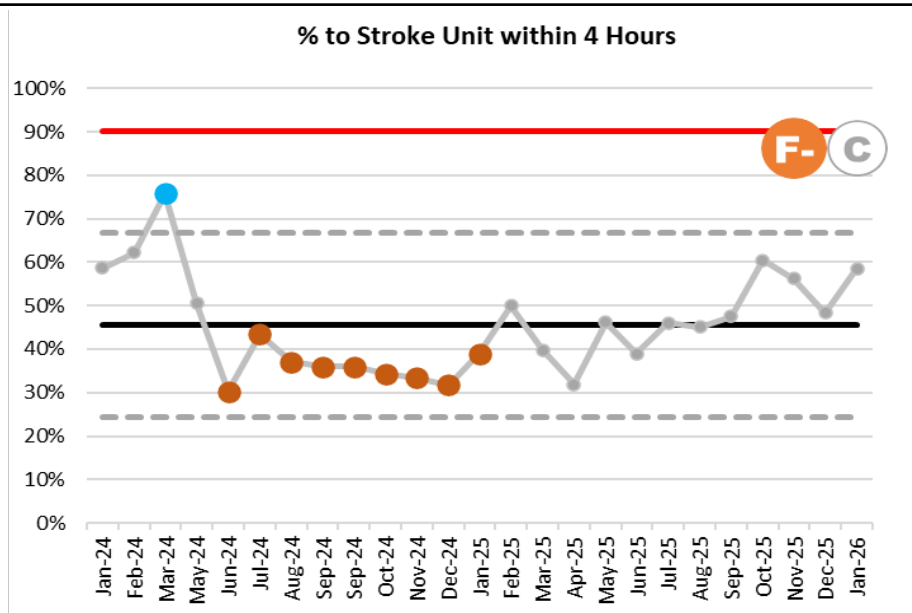
Actions being taken to improve
There has been a trust wide focus on the accurate recording and validation of cancellations with a specific workstream for surgical cancellations. Short notice booking is a consistent reason for surgical theatre last minute cancellations and this is managed and monitored via the trust perioperative improvement group and divisional meetings.
The pre assessment improvement project is key to support a reduction in last minute cancellations

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

Responsiveness

Stroke Performance - NBT

Latest Month	Jan-26
Target	90.0%
Latest Month's Position	58.5%
Performance / Assurance	Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk	Risk 1704 - There is a risk that patients receive sub- optimal stroke care and face potential worse clinical outcomes as a result of poor Trust performance against delivery of key national benchmarks (15).



What does the data tell us?
We have recently updated how we categorize the Stroke Unit to include the Stroke Seated Assessment area (From Oct 25) – this is due to the Seated Assessment area matching the description on SSNAP (Sentinel Stroke National Audit Programme) of a Stroke Unit. This decision was confirmed at the SSNAP meeting and by NMSK DMT.

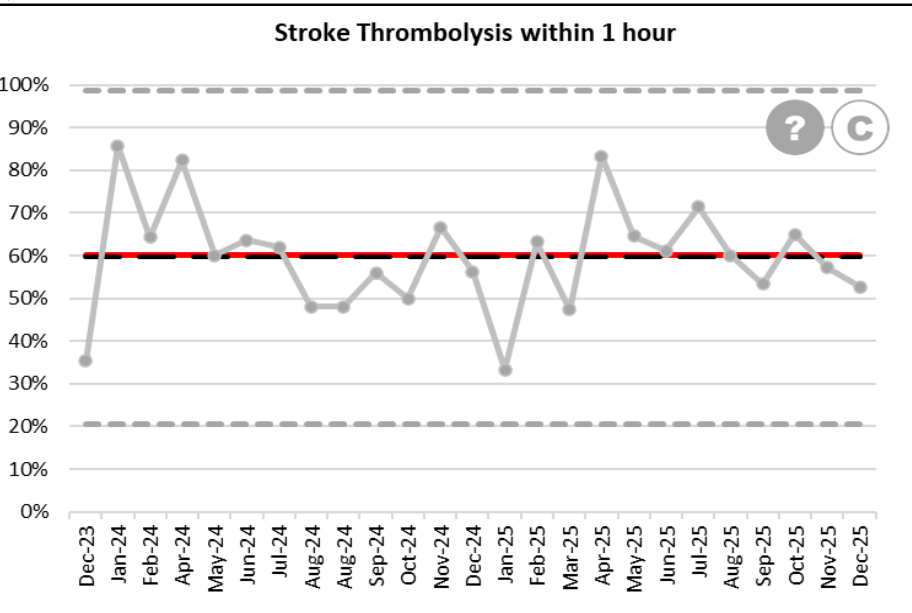
Since October this has improved performance, which we expect to continue.

Actions being taken to improve
The Hot Bed SOP has gone through Stroke and NMSK clinical governance - including consulting with NBT and BRI site teams. It will now go through the Operational Management Board because of the operational implications.

Performance continues to be impacted by high bed occupancy (including NCTR patients needing SSARU) with that work described in slide 28 – 90% stay on stroke unit metric.

Impact on Forecast
Despite improvement due to how this is recorded, high bed occupancy impacts performance. This is alongside the ongoing pressure within the Emergency Department.

Latest Month	Dec-25
Target	60.0%
Latest Month's Position	52.6%
Performance / Assurance	Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
Trust Level Risk	Risk 1704 - There is a risk that patients receive sub- optimal stroke care and face potential worse clinical outcomes as a result of poor Trust performance against delivery of key national benchmarks (15).



What does the data tell us?
Thrombolysis figures are based on a small patient cohort, which contributes to variability. We continue to provide an increasing amount of extended window thrombolysis on a case-by-case basis, often requiring additional investigations to support safe and well-informed decision-making - this affects 1 hour performance.

Data for January admissions are still being completed, so the final figure not yet available. This metric is also monitored through SSNAP, providing an additional layer of oversight and external benchmarking.

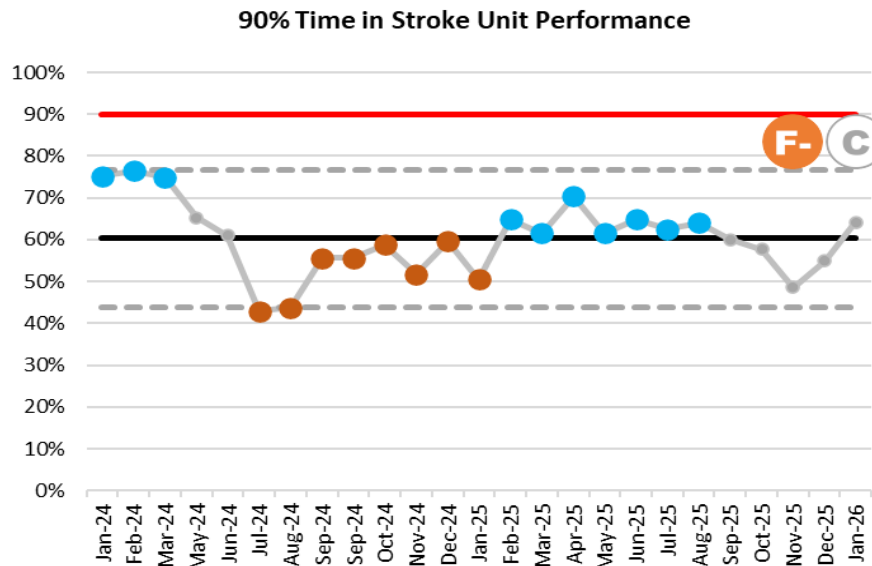
Actions being taken to improve
A bi-weekly reperfusion meeting is now well established and continues to drive ongoing improvement. Our strengthened governance and review processes allow us to spot any early decline in performance and understand the cause, while routine monitoring of balancing measures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

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

Responsiveness

Stroke Performance - NBT

Latest Month
Jan-26
Target
90.0%
Latest Month's Position
64.2%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
Risk 1704 - There is a risk that patients receive sub- optimal stroke care and face potential worse clinical outcomes as a result of poor Trust performance against delivery of key national benchmarks (15).



What does the data tell us?

January's improvement has seen a return to Aug-25 performance. Occupancy numbers remain high, however lower than Nov and Dec, which is reflected in performance. This metric is also monitored through SSNAP, providing an added layer of oversight and external benchmarking.

Actions being taken to improve

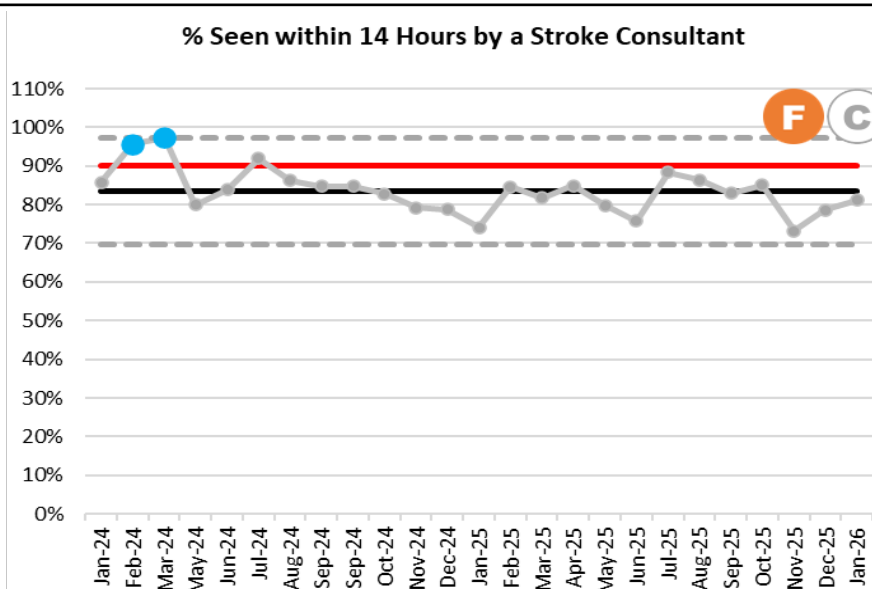
System level work, including a recent UEC Board presentation all contribute to aid in reducing occupancy levels. This involves engagement from ICB with view to enhancing community provision and releasing acute capacity.

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

Impact on Forecast

Current occupancy levels support a 60-65% performance and we expect the performance to continue, until occupancy levels reduce further.

Latest Month
Jan-26
Target
90.0%
Latest Month's Position
81.2%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration
Trust Level Risk
Risk 1704 - There is a risk that patients receive sub- optimal stroke care and face potential worse clinical outcomes as a result of poor Trust performance against delivery of key national benchmarks (15).



What does the data tell us?

Slight improved performance in January has brought it back to > 80%. This metric is also monitored through SSNAP, providing an additional layer of oversight and external benchmarking.

Actions being taken to improve

Recent performance continues to be supported by a more sustainable and consistent consultant rota.

Completeness of data is the next focus - The Careflow narrative form is expected to be authorised on 19/3 and then implemented. This will further enhance the accuracy and completeness of data for this metric. This is also monitored through SSNAP, providing an additional layer of oversight and external benchmarking.

Impact on Forecast

Expect to see improvement over the coming months as data completeness improves.

Quality Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Safe	Pressure Injuries Per 1,000 Beddays	NBT	Feb-26	0.7	No Target	0.5	N/A	H	Escalation Summary
		UHBW	Feb-26	0.1	0.4	0.2	P*	C	Note Performance
Safe	MRSA Hospital Onset Cases	NBT	Feb-26	1	0	0	F	C	Escalation Summary
		UHBW	Feb-26	0	0	0	F	C	Escalation Summary
Safe	CDiff Healthcare Associated Cases	NBT	Feb-26	6	5	5	?	C	Escalation Summary
		UHBW	Feb-26	7	9.08	15	?	C	Escalation Summary
Safe	EColi Hospital Onset Cases	NBT	Feb-26	9	4.00	8	?	C	Escalation Summary
		UHBW	Feb-26	8	9.08	5	?	C	Escalation Summary
Safe	Falls Per 1,000 Beddays	NBT	Feb-26	5.3	No Target	5.7	N/A	C	Note Performance
		UHBW	Feb-26	4.8	4.8	5.3	?	C	Escalation Summary
Safe	Total Number of Patient Falls Resulting in Harm	NBT	Feb-26	2	No Target	4	N/A	C	Note Performance
		UHBW	Feb-26	1	2	7	?	C	Escalation Summary
Safe	Medication Incidents per 1,000 Bed Days	NBT	Feb-26	4.3	No Target	4.2	N/A	L	Note Performance
		UHBW	Feb-26	8.7	No Target	7.5	N/A	C	Note Performance
Safe	Medication Incidents Causing Moderate or Above Harm	NBT	Feb-26	2	0	2	F	C	Escalation Summary
		UHBW	Feb-26	3	0	1	F	C	Escalation Summary
Safe	Adult Inpatients who Received a VTE Risk Assessment	NBT	Feb-26	97.2%	95.0%	97.6%	F-	H	Escalation Summary
		UHBW	Feb-26	83.3%	95.0%	80.3%	F-	H	Escalation Summary
Safe	Staffing Fill Rate	NBT	Feb-26	102.2%	No Target	101.7%	N/A	C	Note Performance
		UHBW	Feb-26	99.7%	100.0%	101.9%	P*	L	Escalation Summary

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

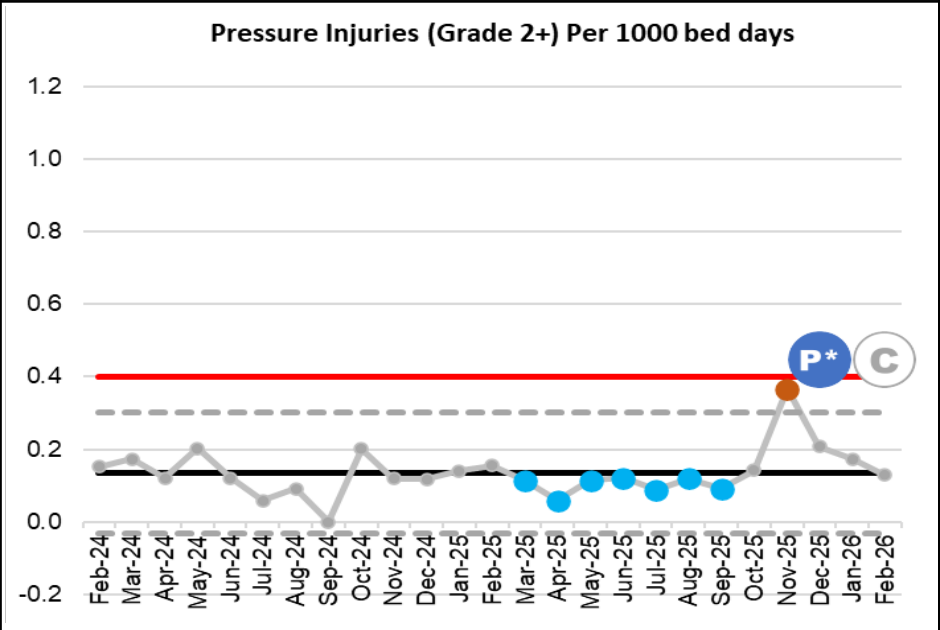
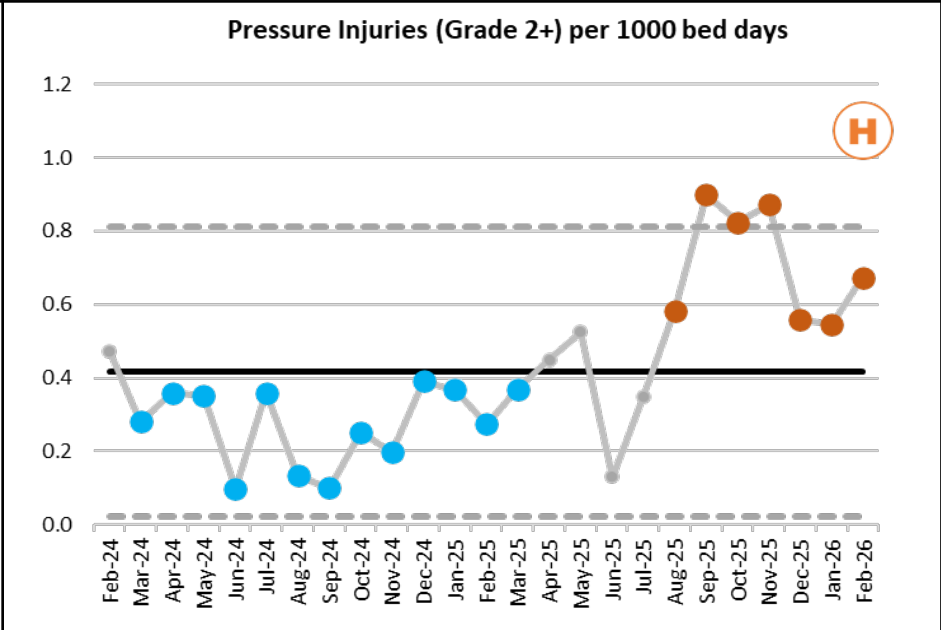
Quality Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Effective	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	NBT	Oct-25	94.1	100.0	94.1	P*	L	Note Performance
		UHBW	Oct-25	87.9	100.0	87.7	P*	L	Note Performance
Effective	Fracture Neck of Femur Patients Treated Within 36 Hours	NBT	Jan-26	43.8%	No Target	60.0%	N/A	C	Note Performance
		UHBW	Feb-26	56.3%	90.0%	42.1%	F-	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	NBT	Jan-26	87.5%	No Target	95.6%	N/A	C	Note Performance
		UHBW	Feb-26	84.4%	90.0%	87.7%	?	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Achieving Best Practice Tariff	NBT	Jan-26	41.7%	No Target	53.3%	N/A	C	Note Performance
		UHBW	Feb-26	53.1%	No Target	33.3%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Inpatient	NBT	Feb-26	91.3%	No Target	90.5%	N/A	C	Note Performance
		UHBW	Feb-26	95.3%	No Target	95.4%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Outpatient	NBT	Feb-26	94.4%	No Target	93.9%	N/A	C	Note Performance
		UHBW	Feb-26	94.6%	No Target	94.7%	N/A	C	Note Performance
Caring	Friends and Family Test Score - ED	NBT	Feb-26	78.0%	No Target	76.9%	N/A	C	Note Performance
		UHBW	Feb-26	84.9%	No Target	85.9%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Maternity	NBT	Feb-26	88.3%	No Target	86.5%	N/A	C	Note Performance
		UHBW	Feb-26	96.6%	No Target	98.0%	N/A	C	Note Performance
Caring	Patient Complaints - Formal	NBT	Feb-26	82	No Target	70	N/A	H	Escalation Summary
		UHBW	Jan-26	76	No Target	65	N/A	H	Escalation Summary
Caring	Formal Complaints Responded To Within Trust Timeframe	NBT	Feb-26	63.6%	90.0%	67.7%	F	C	Escalation Summary
		UHBW	Jan-26	77.4%	90.0%	62.1%	F	C	Escalation Summary

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

Quality Pressure Injuries

Latest Month
Feb-26
Target
No Target
Latest Month's Position
0.67
Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration and there is no target
Trust Level Risk
No Trust Level Risk



Latest Month
Feb-26
Target
0.4
Latest Month's Position
0.13
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit where down is improvement.
Corporate Risk
No Corporate Risk

What does the data tell us?
There is a slight increase from the decreased December and January position

Actions being taken to improve
The Tissue Viability Steering Group continues to provide oversight of PU incidence at NBT, monitoring emerging themes and responding at a strategic level with quality improvement and targeted interventions. This increase has been mainly seen in heels in frailty pathway – in response to this repose wedge offloading devices being bought in CoE wards following identified theme of PU to heels.

The TVN team are providing a monthly education day to support existing and new staff on all aspects of PU prevention and management.

Targeted mattress and bed training on the wards to support staff to use equipment correctly.

Repose wedge offloading devices being bought in CoE wards following identified theme of PU to heels.

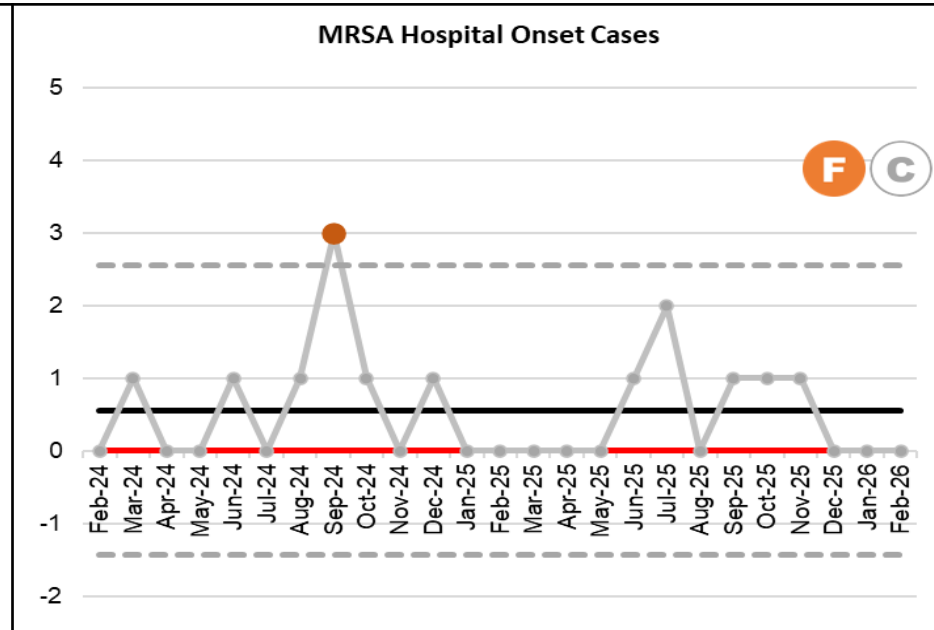
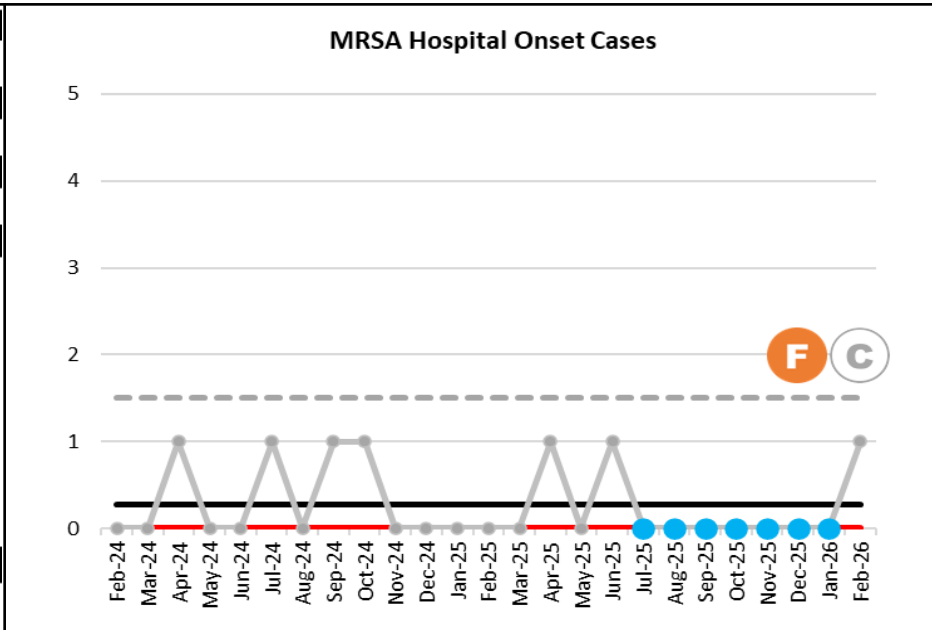
Impact on forecast
The intention is to decrease the number of PU incidents with the plans outlined above.

No narrative required as per business rules.

Quality

Infection Prevention & Control

Latest Month
Feb-26
Target
0
Latest Month's Position
1
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration
Trust Level Risk
No Trust Level Risk



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

What does the data tell us?
A third case was reported in February; this case is still subject to investigation and review.

Actions taken to improve
Preventative actions, education and review had been going well until this third case. We are still reviewing this case to establish causative elements .

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

Liaising with other trusts with Higher MRSA rates to look at reduction. Oxford have found increased swabbing in more areas has picked up colonisation on admission, so de-colonisation can take place.

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

What does the data tell us?
There are no new cases of MRSA bacteraemia have been reported in February since November 2025, year to date numbers total six.
UHBW risk 6013 - Risk that national limits for MRSA bacteraemia are exceeded, current risk score 12, has been reviewed and updated.

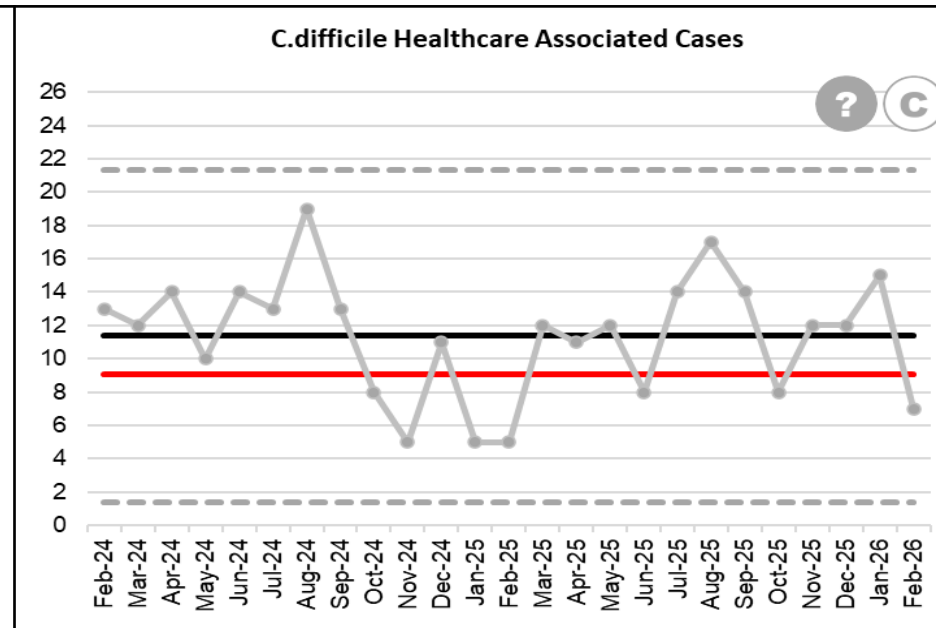
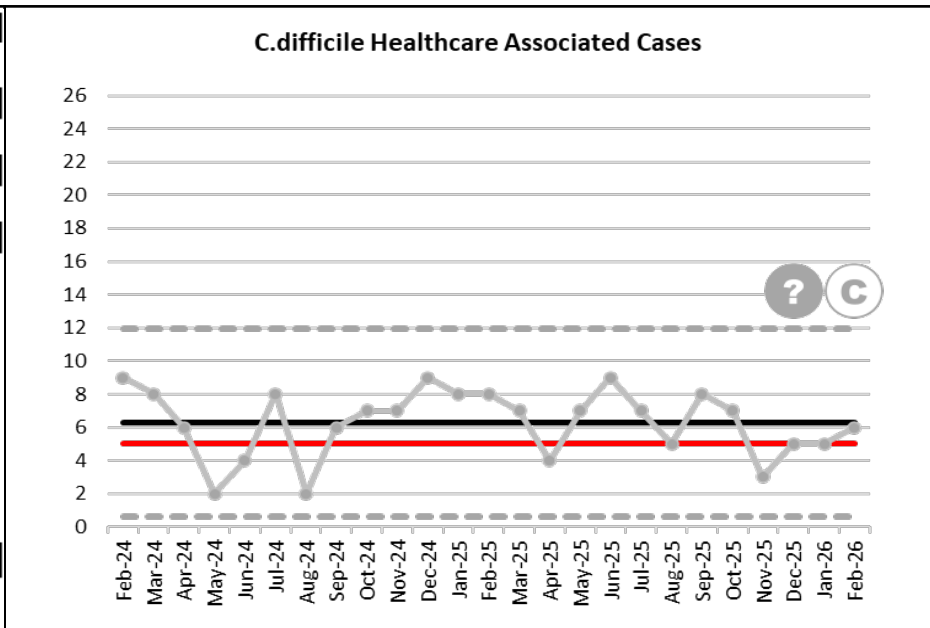
Actions being taken to improve
The 'deep-dive' review of the six MRSA cases conducted by NBT colleagues has been shared within the organisation. Improvement actions arising from this review are being monitored by the Infection Prevention and Control operational group. An Infection Prevention and Control A3 quality improvement project focussed upon practice associated with invasive line management is being led by a Divsional Director of Nursing.. The BNSSG wide MRSA task and finish group is gaining momentum, reflecting that the incidence of MRSA within our system is the highest in the Southwest. System level data is under review with support from the UKHSA, local authority public health and acute, community and primary care providers.

Impact on forecast
The actions outlined above are expected to strengthen prevention and control arrangements, support learning across the system, and contribute to an improved and more sustainable position over time.

Quality

Infection Prevention & Control

Latest Month
Feb-26
Target
5
Latest Month's Position
6
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
Trust Level Risk
No Trust Level Risk



Latest Month
Feb-26
Target
9.08
Latest Month's Position
7
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
Risk 3216 - Breach of the NHSE Limits for HA C-Diff (12)

What does the data tell us?
Slight increase in February cases - 6 HOHA and 1 COHA - cases need to trend at 6 or lower monthly to match a trajectory position. The current position is trending slightly above the trajectory.
Total position so far this year - 96 cases of a trajectory of 79, this is lower than last years position but over set trajectory

Actions being taken to improve
C.difficile ward rounds have seen improvements in the management of positive cases, a review of this is taking place this month to look at effectiveness.

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

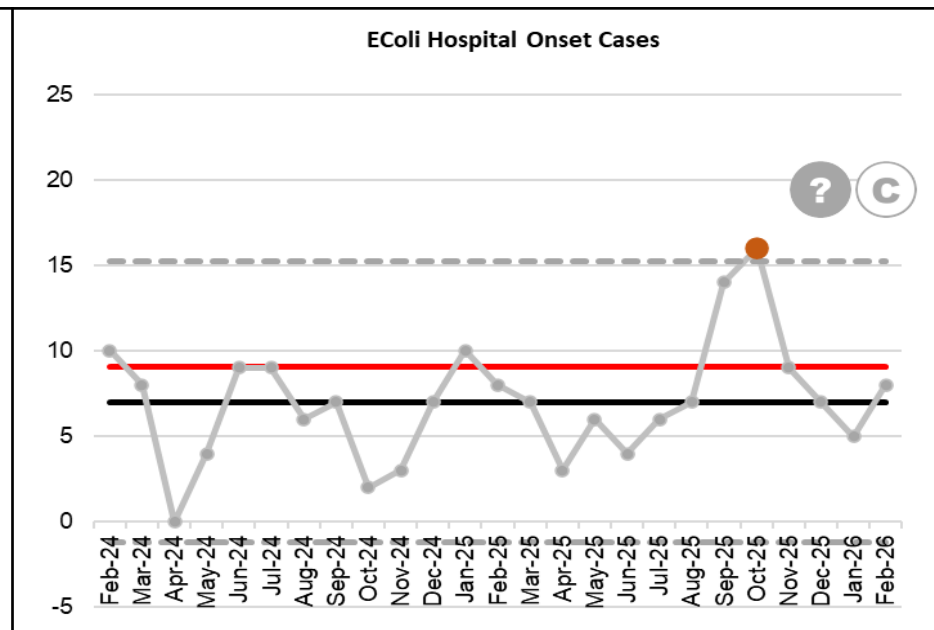
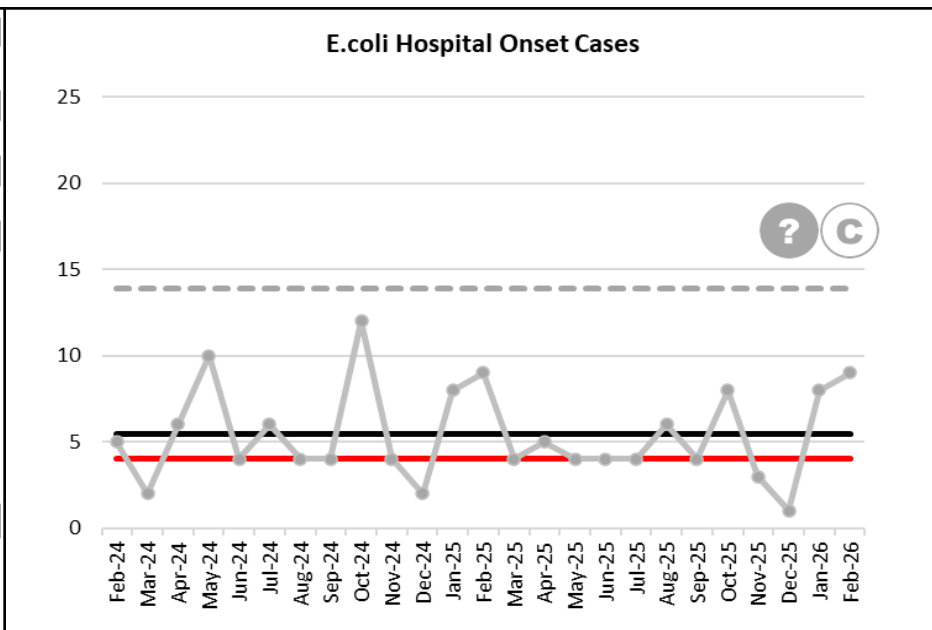
Work also taking place through AMS pharmacist looking at appropriate prescribing of antibiotics as these are the kept themes
Following detection of a concerning Ribotype strain at UHBW all cases are being types for 6 months from 27th Jan 26 – noting no 027 seen at NBT.

What does the data tell us?
The Clostridium Difficile cases in February were six Hospital Onset Hospital acquired (HOHA) 's and one Community Onset Hospital Acquired (COHA). The NHSE trajectory (limit) is 109 for UHBW, there have been 130 cases Year to Date (YTD), of these 95 HOHA and 35 COHA attributed to the Trust.

Actions being taken to improve
Each HOHA case is reviewed by medical microbiology, Infection Prevention and Control with the responsible clinical team. Ongoing Trust wide scrutiny of the standards of cleanliness continues with clinical Divisions and facilities teams. The delivery of hydrogen peroxide gas in terminal cleaning has been revised to ensure robust delivery when required.

Impact on forecast
It is anticipated that the YTD forecast will be above the NHSE trajectory (limit), as already noted for February. The year end position last year (2024/25) was 129 cases, which we have exceeded.
BNSSG is noted for the elevated incidence in the southwest.

Latest Month
Feb-26
Target
4
Latest Month's Position
9
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
Trust Level Risk
No Trust Level Risk



Latest Month
Feb-26
Target
9.08
Latest Month's Position
8
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
No Corporate Risk

What does the data tell us?
Cases remain significantly below trajectory; 58 cases to an end-of-year trajectory of 89.

Actions being taken to improve
Working along side BD medical looking at Catheter care and reduction of CAUTI as a Quality improvement project.

Impact on forecast
Cases remain below threshold so the target will be achieved .

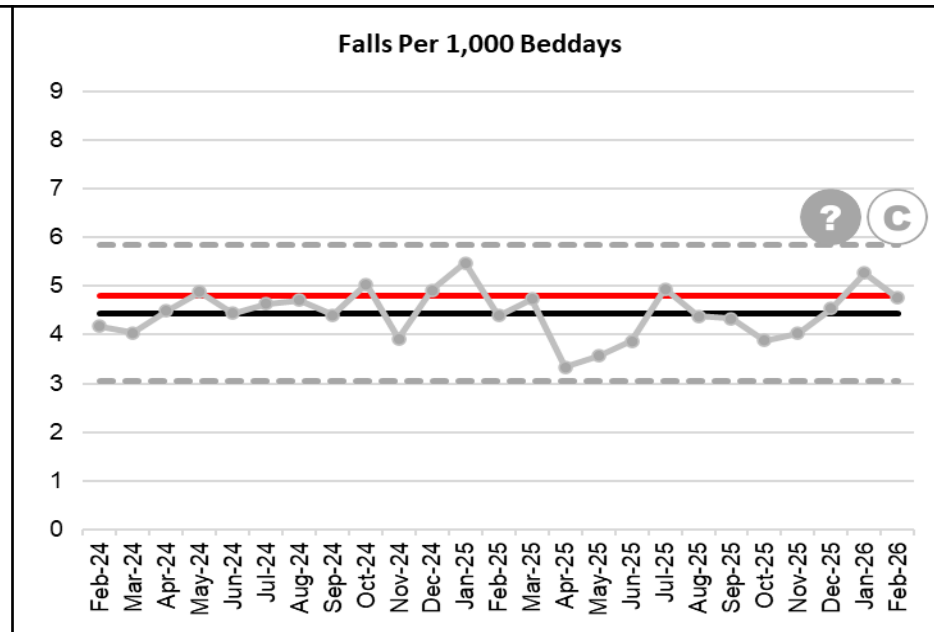
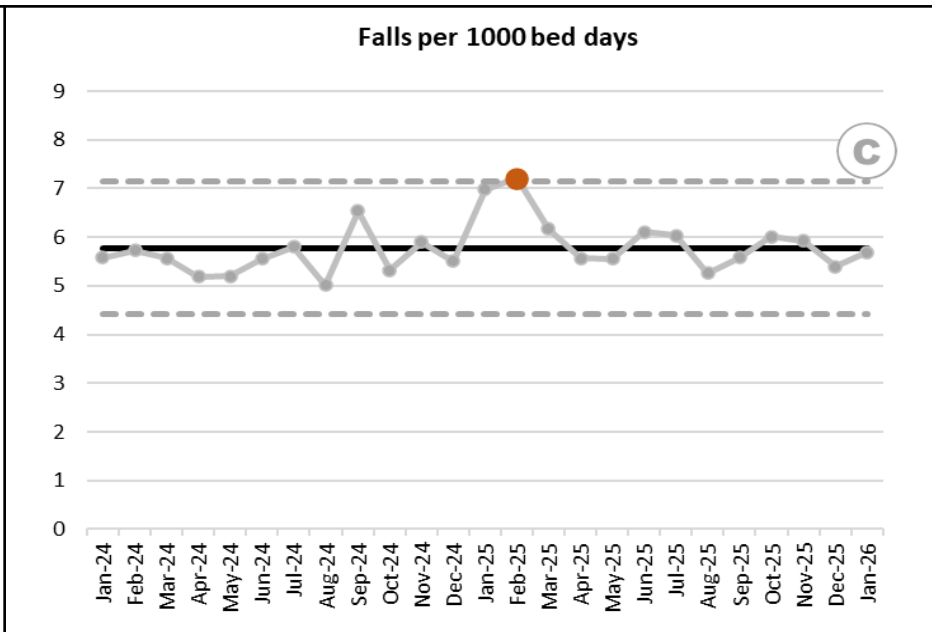
What does the data tell us?
At UHBW, eight cases of *Escherichia coli* bacteraemia were reported in February. This brings the year-to-date total to 85 cases, remaining below the NHS England trajectory (upper limit) of 109 cases

Actions being taken to improve
Ongoing oversight of all cases continues. Quality improvement activity remains focused on urinary catheter care, including monthly assurance audits undertaken by wards and monitored through the AMaT system.

Impact on forecast
Based on current trends and improvement activity, the Trust is not expected to breach the NHS England trajectory by year-end.

Quality Falls

Latest Month
Feb-26
Target
No Target
Latest Month's Position
5
Performance / Assurance
Common Cause (natural/expected) variation with no target
Trust Level Risk
No Trust Level Risk



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

No narrative required as per business rules.

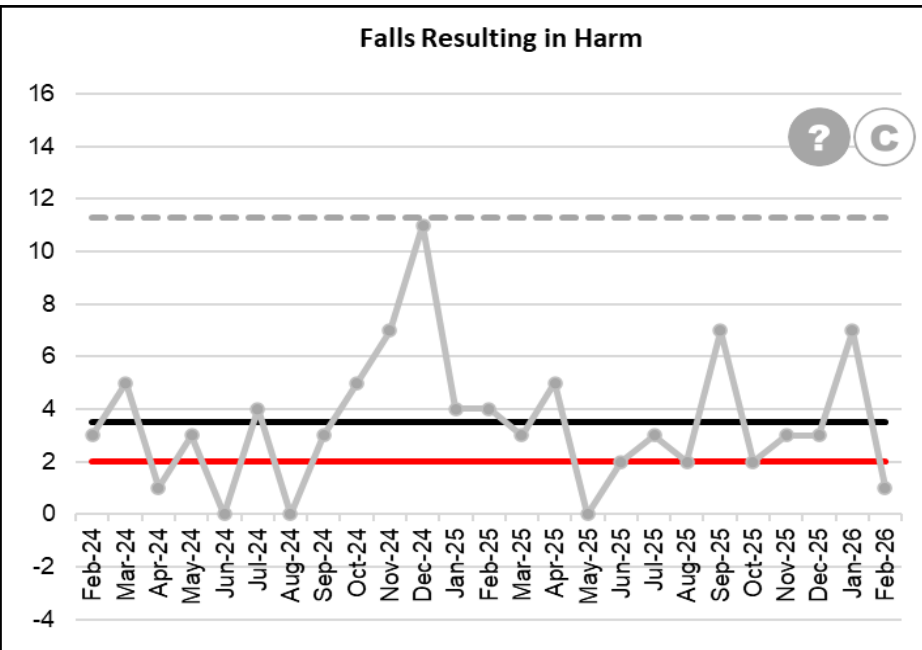
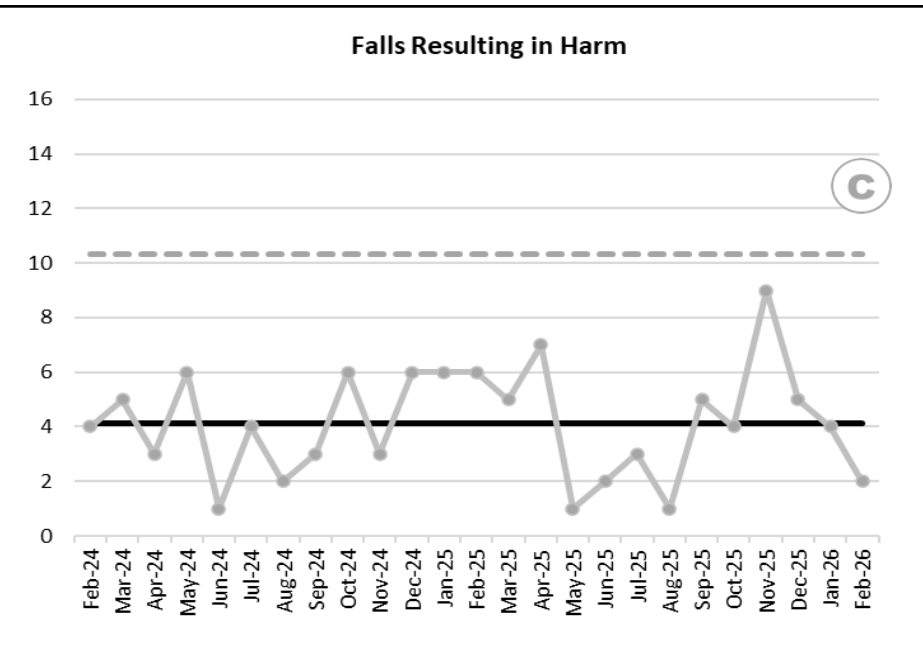
What does the data tell us:
 UHBW reported 148 inpatient falls, equating to 4.76 falls per 1,000 bed days, which remains below the Trust target of 4.8. Of these, 85 falls occurred at the Bristol site and 63 at the Weston site. One fall resulted in moderate physical and/or psychological harm.

The total number of falls in February (148) represents a reduction compared with January 2026 (183). Falls resulting in moderate harm reduced significantly, from six in the previous month to one in February.

Risk of falls continues to remain on the divisions' risk registers as well as the Trust risk register. A programme of preventative actions and quality improvement activity is in place to reduce falls and falls-related harm.

Quality Falls

Latest Month	Feb-26
Target	No Target
Latest Month's Position	2
Performance / Assurance	Common Cause (natural/expected) variation with no target
Trust Level Risk	No Trust Level Risk



Latest Month	Feb-26
Target	2
Latest Month's Position	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 1598 - Patients suffer harm or injury from preventable falls (12)

No narrative required as per business rules.

Actions being taken to improve

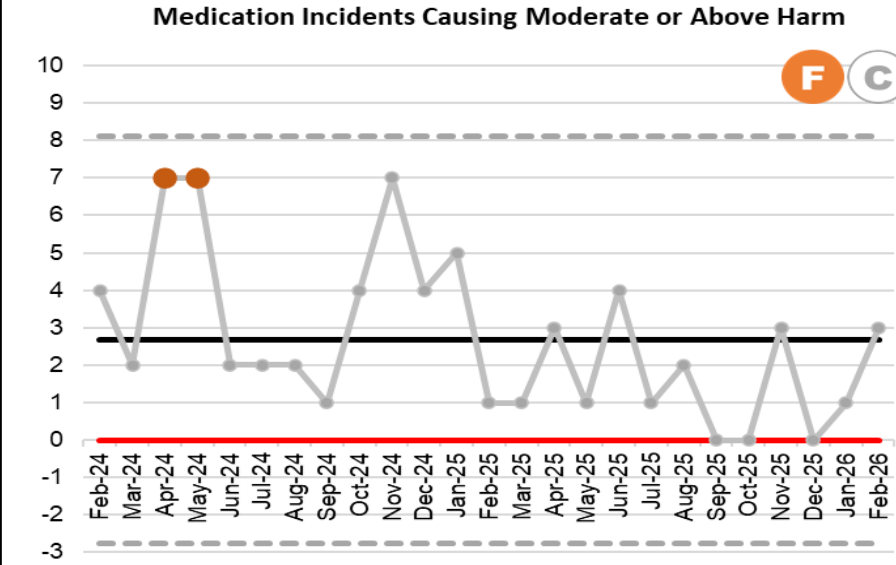
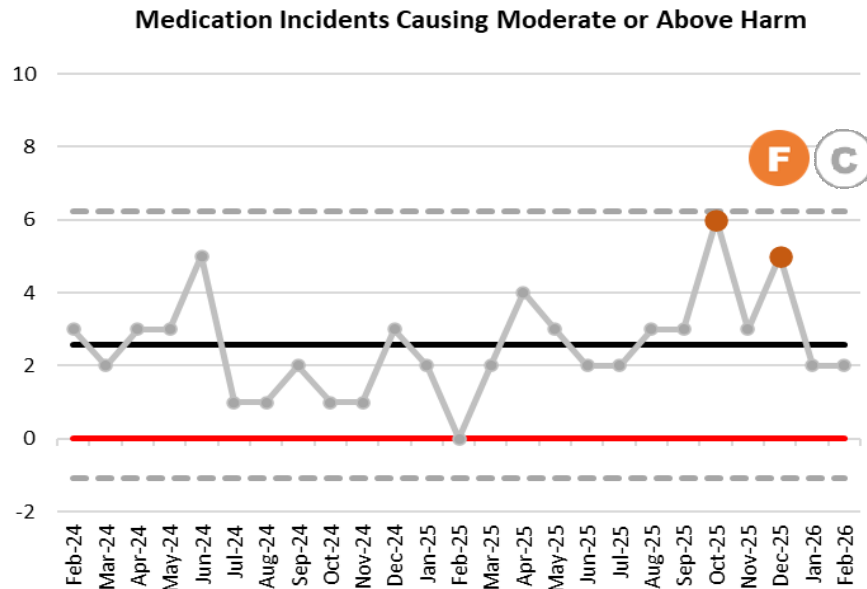
- Divisions with higher reported rates of falls are undertaking structured reviews of falls and falls-with-harm to identify themes, contributory factors and learning. Resulting action plans are being developed, implemented and shared within and across divisions.
- The Trust continues to apply the principles of personalisation, prediction, participation and prevention to reduce falls and falls-related harm across all services.
- A programme of quality improvement projects for the next 12 months have commenced, these include: consistent use of Abbey pain scale, improving nutrition and hydration for persons with dementia and working on a falls management plan for non-inpatient areas.
- The Trust continues to participate in the National Audit of Inpatient Falls and National Audit of Dementia.
- The Trust Falls Policy and associated documentation are being reviewed and updated to reflect the revised NICE guideline NG249, with implementation planned following approval.
- Education and training remain a key focus. The DDF Steering Group provides targeted education, including bite-sized learning sessions, alongside ongoing simulation-based training delivered by the DDF team.

Impact on forecast. The Trust will continue to closely monitor total falls, falls per 1,000 bed days and falls with harm, with ongoing action focused on reducing risk and preventing avoidable harm.

Quality

Medication Incidents

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



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

Latest Month
Feb-26
Target
0
Latest Month's Position
3
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.
Corporate Risk
Risk 7633 - Reliance on paper-based medication prescribing and administration (16) Risk 8386 - Risk that patients come to harm from a known medication allergy (20)

What does the data tell us?

During February 2026, NBT recorded 135 medication incidents involving patients of these, 2 were graded as causing moderate or above harm to a patient. (both moderate).

Actions being taken to improve

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

The Medicines Governance team are also working closely with the CMM team to identify any emerging themes or trends in terms of incidents which may be related to changes in process following the CMM go live.

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

What does the data tell us?

During February 2026, UHBW recorded 271 medication-related incidents, of which three resulted in moderate or above harm. One incident originally reported in November 2025 has been re-classified in this reporting period following updated harm validation. This incident has been assessed as severe harm. The incident is subject to a cross-organisational Maternity and Newborn Safety Investigation (MNSI) and involved multifactorial contributory factors across several NHS providers, highlighting system-level risks rather than isolated practice issues.

Actions being taken to improve

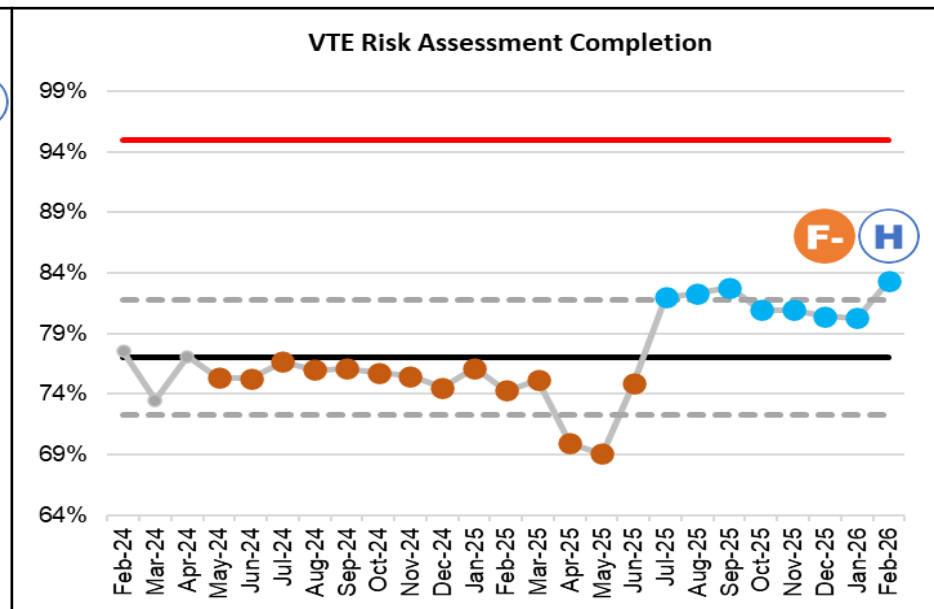
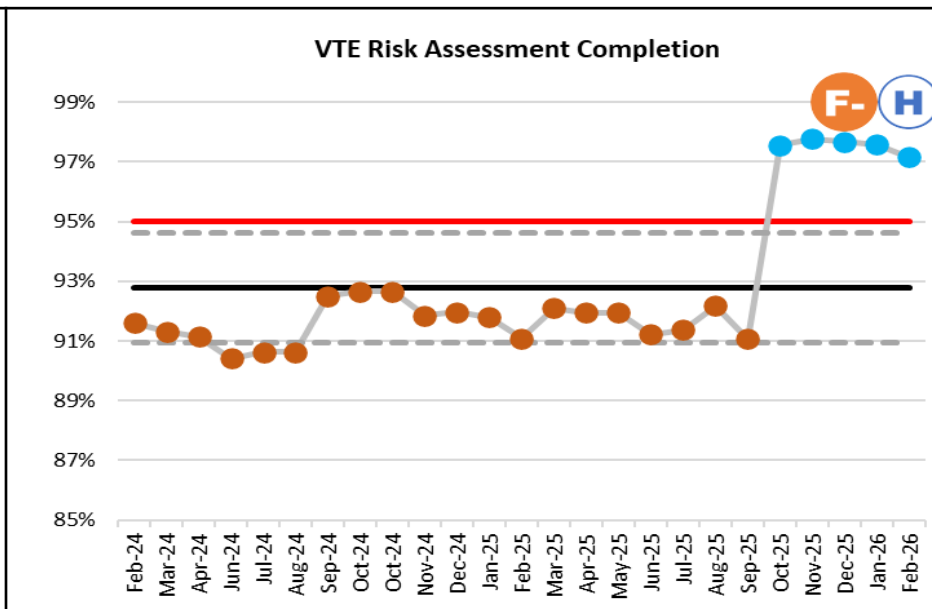
Patient Safety learning responses have been initiated following incidents associated with the prescribing and administration of subcutaneous syringe drivers on the Clinical Medicines Management (CMM) system. Further system-level actions will be reviewed through the Patient Safety Group. Work is ongoing to strengthen the dissemination and uptake of MHRA Drug Safety Updates, ensuring learning is embedded into clinical practice.

Learning from medication incidents is routinely shared via the Medicines Safety Bulletin and with BNSSG system partners through system medicines quality and safety meetings. This report has been developed collaboratively by the UHBW and NBT medicines safety teams, supporting a consistent, group-wide approach to medicines safety. A resource proposal is being developed to define the pharmacy workforce capacity required to support sustained medicines safety improvement across the Hospital Group.

Quality

VTE Risk Assessment

Latest Month	Feb-26
Target	95.0%
Latest Month's Position	97.2%
Performance / Assurance	Special Cause Improving Variation High, where up is improvement but target is greater than upper limit
Trust Level Risk	No Trust Level Risk



Latest Month	Feb-26
Target	95.0%
Latest Month's Position	83.3%
Performance / Assurance	Special Cause Improving Variation High, where up is improvement but target is greater than upper limit.
Corporate Risk	Risk 8448 - Risk that VTE prophylaxis is not prescribed when indicated (16)

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

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

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

What does the data tell us?
VTE risk-assessment completion remains static at around 80% for the Trust. Further analysis by the Group Thrombosis Lead (UHBW/NBT) indicates that UHBW's true compliance is lower than reported, due to the impact of "cohorted" patient groups on the compliance calculation. At UHBW, approximately 65% of admitted patients fall into pre-approved low-risk "cohorted" groups and therefore do not require an individual VTE risk assessment. These patients are automatically counted as 100% compliant. Because two-thirds of patients are counted as fully compliant by default, the Trust's overall compliance rate can never fall below 65% even if no VTE assessments are completed in the remaining patient population. Only 35% of patients require a formal VTE risk assessment. Current data show that only 15 percentage points of the Trust's 80% headline compliance come from this group. When recalculated using the correct denominator (the non-cohorted population), this equates to approximately 42% VTE RA compliance for the patients who actually require assessment.

Actions being taken to improve
A review of cohorted groups is being undertaken, updating areas that have had ward moves in the last >2yrs

Impact on forecast
Data will be more accurate once cohorts have been updated and targeted intervention can then occur

Quality

Safe Staffing

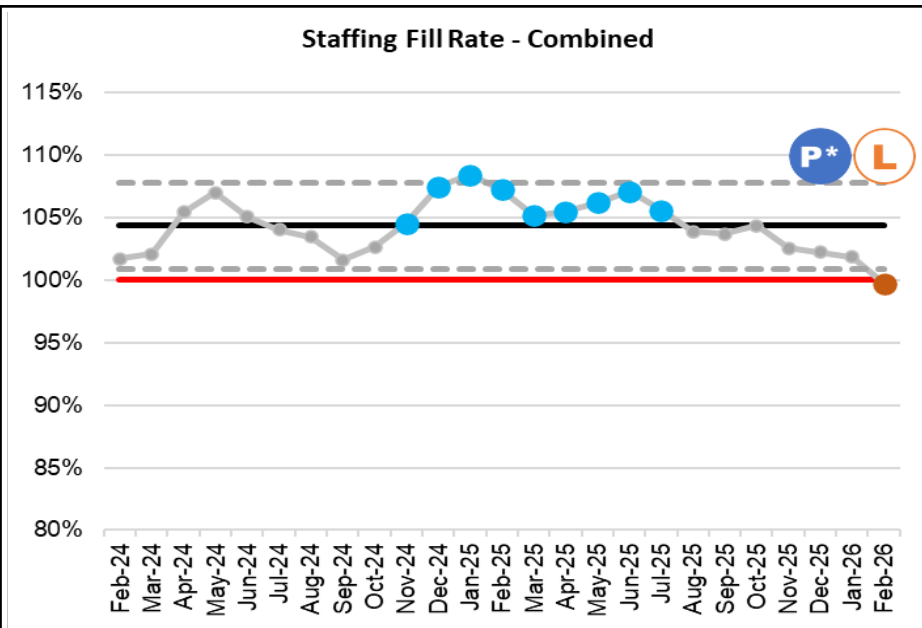
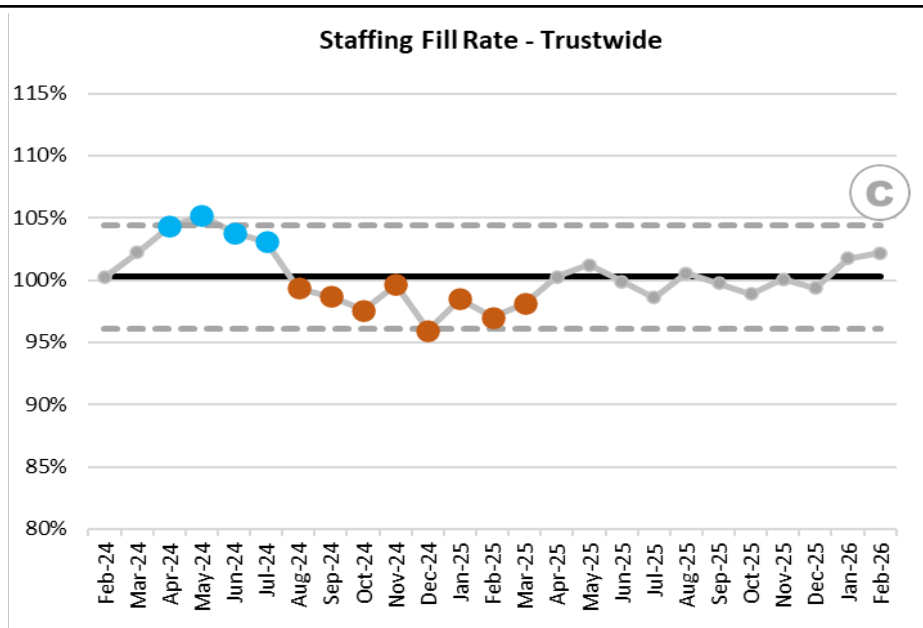
Latest Month
Feb-26

Target
No Target

Latest Month's Position
102.2%

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
Feb-26

Target
100%

Latest Month's Position
99.7%

Performance / Assurance
Special Cause Concerning
Variation Low, where down is
deterioration but target is
less than lower limit.

Corporate Risk
Risk 8383 -

Risk that inability to recruit
and retain specialist staff
continues (16)

No narrative required as per business rules.

What does the data tell us?
The overall fill rate has dropped below 100% for the first time for a number of years. There have been a number significant changes in the bed base over the past few months that have yet to be fully reflected in the rostering system.

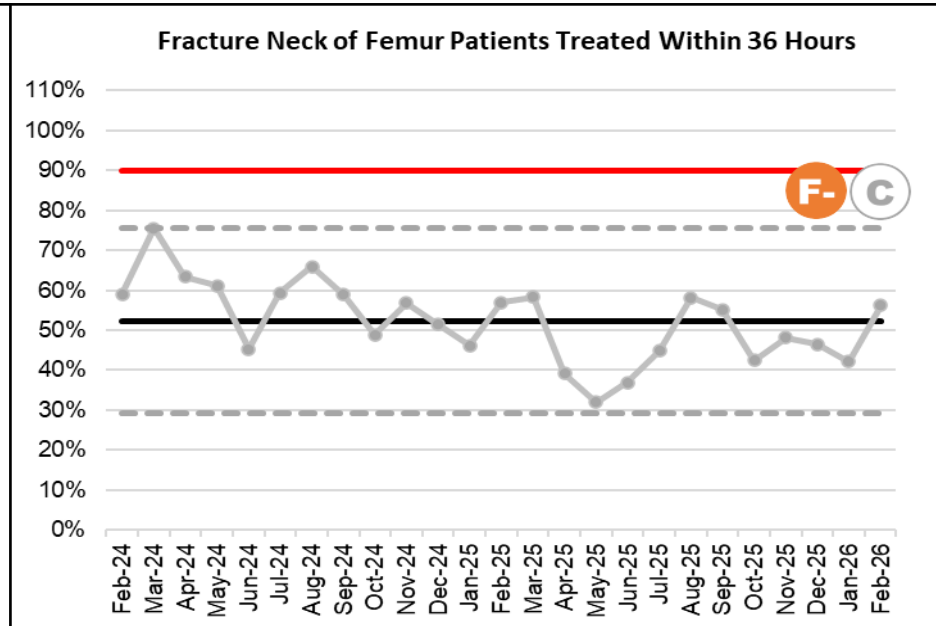
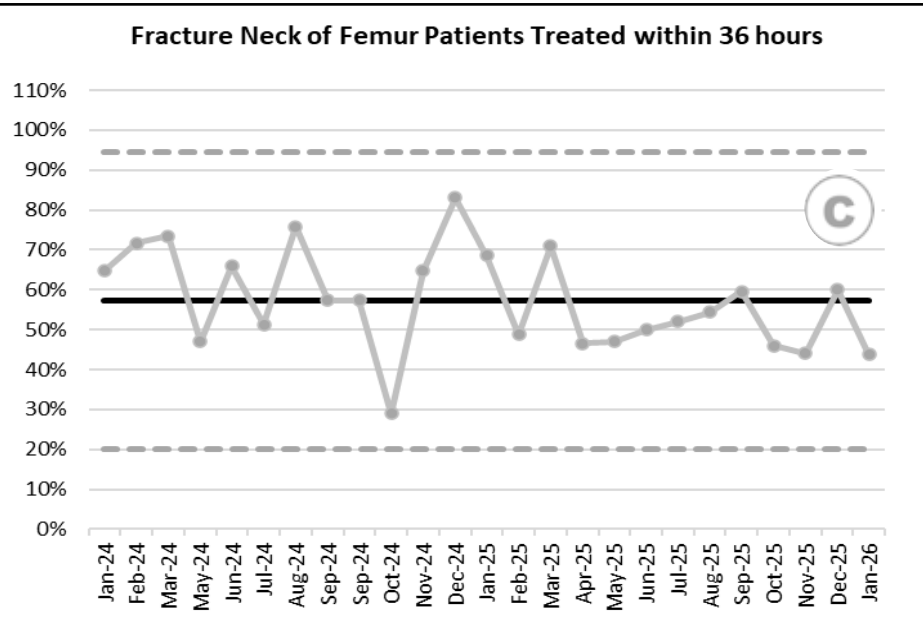
Actions being taken
The reconfiguration of the rosters for the redesigned ward configuration has been completed now that all the staff movements have been agreed and changed within all the People Systems

Impact on forecast
It is expected the combined fill rate will rise above 100% next month as the changes outlined above fully come into effect.

Quality

Neck of Femur

Latest Month	Jan-26
Target	No Target
Latest Month's Position	43.8%
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	Feb-26
Target	90.0%
Latest Month's Position	56.3%
Performance / Assurance	Common Cause (natural/expected) variation, where target is greater than upper limit and down is deterioration.
Corporate Risk	Risk 924 - Delay in hip fracture patients accessing surgery within 36 hours (15)

No narrative required as per business rules.

What does the data tell us?
At UHBW in February 32 patients were eligible for the best practice tariff (BPT), 18/32 patients (56%) were operated on within 36 hours of admission, 27/32 (84%) received ortho-geriatric assessment within 72 hours, resulting in 17/32 patients (53%) met all BPT criteria.

Main reasons for missed targets:
At Weston: four patients missed the time to surgery target. This was due to lack of theatre space (3), specialist surgeon required (1). Two patients were not seen by the single part-time geriatrician. This was due to lack of geriatrician cover due to their annual leave/study leave.
At the BRI: 10 patients missed the 36hrs target for surgery. This was primarily due to lack of theatre capacity. Three patients missed the 72-hr target for an Ortho-geriatrician (OG)review, admitted on Friday morning they missed the OG team review that day and hence were not get seen until Monday afternoon following surgery on Monday morning.

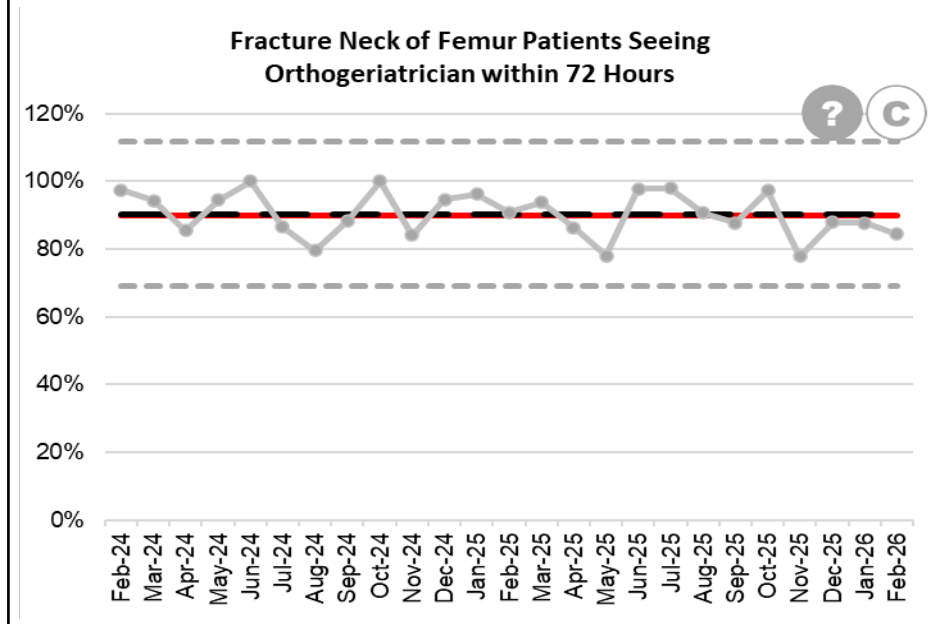
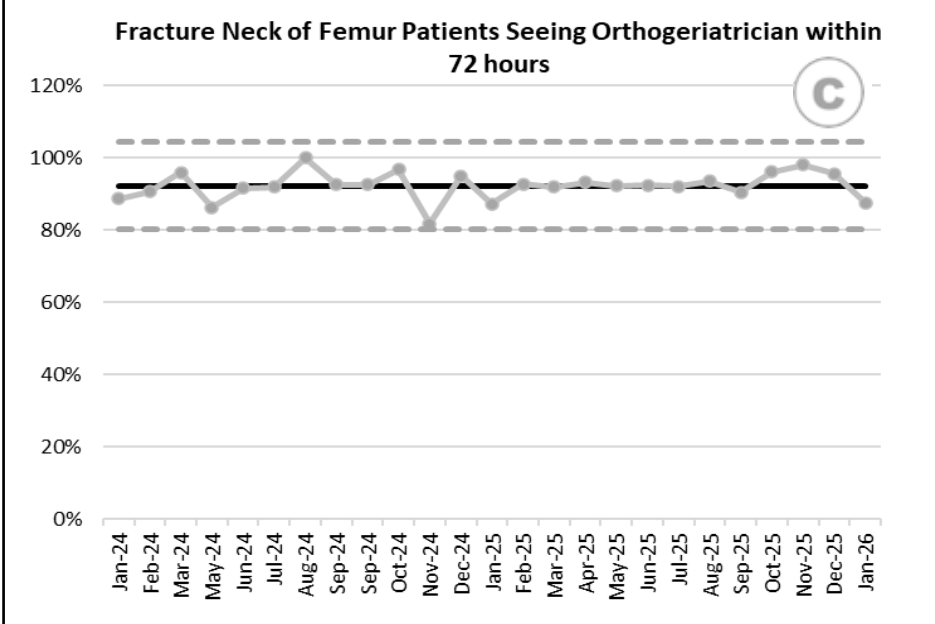
Actions being taken
Extra theatre space is created where possible to reduce theatre delays. Elective theatre lists or CEPOD are often used at short notice to create extra support for trauma.

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

Quality

Neck of Femur

Latest Month
Jan-26
Target
No Target
Latest Month's Position
87.5%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Corporate Risk
No Trust Level Risk



Latest Month
Feb-26
Target
90%
Latest Month's Position
84.4%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
No Corporate Risk

No narrative required as per business rules.

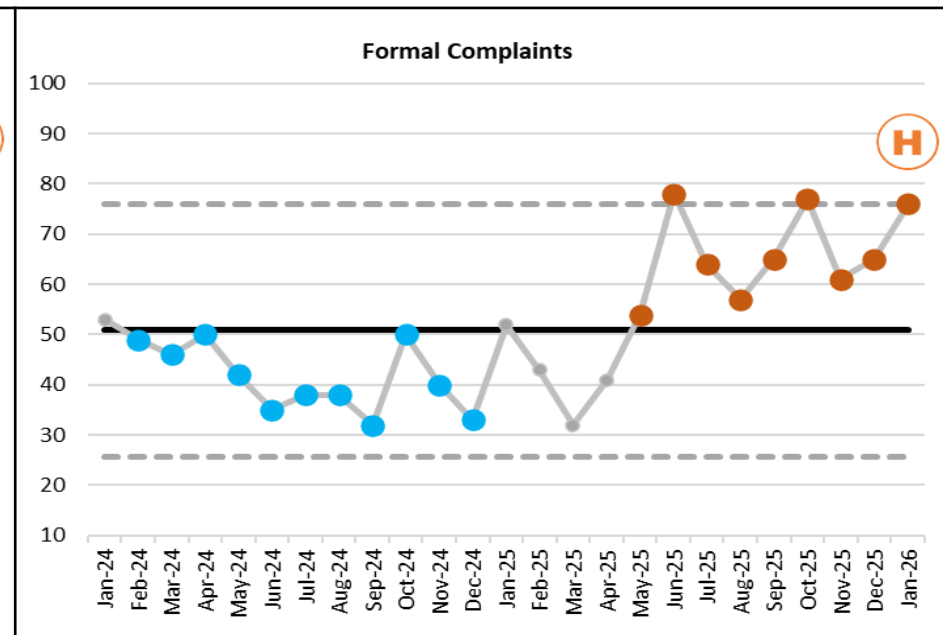
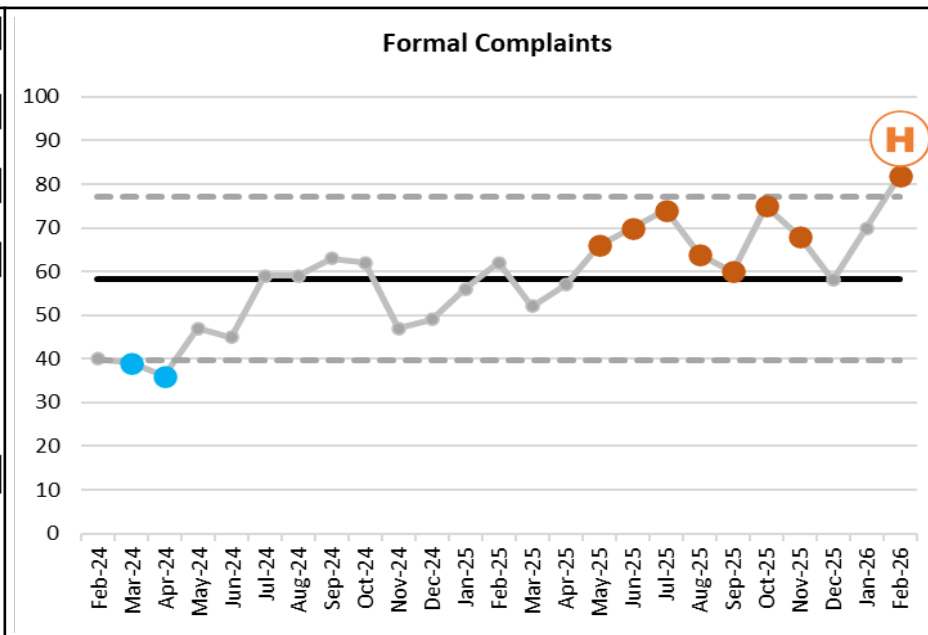
What does the data tell us?
At UHBW 27/32 (84%) Patients received an ortho-geriatric assessment within 72 hours.

Main reason for missed targets
At Weston six patients were not seen by the single part-time geriatrician. This was due to the lack of resilience when the geriatrician was on annual leave/study leave.
At the BRI three patients missed the 72 hr target as admitted on Friday morning missed the Ortho-Geriatrician (OG) team for Friday morning and there is reduced team capacity on Friday afternoon, the patients were subsequently seen on Monday afternoon, two of those patients were in theatre Monday morning.

Impact on forecast
The presence of only one part-time geriatrician at Weston remains a persistent constraint.
Lack of timely referral and reduced capacity of the Geriatrician team on Friday affects performance at the BRI.

Quality Complaints

Latest Month
Feb-26
Target
No Target
Latest Month's Position
82
Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration but target is greater than upper limit
Trust Level Risk
No Trust Level Risk



Latest Month
Jan-26
Target
No Target
Latest Month's Position
76
Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration.
Corporate Risk
No Corporate Risk

What does the data tell us?

- In February, the Trust received 82 complaints, which was 12 more than the previous month, and 20 more compared to the previous year.
- Since April, we have received an average of 68 complaints per month.
- ASCR and NMSK received the most complaints (19), followed by WaCH (18) and Medicine (17).
- Clinical Care and Treatment was the most common lead theme of the complaints received.

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

Impact on forecast
It is difficult to predict the number of complaints received each month. This fluctuates largely based on patient's experience of the care and treatment they receive and often reflects the operational pressures faced by the Trust and changes in activity level. This is a trend that is being seen in Trusts across the region. The number of PALS concerns received in February was also high (214), which is 60 more than the previous year.

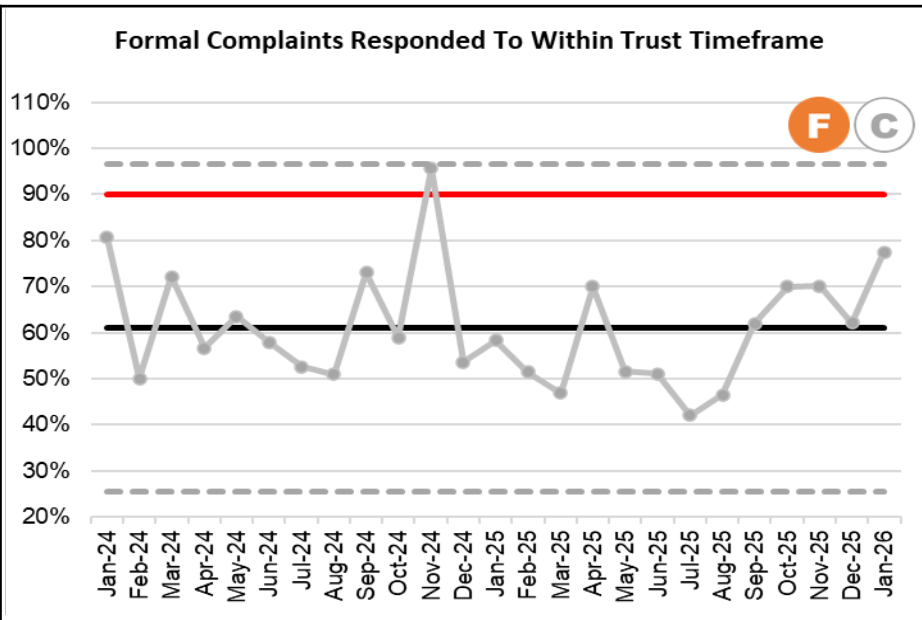
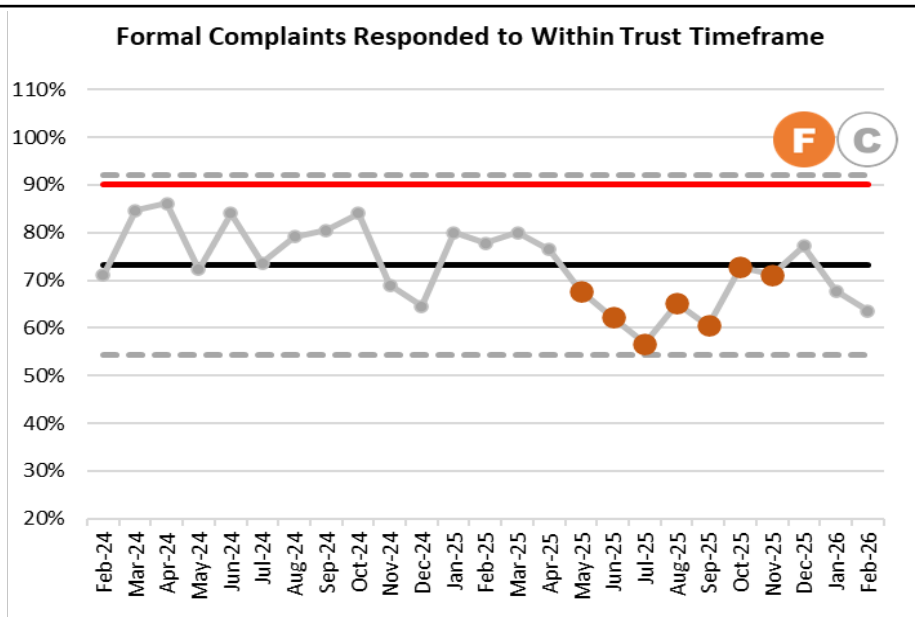
What does the data tell us?

- In January the Trust received 76 complaints with Surgery, Medicine and Women & Children's remaining the highest-volume areas
- 11 complaints responded to in December were reopened, these were mostly in Medicine and Women's and Children's
- 97.75% of all complaints actioned within 45 days with 222 cases closed in January.

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

Impact on forecast
The large volume of complaints from the backlog are now under investigation or complete and therefore we will see the number of cases closed increase in the next couple months.

Latest Month
Feb-26
Target
90.0%
Latest Month's Position
63.6%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration
Trust Level Risk
No Trust Level Risk



Latest Month
Jan-26
Target
90.0%
Latest Month's Position
77.4%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration.
Corporate Risk
No Corporate Risk

What does the data tell us?

- The compliance rate decreased from 68% in January to 64% in February.
- This decrease was primarily driven by ASCR, who recorded a score of 46%. Although this represents a 9% improvement compared with January, the score remains significantly lower than that of other clinical divisions. ASCR also had the highest number of complaints due to be closed, meaning their lower score has a greater impact on the overall Trust score.
- Of the 66 complaints due for response in February, 42 were closed within the agreed timescale, 12 were outside the agreed timescale, and 12 were still open at the time of reporting.

Actions being taken to improve

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

Impact on forecast

The Trust score is largely affected by ASCR. An improvement from ASCR will likely result in a higher overall score for the Trust, provided the other divisions continue to sustain their performances.

What does the data tell us?

The compliance rate increased from 62.1% in December to 77.4% in January 2026. There had been a steady increase in the compliance levels since July 2025 with the reduction in the back log.

Actions being taken to improve

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

Impact on forecast

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

Our People

Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Well-Led	Workforce Turnover (Rolling 12-month)	NBT	Feb-26	9.4%	11.3%	9.5%	N/A*	N/A*	No Commentary
		UHBW	Feb-26	9.2%	11.1%	9.1%	N/A*	N/A*	No Commentary
Well-Led	Vacancy (Vacancy FTE as Percent of Funded FTE)	NBT	Feb-26	7.3%	5.1%	7.8%	F-	C	Escalation Summary
		UHBW	Feb-26	5.0%	4.0%	5.0%	?	C	Escalation Summary
Well-Led	Sickness (Rolling 12-month)	NBT	Feb-26	4.8%	4.4%	4.8%	N/A*	N/A*	Commentary
		UHBW	Feb-26	4.6%	4.5%	4.6%	N/A*	N/A*	Commentary
Well-Led	Essential Training Compliance	NBT	Feb-26	88.5%	90.0%	88.7%	?	C	Escalation Summary
		UHBW	Feb-26	89.7%	90.0%	89.6%	?	C	Escalation Summary

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

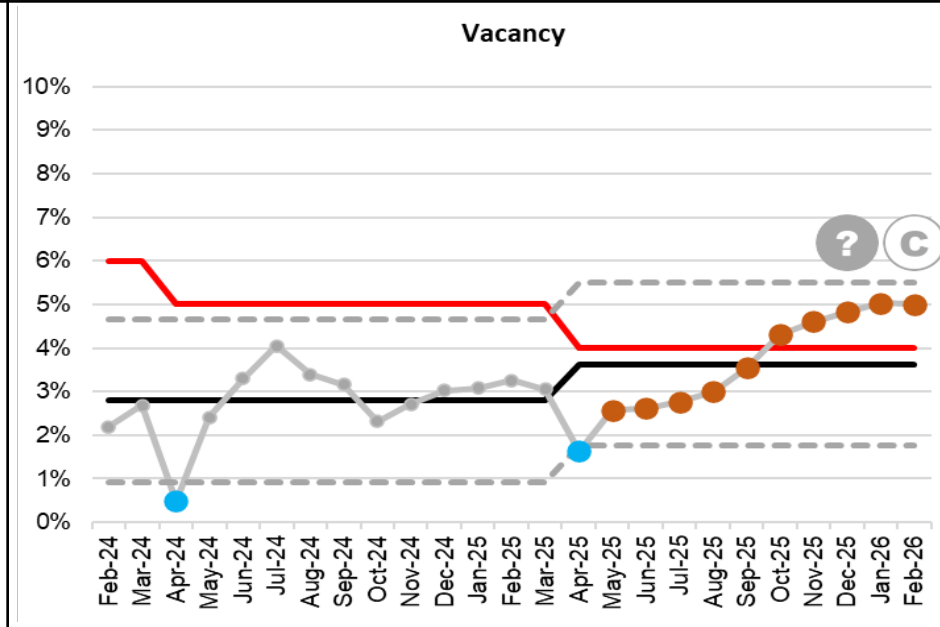
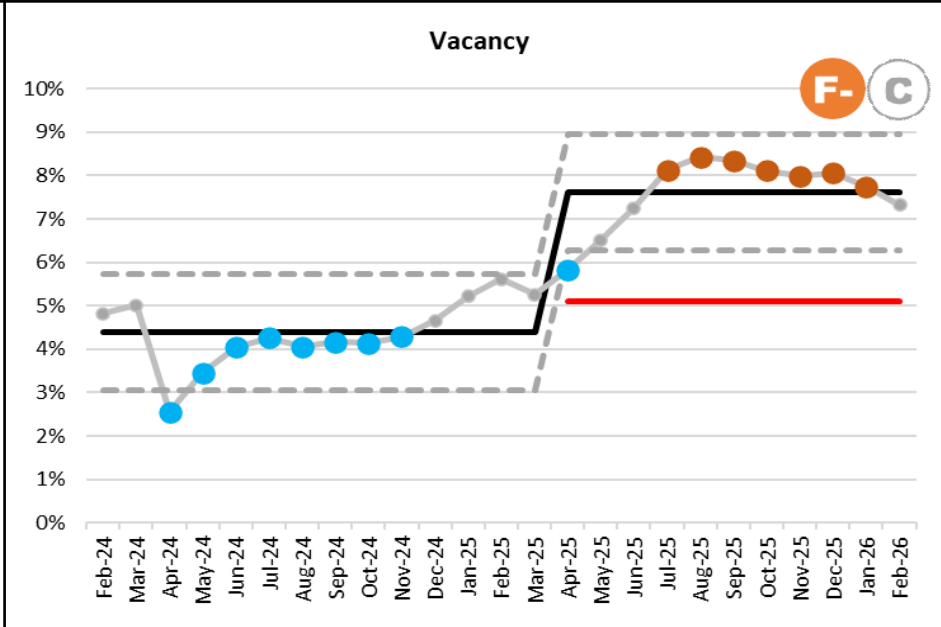
Our People Vacancies

Latest Month
Feb-26

Latest Month's Position
7.3%

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

Trust Level Risk
Risk 1979 -
There is a risk to our clinical teams and services due to the inability to recruit into vacant specialist medical roles (16)



Latest Month
Feb-26

Year End Target
4.0%

Latest Month's Position
5.0%

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 8383 - □
Risk that inability to recruit and retain specialist staff continues (16)

What does the data tell us?

- Vacancies decreased by 44 fte in Feb-26 predominantly due to the positive impact of Resident Doctor rotations and recruitment (overall reduction of 15 fte vacancies overall), Nursing and Midwifery recruitment (reduction of 25 fte across registered and unregistered).
- Reduction in the number of staff on Maternity Leave (-17.3 fte) across most staff groups also reduced vacancies and contributed to the impact described above

Actions being taken to improve

- HCSW Supply** – Trust wide and tailored Health Care Support Worker (HCSW) assessment centres for scaled up campaign. Assessment Centre in **Feb-26** saw 23 candidates attend and 9 offers made
- Youth Outreach:** Targeted campaign promoting HCSW career pathway featuring the new Nursing Pathway video to be shared with local education providers. Group wide campaign live – **April -26**
- Consistent Recruitment** : Monthly assessment centres planned through **Feb – April 26** to address vacancy numbers. 16 offers for HCSW roles were made in **Feb-26**
- Adverts for NQ qualifying nurses to apply for roles in Sept-26 agreed across NBT and UHBW are now live.– Universities have been given links to Preceptorship roles. A programme of support sessions for application writing and Interview tips is running Feb – April to strengthen quality of applications.

Impact on forecast

- Impact of enhanced assessment centres for Band 2/3 HCSW – 46.1 fte predicted to start in Clinical Divisions in **Feb/Apr-26** and 61.2 fte Band 5s in Nursing and Midwifery for **Feb/Apr-26**

What does the data tell us?

Vacancies remained the same in February. Overall staff in post reduced by 15.2 FTE. Administrative and Clerical saw a staff in post increase of 9.5 FTE. Nursing and Midwifery Registered saw a reduction in staff in post of 26.3 FTE.

Actions being taken to improve

- The 25/26 plan requires a net headcount reduction which is being managed in part via vacancy controls and the vacancy position reflects this. Monitoring of the vacancy position through Divisional and SDR processes is important to avoid increased temporary staffing
- HCSW Supply** – Assessment centres for Adult areas are currently on hold vacancies are being considered internally. Ad hoc adverts are live externally with 13.42wte of offers being made in Feb-26 .
- Youth-focused outreach:** Targeted campaign promoting HCSW career pathway featuring the new Nursing Pathway video to be shared with local education providers. Group wide campaign live – **April -26**

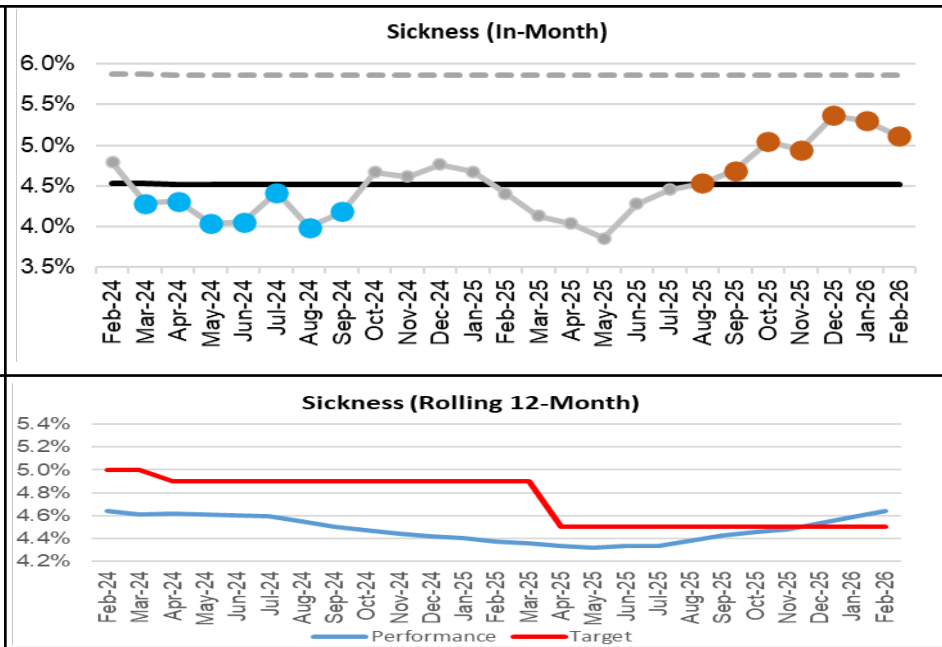
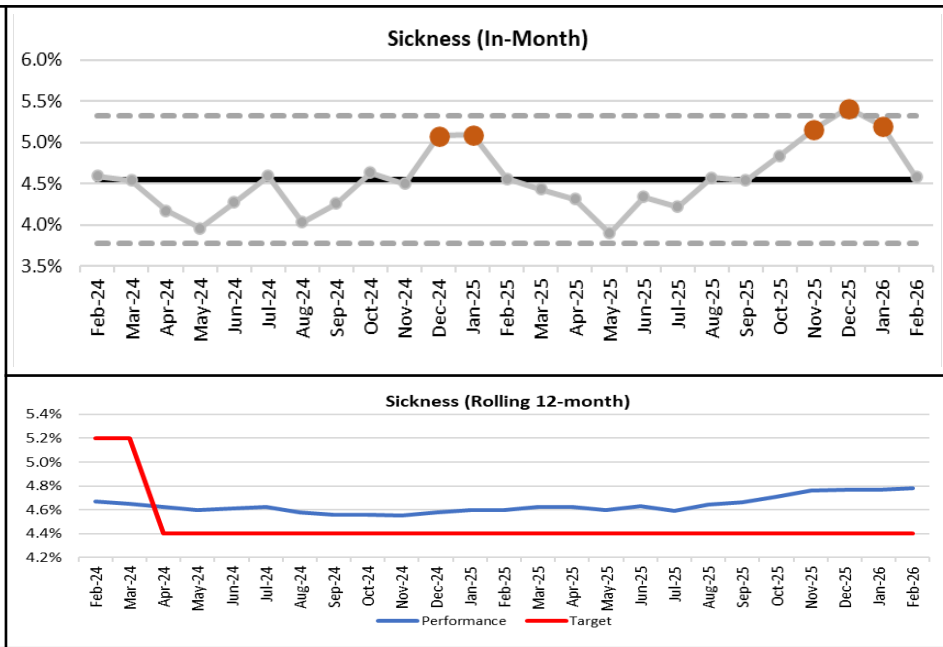
Impact on forecast

Recruitment for SBCH posts associated with Oncology growth due to be in place by Mar/ Apr 26.
8 HCSW started in **Jan-26** with an additional 62 offers in the pipeline. 17 of which have start dates booked **Mar-Apr-26**

Our People

Sickness Absence

Latest Month
Feb-26
Latest Month's Position
Rate (In-Month)
4.6%
Latest Month's Position
Rate (Rolling 12-Month)
4.8%
Target
4.4%
Trust Level Risk
No Trust Level Risk



Latest Month
Feb-26
Latest Month's Position
Rate (In-Month)
5.1%
Latest Month's Position
Rate (Rolling 12-Month)
4.6%
Target (Rolling 12-month)
4.5%
Corporate Risk
No Corporate Risk

What does the data tell us?

- Feb-26 absence rates in month were lower than Jan-26 (-1.0%) with reduction driven by short term absence usually expected with seasonal changes moving from January to February. Feb-26 short-term absence was lower than Feb-25
- Long Term absence rates in Feb-26 remained at the same level as Jan-26 and are in line with rate seen in Feb-25. Rolling 12-month absence rates for long term sickness are higher in Feb-26 than in Feb-25

Actions being taken to improve

- People Advice Team and Business Partnering**
- Action plan in development to reduce reliance on 'other' category use for absence recording. Multiple drivers of current use and impact of different process improvements being assessed – **Apr 26**
 - Review of CaseworkER recommended case benchmarks to enhance data quality undertaken and to be incorporated into new system standards following recent external audit outcome – **Apr 26**
 - Proposed changes to return to work process to allow early identification and triangulation of absence causes and effective approaches for management to be included in new sickness absence policy to be introduced pre-Merger – **May 26**
 - Executive DPR Focus - robust review and management of divisional sickness cases with new improvement tracking method to be implemented – **April 26**

Impact on Forecast

- Expected reduction in proportion of absence recorded as 'Other' – enables more effective management of sickness by identification of types of absence and hotspot areas through improved data quality.
- Improved and amended CaseworkER benchmarks will mean more effective oversight and management of cases resulting in improved levels of sickness absence. The impact of having shortened long-term episodes may be noted due to fewer

What does the data tell us?

- Top three contributors for February were Anxiety/Stress/Depression/Other Psychiatric Illness, Other Musculoskeletal Problems and Cold, Cough, Flu, which accounted for 26.7%, 10.1% and 9.1% of total FTE days lost to sickness, respectively.
- Sickness rates are highest in Facilities and Estates, where they remain at 8.7% compared with January (based on updated data). Surgery has seen the largest increase compared with January, increasing by 0.4 percentage points to 4.9%.
- Estates and Ancillary continues to be staff group with highest however rates have reduced slightly compared with the previous month (from 8.8% to 8.6%).

Actions being taken to improve

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

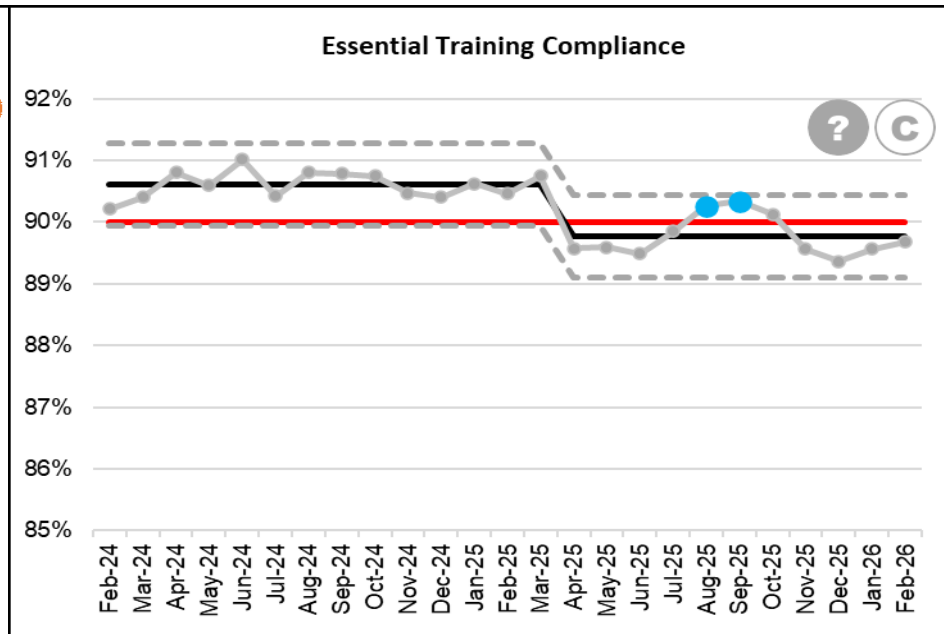
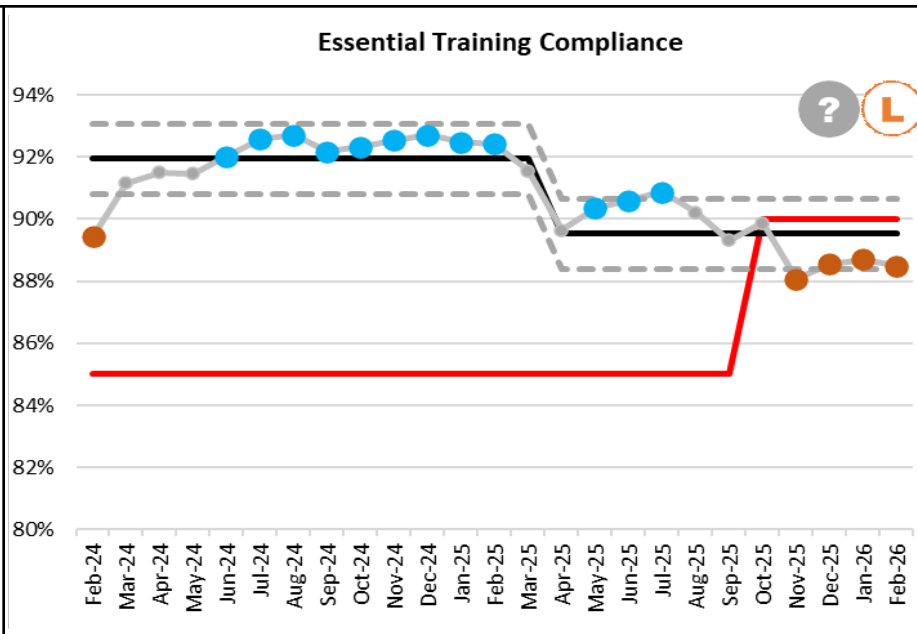
Impact on Forecast

- Additional training for managers to allow for early supportive interventions to prevent work related long term absences to ensure adjustments put in place to allow return to works at earlier stages.

Our People

Mandatory and Statutory Training

Latest Month
Feb-26
Target
90.0%
Latest Month's Position
88.5%
Oliver McGowan Tiers 1 and 2 Virtual / Face to Face
34.0%
Performance / Assurance
Special Cause Improving Variation Low (where down is improvement) and last six data points are both hitting and missing target, subject to random variation
Trust Level Risk
No Trust Level Risk



Latest Month
Feb-26
Target
90.0%
Latest Month's Position
89.7%
Oliver McGowan Tiers 1 and 2
44.4%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.
Corporate Risk
No Corporate Risk

What does the data tell us? Compliance is below the target overall, driven by specific areas: marginal fall in Information Governance (IG) to 82.8%, Oliver McGowan (OMMT) level 1 remains static at 85.7%, and marginal improvement in Infection Prevention and Control (IPC) to 86.5%. Particularly strong overall compliance within the facilities division (94%), Core Clinical Services (93%), Strategy and Transformation (92%) and Information Management (91%) above target.

- Actions Being Taken to Improve**
- IPC:** communications targeting annual refreshers has partially improved compliance. This remains within divisions to promote the refresher period, with additional support from the team and link page.
 - IG:** recruitment for an SME is complete, but an appointment is yet to be announced after which discussions with the SME will continue to review and validate divisional assurance and target areas for improvement.
 - OMMT:** As per UHBW notes, compliance for tier 1 improved 3.7% to 38.4% and tier 2 compliance increased by 2% to 36%, however remaining significantly below the ICB target which will not be met by the trust. DNA rates across the ICB have fallen since last reported, however NBT specific DNA rates remain highest within the system at 14%. 'Out-of-core' hours Tier 1 webinar sessions for estates and facilities staff continue to drive compliance.

- Impact on forecast**
- IPC:** continued impact upon compliance is reviewed within the Infection Control Assurance Group.
 - IG:** maintaining on-going SME engagement remains a key focus to drive compliance.
 - OMMT:** Notable positive impact upon tier 1 compliance from the out-of-hours sessions and improved scrutiny of compliance through the trajectory data. In conjunction with the ICB continue to monitor and report upon DNA rates for Tier 2 provision.

What does the data tell us? Compliance is marginally below the target overall, being driven by specific areas, most notably for: Infection Prevention and Control (IPC) at 89.9%, Information Governance (IG) at 87.9%, Moving & Handling at 80.2%, Resuscitation at 75.3% and Oliver McGowan (OMMT) level 1 (eLearning) rate at 85.3%.

- Actions Being Taken to Improve**
- IPC:** new resource designed to input into corporate induction to reinforce core requirements and therefore compliance. Training content and audiences being updated in line with new national guidance.
 - IG:** The eLearning module is actively promoted to all staff via the LMS.
 - OMMT:** Reporting as per NBT. The introduction of a new 'out-of-core' hours webinar continues to drive improvements amongst Estates and Facilities colleagues, with tier 1 compliance rising 1.9% to 36.5%; with 360 staff attending across the group attending the 'out-of-core' hours sessions. Tier 2 compliance rose by 1.3% to 48.2% with strong compliance within Weston at 68.8%, the only division above the ICB target. Paper proposing OMMT forecast training trend with GEM.
 - Moving & Handling:** Continuing improvements to the delivery model implemented in January, are starting to positively impact compliance which rose 1.8% to 80.2%. Further work to set-up email compliance notifications under development.
 - Resuscitation:** A self-service approach to compliance recording introduced toward the end of 2025 for those undertaking higher-level training is improving efficiency and has maintained compliance levels.

- Impact on forecast**
- Moving & Handling:** Level 2 and thus overall compliance anticipated to continue to increase over coming months.
 - IG, IPC and Resuscitation:** Ongoing monitoring of compliance rates will take place to determine impact of actions
 - OMMT:** Notable positive impact upon tier 1 compliance from the out-of-hours sessions and improved scrutiny of compliance through the trajectory data

Income & Expenditure

Actual Vs Plan (YTD)

Latest Month

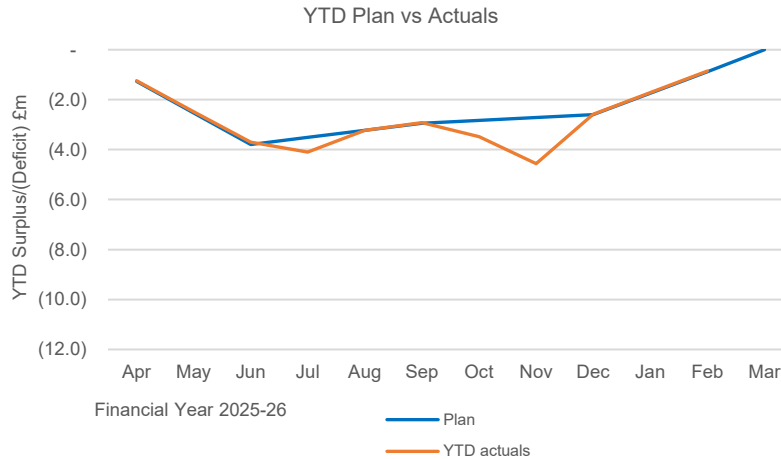
Feb-26

Year to Date Plan

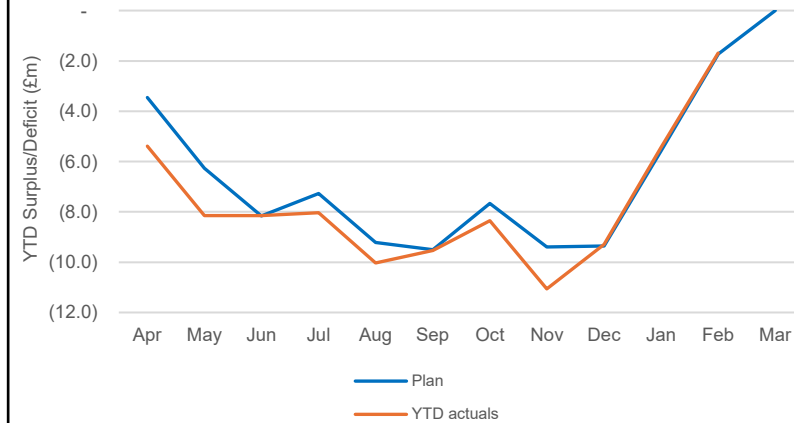
£(0.9m) deficit

Year to Date Actual

£(0.9m) deficit



YTD Plan vs Actuals



Latest Month

Feb-26

Year to Date Plan

£(1.7m) deficit

Year to Date Actual

£(1.7m) deficit

Summary:

- The financial plan for 2025/26 in Month 11 was a surplus of £0.9m. The Trust has delivered a £0.9m surplus and on plan. Year to date the Trust has delivered a £0.9m deficit position which is on plan.
- The Trust continues to have higher than planned levels of No Criteria To Reside (NCTR) and high acuity driving pressures on escalation and enhanced care costs. This has led to overspends on nursing of £0.6m in month.
- Elective Recovery Performance in month is driving an adverse position of £0.9m and divisional non-pay is causing an adverse variance of £0.4m due to increased activity in the hospital.
- In month, the Trust received £0.9m of PFI funding as well as seeing other non-recurrent benefits of £1.5m.
- In month, the Trust under-delivered against the recurrent Month 11 savings target by £2.3m driving a £2.8m adverse variance in month. This was offset in month by non-recurrent savings from consultant and AFC vacancies which contributed a £2.0m favourable variance as well as additional divisional income driving a £0.5m favourable variance.
- Year to date recurrent savings delivery is £19.7m and non-recurrent of £2.9m against a plan of £36.4m.

Key risks

- Delivery of planned elective activity and further in year savings delivery will be required to ensure the Trust delivers a breakeven position at year-end.

Summary:

- The position at the end of February is a net deficit of £1.7m against a planned deficit of £1.7m. The Trust is, therefore, on plan.
- Significant variances against plan are higher than planned pay expenditure (£23.7m) and increased non-pay costs (£32.4m). This is offset by higher than planned operating income (£54.3m).
- Total staff in post (substantive, bank and agency) has reduced since March 2025. Although staffing levels are within budget in March, they have exceeded funded establishment for the majority of the YTD, with nursing and medical budgets driving the adverse pay position due to additional use of registered mental health nurses, staffing of bed escalation areas linked to NCTR and increasing numbers of less than full time Resident Doctors.
- Agency and bank expenditure was lower in month compared with January and overall is £4.3m higher than planned YTD. Agency expenditure is 13% lower than plan YTD with expenditure in month of £0.6m, in line with January. Bank expenditure is 12% higher than plan YTD mainly due to the cost of industrial action and escalation due to NCTR, with expenditure in month of £4.9m, £0.8m lower than January.
- The average number of NCTR patients in February is 207, significantly above the system trajectory of 111. This equates to 24% of the Trust's bed base being occupied by NCTR patients. The year end system plan is 103 NCTR patients.

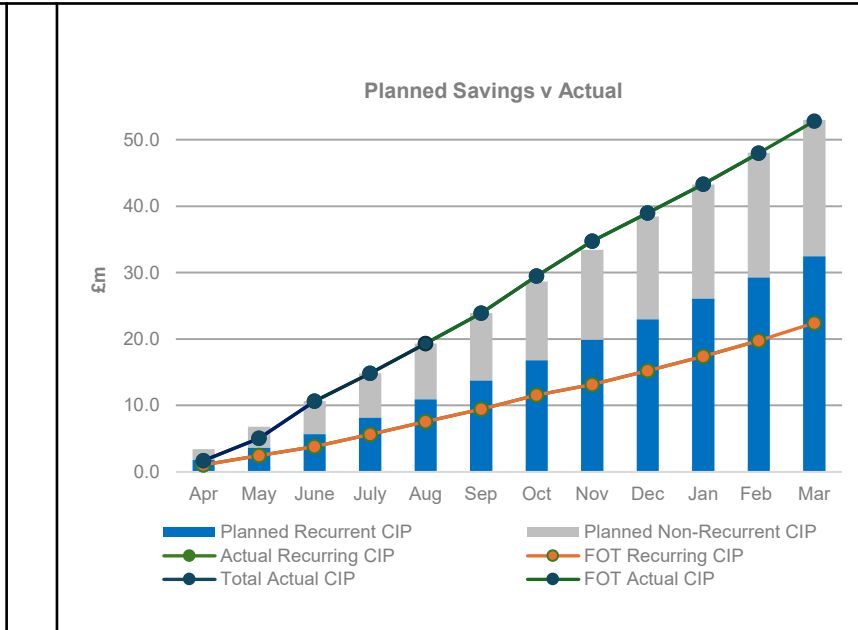
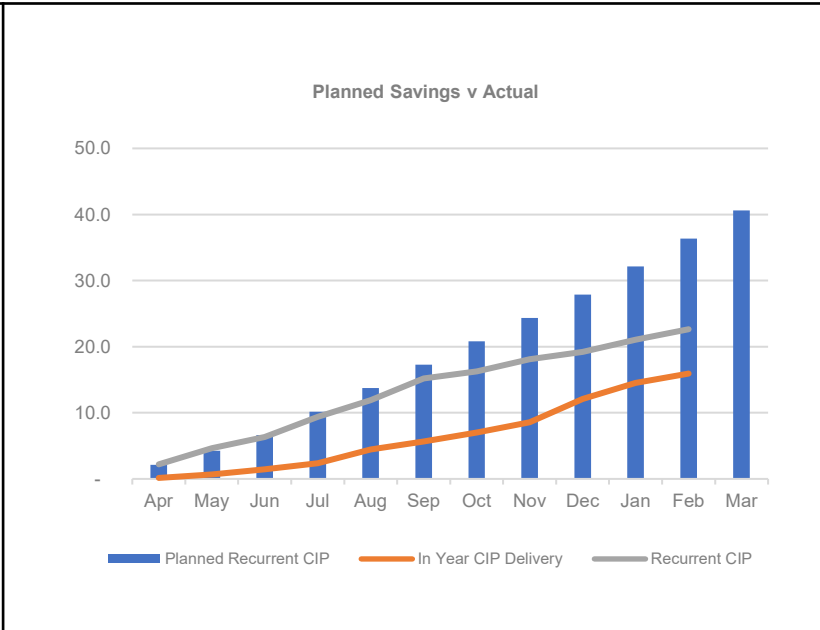
Key risks

- The delivery of elective activity necessary to secure the Trust's required level of income.

CIP

Actual Vs Plan (YTD)

Latest Month
Feb-26
Year to Date Plan
£36.4m
Year to Date Actual
£23.0m



Latest Month
Feb-26
Year to Date Plan
£48.0m
Year to Date Actual
£48.0m

Summary

- The CIP plan for 2025/26 is for savings of £40.6m with £36.4m planned delivery at Month 11.
- At Month 11 the Trust has £22.6m of completed schemes on the tracker, of which £2.9m is non-recurrent. There are a further £3.2m of schemes in implementation and planning.
- 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

- The Trust's 2025/26 recurrent savings plan is £53.0m.
- The Divisional plans represent 70% or £37.1m of the Trust plans. 30% or £15.9m sits centrally with the corporate finance team.
- As at the end of February 2026, the Trust is reporting total savings delivery of £48.0m against a plan of £48.0m.
- The Trust is forecasting savings of £52.8m, an improvement of £0.4m from last month. This leaves a forecast in year savings delivery shortfall of £0.2m.
- On a recurrent basis, the full year effect forecast outturn at Month 11 is £29.2m. This leaves a resulting forecast recurrent shortfall of £23.8m for delivery in 2026/27.

Workforce

Pay Costs Vs Plan Run Rate

Latest Month

Feb-26

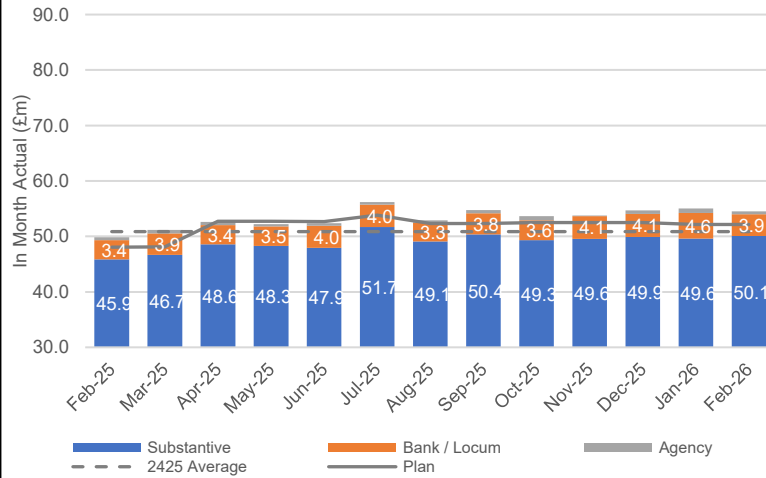
In- Month Plan

£52.1m

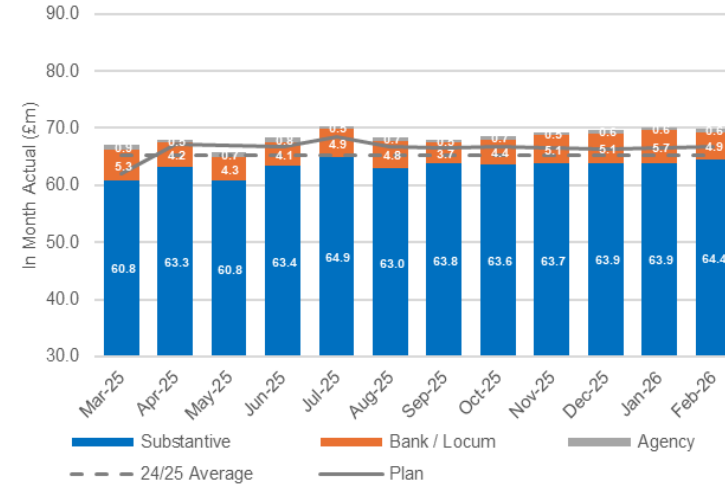
In-Month Actual

£54.5m

Adjusted Pay Spend by Month (exc. A/L accrual)



Adjusted Pay Spend by Month (exc. A/L accrual)



Latest Month

Feb-26

In-Month Plan

£66.7m

In-Month Actual

£70.0m

Summary

- Pay spend is £2.4m adverse in month, when adjusted for pass through items, the revised position is £0.5m adverse to plan. The main drivers are:
 - In year CIP - £1.3m adverse, in month impact of recurrent CIP delivery.
 - Escalation and enhanced care - £0.6m adverse in nursing driven by hospital pressures.
 - Vacancies - £2.0m favourable due to consultant vacancies in Anaesthetics and Imaging and other clinical/admin vacancies across all divisions.
 - There are other variances of £0.6m relating to smaller overspends in the divisions.

Summary

- Total pay expenditure in February is £70.0m, £3.3m higher than plan due to higher than planned substantive and bank costs.
- Pay costs remain higher than plan YTD driven by the cost of nursing and medical staffing levels exceeding planned values. Overall levels of substantive and temporary staffing combined exceed the Trust's funded establishment by an average of 114WTE since April.
- Nursing staffing levels exceed the funded establishment by 82WTE in February. Contributing factors to the ongoing over-establishment are the use of escalation capacity, high levels of acuity requiring additional mental health input and sickness absence.

Temporary Staffing

Agency Costs Vs Plan Run Rate

Latest Month

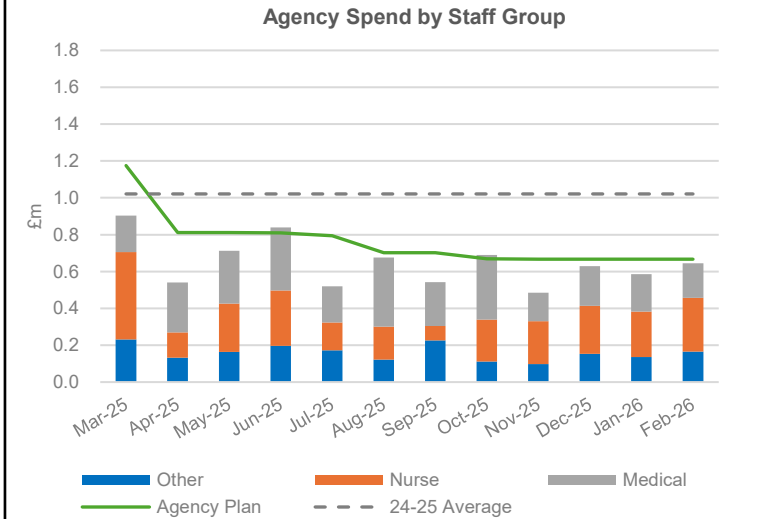
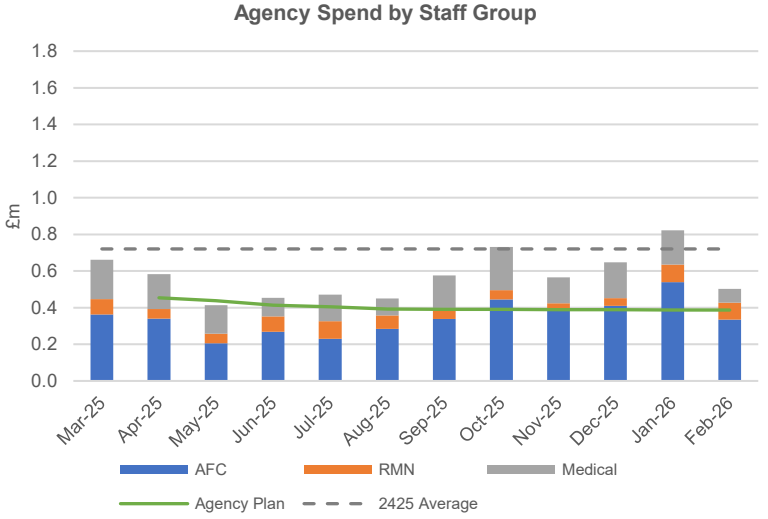
Feb-26

In-Month Plan

£0.4m

In-Month Actual

£0.5m



Latest Month

Feb-26

In-Month Plan

£0.7m

In-Month Actual

£0.6m

Summary

Summary
Monthly Trend

- Agency spend in February has decreased compared to January. This is largely driven by a decrease in Consultant spend in Medicine due to the removal of high cost sickness cover.
- Overall spend in month is driven by consultant agency usage in Medicine and ASCR covering vacancies, nursing agency usage in ICU, ED and Gastroenterology wards driven by escalation (ED) and acuity (ICU and Gastro).

In Month vs Prior Year

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

Summary

Summary
Monthly Trend

- Agency expenditure in February is £0.6m, £0.1m below plan and consistent with January's agency expenditure. YTD agency expenditure is 13% below plan.
- Agency usage continues to be largely driven additional escalation bed capacity across nursing and medical staffing due to a deterioration in the NCTR. The use of registered mental health nurses is also a key driver.
- Nurse agency shifts decreased by 58 or 7% in February compared with January.
- Medical agency expenditure is broadly similar to the previous month. The number of shifts covered has decreased from 172 in January to 92 in February.

In Month vs Prior Year

- Trustwide agency spend in February is £0.1m or c10% lower than February 2025. This is due to increased controls and scrutiny implemented across Divisions with the support Trust's Nurse and Medical leadership.

Temporary Staffing

Bank Costs Vs Plan Run Rate

<p>Latest Month</p> <p>Feb-26</p> <p>In-Month Plan</p> <p>£3.1m</p> <p>In-Month Actual</p> <p>£3.9m</p>	<p>Bank Spend by Staff Group</p> <p>£m</p> <p>Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 Sep-25 Oct-25 Nov-25 Dec-25 Jan-26 Feb-26</p> <p>AFC Medical Target Plan 2425 Average</p>	<p>Bank Spend by Staff Group</p> <p>£m</p> <p>Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 Sep-25 Oct-25 Nov-25 Dec-25 Jan-26 Feb-26</p> <p>Nurse Medical Other Plan 24-25 Average</p>	<p>Latest Month</p> <p>Feb-26</p> <p>In-Month Plan</p> <p>£4.3m</p> <p>In-Month Actual</p> <p>£4.9m</p>
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Summary

Monthly Trend

- In February, there has been a decrease in bank spend compared to January. The decrease is driven by February being a shorter month.

In Month vs Prior Year

- Bank spend in month is above the average 2024/25 spend, however 2024/25 spend reduced significantly in the second half of the year due to additional controls put in place. Compared to last year, the costs will have increased on run rate due to the National Insurance increases brought in from April.

Summary

Monthly Trend

- Bank costs in February are £4.9m, £0.8m lower than January. Costs are £5.4m higher than plan YTD, due mainly to costs associated with operating escalation capacity due to NCTR and Industrial Action. Of the £4.9m spent in February, £1.6m relates to medical bank and £1.4m to registered nurse bank.
- Nurse bank expenditure increased by £0.1m in February from £1.3m in January, whilst shifts decreased by 58 or 7%.
- Medical bank was lower than January at £1.6m.

In Month vs Prior year

- Bank expenditure in February is £0.2m lower than the same period last year.

Capital Actual Vs Plan

Latest Month

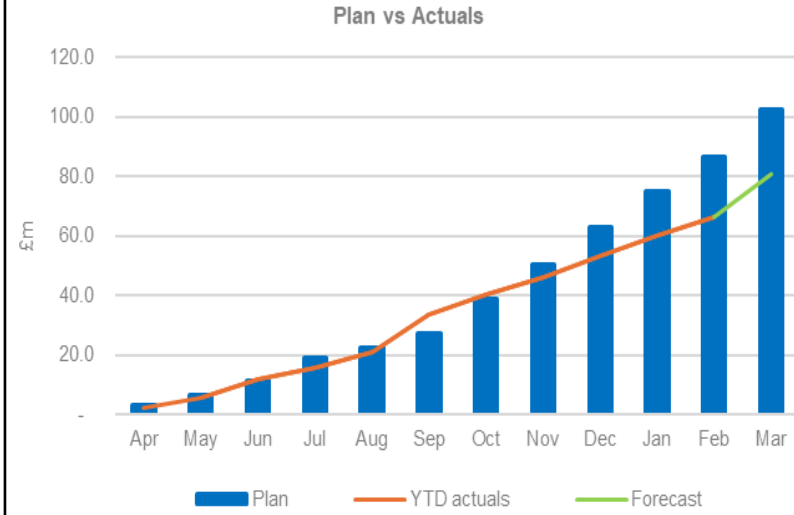
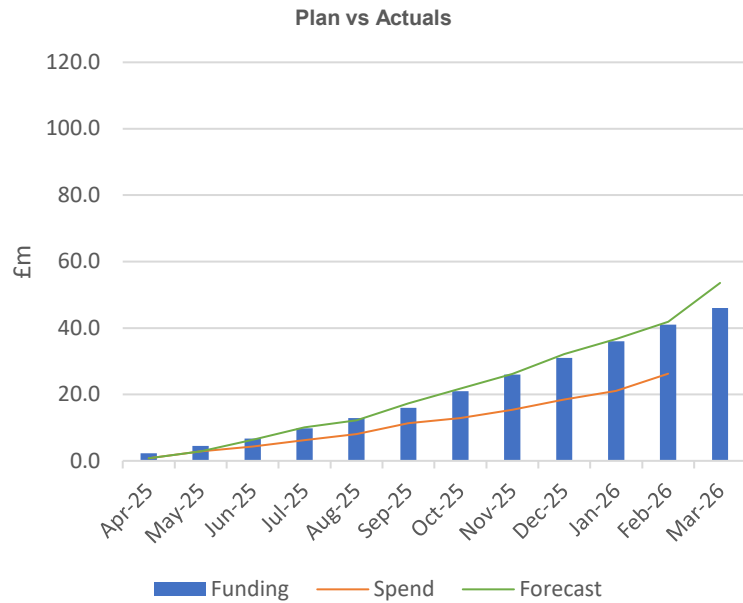
Feb-26

In-Month Plan

£5.2m

In-Month Actual

£5.2m



Latest Month

Feb-26

In-Month Plan

£11.9m

In-Month Actual

£6.5m

Summary

Summary

- The Trust currently has a system capital allocation of £22.7m for 2025/26. A further £19.3m of projects have been taken forwards as a result of national funding.
- Overall spend in Month 11 was £5.2m. This takes the overall year to date spend to £26.2m, of which £7.7m is against the Bristol Surgical Centre.
- The year-to-date variance against forecast is primarily due to delays across several projects. Spending is expected to accelerate in the coming month to align with the planned annual expenditure. Where slippage is anticipated into next year, mitigations have been implemented by bringing forward priority capital projects from 2026/27 to ensure full utilisation of available capital funding.
- Overall spend on the Bristol Surgical Centre to date is £49.8m, of which £38.3m relates to the main construction contract.
- The Trust has received approval for a £7.3m Salix grant to be spent on decarbonisation work. This funding will be received throughout the year to match spend.

Summary

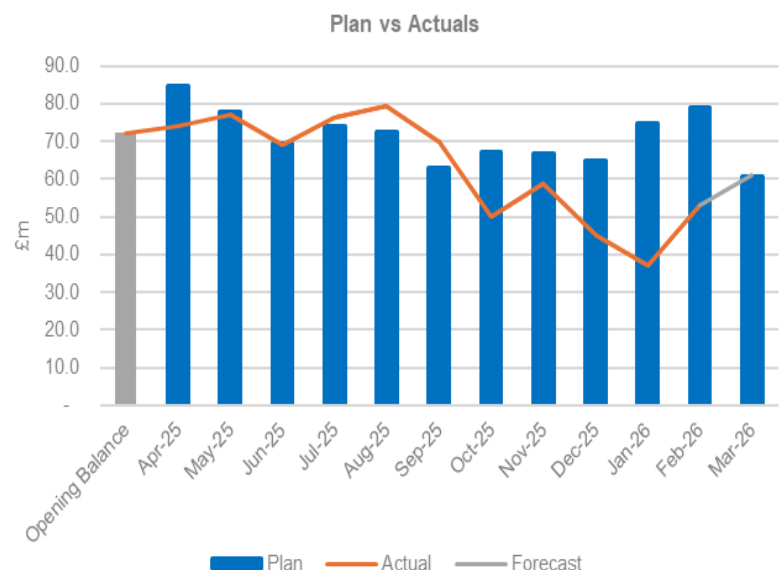
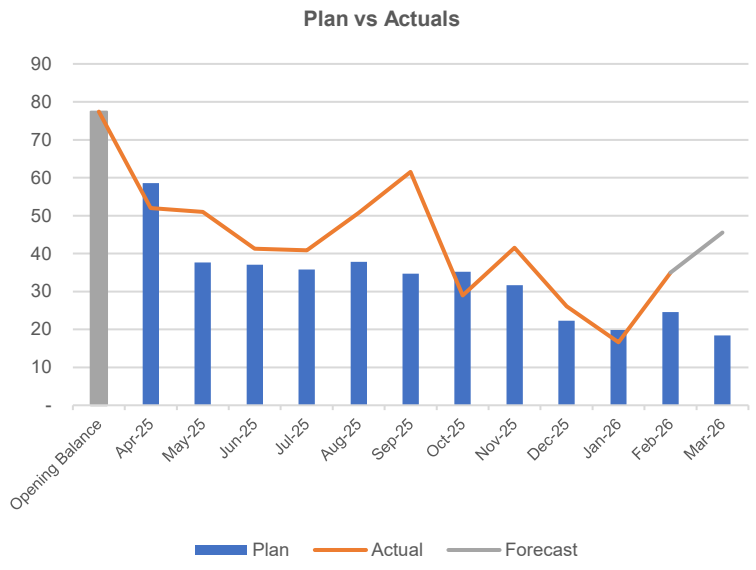
Summary

- Following NHSE confirmation of capital funding allocations of £55.2m, the Trust submitted a revised 2025/26 capital plan to NHSE on 30th April 2025 totalling £102.7m. The sources of funding include:
 - £40.5m CDEL allocations from the BNSSG ICS capital envelope;
 - £55.2m PDC matched with CDEL from NHSE including centrally allocated schemes;
 - £5.5m Right of use assets (leases); and
 - £1.5m for donated asset purchases.
- YTD expenditure at the end of February is £66.5m, £20.3m behind the plan of £86.8m as a result of agreement with NHSE to re-profiling of national funding into future years.
- Significant variances to plan include slippage on Major Capital Schemes (£25.3m) and Estates Schemes (£17.1m), offset in part by ahead of plan delivery against medical equipment (£7.9m), digital services (£6.8m), fire improvement (£2.4m) and right of use assets (IFRS16).
- The Trust continues to manage the forecast outturn via its Capital Programme Board and expects to deliver in line with the notified CDEL.

Cash

Actual Vs Plan

Latest Month
Feb-26
Target
£24.6m
Actual
£35.0m



Latest Month
Feb-26
Target
£79.2m
Actual
£53.1m

Summary

Summary











- In month cash is £35.0m, which is a £18.4m decrease from January driven by additional contract income and PDC income received.
- The cash balance has decreased by £42.4m year to date, driven by capital expenditure, payment of invoices relating to 2024/25 and the underlying differences between PFI cash payments and the costs recorded in the revenue position.
- Year-to-date cash balances are £10.4m favourable to plan and the year end cash balance is forecast to be £44.8m (£26.4m above plan), primarily driven by lower than forecast capital cash spend and additional income from NHSE expected in M12.

Summary

Summary

- The closing cash balance of £53.1m is an increase of £15.8m from January.
- The £19.0m decrease from 31st March is due to a net cash inflow from operations of £40.2m, offset by cash outflow of £58.0m relating to investing activities (i.e. capital), and cash outflow of £1.2m on financing activities (i.e. loans, leases & PDC).
- The Trust's total cash receipts in February were £133.2m to cover payroll payments of £68.5m and supplier payments of £48.9m.
- YTD cash balances are £26.1m below plan due to timing differences between PDC cash drawdown and capital spend.
- The year end forecast is £61.3m, £0.5m above plan.

Assurance and Variation Icons – Detailed Description

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

KEY
Note Performance
Constitutional Standards and Key Metrics = Escalation Summary