

North Bristol NHS Trust

# INTEGRATED PERFORMANCE REPORT



**August 2023**  
(presenting July 2023 data)

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# North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Trend	Benchmarking (in arrears except A&E & Cancer as per reporting month)	
																			Peer Performance	Rank
Responsive	A&E 4 Hour - Type 1 Performance	R	95.00%	67.39%	50.99%	60.83%	56.43%	57.47%	58.29%	55.61%	71.94%	79.69%	78.35%	80.16%	70.74%	75.15%	71.49%		57.33%	1/10
	A&E 12 Hour Trolley Breaches	R	0	-	304	57	261	482	433	786	312	9	135	2	39	10	12		2-1254	3/10
	Ambulance Handover < 15 mins (%)		65.00%	-	26.70%	25.68%	27.12%	23.70%	16.88%	14.09%	24.15%	31.94%	28.00%	38.76%	33.96%	34.54%	32.21%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	54.11%	61.52%	58.63%	48.03%	41.40%	30.37%	56.74%	73.94%	70.60%	82.40%	73.03%	78.48%	74.86%			
	Ambulance Handover > 60 mins		0	-	486	364	439	672	778	1041	457	105	267	87	231	164	165			
	Average No. patients not meeting Criteria to Reside			-	249	295	262	278	276	243	254	217	239	208	190	198	200			
	Bed Occupancy Rate			91.31%	97.98%	97.86%	98.63%	98.57%	98.76%	98.22%	97.93%	96.77%	97.21%	96.08%	97.14%	96.99%	95.81%			
	Diagnostic 6 Week Wait Performance		1.00%	15.00%	42.75%	48.09%	48.27%	39.36%	38.62%	38.56%	32.21%	22.45%	16.03%	17.44%	17.48%	18.64%	15.10%		26.64%	4/10
	Diagnostic 13+ Week Breaches		0	864	4718	4844	4971	4627	4204	3663	2459	1497	939	740	593	595	300		124-4441	5/10
	RTT Incomplete 18 Week Performance		92.00%	-	65.78%	65.82%	66.30%	66.31%	65.58%	62.05%	63.87%	63.87%	63.37%	62.66%	63.23%	61.02%	60.97%		54.37%	2/10
	RTT 52+ Week Breaches	R	0	2606	2914	3131	3087	3062	2980	2984	2742	2556	2576	2684	2798	2831	2689		96-13935	2/10
	RTT 65+ Week Breaches			405	1159	1230	1180	1062	1021	1105	895	742	547	591	594	619	624		0-3422	2/10
	RTT 78+ Week Breaches	R		-	439	441	394	375	319	306	223	167	69	65	84	59	44		0-519	4/10
	Total Waiting List	R		45355	46900	48766	49025	48871	47418	46523	46266	46327	47287	47861	47731	49899	50119			
	Cancer 2 Week Wait	R	93.00%	82.63%	41.51%	40.27%	35.87%	30.86%	47.53%	56.62%	55.01%	63.52%	56.84%	41.63%	39.10%	42.67%	-		66.82%	10/10
	Cancer 31 Day First Treatment		96.00%	94.78%	91.16%	87.31%	87.70%	90.39%	86.49%	87.16%	82.41%	89.90%	91.04%	79.58%	83.51%	86.27%	-		90.79%	8/10
	Cancer 62 Day Standard	R	85.00%	63.89%	44.91%	55.75%	59.08%	52.45%	48.86%	49.00%	41.54%	57.82%	61.62%	55.29%	50.00%	53.20%	-		52.78%	8/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	68.42%	58.27%	48.78%	35.15%	42.88%	55.74%	55.48%	62.66%	77.41%	78.17%	68.05%	62.72%	66.43%	-		69.49%	8/10
	Cancer PTL >62 Days		242	166	667	858	529	328	329	328	335	191	140	178	207	171	183			
	Cancer PTL >104 Days		0	18	172	147	123	63	47	23	26	41	29	25	40	45	46			
Urgent operations cancelled ≥2 times		0	-	1	2	0	1	0	0	0	0	0	1	0	0	0	-			

RAG ratings (Red/Green) are against Current Month Trajectory. For metrics with no trajectory, RAG rating is according to comparison with previous month, except for Urgent Operations Cancelled ≥ 2 times which is RAG rated against National Standard.

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Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Trend	
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	0.49%	0.44%	0.93%	1.26%	0.49%	0.49%	0.48%	0.58%	0.45%	0.79%	0.00%	0.72%	0.93%		
	Caesarean Section Rate				45.12%	45.01%	42.86%	43.45%	41.74%	44.57%	44.27%	43.99%	42.03%	36.41%	42.80%	44.37%	40.65%		
	Still Birth rate			0.40%	0.22%	0.00%	0.42%	0.19%	0.22%	0.22%	0.00%	0.00%	0.21%	0.24%	0.21%	0.44%	0.43%		
	Induction of Labour Rate			32.10%	35.15%	31.57%	33.33%	28.97%	31.25%	34.62%	35.73%	38.52%	34.91%	36.89%	35.91%	33.55%	38.04%		
	PPH 1500 ml rate			8.60%	4.08%	2.65%	4.11%	3.77%	3.79%	1.81%	3.60%	3.83%	2.80%	3.16%	4.09%	2.87%	4.13%		
	Summary Hospital-Level Mortality Indicator (SHMI)				0.97	0.98	0.98	0.96	0.96	0.98	0.96	0.96	0.97	0.98	0.98	0.99	0.99	0.98	
	Never Event Occurrence by month		0	0	0	0	0	0	2	1	1	0	0	0	0	0	0	0	
	Commissioned Patient Safety Incident Investigations				1	1	0	0	7	1	3	3	3	2	4	0	0	0	
	Healthcare Safety Investigation Branch Investigations				1	1	0	0	4	0	1	0	0	0	0	0	0	0	
	Total Incidents				1340	1282	1155	1261	1250	1319	1169	972	1185	1024	1114	1087	995		
	Total Incidents (Rate per 1000 Bed Days)				46	41	38	40	41	44	37	34	39	39	38	40	34		
	WHO checklist completion				95.00%	98.40%	98.08%	97.58%	97.53%	97.95%	97.91%	97.43%	97.30%	97.76%	99.20%	96.97%	97.77%	98.97%	
	VTE Risk Assessment completion	R			95.00%	92.65%	92.51%	92.76%	93.98%	94.82%	94.72%	95.19%	95.00%	94.55%	95.62%	96.14%	95.87%	-	
	Pressure Injuries Grade 2				25	16	17	14	19	11	16	9	13	20	15	18	17		
	Pressure Injuries Grade 3				0	0	0	2	2	1	0	0	1	0	0	0	0		
	Pressure Injuries Grade 4				0	0	0	0	0	1	0	2	1	0	0	0	0		
	PI per 1,000 bed days				0.86	0.48	0.43	0.41	0.62	0.43	0.48	0.37	0.46	0.63	0.45	0.56	0.48		
	Falls per 1,000 bed days				6.90	7.20	7.25	6.35	6.52	7.31	6.29	6.25	5.92	6.39	5.76	5.73	4.97		
	#NoF - Fragile Hip Best Practice Pass Rate				24.24%	42.55%	18.64%	14.89%	0.00%	21.88%	47.06%	57.14%	60.34%	68.42%	55.00%	43.10%	-		
	Admitted to Orthopaedic Ward within 4 Hours				9.09%	19.57%	5.17%	17.02%	13.04%	9.09%	26.47%	38.78%	48.28%	48.21%	47.50%	27.59%	-		
	Medically Fit to Have Surgery within 36 Hours				27.27%	52.17%	22.41%	21.28%	0.00%	3.64%	44.12%	59.18%	65.52%	71.43%	67.50%	44.83%	-		
	Assessed by Orthogeriatrician within 72 Hours				75.76%	89.13%	54.24%	27.66%	2.17%	7.27%	67.65%	95.92%	94.83%	96.43%	85.00%	93.10%	-		
	Stroke - Patients Admitted				85	68	72	65	102	89	111	64	115	94	121	180	95		
	Stroke - 90% Stay on Stroke Ward				90.00%	65.45%	84.62%	68.75%	55.88%	54.29%	71.88%	68.12%	82.00%	80.95%	86.36%	87.01%	85.71%	-	
	Stroke - Thrombolysed <1 Hour				60.00%	55.56%	70.00%	64.29%	83.33%	66.67%	35.29%	57.14%	62.50%	80.00%	56.25%	42.86%	73.33%	-	
Stroke - Directly Admitted to Stroke Unit <4 Hours				60.00%	39.29%	70.00%	46.88%	41.67%	36.99%	36.92%	43.84%	48.08%	55.68%	73.24%	58.97%	61.86%	-		
Stroke - Seen by Stroke Consultant within 14 Hours				90.00%	96.55%	93.18%	91.67%	92.31%	83.13%	89.04%	85.06%	94.23%	92.39%	93.59%	77.42%	84.11%	-		
MRSA	R	0	0	0	0	0	0	0	0	0	0	2	0	0	1	1	1		
E. Coli	R		4	3	3	2	2	5	4	9	4	2	8	4	7	4			
C. Difficile	R		5	3	3	4	1	4	2	1	2	6	1	4	11	6			
MSSA			2	0	1	8	3	8	2	4	2	0	1	2	6	9			
Quality Caring & Experience	Friends & Family Positive Responses - Maternity				88.13%	89.79%	84.36%	91.79%	92.94%	95.48%	88.29%	90.06%	91.98%	94.44%	93.50%	91.79%	88.81%		
	Friends & Family Positive Responses - Emergency Department				-	75.12%	72.19%	70.56%	74.42%	76.52%	87.92%	87.59%	87.57%	86.07%	79.57%	81.95%	81.75%		
	Friends & Family Positive Responses - Inpatients				91.50%	91.30%	92.14%	92.21%	92.21%	92.67%	93.51%	94.56%	93.58%	92.85%	93.29%	91.62%	93.65%		
	Friends & Family Positive Responses - Outpatients				87.30%	90.00%	92.76%	94.07%	94.83%	95.64%	95.10%	94.57%	95.24%	95.53%	95.43%	94.67%	95.46%		
	PALS - Count of concerns				129	116	168	154	151	142	143	127	106	139	156	120	141		
Complaints - % Overall Response Compliance			90.00%	78.18%	76.27%	76.92%	75.76%	72.31%	71.76%	80.82%	82.14%	79.63%	73.17%	79.49%	80.00%	79.63%			
Complaints - Overdue				4	5	6	1	3	7	6	12	5	3	4	3	6			
Complaints - Written complaints				48	53	46	62	64	77	69	51	62	41	41	38	44			
Well Led	Agency Expenditure ('000s)				2111	1726	1292	2616	1992	1675	2030	1809	2485	2485	2485	2485	2402		
	Month End Vacancy Factor				8.66%	8.57%	8.65%	8.69%	8.61%	8.93%	8.64%	8.44%	7.88%	6.21%	7.96%	8.03%	8.25%		
	Turnover (Rolling 12 Months)	R		-	17.57%	17.04%	17.22%	17.17%	17.32%	17.10%	16.99%	16.77%	16.76%	16.56%	16.29%	15.90%	15.19%		
	Sickness Absence (Rolling 12 month)	R		-	5.44%	5.48%	5.42%	5.49%	5.49%	5.56%	5.49%	5.43%	5.30%	5.19%	5.08%	5.07%	4.94%		
Trust Mandatory Training Compliance				82.80%	83.56%	84.40%	83.49%	83.56%	83.65%	86.34%	87.23%	88.71%	80.99%	82.00%	84.23%	84.73%			

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## Urgent Care

Four-hour performance was 71.49% in July. NBT ranked first out of ten reporting AMTC peer providers for the seventh consecutive month. 12-hour trolley breaches and ambulance handover performance in July was similar to the previous month, reporting at 12 and 165 respectively. The Trust continues to work closely with system partners on a range of measures aimed at reducing the exit block from acute hospitals. However, the community-led D2A programme remains central to ongoing improvement. Work also progresses around development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub. In the meantime, internal hospital flow plans continue to be developed and implemented.

## Elective Care and Diagnostics

Despite significant impacts from repeated periods of industrial action, the Trust has maintained zero capacity breaches for patients waiting >104-weeks for treatment and for 78-weeks. The Trust continues to treat patients based on their clinical priority, followed by length of wait. Diagnostics performance improved significantly in July, reporting at 15.10%; well ahead of plans to deliver 15.00% by the year-end. The last remaining >26-week waits for Endoscopy (Industrial action impact) are planned for September. Non-Obstetric Ultrasound challenges continue, but the team have made progress on the in-year position within the last month. In-year RTT target ambitions remain significantly challenged due to the ongoing impact of industrial action.

## Cancer Wait Time Standards

The Trust has made substantial and sustained improvement in the total cancer waiting list. Whilst there is some variation in >62 and >104 day compliance, it remains within expected tolerances for this point of the recovery plan. There has been, and is expected to be a significant impact from industrial action on the Trust total PTL size and waiting times. As this work is recovered, it is anticipated that headlined target performance will show deterioration (as patients are seen and treated), before it recovers. The Cancer improvement plan presented to Board earlier in the year demonstrated a sequence of performance improvements expected to be delivered throughout the year. This started with reducing the >62-Day PTL, then reducing the 104-Day number to a national standard, followed by reducing the total PTL (this is TWW GP suspected cancer, upgrades and screening pathways). These measures have now been achieved. In the plan, the next key measure of focus is the FDS 28-Day standard – this approach was determined before the NHSE recently released the intention to move away from the TWW target and towards a 28-Day standard for faster diagnosis. We were starting to see steady improvement in this measure with it increasing from 35.18% to 78.17% between September 2022 and March 2023, however the loss of activity due to industrial action in some high volume cancer areas (dermatology, breast services and urology), means there has been a dip in performance as this work is recovered and patients are seen.

## Quality

Within Maternity, all cases reviewed via the Perinatal Mortality Review Tool (PMRT) have had all aspects of care graded as A (most positive rating) and there were no moderate harm incidents or HSIB referrals during July. The Avoiding Term Admissions into Neonatal units (ATAIN) percentage in May was 3.9%, which is the third month in a row it has been below the national target of 5%. On review, no cases were deemed to be avoidable. Workforce pressures are being felt across all staff groups; this is reflected in the Divisions risk register. Bank incentives remain in place. Infection control data for July 2023 showed a continued increased incidence of C-Difficile and MSSA above trajectory and one MRSA case occurrence. Targeted work in clinical areas driving these increases is being undertaken. An improving trend in falls rates has continued, with ongoing improvement work to further reduce the volumes and related harm levels. The rates for pressure injuries and medication errors remain within the existing 'normal range' within NBT's recent experience. A range of ongoing improvement actions are in place as set out in the detailed slide for each area. WHO Checklist compliance has significantly improved in month to 99.88%. The rate of VTE Risk Assessments has improved over the past 6 months overall but remains below the national target of 95% compliance. Embedding of the novel digital VTE assessment and recording tool is now the primary focus following large scale deployment in June 2023. This continues to have direct oversight from the CMO as a priority area and through the Trust-wide Thrombosis Committee.

## Workforce

Trust vacancy factor was 8.25% in July (769.8 wte) from 7.03% (735.2 wte) in June. The Trust saw a significant reduction in unregistered nursing and midwifery vacancies predominantly driven by Healthcare Support Worker recruitment with a net gain of 34.5 wte at band 3 in July with increases in staff in post across inpatient wards. At Trust level vacancies increased there was growth in establishment in Nursing and Midwifery Registered, Medical Staff related to agreed investments, e.g. NICU Nursing, Hospital at Home and Radiology business cases. Rolling 12-month staff turnover decreased from 15.90% in June to 15.19% in July with the improvement trend continuing. The Trust is finalising its one year retention plan that will look to continue and enhance retention actions Trust wide and in hotspot staff groups. Patient First 23/24 target – 16.5%. The Trust rolling 12 month sickness absence position decreased from 5.07% in June to 4.94% in July which represents the seventh month of continuous reduction in absence rates. The position remains stable and the absence reasons driving this positions remains unchanged from last month. Overall temporary staffing demand increased by 1.81% (19 wte) in July compared to June. The greatest growth was seen in Administrative and Clerical (+10.5 wte) and Estates and Ancillary and Nursing and Midwifery Registered (+7.1 and +7.2 wte respectively). Bank hours worked increased across all staff groups, in total the Trust saw 16.18% (62.9 wte) growth, whilst agency use decreased by 2.43% (5.5 wte) with small reductions in Nursing and Midwifery Registered (-1.9 wte), Medical Staff (-3.3 wte) and Administrative and Clerical (-1.9 wte). ICU remains a hotspot for agency use with temporary staffing demand growing by 16.5 wte, agency use increased 11.7 wte and bank Break Glass by 3.4 wte as a result. Overall unfilled hours decreased by 16.18% (38.1 wte) with the greatest reduction in Additional Clinical Services (predominantly unregistered nursing and midwifery) which also saw the greatest increase in bank hours worked (+22 wte), of the teams who saw demand for unregistered nursing and midwifery temporary staffing, 37 teams (62.27%) saw growth in bank hours worked in July compared with June.

## Finance

The financial plan for 2023/24 in Month 4 (July) was a deficit of £1.0m. The Trust has delivered a £1.3m deficit, which is £0.3m worse than plan. This is predominately driven by the impact of industrial action resulting in additional pay costs. Year to date (YTD) the Trust has delivered a £9.4m deficit, which is a £3.5m adverse position against a planned £5.9m deficit. The main driver is the impact of industrial action in first four months of the year regards to costs. The Trust is also seeing the impact of temporary staffing and the reduction of funding from NHSE for Microsoft licences. The Month 4 CIP position shows £7.9m schemes fully completed. The Trust has a further £7.1m in implementation and planning leaving a remaining £9.1m of schemes to be developed, against this we have £5.5m of schemes identified in the pipeline. Cash at 31<sup>st</sup> July amounts to £75.3m, an in-month decrease of £8.2m due to the settlement of pay awards and pension liabilities. Total capital spend year to date, excluding leases, was £12.3m compared to an original phased plan of £10.3m.

# Responsiveness

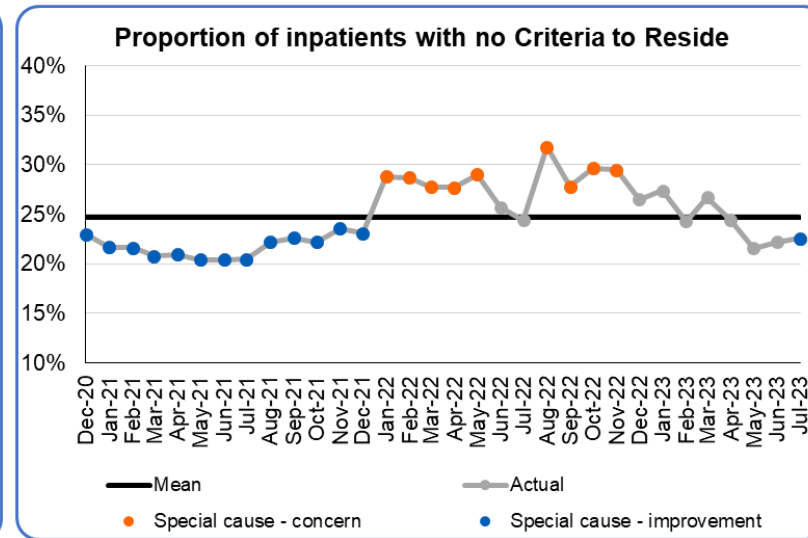
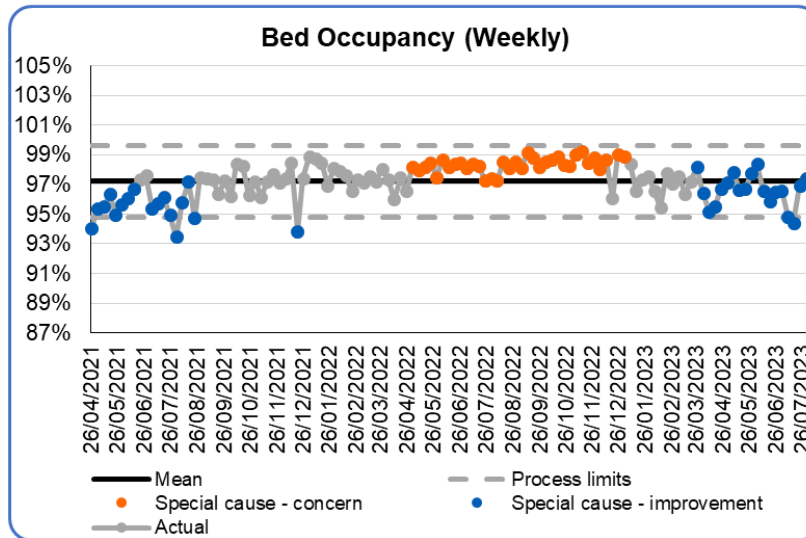
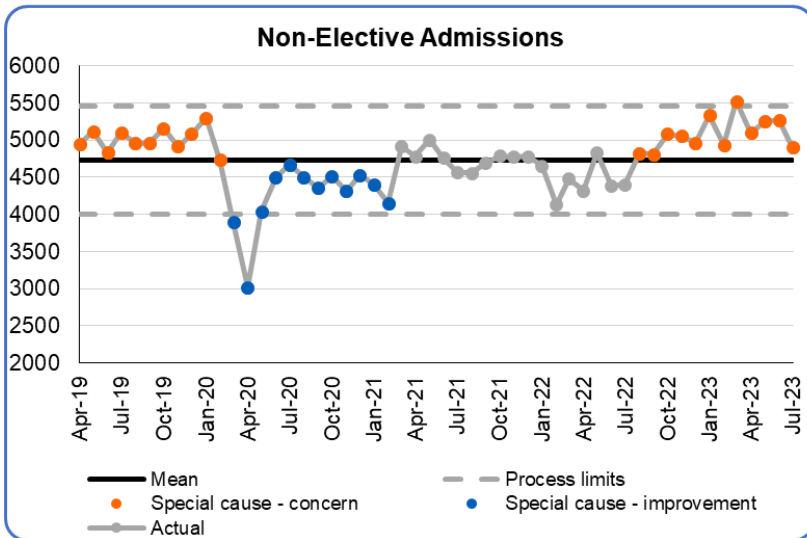
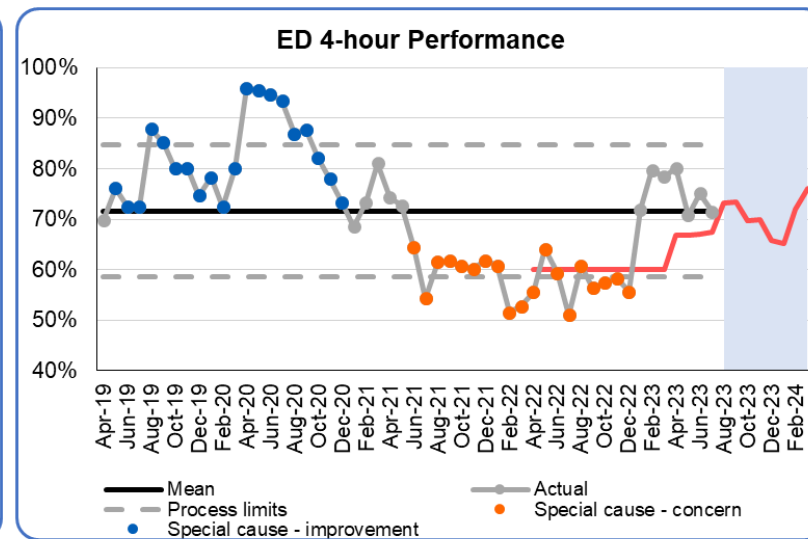
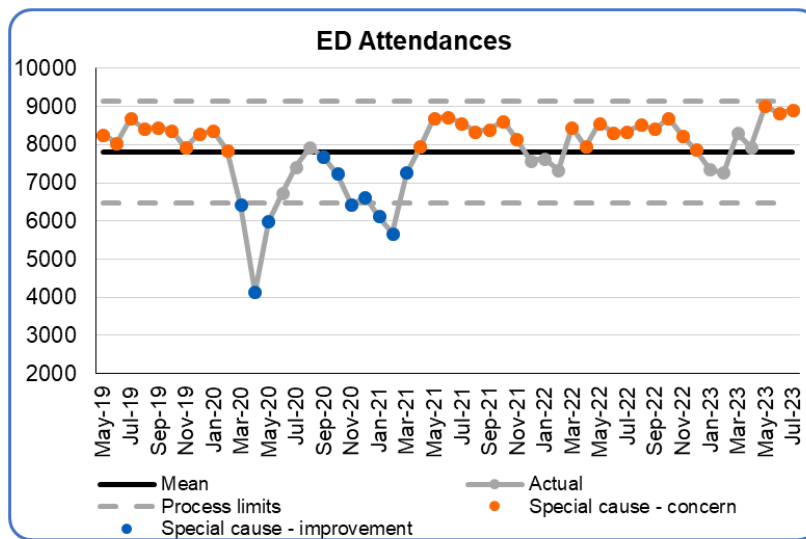
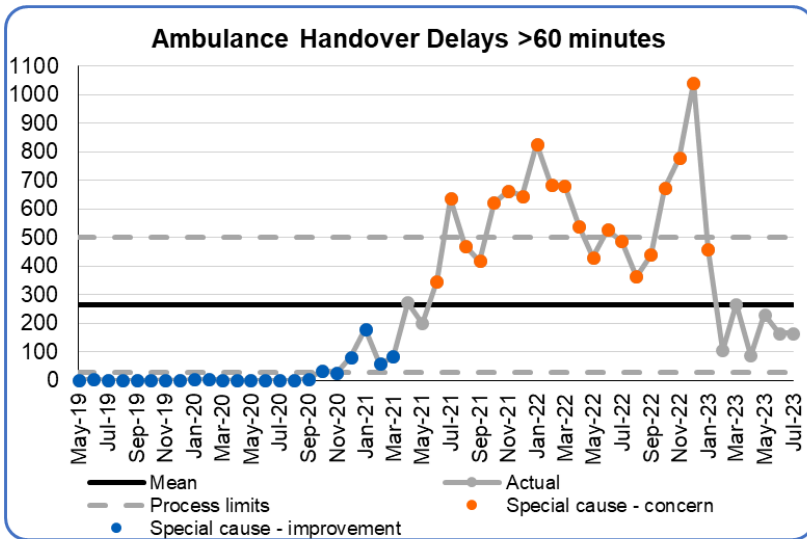
**Board Sponsor: Chief Operating Officer  
Steve Curry**

# Responsiveness – Indicative Overview

Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	UEC plan	Revised plan underway – internal and partnership actions continue
	Transfer of Care Hub	Three phases, May-Dec. Phase 1 on track (System capital funding outstanding)
	NC2R/D2A	Reduction in NC2R – engaging system on maintaining discharge capacity throughout coming winter
RTT	65-week wait	Off track due to repeated periods of industrial action (IA).
Diagnostics	15% 6-week target	Remedial plans taking hold – expect to deliver the year-end target 5-6 months early.
	13-week waits	Now running ahead of trajectory – IA contingencies continue with good impact
	CDC	First phase (mobiles) - CDC by April 2024
Cancer PTL	28-day FDS standard	The re-work impact of IA is having a material impact on the ability to hold/achieve this position



# Urgent and Emergency Care



# Urgent and Emergency Care

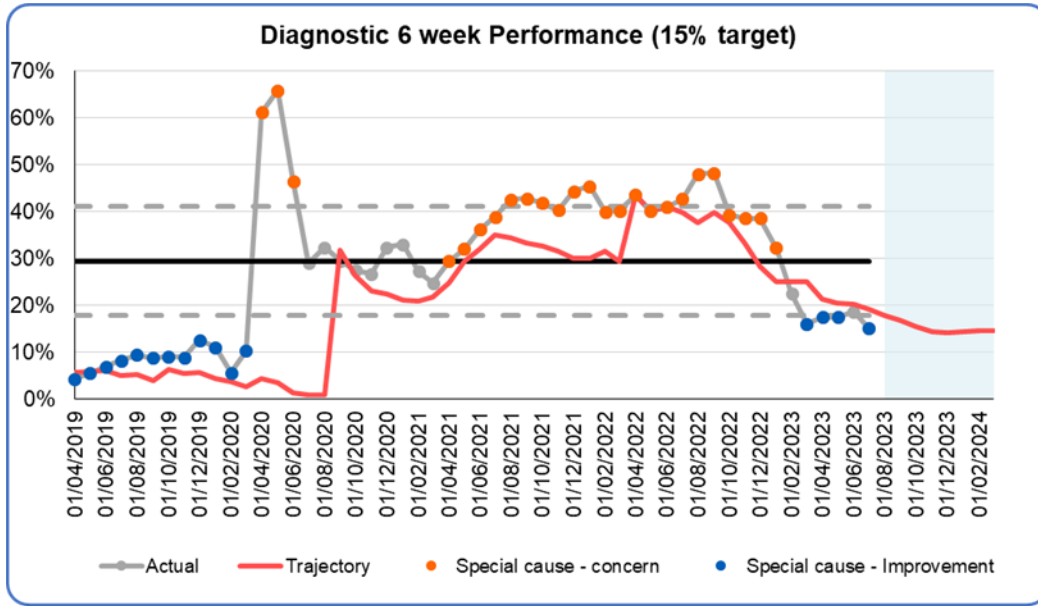
## What are the main risks impacting performance?

- Underlying NC2R volumes improved but remain high by comparison
- High inpatient bed occupancy
- Additional demand driven by COVID backlogs and/or prolonged access to primary care
- Clinical cover and discharge activity impacted by industrial action, both during and for a period subsequent.
- Greater fluctuation in numbers of ED attendances month-to-month.
- Further industrial action during August-23 is expected to have an impact on performance.

## What actions are being taken to improve?

- Ambulance handovers – the Trust continues to implement the pre-emptive ED transfer process. Use of double occupancy and boarding on wards, and emphasis on early discharge of P0 patients all enacted on all Trust wards.
- The Trust continues to work closely with system partners on a range of measures aimed at reducing the exit block from acute hospitals.
- Continued introduction of the UEC plan for NBT; this includes key changes such as implementing a revised SDEC service, mapping patient flow processes to identify opportunities for improvement and implementing good practice ward level patient review and discharge processes (including actions recommended from the ECIST review).
- Having deployed the sixth floor as bed additionality throughout the winter period, the operational plan for the summer period will change to maintain ringfencing of surgical beds, increase the surgical bed footprint to pre-COVID levels, and to downsize the medical bed footprint to drive discharge process improvement and allow for a subsequent re-expansion as part of the coming winter plan.
- The CEO has agreed new measures centred around development of a “Transfer Of Care” Hub (TOC Hub) modelled on recommendations from the national UEC plan and aimed at reducing barriers to transfers of care through a single multi-disciplinary and multi-agency hub.

# Diagnostic Wait Times

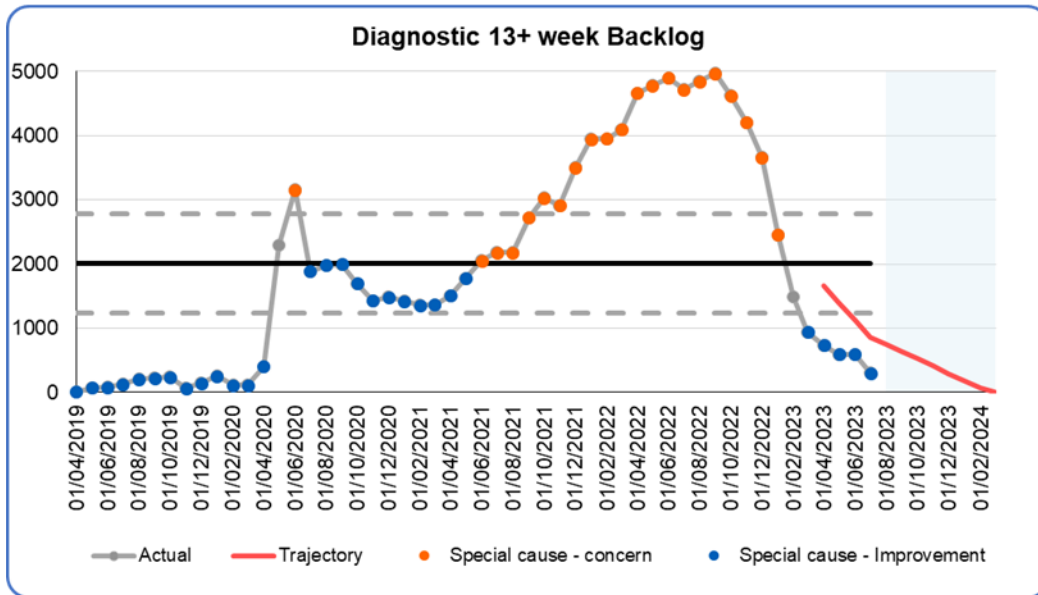


## What are the main risks impacting performance?

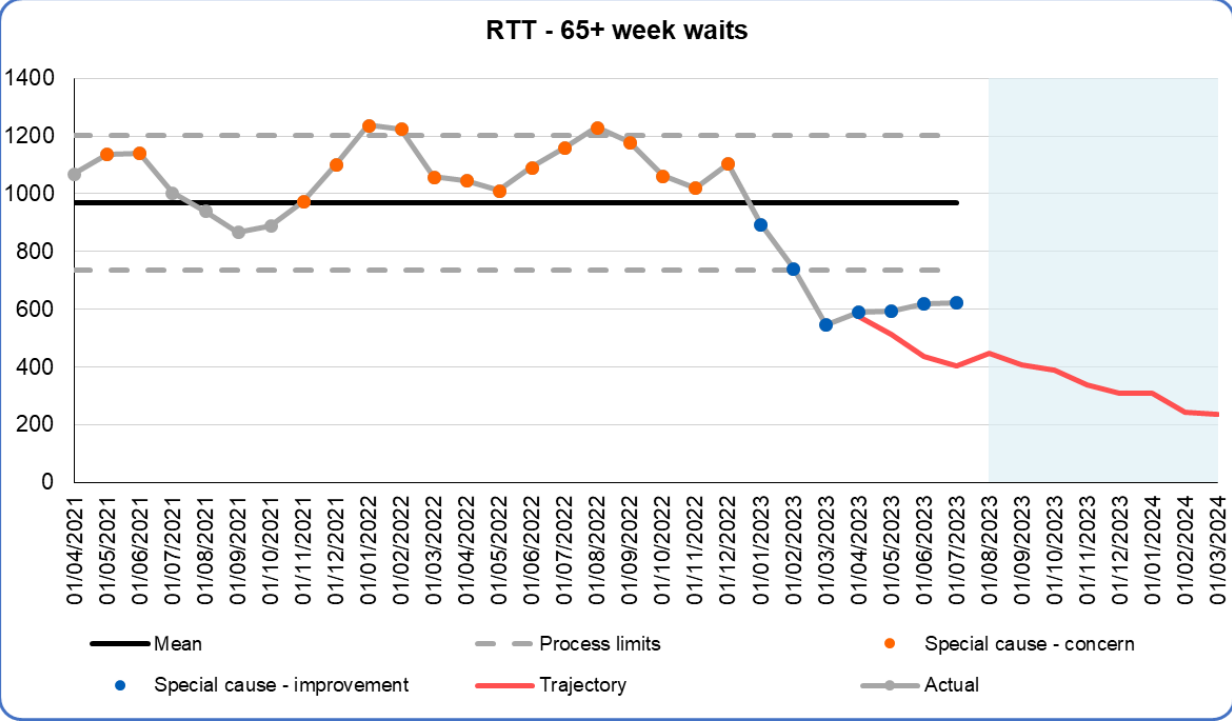
- A very small number of outstanding >26-week breaches (all in Endoscopy) which was driven primarily by an increase in urgent referrals and loss of capacity due to industrial strike action. The last of the >26-week waits who require a general anaesthetic for their endoscopy are booked in September.
- The Trust is now working towards the national target of no more than 15% patients breaching 6-weeks at year-end and zero >13-week breaches.
- New staffing gaps within the Sonography service and a surge in urgent demand means that the NOUS position remains vulnerable. Given the volume of this work, any deterioration can have a material impact on overall performance.
- Risks of imaging equipment downtime, staff absence and reliance on independent sector. Further industrial action and staff sickness remains the biggest risk to compliance.

## What actions are being taken to improve?

- The Trust remains committed to ongoing achievement of the national requirements.
- Endoscopy – Utilising capacity from a range of insourcing and outsourcing providers, transfers to the IS, WLIs and employment of a Locum. The Dep CEO and COO has agreed a change in where Endoscopy sits within the organisation. Plans are in place to transition Endoscopy from the Medicine Division to the CCS Division. This will ensure it receives the appropriate level of oversight and support and aligns it with other diagnostic services as we transition to the development of CDCs. The CCS leadership team has a key role in the development of the CDCs and is best placed to transition Endoscopy services accordingly.
- Divisional Non-Obstetric Ultrasound – The Trust continues to utilise capacity from Medicare Sonographers. In addition, substantive staff are delivering WLIs and outsourcing continues to PPG.
- New appointment times introduced increasing future capacity in CT and MRI. Weston CT capacity ongoing as well as MRI and CT at Nuffield.
- Echocardiography – Ongoing use of Xyla insourcing and capacity, and use of IMC agency commenced in Sept-22. Proactive workforce development and planning continuing to yield some positive results.
- WLIs are helping to mitigate impact of staffing shortfalls during the week.



# Referral To Treatment (RTT)

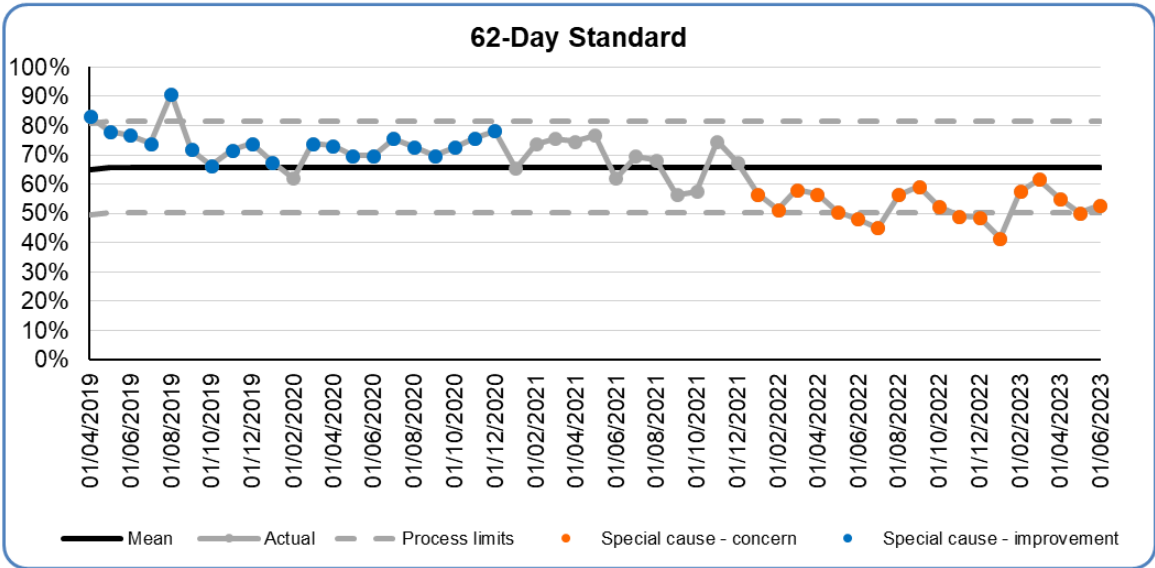
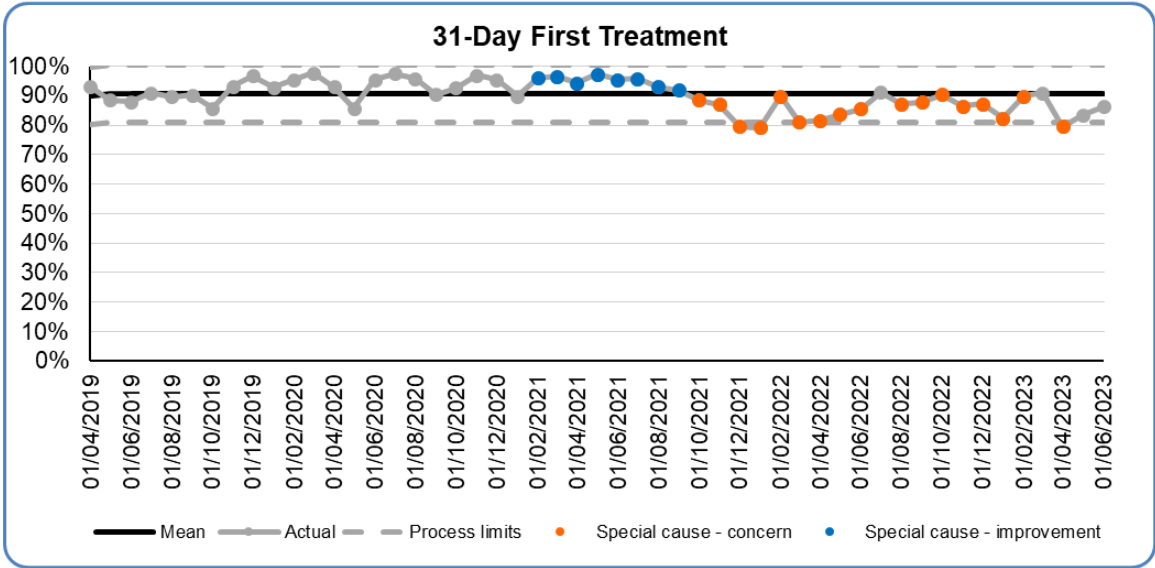
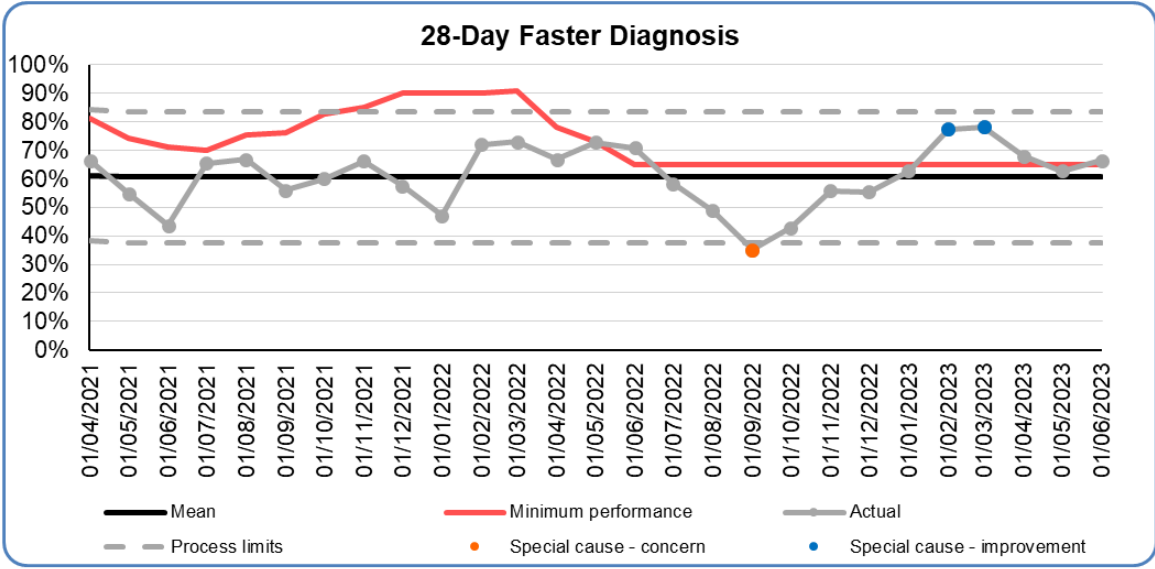
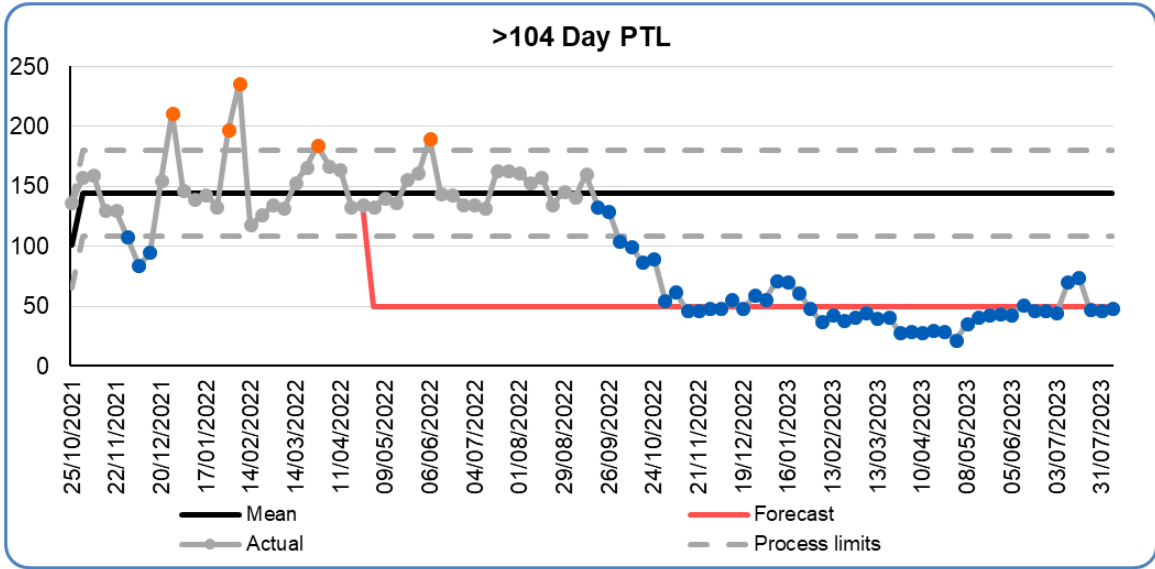


### What are the main risks impacting performance?

- The continued impact of repeated periods of industrial action is having a material adverse impact on the position. At this point, and with the likelihood of further industrial action, the Trust is likely to remain off track for delivering its 65-week waits.
- Rebooking of cancelled cancer and urgent patients is displacing the opportunity to book long-waiting patients.
- Continued reliance on third party activity in a number of areas.
- Staff shortages in some key areas e.g. operating theatres.
- The potential impact of UEC activity on elective care.

### What actions are being taken to improve?

- Focused work on maintaining 104ww and 78ww positions continues.
- Work is ongoing to eliminate the year end risk volume of 65-week wait potential breaches – working with clinical teams to agree a balance of clinical priority and long waits.
- Speciality level trajectories have been developed with targeted plans to deliver required capacity in most challenged areas; including outsourcing to the IS for a range of General Surgery procedures and smoothing the waits in T&O between Consultants.
- Options for Independent Sector (IS) transfer are limited to patients meeting IS treatment criteria. The Trust has transferred all suitable patients into available capacity across local IS Providers.
- The Trust is actively engaged with the Getting It Right First Time (GIRFT) programme of work and working with specialists in theatre utilisation improvements to ensure use of available capacity is maximised.



# Cancer Performance

## What are the main risks impacting performance?

- Significant impact of industrial action resulting in escalation actions.
- Ongoing clinical pathway work reliant on system actions outstanding.
- Reliance on non-core capacity.
- Increase in demand for diagnostics – Endoscopy in particular.

## What further actions are being taken to improve?

- Focus remains on sustaining the absolute >62-Day Cancer PTL volume and the percentage of >62-Day breaches as a proportion of the overall wait list. This has been challenged by recent high volume activity losses (industrial action related) within areas such as dermatology.
- High volume Dermatology ‘poly-clinics’ enacted to recover cancer position. Having achieved the improved >62-Day cancer PTL target, the next phase will be to ensure the revised actions and processes are embedded to sustain this improvement. At the same time, design work has commenced to fundamentally improve patient pathways, which will improve overall Cancer wait time standards compliance. Trajectories have been revised across all tumour sites and has been submitted to the ICB in March 2023. These are now being revised for Q2.
- Following steady improvement in 28-Day FDS with it increasing from 35% to 75% between August 2022 and March 2023, and with February and March reporting >75%, recent industrial action impact has resulted in a deterioration in performance as activity continues to be lost and the backlog of patients are seen/ informed and treated. Despite this, the Trust remains within 2% of it’s in-year recovery trajectory.
- Key next steps include securing additional activity to compensate for industrial action losses, and moving from an operational improvement plan to a clinically-led pathway improvement plan for key tumour site pathways such as dermatology and urology (e.g. prostate pathway).



## **Quality, Safety and Effectiveness**

**Board Sponsors: Chief Medical Officer and Chief Nursing Officer  
Tim Whittlestone and Steven Hams**

# Maternity Perinatal Quality Surveillance Matrix (PQSM) Tool - June 2023 data

Activity	May-23	Jun-23	Jul-23	TREND
<b>Number of women who gave birth, all gestations from 22+0 gestation</b>	464	459	467	
<b>Number of babies born alive &gt;=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)</b>	0	3	1	
<b>Number of women who gave birth (&gt;=24 weeks or &lt;24 weeks live)</b>	465	453	460	
<b>Number of babies born (&gt;=24 weeks or &lt;24 weeks live)</b>	470	459	468	
<b>Number of babies born alive &gt;=24+0 - 36+6 weeks gestation (MBRRACE)</b>	34	41	37	
<b>No of livebirths &lt;24 weeks gestation</b>	1	1	1	
<b>Induction of Labour rate %</b>	35.9%	33.6%	38.0%	
<b>Spontaneous vaginal birth rate %</b>	48.4%	45.9%	49.3%	
<b>Assisted vaginal birth rate %</b>	8.8%	9.7%	10.0%	
<b>Caesarean Birth rate (overall) %</b>	42.8%	44.4%	40.7%	
<b>Planned Caesarean birth rate %</b>	18.3%	19.9%	18.3%	
<b>Emergency Caesarean Birth rate %</b>	24.5%	24.5%	22.4%	
<b>NICU admission rate at term (excluding surgery and cardiac - target rate 5%)</b>	3.00%	3.90%	4.00%	
<b>Perinatal Morbidity and Mortality inborn</b>				
<b>Total number of perinatal deaths (excluding late fetal losses)</b>	3	4	3	
<i>Number of late fetal losses from 16+0 to 23+6 weeks excl. TOP (for SBLCBV2)</i>	1	4	1	
<i>Number of stillbirths (&gt;=24 weeks excl. TOP)</i>	1	2	2	
<i>Number of neonatal deaths : 0-6 Days</i>	2	2	0	
<i>Number of neonatal deaths : 7-28 Days</i>	0	0	0	
<b>PMRT grading C or D cases (themes in report)</b>	1	0	0	
<b>Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)</b>	0	0	0	
<b>Maternal Morbidity and Mortality</b>				
<b>Number of maternal deaths (MBRRACE)</b>	0	0	0	
<i>Direct</i>	0	0	0	
<i>Indirect</i>	0	0	0	
<b>Number of women receiving enhanced care on CDS</b>	27	17	19	
<b>Number of women who received level 3 care (ITU)</b>	0	0	0	
<b>Insight</b>				
<b>Number of datix incidents graded as moderate or above (total)</b>	3	0	0	
<i>Datix incident moderate harm (not SI, excludes HSIB)</i>	2	0	0	
<i>Datix incident PSII (excludes HSIB)</i>	1	0	0	
<b>New HSIB referrals accepted</b>	0	0	0	
<b>Outlier reports (eg: HSIB/NHSR/CQC/NMPA/CHKS or other organisation with a concern or request for action made directly with Trust)</b>	0	0	0	
<b>Coroner Reg 28 made directly to Trust</b>	0	0	0	
<b>Workforce</b>				
<b>Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite</b>	83	83	83	
<b>Minimum safe staffing in maternity services: Obstetric middle grade rota gaps</b>	2	2	2	
<b>Minimum safe staffing in maternity services: Obstetric Consultant rota gaps</b>	2	2	2	
<b>Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)</b>	0	0		
<b>Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)</b>	2	1	1	
<b>Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)</b>	1	1	1	
<b>Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).</b>	10%	24%		

Activity	May-23	Jun-23	Jul-23	TREND
<b>Vacancy rate for midwives</b>	16.20%	15.50%		
<b>Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)</b>	60%	60%	60%	
<b>Vacancy rate for NICU nurses</b>	30	31	31	
<b>Datix related to workforce (service provision/staffing)</b>	6	5	6	
<b>Consultant led MDT ward rounds on CDS (Day to Night)</b>	90%	80%	84%	
<b>Consultant led MDT ward rounds on CDS (Day)</b>	90%	80%	77%	
<b>One to one care in labour (as a percentage)</b>	99%	99%	100%	
<b>Compliance with supernumerary status for the labour ward coordinator</b>	100%	96%	99%	
<b>Number of consultant non-attendance to 'must attend' clinical situations</b>	0	0	0	
<b>Involvement</b>				
<b>Service User feedback: Number of Compliments (formal)</b>	35	74	64	
<b>Service User feedback: Number of Complaints (formal)</b>	4	3	2	
<b>Friends and Family Test Score % (good/very good) NICU</b>	100	100	100	
<b>Friends and Family Test Score % (good/very good) Maternity</b>	93	93	92	
<b>Staff feedback from frontline champions and walk-about (number of themes)</b>	0	4	0	
<b>Improvement</b>				
<b>Progress in achievement of CNST /10</b>	7	7	7	
<b>Training compliance in annual local BNLS (NICU)</b>	100%	100%	100%	
<b>Overall</b>	55%	76%	83%	
<b>Obstetric Consultants</b>	50%	72%	78%	
<b>Other Obstetric Doctors</b>	54%	75%	86%	
<b>Anaesthetic Consultants</b>	65%	81%	90%	
<b>Other Anaesthetic Doctors</b>	50%	74%	76%	
<b>Midwives</b>	61%	78%	85%	
<b>Maternity Support Workers</b>	51%	75%	84%	
<b>Theatre staff</b>	Data Not Available			
<b>Neonatologists</b>	Data Not Available			
<b>NICU Nurses</b>	Data Not Available			
<b>Overall</b>	64%	72%	78%	
<b>Obstetric Consultants</b>	61%	50%	61%	
<b>Other Obstetric Doctors</b>	64%	77%	79%	
<b>Midwives</b>	66%	90%	95%	
<b>Fetal Wellbeing and Surveillance</b>				
<b>Trust Level Risks</b>	4	6	7	

- The Perinatal Quality Surveillance Matrix report provides a platform for sharing perinatal safety intelligence monthly.
- All cases reviewed via PMRT have had all aspects of care graded as A
- The ATAIN percentage in May was 3.9%. This is the third month in a row it has been below the national target of 5%. On review, no cases were deemed to be avoidable
- There were no moderate harm incidents or HSIB referrals during July.
- Workforce pressures are being felt across all staff groups; this is reflected in the Divisions risk register. Bank incentives remain in place.

Please note that July-23 data is partial and provisional, pending validation by the Divisional Perinatal Quality Committee



## Pressure Injuries

### What does the data tell us?

In July there were 17 x grade 2 pressure ulcers, of which 3 attributable to medical devices to 1 x nose, 2 x ear.

There was 3 reported unstageable pressure ulcers 1 x heel and 1 x elbow to medicine and 1 x sacrum to ASCR.

There was a small decrease from the previous month to 24 DTI's from the which 9 were to the heel, 11 to the sacrum/buttocks, 1 x natal cleft, 1 x groin, 1 x spine, 1 x foot.

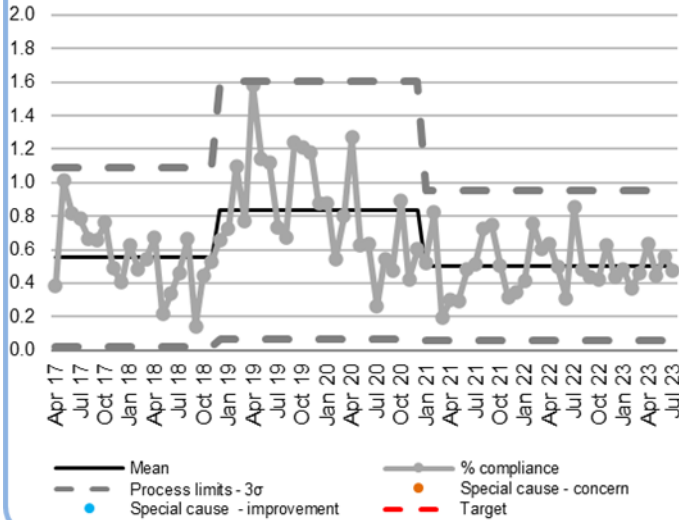
The targets for PU reduction in 2023/2024:

- 10% reduction on grade 2 pressure ulcers.
- Zero tolerance for grade 3 and grade 4 pressure ulcers with a 50% reduction from 2022/2023.

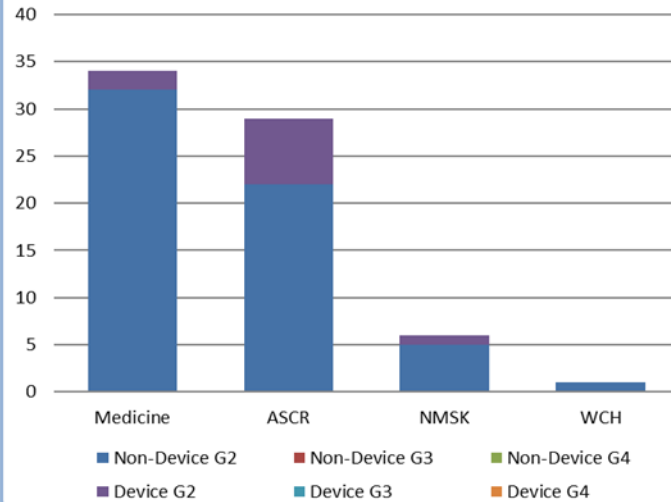
### What actions are being taken to improve?

- The Tissue Viability (TV) team provide a responsive, supportive and effective pressure ulcer prevention and validation service work collaboratively within NBT and strategically across the health system to reduce harm and improve patient outcomes.
- Purpose-T has been mapped across to the EPR and changes made in response to feedback. SSKIN is being reviewed and updated in line with National Wound Care Strategy and Pressure Ulcer Prevention Pathway. This will be mapped across to the care plan EPR module.
- The TVS in response to feedback from the clinical areas have increased the TV education days to monthly for HCAs and nurses.
- The Pressure Ulcer Boarding Card was presented to the PUSG following patient and clinical staff feedback.

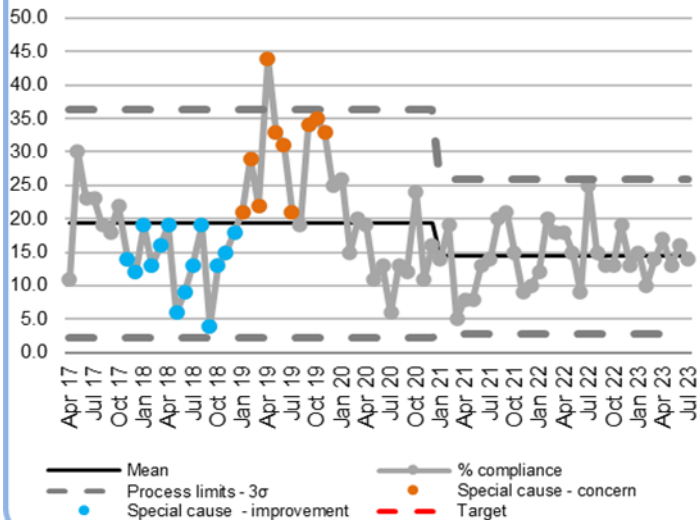
Total Pressure Injuries per 1000 Bed Days



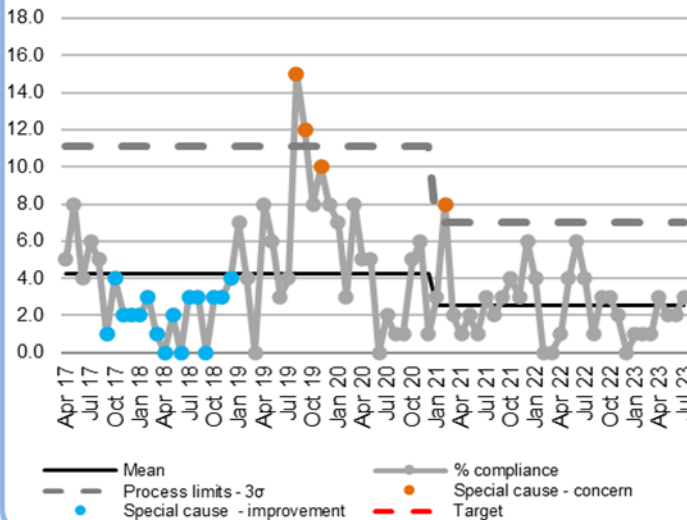
Pressure Injuries Year to Date 2023/24



Pressure Injuries - Total Incidents



Pressure Injuries - Device



## Infection Prevention and Control

### What does the data tell us?

**COVID-19 (Coronavirus) / Influenza** - . Numbers remain low, Winter plans being put in place for onward management

**MRSA** – One case in July, total for year at 2. Full reviews in place with learning identified and action plans in place

**C. difficile** – Cases have risen in both June and July and have had full thematic review with action plans and escalation in the divisions in all cases . Escalation of cases have been discussed at both senior nursing and medical level and improvement plans shared. There are a number of reasons behind the increase in cases with no specific themes and trends identified . This rise in reflected in the regional and national picture with an upward trend noticed across all areas. IPC working with system partners to share learning.

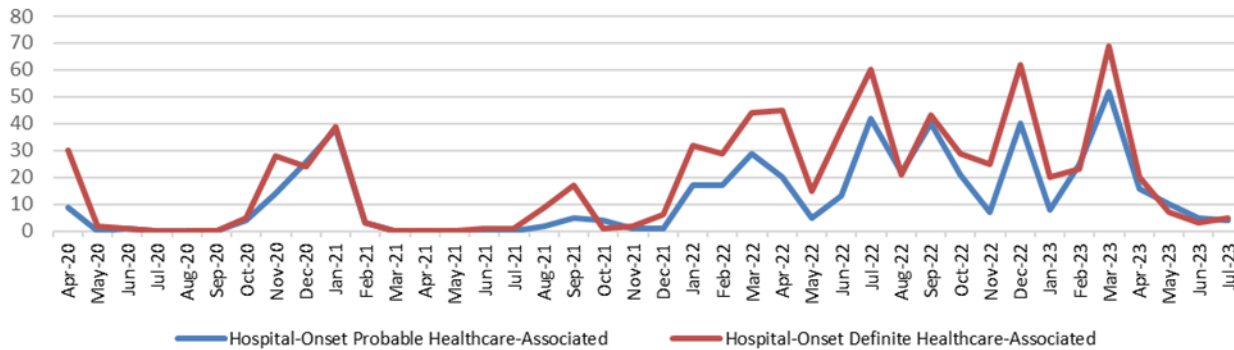
**MSSA** – Cases have risen as a trust, despite reduction plans being rolled out and targeted education. Vascular access and H@N have joined the reduction work some areas have noticed a small reduction following increased focus and education.

**Gram negative** – Currently maintaining an early below trajectory position. Contingence group looking at QI work to further add to this position.

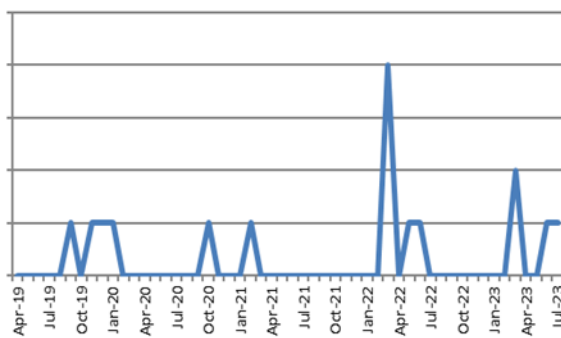
### What actions are being taken to improve?

- Targeted work in clinical areas linked with case above (*C. difficile* and MSSA cases)
- National cleaning efficacy audits continue in all divisions
- Link nurse – Educational days planned in September to make ready for winter
- Winter planning – IPC team 7 day working Consultation, COVID and Influenza rapid testing plan

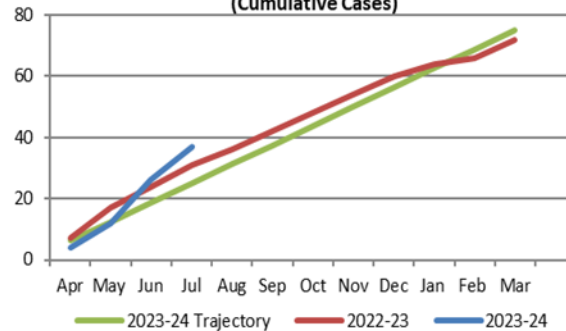
COVID-19 Onset Category by Positive Test Date



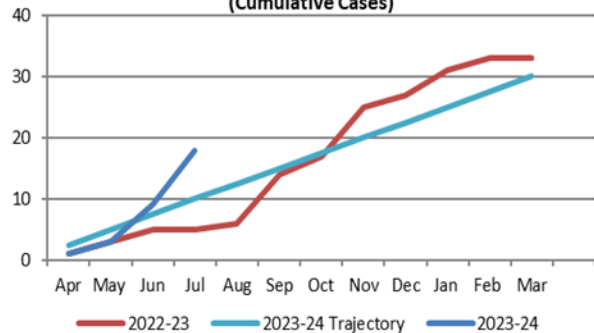
MRSA Cases - Trust Attributable



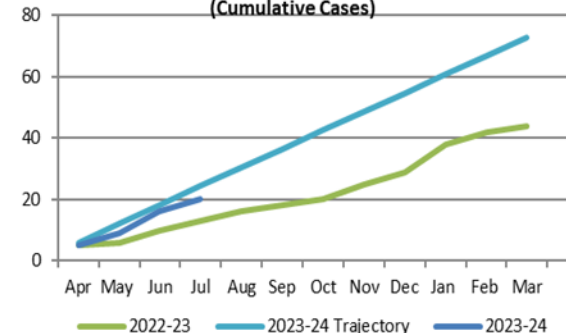
C.Difficile Cases - Trust Attributable (Cumulative Cases)

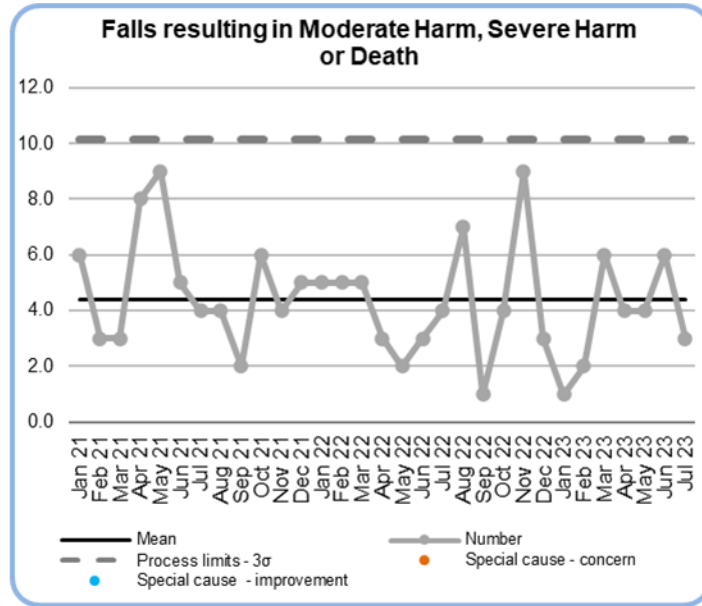
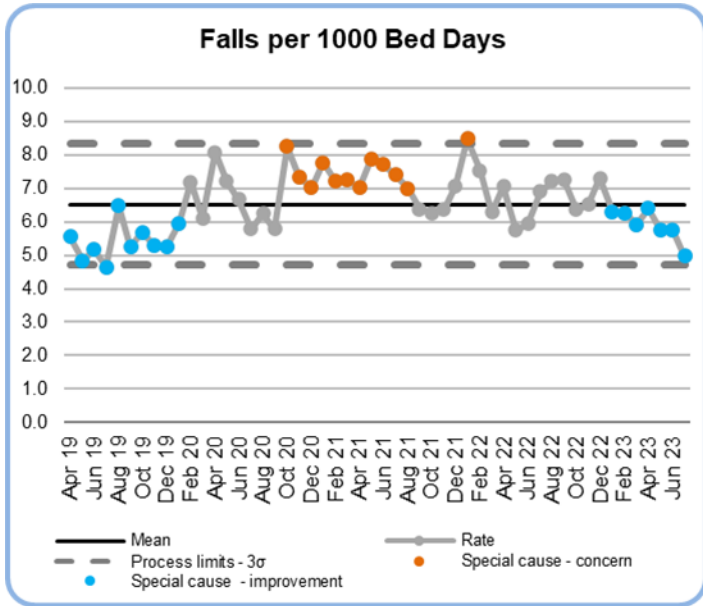


MSSA Cases - Trust Attributable (Cumulative Cases)



E.Coli Cases - Trust Attributable (Cumulative Cases)





## Falls

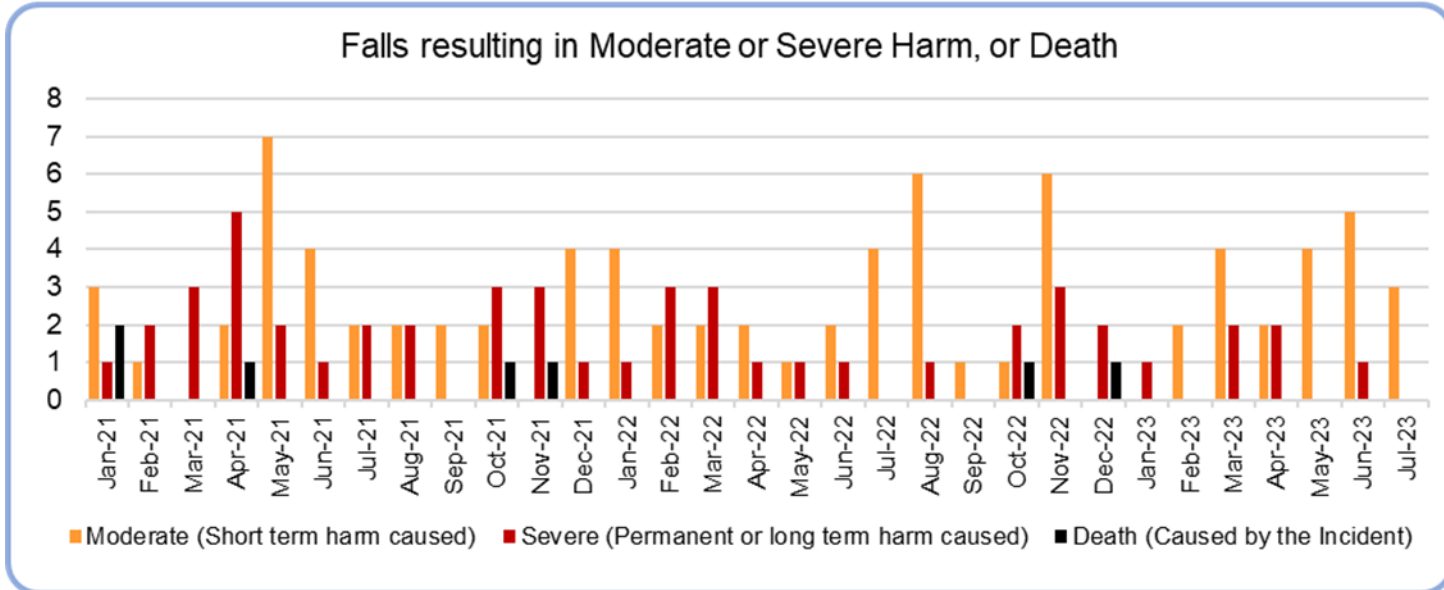
**What does the data tell us?**

### Falls incidents per 1000 bed days

NBT reported a rate of 4.97 falls incidents per 1000 bed days in July 2023, remaining below the mean rate for NBT falls (including prior COVID-19 pandemic) which is 6.8 falls per 1000 bed days.

### Falls harm rates

During July 2023, 3 falls were recorded and validated as causing moderate harm. Falls remain one of the top 3 reported patient safety incidents, therefore there is confidence that the practice of appropriately reporting falls is well embedded at NBT.

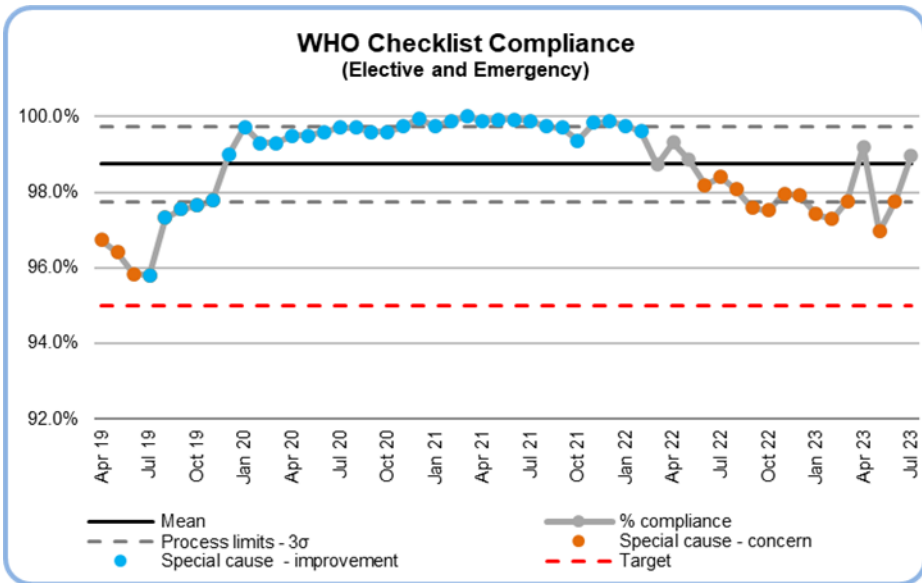


**What actions are being taken to improve?**

Inpatient falls is a patient safety priority under the patient safety incident response plan (PSIRP).

Leadership responsibility for Falls improvement work has now been delegated to the Trust's Chief AHP with some non recurrent improvement resource for 2023-24 identified. This will provide greater insights into current practice, identify potential areas for improvement and implement actions working with clinical teams.

This work will include relevant benchmarks from other similar organisations (e.g. with high proportion of single rooms within an acute setting) drawing upon relevant good practice.

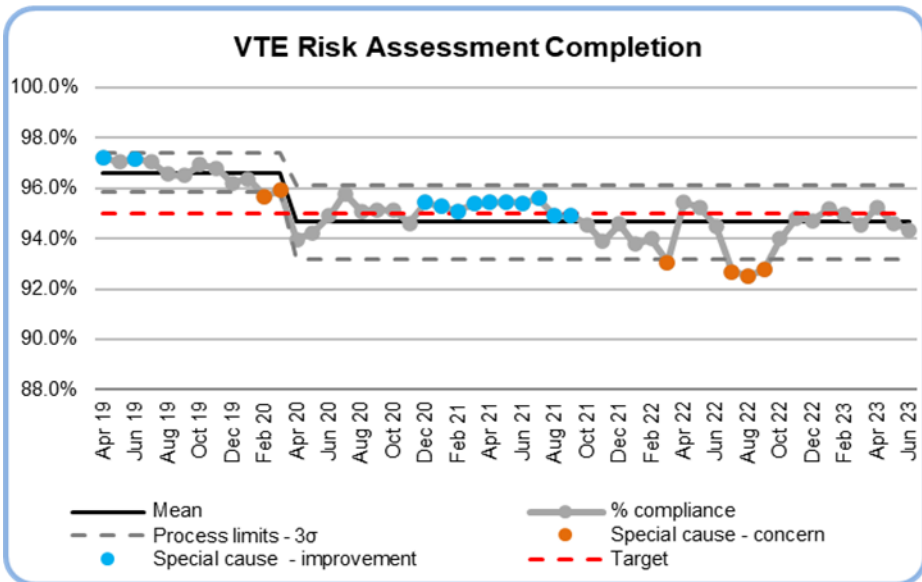


## WHO Checklist Compliance

### What does the data tell us?

In July, WHO checklist compliance was 99.88%. The Board expects that a WHO surgical safety checklist will be completed and documented prior to each operation in theatres.

The IPR report of less than 100% is due to issues with data capture and solely indicates a failure to 'sign out' on completion of the list. All cases where WHO was not recorded electronically are reviewed to ensure that checklist compliance was recorded in the paper medical records, therefore meaning that the correct checks were undertaken in practice. When a manual check confirms that the WHO check list was not completed a Datix is recorded.



## VTE Risk Assessment

### What does the data tell us?

In June the rate of VTE Risk Assessments (RA) performed on admission was reported as 94.39%. VTE risk assessment compliance is targeted at 95% for all hospital admissions. The decline in compliance seen from July-22 (exacerbated by the CareFlow changeover, though not the primary factor) has improved overall in recent months, however, there is still work to be done to ensure further improvement.

### What actions are being taken to improve?

Clinical leadership responsibilities agreed with direct oversight of the CMO and the Thrombosis Committee which reconvened to engage and drive actions across the Trust.

An improvement plan is in place this year. Central to that plan is the introduction of a novel digital VTE assessment and recording tool. This has been successfully implemented in 3 clinical areas and now moves to large scale deployment in June 2023. The current data is therefore unreliable and takes into account a combination of paper assessments and some digital assessments both of which are subject to delayed validation. During this time we rely on self assessments and audits from divisions for assurance.

*N.B. VTE data is reported one month in arrears because coding of assessment does not take place until after patient discharge.*



# Medicines Management Report

## What does the data tell us?

### Medication Incidents per 1000 bed days

During July 2023, NBT had a rate of 6.1 medication incidents per 1000 bed days. This is slightly above the 6-month average of 5.9 for this measure.

### Ratio of Medication Incidents Reported as Causing Harm or Death to all Medication incidents

During July 2023, c.6.2% of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.081). This falls below the 6 month average of 10.5%.

### Incidents by Stage

In keeping with the picture seen over the last 6 months most incidents are reported to occur during the 'administration' stage.

### High Risk Medicines

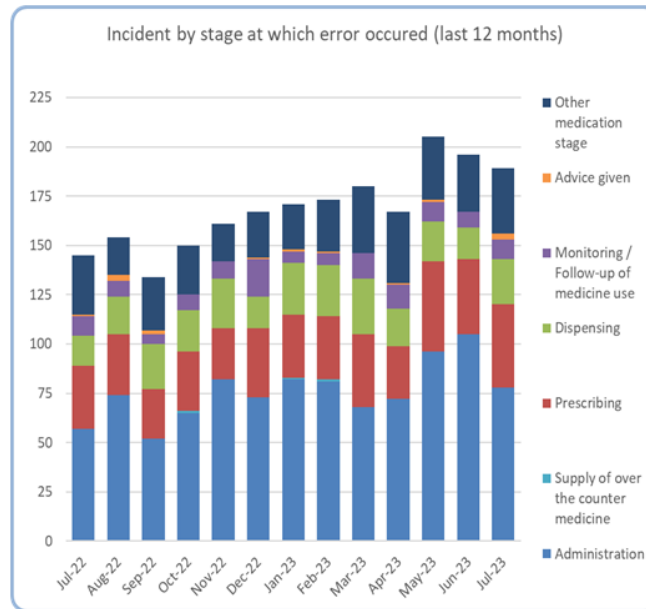
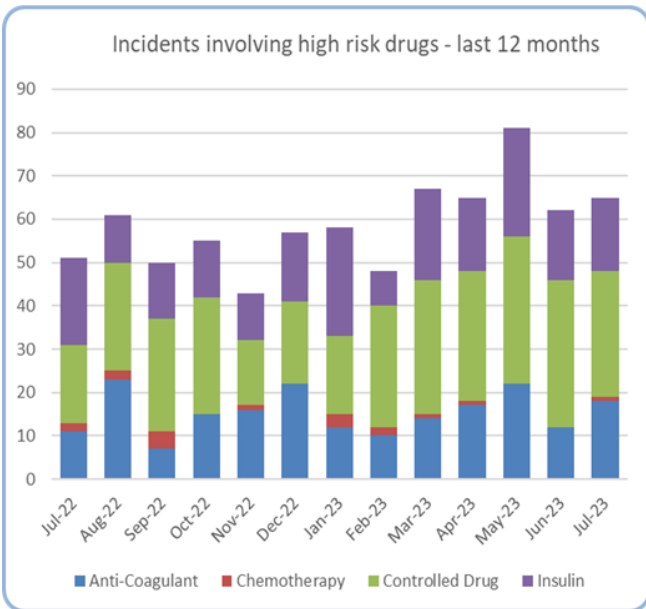
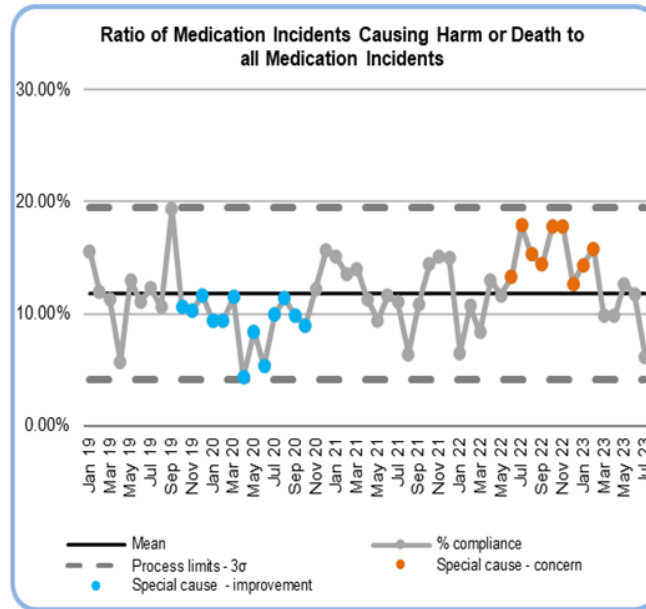
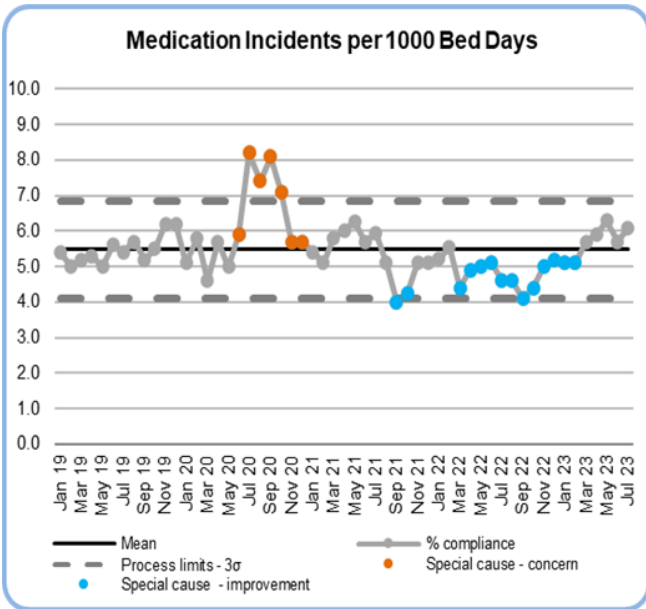
During July 2023, c.34% of all medication incidents involved a high risk medicine which is below the 6 month average of 36%.

**General comment:** It is of note that since early June 2023 we have been inputting all Medicines related incidents flagged to us by the ICB onto our Datix system. Previously this had been managed by the Medicines Governance Team on a case by case basis but this did not enable us to look for trends and relied on individual members of staff responding to email correspondence – a system which was not felt to be adequately robust. This change will, in turn, slightly raise the number of reports seen on a monthly basis – the number of report originating from the ICB is approx. 5-10 per month.

### What actions are being taken to improve?

The Medicines Governance Team encourage reporting of all incidents to develop and maintain a strong safety culture across the Trust, and incidents involving medicines continue to be analysed for themes and trends. The team are currently working with the Patient Safety Team on a report which provides a 'deep dive' into this data to present to the Patient Safety Committee in September. The findings from this initial exercise will inform priorities for the 'Medicines Academy' going forward and also an update to the information included in this IPR report.

The learning from incidents causing moderate and severe harm are presented to, and scrutinised by, the Medicines Governance Group on a bi-monthly basis in order to provide assurance of robust improvement processes across the Trust.



# Patient Experience

**Board Sponsor: Chief Nursing Officer  
Steven Hams**

## Complaints and Concerns

### What does the data tell us?

In July 2023, the Trust received 42 formal complaints. This is 2 fewer than in June and 4 fewer than the same period last year.

The most common subject for complaints is 'Clinical Care and Treatment' (21).

There were 4 re-opened complaints in July, 3 for ASCR and 1 for Medicine. Of the ASCR complainants, all felt there were questions outstanding and have requested further written responses. The division are aware of this (see action below).

Of the 42 complaints, the largest proportion was received by NMSK (14).

The overall number of PALS concerns received increased to 145, 4 more than in June.

The response rate compliance for complaints remained at 80% in July. A breakdown of compliance by clinical division is below:

ASCR – 82%	NMSK- 75%	CCS – 100%
WaCH- 85%	Medicine – 82%	

The number of overdue complaints at the time of reporting has decreased from 6 in June to 5 in July. The overdue complaints sit with ASCR (3), Medicine (1), NMSK (1).

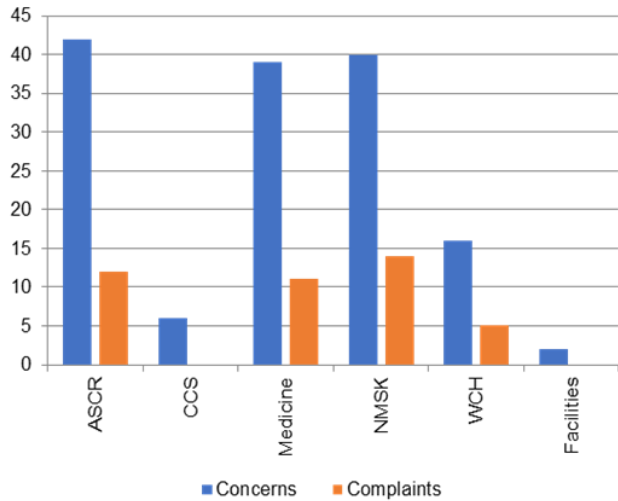
In July 100% of complaints were acknowledged in 3 working days and 100% of PALS concerns were acknowledged within 1 working day.

The average response timeframe for PALS concerns in July is 10 days, one more than in June.

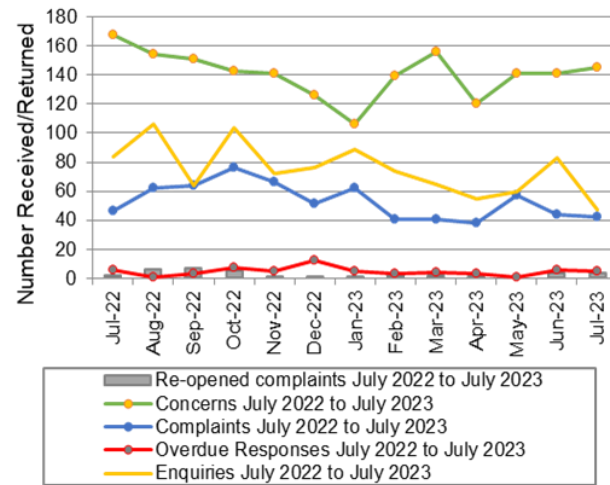
### What actions are being taken to improve?

- Ongoing weekly validation/review of overdue complaints by the Complaints Manager.
- Weekly meetings with Medicine, ASCR, WaCH and NMSK Patient Experience Teams.
- Weekly Cross Divisional Complaint review (divisional complaints teams meet to discuss joint cases).
- The PALS & Complaint Managers are attending different divisional meetings to raise the profile of the services and drive engagement.
- Complaints Manager attending ASCR specialty meetings with ASCR Patient Experience Lead to discuss complaints and provide top tips for early resolution and quality of responses to reduce the number of returned complaints.

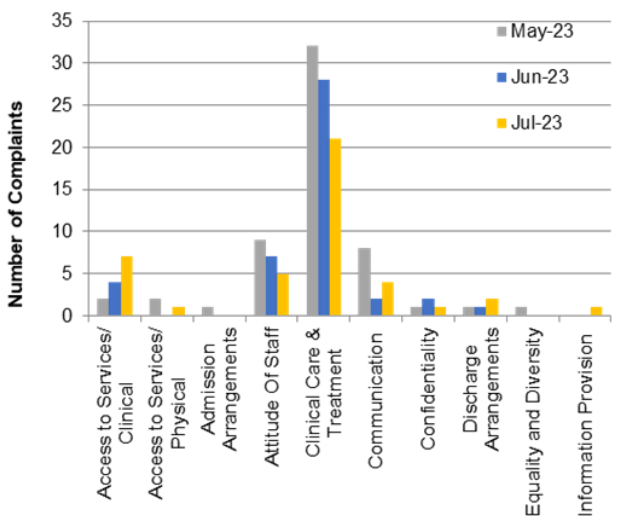
Concerns and Complaints per Division



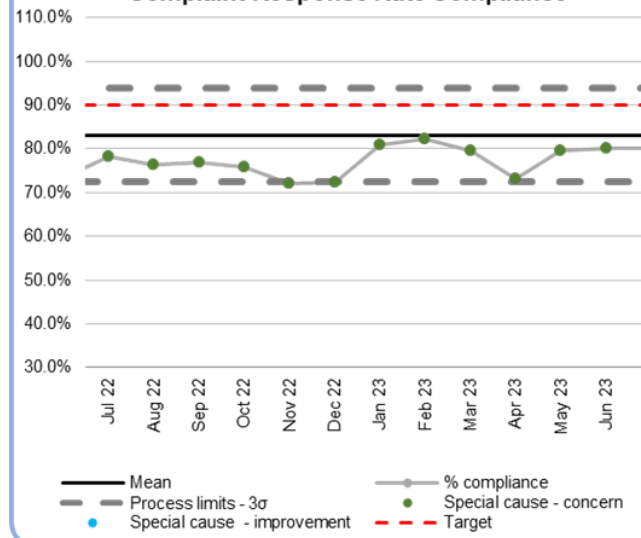
Trustwide Complaints, Concerns, Re-opened & Overdue Complaints

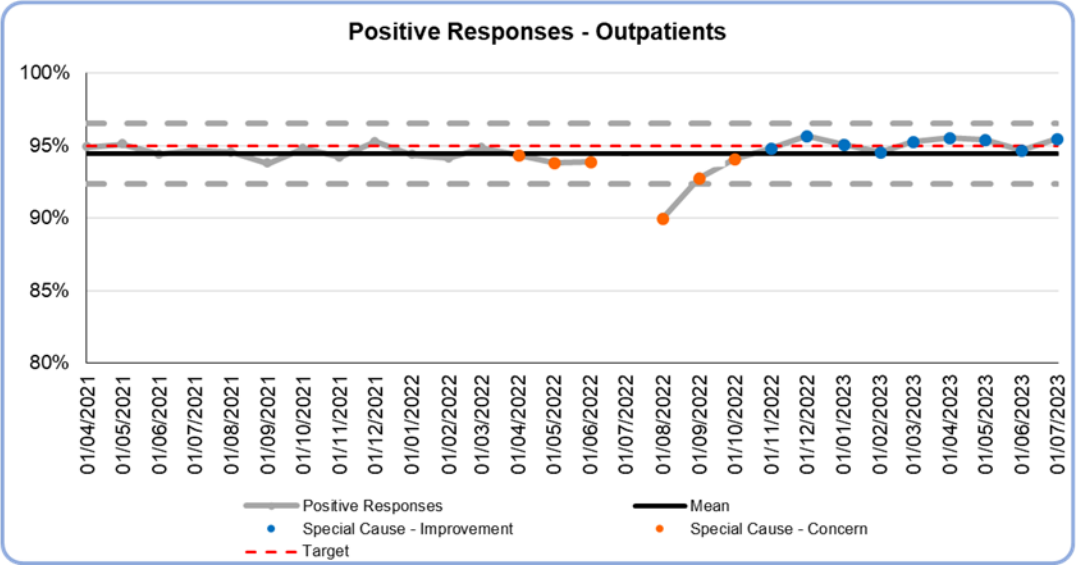
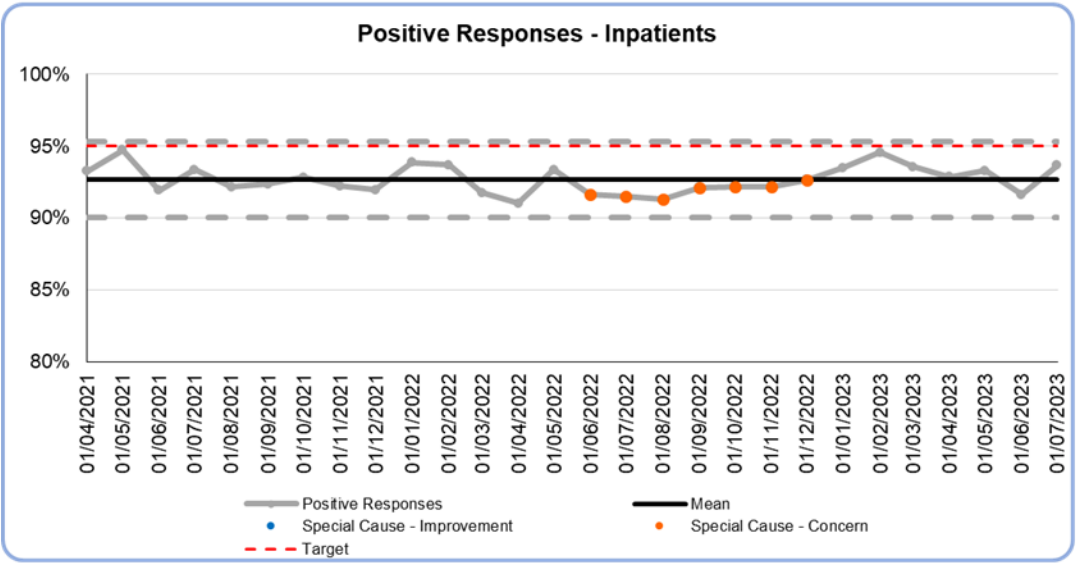
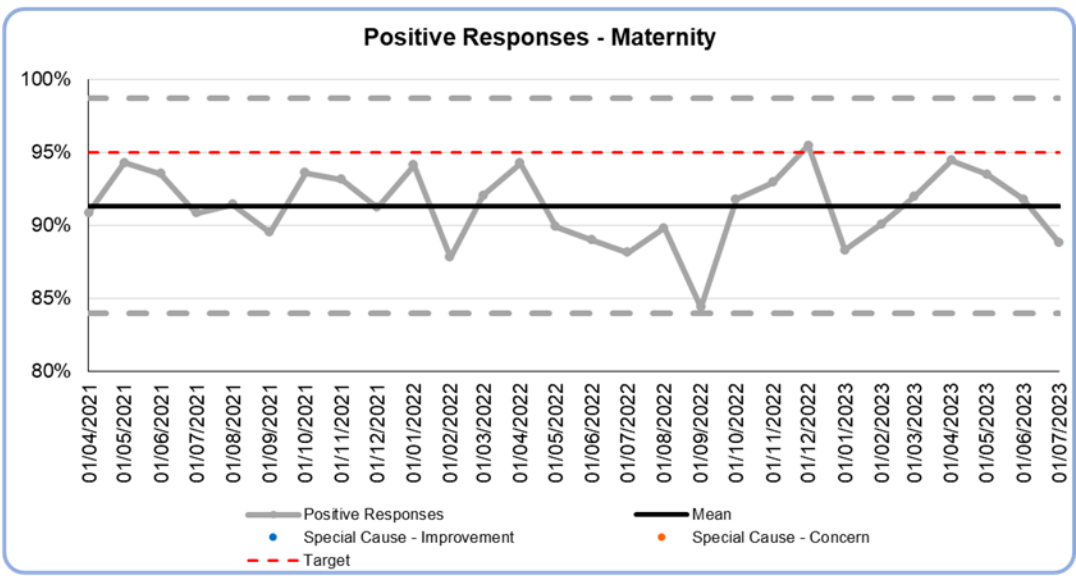
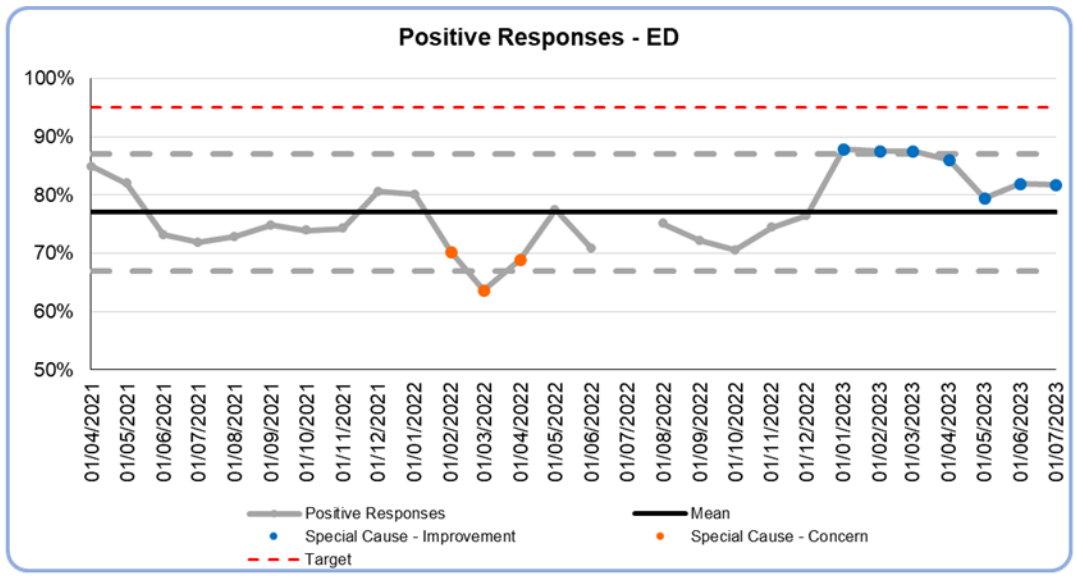


Complaints By Subject



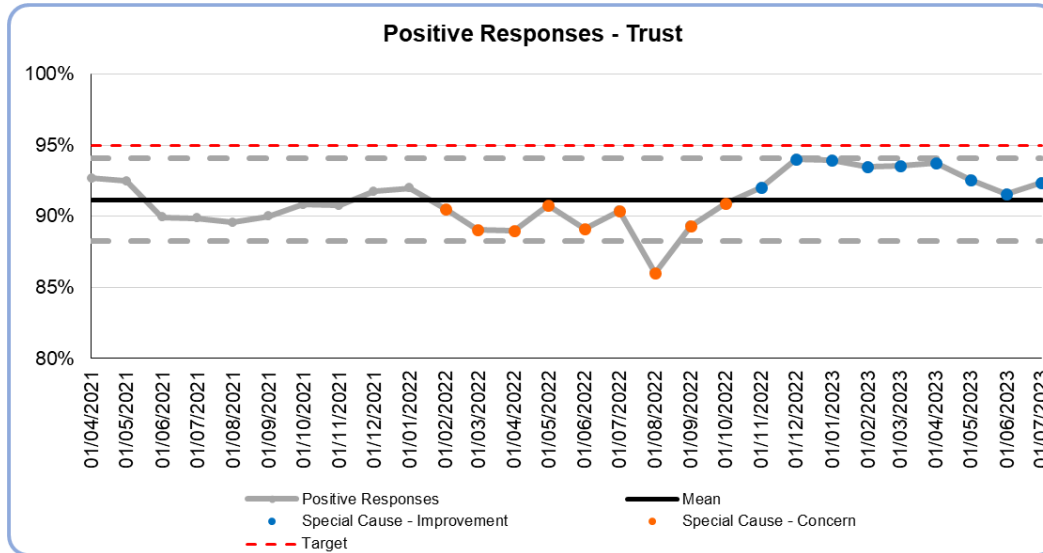
Complaint Response Rate Compliance





N.B. no data available for the month of July for ED and Outpatients due to an issue with CareFlow implementation





## What does the data tell us - Overall?

- In July 4269 patients chose to leave a comment with their rating.
- 92.3% of patients gave the Trust a positive rating. The results remain consistently high and have improved upon last month.
- As Inpatient positive responses have returned to expected levels, thematic analysis was undertaken to make sure we continue to understand what themes are impacting patients. The **overwhelming majority of the positive comments were about staff** and the negative comments were about communication. This comment illustrates both aspects of the experience:

*“I felt that the staff treated me with respect, compassion and kindness. They...were constantly upbeat, positive and concerned for everyone. My only observation on a possible improvement would be for more detail in discharge letter about what one should and shouldn't do, e.g. no driving for a fortnight, no heavy lifting etc.”*

## What does the data tell us – Different areas?

- **Inpatients:** Inpatient Positive Responses have returned to within expected limits this month, at 92.8%. The Negative Responses have dropped this month in turn to 3.8%. There has been a reduction in negative comments surrounding staff, communication and waiting time compared to last month. We added Surgical and Medical SDEC to our Inpatient FFT in June, which will impact on our Inpatient responses. Due to the nature of these services, they will likely receive more variable results depending on demand. This month there has been a marked improvement in their responses.
- **Outpatients:** Positive Responses are 95.5% and Negative Responses remain low at 1.9%. The Response Rate continues to show a significant positive improvement, providing assurance that we are continually improving on how many people we are reaching.
- **Emergency Department:** Positive Responses are at 81.8% and continue to show special cause for improvement. This is higher than the most recently published National score of 80%. Negative Responses continue to reduce, showing special cause for improvement.

## What actions are being taken to improve our FFT engagement?

- Outpatient response rates continue to show significant improvement. This is likely due to the inclusion of FFT Question within Local Surveys, which staff are more engaged with promoting to patients. There has also been an increase in promotional materials visible for FFT in a number of Outpatient areas.
- Continued engagement with clinicians around using the Trust’s digital system, ‘Envoy’ to access and utilise the FFT feedback comments to identify improvement opportunities. FFT was presented to staff at the ASCR Governance Meeting this month to engage the division.
- Ongoing meetings with divisional patient experience teams and BI teams to ensure continued functionality of the system and manage any data quality issues as they arise.

## Well Led

**Board Sponsors: Chief Medical Officer, Director of People and Transformation  
Tim Whittlestone and Jacqui Marshall**

# Well Led Introduction

## Vacancies

Trust vacancy factor was 8.25% in July (769.8 wte) from 8.03% (735.2 wte) in June. The Trust saw a significant reduction in unregistered nursing and midwifery vacancies predominantly driven by Healthcare Support Worker recruitment with a net gain of 34.5 wte at band 3 in July with increases in staff in post across inpatient wards. At Trust level vacancies increased there was growth in establishment in Nursing and Midwifery Registered, Medical Staff related to agreed investments, e.g. NICU Nursing, Hospital at Home and Radiology business cases.

## Turnover

Rolling 12-month staff turnover decreased from 15.90% in June to 15.19% in July with the improvement trend continuing. The Trust is finalising its one year retention plan that will look to continue and enhance retention actions Trust wide and in hotspot staff groups. Patient First 23/24 target – 16.5%.

**Patient First target for 2023/24:** 16.5% of below

## Prioritise the wellbeing of our staff

The Trust rolling 12 month sickness absence position decreased from 5.07% in June to 4.94% in July which represents the seventh month of continuous reduction in absence rates. The position remains stable and the absence reasons driving this positions remains unchanged from last month.

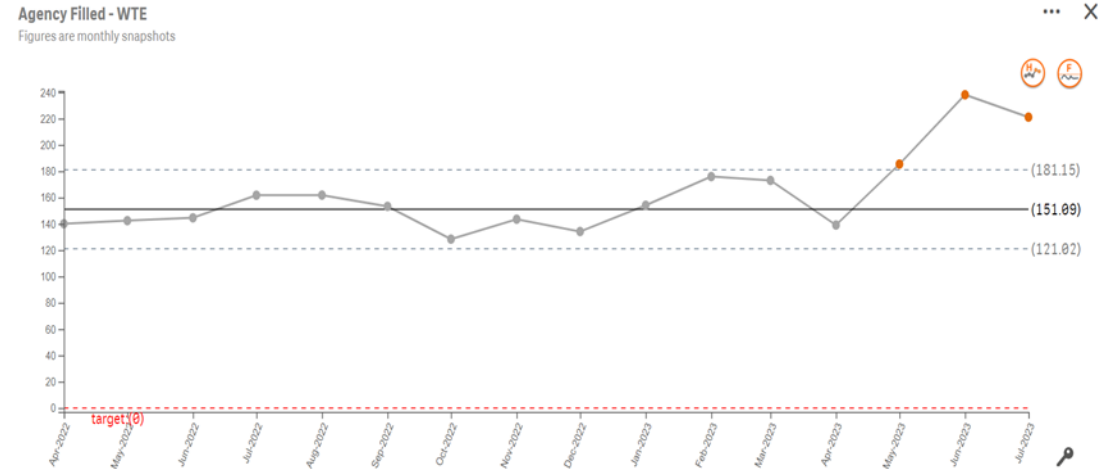
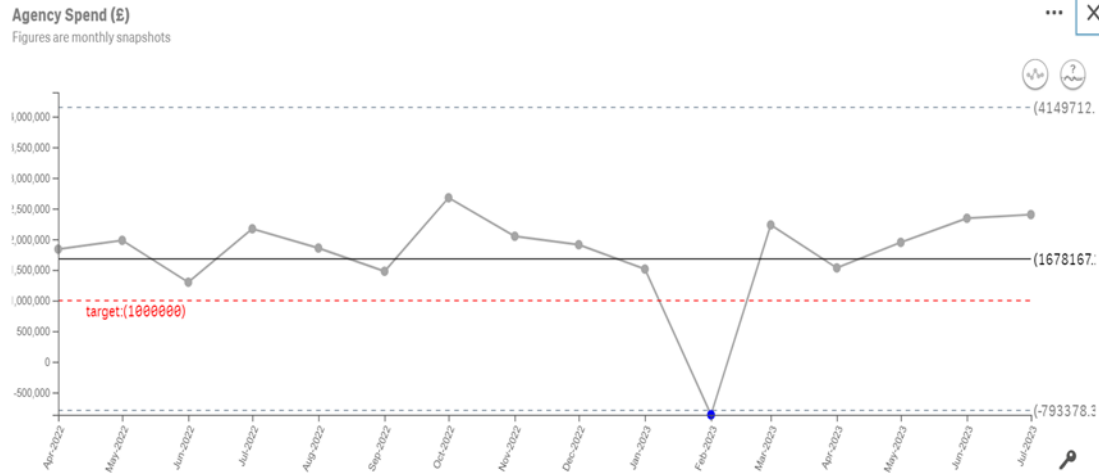
**Trust Target for 2023/24 (based on moving from 3<sup>rd</sup> to 2<sup>nd</sup> quartile of all national acutes):** 5.2%

## Temporary Staffing

Overall temporary staffing demand increased by 1.81% (19 wte) in July compared to June. The greatest growth was seen in Administrative and Clerical (+10.5 wte) and Estates and Ancillary and Nursing and Midwifery Registered (+7.1 and +7.2 wte respectively). Bank hours worked increased across all staff groups, in total the Trust saw 16.18% (62.9 wte) growth, whilst agency use decreased by 2.43% (5.5 wte) with small reductions in Nursing and Midwifery Registered (-1.9 wte), Medical Staff (-3.3 wte) and Administrative and Clerical (-1.9 wte). ICU remains a hotspot for agency use with temporary staffing demand growing by 16.5 wte, agency use increased 11.7 wte and bank Break Glass by 3.4 wte as a result. Overall unfilled hours decreased by 16.18% (38.1 wte) with the greatest reduction in Additional Clinical Services (predominantly unregistered nursing and midwifery) which also saw the greatest increase in bank hours worked (+22 wte), of the teams who saw demand for unregistered nursing and midwifery temporary staffing, 37 teams (62.27%) saw growth in bank hours worked in July compared with June.

Theme	Action	Owner	By When
<b>Vacancies</b>	Review of recruitment processes initiated via Patient First 'Faster Fairer Recruitment' and now ongoing through the Recruitment Services Reconfiguration (RSR) and extending performance management timeframes to 150 days to ensure sustainability improvements. Implementing digital on boarding forms from October '23 to further enhance recruitment processes / candidate experience	Deputy Chief People Officer	Oct-23
<b>Turnover</b>	Immediate retention actions commencing linked to HCA turnover in first 12 months of employment in hotspot areas (Medicine and Outpatients) with additional interventions being identified through ongoing data analysis	Associate Director Culture, Leadership & Development	Sep-23
<b>Staff Development</b>	Launch the first cohort of 'Mastering Management' delivered by University of West of England - now complete New Action - Scope requirements for online appraisal system	Associate Director Culture, Leadership & Development	Dec-23
<b>Wellbeing</b>	Implementing financial wellbeing projects to support our staff including Citizens Advice Bureau 1:1 sessions for advice on debt, benefits, housing and consumer rights - data analysis on impact in progress to determine continuation of initiatives	Associate Director Culture, Leadership & Development	Sep-23
<b>Temporary Staffing</b>	Agency reduction programme for 2023/24 is now developed. Further to the successful pilot, the enhanced Break Glass Bank rate for Registered Nurses will continue for a further 12 weeks to the end of October 23.	Deputy Chief People Officer	Jul-23

# Temporary Staffing



## What Does the Data Tell Us

Agency use saw a reduction of 5.5 wte overall, 2.4 wte of which was in Nursing and Midwifery Registered. However this was driven by a variable position between registered nurse and registered mental health nurse agency use, the former seeing an increase of 10.7 wte with the latter a decrease of 12.6 wte. The registered nurse agency use increase was driven almost entirely by ICU with only Urology Theatres seeing an increase of over 2.0 wte, with movement between June and July as follows:

- ICU: demand +16.5 wte, agency + 11.7 wte, bank + 3.4 wte and unfilled +1.6 wte
- Urology Theatres - demand +2.0 wte, agency + 2.0 wte and unfilled 0.0 wte
- Break Glass bank shifts – saw an increase of 4.4 wte in July compared to June with 3.5 wte being in ICU, a second month of growth (with ICU also seeing some of the greatest growth in agency + 11.7 wte, of which + 2.0 wte was Tier 4 – relating to high levels of dependency in the unit)
- RMN use reduced by 12.6 wte in July compared to June with 0.8 wte (from 1.8 wte in June) being from Tier 4. Ward 8a saw the greatest reduction of 6.4 wte (from 8.6 wte in June)

## Actions

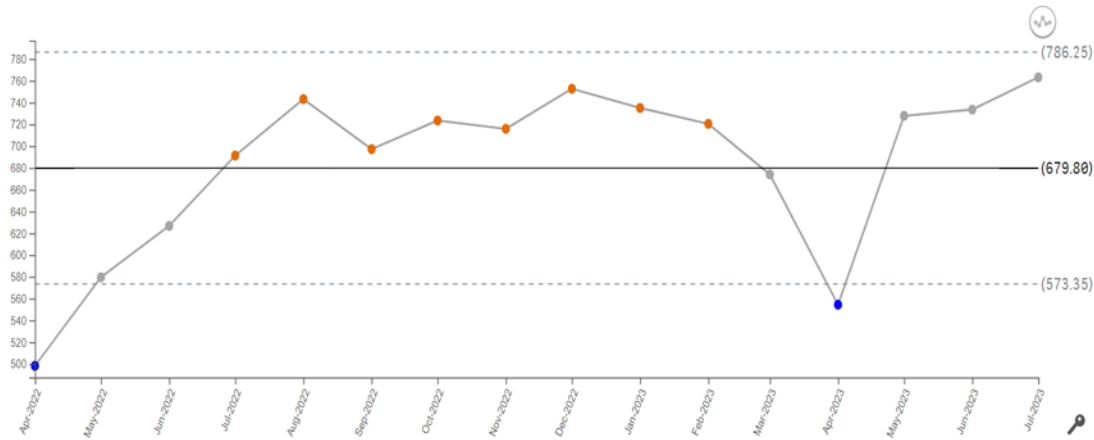
1. The Trust has established an Agency Reduction group focussing currently on the following interventions:
2. Break Glass continuation; Bank RMN Proposal (aiming to take this to the People Oversight Group end of August); International Recruitment; eRoster compliance and agency demand management

**Agency Reduction:** Targets and tracking of the impact of these interventions has been designed into an action plan using the A3 methodology. Whilst the ICS has been set a target (by NHS England) for agency spend to not exceed 3.7% of total pay spend, this has not been translated into a Trust target. The ongoing agency spend for all staff groups and impact of identified interventions and opportunities will be monitored and reported monthly.

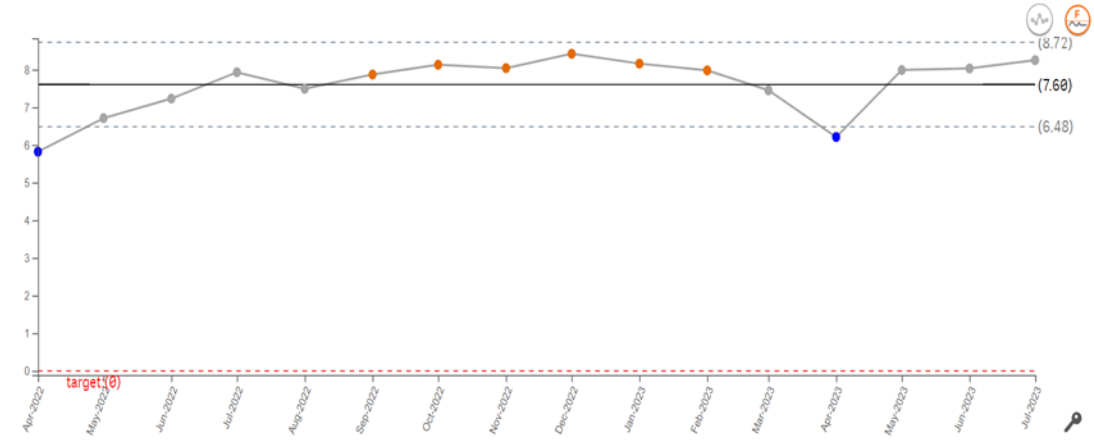
**Bank Optimisation:** workstream is being established with key focus on improving the experience of Bank Workers and how this can be used to encourage further uptake of Bank shifts across all staff groups. The dedicated Bank Worker staff survey outcomes will be used as a framework for structuring and prioritising this activity to commence in September.

# Vacancy Position

**Vacancy WTE**  
Figures are monthly snapshots



**Vacancy Rate (%)**  
Figures are monthly snapshots



## Talent Acquisition Recruitment Activity

### Unregistered Nursing and Midwifery

- Offers:** 46.8 wte of offers for HCSW roles were made in July, 2.8 wte for band 2 and 44.0 wte for band 3 with
- Pipeline:** 137.4 wte of candidates with offers being processed. Current withdrawal rates are at 22% of HCSW roles suggest that 120.9 wte will join. Over next three months (between August and October) we expect 120.9 wte to join which is slightly higher than last year where 119.7 wte joined

### Registered Nursing and Midwifery

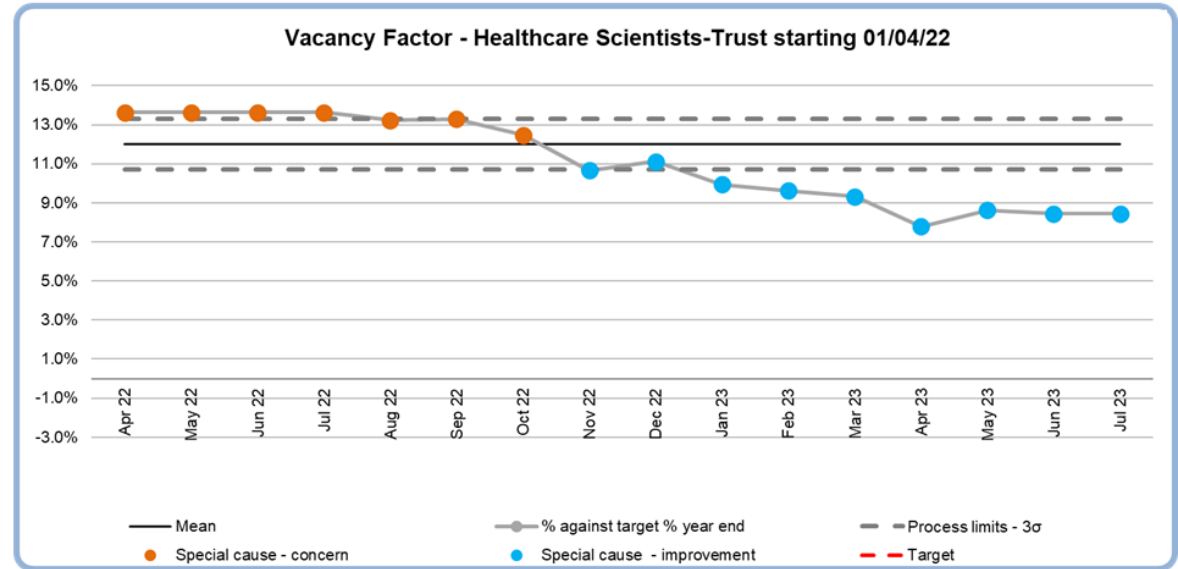
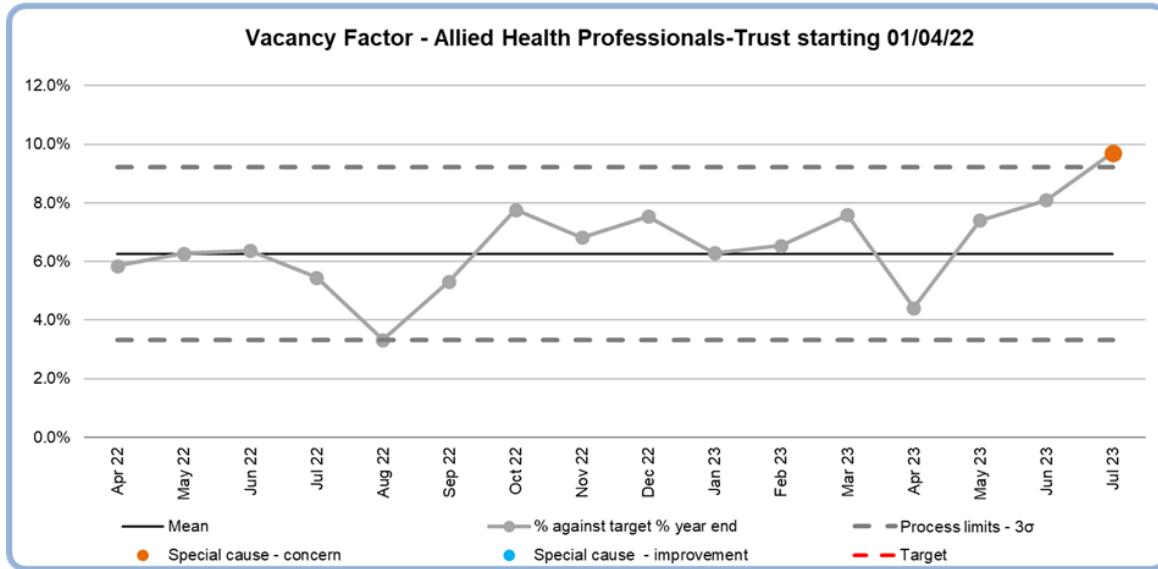
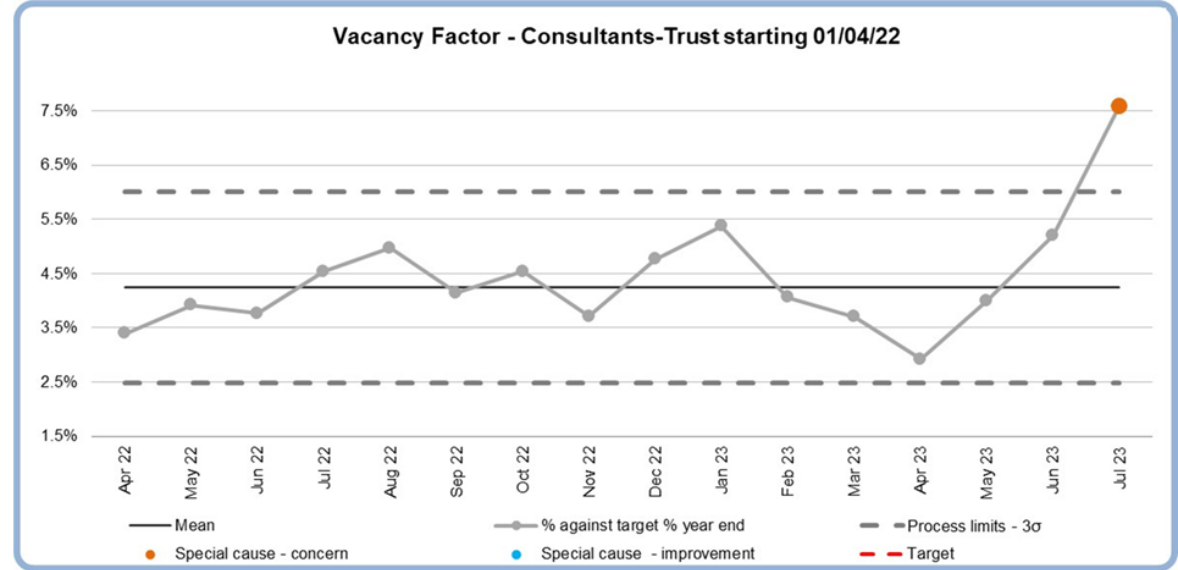
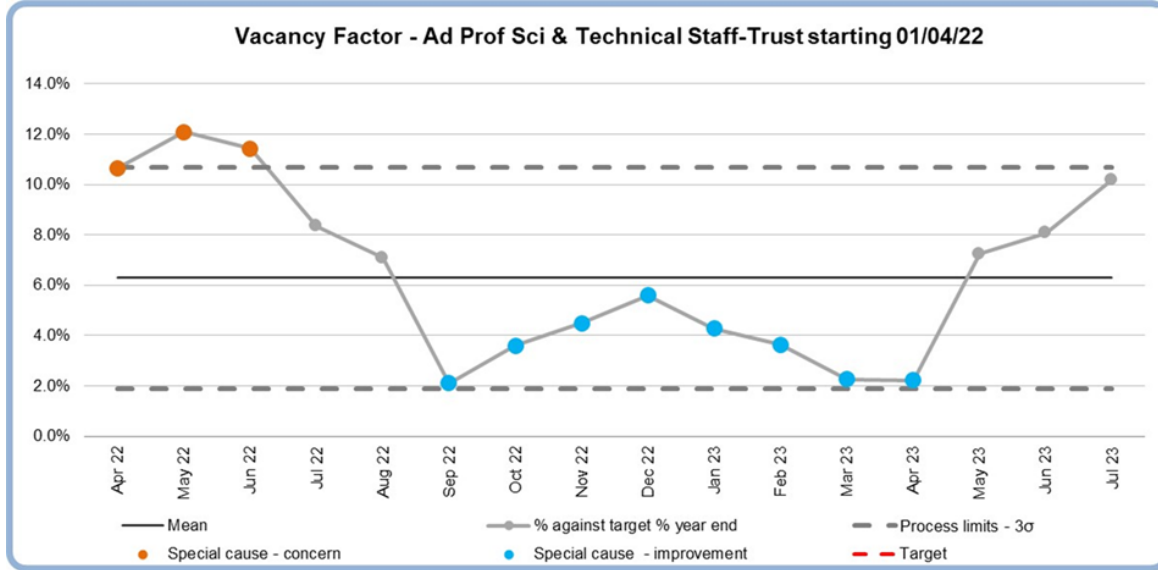
- Offers:** 27.1 wte of band 5 offers for d registered nurses and newly qualifying nurses across the Trust
- Pipeline: Domestic** 193.3 wte band 5 candidates with offers being processed. Current withdrawal rate is at 37% suggesting that 121.7 wte will join over next three months (between August and October) which is slightly higher than last year where 119 wte joined
- Pipeline International:** There are 27 wte in the pipeline allocated to start between August and October which is higher than last year where 20 wte joined

### Recruitment Activity

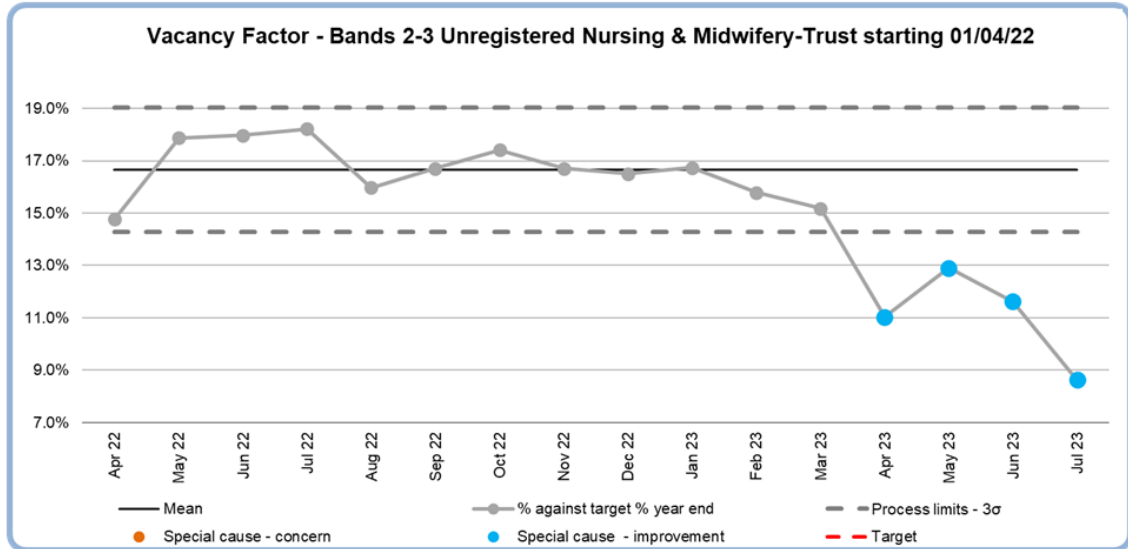
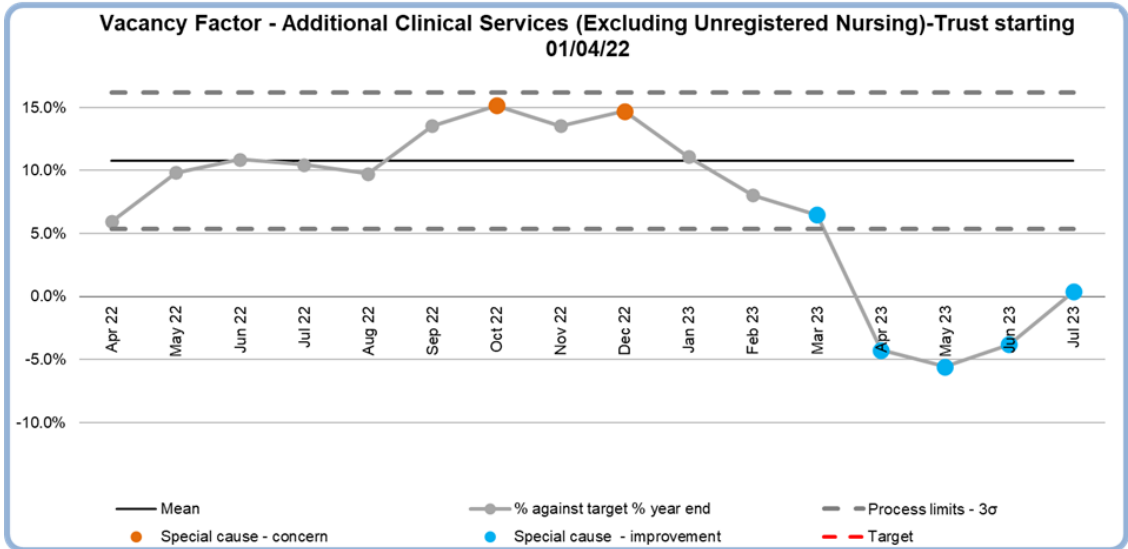
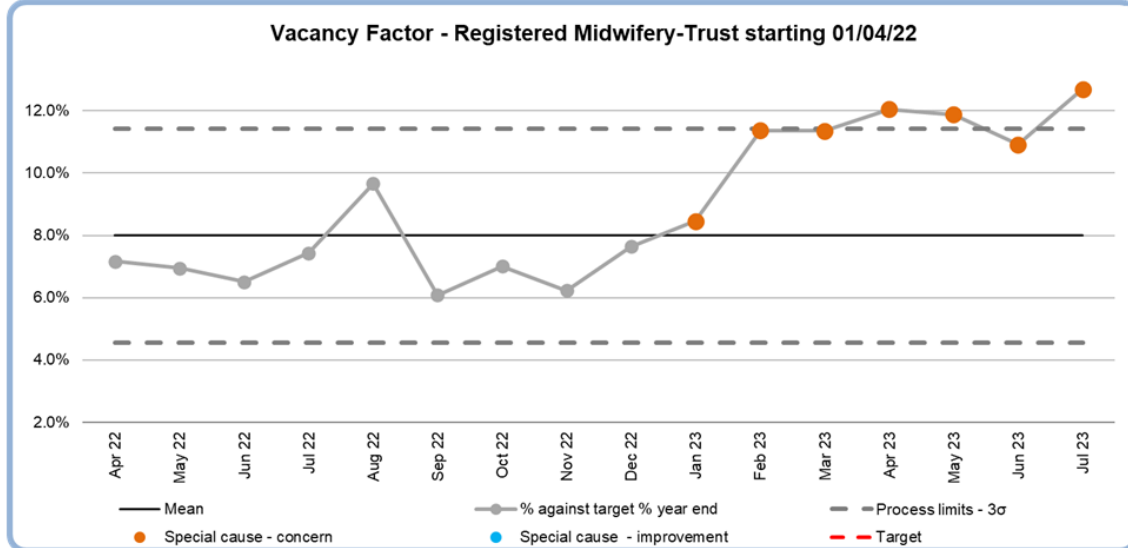
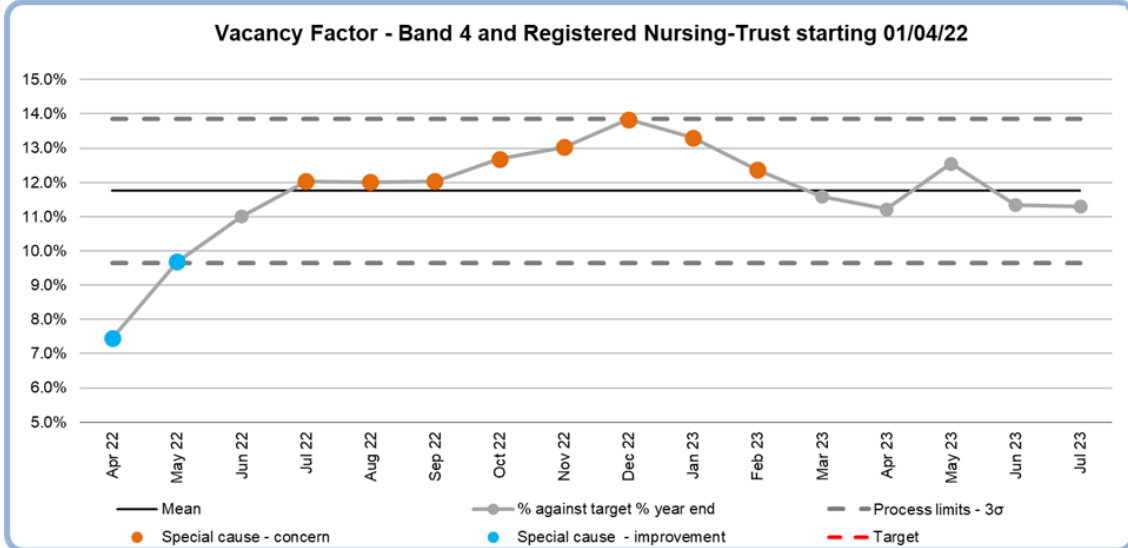
- Careers Events:** In July we held our Nursing and ODP Careers online event which had 49 attendees. We provided careers information at the Trust Pride stand and the NHS 75 Celebrations in the Atrium.
- International Recruitment:** We welcomed 27 Internationally educated Nurses to the Trust in July

### Current actions being taken to mitigate withdrawal rates:

- Midwifery incentivisation programme in place
- Nurse band 5 candidate engagement programme being developed to include open day information and tours for candidates in pipeline

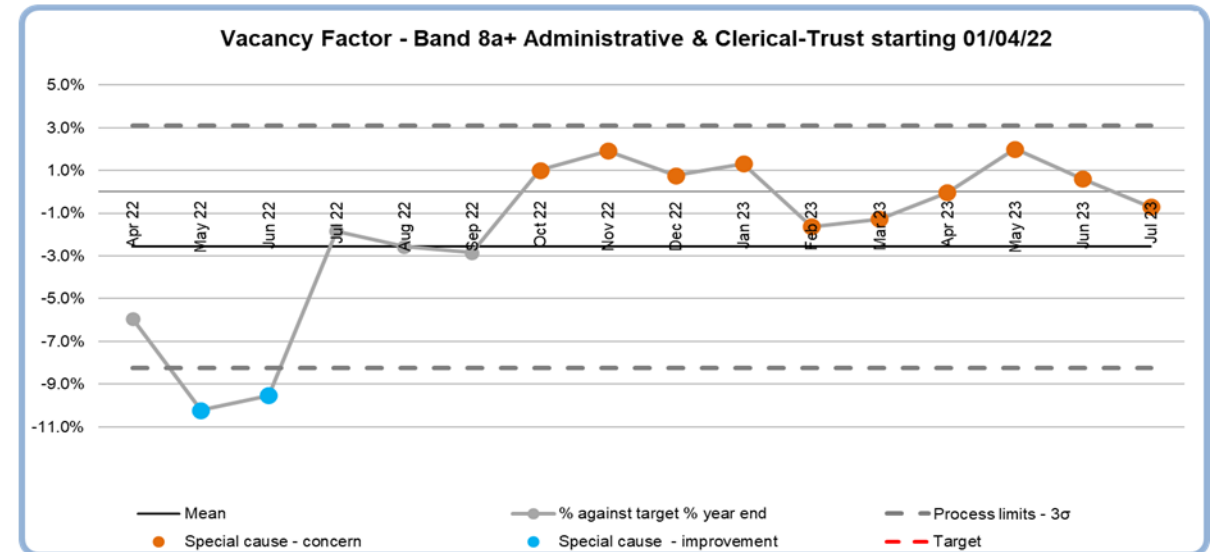
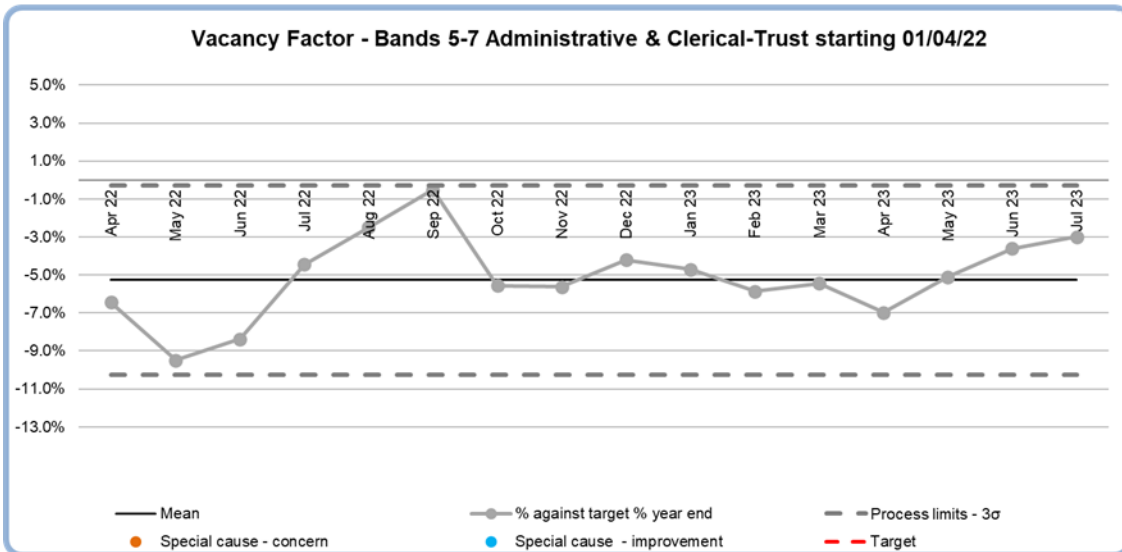
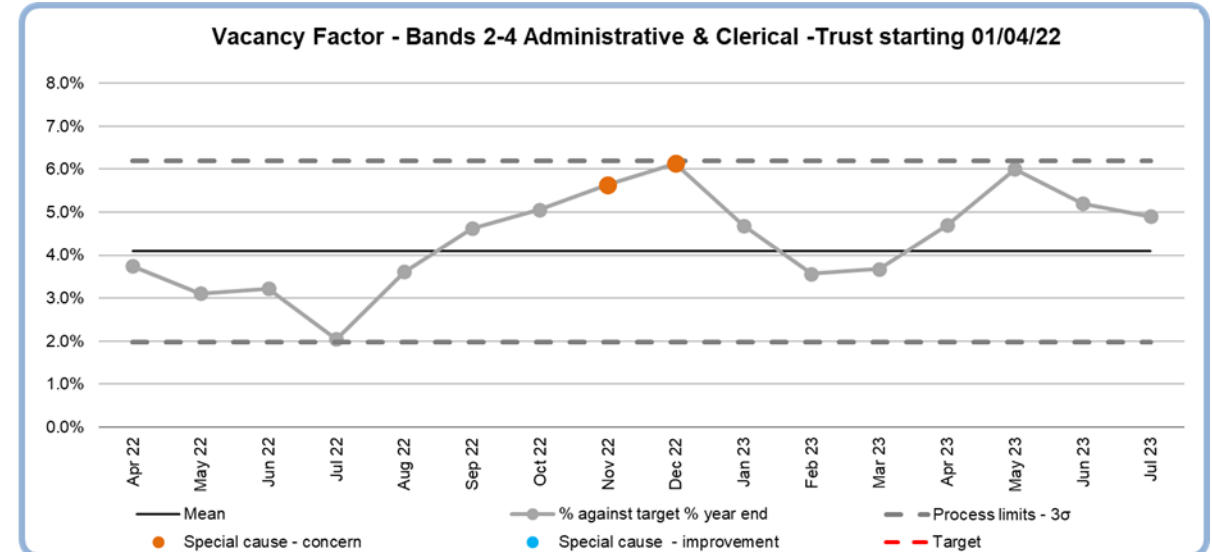
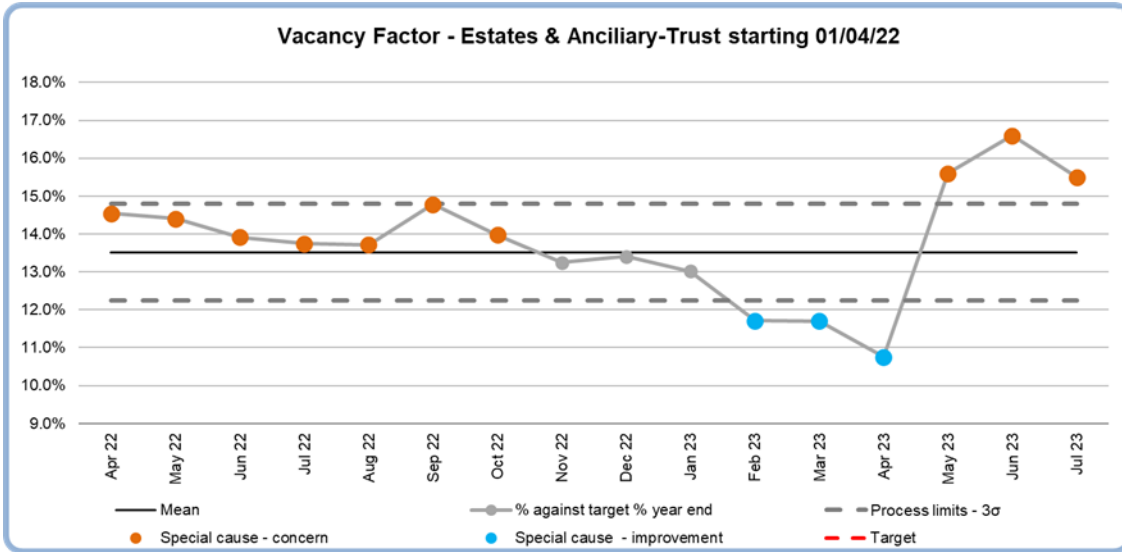






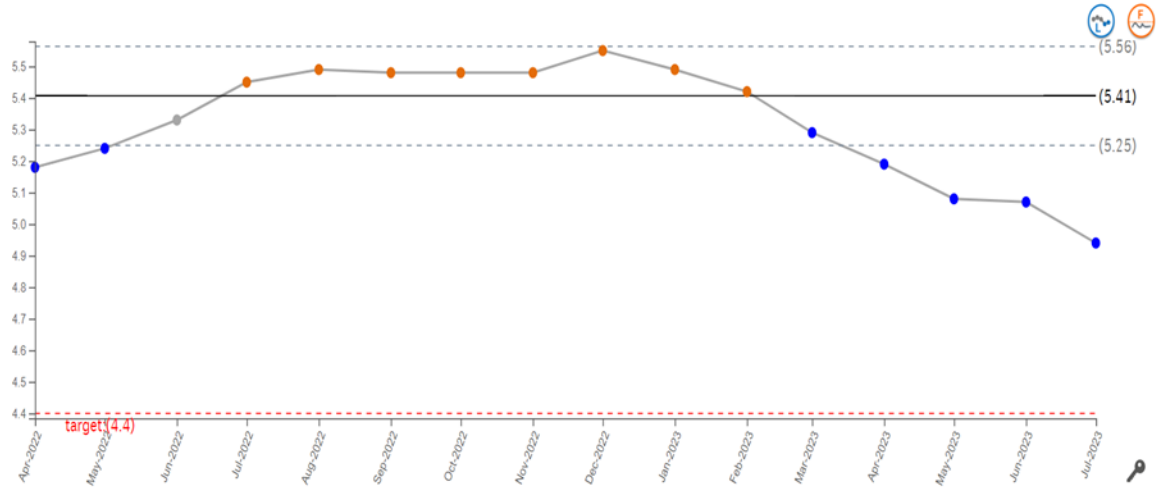
- Registered midwife vacancy factor has increased and shows as deterioration (series of orange markers above upper control) due to additional agreed funding being applied in January 2023
- Incentives remain in place in midwifery to attract more staff through recruitment and to reduce the drop out rate from the candidate pipeline





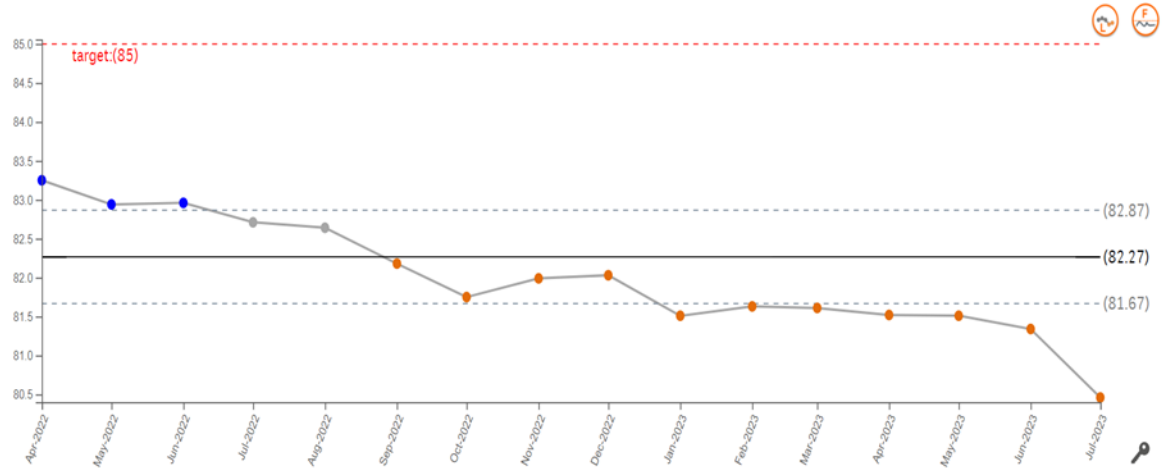
Sickness Rate 12 Month Rolling (%)

Figures are monthly snapshots



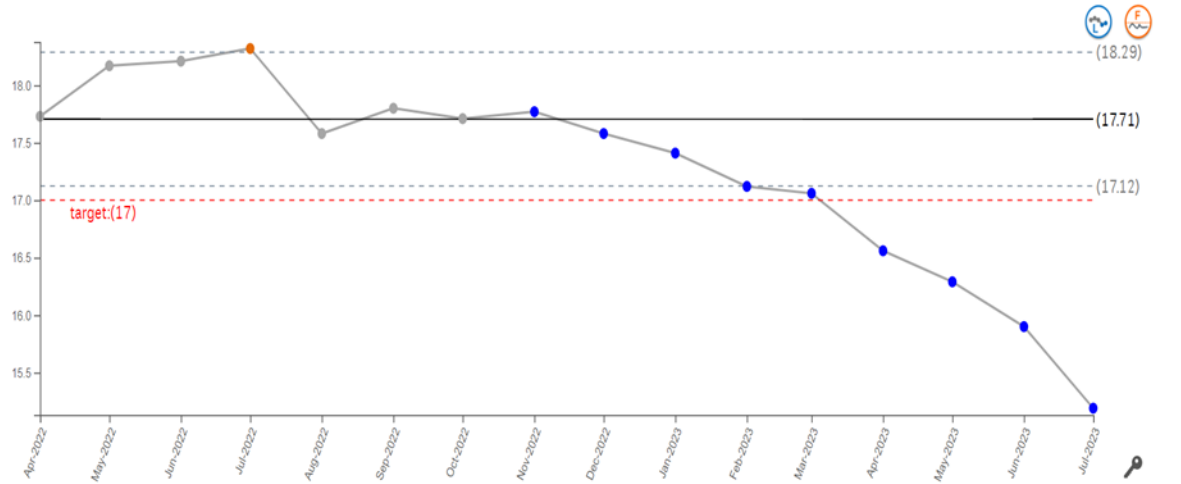
Stability Rate (%)

Figures are monthly snapshots



Turnover Rate (FTE) 12 Month Rolling (%)

Figures are monthly snapshots (Not including Junior Dr's)



## People support and engagement

### Actions delivered: (Associate Director of People)

- Policies agreed on supporting colleagues with addiction, armed forces and reserves
- Outdated policies risk assessed and extended to ensure compliance
- Reinstated casework reviews, including application of restorative just culture principles
- Model for supporting Divisions with operational HR agreed
- Trustwide absence management plan developed

### Actions in Progress:

- Website with bitesize management training in development, providing just in time advice and support (**September**)
- Review of template letters in line with RJC principles (**October**)
- Campaign to support new fairness at work policy, early resolution and RJC (**November**)

## Retention and Staff Experience (including Health and Wellbeing)

### Actions Delivered: (Associate Director Culture, Leadership & Development)

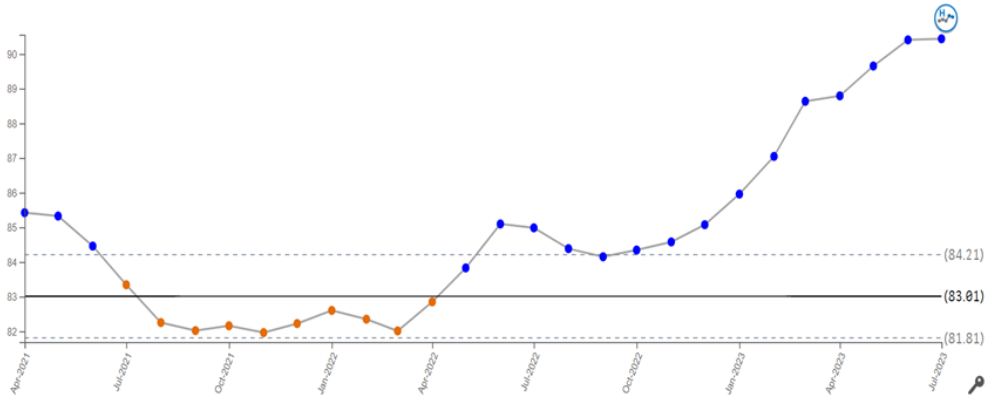
- Successful launch the first cohort of 'Mastering Management' delivered by University of West of England (UWE). Second cohort due to start in Sep.
- 2023/24 Defence Equipment and Support (DE&S)/NBT mentoring scheme launched with around 40 participants taking part in the 6-month mentoring scheme.
- Plan for 2023/24 National Staff Survey drafted and agreed with Executive Team
- Staff Survey Working Group set up with wide representation from all divisions
- Employee Assistance Programme (EAP) contract renewed for a further year
- Appraisal window closed. Completion rate just under 80%, compared to 56% (August figures) in 2022
- Improved process for managing Long Service Awards was developed and agreed

### Actions in Progress: (Associate Director of Culture, Leadership & Development)/Associate Director of People)

- Further Citizens Advice sessions (4 x per week) for anyone seeking advice on debt, benefits, housing, consumer rights and other legal issues, available until the **end of September 2023**
- Work underway to further improve Trust-wide Corporate Induction (**September 2023**)
- Actions from Gender Pay Gap, WRES and WDES reporting refreshed, and an EDI Plan being developed, structured around the NHSEI 6 high impact actions (to go to Trust Board **September 2023**)
- Trust retention working group to continue, developing and implementing retention plans building on the retention project charters (**April 2023 – Sept 2023**)
- Immediate retention actions continuing linked to HCA turnover in first 12 months of employment in hotspot areas (**April 2023 – September 2023**)
- Work underway with a multi-disciplinary group of people, including our ICS Retention Lead, to develop a Legacy Mentoring Programme at NBT (**May – September 2023**)
- Work underway to develop a coherent staff mental health strategy to support staff to stay well and provide support during times of distress or ill-health, with clear signposting and promotion of all new and existing tools, resources and sources of support (**December 2023**)
- Planning underway for Black History month in **October** and Suicide Prevention week in **September**

# Essential Training

Essential Training Compliance % (Top 9)  
Figures are monthly snapshots



Training Topic	Variance	Jun-23	Jul-23
Child Protection	1.2%	83.8%	85.1%
Adult Protection	1.2%	84.7%	85.9%
Equality and Diversity	1.0%	86.3%	87.3%
Fire Safety	1.5%	85.9%	87.4%
Health and Safety	0.9%	86.4%	87.3%
Infection Control	1.2%	85.6%	86.9%
Information Governance	2.8%	80.2%	83.0%
Manual Handling	0.8%	84.4%	85.2%
Waste	1.3%	85.4%	86.7%
<b>Total</b>	<b>0.5%</b>	<b>84.23%</b>	<b>84.73%</b>

## What Does the Data Tell Us - Essential Training (Head of Learning and Development)

- QLIK (9 Aug 23) shows compliance as: All staff 84.54%, Permanent Staff 93.43%, Fixed Term Temp 71.24%, Other 56.69% (NBT ExTra **58.81%**).
- Outliers in Training Compliance by Job Staff Group & Number of Staff:
  - Medical and Dental **58.44%**
- Training Compliance By Training Title shows Information Governance, Manual Handling, Child Protection Adult Protection and Waste as **below the compliance target**.
- The largest number of training expirations in the next 3 months are Information Governance, Fire and Patient Handling.

## Actions – Essential Training (Head of Learning and Development)

- Weekly MaST reports are helping to raise the visibility of MaST compliance within divisions. Div Dons and People Partners are interrogating the data and working with their divisions to increase compliance.
- NBT ExTra are working with the L&D and Library teams to set up MaST sessions in the computer suites.
- Inclusion of 5 MaST subjects in corporate induction has helped to increase compliance on day 1.

## Leadership & Management Learning (Leadership Development Manager)

- Mastering Management: cohort 1 underway and Cohort 2 to start in Sep. Dates confirmed for cohort 2-5 and dates for Action Learning Sets confirmed for cohorts 1-3. Content being finalised with UWE.
- Excellence in Management programme: Cohort 2 launches on 30 Aug 23. Sates for 2024-2025 to follow.
- Leading for Change: next speaker is Dr Michael West on 29 Aug 23 "Compassionate Leadership for transforming healthcare".
- Accelerate Programme: Cohort 1 launches Sep, and Cohort 2 in Feb 24.
- ILM Leadership and Team Skills Cohort 2 underway, and admissions for Cohort 3 closes 1 Sep 23.
- Project underway to procure a Coaching and Mentoring Platform with PLD. Completed a DPIA with Information Governance and are awaiting support from IT systems. If all goes well, a Go-live date is scheduled for 31 Oct 23 (subject to change).
- On 5 Jun 23 Oliver McGowan e-learning was launched across the BNSSG system - this learning is mandatory for all employees. As of 15 Aug 23, 3113 (25%) staff have completed the training out of a target of 13821 staff.

## (Head of Apprenticeships and Early Careers)

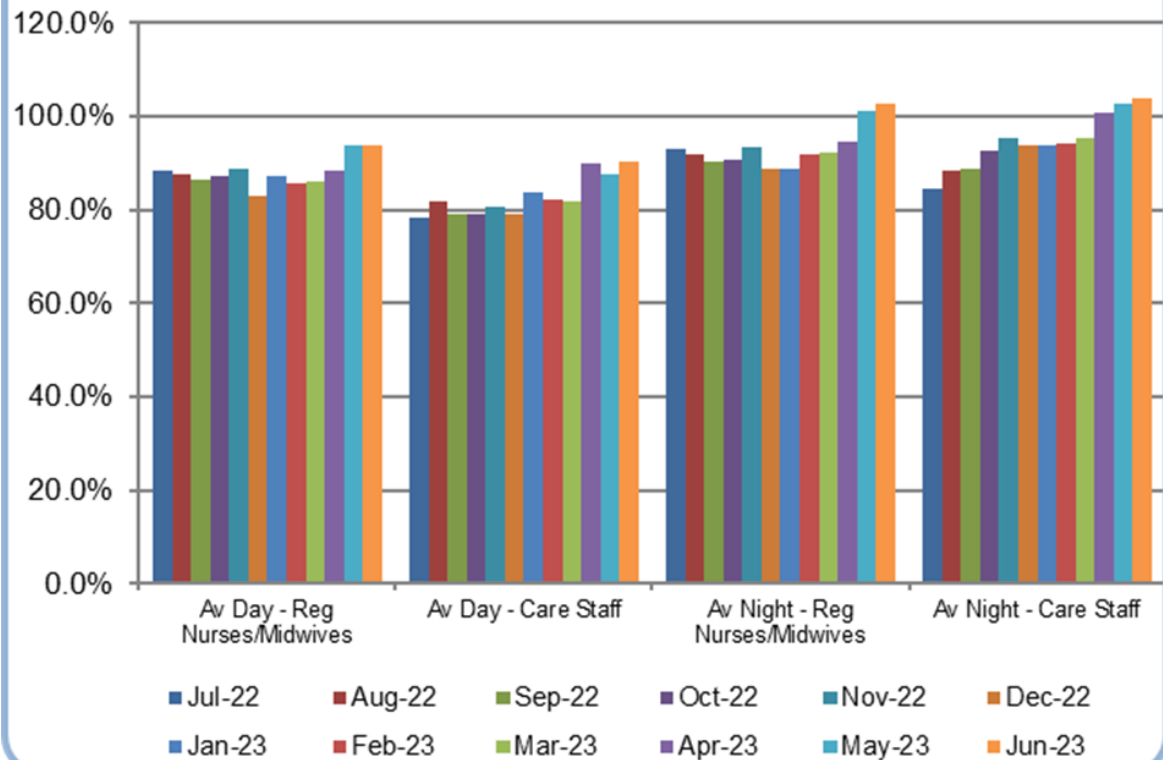
### Trust Apprenticeships and Widening Engagement

- £29k of expired levy funds for June, levy utilisation is 64% for the current 23/24 FY.
- Our levy employer contribution increased by nearly £100k this month due to our Trust pay bill being significantly larger due to back pay/ bonus payments.
- Apprenticeship Centre is applying for £200K worth of funding from WECA from the Mayoral Priority Skills Fund, this will provide additional Apprenticeship support and community projects to support national skills gaps in the labour market. Deadline for application 11 Sep 23.
- A wide range of work experience activities have taken place over the past month, including the "pathways to Medicine programme" (36 x year 12 students engaging in 3 days of work experience). On 1 Jul 23 we supported a "pathways to medicine" conference with over 70 delegates.

### Apprenticeship Delivery Centre

- 22/23 Academic year has ended. On looking at apprentice success figures, they appear to be less than 21/22. Data will be reviewed and will be available next month's IPR.
- NBT Apprenticeship awards have been organised for 23 Nov 23 to celebrate our staff.
- An Apprenticeship Governance group is being created following recommendations from Audits.

Safe Staffing Fill Rates



What Does the Data Tell Us

Of the 34 units reports safer staffing:

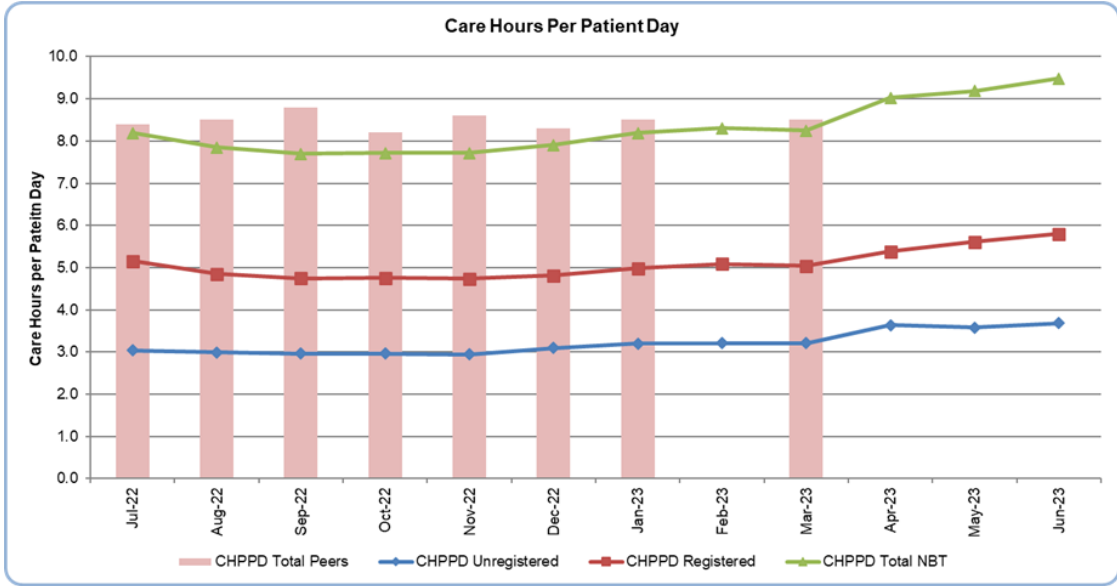
Grade	<80%	>150%
Registered Day	11.8%	2.9%
Registered Night	5.9%	2.9%
Care Staff Day	14.7%	2.9%
Care Staff Night	14.7%	14.7%

Heatmap

Ward Name	Less than 80%				Greater than 150%			
	Registered Day	Registered Night	Care Staff Day	Care Staff Night	Registered Day	Registered Night	Care Staff Day	Care Staff Night
Elgar Wards - Elgar 2 17002	Green	Green	Red	Green	Red	Red	Red	Red
AMU 31 A&B 14031	Green	Green	Green	Green	Green	Green	Green	Green
Ward 33A 14221	Green	Green	Green	Green	Green	Green	Green	Red
Ward 33B 14222	Green	Green	Green	Green	Green	Green	Green	Red
Critical Care (ICU) 14230	Green	Green	Green	Green	Green	Green	Green	Red
Theatre Medi-Rooms (Pre/Post Op Care) 14966	Green	Green	Green	Green	Green	Green	Green	Green
Ward 26B 14312	Red	Red	Red	Red	Green	Green	Green	Green
Neuropsychiatry (Non Medical) 25000	Green	Green	Green	Green	Green	Green	Green	Red
Ward 7B 14303	Red	Green	Green	Green	Green	Green	Green	Green
NICU 01255	Green	Green	Red	Red	Green	Green	Green	Green
Birthing Centre 01181	Green	Green	Green	Red	Green	Green	Green	Green
Cotswold Ward 01269	Red	Green	Red	White	Green	Green	Green	Green
Cossham Birth Centre 26079	Red	Red	Green	Red	Green	Green	Green	Green

Jun-23	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	94.0%	90.2%	102.6%	103.8%

# Care Hours



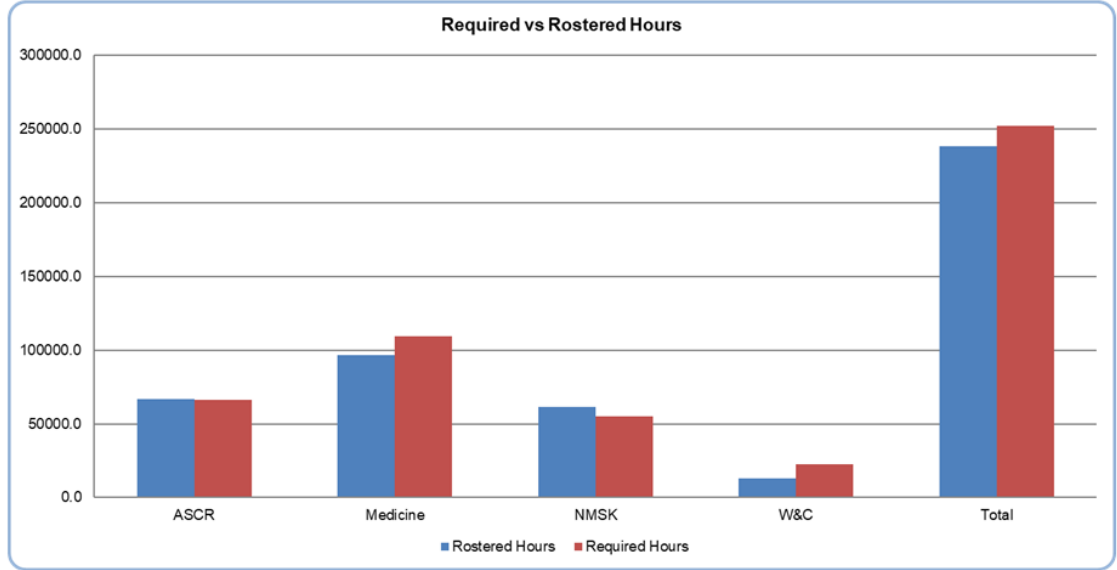
### What Does the Data Tell Us – Care Hours per Patient Day (CHPPD)

The chart shows care hours per patient day for NBT total and is split by registered and unregistered nursing. The chart shows CHPPD for the Model Hospital peers (all data from Model Hospital).

### 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.

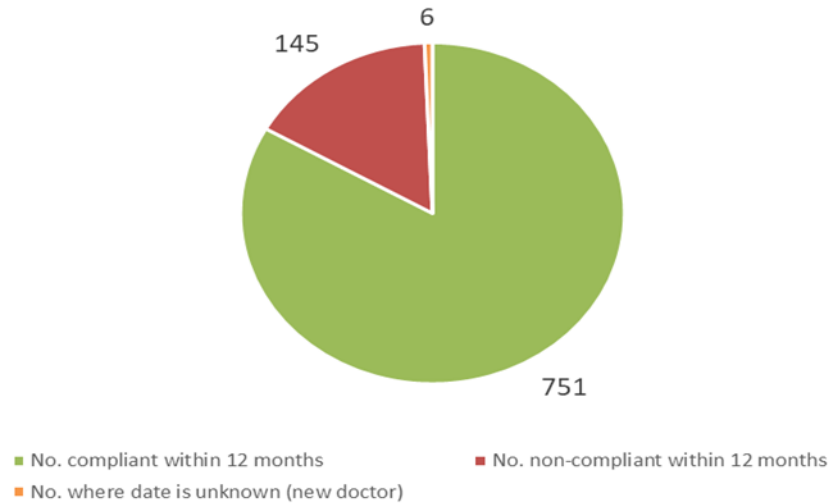


### What does the data tell us

This month the required hours have been augmented using the completion rate for SafeCare patient census data. Where the census completion was less than 100% the required hours have been supplemented by an assumption that for the census periods not completed the patient mix would have been the same on average.

How CHPPD data is reported currently under review in consultation with the Deputy Chief Nursing Officer.

Appraisal compliance - past 12 months



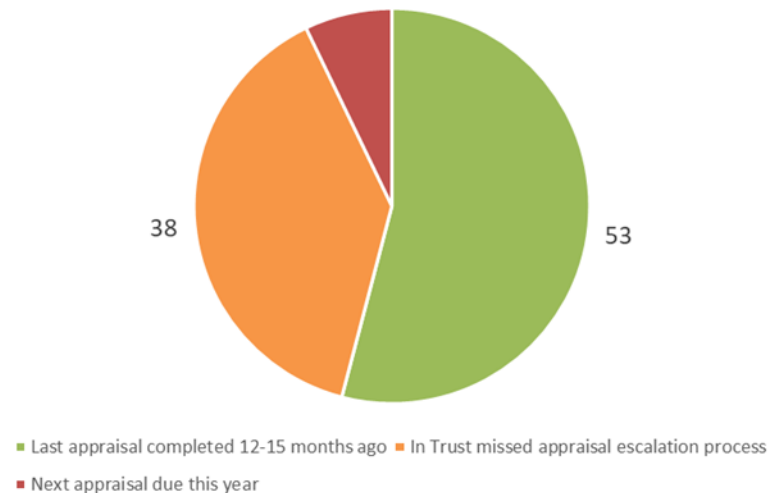
### What does the data tell us?

Medical appraisals returned to a mandatory process for all doctors from the 1st April 2021 using a nationally agreed light touch approach. The Fourteen Fish system has been adapted for this process. Appraisals unable to be completed prior to April 2021 will be marked as an approved missed appraisal due to the pandemic.

The information in this page refers to appraisal compliance within the last 12 months. Doctors without an appraisal in the last 12 months includes doctors completing their last appraisal earlier than when it was due, doctors having missed an appraisal while being employed with another organisation, or doctors who are simply overdue their current appraisal (some of which have a meeting date set).

All revalidations prior to the 16th March 2021 were automatically deferred by the GMC for 12 months. The process restarted in full in March 2021.

Non-compliant doctors - past 12 months



### What actions are being taken to improve?

Doctors who are overdue their appraisal from the last 12 months which should have taken place at NBT will fall under the Trusts missed appraisal escalation process. Doctors with an acceptable reason for not completing an appraisal in the last 12 months will have a new appraisal date set this year.

Where possible, the revalidation team are making revalidation recommendations early for those doctors who were automatically deferred in order to reduce the number that will be due in 2022/23.

# Finance

**Board Sponsor: Chief Financial Officer  
Glyn Howells**



	Month 4			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Contract Income	64.3	66.2	1.9	256.8	256.8	(0.0)
Other Income	5.6	8.2	2.6	22.8	28.7	5.9
Pay	(43.3)	(45.9)	(2.6)	(174.4)	(181.4)	(7.0)
Non-Pay	(27.6)	(29.9)	(2.2)	(111.1)	(113.5)	(2.4)
<b>Surplus/(Deficit)</b>	<b>(1.0)</b>	<b>(1.3)</b>	<b>(0.3)</b>	<b>(5.9)</b>	<b>(9.4)</b>	<b>(3.5)</b>

## Assurances

The financial position for July 2023 shows the Trust has delivered a £1.3m deficit against a £1.0m planned deficit which results in a £0.3m adverse variance in month and £3.5m adverse variance year to date.

Contract income is £1.9m favourable to plan. The in month position is driven by recognising £1m of ERF income relating to prior months as well as the recognition of the Pay Award of £0.9m (incremental 3%) which is matched with an increase in pay expenditure.

Other Income is £2.6m favourable to plan. The Trust has recognised new funding in the year-to-date position since the final plan was signed off in March. A monthly adjustment is undertaken to align this with the plan. This adjustment is net neutral on the Trust position and if removed shows other income to be £1.2m favourable to plan. The improvement in month is driven by various factors including private patients, increased activity in Pathology and income to cover the Community Diagnostic Centre costs.

Pay expenditure is £2.6m adverse to plan. There is a monthly adjustment offsetting the other income value above which creates a £2.3m adverse position in month. In month the Trust saw the impact of July industrial action with £0.8m adverse variance. In addition, there have been increased temporary staffing costs of £0.8m. In month the Trust has also incurred the costs associated with the 2023/24 Agenda for Change pay award creating a £0.9m adverse position in month which is offset within contract income.

Non-pay expenditure is £2.2m adverse to plan. There is a monthly adjustment offsetting the other income value above which creates a £1.2m adverse position in month driven by increased in-tariff drugs costs, increased independent sector and increased consumables spend in ASCR.

# Statement of Financial Position at 31st July 2023

	22/23 M12	23/24 M03	23/24 M04	In- Month Change	YTD Change
	£m	£m	£m	£m	£m
<b>Non Current Assets</b>					
Property, Plant and Equipment	491.5	496.3	497.0	0.8	5.5
Intangible Assets	17.6	17.3	17.2	(0.1)	(0.5)
Non-current receivables	1.4	1.4	1.4	0.0	0.0
<b>Total non-current assets</b>	<b>510.6</b>	<b>515.0</b>	<b>515.6</b>	<b>0.6</b>	<b>5.0</b>
<b>Current Assets</b>					
Inventories	10.0	10.1	10.2	0.1	0.2
Trade and other receivables NHS	26.7	15.0	13.3	(1.7)	(13.4)
Trade and other receivables Non-NHS	30.5	33.2	33.4	0.2	2.8
Cash and Cash equivalents	104.0	83.5	75.3	(8.2)	(28.7)
<b>Total current assets</b>	<b>171.3</b>	<b>141.8</b>	<b>132.1</b>	<b>(9.7)</b>	<b>(39.1)</b>
<b>Current Liabilities (&lt; 1 Year)</b>					
Trade and Other payables - NHS	4.3	7.4	5.1	(2.4)	0.8
Trade and Other payables - Non-NHS	120.9	99.1	90.5	(8.6)	(30.4)
Deferred income	17.2	21.1	25.5	4.4	8.3
PFI liability	15.7	16.3	16.3	0.0	0.6
Finance lease liabilities	1.4	1.0	0.9	(0.1)	(0.5)
<b>Total current liabilities</b>	<b>159.5</b>	<b>145.0</b>	<b>138.3</b>	<b>(6.7)</b>	<b>(21.2)</b>
Trade payables and deferred income	6.7	7.2	7.2	(0.1)	0.4
PFI liability	349.5	346.4	345.6	(0.8)	(3.9)
Finance lease liabilities	5.8	5.6	5.6	(0.1)	(0.2)
<b>Total Net Assets</b>	<b>160.4</b>	<b>152.5</b>	<b>151.2</b>	<b>(1.4)</b>	<b>(9.2)</b>
<b>Capital and Reserves</b>					
Public Dividend Capital	469.1	469.1	469.1	0.0	0.0
Income and expenditure reserve	(371.3)	(376.7)	(376.7)	0.0	(5.4)
Income and expenditure account - current year	(5.4)	(7.8)	(9.2)	(1.4)	(3.8)
Revaluation reserve	68.0	68.0	68.0	0.0	0.0
<b>Total Capital and Reserves</b>	<b>160.4</b>	<b>152.5</b>	<b>151.2</b>	<b>(1.4)</b>	<b>(9.2)</b>

## Assurances and Key Risks

**Property, Plant and Equipment and Intangibles** – The year to date increase of £5.0m in Non-current assets is due to an increase in Assets Under Construction in line with the capital plan, offset with the depreciation charged against IT Assets, the PFI, and Plant and Machinery.

**Cash** – The cash balance decreased by £8.2m for the month. This decrease is due to pensions contributions linked with the prior month pay award. The year-to-date position is a decrease of £28.7m year-to-date, which is mostly due to carried forward and in-year payments for capital projects and improved BPPC performance.

**Capital** - The Trust has over-programmed its capital plan as agreed in the operating plan. The total planned spend for the year, excluding leases, is £28.1m against approved CDEL of £21.9m. Capital Planning Group has identified mitigations to reduce the overprogramming to £3.0m between existing funds and expected expenditure. However, additional funding will be required to bridge the remaining gap. Work is ongoing to identify additional funding sources which can be utilised in year.

# Regulatory

**Board Sponsor: Chief Executive  
Maria Kane**

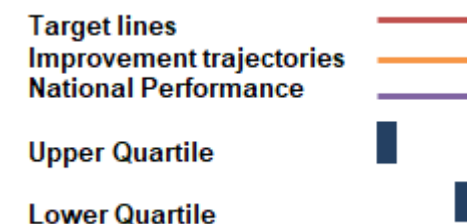
Ref	Criteria	Comp (Y/N)	Comments where non compliant or at risk of non-compliance
G3	Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)	Yes	A Fit and Proper Person Policy is in place. All Executive and Non-Executive Directors have completed a self assessment and no issues have been identified. Further external assurance checks have been completed as appropriate and no issues have been identified.
G4	Having regard to NHS England Guidance	Yes	The Trust Board has regard to NHS England guidance where this is applicable. The Organisation has been placed in segment 3 of the System Oversight Framework, receiving mandated support from NHS England & Improvement. This is largely driven by recognised issues relating to cancer wait time performance and reporting.
G6	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 Board receives updates on these actions via its Quality Committee.
G7	Patient eligibility and selection criteria	Yes	Trust Board has considered the assurances in place and considers them sufficient.
C1	Submission of Costing Information	Yes	A range of measures and controls are in place to provide internal assurance on data quality, including an annual Internal Audit assessment.
C2	Provision of costing and costing related information	Yes	The trust submits information to NHS Improvement as required.
C3	Assuring the accuracy of pricing and costing information	Yes	Scrutiny and oversight of assurance reports to regulators is provided by Trust's Audit and Risk Committee and other Committee structures as required.
P1	Compliance with the NHS Payment Scheme	Yes	NBT complies with national tariff prices. Scrutiny by local commissioners, NHS England and NHS Improvement provides external assurance that tariff is being applied correctly. It should be noted that NBT is currently receiving income via a block arrangement in line with national financial arrangements.
P5	Constructive engagement concerning local tariff modifications	Yes	Trust Board has considered the assurances in place and considers them sufficient. It should be noted that NBT is currently receiving income via a block arrangement in line with national financial arrangements.
IC1	Provision of Integrated Care	Yes	The Trust is actively engaged in the ICS, and leaders participate in a range of forums and workstreams. The Trust is a partner in the Acute Provider Collaborative.
IC2	Personalised Care and Patient Choice	Yes	Trust Board has considered the assurances in place and considers them sufficient.
WS1	Cooperation	Yes	The Trust is actively engaged in the ICS and cooperates with system partners in the development and delivery of system financial, people, and workforce plans.
NHS2	Governance Arrangements	Yes	The Trust has robust governance frameworks in place, which have been reviewed annually as part of the Licence self-certification process, and tested via the annual reporting and auditing processes

Unless noted on each graph, all data shown is for period up to, and including, 31 July 2023 unless otherwise stated.

All data included is correct at the time of publication.

Please note that subsequent validation by clinical teams can alter scores retrospectively.

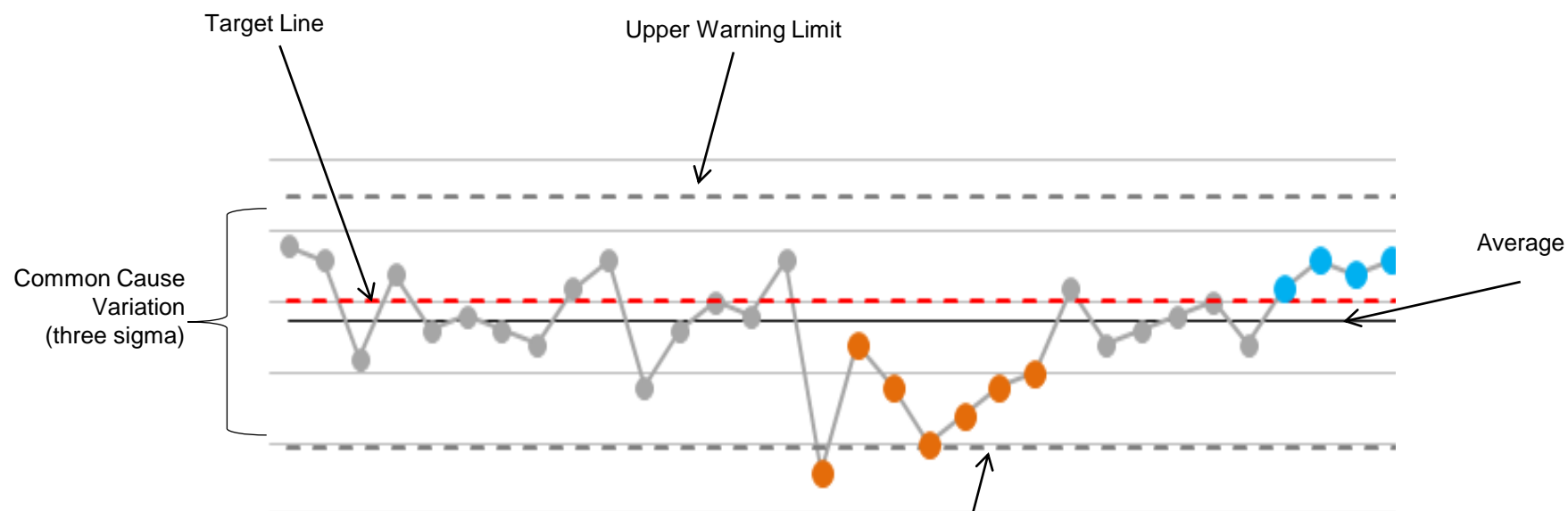
NBT Quality Priorities 2023/24	
<b>Outstanding Patient Experience</b>	
We will put patients at the core of our services, respecting their choice, decisions and voice whilst becoming a partner in the management of conditions.	
<b>High Quality Care</b>	
We will support our patients to access timely, safe, and effective care with the aim of minimising patient harm or poor experience as a result.	
We will minimise patient harm whilst experiencing care and treatment within NBT services.	
We will demonstrate a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.	
We will make Maternity and Neonatal care safer, more personalised, and more equitable	



<b>AMTC</b>	Adult Major Trauma Centre
<b>ASCR</b>	Anaesthetics, Surgery, Critical Care and Renal
<b>ASI</b>	Appointment Slot Issue
<b>CCS</b>	Core Clinical Services
<b>CEO</b>	Chief Executive
<b>CIP</b>	Cost Improvement Programme
<b>Clin Gov</b>	Clinical Governance
<b>CT</b>	Computerised Tomography
<b>CTR/NCTR</b>	Criteria to Reside/No Criteria to Reside
<b>CQUIN</b>	Commissioning for Quality and Innovation
<b>D2A</b>	Discharge to Assess
<b>DivDoN</b>	Deputy Director of Nursing
<b>DTOC</b>	Delayed Transfer of Care
<b>EPR</b>	Electronic Patient Record
<b>ERS</b>	E-Referral System
<b>GRR</b>	Governance Risk Rating
<b>HSIB</b>	Healthcare Safety Investigation Branch
<b>HoN</b>	Head of Nursing

<b>IA</b>	Industrial Action
<b>ICS</b>	Integrated Care System
<b>IMandT</b>	Information Management
<b>IPC</b>	Infection, Prevention Control
<b>LoS</b>	Length of Stay
<b>MDT</b>	Multi-disciplinary Team
<b>Med</b>	Medicine
<b>MRI</b>	Magnetic Resonance Imaging
<b>NMSK</b>	Neurosciences and Musculoskeletal
<b>Non-Cons</b>	Non-Consultant
<b>Ops</b>	Operations
<b>PDC</b>	Public Dividend Capital
<b>P&amp;T</b>	People and Transformation
<b>PTL</b>	Patient Tracking List
<b>qFIT</b>	Faecal Immunochemical Test
<b>RAP</b>	Remedial Action Plan
<b>RAS</b>	Referral Assessment Service
<b>RCA</b>	Root Cause Analysis

<b>SI</b>	Serious Incident
<b>TWW</b>	Two Week Wait
<b>UEC</b>	Urgent and Emergency Care
<b>VTE</b>	Venous Thromboembolism
<b>WCH</b>	Women and Children's Health
<b>WTE</b>	Whole Time Equivalent



**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](https://improvement.nhs.uk/documents/5478/MAKING_DATA_COUNT_PART_2_-_FINAL_1.pdf)