

North Bristol NHS Trust

























































INTEGRATED PERFORMANCE REPORT

January 2020 (presenting December 2019 data)



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| Domain | Description | National Standard | Current Month Trajectory (RAG) | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Trend | Benchmarking (in arrears except A&E & Cancer as per reporting month) | | |
|--|--|-------------------|--------------------------------|--------|--------|---------|--------|--------|--------|---------|--------|---------|--------|--------|---------|--------|---|---|---------|---|
| | | | | | | | | | | | | | | | | | | National Performance | Rank | Quartile |
| Responsive | A&E 4 Hour - Type 1 Performance | 95.00% | 86.15% | 84.87% | 77.89% | 70.47% | 74.10% | 69.73% | 76.16% | 72.53% | 72.49% | 87.89% | 85.14% | 80.04% | 80.18% | 74.64% |  | 70.54% | 36/118 |  |
| | A&E 12 Hour Trolley Breaches | 0 | 0 | 0 | 0 | 21 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 4 | 9 | 2 |  | 0-348 | 3/32 |  |
| | Ambulance Handover < 15 mins (%) | 100% | 91.64% | 91.15% | 90.02% | 92.36% | 92.66% | 89.26% | 93.93% | 93.75% | 94.02% | 97.18% | 97.29% | 94.09% | 94.34% | 92.65% |  | | | |
| | Ambulance Handover < 30 mins (%) | 100% | 99.54% | 99.50% | 98.62% | 99.10% | 99.27% | 98.27% | 99.39% | 98.91% | 98.93% | 99.78% | 99.81% | 99.19% | 99.14% | 99.22% |  | | | |
| | Ambulance Handover > 60 mins | 0 | 0 | 0 | 1 | 0 | 2 | 12 | 0 | 4 | 0 | 0 | 0 | 0 | 1 | 0 |  | | | |
| | Delayed Transfers of Care | 3.50% | 3.50% | 4.86% | 4.36% | 3.99% | 5.82% | 4.92% | 7.02% | 6.06% | 5.40% | 7.75% | 8.90% | 7.28% | 7.19% | 6.89% |  | | | |
| | Stranded Patients (>21 days) - month end | | | 111 | 146 | 138 | 133 | 160 | 133 | 131 | 135 | 276 | 156 | 138 | 128 | 129 |  | | | |
| | Bed Occupancy Rate | | 95.00% | 91.00% | 97.09% | 97.94% | 96.53% | 96.97% | 95.94% | 95.07% | 95.46% | 94.80% | 95.18% | 96.49% | 96.22% | 96.77% |  | | | |
| | Cancelled Operations (Same day - non-clinical) | 0.80% | | 0.86% | 1.29% | 1.45% | 0.89% | 1.35% | 1.33% | 0.78% | 0.71% | 0.94% | 0.94% | 1.30% | 1.10% | 1.25% |  | 1.53% | 47/151 |  |
| | Cancelled Operations (28 Day Rebooking) | 0 | 3 | 2 | 2 | 3 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 0 | 1 | 0 |  | 0-80 | 4/39 |  |
| | Diagnostic 6 Week Wait Performance | 1.00% | 5.55% | 4.11% | 3.89% | 2.32% | 3.10% | 4.27% | 5.48% | 6.84% | 8.16% | 9.39% | 8.69% | 9.09% | 8.87% | 12.56% |  | 2.94% | 125/141 |  |
| | Diagnostic 13+ Week Breaches | 0 | 0 | 35 | 20 | 8 | 10 | 15 | 74 | 84 | 130 | 205 | 225 | 239 | 63 | 147 |  | | | |
| | RTT Incomplete 18 Week Performance | 92.00% | 87.73% | 87.41% | 87.61% | 86.95% | 86.71% | 85.18% | 85.14% | 85.03% | 85.21% | 83.39% | 83.20% | 83.28% | 82.58% | 82.43% |  | 84.37% | 121/175 |  |
| | RTT 52+ Week Breaches | 0 | 13 | 51 | 38 | 44 | 18 | 19 | 16 | 17 | 14 | 14 | 16 | 13 | 14 | 14 |  | 0-175 | 15/35 |  |
| | Total Waiting List | | 28640 | 26431 | 26459 | 27304 | 27910 | 27995 | 29179 | 28590 | 28740 | 28587 | 29313 | 29118 | 28351 | 28078 |  | | | |
| | Cancer 2 Week Wait | 93.00% | 80.52% | 80.82% | 75.74% | 92.44% | 90.27% | 84.70% | 83.44% | 78.44% | 71.79% | 65.54% | 69.92% | 87.23% | 91.33% | - |  | 91.33% | 107/140 |  |
| | Cancer 2 Week Wait - Breast Symptoms | 93.00% | 93.99% | 26.00% | 48.16% | 82.20% | 82.69% | 89.83% | 88.83% | 76.97% | 96.75% | 94.64% | 96.08% | 98.61% | 87.50% | - |  | 87.50% | 61/108 |  |
| | Cancer 31 Day First Treatment | 96.00% | 96.47% | 93.90% | 92.28% | 95.49% | 93.28% | 93.08% | 88.24% | 88.03% | 90.35% | 89.47% | 90.20% | 85.76% | 95.93% | - |  | 95.93% | 96/117 |  |
| | Cancer 31 Day Subsequent - Drug | 98.00% | 100.00% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 99.37% | - |  | 99.37% | 1/29 |  |
| Quality Patient Safety & Effectiveness | Cancer 31 Day Subsequent - Surgery | 94.00% | 94.06% | 87.88% | 75.63% | 80.87% | 79.17% | 80.77% | 82.52% | 77.88% | 83.33% | 82.56% | 75.23% | 69.09% | 91.66% | - |  | 91.66% | 59/67 |  |
| | Cancer 62 Day Standard | 85.00% | 73.10% | 87.04% | 82.17% | 81.67% | 85.98% | 84.40% | 78.95% | 76.99% | 74.10% | 88.84% | 72.58% | 66.98% | 77.37% | - |  | 77.37% | 99/139 |  |
| | Cancer 62 Day Screening | 90.00% | 89.71% | 89.13% | 89.04% | 91.07% | 91.84% | 93.33% | 91.84% | 84.31% | 85.00% | 92.59% | 90.00% | 77.50% | 83.76% | - |  | 83.76% | 39/69 |  |
| | Mixed Sex Accomodation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  | | | |
| | Electronic Discharge Summaries within 24 Hours | 100% | | 82.08% | 82.40% | 82.65% | 83.55% | 80.77% | 83.69% | 83.57% | 84.39% | 82.99% | 84.40% | 84.34% | 83.37% | 83.57% |  | | | |
| | Never Event Occurance by month | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |  | | | |
| | WHO (Emergency and Elective) | | 95% | 97.40% | 97.30% | 97.50% | 97.40% | 97.70% | 97.70% | 97.30% | 97.50% | 97.70% | 97.50% | 98.60% | 98.80% | 99.90% |  | | | |
| | Pressure Injuries Grade 2 | | | 15 | 21 | 29 | 21 | 43 | 27 | 31 | 24 | 34 | 46 | 43 | 43 | 32 |  | | | |
| | Pressure Injuries Grade 3 | | | 0 | 0 | 0 | 3 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |  | | | |
| | Pressure Injuries Grade 4 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  | | | |
| | Falls per 1,000 bed days | | | 30 | 31 | 28 | 31 | 30 | 31 | 30 | 31 | 31 | 30 | 31 | 30 | 31 |  | | | |
| | #NoF - Admissions to Acute Ortho Ward <4 Hours | | | 80.00% | 62.22% | 53.19% | 58.49% | 59.57% | 60.71% | 67.39% | 63.41% | 69.44% | 75.44% | 76.36% | 72.34% | 68.00% |  | | | |
| | #NoF - Surgery <36 Hours if Medically Fit | | | 68.60% | 66.70% | 93.60% | 94.30% | 80.90% | 76.80% | 87.00% | 90.20% | 83.30% | 75.40% | 87.30% | 91.50% | 92.00% |  | | | |
| | #NoF - Assessed by Orthogeriatrician <72 Hours | | | 94.30% | 93.30% | 100.00% | 98.10% | 97.90% | 96.40% | 100.00% | 95.10% | 100.00% | 96.50% | 98.20% | 100.00% | 96.00% |  | | | |
| | Stroke - Patients Admitted | | | 84 | 71 | 60 | 80 | 79 | 67 | 88 | 77 | 89 | 76 | 89 | 83 | 82 |  | | | |
| | Stroke - Scanned <1 Hour of Clock Start | | | 80.88% | 66.15% | 71.15% | 73.61% | 67.61% | 70.00% | 70.00% | 75.34% | 81.48% | 68.66% | 65.06% | 68.42% | 71.43% |  | | | |
| | Stroke - Thrombolysed <1 Hour | | | 57.14% | 71.43% | 81.82% | 40.00% | 33.33% | 71.43% | 62.50% | 60.00% | 77.78% | 75.00% | 50.00% | 37.50% | 55.56% |  | | | |
| | Stroke - Directly Admitted to Stroke Unit <4 Hours | | | 66.67% | 68.75% | 72.92% | 67.14% | 55.71% | 58.18% | 49.35% | 64.29% | 72.86% | 50.00% | 50.65% | 62.16% | 58.00% |  | | | |
| | MRSA | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 |  | | | |
| | E. Coli | | | 2 | 6 | 6 | 3 | 3 | 2 | 5 | 2 | 6 | 4 | 7 | 7 | 7 |  | | | |
| | C. Difficile | | | 2 | 1 | 2 | 4 | 3 | 5 | 6 | 8 | 3 | 6 | 5 | 2 | 3 |  | | | |
| | MSSA | | | 3 | 5 | 3 | 2 | 3 | 1 | 1 | 5 | 3 | 5 | 2 | 3 | 1 |  | | | |
| | VTE | 95% | 95% | 96.59% | 96.34% | 96.97% | 97.02% | 96.84% | 96.72% | 96.67% | 96.65% | 96.15% | 95.99% | 96.43% | 96.24% | |  | | | |

| Domain | Description | National Standard | Current Month Trajectory (RAG) | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Trend | Benchmarking (in arrears except A&E & Cancer as per reporting month) | | |
|-----------------------------|---|-------------------|--------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|---|---------|----------|
| | | | | | | | | | | | | | | | | | | National Performance | Rank | Quartile |
| Quality Caring & Experience | FFT A&E (Recommend) | | | 90.83% | 89.55% | 88.77% | 88.03% | 85.32% | 88.26% | 88.01% | 84.03% | 91.00% | 91.22% | 92.97% | 91.52% | 91.48% | | 84.02% | 25/132 | |
| | FFT A&E (Response Rate) | | 15.00% | 20.00% | 20.93% | 21.49% | 20.03% | 16.51% | 19.39% | 20.56% | 19.57% | 19.05% | 18.74% | 20.00% | 22.49% | 21.07% | | 20.93% | 15/134 | |
| | FFT Inpatients (Recommend) | | | 93.89% | 93.62% | 92.19% | 93.24% | 93.30% | 92.64% | 92.82% | 93.95% | 93.23% | 93.72% | 93.52% | 93.68% | 93.59% | | 95.80% | 113/159 | |
| | FFT Inpatients (Response Rate) | | 30.00% | 16.78% | 18.59% | 19.16% | 19.04% | 11.47% | 17.58% | 17.40% | 18.50% | 16.54% | 17.88% | 16.83% | 18.38% | 17.70% | | 24.76% | 131/168 | |
| | FFT Outpatients (Recommend) | | | 95.56% | 95.80% | 95.30% | 95.94% | 95.03% | 95.44% | 95.63% | 95.16% | 94.96% | 95.36% | 95.31% | 95.59% | 95.76% | | 93.66% | 82/192 | |
| | FFT Outpatients (Response Rate) | | 6.00% | 14.55% | 18.71% | 14.66% | 18.05% | 12.35% | 18.54% | 17.73% | 17.69% | 15.10% | 17.16% | 18.95% | 14.04% | 11.17% | | 7.68% | | |
| | FFT Maternity (Recommend) | | | 95.79% | 94.95% | 97.59% | 94.69% | 97.87% | 97.94% | 96.74% | 96.67% | 93.90% | 95.60% | 93.26% | 94.68% | 90.80% | | 96.39% | 43/71 | |
| | FFT Maternity (Response Rate) | | 15.00% | 19.27% | 21.43% | 18.32% | 25.80% | 22.38% | 20.17% | 21.05% | 18.11% | 17.19% | 20.92% | 18.39% | 18.80% | 21.75% | | 20.93% | 60/121 | |
| | PALS - Count of concerns | | | 44 | 65 | 35 | 26 | 76 | 82 | 93 | 126 | 118 | 81 | 119 | 104 | 90 | | | | |
| | Complaints - % Overall Response Compliance | | 90% | 54.00% | 49.00% | 70.00% | 76.00% | 63.00% | 33.00% | 71.00% | 89.00% | 91.00% | 92.00% | 87.00% | 90.00% | 81.00% | | | | |
| Well Led | Complaints - Overdue | | | 16 | 29 | 41 | 10 | 34 | 25 | 20 | 9 | 1 | 4 | 1 | 2 | 3 | | | | |
| | Complaints - Written complaints | | | 48 | 50 | 48 | 51 | 62 | 56 | 52 | 55 | 51 | 53 | 47 | 41 | 36 | | | | |
| | Agency Expenditure ('000s) | | | | | | | 1003 | 1136 | 1305 | 1179 | 1329 | 968 | 836 | 990 | 868 | | | | |
| | Month End Vacancy Factor | | | | | | | 10.06% | 10.12% | 10.79% | 11.55% | 11.58% | 9.39% | 8.75% | 8.77% | 9.21% | | | | |
| | Turnover (Rolling 12 Months) | | | | | | | 15.30% | 15.24% | 15.47% | 15.10% | 14.82% | 14.75% | 14.46% | 14.44% | 14.47% | | | | |
| Finance | Sickness Absence (Rolling 12 month -In arrears) | | | | | | | 4.26% | 4.27% | 4.30% | 4.31% | 4.35% | 4.36% | 4.38% | 4.43% | | | | | |
| | Trust Mandatory Training Compliance | | | | | | | 88.34% | 89.77% | 90.00% | 88.30% | 90.01% | 88.95% | 88.89% | 88.80% | 88.97% | | | | |
| | Deficit (£m) | | | -16603 | -18492 | -19937 | -21352 | -659 | -1458 | -3384 | -3259 | -4181 | -4452 | -4363 | -4161 | -3695 | | | | |
| | NHSI Trust Rating | | | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | | | | |

Urgent Care

For the fifth consecutive month the Trust has exceeded the England position for ED 4 hour wait performance (Type 1). Ranking in the second quartile for December, the Trust also continues to be ranked first among the 11 Adult Major Trauma Centres for 4 hour wait performance. However, December was a more challenging month operationally both within the Trust and across the system, with reduced ED hour wait performance overall and two reported 12 hour trolley breaches.

Elective Care and Diagnostics

The numbers of patients on an RTT waiting list size is on plan for the second time since April. There were 14 patients waiting greater than 52 weeks for their treatment in December against a trajectory of 13. The majority of patients breaching are awaiting an Orthopaedic operation. Overall diagnostics performance was 12.56% in month, which is a further decline in performance due to ongoing capacity constraints and growth in demand. A bid for centrally held Elective Care funds has been made for additional CT and Endoscopy capacity. This should result in improved performance by year-end, but not full delivery of the recovery trajectory. There were no urgent operations cancelled for a subsequent time and no breaches of the 28 day re-booking target.

Cancer wait time standards

The Trust achieved the 62 day waiting time trajectory in November, with Performance of 72.91%. Backlog clearance plans are in place with additional capacity sought for clearance through January and February 2020. Sustained delivery of the national wait time standard is on track to achieve the 85% target from the end of Quarter 1 of 2020/21. The recovery trajectory for the Two Week Wait standard was achieved in November, largely due to Skin performance improvement. An overall return to TWW standard is not expected until Quarter 2 of 2020/21, as we develop longer-term plans to close the demand and capacity gap.

Quality

There were three overdue complaints at the end of December. In order to ensure compliance, weekly divisional meetings take place with a revised escalation process. The performance improvement for responding to complaints has continued into December. In December WHO safer surgery compliance again reached its highest level for the past 12 months at 99.90%.

Workforce

Overall there has been a positive shift in workforce related indicators in December with a decrease in Agency expenditure and the Trust continues to achieve the 14.5% Turnover target. Vacancy factor increased in December to 9.2% and the Trust saw a small net loss of staff, particularly in registered nursing and midwifery however there is a strong pipeline for the remainder of the year which is anticipated to improve the vacancy position by March 2020.

Finance

The Trust has a planned deficit of £4.9m for the year in line with the agreed control total with NHS Improvement (NHSI). At the end of December, the Trust reported a deficit of £3.7m which is £0.1m favourable to the planned deficit including Provider Sustainability Fund and Financial Recovery Fund. The Trust has a 2019/20 savings target of £25m of which £11.8m was achieved at the end of December. The Trust financial risk rating on the NHSI scale is 3 out of 4.

RESPONSIVENESS

SRO: Chief Operating Officer

Overview

Urgent Care

The Trust failed the four hour performance trajectory of 86.15% in December with performance of 74.64% and reported two 12 hour trolley breaches in month, during a period of extreme system-wide pressure. Despite this, the Trust continues to perform well when compared with Type 1 performance nationally, reporting near the top of the second quartile and ranking 1st out of 11 Adult Major Trauma Centres and ranking 3rd out of 32 reported positions for 12-hour trolley breaches.

Bed occupancy averaged at 96.77%, however higher levels of variation in bed occupancy across the month and a lack of traction in delivering the system stranded action plan has led to significant pressure post Christmas. High levels of DToC patients (6.89% vs. 3.5% target) continue to be experienced and would have released 25 beds to the Trust had the national target been achieved. Social care delays are driving the largest proportion of stranded bed days.

Planned Care

Referral to Treatment (RTT) - The Trust has not achieved the RTT trajectory in month with performance of 82.43% against trajectory of 87.73%. The total RTT wait list size in month has achieved trajectory for the second time since April, reporting 28078 against a trajectory of 28640. The number of patients exceeding 52 week waits in December was 14 against a trajectory of 13; the majority of breaches (13) being in Trauma and Orthopaedics. It is predicted that the cancellations due to bed pressures experienced to date in January will impact on the number of patients waiting greater than 52 weeks over the next few months, as patients are rescheduled to accommodate the longest waiting patients, extending the wait time for other patients. Elective activity has been below plan in December (the elective plan is already at a reduced level in December to allow for winter pressures and the Christmas period). This is predominately as a result of cancellations prior to the day of operation (as opposed to same-day cancellations) and theatre staffing vacancies.

Cancelled Operations - In month, there were no urgent operations cancelled for a subsequent time and no breaches of the 28 day re-booking target.

Diagnostic Waiting Times - The Trust did not achieve the recovery trajectory for diagnostic performance in December 2019 with actual performance at 12.56% versus a trajectory of 5.55%. Ongoing underperformance in CT and Endoscopy with the addition of MRI and Non-obstetric Ultrasound in month has caused this deterioration. The MRI position is expected to improve in January, with Non-obstetric Ultrasound taking longer to recover due to a short-term capacity shortfall. A bid for Elective Care funds has been submitted to provide additional Endoscopy and CT activity prior to year-end. Even with additional funding the Trust is predicting under delivery of c.0.5% against the recovery trajectory.

Cancer

The Trust has achieved one of the seven Cancer Wait Times standards in November. There has however been an improvement in performance against every standard in month with the exception of TWW breast symptoms. Urology backlog clearance remains on track to clear the backlog by the end of Quarter 1 2020/21. Urology remains the only specialty with 104 day breaches. Since the introduction of the harm review process, no instances of physical harm have been identified.

Areas of Concern

The system continues to monitor the effectiveness of all actions being undertaken, with daily and weekly reviews. The main risks identified to the delivery of the Urgent Care Improvement Plan (UCIP) are as follows:

- UCIP Risk: Lack of community capacity and/or pathway delays fail to meet bed savings plans as per the bed model.
- UCIP Risk: Length of Stay reductions and bed occupancy targets in the bed model are not met leading to performance issues.

QUALITY PATIENT SAFETY AND EFFECTIVENESS

SRO: Medical Director and Director of Nursing & Quality Overview

Improvements

Maternity Services – Induction of labour suite opened on the 06 January.

WHO Checklist – Compliance reached its highest level for the past 12 months for both Elective and Non-Elective.

Areas of Concern

MRSA – One reported case of MRSA bacteraemia in December, occurring within ICU and the investigation has commenced. Year to date there has been three reported cases for the organisation.

WELL LED

SRO: Director of People and Transformation and Medical Director Overview

Corporate Objective 4: Build effective teams empowered to lead

Continue to reduce reliance on agency and temporary staffing

December agency spend decreased by £122k compared to November, however overall the Trust is overspent on pay year to date. Nursing and midwifery saw a £100k reduction in agency expenditure in December. Part of this reduction was due to a restriction on annual leave for two weeks in December leading to a reduction in demand for temporary staffing for this period.

Vacancies

The Trust vacancy factor increased in December to 9.2%, an increase of 37 WTE vacancies. This was predominantly driven by an increase in substantive funded posts (20 WTE) and a net loss of staff in December (7.2 WTE). Registered nursing and midwifery saw the greatest net loss of 21 WTE as Band 5 starters in December were low which is an anticipated seasonal trend. However the Trust has a strong pipeline of domestic and international starters for the last quarter of the year and the Trust anticipates a band 5 nurse vacancy position of 170 WTE in March 2020 from a starting vacancy position of 290 WTE in April 2019.

Turnover

The Trust turnover remains stable at 14.5%. 2020/21 will see continued focus to drive a further step change in improvement to turnover. Key delivery will be focussed through the NHSi Retention Improvement plan, BNSSG flexible working project and implementing the 2020 – 2025 People Strategy and Workforce Transformation Programme.

Improving the sustainability and wellbeing of our workforce

The rolling 12 month sickness remains static. The slight deterioration in the Trust sickness absence position has been predominantly driven by an increase in long term sickness. People and Digital Committee have asked for a deep dive to understand this in more detail. Work during 20/21 will focus on better understanding the underlying reason for these absences; and broadening the wellbeing programme to focus on improving general health and wellbeing: eg. through healthy eating, exercise and encouraging positive lifestyle choices.

FINANCE

SRO: Director of Finance

Overview

At the end of December, the Trust reported a deficit of £3.7m which is £0.1m favourable to the planned deficit including Provider Sustainability Fund and Financial Recovery Fund.

A forecast has been prepared which shows the Trust meeting its control total. There are a number of risks to delivery of the year end control total, the greatest of which are the ability of the Trust to recover Elective activity in the remaining months of the year and the full delivery of savings schemes. The Trust has identified a number of mitigating actions to counter these risks in order for the Trusts control total to be met.

The Trust has repaid a net £2.0m year to date to the end of November which is inline with plan and brings the total Department of Health borrowing to £176.3m, which is lower than planned due to the higher cash balance held as a result of slippage of capital expenditure and higher receipts from commissioners.

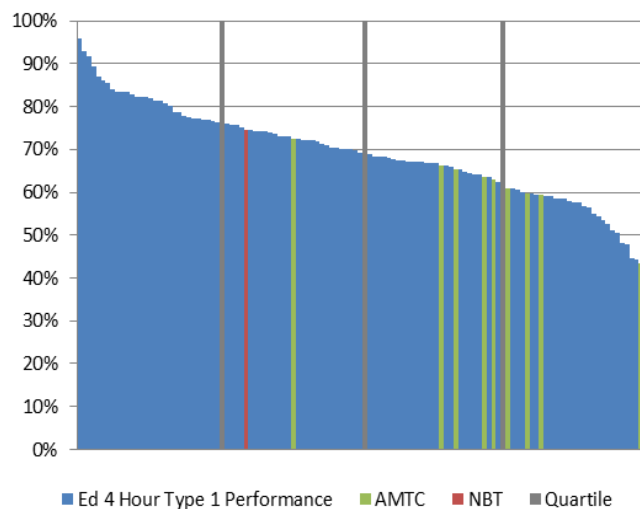
The Trust has a savings target of £25m for the year, of which £11.8m was achieved at the end of December against a plan of £17.1m.

The Trust is rated 3 against the Finance Risk Rating tool by NHS Improvement (NHSI) which is driven by the high levels of historical debt and is inline with plan.

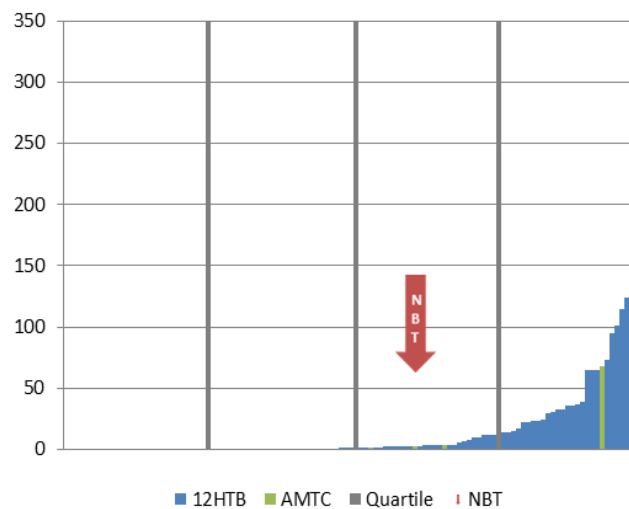
RESPONSIVENESS

**Board Sponsor: Chief Operating Officer
Evelyn Barker**

ED 4H Performance - Type 1, December 2019



ED 12 Hour Waits - Type 1, December 2019



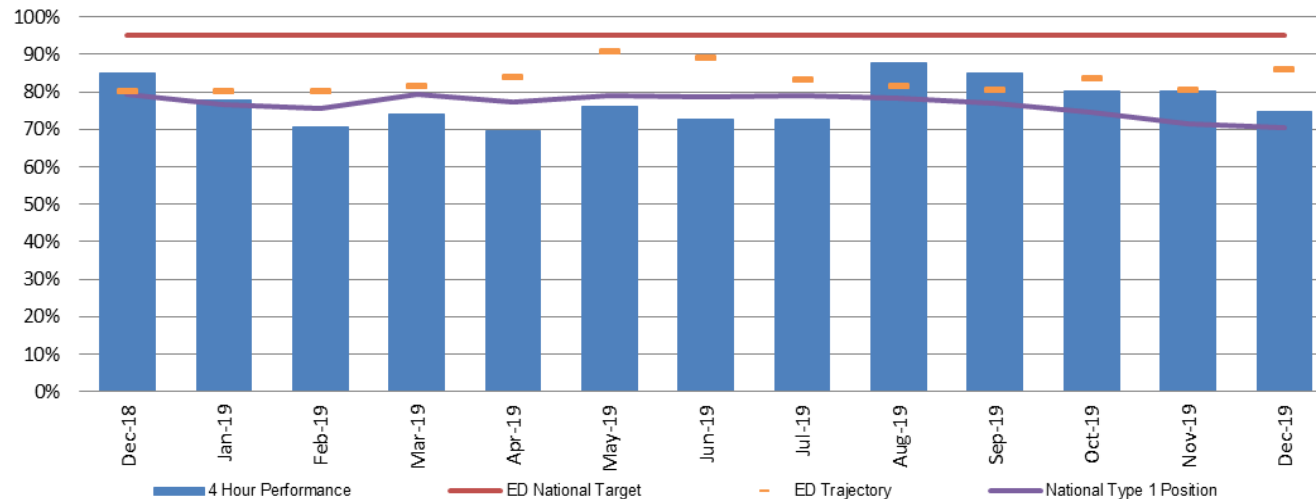
Urgent Care

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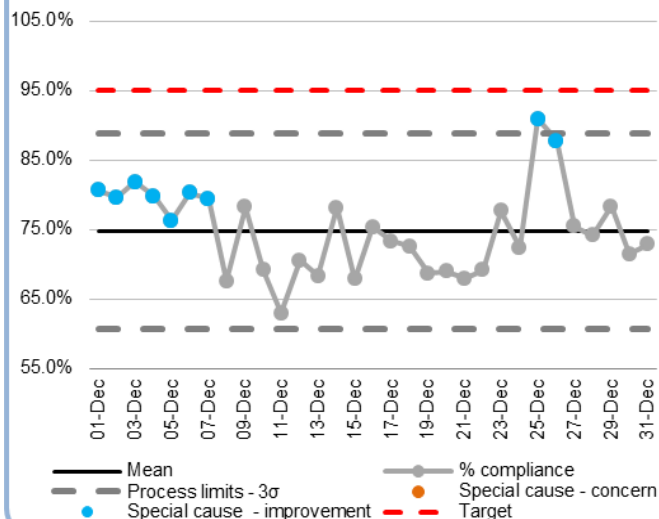
At 8285, there were 5.51% more attendances than SLA. Non-elective admissions were down against plan for long-stay admissions (-7.44%), but were up against plan for short-stay admissions (17.78%), which follows the trend of increased short-stay versus long-stay activity in 2019/20 year to date. This profile of admissions continues to adversely impact income, but reflects the national direction of travel to introduce more same-day emergency care.

ED performance for the NBT Footprint stands at 81.48% and the total STP performance was 80.64% for December.

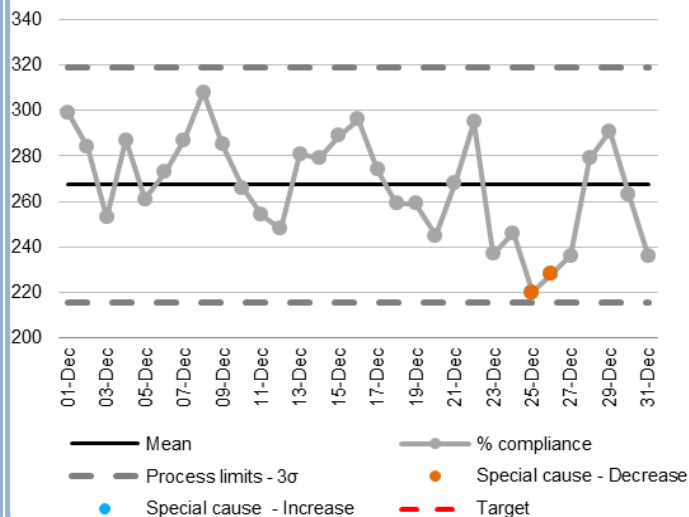
ED 4 Hour Performance



ED 4 Hour Performance



ED Attendances



4 Hour Performance

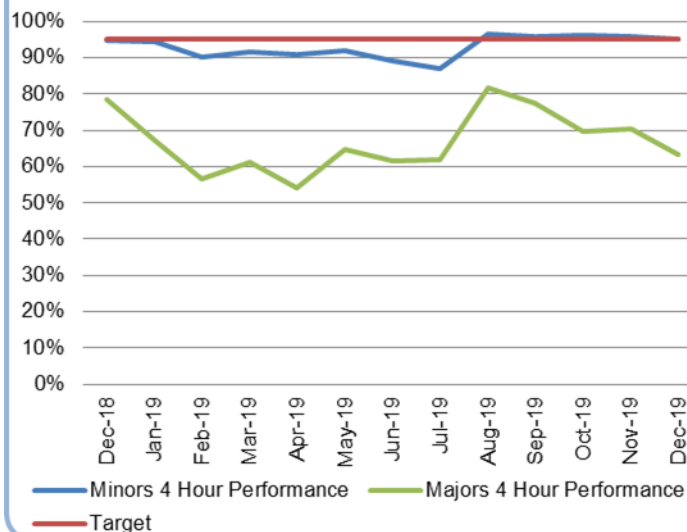
Average ambulance arrivals, at 100 per day, were the highest experienced across the last 22 months.

Of the breaches within ED in December, 56.88% were a result of waits for a bed whilst 28.08% were a result of ED delays.

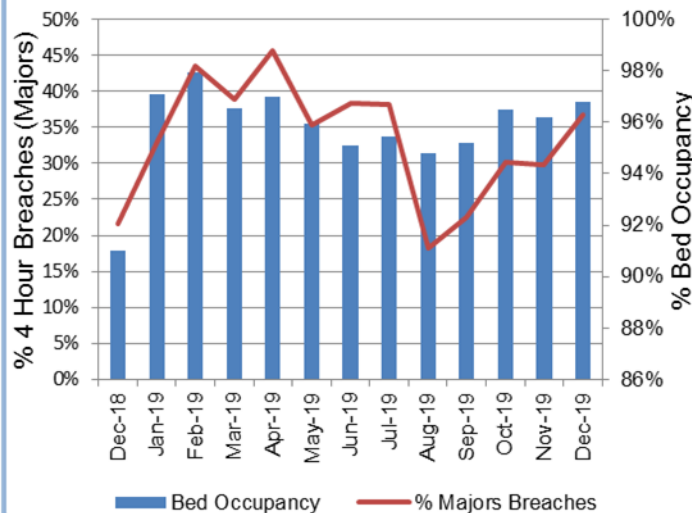
Bed occupancy experienced greater variation in December, varying between 89.61% and 100.81% in month. Average LOS has been consistent with planned levels used to populate the Trust bed model. However, surge in attendances and admissions and continued delayed transfers of care out of the hospital (as described in the DToC and Stranded Patient section of this report), which impacts on timely bed availability and 4hr performance.

Internal actions to drive the 4 hour recovery are overseen by the Urgent Care Improvement Steering Group. Key work streams include: increasing the proportion of same day emergency care across all divisions; criteria led discharge supported by 'Perform'; implementation of primary care streaming in ED and length of stay reduction plans.

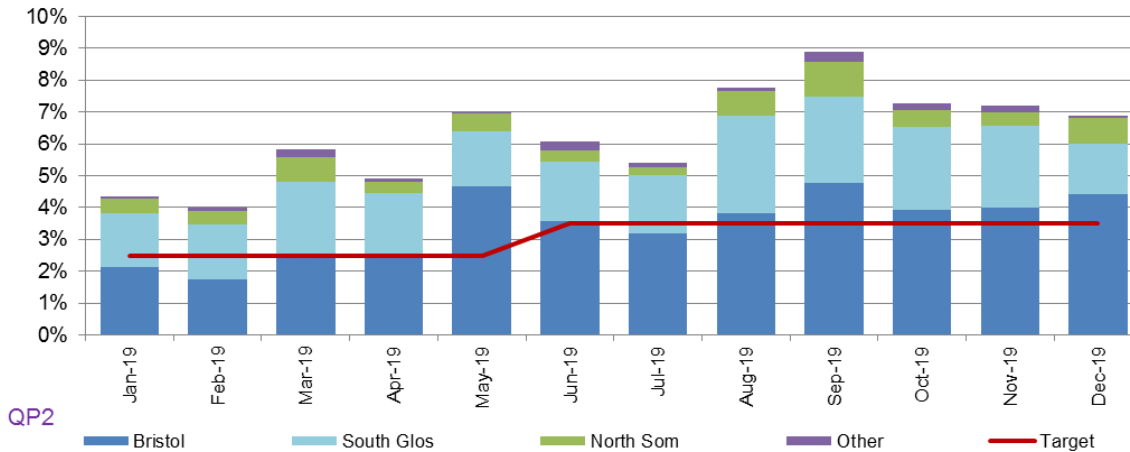
ED 4 Hour Performance by Majors/Minors



Bed Occupancy vs % Breaches (Majors)



Delayed Transfers of Care Proportion of Bed Days by CCG



DToCs and Stranded Patients

The DToC rate for the month of December was 6.89% of occupied bed days. If the System were at national target levels of 3.5%, this would have released 25 beds to the Trust.

The Trust's stranded patients (those with a LOS over 21 days) has continued to increase through Quarter 3 and the number of complex referrals for support from all providers was at its highest level all year.

The top drivers of delayed discharges were:

- Waits for Pathway 1 and 2 with a total of 677 DToC bed days;
- Waits for placement across all categories were reported with total bed days of 432 DToC bed days; and
- Waits for Social Work allocation, which were particularly noted in the Bristol team, with 375 DToC bed days linked to this single code.

Additional non-recurrent winter funding from NHSE/I will impact in Quarter 4 to combat the main drivers of delayed bed days including:

- Further reablement capacity to increase P1 slots across Bristol and South Gloucestershire;
- Further P3 bed capacity;
- Recruitment campaigns focused on the Domiciliary Care Market, to increase care provision; and
- Financial incentives for weekend care home discharges.

The additional funding is insufficient to recover the stranded trajectory or return the DTOC level to the 3.5% standard.

Primary Metric

Weekly average of occupied beds by adult patients in an acute hospital for 21+ days

71 (40%)

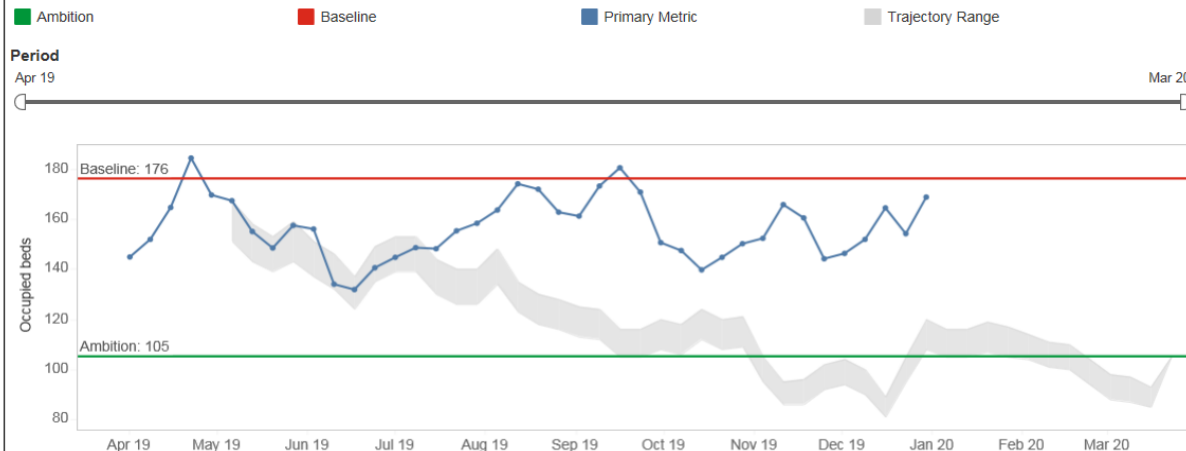
Reduction in occupied beds required by March 2020

7 (4%)*

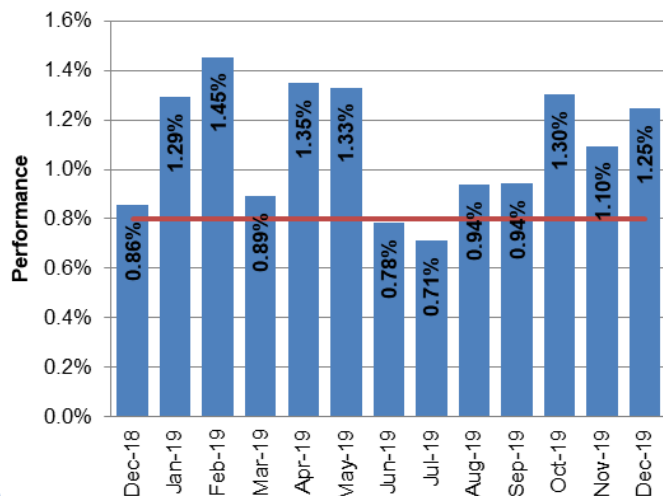
Occupied beds reduced as of 30 December 2019 (weekly average)

64 (36%)*

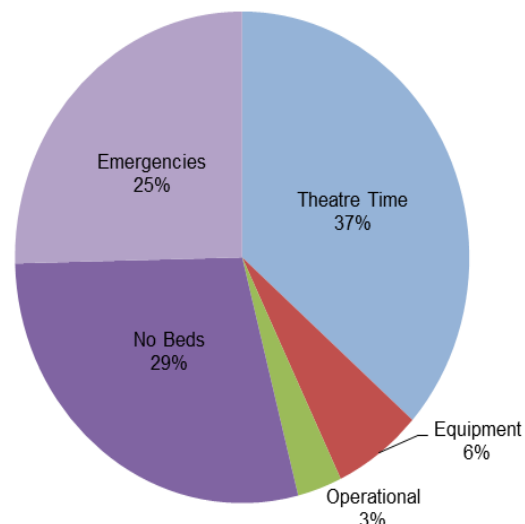
Bed reduction remaining as of 30 December 2019 (weekly average)



**Cancelled Operations
(same day, non-clinical reasons)**



Cancelled Operations by Reason - December 2019

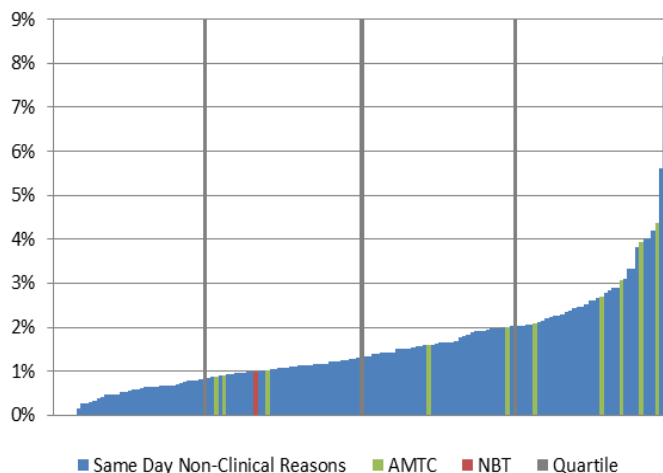


Cancellations

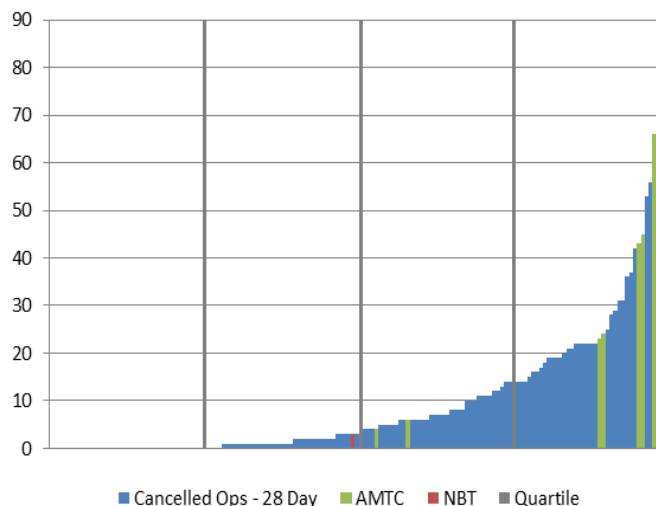
The proportion of cancellations due to lack of beds in December is not significantly different compared with the average over the last 13 months. This is reflective of the plans to reduce elective activity across the winter months; reducing the requirement for beds. Cancellations due to Emergencies were above average in December at 25% versus 18%.

For the seventh consecutive month there were no urgent operations cancelled for a second time.

Cancelled Operations (Same Day Non-Clinical Reasons) - Quarter 2

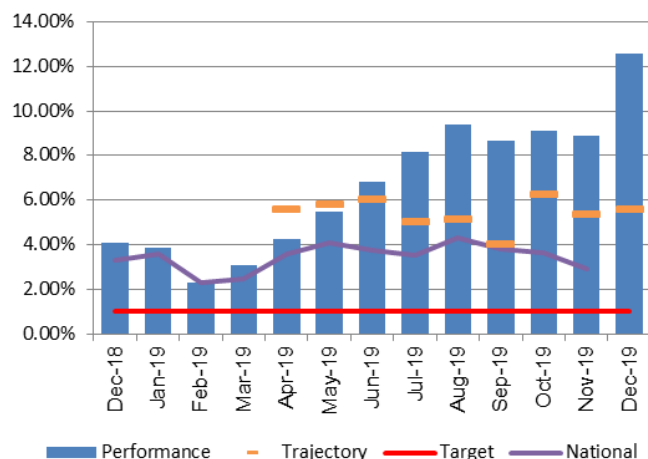


Cancelled Ops 28 Day Rebooking - Quarter 2 19/20

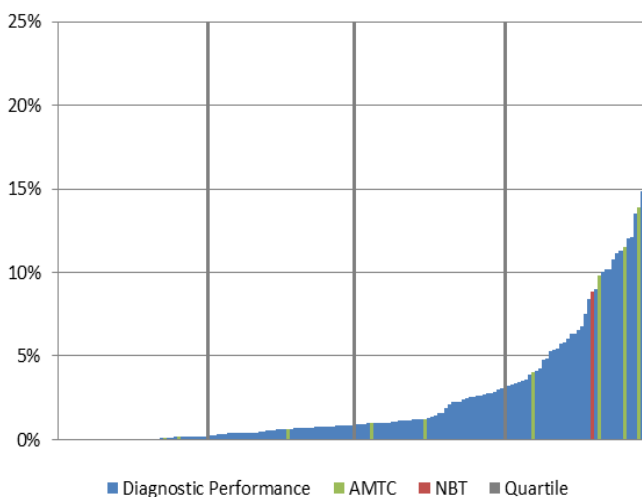


There were no operations that could not be rebooked within 28 days of cancellation in December 2019. This position is expected to deteriorate in January 2020 due to increased operational bed pressures.

Diagnostic Waits Against Target (1% < 6 Weeks)



Diagnostic Six Week Performance - November 2019

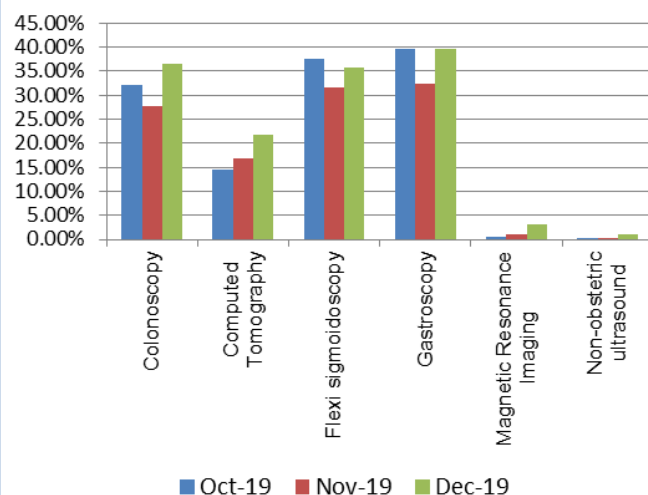


Diagnostic Waiting Times

The Trust did not achieve the recovery trajectory for diagnostic performance in December 2019 with actual performance at 12.56% versus a trajectory of 5.55%.

The same four test types have reported in month underperformance (Colonoscopy; CT; Flexi-Sigmoidoscopy and Gastroscopy) with the addition in December 2019 of MRI and Non-obstetric Ultrasound. There were 1386 patients in total waiting beyond 6 weeks for their test of which 147 were waiting greater than 13 weeks. A harm review is undertaken for patients waiting greater than 13 weeks for their test to ensure there has been no harm as a result of the extended wait.

Diagnostic Performance by Test

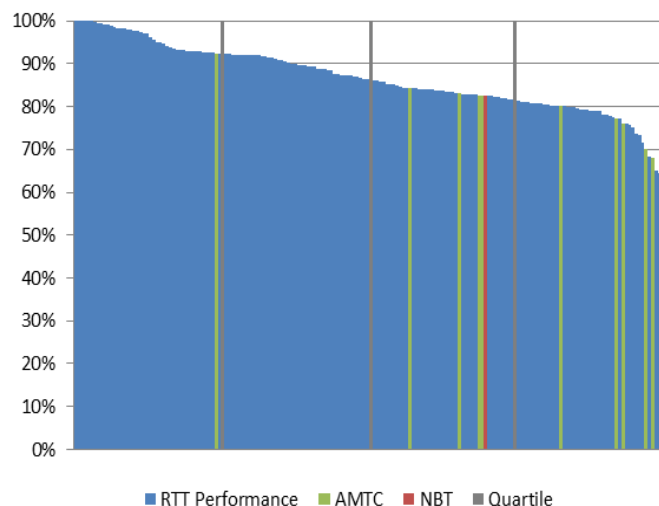


| Test Type | Total Wait List | Patients waiting >6-weeks | %Performance Nov-19 | %Performance Dec-19 |
|--------------------------|-----------------|---------------------------|---------------------|---------------------|
| Computed Tomography | 2958 | 644 | 16.75% | 21.77% |
| Gastroscopy | 701 | 278 | 32.35% | 39.66% |
| Colonoscopy | 656 | 240 | 27.76% | 36.59% |
| Flexi sigmoidoscopy | 354 | 127 | 31.72% | 35.88% |
| MRI | 1951 | 61 | 0.97% | 3.13% |
| Non-Obstetric Ultrasound | 3415 | 35 | 0.26% | 1.02% |

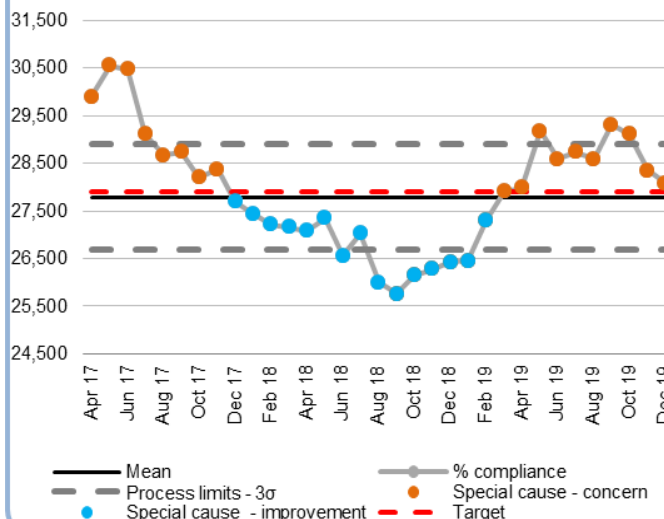
Non-obstetric Ultrasound performance remains at risk in January 2020 due to a short-term capacity shortfall in Thyroid scanning, but MRI is expected to return to standard.

A bid for Elective Care funds to support delivery of the national diagnostics target has been made for additional CT and Endoscopy capacity. Due to the further deterioration in CT performance, as a result of further capacity constraints (including delayed outsourcing) and growth in demand, even with additional funds the trust is not predicting to deliver its recovery trajectory at year-end by c. 0.5%.

RTT 18 Week Performance - November 2019



RTT Wait List



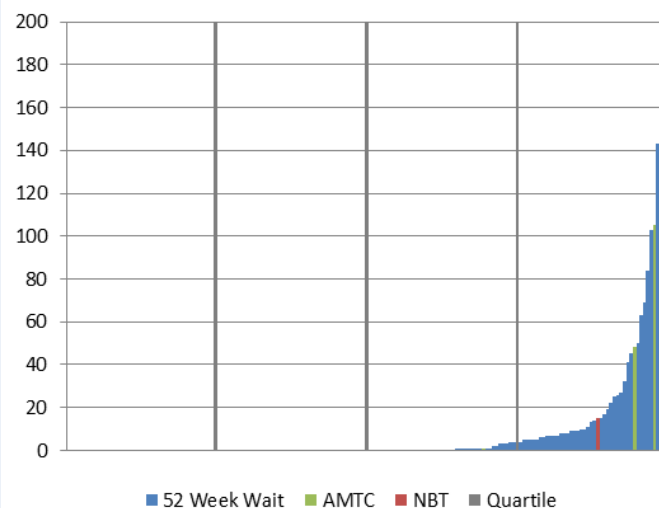
Referral to Treatment (RTT)

The Trust has not achieved the RTT trajectory in month with performance of 82.43% against trajectory of 87.73%.

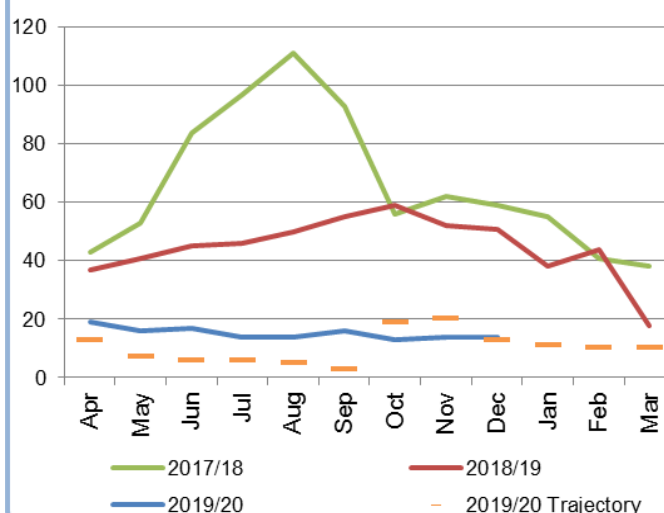
The RTT wait list size reduced further in December, reporting 28078, achieving trajectory of 28640. The Trust, however, has an increasing number of patients experiencing issues (ASIs) when trying to book their appointment eRS. This is following a period of improvement when ASIs were reduced to 716 at the end of September. There are 1240 patients waiting on an ASI list as at 30 December 2019. Should all these patients be booked then the Trust wait list would increase by c.4% and performance would also increase by c.8%, as the majority of these patients have been waiting less than 18 weeks for their treatment. There are also a number of patients awaiting an appointment via a Referral Assessment Service (RAS). Neurology has the highest number of ASIs, which will be reduced by year-end following appointment of a Locum Consultant.

The Trust has reported 14 patients waiting more than 52 weeks from referral to treatment in December against a trajectory of 13. There were 13 patients under Trauma and Orthopaedics and one in Urology. Remedial actions to reduce the number of breaches continue to be delivered.

RTT 52WW Week Performance - November 2019



Trust Total 52 Week Waits



Cancer

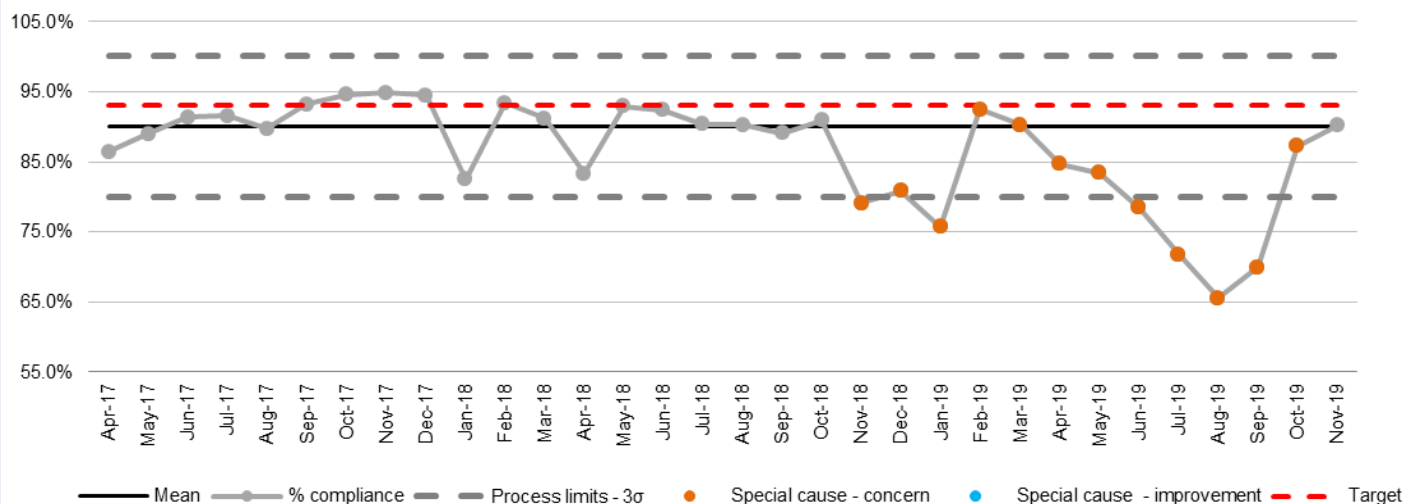
The nationally reported cancer position for November 2019 shows the Trust achieved one of the seven cancer waiting times standards, with improvement across all standards apart from TWW breast symptoms.

The Trust achieved the recovery trajectory for the TWW standard in November, largely attributable to an improvement in Skin TWW performance.

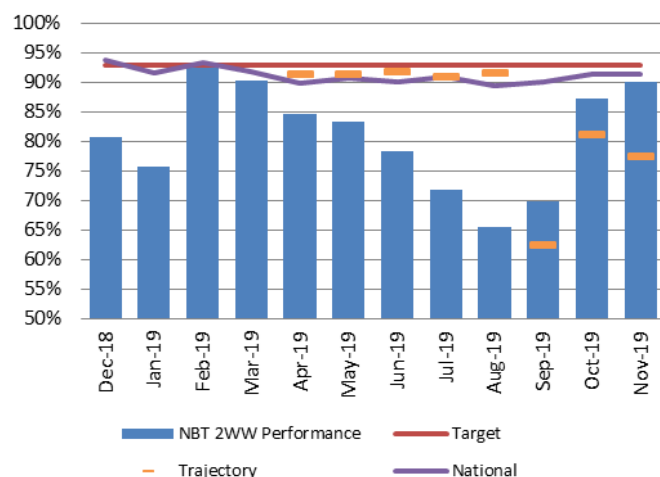
Lower and Upper GI TWW continues to show poor performance due to Endoscopy capacity and this is likely to continue until end of Quarter 1 of 2020/21. The commencement of the sub-contract with Prime Endoscopy has been delayed until February. Once delivery has commenced this activity will support further improvement against the TWW standard.

There was a National Awareness Campaign for Breast Cancer in October causing an increase in referrals to the Breast symptomatic service in November. The Trust was unable to secure sufficient capacity to cope with the influx of referrals as a result of the campaign. The increased demand will continue to adversely impact performance into January.

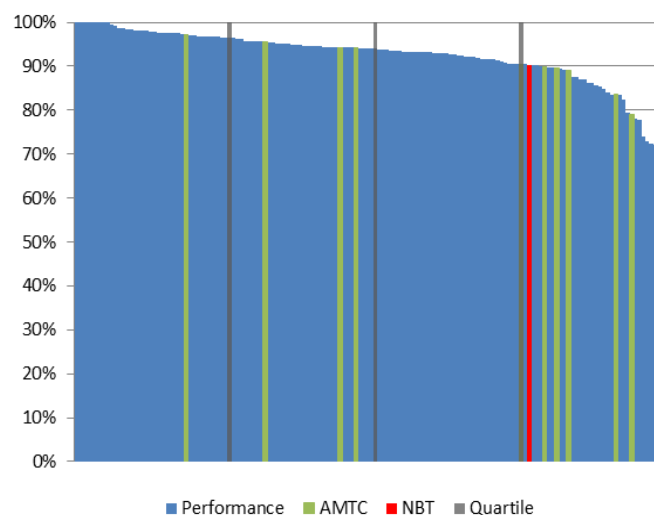
Patients Seen Within 2 Weeks of Urgent GP Referral



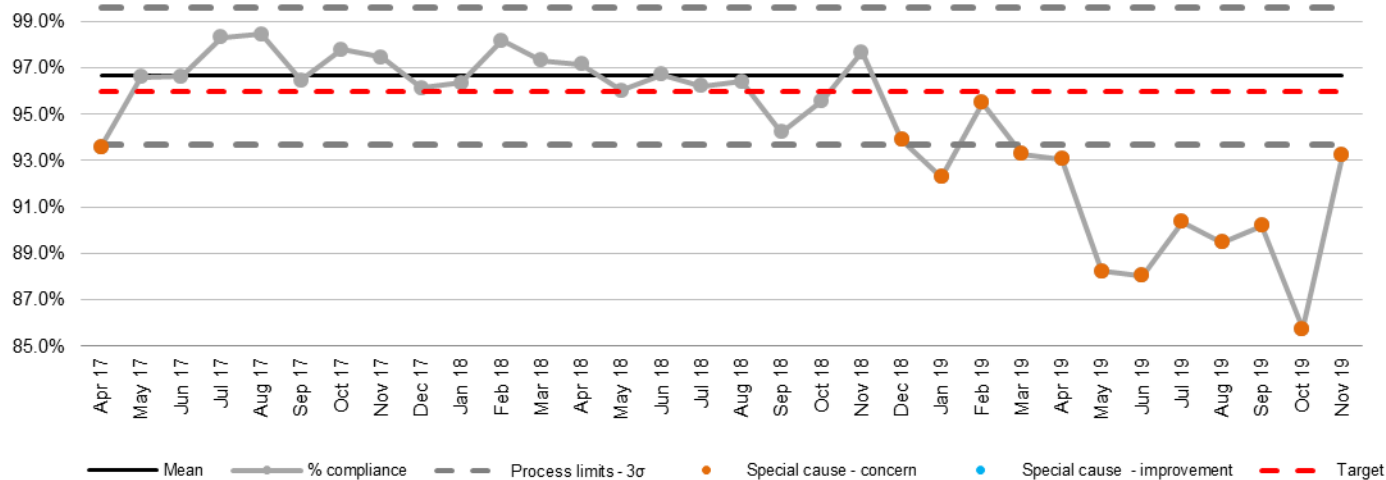
Patients Seen Within 2 Weeks of Urgent GP Referral



Cancer 2WW Standard November-19



Patients Receiving First Treatment Within 31 Days of Cancer Diagnosis

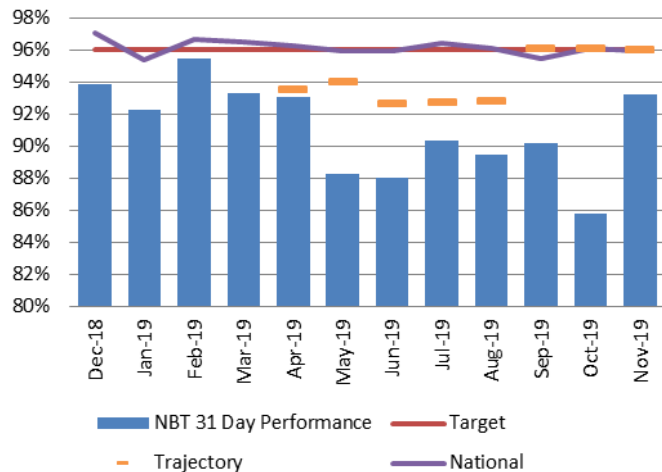


The Trust did not meet the 31 day first treatment trajectory in November. The majority of breaches were in Urology and related to lack of robotic capacity.

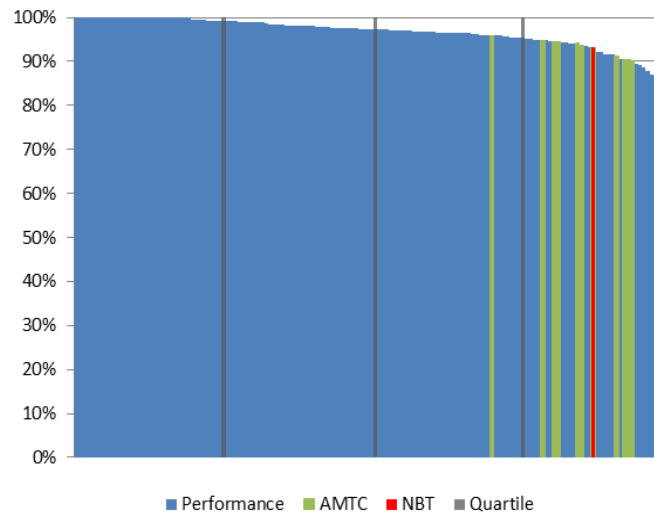
The Trust failed the 31 day subsequent treatment trajectory in November for patients requiring surgery. Breaches were the result of ongoing lack of surgical capacity within Skin and Urology.

There were 15 over 104 day breaches in November (all within Urology); 13 required a harm review within the Trust, one was treated elsewhere and will be subject to their internal process of harm review. One breach was active monitoring. Since the harm review process for patients waiting over 104 days was introduced in 2019, no instances of physical harm have been found.

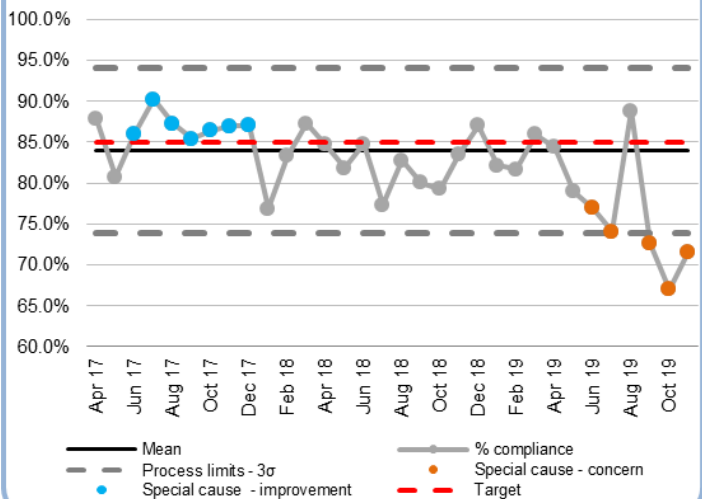
Patients receiving First Treatment Within 31 Days of Cancer Diagnosis



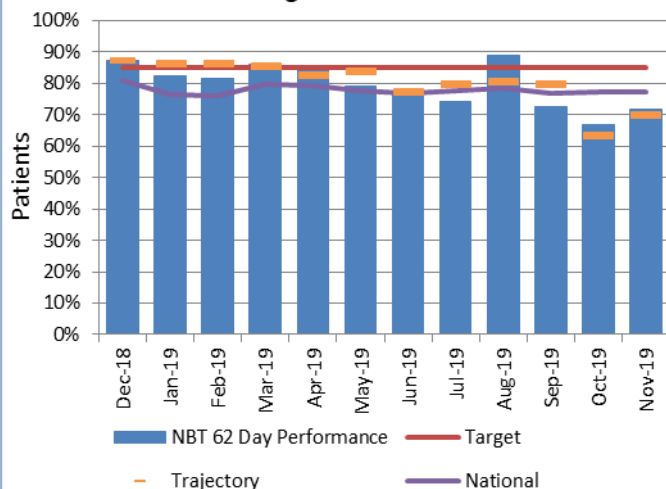
Cancer 31 Day Standard November-19



Patients Receiving First Treatment within 62 Days of Urgent Referral



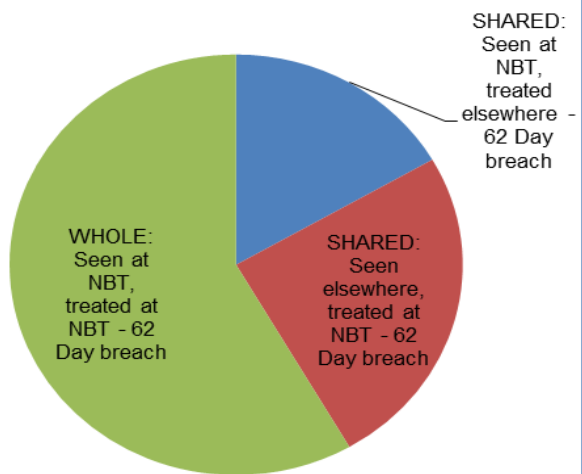
Patients receiving first treatment within 62 days of urgent GP referral



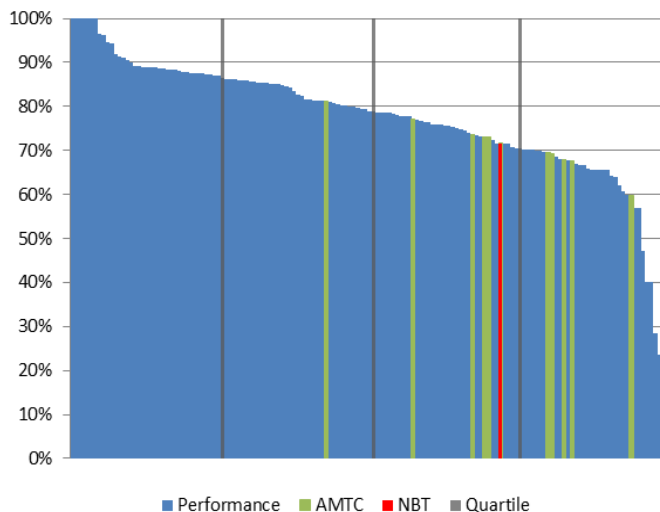
The Trust achieved the 62 Day trajectory in November. Urology's backlog clearance plans are ongoing, although they have experienced difficulties with patient choosing to wait longer for treatment going into December. Additional capacity has been identified in January and February to support ongoing clearance plans.

In November, 42 patients breached the 62 day standard, 43% were due to late inter-provider transfers. Hospital and system delays continue to be the main cause of breaches in 62 day compliance.

62 Day Breach Patients by Breach Type



Cancer 62 Day Standard November-19



As part of performance improvements the Trust has been monitoring its internal performance against the 62 day standard. The Trust treated 72.91% of all patients who were initially referred to and treated at NBT within the national standard.

NB: The breach types and breach reasons come from the internal reporting system and therefore, may not exactly match the overall numbers reported nationally.

Safety and Effectiveness

**Board Sponsors: Medical Director and Director of Nursing
and Quality**

Chris Burton and Helen Blanchard

| Birth | | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 |
|---|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Total Births | | 478 | 458 | 448 | 439 | 490 | 454 | 524 | 481 | 455 | 497 | 505 | 414 |
| Midwife to Birth Ratio | | 01:30 | 01:30 | 01:28 | 01:27 | 01:30 | 01:28 | 01:32 | 01:29 | 01:28 | 01:28 | 01:29 | 01:24 |
| Normal Birth Rate | | 56.0% | 51.1% | 55.7% | 53.7% | 56.3% | 56.1% | 53.8% | 53.0% | 53.9% | 53.2% | 52.4% | 53.2% |
| Caesarean Birth Rate | | 32.1% | 37.9% | 32.0% | 35.0% | 30.8% | 30.4% | 31.6% | 34.0% | 32.3% | 32.8% | 35.3% | 33.9% |
| Emergency Caesarean Birth Rate | | 18.0% | 23.0% | 17.7% | 22.4% | 19.3% | 21.2% | 16.0% | 19.9% | 18.0% | 16.2% | 16.1% | 20.2% |
| Induction of Labour Rate | | 34.0% | 37.7% | 38.3% | 41.5% | 36.1% | 43.0% | 36.5% | 38.2% | 36.5% | 38.5% | 35.3% | 40.2% |
| Total Births in Midwife Led Environment | | 14.9% | 12.0% | 14.5% | 15.4% | 17.9% | 14.1% | 13.4% | 13.6% | 13.1% | 8.9% | 14.5% | 15.9% |
| Birth Location | Cossham BC | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.2% | 0.0% | 0.0% | 1.2% | 2.2% |
| | Mendip BC | 12.6% | 10.7% | 13.4% | 12.8% | 16.6% | 12.8% | 12.4% | 12.6% | 11.8% | 7.9% | 12.5% | 12.7% |
| | Home | 2.3% | 1.3% | 1.1% | 2.5% | 1.2% | 1.3% | 1.0% | 0.8% | 1.3% | 1.0% | 0.8% | 1.0% |
| | CDS | 83.7% | 86.7% | 83.3% | 84.2% | 80.3% | 83.6% | 84.1% | 85.1% | 86.0% | 89.3% | 84.1% | 82.2% |
| One to One Care In Labour | | 97.4% | 97.7% | 96.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 97.7% |
| Stillbirth | Actual | 2 | 3 | 5 | 2 | 1 | 2 | 1 | 2 | 3 | 4 | 1 | 3 |
| | Rate | 0.41% | 0.60% | 1.10% | 0.45% | 0.20% | 0.44% | 0.19% | 0.41% | 0.66% | 0.80% | 0.20% | 0.72% |

The generic case mix shows the acuity of women before labour – The table below shows that women with the highest complexity of pregnancy and labour, categories iii, iv and v. make up for 89.4% of women being in these categories by the time they are in labour,

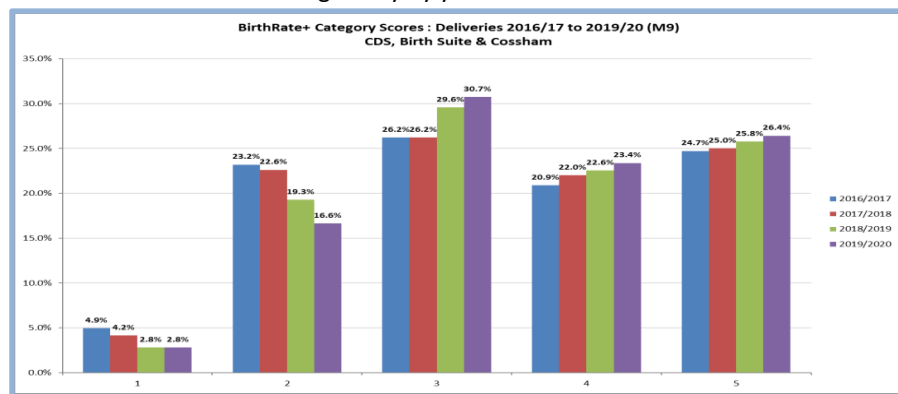
CASEMIX

Delivery Suite
% Case mix

Generic %
Case mix
(before labour)

| | Cat I | Cat II | Cat III | Cat IV | Cat V |
|--|-------|--------|---------|--------|-------|
| Delivery Suite % Case mix | 1.4 | 9.2 | 23.3 | 27.6 | 38.5 |
| Generic % Case mix (before labour) | 5.9 | 14.8 | 20.6 | 24.5 | 34.2 |

This is further shown in the increasing acuity by year.



Recruitment

- The Birth rate plus report has been received and analysed by senior midwifery team. The information is being used to inform staffing requirements for 20/21.
- Recruitment of a Senior midwife is in progress to support implementation of Saving Babies Lives version 2 to meet the improvements in CTG interpretation and training across the service.

Midwifery update

- The Continuity of Carer model is being developed as part of Better Births (National Maternity Transformation, supported by midwives at Cossham Birth Centre and in the home birth team. A Midwife is now always located at Cossham Birth Centre as part of the plans to improve bookings and births.
- An audit is in progress of Babies Born before Arrival during the year and postnatal readmissions to assess the potential benefit of community midwives being on call.
- Induction of labour suite opened on the 6th January 2020. An audit of outcomes and women's experiences is in progress.

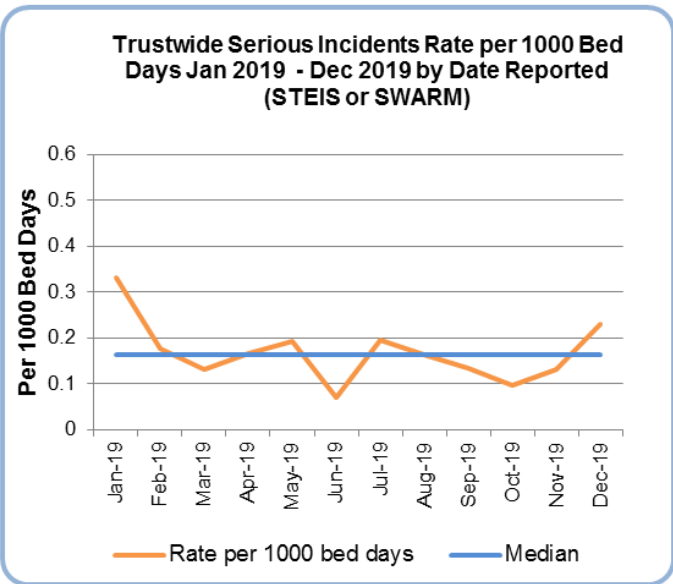
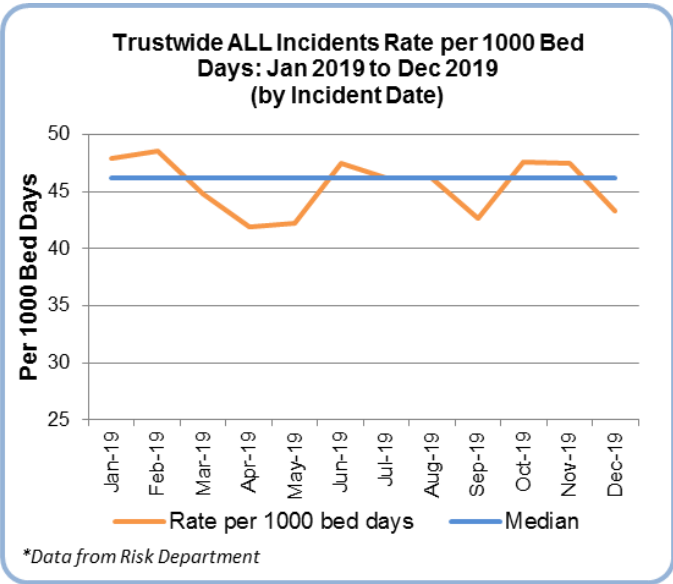
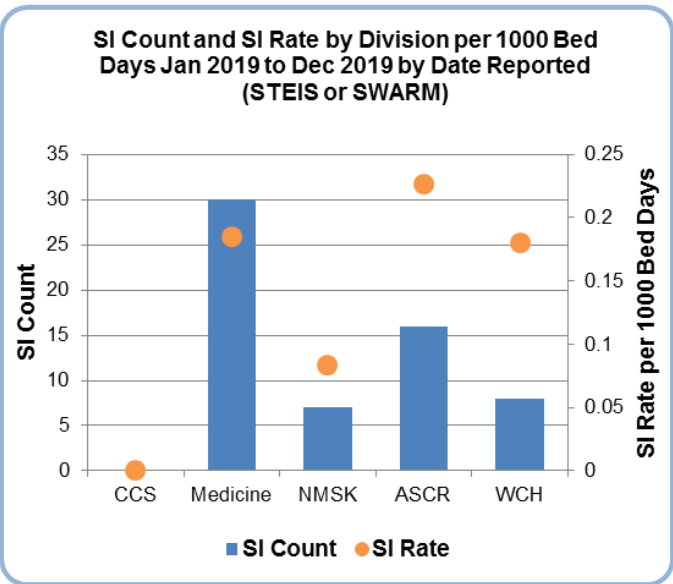
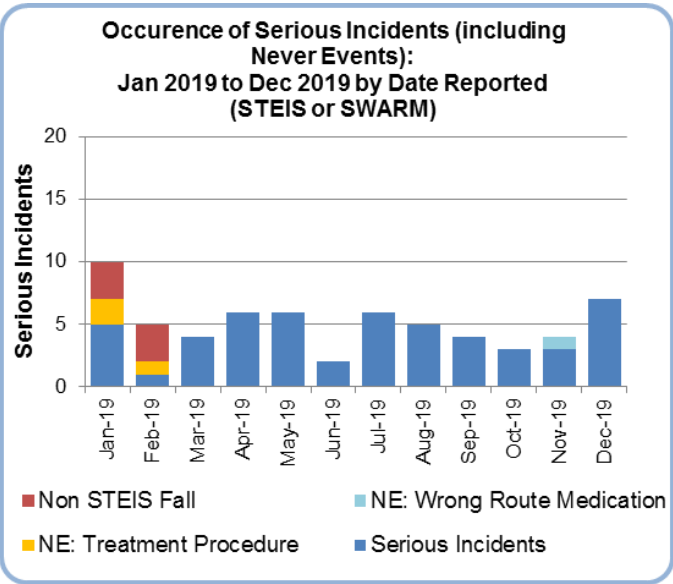
Areas of concern

- Overall Caesarean Section rates continue to increase as a consequence of the of the guidelines for induction of labour.

Quality & Patient Safety

Additional Safety Measures

Board Sponsor: Director of Nursing



Serious Incidents (SI)

Seven serious incidents were reported in December 2019:

- 4 x Patient Falls
- 2 x Tissue Viability
- 1 x Maternity & Obstetrics

Never Events

There were no new Never Events reported in December 2019.

The SIRI investigation regarding the Never Event in November is ongoing and due for completion in February 2020.

SI & Incident Reporting Rates

Incident reporting has decreased in December to 43.32 per 1000 bed days. While NBT's rate of reporting patient safety incidents remains within national parameters, it is noted that we are in the lower quartile of similar NHS Trusts.

The Patient Safety Incident Improvement Project is focusing on improving our rates of reporting to facilitate learning.

Divisions:

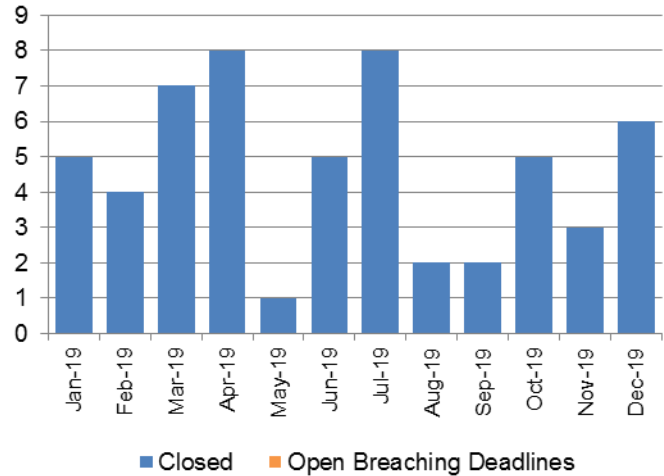
- SI Rate by 1000 Bed Days
- ASCR – 0.23
 - Med – 0.19
 - WCH – 0.18
 - NMSK – 0.08
 - CCS – 0

Quality & Patient Safety

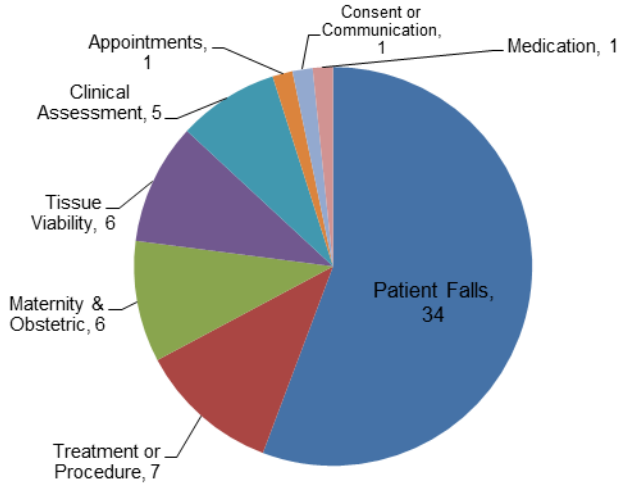
Additional Safety Measures

Board Sponsor: Director of Nursing

Number of Serious Incidents Closed and Open Breaching Deadlines Jan 2019 to Dec 2019 (by Date Reported to STEIS)



Top Types of SI reported Jan 2019 to Dec 2019



Incident Reporting Deadlines for Serious Incident Investigation submission

No serious incidents breached their December 2019 reporting deadline to commissioners. There have been no breaches since July 2018.

Top SI Types in Rolling 12 Months

Patient falls remain the most prevalent of reported SIs. These are monitored through the Trust Falls Group.

- This is followed by
- Treatment or Procedure
 - Maternity & Obstetrics.
 - Tissue Viability

CAS Alerts – December 2019

| Alert Type | Patient Safety | Facilities | Medical Devices | Supply Distribution Alerts |
|--------------------------------------|----------------|------------|-----------------|----------------------------|
| New Alerts | 1 | 0 | 3 | 2 |
| Closed Alerts | 0 | 0 | 3 | 2 |
| Open alerts (within target date) | 1 | 1 | 1 | 0 |
| Breaches of Alert target | 0 | 0 | 0 | 0 |
| Breaches of alerts previously issued | 0 | 1 | 0 | 0 |

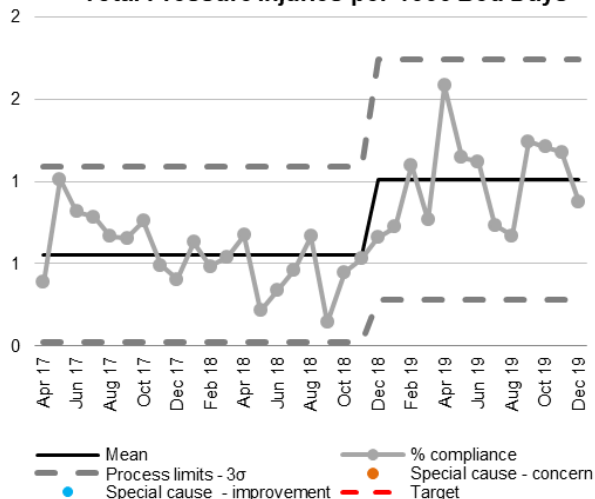
Data Reporting basis

The data is based on the date a serious incident is reported to STEIS. Serious incidents are open to being downgraded if the resulting investigation concludes the incident did not directly harm the patient. This may mean changes are seen when compared to data contained within prior Months' reports

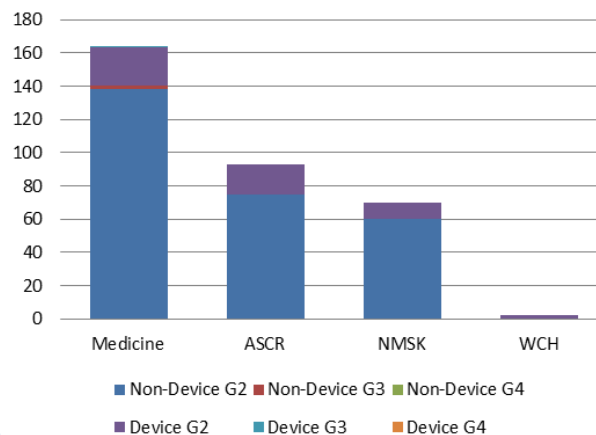
Central Alerting System (CAS)

Six new alerts reported, with none breaching their alert target dates. However there is one previously issued Facilities/Estates alert that is in breach of it's target: *EFA/2019/004: Zebra printer Power Supply Units (PSUs): fire risk – product recall expanded*. IM&T are carrying out the necessary replacement exercise, across all areas affected.

Total Pressure Injuries per 1000 Bed Days



Pressure Injuries Year to Date 2019/20



Pressure Injuries (PIs)

The Trust ambition for 2019/20 is a

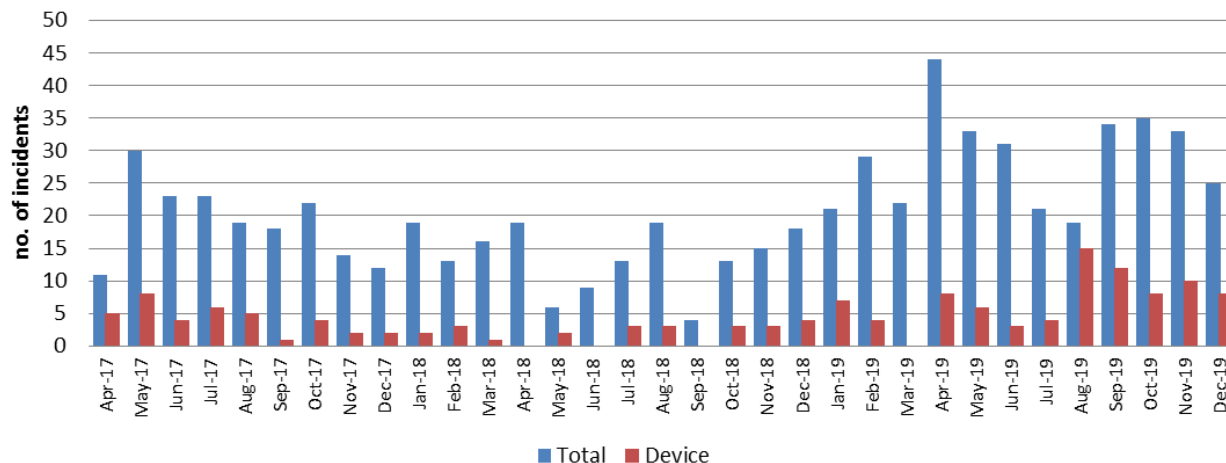
- 30% reduction of Grade 2 pressure injuries.
- 30% reduction of device related pressure injuries
- Zero for both Grade 3 and Grade 4 pressure injuries.

During December there was one reported Grade 3 pressure injury which occurred within Medicine to a patient's heel as a result of a deep tissue injury. The cause of the injury was found to be the failure to check heels due to bandages to the legs not being removed. There was sustained prolonged direct pressure to vulnerable skin.

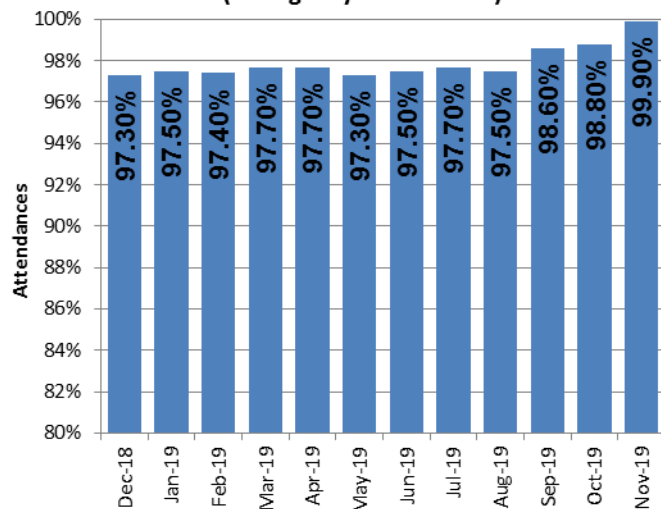
This month has seen a reduction in Grade 2 pressure injuries with 32 reported on 30 patients, eight (24%) which were related to devices.

Nursing intensive support teams have begun for three clinical areas within Medicine and ASCR. The objective is to work collaboratively with the clinical teams using quality improvement methodology to mitigate the risk of pressure injuries within these areas with the emphasis on learning and actions to improve.

Pressure Ulcers - Total Incidents



WHO Checklist Compliance (Emergency and Elective)



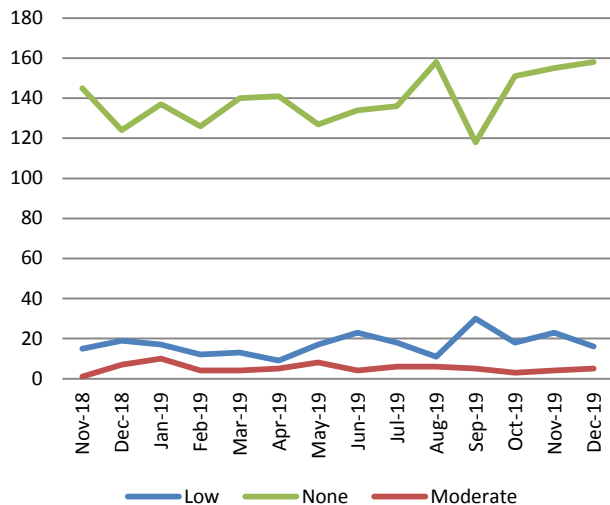
WHO Checklist Compliance

The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres. The Medical Director has discussed the reporting of checklist compliance with the surgical team led by Dr Lucy Kirkham (Consultant Anaesthetist). The team has demonstrated their process that assures that 100% of checklists are completed for both elective and emergency patients undergoing operations in the NBT operating theatres (in Brunel and Women's Health).

The IPR report of less than 100% is due to data capture prior to the validation process and recording of some procedures in the denominator where we would not expect the WHO checklist to be completed as they have other nationally recognised safety processes in place (NATSIPS).

The team are working to improve reporting in the IPR to represent a more validated position and this in part is why the data has showed improved compliance in recent months.

Severity of Medication Error (Last 12 Months)



Medicines Management

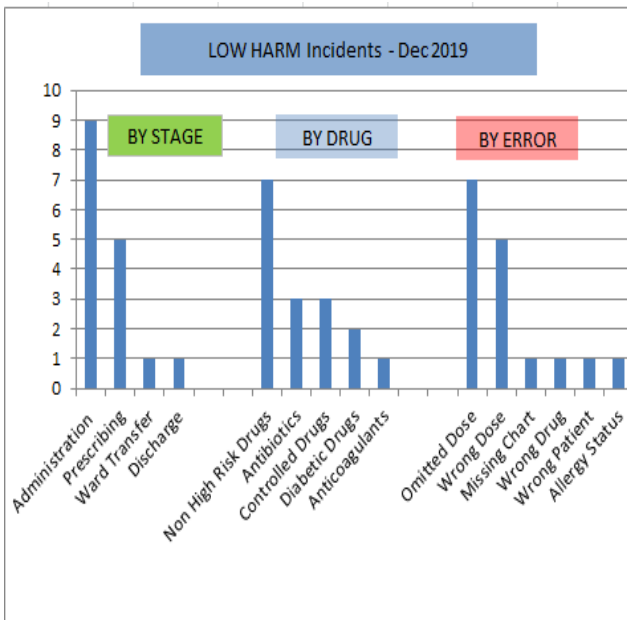
Severity of Medication Error

During December 2019, the number of “No Harm” medication errors represented 88% of all medication errors.

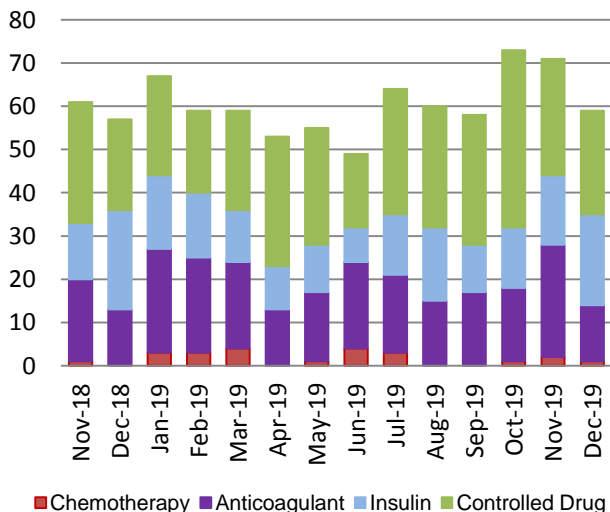
Over the last 12 months the number of “No Harm” incidents reported monthly has increased by 27%, demonstrating the strong safety culture within the Trust.

Low Harm Incidents

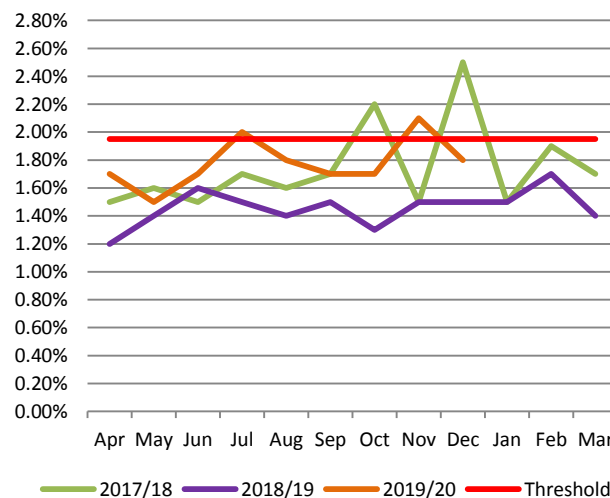
The number of low harm incidents accounted for 9% of all incidents during December 2019. The additional graph highlights that 56% of low harm incidents occurred during the administration stage, with 56% involving a high risk medication and 44% were as a result of an omitted dose.



Incidents Involving High Risk Drugs (Last 12 Months)



Percentage of Patients with One or More Missed Doses



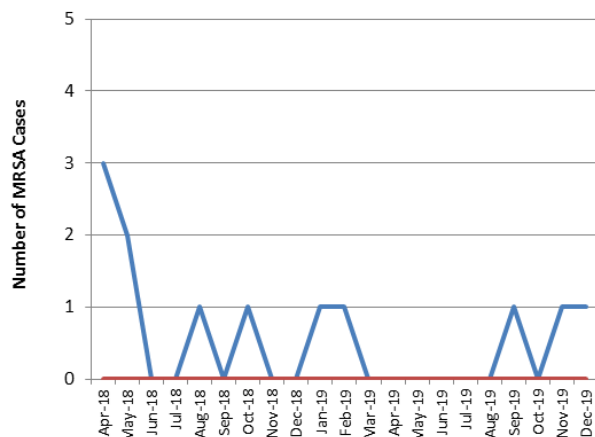
High Risk Drugs

High Risk Drugs formed 31% of all medication incidents reported during December 2019. All incidents relating to high risk drugs are monitored by the Medicines Governance team.

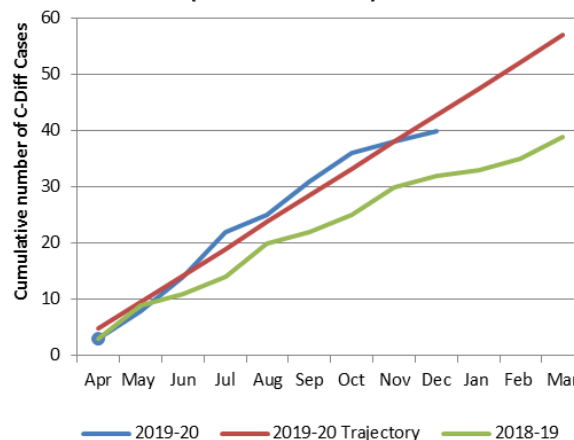
Missed Doses

The percentage of patients with missed doses during December 2019 was 1.8%. The clinical pharmacy team closely monitors the KPI's associated with all missed doses. Any ward(s) that breaches the missed dose target of <1.95% on two consecutive months undertake an intensive 2-week “missed dose audit”.

MRSA Cases - Trust Attributable



C.Difficile Cases - Trust Attributable (Cumulative Cases)



MRSA

One reported case of MRSA bacteraemia in December occurring within ICU, the investigation has commenced. Year to date there has been three reported cases for the organisation.

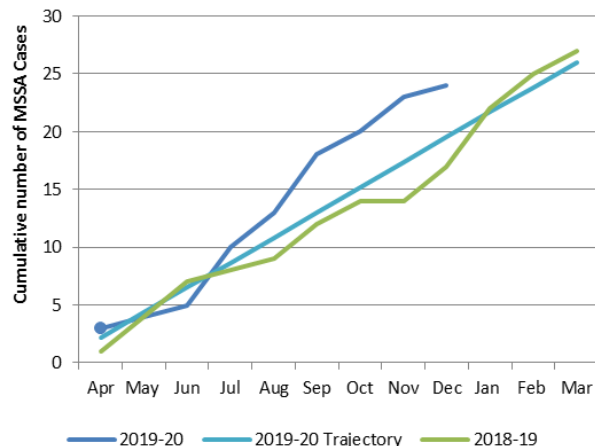
C. Difficile

In December there were three cases reported against the trajectory. Two were hospital onset hospital acquired and one community onset hospital acquired.

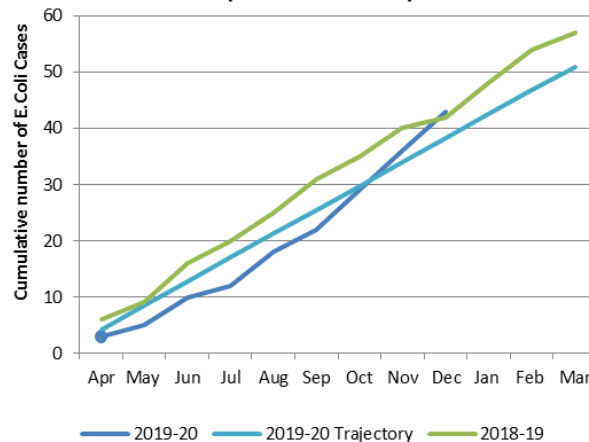
MSSA

There was one reported case of MSSA bacteraemia in December within ICU. As an organisation we remain above trajectory, although the rate is comparable to regional and national benchmarks.

MSSA Cases - Trust Attributable (Cumulative Cases)



E.Coli Cases - Trust Attributable (Cumulative Cases)



E. Coli.

The Trust target for 2019/20 is a 10% reduction on the previous year. The focus for improvement is on the management of urinary catheters.

Influenza

As an Organisation we are monitoring cases of influenza. The current levels of influenza and influenza like illness are comparable to other regional Trusts.

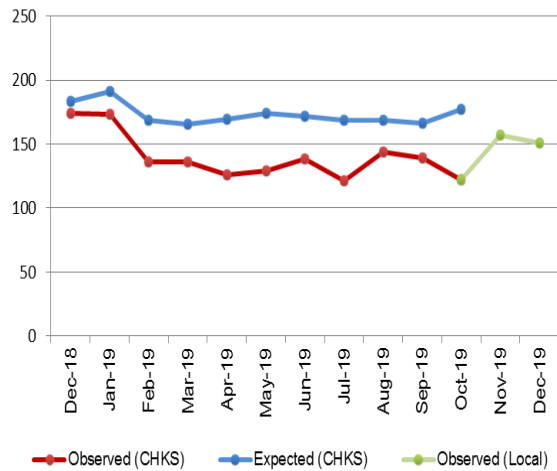
In December there was one ward affected by confirmed influenza resulting in partial restrictions. This clinical area is now fully operational.

Norovirus

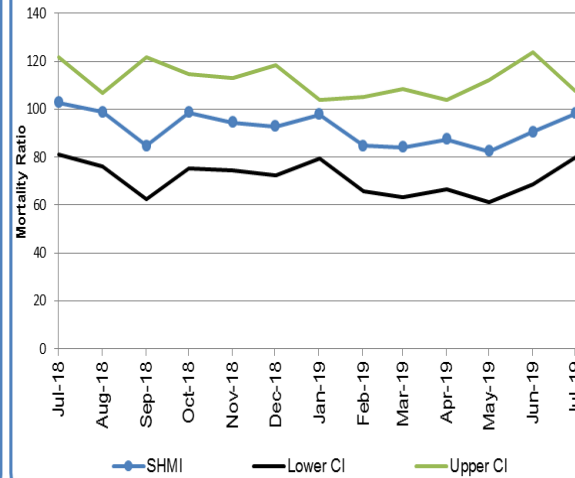
In December there have been two ward areas affected by confirmed norovirus, resulting in the partial restrictions to both wards. Both clinical areas are now fully operational.

Mortality Outcome Data

Total Number of Patient Deaths



SHMI (Summary Hospital-Level Mortality Index)



Mortality Review Completion

| Nov 18 to Oct 19 | Completed | Required | % Complete |
|-----------------------------|-------------|-------------|--------------|
| Screened and Excluded | 993 | | |
| High Priority Cases | 187 | | |
| Other Reviewed Cases | 303 | | |
| Total Reviewed Cases | 1483 | 1784 | 83.1% |

| Overall Score | 1 | 2 | 3 | 4 | 5 |
|---------------|------|------|-------|-------|-------|
| Care Received | 0.0% | 3.1% | 19.1% | 56.7% | 21.1% |

The overall score percentages are derived from the score post review and does not include screened and excluded.

| Date of Death | Nov 18 to Oct 19 |
|---------------------------|------------------|
| In Progress | 2 |
| Reviewed Not SIRC | 12 |
| Reported as SIRC | 0 |
| Total Score 1 or 2 | 14 |

Overall Mortality

Mortality data has remained within the expected range.

Mortality Review Completion

The current data captures completed reviews from 01 Nov 2018 to 31 Oct 2019. In this time period (this is now reported as a 12 month rolling time frame), 83% of all deaths had a completed review. Of all "High Priority" cases, 86% completed Mortality Case Reviews (MCR), including fifteen of the sixteen deceased patients with Learning Disability and five of the six patients with Serious Mental Illness.

Mortality Review Outcomes

The number of cases reviewed by MCR with an Overall Care score of adequate, good or excellent is 96.9% (score 3-5). There have been fourteen mortality reviews with a score of 1 or 2 indicating potentially very poor, or poor care which have been reviewed through Divisional governance processes.

All of these cases were reviewed through the Clinical Risk Operational Group.

Learning from Deaths Internal Audit:

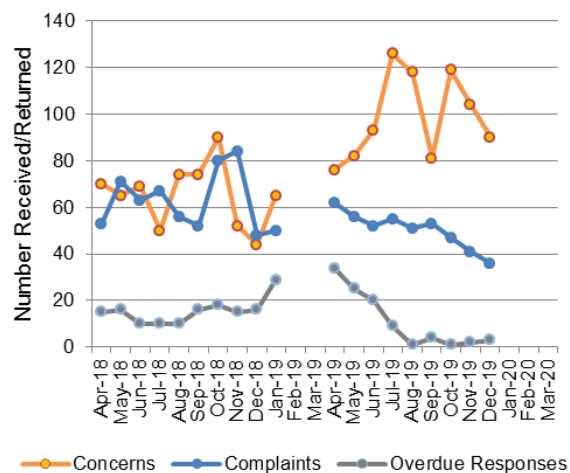
In September 2019, NBT's Internal Auditors, KPMG, concluded a review of the approach to the national requirements relating to reviewing patient deaths in hospital.

This was a positive report, the outcome of which was "Significant Assurance, with minor improvement opportunities".

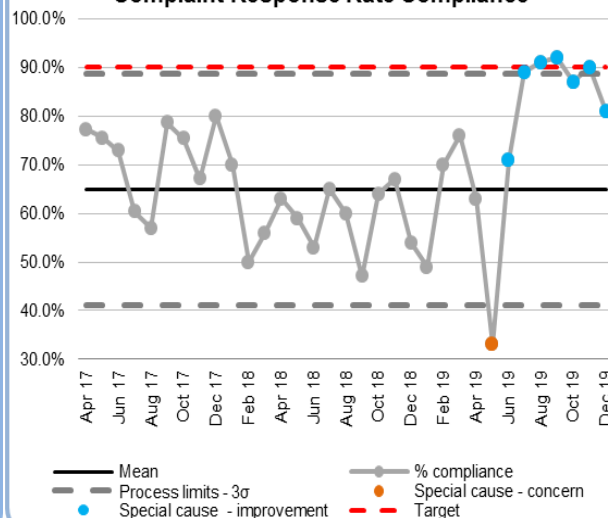
Quality Experience

**Board Sponsor: Director of Nursing and Quality
Helen Blanchard**

Trustwide Complaints, Concerns & Overdue Complaints



Complaint Response Rate Compliance



Complaints and Concerns

In December 2019 the Trust received 36 formal complaints and 90 PALS concerns. The 36 formal complaints can be broken down by division:

| | | | |
|----------|---|------------|---|
| ASCR | 8 | CCS | 2 |
| Medicine | 9 | NMSK | 9 |
| WACH | 6 | Facilities | 2 |

The number of formal complaints received continues to fall. This reduction, and the reduction in Patient Advice and Liaison Service (PALS) concerns in month is not unusual for this time of year.

Compliance Response Rate Compliance

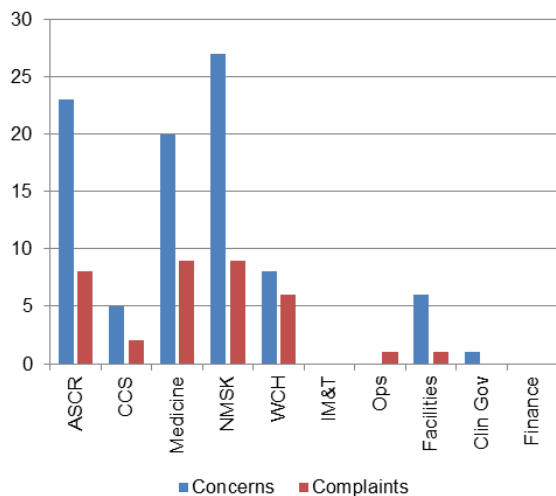
The chart demonstrates statistically significant performance improvement (the result of a process change and not natural variation).

In December 81% of complaints were closed within the initial agreed time frame. That is 29 of the 36 complaints due to be closed in the month were responded to on time.

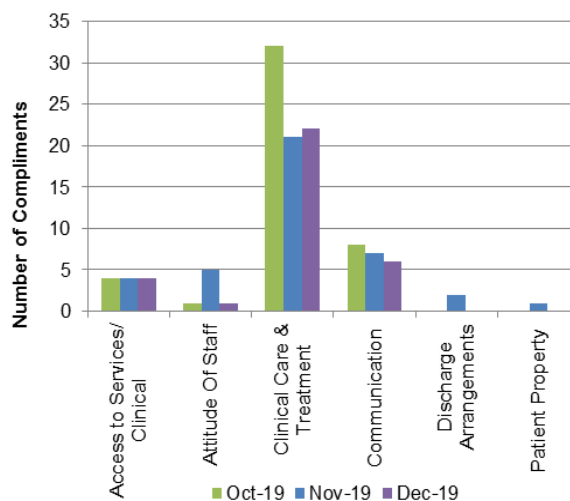
Overdue complaints

Weekly tracker reports and meetings take place with divisions. These reports identify those overdue against the dates they are due back to the central team for the completion of the final response. ASCR Division continue to experience a number of complaints overdue in this respect. Key issues and challenges have been identified and continue to be worked through by the Head of Nursing.

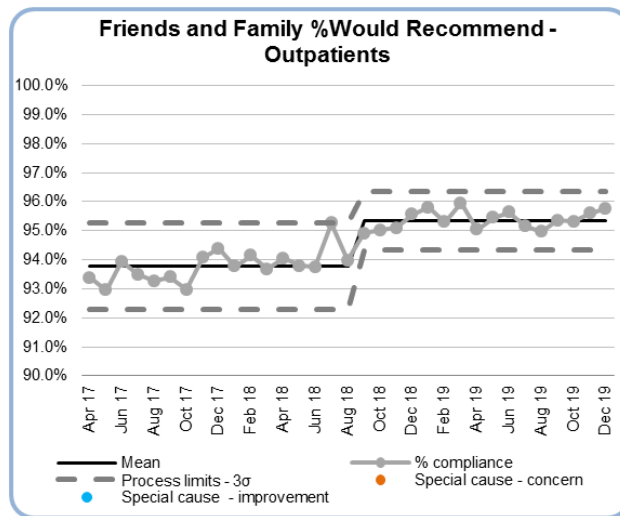
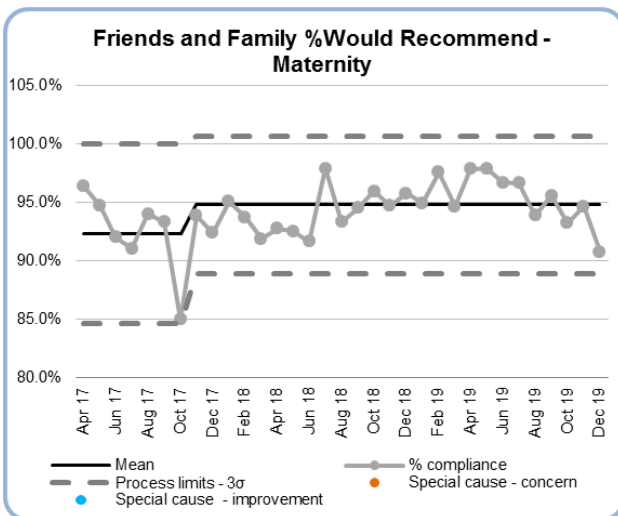
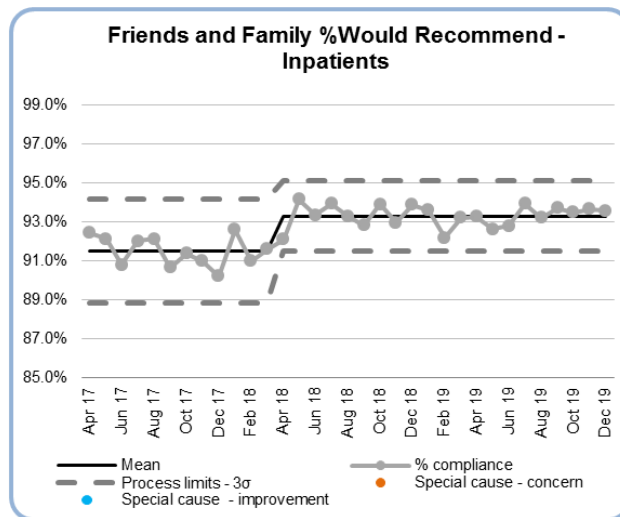
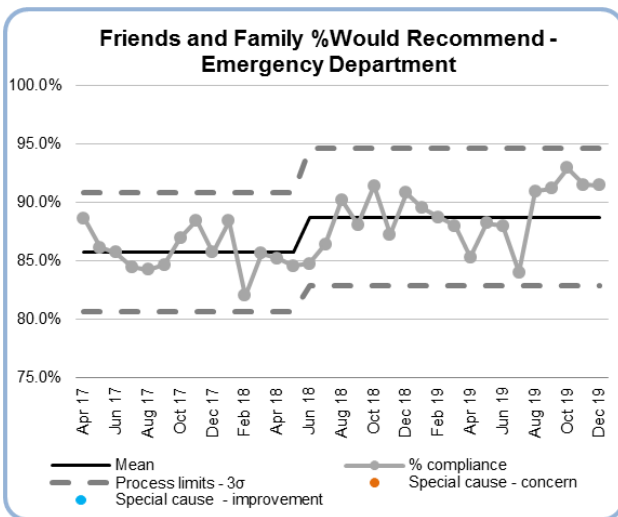
Concerns and Complaints per Division



Complaints By Subject



N.B. Feb-19 and Mar-19 data has been removed for complaints, concerns and overdue complaints owing to data quality issues.



| FFT Recommend Rate | Target | NBT Actual |
|--------------------|--------|------------|
| ED | 90% | 91.48% |
| Inpatients | 95% | 93.59% |
| Outpatients | 95% | 95.76% |
| Maternity (Birth) | 95% | 90.80% |

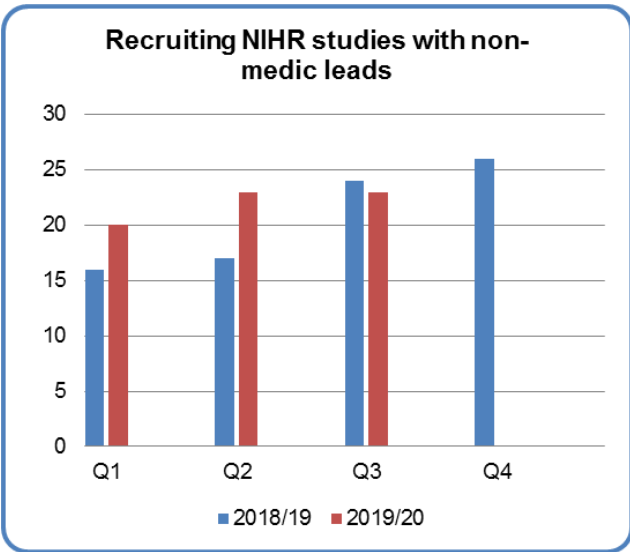
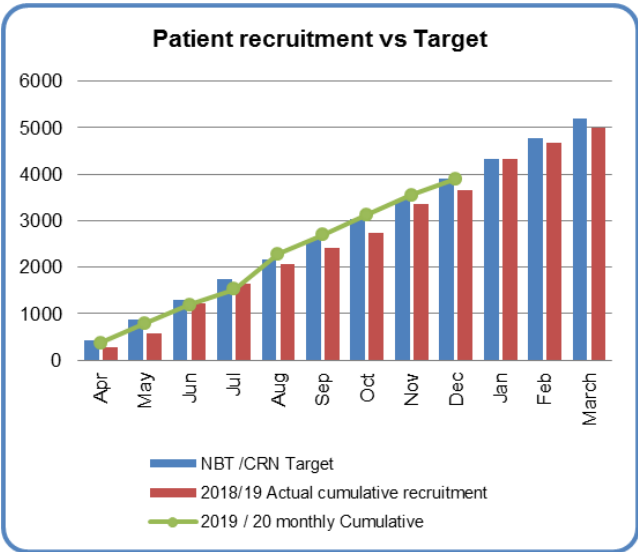
Of note:

Emergency Department (ED)

The percentage of patients recommending the service remains high. There were 1233 respondents to the FFT feedback opportunity; 553 leaving narrative explaining their score. Reviewing the themes and sentiment the influencing factors for positive scores are *caring & professional staff who are reassuring and hard working*.

Maternity (Birth)

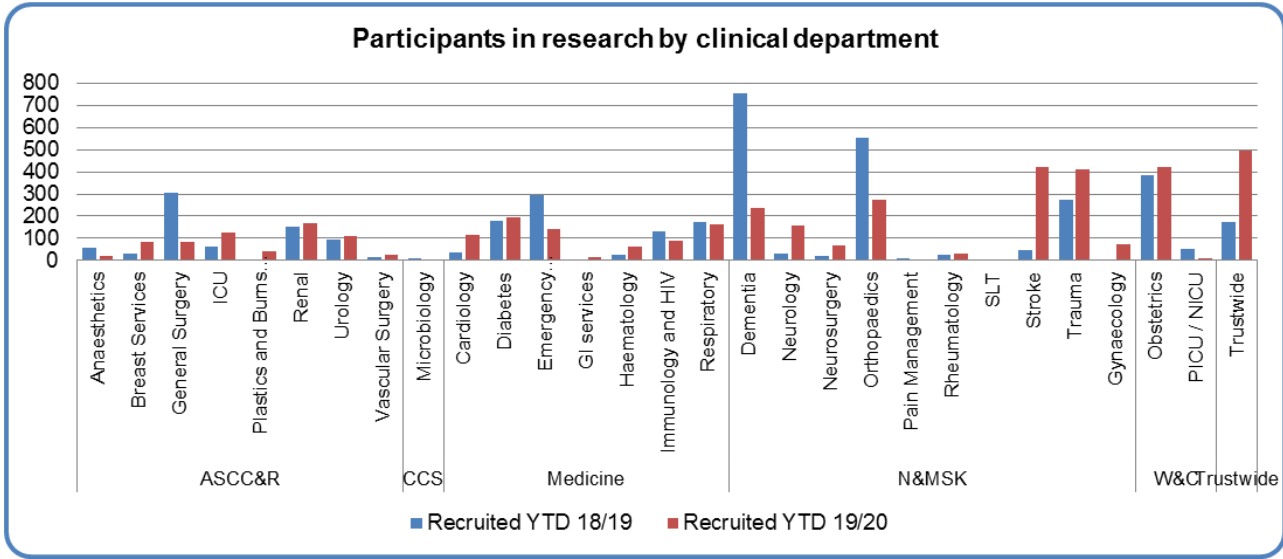
The data would appear to be showing a steady decrease in the percentage of patients who would recommend the service. A review of the qualitative data was undertaken to understand the possible cause of this. There were 390 FFT surveys sent with 87 respondents. Of these, 48 left comments. This review identified that the majority of the feedback was very positive with very few comments being negative. Monitoring will continue



Recruitment performance has improved and we have now achieved 100% recruitment against the target. Research and Innovation (R&I) are confident of maintaining this performance through the remainder of the year.

R&I is continuing to support and encourage non-medical PI's from all professions.

Due to a generous charitable donation to the NBT Research Fund, R&I opened a Trust-wide open call for applications to fund research projects up to £20k each. We were delighted to have received 28 applications, of which 13 applications have been shortlisted. The Awarding Panel will meet on 03 February.



NBT currently holds 39 research grants (NIHR, charity and other) to a total value of £21m, with five NBT-led grants in set-up (£270k).

R&I have appointed two new posts to drive significant programmes of research development across the Medicine Division, Stroke, and Respiratory Unit.

The Bladder and Bowel Confidence (BABCON) Health Integration Team was approved by Bristol Health Partners in October providing an identity for continence care across the city. NBT are the proud sponsor of this fantastic collaboration of patients, the public, UWE, UoB, Bristol City Council, AWP, BNSSG CCG and UHBristol to focus on improving continence care, education, research and inclusion citywide.

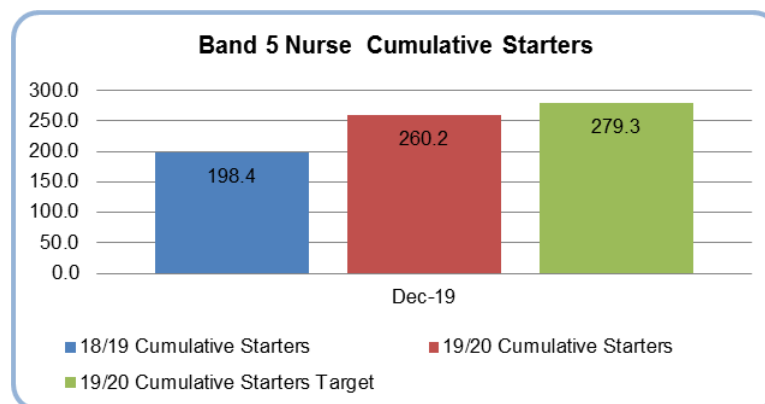
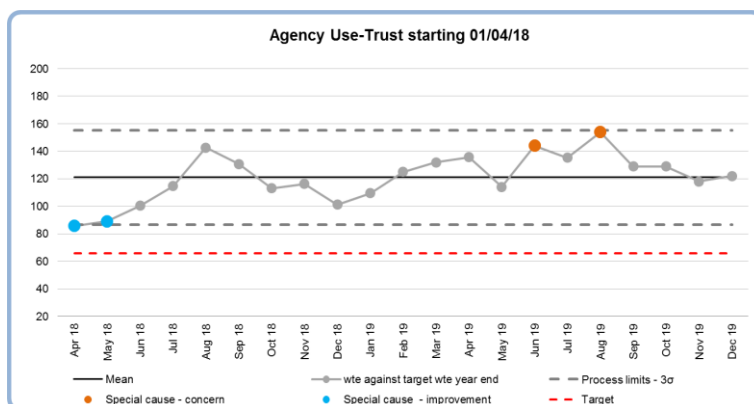
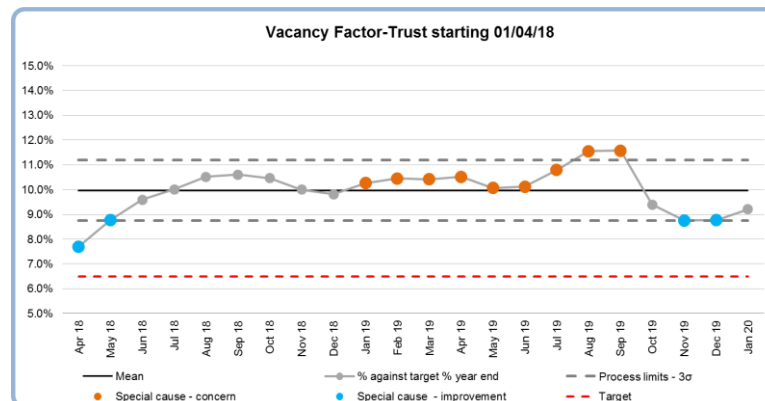
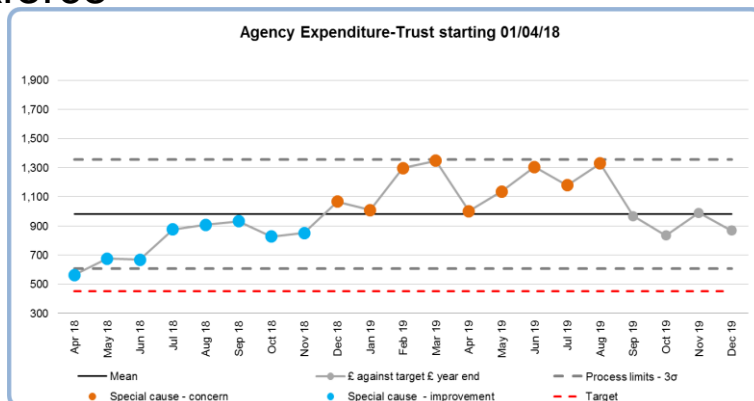


Well Led

Board Sponsors: Medical Director, Director of People and Transformation

Chris Burton and Jacqui Marshall

Workforce



Pay

Pay has exceeded budget for 2019/20 year to date, predominantly in medical staffing and registered nursing. Agency usage and expenditure in December followed seasonal expectations. Bank fill rates have yet to reach expected improvement resulting from the rate change in November and analysis/action plans are under way to ensure the relevant improvement is reached.

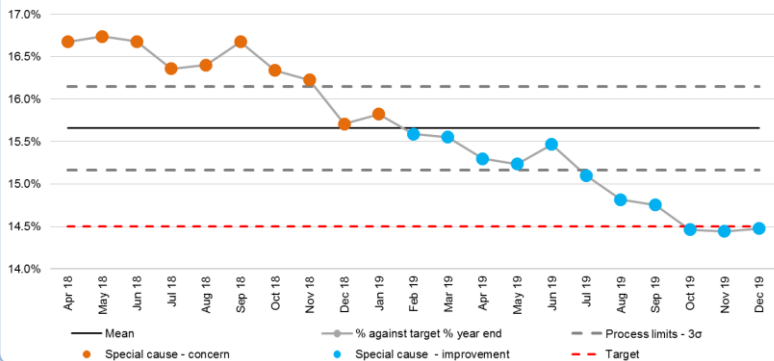
For consultants and registered nursing total worked has not exceeded establishment, it is the use of high cost temporary staffing that has driven expenditure. Consultant recruitment plans continue to address high cost agency use continuing to be implemented in 2020/21, and the recruitment approach for registered nursing in 2020/21 aims to deploy new starters into hotspot areas to further impact on high cost temporary staffing use. For junior doctors, the deployment of eRostering is in progress and will be key to supporting the effective deployment of this staff group and identifying opportunities to reduce temporary staffing use.

Nursing and Midwifery Resourcing

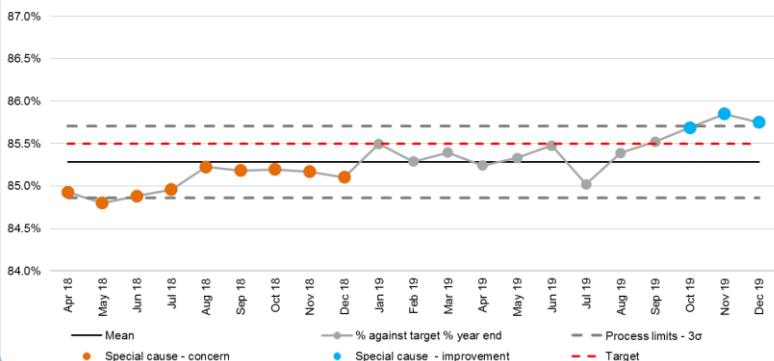
Nursing starters in December were slightly lower due to the time of year and the year to date position is still below our internal target however is 74 WTE above our 2018/19 year to date position. Current planning for 2020/21 is in progress to finalise the anticipated impact of nurse recruitment operationally and in terms of the Trust vacancy position and overall opportunity for reducing high cost nursing agency use in hotspot areas.

Engagement and Wellbeing

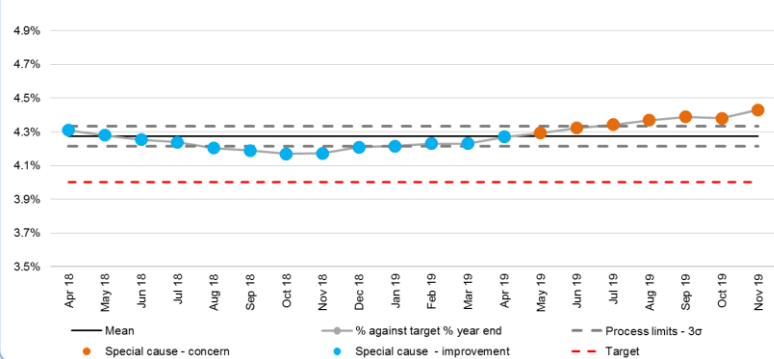
Turnover-Trust starting 01/04/18



Stability -Trust starting 01/04/18



Sickness Absence-Trust starting 01/04/18



Turnover and Stability

Overall Trust turnover and stability continue to improve and this remains a key area of focus to continue to improve on our position.

Project:

- NHSI/NBT retention action plan now developed and approved by the Executive Team, around the key themes of Starting Well, Staying Well and Stopping Well;

Operational Actions:

- Work-life balance/Flexible Working 'e-brochure' is complete and ready to go live on HR Portal;
- Continued support of EU staff to help them gain 'Settled Status', promoted through a variety of methods;
- Communications plan in place for February to re-promote the Itchy Feet phone line and linked resources on the HR Portal.

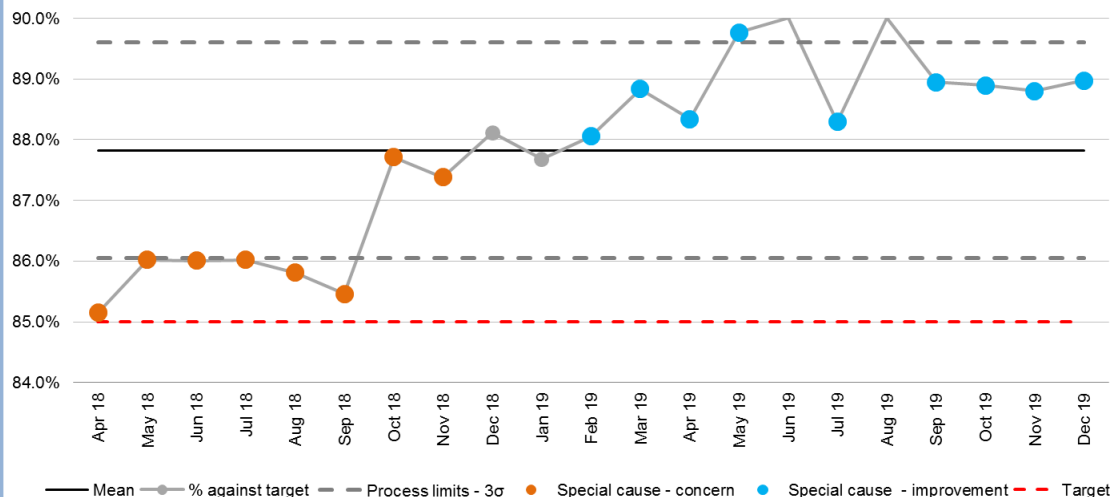
Sickness

Whilst we have seen the seasonal increase in short term sickness we would expect as yet this has not been adverse compared to previous years and does not contribute to the deterioration in the Trust position. Predominantly this has been driven by long term sickness and in particular for the reasons 'other' and 'unknown'.

Operational

- Recruited four junior doctor wellbeing fellows with dedicated time to focus on improving junior doctor wellbeing, including raising awareness amongst junior doctors of existing corporate wellbeing initiatives
- Following the short-term sickness audit, analysis underway on 'what happened next' for Stage 3 sickness staff who were **not** dismissed i.e. has their sickness improved, remained high or have they left – to close the loop on understanding the effectiveness of our decision-making at Stage 3;
- Employee Relations Case Tracker being widely used now for recording/managing sickness cases, with some areas using this for sickness case dashboard discussions;
- Long-term Sickness/Maternity Leave Return to work support pack for staff now complete and ready for roll-out;
- Work commissioned around targeted sickness absence support for Theatres.

Essential Training Top 8-Trust starting 01/04/18



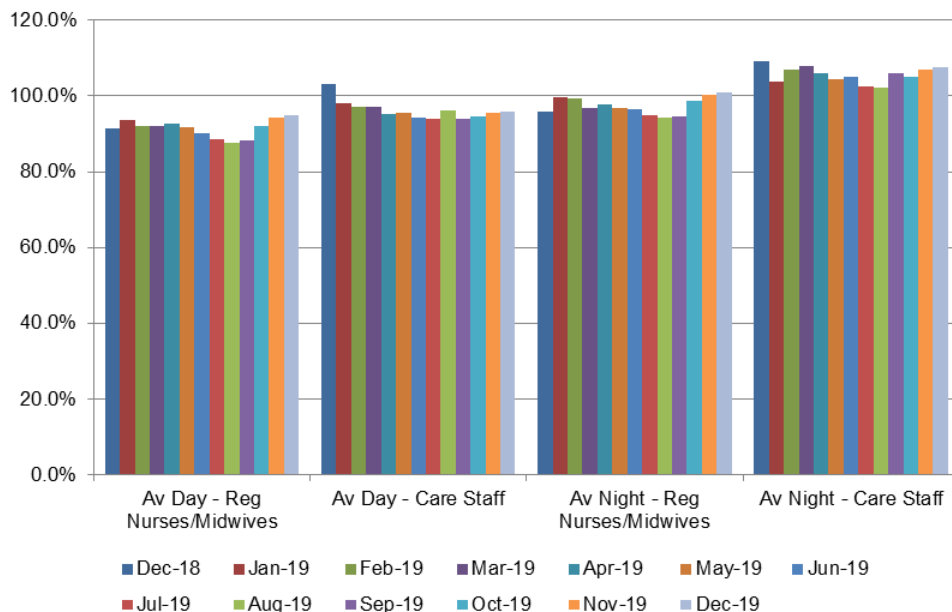
| Training Topic | Variance | Nov-19 | Dec-19 |
|------------------------|-------------|---------------|---------------|
| Child Protection | 0.3% | 89.0% | 89.4% |
| Equality & Diversity | 0.4% | 91.1% | 91.5% |
| Fire Safety | -0.3% | 87.9% | 87.7% |
| Health & Safety | 0.9% | 92.4% | 93.3% |
| Infection Control | 0.3% | 90.6% | 90.9% |
| Information Governance | -0.9% | 86.2% | 85.3% |
| Manual Handling | 0.5% | 83.8% | 84.3% |
| Waste | 0.0% | 89.0% | 89.0% |
| Total | 0.2% | 88.80% | 88.97% |

Leadership & Management Development OneNBT Leadership Programme

We currently have 290 staff enrolled on the OneNBT Leadership programme with 37 still to engage. Overall participants on the programme are at 83% of our target of 350 staff. Key improvements so far to address drop out:

- Added an application form that includes commitment from the line manager to provide the necessary release time. It will also require confirmation from both learners & managers to prevent withdrawals due to lack of awareness of nomination;
- Implemented entry points to allow us to frontload the core days to enable people to attend the introduction prior to their modules, thus making the process clearer from the start;
- Developed an extensive communications plan to promote the 2020 programme;
- Implemented application windows to apply within to prevent rushed decision-making.

Safe Staffing Fill Rates



The safe staffing report now requires the wards to identify Nursing Associates including Trainees and AHP staff employed in an inpatient area. The current version of the roster system is unable to break this down, however changes are anticipated and will be back reported as soon as it is possible.

Wards below 80% fill rate are:

Gate 19: CA Days 60.8 % This area is reported as it has been open as escalation capacity for more than three consecutive nights. The fill rate is due to vacancy across the gate which includes the labs, the base template is currently under review. The area will only admit patients to the number of staff available, and is being closely monitored to the SOP by the matron to maintain patient safety.

Ward 33b: CA Days 69.2%. Low fill rate due to vacancies. However RN fill rate at 119% to ensure safe staffing.

NICU CA Days (73.7%) CA Nights (64.7%). Low fill due to sickness level and when required cover is provided by registered nursing.

Quantock CA Days (78.4%) CA Nights (75.9%) Mendip CA Days 67.8%. Low fill due to long and short term sickness levels.

Ward over 150% fill rate:

25b CA Night 151.5%
26a CA Night 152.8%
26b CA Night 152.8%

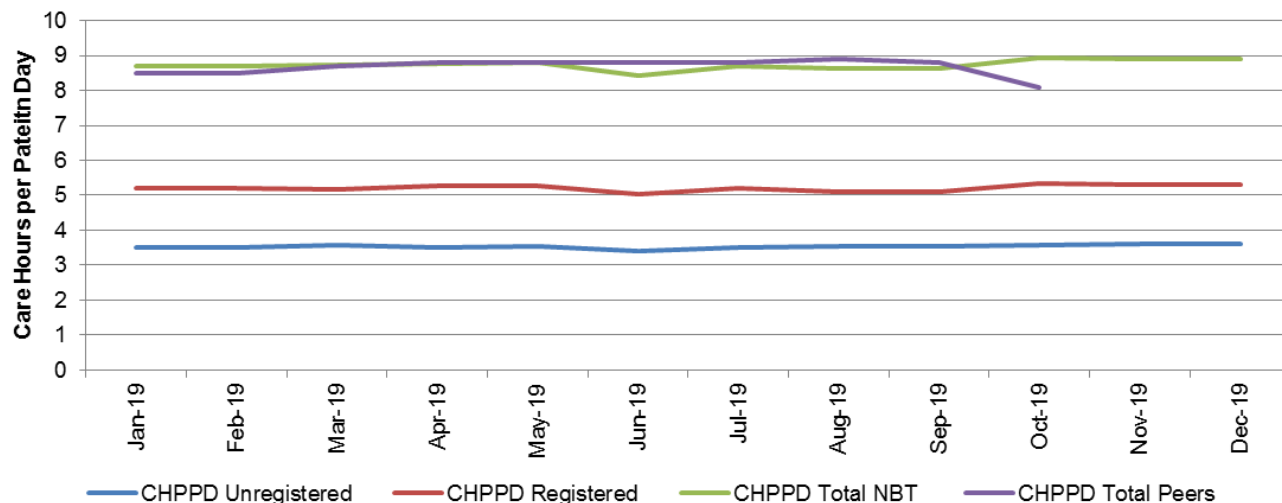
All wards fill rates represent the need for additional staff overnight to support patient who have cognitive impairments and are a significantly high risk of falls. The patients are risk assessed daily to ensure patient safety needs are addressed. In addition there has also been an increase in medical specialty patients in accordance with the Trust winter bed plan.

Cotswold CA Nights 150.3%. The fill rate is due to an increase in bed capacity. This will be reviewed in the February Safe Staffing review and business planning.

| Dec-19 | Day shift | | Night Shift | |
|------------------|-----------------|--------------|-----------------|--------------|
| | RN/RM Fill rate | CA Fill rate | RN/RM Fill rate | CA Fill rate |
| Southmead | 94.8% | 95.8% | 100.9% | 107.4% |

The numbers of hours Registered Nurses (RN) / Registered Midwives (RM) and Care Assistants (CA), planned and actual, on both day and night shifts are collated. CHPPD for Southmead Hospital includes ICU, NICU and the Birth Suite where 1:1 care is required. This data is uploaded on UNIFY for NHS Choices and also on our Website showing overall Trust position and each individual gate level. The breakdown for each of the ward areas is available on the external webpage.

Care Hours Per Patient Day



Care Hours per Patient Day (CHPPD)

The chart shows care hours per patient day for NBT total and is split by registered and unregistered nursing. The chart shows CHPPD for our Model Hospital peers (all data from Model Hospital. Peer values are only available to Feb 2019).

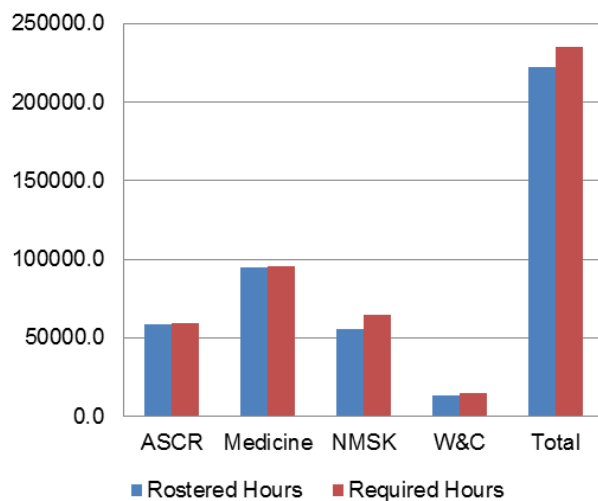
Safe Care Live (Electronic Acuity Tool)

The acuity of patients is measured three times daily at ward level.

The Safe Care data is triangulated with numbers of staff on shift and professional judgement to determine whether the required hours available for safe care in a ward/unit aligns with the rostered hours available.

Staff will be redeployed between clinical areas and Divisions following daily staffing meetings involving all Divisions, to ensure safety is maintained in wards/areas where a significant shortfall in required hours is identified, to maintain patient safety.

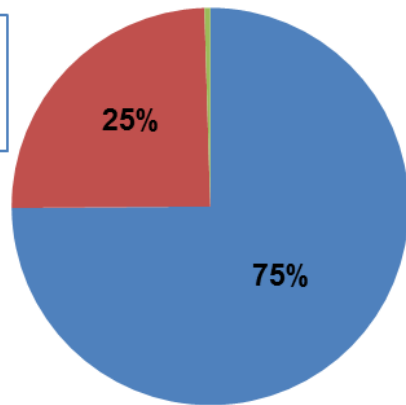
Required vs Rostered Hours



Medical Revalidation Compliance Rate Against Revalidations Due (last 12 months)

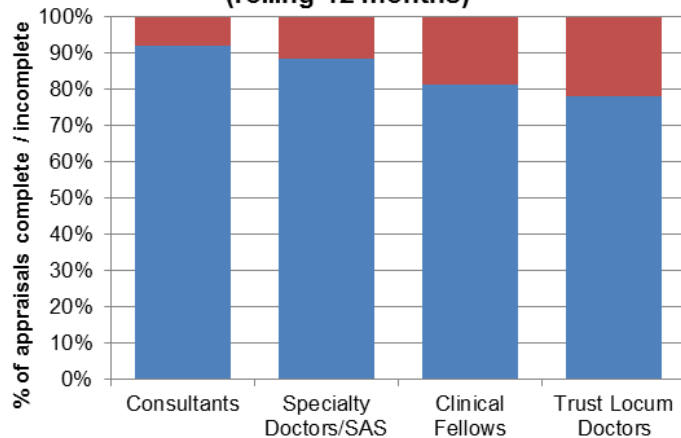
No. of Doctors
revalidating:

211



■ Positive ■ Deferral ■ Non-Engagement

Medical Appraisal Compliance Rate Against Appraisals Due (rolling 12 months)



■ % Completed Appraisals ■ Missed/Incomplete Rate

Medical Appraisal

The current appraisal year runs between 1st April 2019 - 31st March 2020. At the end of December, 89% of the appraisals that were due are now completed. 61 appraisals remain incomplete and 164 appraisals are due between January and March. The 61 individuals with an overdue appraisal are being managed through the missed appraisal process.

The Trusts missed appraisal escalation process includes a number of emails from the system and the Deputy Medical Director. Failure to engage beyond this point will lead to a non-engagement communication from the GMC which provides a final deadline.

There are also a further 14 doctors who are new to the Trust and we are awaiting past ARCPs / appraisals from them in order to establish whether they are compliant with the process.

The doctors connected to the Trusts Designated Body for appraisals and revalidation includes consultants, specialty doctors, associate specialists, clinical fellows and trust locum doctors. The Trust also provides an appraisal service for an additional 11 doctors who have connections to other Designated Bodies. Junior doctors in training are revalidated by Health Education England.

568 of the doctors connected to NBT's Designated Body obtained their primary medical qualification within the UK. 61 obtained their qualification within the EEA and 122 were obtained internationally.

The Trust has currently deferred 25% of all revalidation recommendations due over the past 12 months. From March 2019, the GMC has been collecting further information for the reasons of each deferral.

In June 2019 a non-engagement recommendation was made for a doctor who works abroad but holds an honorary contract with NBT. The individual was deferred in February 2019 and had made insufficient progress by June 2019. The GMC have approved the non-engagement recommendation and the individuals licence to practice has been withdrawn. There was no appeal.

Fourteen Fish now continues to be the system used in the Trust for appraisal and revalidation and is mandatory for all non-training grade doctors to use.

Finance

**Board Sponsor: Director of Finance
Catherine Phillips**

| | Position as at 31 December 2019 | | Full Year Forecast (as at December 2019) | |
|--|---------------------------------|---------------------------------|--|---------------------------------|
| | Actual | Variance (Adverse) / Favourable | Full year Forecast | Variance (Adverse) / Favourable |
| | £m | £m | £m | £m |
| Contract Income | 394.0 | (3.7) | 525.1 | (4.2) |
| Other Income | 65.3 | 2.0 | 88.9 | 4.4 |
| Total Income | 459.3 | (1.7) | 614.0 | 0.2 |
| Pay | (287.0) | 2.2 | (385.1) | 1.2 |
| Non-Pay | (139.8) | (0.6) | (187.7) | (2.2) |
| Depreciation | (18.4) | 0.0 | (24.2) | 0.3 |
| PFI Operating Costs | (4.6) | 0.2 | (6.3) | 0.0 |
| PFI Interest | (25.7) | (0.1) | (34.0) | 0.2 |
| Other Financing costs | (3.7) | 0.2 | (5.0) | 0.3 |
| Loss on Disposal | (0.2) | (0.2) | (2.1) | 0.0 |
| Adjusted surplus / deficit for NHS accountability (exc PSF) | (20.0) | 0.1 | (30.4) | 0.0 |
| FRF | 16.3 | 0.0 | 25.0 | 0.0 |
| Adjusted surplus / deficit for NHS accountability (inc PSF) | (3.7) | 0.1 | (5.4) | 0.0 |
| Gain on disposal | 0.6 | 0.6 | 0.6 | 0.1 |
| Control total | (3.1) | 0.7 | (4.8) | 0.1 |

Statement of Comprehensive Income

Assurances

The financial position at the end of December shows a deficit of £3.7m, £0.1m favourable to plan.

Key Issues

Contract income is £4.2m adverse to plan largely due to under-performance in elective and the mix of long / short stay non-elective inpatient activity. The Trust has forecast it will meet its control total. This reflects anticipated improvements in both elective inpatient activity and in non-elective case-mix. Under-performance of income and under achievement of savings represent risks to the delivery of the Trust's control total.

| 31 March 2019 £m | Statement of Financial Position as at 31st December 2019 | Plan £m | Actual £m | Variance above / (below) plan £m |
|------------------|--|---------------|----------------|----------------------------------|
| | Non Current Assets | | | |
| 558.1 | Property, Plant and Equipment | 554.0 | 552.2 | (1.9) |
| 17.0 | Intangible Assets | 14.9 | 12.2 | (2.7) |
| 8.5 | Non-current receivables | 8.5 | 3.1 | (5.4) |
| 583.6 | Total non-current assets | 577.4 | 567.5 | (9.9) |
| | Current Assets | | | |
| 12.8 | Inventories | 11.2 | 12.0 | 0.8 |
| 35.5 | Trade and other receivables NHS | 49.4 | 31.3 | (18.1) |
| 37.1 | Trade and other receivables Non-NHS | 20.2 | 34.0 | 13.8 |
| 10.2 | Cash and Cash equivalents | 8.0 | 23.8 | 15.8 |
| 95.7 | Total current assets | 88.8 | 101.2 | 12.4 |
| 0.0 | Non-current assets held for sale | 0.0 | 0.0 | 0.0 |
| 679.3 | Total assets | 666.2 | 668.7 | 2.5 |
| | Current Liabilities (< 1 Year) | | | |
| 9.4 | Trade and Other payables - NHS | 9.4 | 7.6 | (1.8) |
| 64.8 | Trade and Other payables - Non-NHS | 59.5 | 68.0 | 8.5 |
| 70.8 | Borrowings | 70.1 | 142.9 | 72.7 |
| 145.0 | Total current liabilities | 139.0 | 218.5 | 79.5 |
| (49.3) | Net current assets/(liabilities) | (50.1) | (117.3) | (67.2) |
| 534.3 | Total assets less current liabilities | 527.2 | 450.2 | 77.0 |
| 7.8 | Trade payables and deferred income | 7.5 | 6.9 | (0.7) |
| 517.8 | Borrowings | 513.2 | 435.4 | (77.8) |
| 8.7 | Total Net Assets | 6.5 | 8.0 | 1.4 |
| | Capital and Reserves | | | |
| 243.9 | Public Dividend Capital | 245.5 | 246.0 | 0.5 |
| (375.2) | Income and expenditure reserve | (381.6) | (381.6) | 0.0 |
| (6.4) | Income and expenditure account - current year | (3.8) | (2.8) | 1.0 |
| 146.5 | Revaluation reserve | 146.5 | 146.5 | 0.0 |
| 8.7 | Total Capital and Reserves | 6.5 | 8.0 | 1.4 |

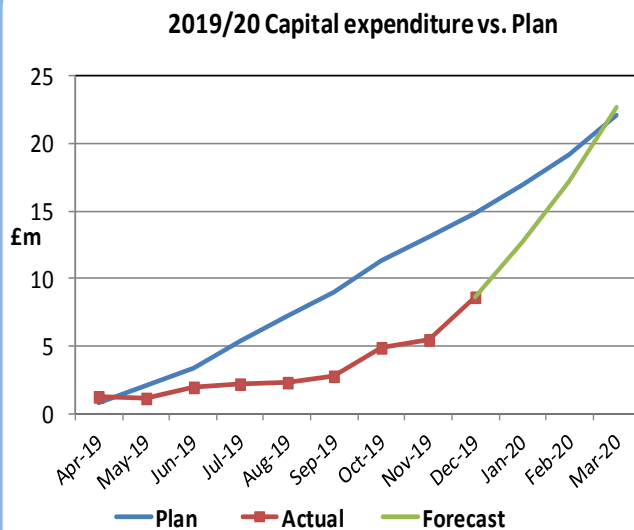
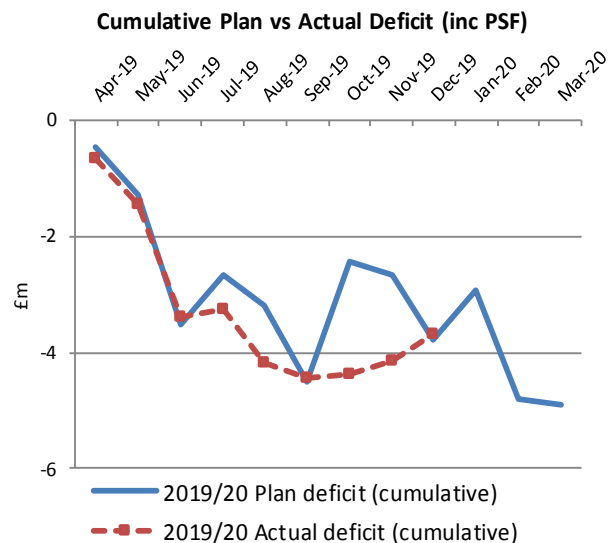
Statement of Financial Position

Assurances

The Trust has repaid net loan financing for the year to date of £2.0m in line with plan. This brings total borrowing from the DOH to £176.3m. The Trust ended the month with a cash balance of £23.68m, compared with a plan of £8.0m. This higher balance is partly due to £8.3m of year to date slippage on the capital expenditure plan, along with 2018/19 over performance monies received in year.

Key Issues

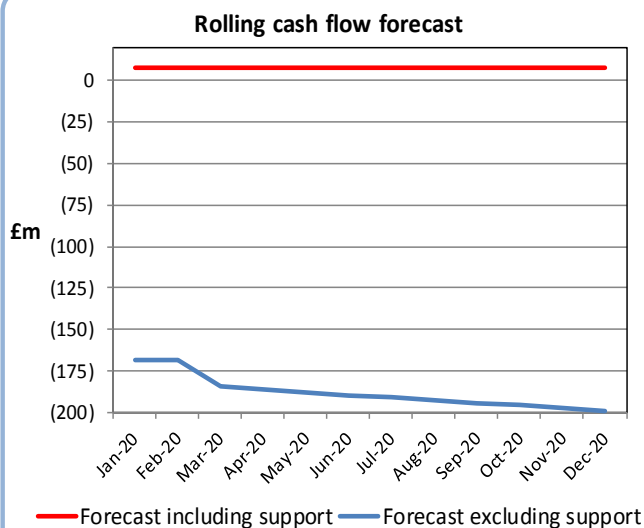
The level of payables is reflected in the Better Payment Practice Code (BPPC) performance for the year which is 78% by volume of payments made within 30 days against the target of 95%. By value the performance is 84% (86% excluding NHS). The focus going into 2019/20 continues to be on improving payments to achieve the BPPC, achieving the remaining capital plan, reducing the level of outstanding debts and ensuring cash financing is available to achieve the Trusts' objectives.



Rolling Cash Forecast, In-year Surplus/Deficit, Capital Programme Expenditure and Financial Risk Ratings

The overall financial position shows a £3.7m deficit, £0.1m favourable to plan.

The capital expenditure for the year to date is £8.6m. Whilst there is currently slippage of capital spend there work is underway to ensure that the plan is delivered. The revised capital expenditure forecast for 2019/20 is £22.7m.



| Weighting | Metric | Year to date | Forecast |
|-----------|--|--------------|----------|
| 0.2 | Capital service cover rating | 4 | 4 |
| 0.2 | Liquidity rating | 4 | 4 |
| 0.2 | I&E margin rating | 3 | 3 |
| 0.2 | I&E margin: distance from financial plan | 2 | 1 |
| 0.2 | Agency rating | 2 | 2 |
| | Overall finance risk rating | 3 | 3 |

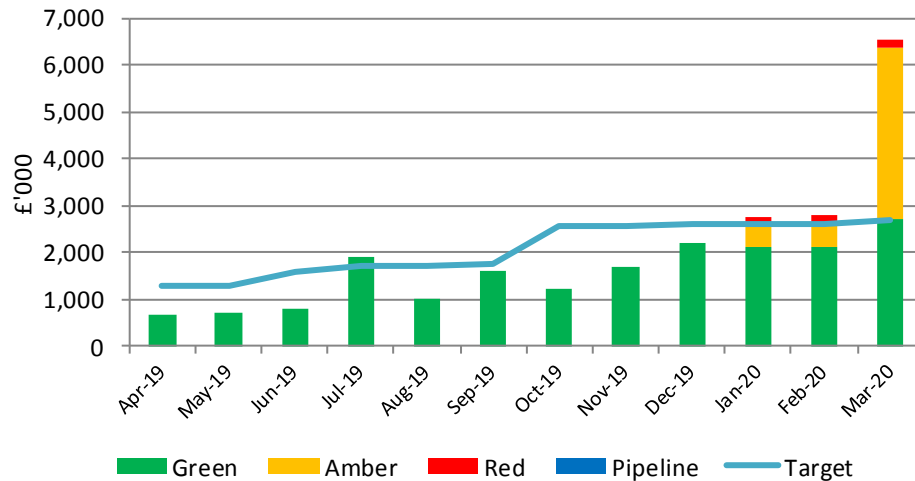
Assurances and Actions

- Ongoing monitoring of capital expenditure with project leads.
- Cash for our planned deficit for the year to date has been made available to the Trust via DH borrowing.

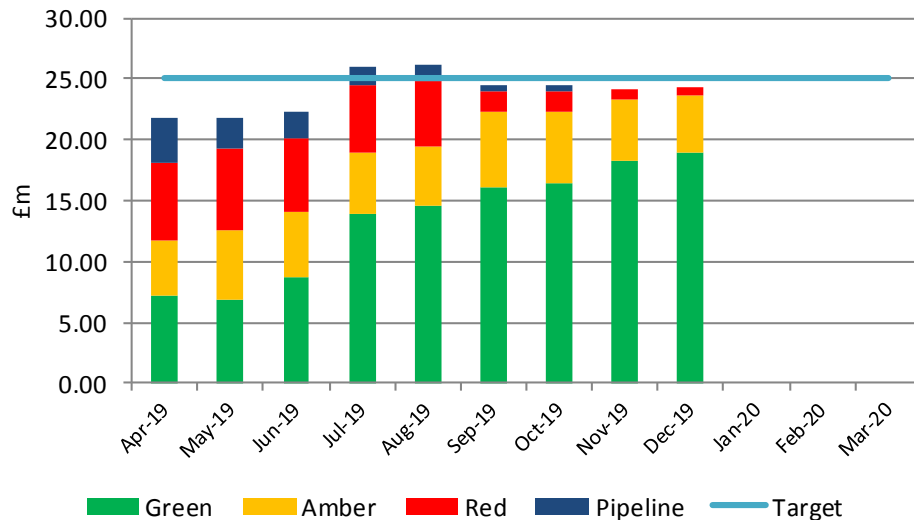
Concerns & Gaps

The Trust has a forecast rating of 3 out of 4 (a score of 1 is the best) in the overall finance risk rating metric.

2019/20 Monthly CIP Position



2019/20 Annual CIP Position



Savings

Assurances

The savings target for 2019/20 is £25m against which £24.3m has been identified as at the end of December.

Concerns & Gaps

The graph shows the phased forecast in-year delivery of the £24.3m identified schemes. £23.7m of these are rated as green or amber.

Savings delivery is £11.8m as at the end of December, £5.3m adverse against a plan of £17.1m.

Of the £24.3m identified savings in 2019/20, £15m is recurrent with a full year effect of £18.4m.

Actions Planned

Maintain focus on identifying opportunities and improving the rate at which ideas and opportunities are turned into full plans for delivery.

Continued monitoring of actions required to deliver identified savings for 2019/20.

Regulatory

**Board Sponsor: Chief Executive
Andrea Young**

Monitor Provider Licence Compliance Statements at December 2019

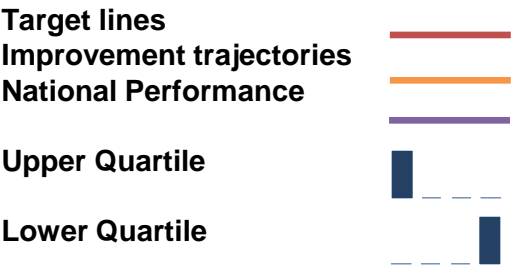
Self-assessed, for submission to NHSI

| Ref | Criteria | Comp (Y/N) | Comments where non compliant or at risk of non-compliance |
|-----|---|------------|---|
| G4 | Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions) | Yes | A Fit and Proper Person Policy is in place. All Executive and Non-Executive Directors have completed a self assessment and no issues have been identified. Further external assurance checks have been completed on all Executive Directors and no issues have been identified. |
| G5 | Having regard to monitor Guidance | Yes | The Trust Board has regard to NHS Improvement guidance where this is applicable. |
| G7 | Registration with the Care Quality Commission | Yes | CQC registration in place. The Trust received a rating of Good from its inspection reported in September 2019. A number of mandatory actions were identified which are being addressed through an action plan. The Trust will receive updates on these actions via its Quality and Risk Management Committee. |
| G8 | Patient eligibility and selection criteria | Yes | Trust Board has considered the assurances in place and considers them sufficient. |
| P1 | Recording of information | Yes | A range of measures and controls are in place to provide internal assurance on data quality. Further developments to pull this together into an overall assurance framework are planned through strengthened Information Governance Assurance Group. |
| P2 | Provision of information | Yes | The trust submits information to NHS Improvement as required. |
| P3 | Assurance report on submissions to Monitor | Yes | Scrutiny and oversight of assurance reports to regulators is provided by Trust's Audit Committee and other Committee structures. |
| P4 | Compliance with the National Tariff | Yes | NBT complies with national tariff prices. Scrutiny by CCGs, NHS England and NHS Improvement provides external assurance that tariff is being applied correctly. |
| P5 | Constructive engagement concerning local tariff modifications | Yes | Trust Board has considered the assurances in place and considers them sufficient. |
| C1 | The right of patients to make choices | Yes | Trust Board has considered the assurances in place and considers them sufficient. |
| C2 | Competition oversight | Yes | Trust Board has considered the assurances in place and considers them sufficient. |
| IC1 | Provision of integrated care | Yes | Range of engagement internally and externally. No indication of any actions being taken detrimental to care integration for the delivery of Licence objectives. |

Appendix 1: Glossary of Terms

Unless noted on each graph, all data shown is for period up to, and including, 31 December 2019.

All data included is correct at the time of publication.
Please note that subsequent validation by clinical teams can alter scores retrospectively.



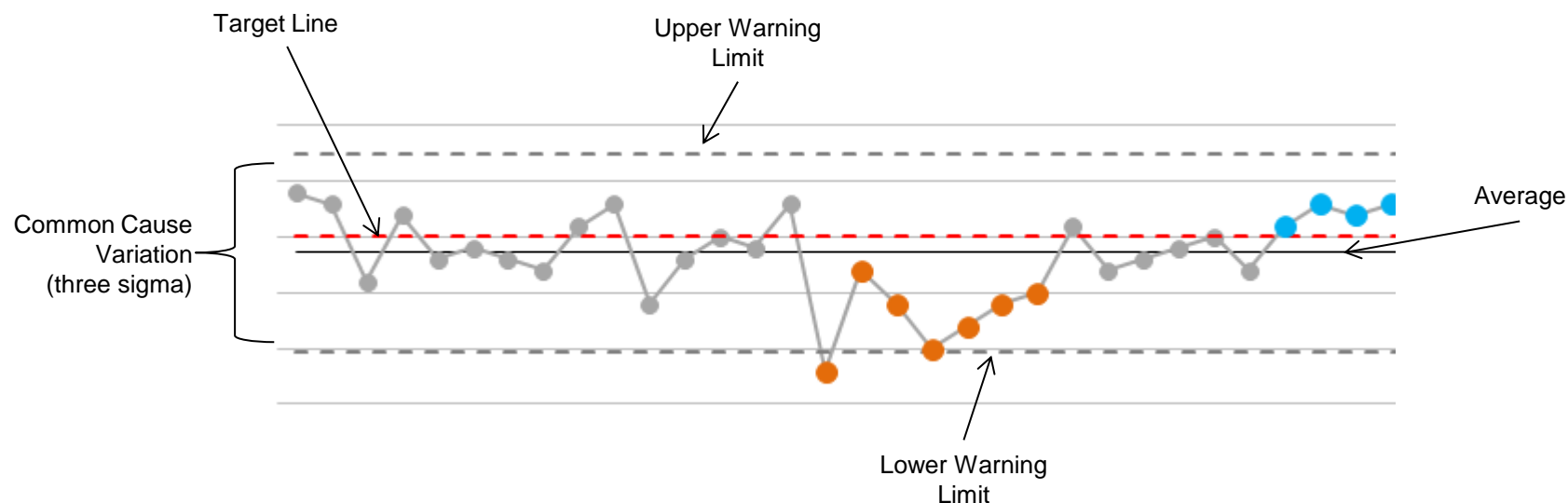
NBT Quality Priorities 2019/20

- QP1** Supporting patients to get better faster and more safely
- QP2** Meeting the identified needs of patients with Learning Disabilities /Autism
- QP3** Improving our response to deteriorating patients
- QP4** Learning & improving from Patient & Carer feedback (e.g. FFT, complaints, compliments, surveys)
- QP5** Learning & improving from statutory & regulatory quality systems (e.g. incidents, mortality reviews, inquests, legal claims, audits)

Abbreviation Glossary

| | |
|-----------------|--|
| ASCR | Anaesthetics, Surgery, Critical Care and Renal |
| ASI | Appointment Slot Issue |
| CCS | Core Clinical Services |
| CEO | Chief Executive |
| Clin Gov | Clinical Governance |
| CT | Computerised Tomography |
| DTOC | Delayed Transfer of Care |
| ERS | E-Referral System |
| GRR | Governance Risk Rating |
| HoN | Head of Nursing |
| IMandT | Information Management |
| LoS | Length of Stay |
| MDT | Multi-disciplinary Team |
| Med | Medicine |
| MRI | Magnetic Resonance Imaging |
| NMSK | Neurosciences and Musculoskeletal |
| Non-Cons | Non-Consultant |
| Ops | Operations |
| P&T | People and Transformation |
| PTL | Patient Tracking List |
| RAP | Remedial Action Plan |
| RAS | Referral Assessment Service |
| RCA | Root Cause Analysis |
| SI | Serious Incident |
| TWW | Two Week Wait |
| WCH | Women and Children's Health |
| WTE | Whole Time Equivalent |

Appendix 2: Statistical Process Charts (SPC) Guidance



Orange dots signify a statistical cause for concern. A data point will highlight orange if it:

- A) Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.
- B) Runs for 7 consecutive points below the average when low reflects underperformance or runs for 7 consecutive points above the average when high reflects underperformance.
- C) Runs in a descending or ascending pattern for 7 consecutive points depending on what direction reflects a deteriorating trend.

Blue dots signify a statistical improvement. A data point will highlight blue if it:

- A) Breaches the upper warning limit (special cause variation) when high reflects good performance or breaches the lower warning limit when low reflects good performance.
- B) Runs for 7 consecutive points above the average when high reflects good performance or runs for 7 consecutive points below the average when low reflects good performance.
- C) Runs in an ascending or descending pattern for 7 consecutive points depending on what direction reflects an improving trend.

Special cause variation is unlikely to have happened by chance and is usually the result of a process change. If a process change has happened, after a period, warning limits can be recalculated and a step change will be observed. A process change can be identified by a consistent and consecutive pattern of orange or blue dots.

Further reading:

SPC Guidance: <https://improvement.nhs.uk/documents/2171/statistical-process-control.pdf>

Managing Variation: <https://improvement.nhs.uk/documents/2179/managing-variation.pdf>

Making Data Count: https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL_1.pdf