

North Bristol NHS Trust

# INTEGRATED PERFORMANCE REPORT



**July 2023**  
(presenting June 2023 data)

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# North Bristol Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-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%	66.96%	59.32%	50.99%	60.83%	56.43%	57.47%	58.29%	55.61%	71.94%	79.69%	78.35%	80.16%	70.74%	75.15%		58.63%	1/10
	A&E 12 Hour Trolley Breaches	R	0	-	297	304	57	261	482	433	786	312	9	135	2	39	10		1-1218	3/10
	Ambulance Handover < 15 mins (%)		65.00%	-	29.50%	26.70%	25.68%	27.12%	23.70%	16.88%	14.09%	24.15%	31.94%	28.00%	38.76%	33.96%	34.56%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	55.43%	54.11%	61.52%	58.63%	48.03%	41.40%	30.37%	56.74%	73.94%	70.60%	82.40%	73.03%	78.48%			
	Ambulance Handover > 60 mins		0	-	527	486	364	439	672	778	1041	457	105	267	87	231	164			
	Average No. patients not meeting Criteria to Reside			-	262	249	295	262	278	276	243	254	217	239	208	190	198			
	Bed Occupancy Rate			100.00%	98.32%	97.98%	97.86%	98.63%	98.57%	98.76%	98.22%	97.93%	96.77%	97.21%	96.08%	97.14%	96.99%			
	Diagnostic 6 Week Wait Performance		1.00%	15.00%	41.00%	42.75%	48.09%	48.27%	39.36%	38.62%	38.56%	32.21%	22.45%	16.03%	17.44%	17.48%	18.64%		27.40%	4/10
	Diagnostic 13+ Week Breaches		0	1129	4897	4718	4844	4971	4627	4204	3663	2459	1497	939	740	593	595		154-4184	5/10
	RTT Incomplete 18 Week Performance		92.00%	-	64.80%	65.78%	65.82%	66.30%	66.31%	65.58%	62.05%	63.87%	63.87%	63.37%	62.66%	63.23%	61.02%		54.41%	2/10
	RTT 52+ Week Breaches	R	0	2611	2675	2914	3131	3087	3062	2980	2984	2742	2556	2576	2684	2798	2831		80-12768	2/10
	RTT 65+ Week Breaches			435	1092	1159	1230	1180	1062	1021	1105	895	742	547	591	594	619		0-3422	2/10
	RTT 78+ Week Breaches	R		-	443	439	441	394	375	319	306	223	167	69	65	84	59		0-641	2/10
	Total Waiting List	R		45310	42326	46900	48766	49025	48871	47418	46523	46266	46327	47287	47861	47731	49899			
	Cancer 2 Week Wait	R	93.00%	81.08%	39.40%	41.51%	40.27%	35.87%	30.86%	47.53%	56.62%	55.01%	63.52%	56.84%	41.63%	39.10%	-		69.60%	10/10
	Cancer 31 Day First Treatment		96.00%	93.75%	85.53%	91.16%	87.31%	87.70%	90.39%	86.49%	87.16%	82.41%	89.90%	91.04%	79.58%	83.51%	-		89.33%	9/10
	Cancer 62 Day Standard	R	85.00%	68.27%	48.40%	44.91%	55.75%	59.08%	52.45%	48.86%	49.00%	41.54%	57.82%	61.62%	55.29%	50.00%	-		50.26%	7/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	67.39%	70.94%	58.27%	48.78%	35.15%	42.88%	55.74%	55.48%	62.66%	77.41%	78.17%	68.05%	62.72%	-		68.29%	9/10
	Cancer PTL >62 Days		242	174	555	667	858	529	328	329	328	335	191	140	178	207	171			
	Cancer PTL >104 Days		0	18	134	172	147	123	63	47	23	26	41	29	25	40	45			
Urgent operations cancelled ≥2 times		0	-	1	1	2	0	1	0	0	0	0	0	1	0	0	-			

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Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Trend	
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	1.25%	0.49%	0.44%	0.93%	1.26%	0.49%	0.49%	0.48%	0.58%	0.45%	0.79%	0.00%	0.72%		
	Caesarean Section Rate				46.53%	45.12%	45.01%	42.86%	43.45%	41.74%	44.57%	44.27%	43.99%	42.03%	36.41%	42.80%	44.37%		
	Still Birth rate			0.40%	0.00%	0.22%	0.00%	0.42%	0.19%	0.22%	0.22%	0.00%	0.00%	0.21%	0.24%	0.21%	0.44%		
	Induction of Labour Rate			32.10%	39.35%	35.15%	31.57%	33.33%	28.97%	31.25%	34.62%	35.73%	38.52%	34.91%	36.89%	35.91%	33.55%		
	PPH 1500 ml rate			8.60%	4.86%	4.08%	2.65%	4.11%	3.77%	3.79%	1.81%	3.60%	3.83%	2.80%	3.16%	4.09%	2.87%		
	Summary Hospital-Level Mortality Indicator (SHMI)				0.96	0.97	0.98	0.98	0.96	0.96	0.96	0.98	0.96	0.97	0.98	0.98	0.99	0.99	
	Never Event Occurrence by month		0	0	0	0	0	0	0	0	2	1	1	0	0	0	0	0	
	Commissioned Patient Safety Incident Investigations				1	1	1	0	0	7	1	3	3	3	2	4	0	0	
	Healthcare Safety Investigation Branch Investigations				1	1	1	0	0	4	0	1	0	0	0	0	0	0	
	Total Incidents				1196	1338	1282	1155	1259	1247	1319	1168	971	1182	1018	1075	1016		
	Total Incidents (Rate per 1000 Bed Days)				41	46	41	38	40	41	44	37	36	39	37	36	35		
	WHO checklist completion				95.00%	98.19%	98.40%	98.08%	97.58%	97.53%	97.95%	97.91%	97.43%	97.30%	97.76%	99.20%	96.94%	97.73%	
	VTE Risk Assessment completion	R		95.00%	94.50%	92.65%	92.51%	92.75%	93.98%	94.81%	94.72%	95.16%	94.93%	94.37%	94.17%	90.73%	-		
	Pressure Injuries Grade 2				14	25	16	17	14	19	11	16	9	13	20	15	18		
	Pressure Injuries Grade 3			0	1	0	0	0	2	2	1	0	0	1	0	0	0		
	Pressure Injuries Grade 4			0	0	0	0	0	0	0	1	0	2	1	0	0	0		
	PI per 1,000 bed days				0.31	0.86	0.48	0.43	0.41	0.62	0.43	0.48	0.37	0.46	0.61	0.44	0.55		
	Falls per 1,000 bed days				5.93	6.90	7.20	7.25	6.35	6.52	7.31	6.09	6.02	5.72	6.17	5.61	5.68		
	#NoF - Fragile Hip Best Practice Pass Rate				46.30%	24.24%	42.55%	18.64%	14.89%	0.00%	21.88%	47.06%	57.14%	60.34%	69.64%	55.00%	-		
	Admitted to Orthopaedic Ward within 4 Hours				22.22%	9.09%	19.57%	5.17%	17.02%	13.04%	9.09%	26.47%	38.78%	48.28%	48.21%	47.50%	-		
	Medically Fit to Have Surgery within 36 Hours				48.15%	27.27%	52.17%	22.41%	21.28%	0.00%	3.64%	44.12%	59.18%	65.52%	71.43%	67.50%	-		
	Assessed by Orthogeriatrician within 72 Hours				87.04%	75.76%	89.13%	54.24%	27.66%	2.17%	7.27%	67.65%	95.92%	94.83%	96.43%	85.00%	-		
	Stroke - Patients Admitted				40	85	68	72	65	102	89	111	64	115	94	121	72		
	Stroke - 90% Stay on Stroke Ward			90.00%	59.26%	65.45%	84.62%	68.75%	55.88%	54.29%	71.88%	68.12%	82.00%	80.95%	86.36%	87.01%	-		
	Stroke - Thrombolysed <1 Hour			60.00%	100.00%	55.56%	70.00%	64.29%	83.33%	66.67%	35.29%	57.14%	62.50%	80.00%	56.25%	42.86%	-		
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	50.00%	39.29%	70.00%	46.88%	41.67%	36.99%	36.92%	43.84%	48.08%	55.68%	73.24%	58.97%	-		
Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	96.43%	96.55%	93.18%	91.67%	92.31%	83.13%	89.04%	85.06%	94.23%	92.39%	93.59%	77.42%	-			
MRSA	R	0	0	1	0	0	0	0	0	0	0	0	2	0	0	1			
E. Coli	R		4	4	3	3	2	2	5	4	9	4	2	8	4	7			
C. Difficile	R		5	4	3	3	4	1	4	2	1	2	6	1	4	11			
MSSA			2	2	0	1	8	3	8	2	4	2	0	1	2	6			
Quality Caring & Experience	Friends & Family Positive Responses - Maternity			89.00%	88.13%	89.79%	84.36%	91.79%	92.94%	95.48%	88.29%	90.06%	91.98%	94.44%	93.50%	-			
	Friends & Family Positive Responses - Emergency Department			70.80%	-	75.12%	72.19%	70.56%	74.42%	76.52%	87.92%	87.59%	87.57%	86.07%	79.57%	-			
	Friends & Family Positive Responses - Inpatients			91.62%	91.50%	92.14%	92.14%	92.21%	92.67%	93.51%	94.56%	93.58%	92.85%	93.29%	-				
	Friends & Family Positive Responses - Outpatients			93.90%	87.30%	90.00%	92.76%	94.07%	94.83%	95.64%	95.10%	94.57%	95.24%	95.53%	95.43%	-			
	PALS - Count of concerns			129	116	168	154	151	142	143	127	106	139	156	120	141			
	Complaints - % Overall Response Compliance			90.00%	73.47%	78.18%	76.27%	76.92%	75.76%	72.31%	71.76%	80.82%	82.14%	79.63%	73.17%	79.49%	80.00%		
Well Led	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			
	Agency Expenditure ('000s)			1205	2111	1726	1292	2616	1992	1675	2030	1809	2485	2485	2485	2342			
	Month End Vacancy Factor			8.07%	8.66%	8.57%	8.65%	8.69%	8.61%	8.93%	8.64%	8.44%	7.88%	6.21%	7.96%	8.03%			
	Turnover (Rolling 12 Months)	R		-	17.41%	17.57%	17.04%	17.22%	17.17%	17.32%	17.10%	16.99%	16.77%	16.76%	16.56%	16.29%	15.90%		
Sickness Absence (Rolling 12 month)	R		-	5.22%	5.44%	5.48%	5.42%	5.49%	5.49%	5.56%	5.49%	5.43%	5.30%	5.19%	5.08%	5.07%			
Trust Mandatory Training Compliance				84.98%	82.80%	83.56%	84.40%	83.49%	83.56%	83.65%	86.34%	87.23%	88.71%	80.99%	82.00%	84.23%			

## Urgent Care

Four-hour performance improved to 75.15% in June. NBT ranked first out of ten reporting AMTC peer providers for the sixth consecutive month. 12-hour trolley breaches and ambulance handovers delays decreased in June, reporting at 10 and 164 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 in June was 18.64% - still ahead of in-year plans to deliver 15.00% by the year-end. Challenges remain in the >26-week waits for Endoscopy, impact of industrial action means Q1 clearance was not achieved. The teams are working to a revised plan to have cleared >26-week waits by the end of July-23. Non-Obstetric Ultrasound challenge due to significant workforce gaps, may impact overall diagnostic >6-week breach performance whilst sustainable plans are being develop. In-year RTT and Diagnostics target ambitions remain subject to the impact of ongoing 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 the >62 Day this remains within expected tolerances however there has been an increase in the Trust >104 position. 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 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. 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 in some high volume cancer areas (dermatology, breast services and urology), means there is likely to be a dip in performance as this work is recovered and patients are seen.

## Quality

Within Maternity, workforce pressures continue across all staff groups; this is reflected in the Divisions risk register, which has 6 approved Trust Level Risks and 2 awaiting approval. Bank incentives remain in place. Infection control data for June 2023 deteriorated, with one MRSA case occurrence and an increased incidence of C-Difficile and MSSA above trajectory. Targeted work in clinical areas driving these increases is being undertaken. The rates for falls, 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. 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 8.03% in June (735 wte) a small increase from 7.92% (721 wte) in May. Band 2 and 3 nursing and midwifery and registered nursing and midwifery saw a reduction in vacancies driven by growth in staff in post (23 wte and 11.5 wte respectively). Registered nursing and midwifery growth was driven by the latter driven by external recruitment at band 5, internationally educated nurses completing their OSCEs and moving into band 5 roles and growth in band 6 and 7 nursing and midwifery.

Rolling 12-month staff turnover decreased from 16.29% in May to 15.90% in June. Comparing November 22 with June 23 all divisions (with the exception of IM&T, driven by project workforce movements) and all staff groups (with the exception of Medical Staff where a small increase in turnover was seen moving from November 22 to December 22 which has now stabilised) have seen an improvement. ASCR has seen greatest divisional improvement and the top three staff groups to see improvement are Additional Clinical Services, Administrative and Clerical and Nursing and Midwifery Registered staff – all identified through the People Patient First A3 as the most adverse areas. Data analysis is currently in progress reviewing the profile of our leavers by key characteristic, age, ethnicity and length of service to target interventions as part of our workforce retention programme, including focussed on how much more improvement can be delivered in 23/24. The Trust rolling 12 month sickness absence position decreased from 5.08% in May to 5.07% in May which represents the sixth month of continuous reduction in absence rates. The position remains stable and the absence reasons driving this positions remains unchanged from last month.

Overall demand increased by 3.23% (35 wte) in June compared to May, with the greatest growth seen in Estates and Ancillary (+13 wte) Nursing and Midwifery Registered (+15 wte) and Additional Clinical Services (+ 8 wte). Bank hours worked decreased by 3.43% (23 wte) with a 20 wte reduction in Nursing and Midwifery Registered. Agency hours worked increased by 15.18% (29 wte) predominantly in Nursing and Midwifery Registered. Unfilled shifts increased by 13.00% (28 wte) with Estates and Ancillary and Additional Clinical Services both seeing the greatest increase at 10 wte in both groups. An agency reduction group has been established to identify opportunities to reduce agency use and a bank optimisation group has been established to focus on growing our active bank capacity in all areas of the Trust where there is need.

## Finance

The financial plan for 2023/24 in Month 3 (June) was a deficit of £0.7m. The Trust has delivered a £2.3m deficit, which is £1.6m worse than plan. This is predominately driven by the impact of industrial action resulting in additional pay costs and lost elective activity. Year to date (YTD) the Trust has delivered an £8.1m deficit, which is a £3.1m adverse position against a planned £4.9m deficit. The main driver is the impact of industrial action in April, May and June with regards to costs and also the associated loss of income related to elective activity. There is no national reporting of Elective Recovery Funding (ERF) activity expected until after Month 4, however the Trust has made an assumption based on activity information that it has underperformed in Month 1 and Month 3 due to the industrial action. Once further information is available nationally on the delivery against targets this will be included in the position. The Month 3 CIP position shows £6.8m schemes fully completed. The Trust has a further £6.3m in implementation and planning creating an £11.1m shortfall against the Trustwide £24.2m target. There are a further £7.0m in pipeline. Cash at 30 June amounts to £83.5m, an in-month increase of £2.6m. Total capital spend year to date, excluding leases, was £9.6m compared to an original phased plan of £7.7m.



# Responsiveness

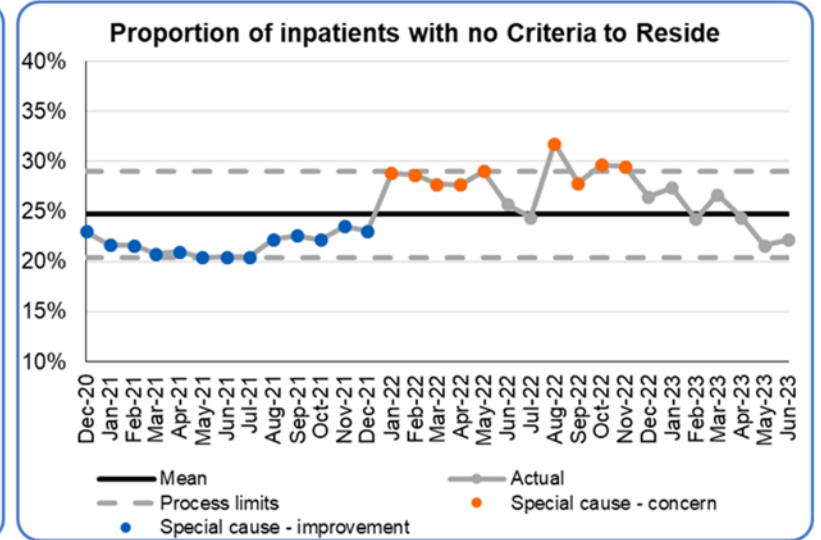
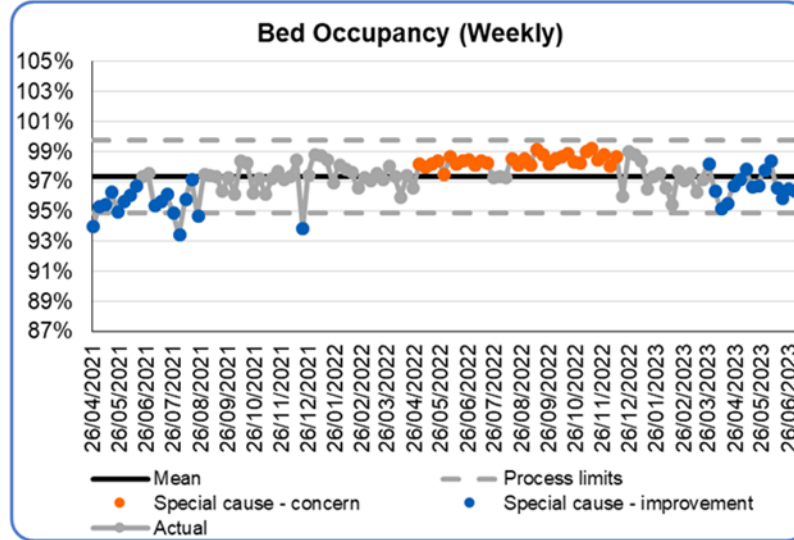
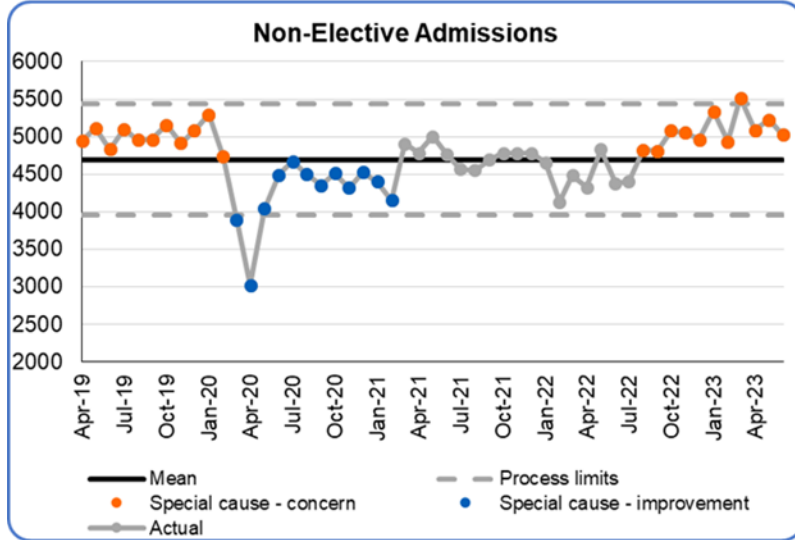
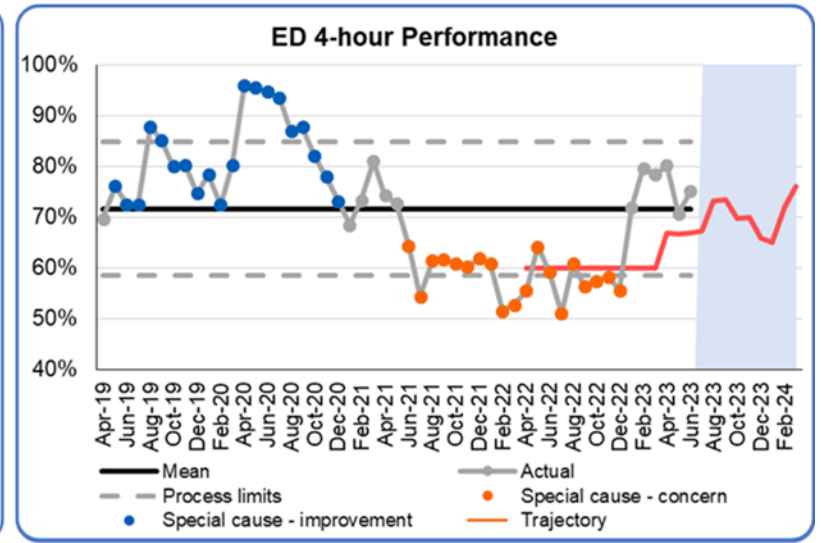
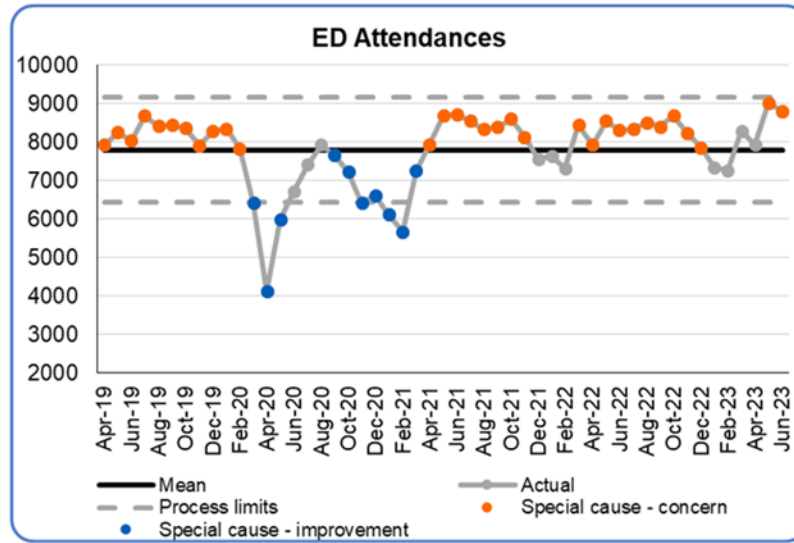
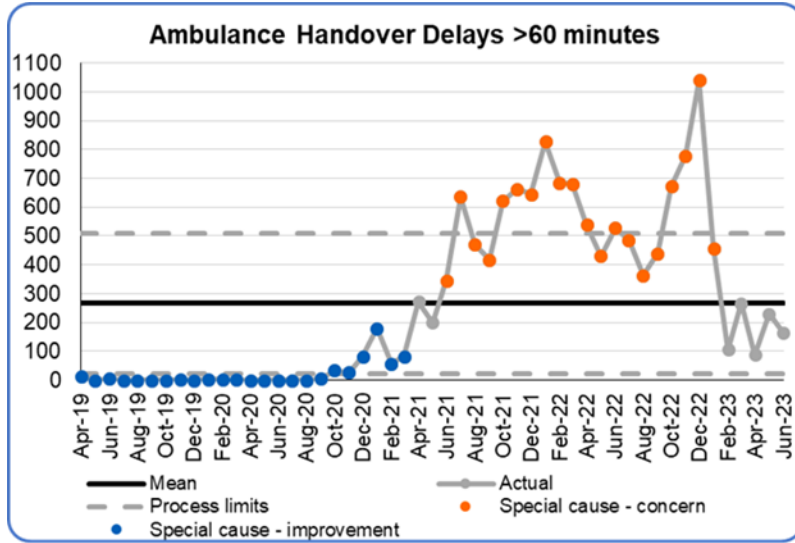
**Board Sponsor: Chief Operating Officer  
Steve Curry**

# 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 - limited assurance on ability to sustain
RTT	65-week wait	Off track due to repeated periods of industrial action (IA).
Diagnostics	15% 6-week target	Plans broadly on track. Endoscopy >26-weeks now cleared apart from small number of general anaesthetic patients.
	13-week waits	Off track due to repeated periods of industrial action (IA).
	CDC	First phase (mobiles) - CDC by April 2024
Cancer PTL	28-day FDS standard	The re-work impact of IA is likely to result in performance deteriorating before it improves in Q3.



# Urgent and Emergency Care



# Urgent and Emergency Care

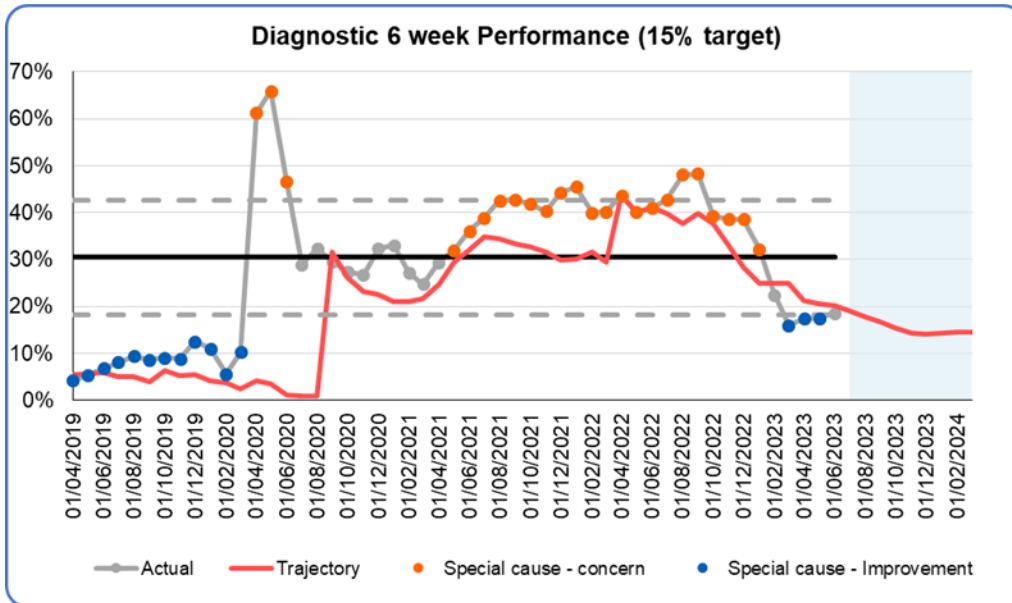
## What are the main risks impacting performance?

- 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 July-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

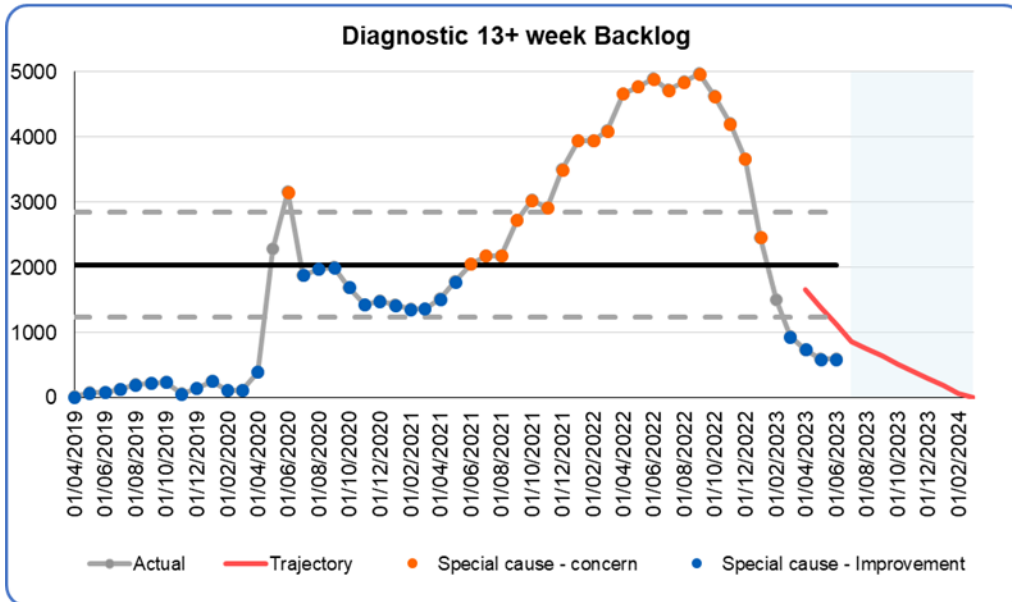


## What are the main risks impacting performance?

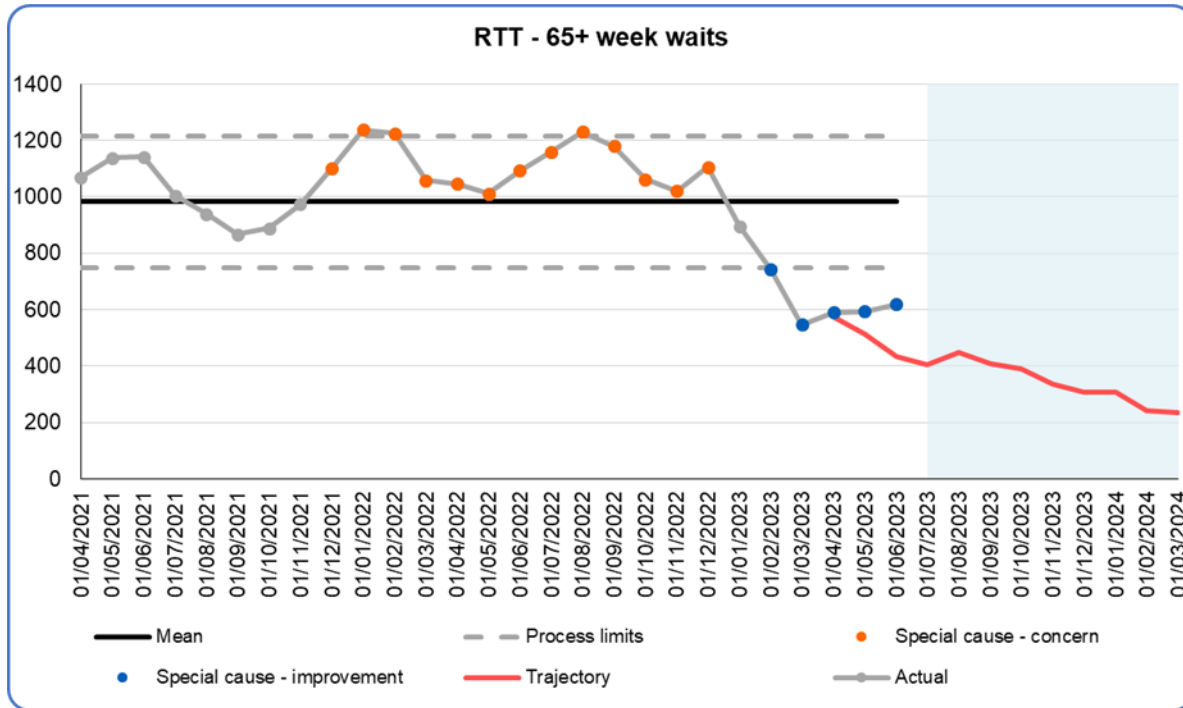
- A number of outstanding >26-week breaches (all in Endoscopy) which was driven primarily by an increase in urgent referrals and loss of capacity due to industrial strike action. The last of the >26-week waits have been seen in June, apart from fewer than 10 patients who require a general anaesthetic for their endoscopy who are booked in August.
- 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. Work is ongoing across the system to produce a shared PTL and to provide mutual aid to equalise wait times across organisations.
- 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)



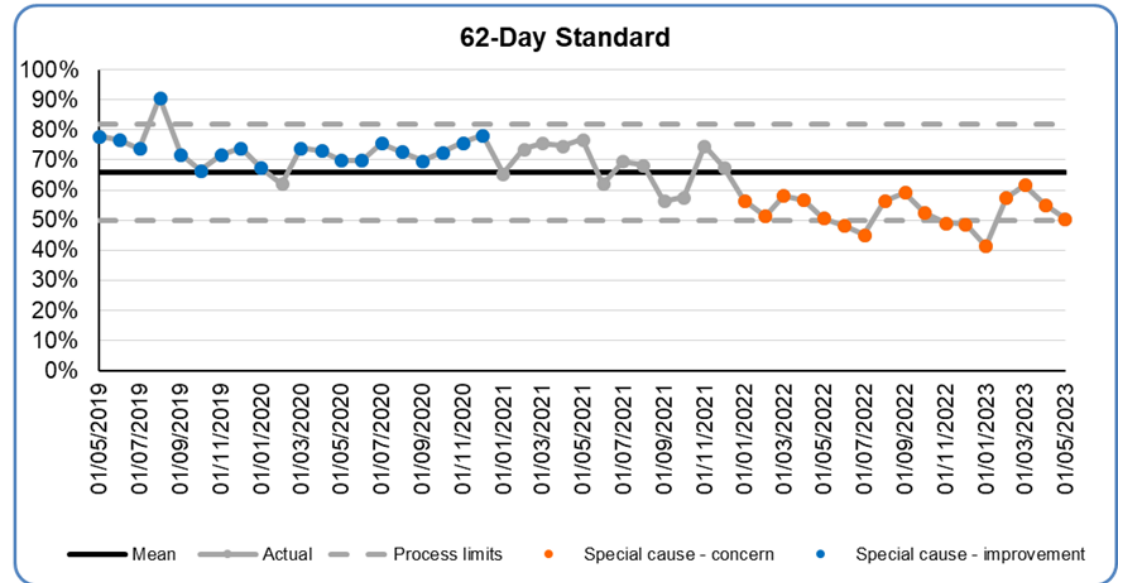
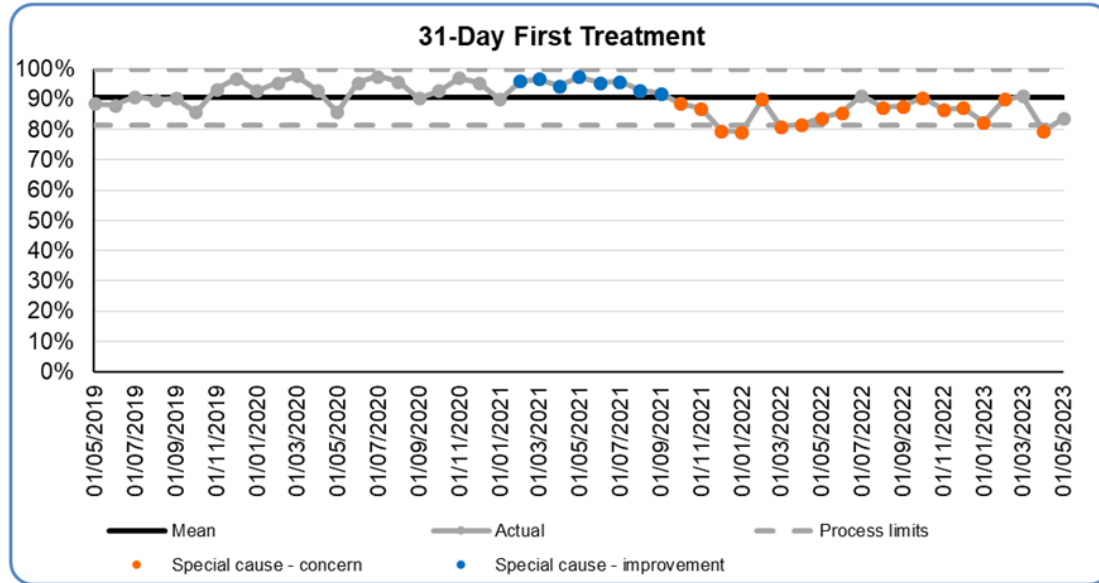
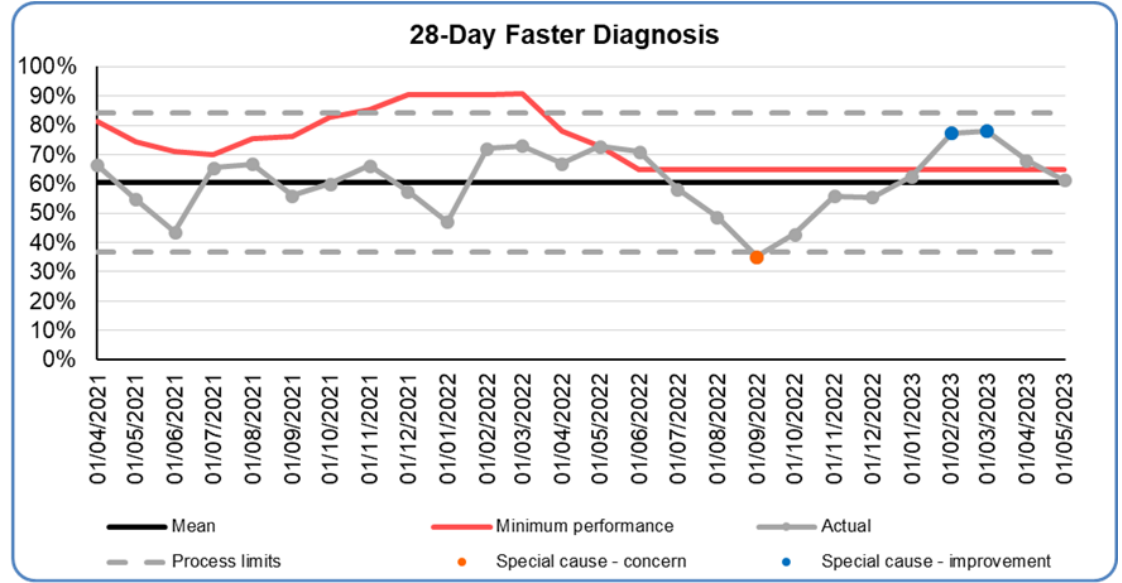
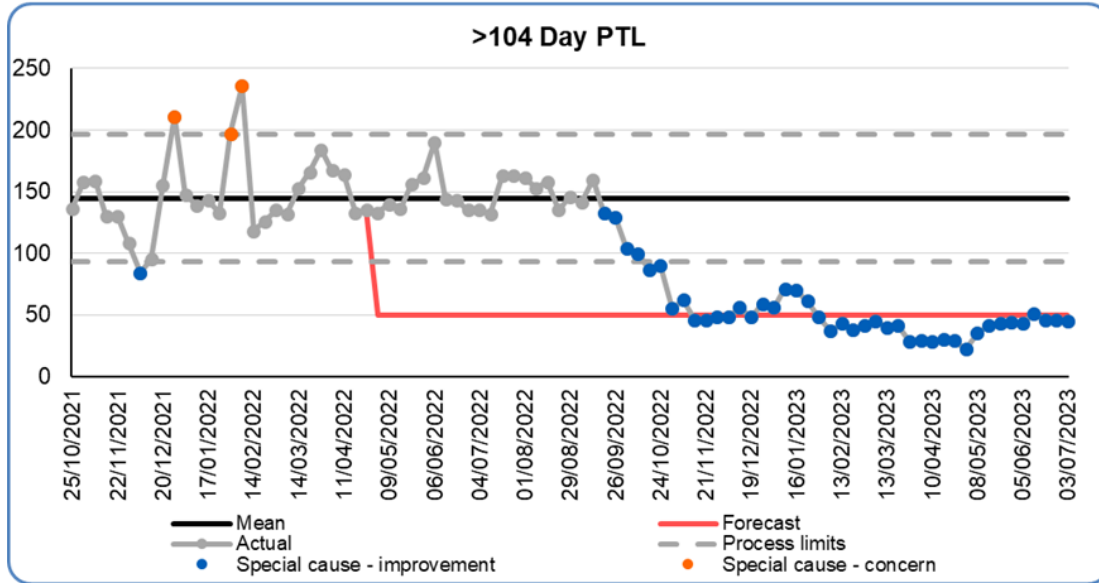
## What are the main risks impacting performance?

- The compound impact of repeated periods of industrial action is material. At this point, and with the likelihood of further industrial action, the Trust is likely to remain off track for delivering it's 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?

- Achievement of zero capacity related 104ww and 78ww positions maintained.
- 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





# 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.
- 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.
- Starting to see steady improvement in 28-Day FDS with it increasing from 35% to 75% between August 2022 and March 2023, with February and March reporting >75%. However, industrial action impact and recovery has resulted in a deterioration in performance as the backlog of patients are seen/ informed and treated, in April the Trust submitted a position of 67.14% and in May reported 31.3% FDS compliance.
- The 90-Day follow up visit was held in May 2023 with a focused on the Urology and Skin tumour sites. This was a positive visit with a follow up letter which endorsed the Trust's approach and offered to continue to work in partnership with the regional team. The Trust accepted the support.

# 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	Apr-23	May-23	Jun-23
<b>Activity</b>			
Number of women who gave birth, all gestations from 22+0 gestation	418	464	
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)	4	0	3
Number of women who gave birth (>=24 weeks or <24 weeks live)	412	465	453
Number of babies born (>=24 weeks or <24 weeks live)	420	470	459
Number of babies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)	35	34	40
No of livebirths <24 weeks gestation	3	1	1
Induction of Labour rate %	36.9%	35.9%	33.6%
Spontaneous vaginal birth rate %	53.9%	48.4%	45.9%
Assisted vaginal birth rate %	9.7%	8.8%	9.7%
Caesarean Birth rate (overall) %	36.4%	42.8%	44.4%
Planned Caesarean birth rate %	18.2%	18.3%	19.9%
Emergency Caesarean Birth rate %	18.2%	24.5%	24.5%
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)	2.60%	2.80%	3.60%
<b>Perinatal Morbidity and Mortality inborn</b>			
Total number of perinatal deaths (excluding late fetal losses)	4	3	8
Number of late fetal losses from 16+0 to 23+6 weeks excl. TOP (for SBLCBV2)	2	1	4
Number of stillbirths (>=24 weeks excl. TOP)	1	1	2
Number of neonatal deaths : 0-6 Days	2	2	2
Number of neonatal deaths : 7-28 Days	1	0	0
PMRT grading C or D cases (themes in report)		1	0
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)	0	0	
<b>Maternal Morbidity and Mortality</b>			
Number of maternal deaths (MBRRACE)	0	0	
Direct	0	0	
Indirect	0	0	
Number of women receiving enhanced care on CDS	12	27	
Number of women who received level 3 care (ITU)	0	0	
<b>Insight</b>			
Number of datix incidents graded as moderate or above (total)	2	3	1
Datix incident moderate harm (not SI, excludes HSIB)	2	2	1
Datix incident PSII (excludes HSIB)	0	1	0
New HSIB referrals accepted	0	0	0
Outlier reports (eg: HSIB/NHSR/CQC/NMPA/CHKS or other organisation with a concern or request for action made directly with Trust)	0	0	0
Coroner Reg 28 made directly to Trust	0	0	0
<b>Workforce</b>			
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite	83	83	83
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps	2	2	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps	2	2	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)	0	0	
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)	2	2	
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)	0		1

	Apr-23	May-23	Jun-23
<b>Workforce</b>			
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).	39%	10%	24%
Vacancy rate for midwives	11.60%	16.20%	
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)	40%	60%	60%
Vacancy rate for NICU nurses	27	30	31
Datix related to workforce (service provision/staffing)	3	6	5
Consultant led MDT ward rounds on CDS (Day to Night)	70%	90%	
Consultant led MDT ward rounds on CDS (Day)	83%	90%	
One to one care in labour (as a percentage)	100%	100%	99%
Compliance with supernumerary status for the labour ward coordinator	98%	100%	96%
Number of consultant non-attendance to 'must attend' clinical situations	0	0	0
<b>Involvement</b>			
Service User feedback: Number of Compliments (formal)	72	35	74
Service User feedback: Number of Complaints (formal)	5	4	3
Friends and Family Test Score % (good/very good) NICU	100	100	100
Friends and Family Test Score % (good/very good) Maternity	94	93	93
Staff feedback from frontline champions and walk-about (number of themes)	3	0	4
<b>Improvement</b>			
Progress in achievement of CNST /10	7	7	7
Training compliance in annual local BNLS (NICU)	100%	100%	100%
<b>Overall</b>	65%	55%	76%
Obstetric Consultants	69%	50%	72%
Other Obstetric Doctors	59%	54%	75%
Anaesthetic Consultants	81%	65%	81%
Other Anaesthetic Doctors	54%	50%	74%
Midwives	71%	61%	78%
Maternity Support Workers	57%	51%	75%
<b>Overall</b>	67%	64%	72%
Obstetric Consultants	75%	61%	50%
Other Obstetric Doctors	51%	64%	77%
Midwives	74%	66%	90%
<b>Fetal Wellbeing and Surveillance</b>			
<b>Trust Level Risks</b>	9	4	6

- The Perinatal Quality Surveillance Matrix report provides a platform for sharing perinatal safety intelligence monthly.
- There were three cases eligible for full PMRT review. One case was rated as C/D for some aspects of care.
- The ATAIN percentage in May was 2.8%. This is the second month in a row it has been below the national target.
- There was one PSII commissioned in May, relating to a retained foreign object. It did not meet Never Event criteria.
- Workforce pressures are being felt across all staff groups; this is reflected in the Divisions risk register. Bank incentives remain in place.
- There are 6 approved Trust Level Risks and 2 awaiting approval.

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

## Pressure Injuries

### What does the data tell us?

In June there were 18 x grade 2 pressure ulcers, of which 2 attributable to medical devices to the nose.

There was 1 reported unstageable pressure ulcer to the heel attributed to 28b, which evolved from a hospital acquired DTI.

There was an increase to 25 DTI's from the previous month of which 17 were to the heel.

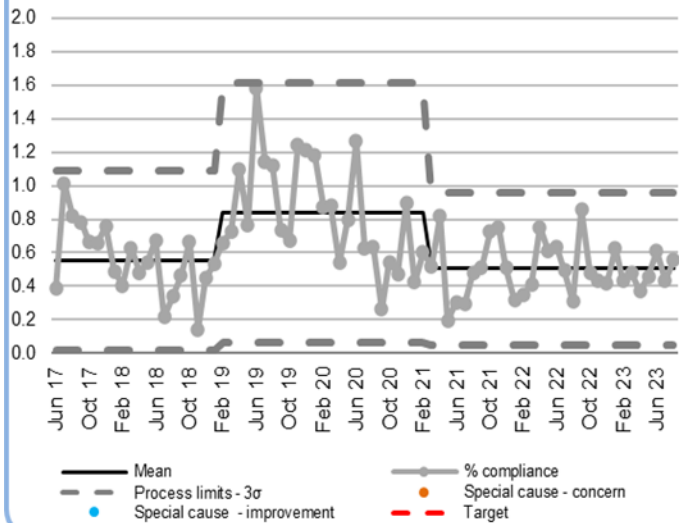
The targets for PU reduction in 2023/2024:

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

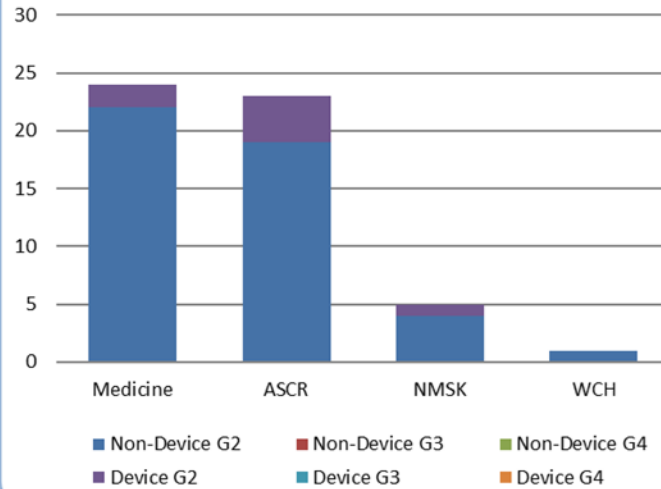
### What actions are being taken to improve?

- 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 is being developed in the EPR in anticipation for pilot in September and rollout in November during 'Stop the Pressure' week. TVs are currently writing clinical pathways, training and eLearning packages to support this implementation.
- TVs have developed a TVN strategy on a page to give reassurance to the Trust on the objectives to reduce PU prevalence this will be presented at the Patient Safety Group. This will also encompass a discussion the AAR PSIRF and SWARM process at the Trust.
- THE PUSG at their monthly meeting discussed ongoing strategic strategies to support wards to reduce patient harm. The emergent theme of increased DTI to the heels has been added to the agenda for the next meeting.

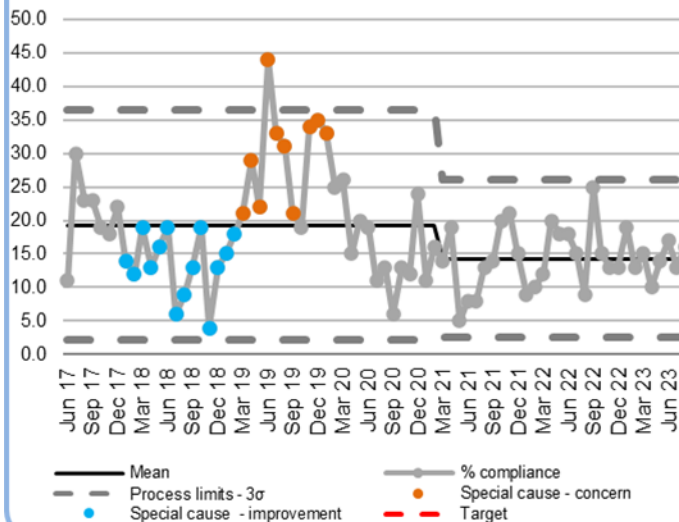
Total Pressure Injuries per 1000 Bed Days



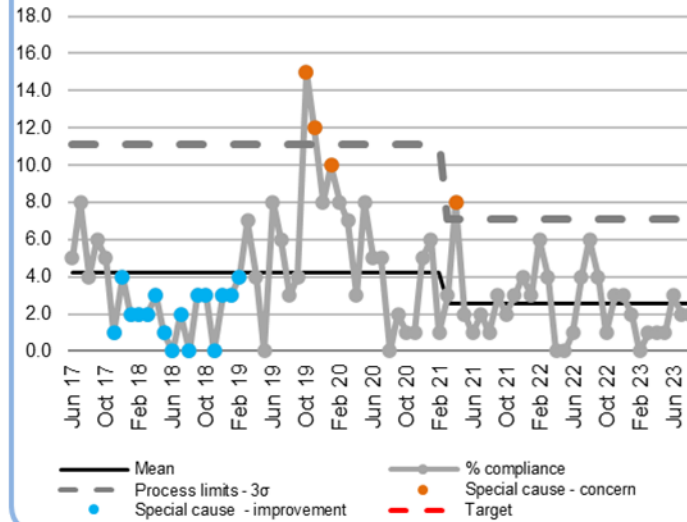
Pressure Injuries Year to Date 2023/24



Pressure Injuries - Total Incidents



Pressure Injuries - Device



## Infection Prevention and Control

### 2023 – 24 Mandatory Surveillance Trajectories

MRSA BSI – trajectory 0

*C. diff* – trajectory 75.

*E. coli* – trajectory 73

*Pseudomonas* – trajectory 10 (equal to the 2022/23 year end position)

*Klebsiella* – 29 trajectory

MSSA BSI –30 trajectory, realistic reduction on previous years figures

### What does the data tell us?

**COVID-19 (Coronavirus)** - Numbers remain very low including ICU admissions.

**MRSA** – One new case.

**C. Difficile** – A considerable concerning increase in one month, leading to above last year / trajectory position. All 11 cases are being reviewed and themes and trends collated.

**MSSA** – A significant increase in cases during the month. Our focus continues on proactive trust / divisional measures and vascular access team case reviews with an aim to bring a below year trajectory in sight.

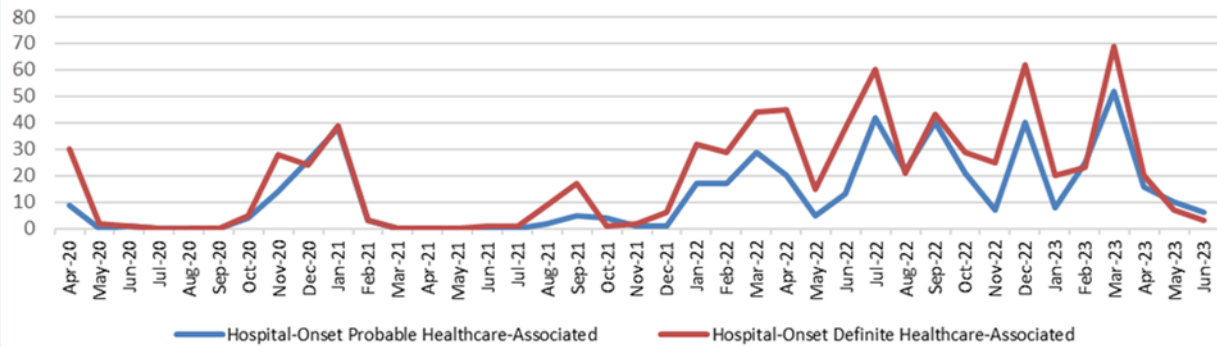
**Gram -ve** – Currently maintaining an early below trajectory position.

**Norovirus** – No cases

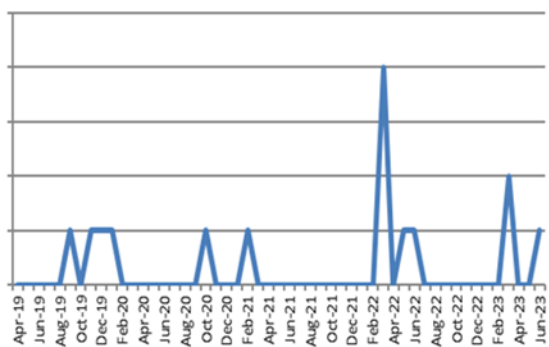
### What actions are being taken to improve?

- Targeted work in clinical areas linked with case above (*C. diff* and MSSA cases)
- National cleaning efficacy audits performed in Medicine / Women's & CH (4).
- Environmental / practice observations / ward visits undertaken.
- Early learning disseminated through IPC divisional links, mini COIC work to understand clinical reasoning / case management and specific training tailored to need.
- Realigned IPC resources continue to focus on the Medical division - admission areas , frailty and specialist areas. With several areas included in the work above.

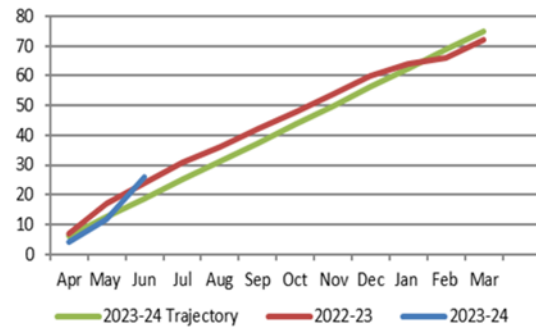
COVID-19 Onset Category by Positive Test Date



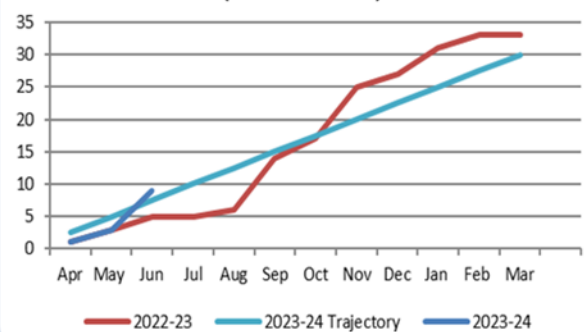
MRSA Cases - Trust Attributable



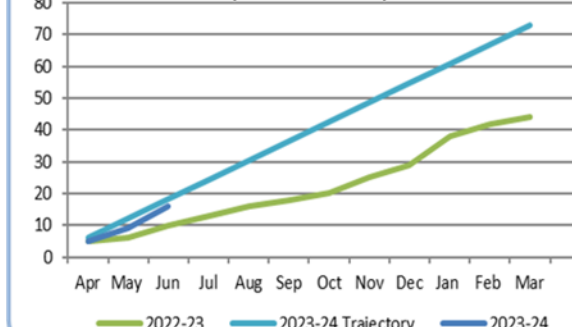
C.Difficile Cases - Trust Attributable (Cumulative Cases)



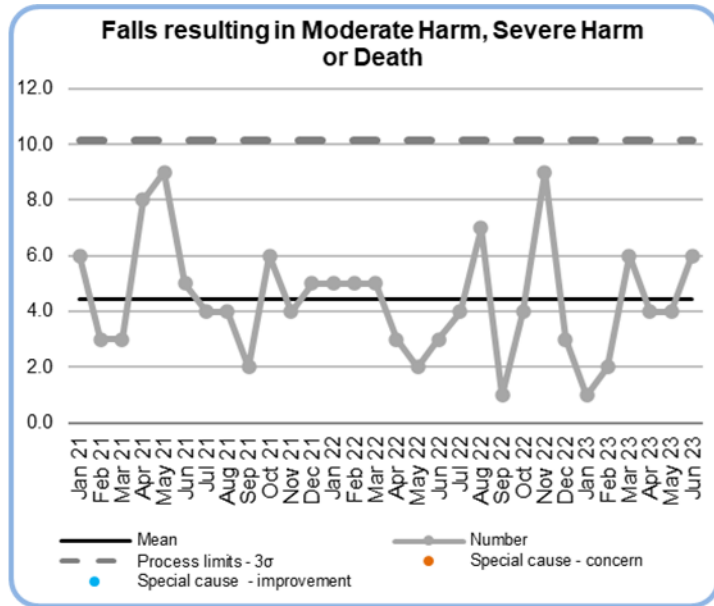
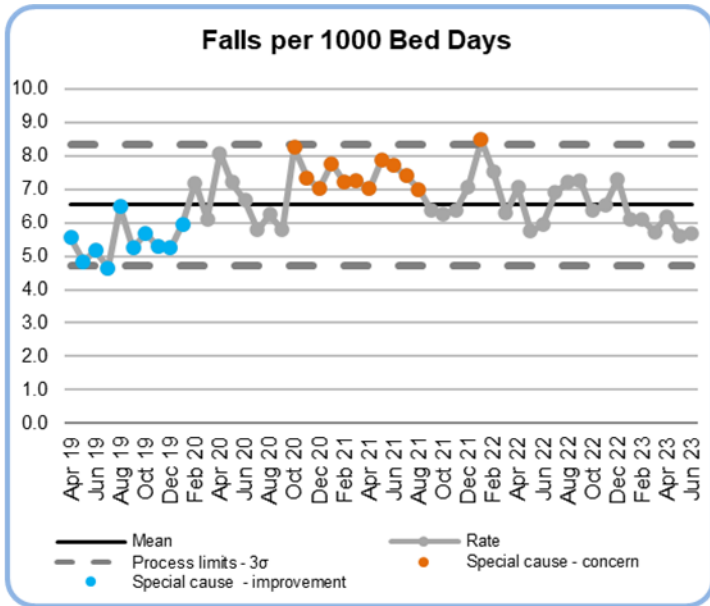
MSSA Cases - Trust Attributable (Cumulative Cases)



E.Coli Cases - Trust Attributable (Cumulative Cases)







## Falls

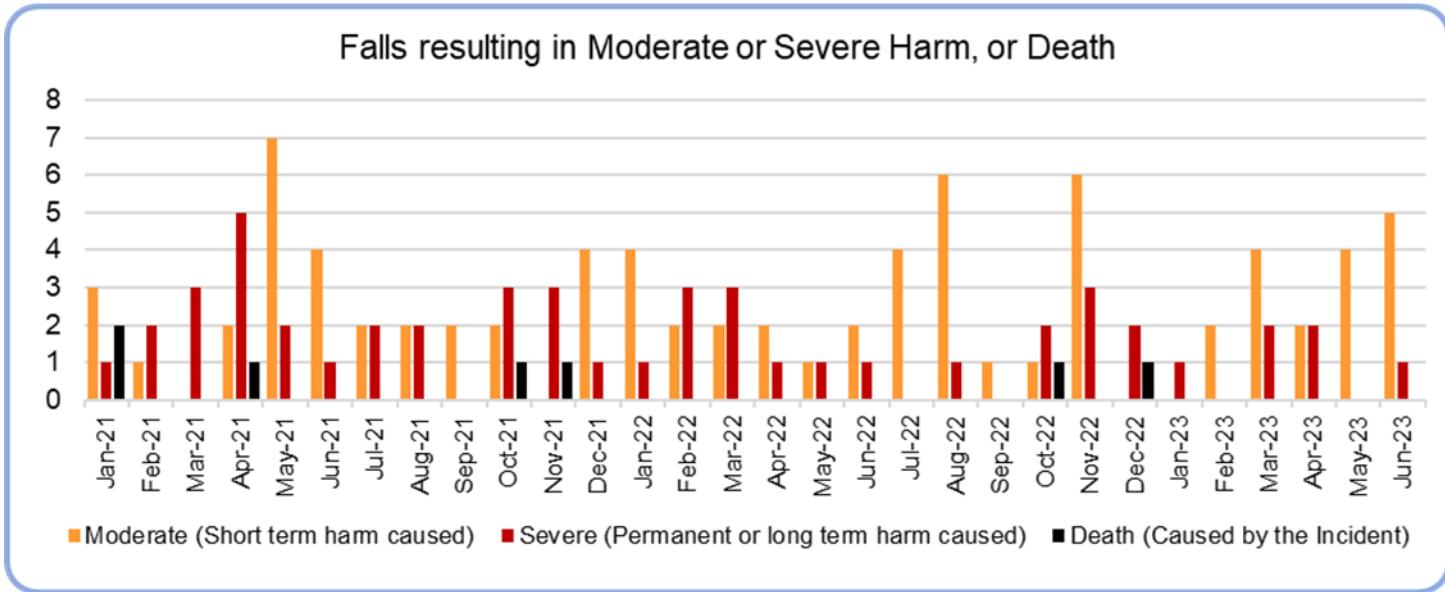
### What does the data tell us?

#### Falls incidents per 1000 bed days

NBT reported a rate of 5.68 falls incidents per 1000 bed days in June 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 June 2023, 5 falls were recorded and validated as causing moderate harm, whilst one fall caused severe 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.



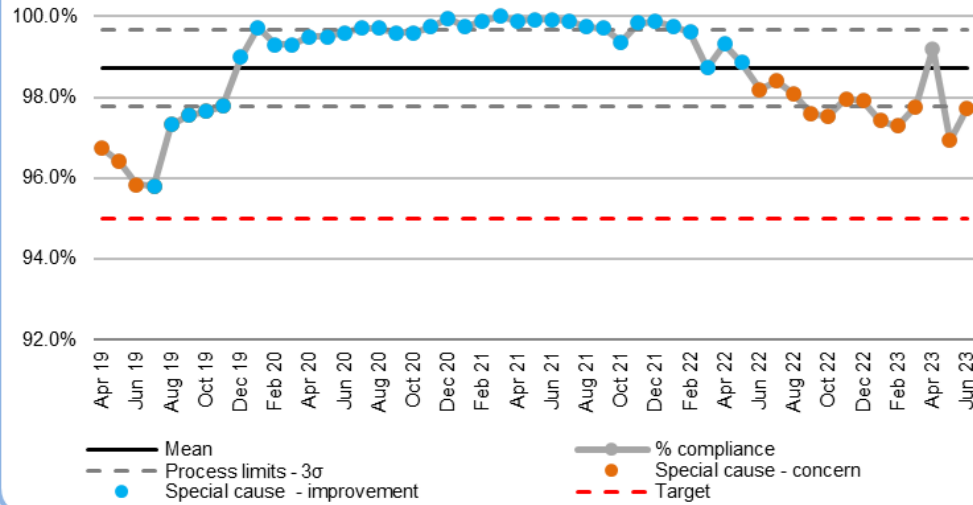
### What actions are being taken to improve?

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 (Elective and Emergency)



## WHO Checklist Compliance

### What does the data tell us?

In June, WHO checklist compliance was 97.73%. 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?

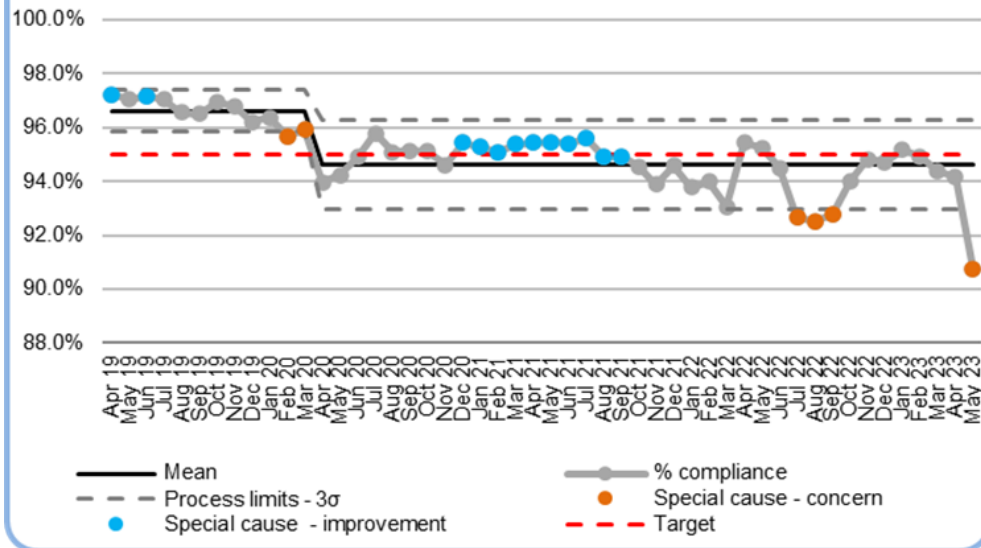
In May the rate of VTE Risk Assessments (RA) performed on admission was reported as 90.73%. VTE risk assessment compliance is targeted at 95% for all hospital admissions. The decline in compliance seen from July-22 (exacerbated by the CareFlow changeover, though not the primary factor) has improved overall 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.

### VTE Risk Assessment Completion



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 June 2023, NBT had a rate of 6.4 medication incidents per 1000 bed days. This is slightly above the 6-month average of 5.7 for this measure.

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

During June 2023, c.8.1 % 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 11.8 %

### 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

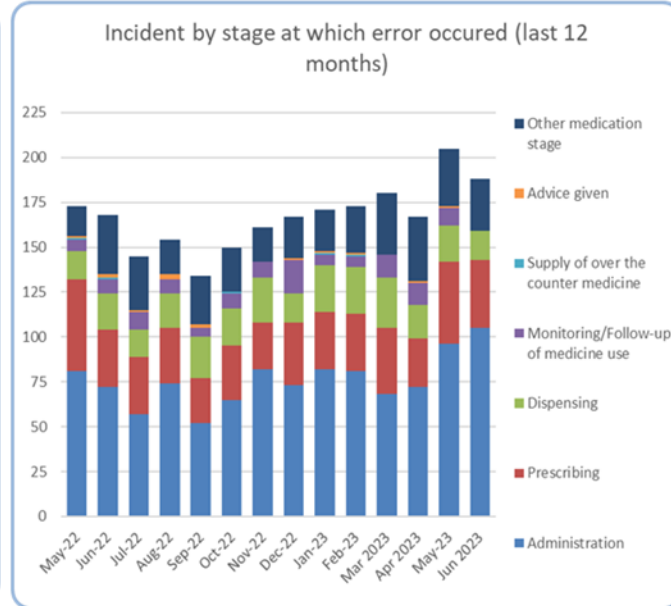
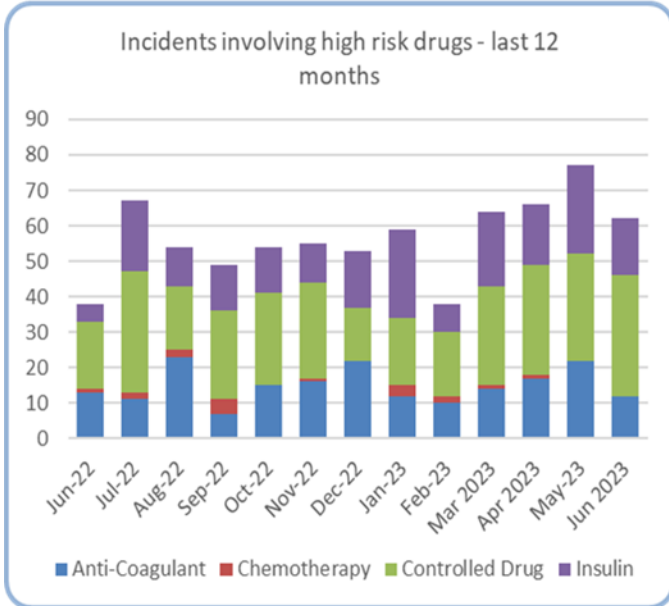
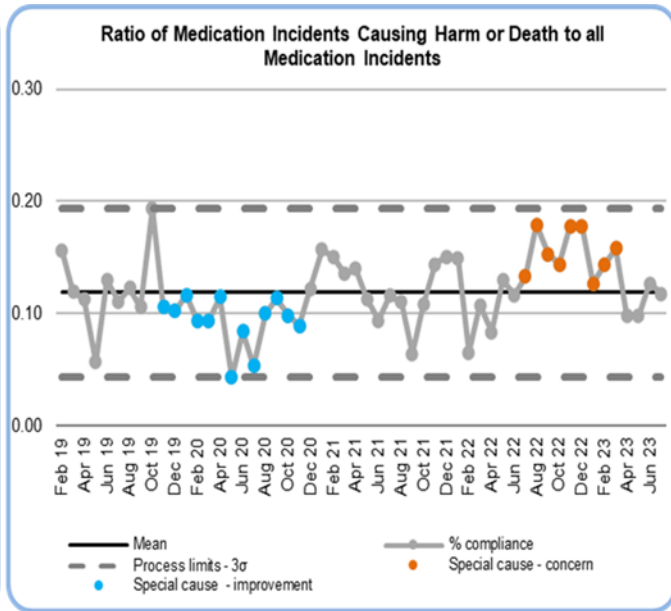
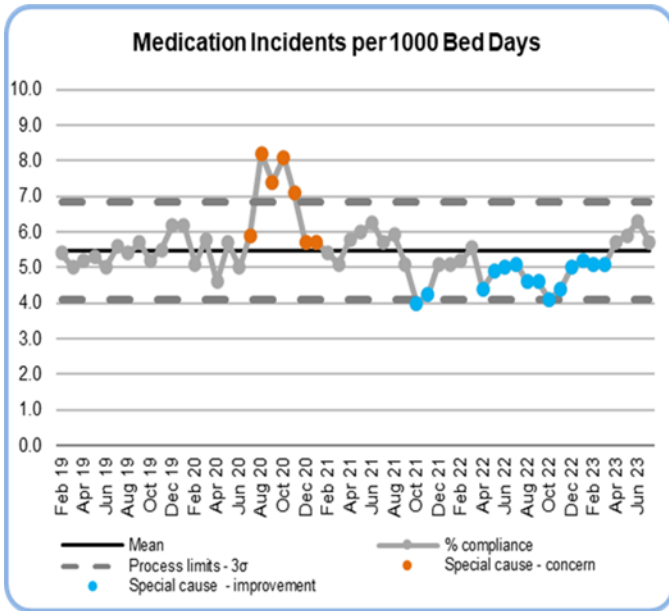
During June 2023, c.32% of all medication incidents involved a high risk medicine which is below the 6 month average of 36%.

**General comment:** It is of note that the number of incidents reported in June follows the trend seen in May of being markedly above the 6 month average (average approx. 166 reports per month and this month we have seen 186). This in turn affects the data seen in the graphs broken down by stage and involving high risk drugs. Whilst the peaks appear high - the variance in proportion of incidents involving high risk drugs is less marked and the distribution of stage at which error occurs remains similar. The team are looking into the rise in total reported incidents.

### 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 learning from incidents causing moderate and severe harm is to be 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 June 2023, the Trust received 44 formal complaints. This is 13 fewer than in May and 9 fewer than the same period last year.

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

There were 4 re-opened complaints in June- these were spread across all the clinical divisions. There were no patterns within the re-opened cases, and two were requests for Local Resolution Meetings.

Of the 44 complaints, the largest proportion was received by ASCR (14).

The overall number of PALS concerns received remained at 141 in June.

The response rate compliance for complaints improved to 80% in June. A breakdown of compliance by clinical division is below:

ASCR – 88%	NMSK- 86%	CCS – 100%
WaCH- 25%	Medicine – 82%	

The number of overdue complaints at the time of reporting has increased from 1 in May to 6 in June. The overdue complaints sit with WaCH (2), Medicine (2), NMSK (2).

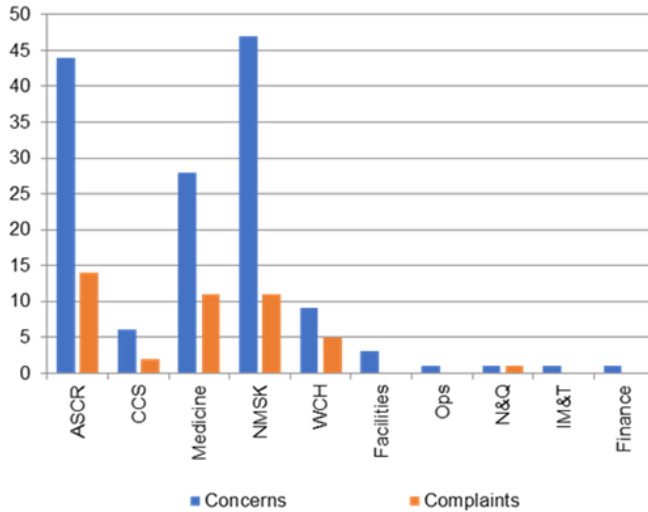
In June 100% of complaints were acknowledged in 3 working days and 100% of PALS concerns were acknowledged within 1 working day.

The average response timeframe for PALS concerns in June is 9 days. This hasn't changed since May.

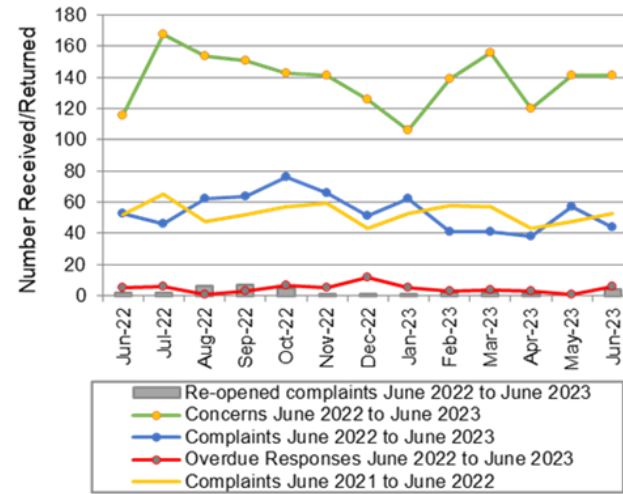
### What actions are being taken to improve?

- 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).
- PALS piloted 'drop in' session for staff on ward boomerang areas (ward 27a) to assist with resolving cases, providing support and guidance.

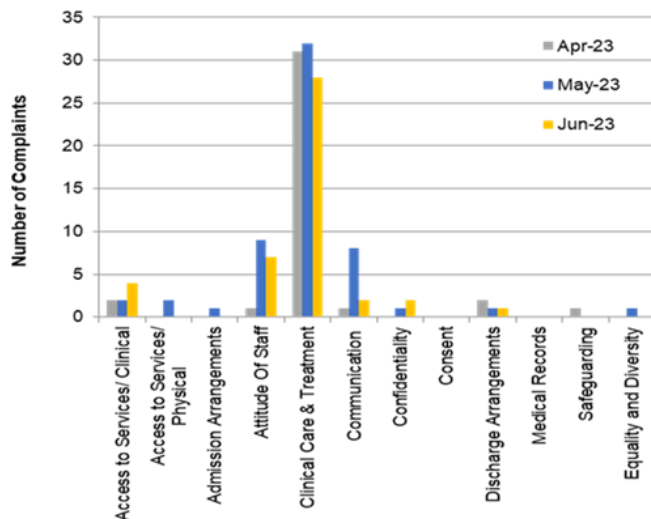
Concerns and Complaints per Division



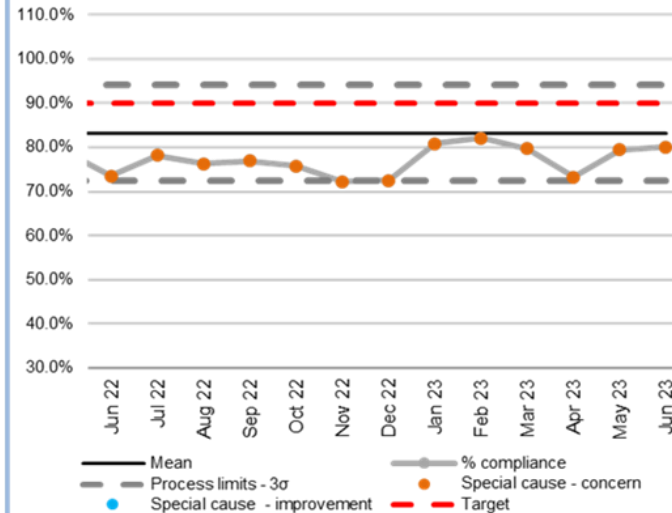
Trustwide Complaints, Concerns, Re-opened & Overdue Complaints

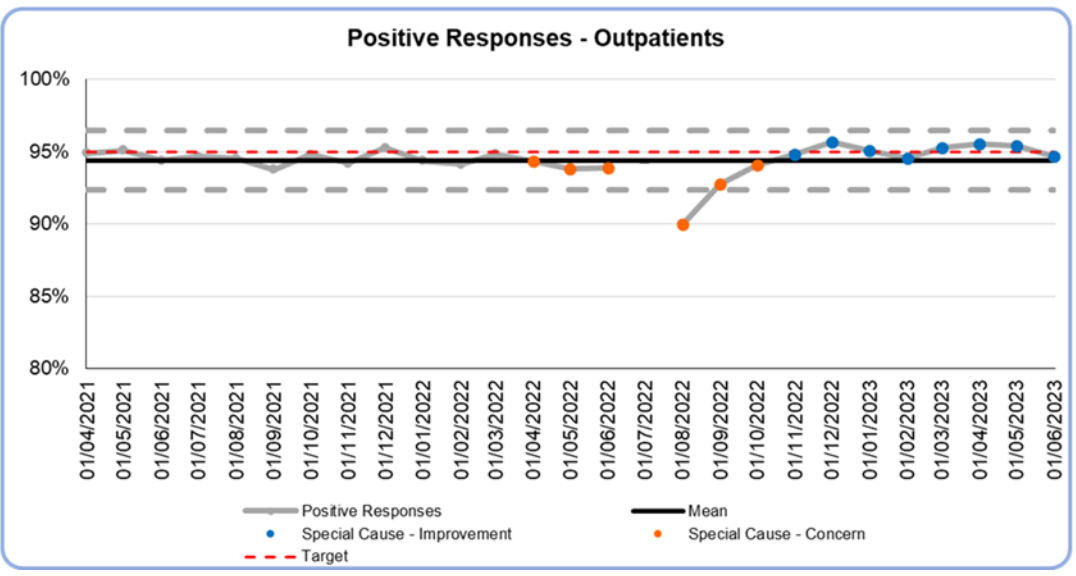
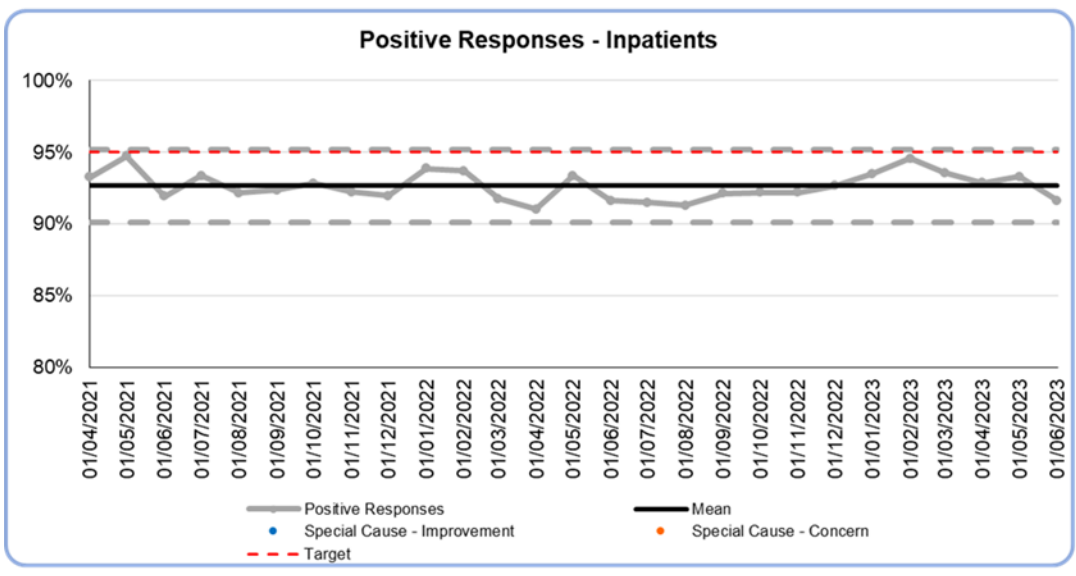
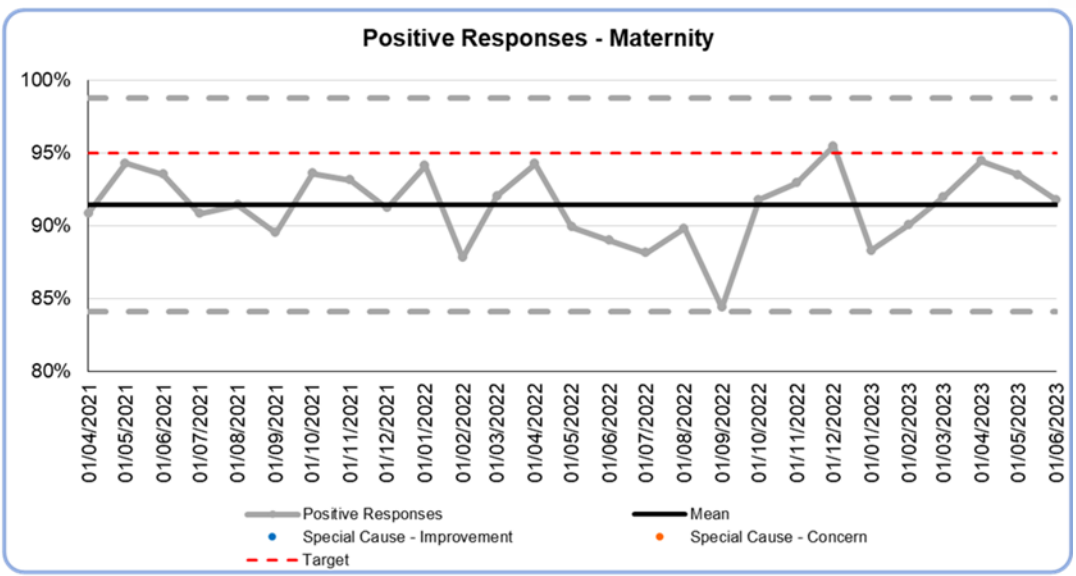
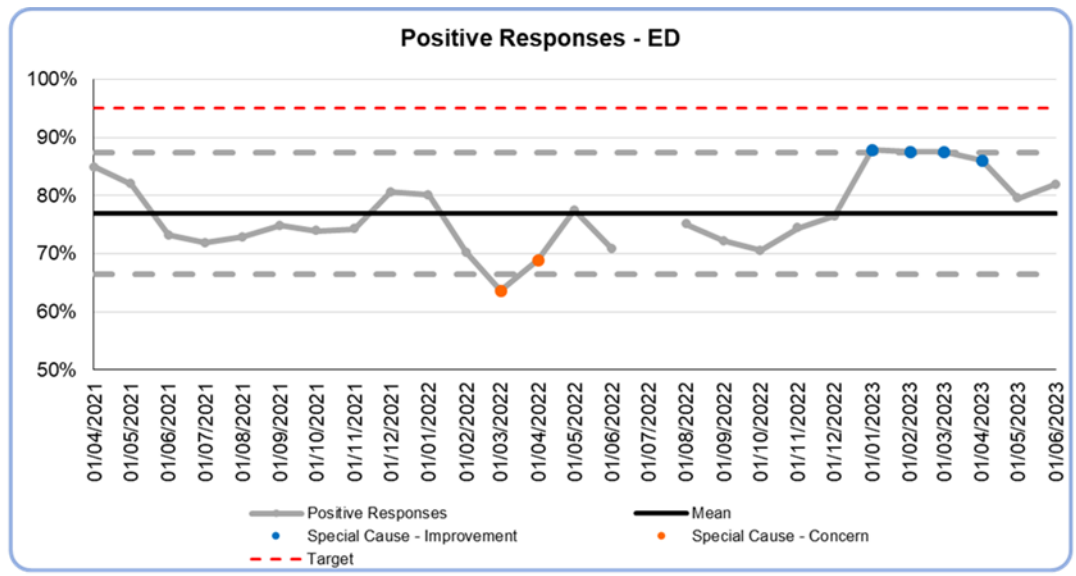


Complaints By Subject

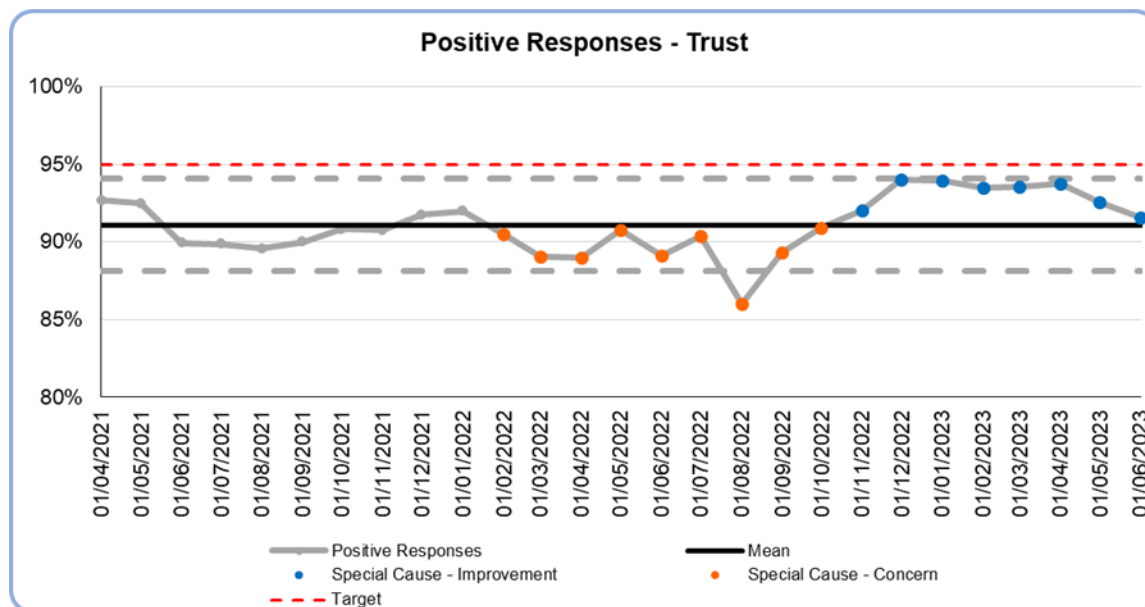


Complaint Response Rate Compliance





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 June, 4957 patients chose to leave a comment with their rating.
- 91.6% of patients gave the Trust a positive rating. The results remain consistently high, though they no longer show special cause for improvement.
- A thematic review of these responses found that **an overwhelming majority of the positive comments were about staff.**

*"I felt the service was excellent. Getting to know the midwives before I had so much Trust in them already when they arrived. I felt fully respected and listened to, this meant when things got difficult I had full Trust in their call to go into hospital and then to have a quick [episiotomy] at home. Their work was very skilled and the rapport that was built with the home birth team was amazing when they arrived on the day."*

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

- **Inpatients:** Inpatient Positive Responses indicate special cause for concern; they have dipped to 88% this month. Inpatient Negative Responses are 5.41%, which remains consistent. This suggests that people have not reported more negative experiences; instead, they are reporting less specifically positive and more mixed experiences. There was no apparent theme that explained the reduction in positive Inpatient ratings.
- **Outpatients:** Positive and Negative Responses and Response Rate all continue to show significant improvements.
- **Emergency Department:** Positive Responses continue to show special cause for improvement.

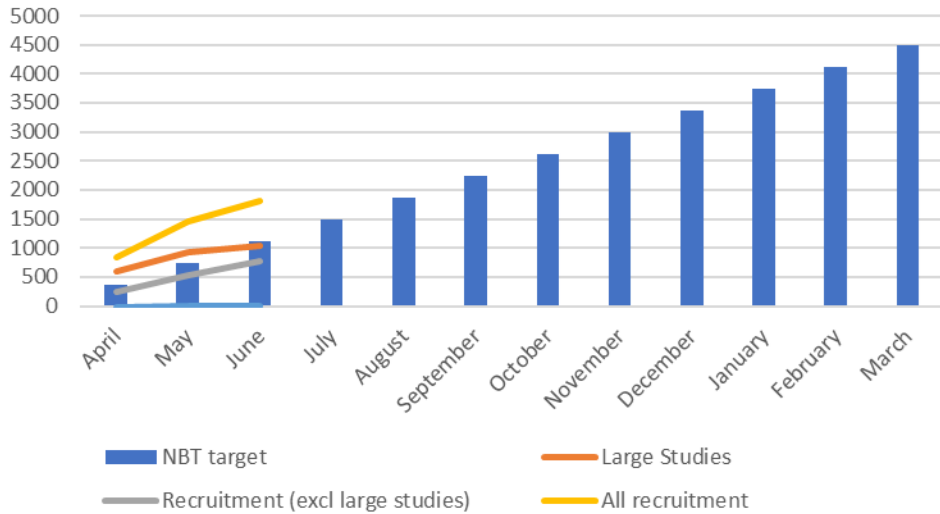
### What actions are being taken to improve our FFT engagement?

- Ward-level data and themes in patient comments are being analysed in more depth to understand the change in Inpatient positive results and identify any low-scoring areas or deviations.
- Review of the improved Outpatient performance is being undertaken to seek further insight. For example to identify any correlation with improvement projects and also to share learning with other 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. A sign-up drive for the Envoy system was recently held at the Staff Expo in the Brunel Building, resulting in over 40 new users, including staff groups who we often struggle to reach with FFT such as HCA.

## Research and Innovation

**Board Sponsor: Chief Medical Officer  
Tim Whittlestone**

Number of participants recruited to research 23-24



## Research and Innovation

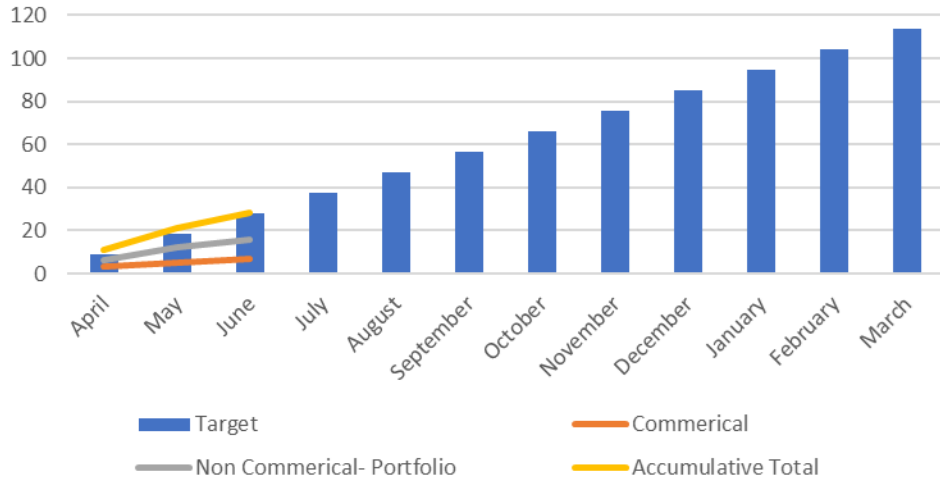
### Our Research activity

We strive to offer a broad range of research opportunities to our NBT patients and local communities whilst delivering high-quality care combined with a positive research experience.

Graph 1 shows our current 23-24 performance in relation to research participation. Year to date 1811 participants have enrolled in research. We are currently achieving 161% of our target, this performance is driven by ongoing recruitment to two large studies (AVONCAP and Prospects). When we exclude the large recruiting studies from this data then our %achieved drops to 70%. The NBT research portfolio remains strong, we have 289 studies open to recruitment . We have opened 28 new studies year to date. We are pleased to see a growth in the number of studies collaborating with commercial partners and a subsequent increase in recruitment to these studies; these collaborations enable us to offer our patients access to new clinical trial therapies and generate income to support reinvestment and growth in research.

We are currently establishing the metrics we would like to report over the coming year as there is a national shift to move away from a focus on the number of participants engaged in research to more diverse measures.

Number of new studies open in year by type



### Our grants

NBT currently holds 65 externally funded research grants, to a total value of £34m. This includes 32 prestigious NIHR grants totalling £32m. For the 2023/24 financial year, NBT has received a record level Research Capability Funding (RCF), £1.1m, from the DHSC. This RCF allocation is a direct reflection of the size of NBT's NIHR grant portfolio and puts NBT at 9<sup>th</sup> in England (out of 248 NHS Trusts), a fantastic achievement and the first time NBT has been in the top 10 nationally. In addition, NBT is a partner on 72 externally-led research grants, to a total value of £10.6m to NBT.

The **SHC Research Fund** welcomes research applications from all NBT staff members to undertake small pump-priming research projects (up to a maximum of £20k) in any subject area. We are pleased to announce that we received 11 Expressions of Interest to our recent Round 14 Research Fund call, of which 6 were shortlisted and 4 of these have been recommended for funding..

In addition to the SHC Research Fund, R&D have introduced a new process for awarding mentorship and funding to NBT staff who are new to research but have a great idea for a research project 'Early-Stage Research Funding'. The application form follows a simple SBAR structure and will not require any prior knowledge of, or expertise in, research. Staff can contact [researchgrants@nbt.nhs.uk](mailto:researchgrants@nbt.nhs.uk) to discuss applying. The first award we made to Rachel Evans, Practice Educator in ICU, has resulted in Rachel successfully applying to the Southwest (ICA) Programme for a funded HEE/NIHR Internship with University of West England to develop her research ideas and academic career.

## Well Led

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

## Vacancies

Trust vacancy factor was 8.03% in June (735 wte) from 7.92% (721 wte) in May. By staff group band 2 and 3 unregistered nursing and midwifery and registered nursing and midwifery saw the greatest growth in staff in post (23 wte and 11.5 wte respectively). Registered nursing and midwifery growth was driven by the latter driven by external recruitment at band 5, internationally educated nurses completing their OSCEs and moving into band 5 roles and growth in band 6 and 7 nursing and midwifery. Increases in vacancies has predominantly been driven by medical staff where overall there has been an increase in establishment in Microbiology and Public Health, Infectious Diseases, Respiratory Medicine and Ageing Well.

## Turnover

The Trust rolling 12-month staff turnover rate decreased from 16.29% in May to 15.90% in June. Comparing November 22 with June 23 all divisions (with the exception of IM&T driven by project workforce movements) and all staff groups (with the exception of Medical Staff where a small increase in turnover was seen moving from November 22 to December 22 which has now stabilised) have seen an improvement. ASCR has seen greatest divisional improvement and the top three staff groups to see improvement are Additional Clinical Services, Administrative and Clerical and Nursing and Midwifery Registered staff – all identified through the People Patient First A3 as the most adverse areas. Data analysis is currently in progress reviewing the profile of our leavers by key characteristic such as age, ethnicity and length of service to target interventions as part of our workforce retention programme focussed on how much more improvement can be delivered in 23/24.

**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 5.08% in May to 5.07% in May which represents the sixth month of continuous reduction in absence rates. The position remains stable and the absence reasons driving this positions remains unchanged form 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%

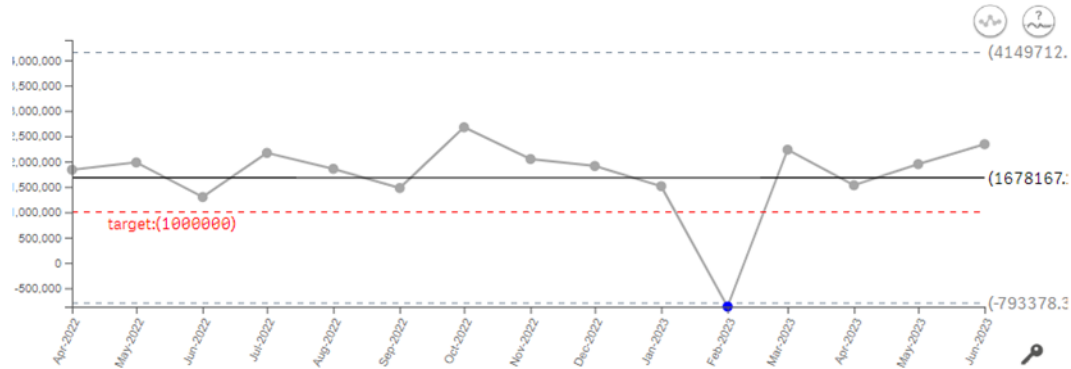


Theme	Action	Owner	By When
<b>Vacancies</b>	Initiated review of recruitment process which will use Patient First improvement methodology to deliver 'Faster, Fairer Recruitment'. Current focus on sustainable improvement through 30, 60 and 90 days performance management to identify improvements underpinned by data analysis	Deputy Chief People Officer	Ongoing
<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	Associate Director Culture, Leadership & Development	Jun-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>	Initiation of a weekly bank optimisation working group aimed at delivering sustainable bank incentives and agency reduction 2023/24. The first action is to deliver a bank rate increase (for a trial period of approximately 12 weeks) to the most challenged staffing areas	Deputy Chief People Officer	Jul-23

# Temporary Staffing

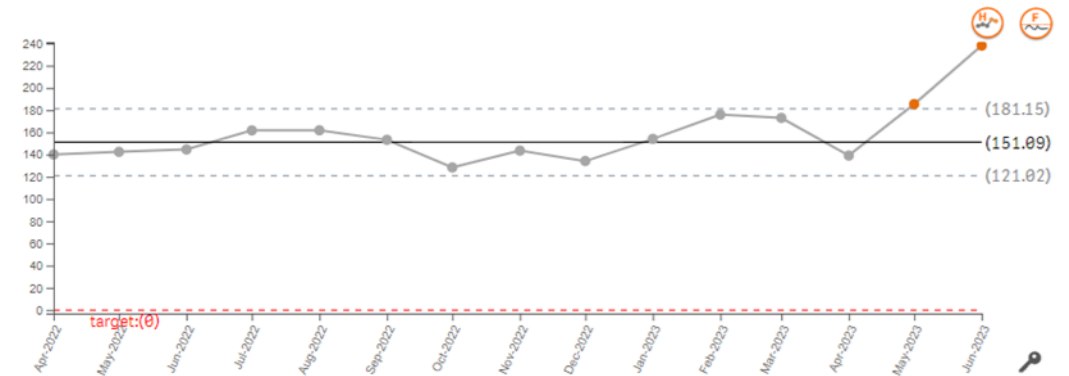
**Agency Spend (£)**

Figures are monthly snapshots



**Agency Filled - WTE**

Figures are monthly snapshots



## What Does the Data Tell Us

Agency use saw the greatest increase in Nursing and Midwifery Registered (+29 wte) with the following areas seeing greatest increase:

- ICU: demand +6 wte, agency + 7 wte, bank + 1 wte and unfilled -2 wte
- Ward 10a (Level 6): demand + 6 wte, agency + 3 wte, bank +2 wte, unfilled +1 wte
- Stroke Wards and Advanced Nursing: demand + 12 wte, agency +10 wte, bank -2 wte, unfilled + 4 wte
- Critical care dependency has been driving the increase in Break Glass and Agency – Temporary Staffing team is working with Critical Care to look at alternative solutions during periods of escalation
- Break Glass – saw an increase of 11 wte in June compared to May with 7 wte being in ICU (with ICU also seeing some of the greatest growth in agency + 7 wte, of which + 2wte was Tier 4)
- RMN use reduced by 3.5 wte in June compared to May with 1.5 wte being from Tier 4. Ward 8a remains the highest use of RMNs at 8.6 wte (from 6.1 wte in June) following by AMU (4.4 wte in June with reduction from 6.3 wte in May) and Ward 33b (3.6 wte in June increased from 1 wte in May).

## Actions

The Trust has established and Agency Reduction group focussing currently on the following interventions:

1. Break Glass continuation; Bank RMN Proposal (aiming to take this to the People Oversight Group end of July); International Recruitment; Retinue Agency Neutral Vendor contract

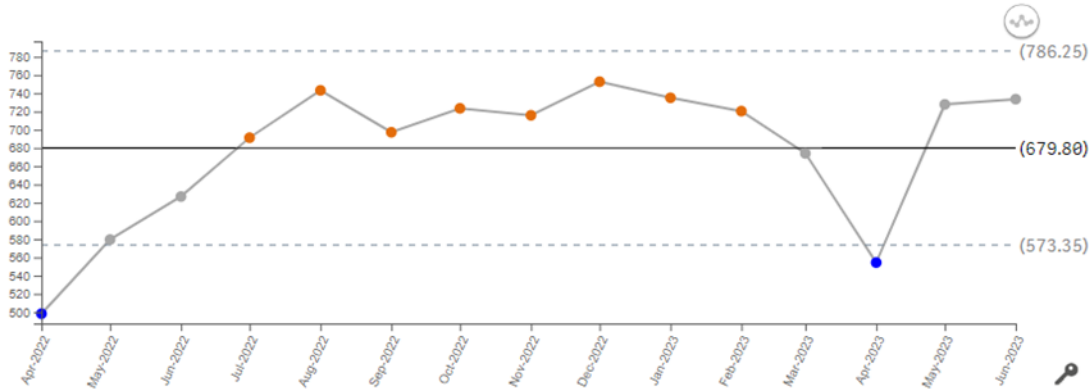
**Agency Reduction:** Targets and tracking of the impact of these interventions is currently being designed. Whilst the ICS has been set a target (by NHS England) for agency spend to not exceed 3.7% of total pay spend, this has not been translated into a Trust target. Work to understand the impact of other factors such as this years pay award and retrospective application are being reviewed to ensure that measurement of this metric internally at NBT is accurate before the measure is introduced for monitoring.

**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.

# Vacancy Position

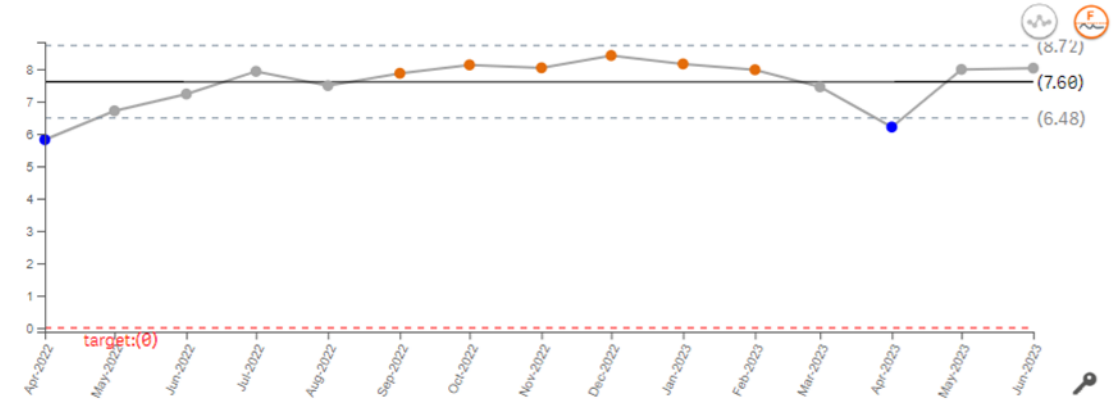
## Vacancy WTE

Figures are monthly snapshots



## Vacancy Rate (%)

Figures are monthly snapshots



### Actions

- Workforce summits with divisional and professional leaders have been held in July with all clinical divisions. A collective output including the focussed support required by divisions from People and other corporate functions will be produced and form a key input into both our actions now and our long term workforce plan
- Quarterly data reports representing a ‘deep dive’ into our workforce position was produced from the collective work of the People Governance groups shared with the People Committee for assurance. The report was received and in terms of identifying where our risk areas where it provided assurance the committee required. The next step will be to use the report to focus on data that underpins our improvement actions and monitoring actions impact.

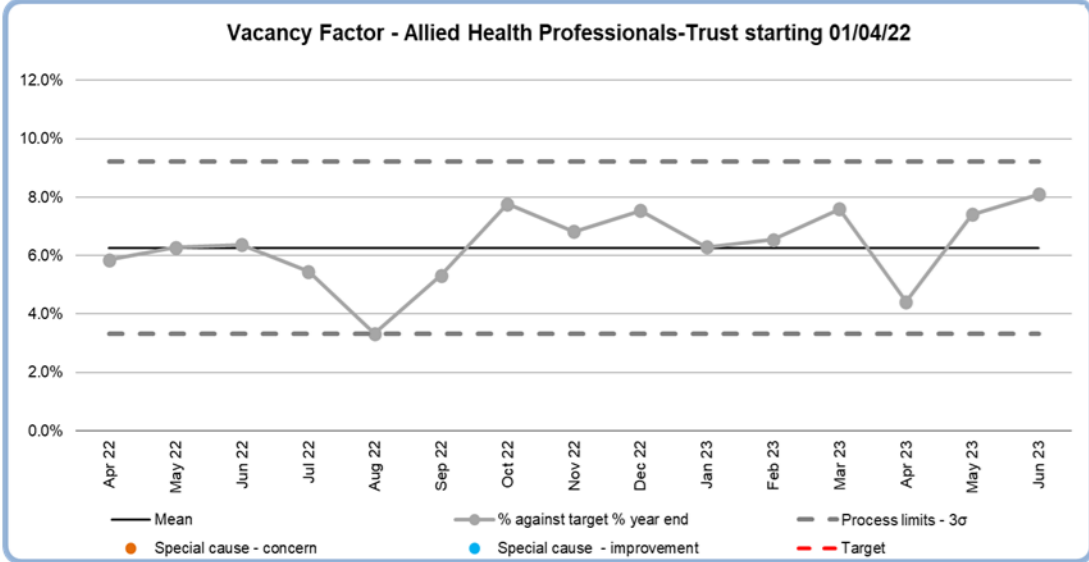
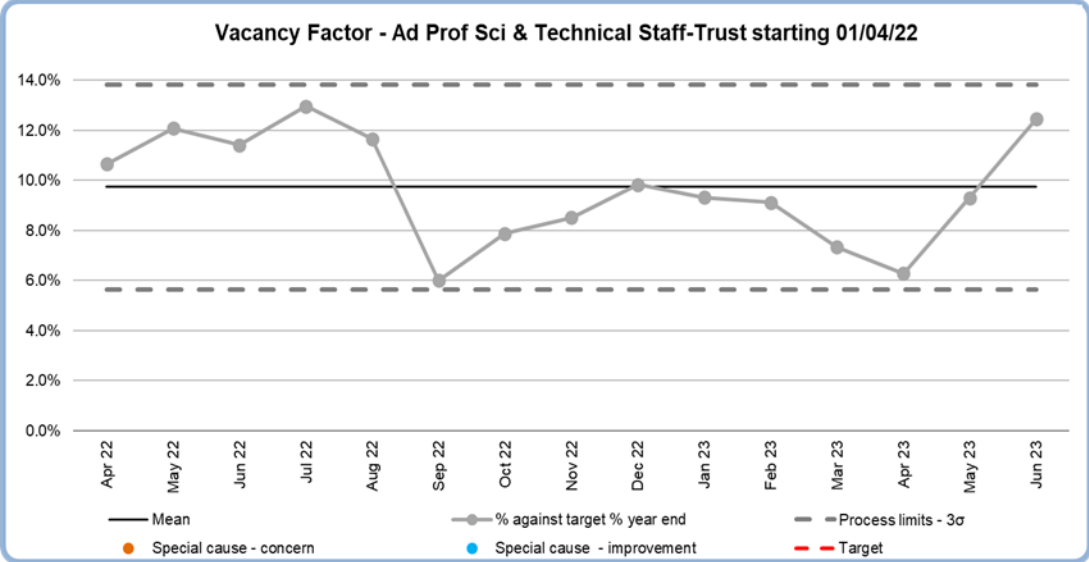
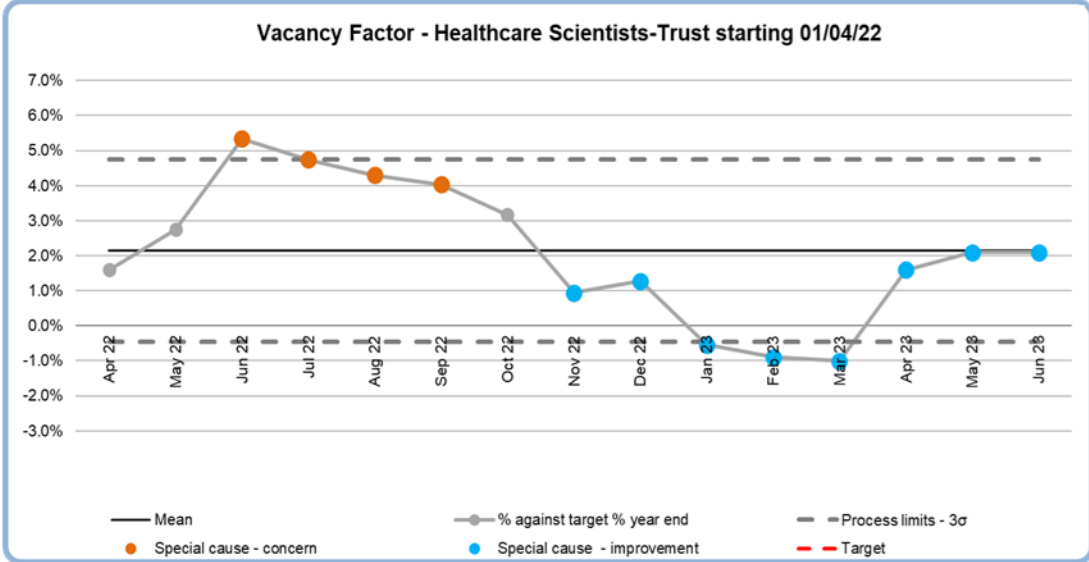
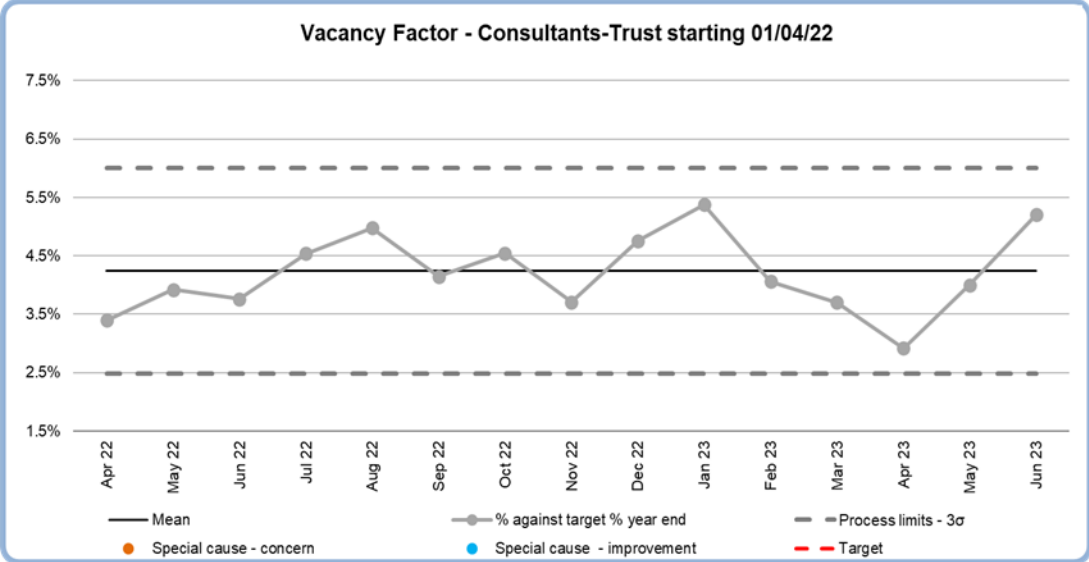
### Talent Acquisition Recruitment Activity

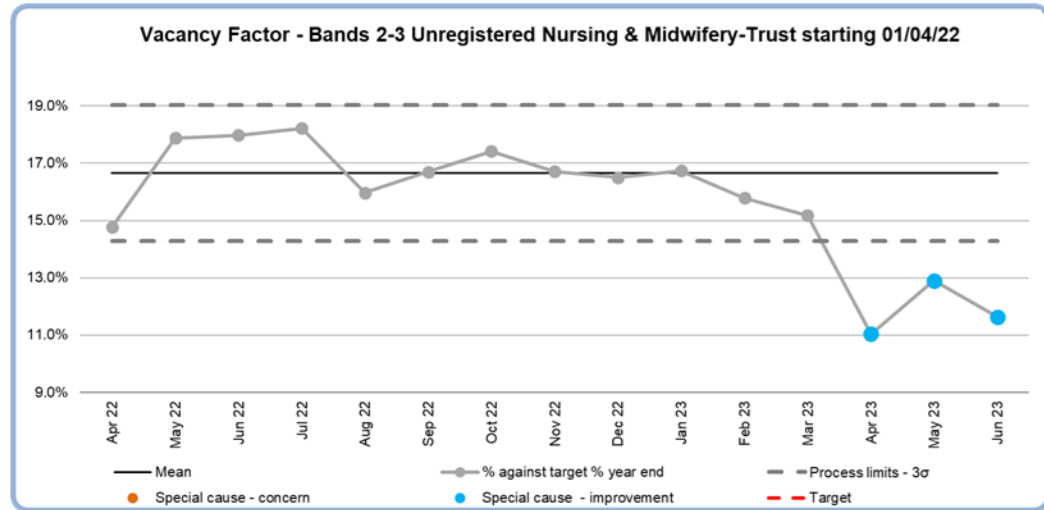
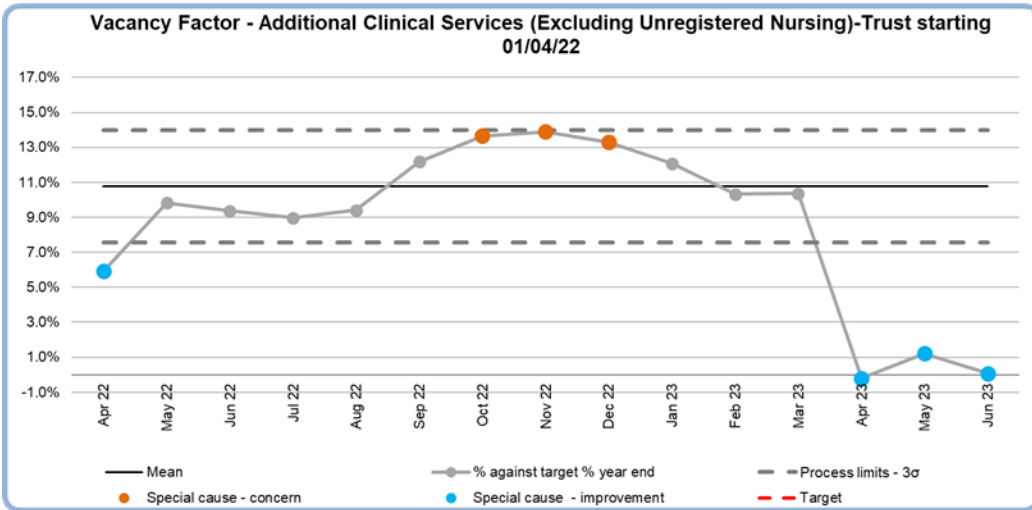
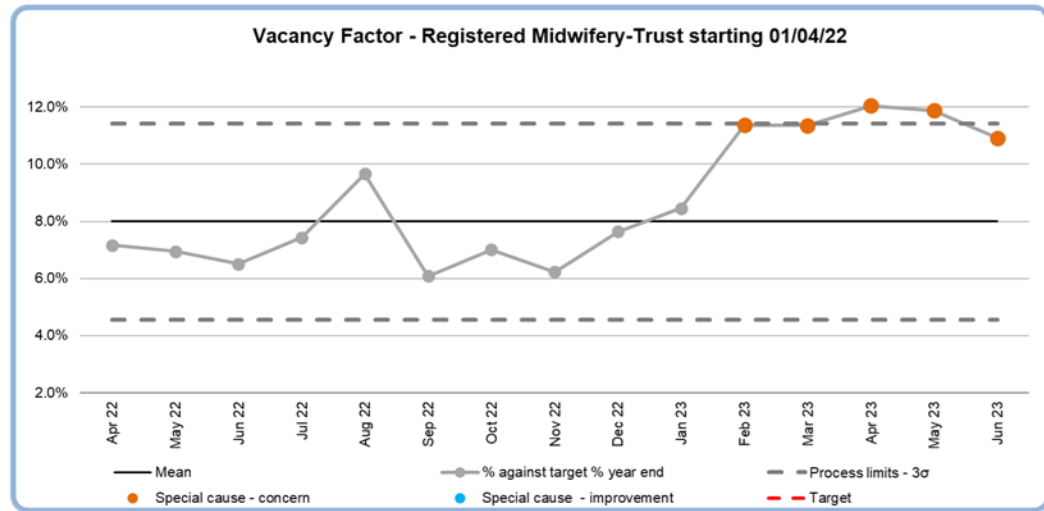
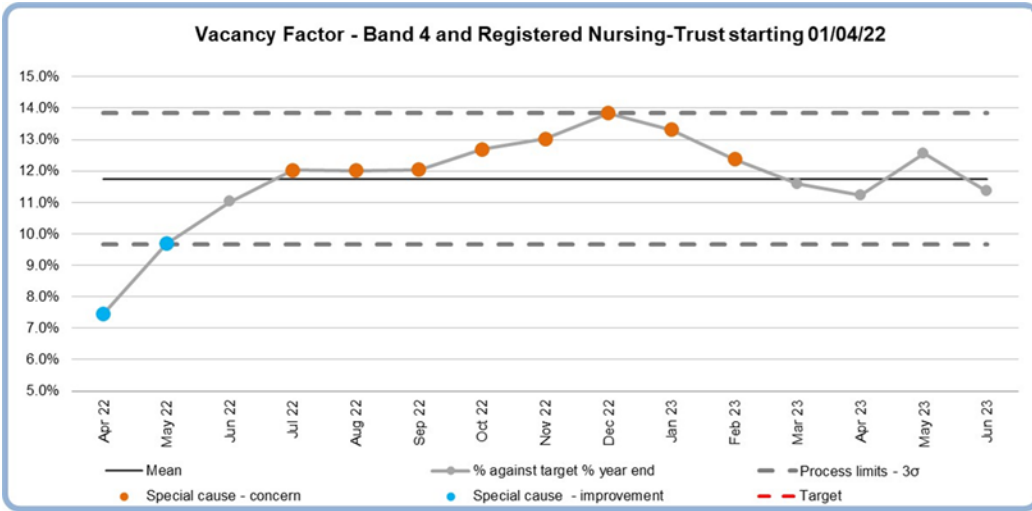
#### Unregistered Nursing and Midwifery (Band 2/3)

- **Offers:** 34.04 offers for HCSW roles ; 7.59 for band 2 and 26.45 for band 3 with
- **Pipeline:** 137 wte of candidates with offers being processed.

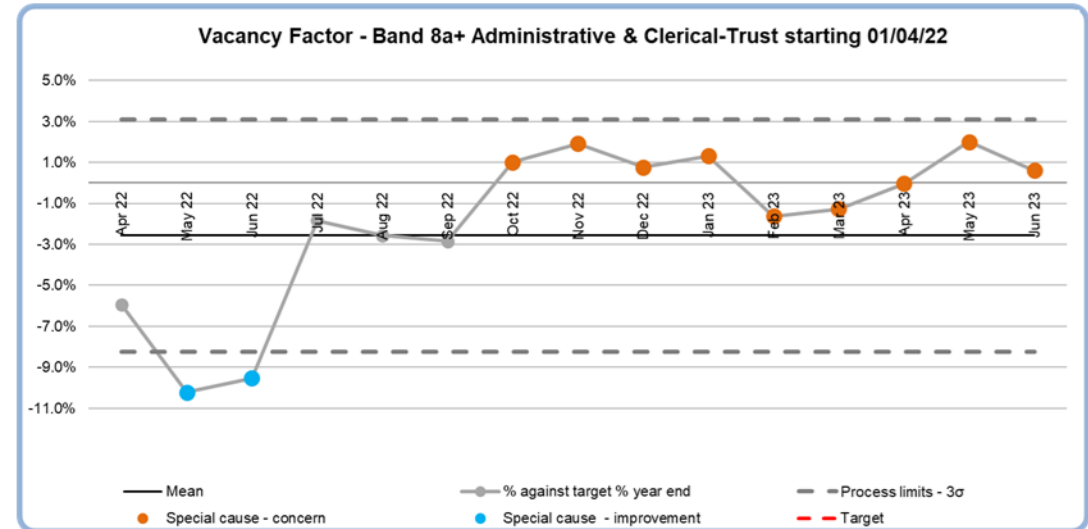
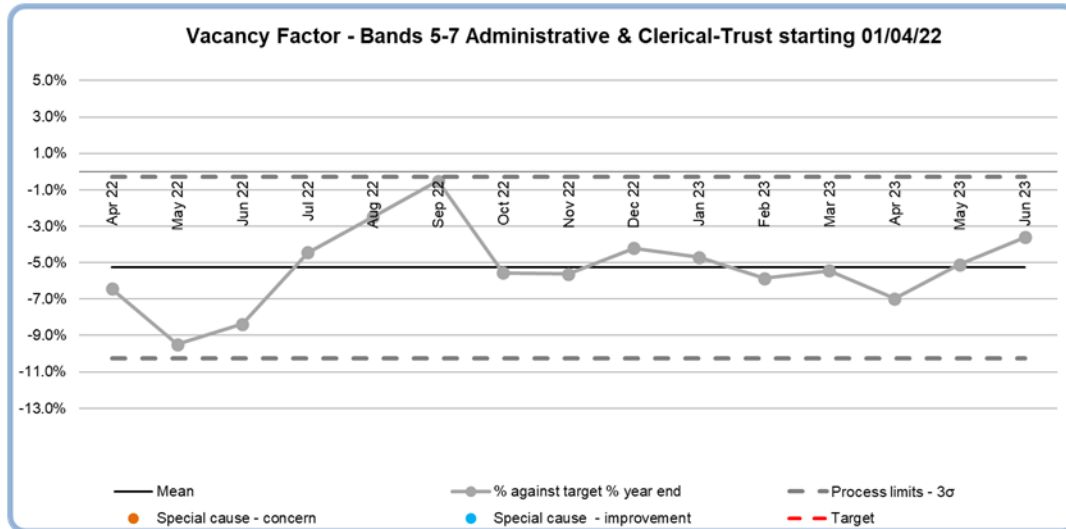
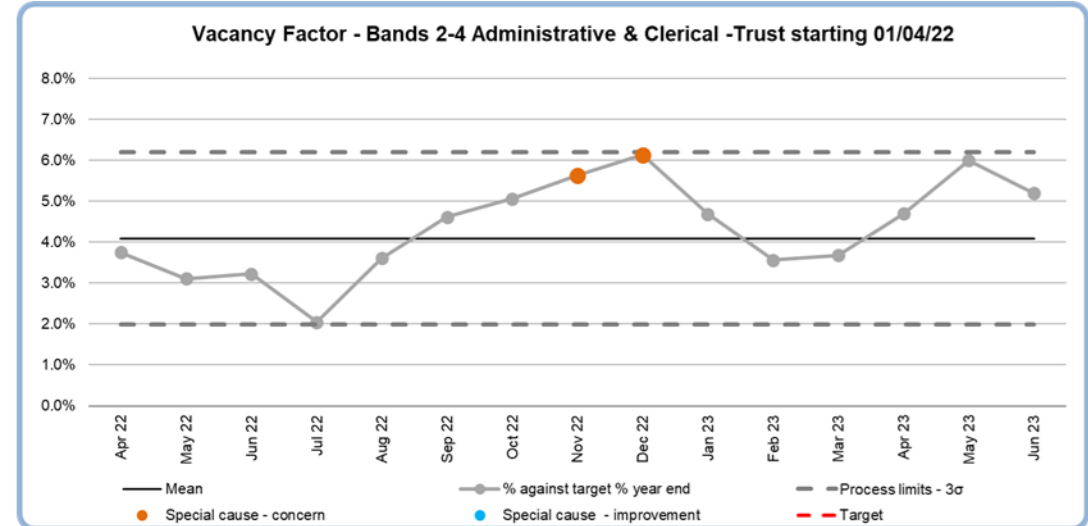
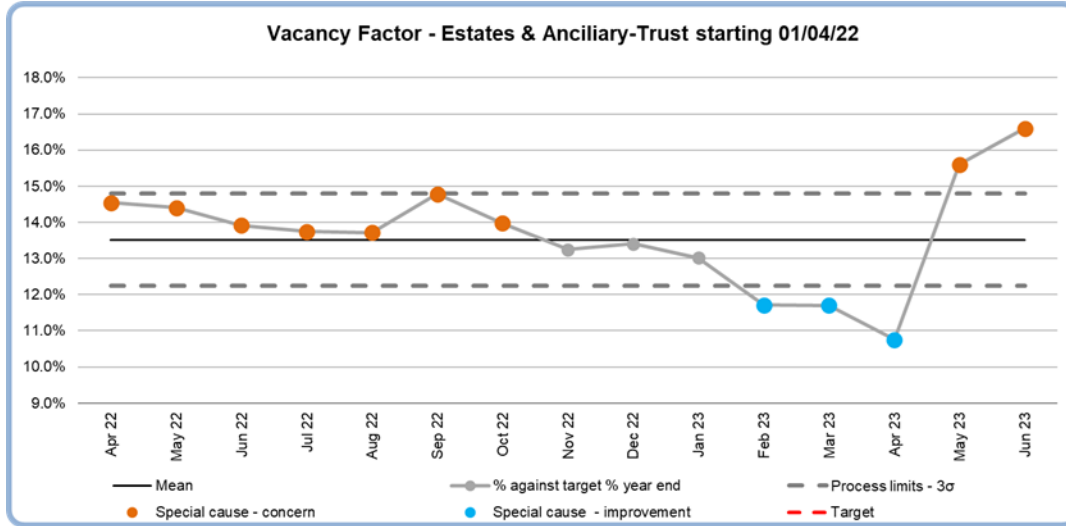
#### Registered Nursing and Midwifery

- **Offers:** 33.85wte of Band 5 offers for registered nurses and newly qualifying nurses across the Trust
- **Careers Events:** Healthcare Careers fair, Bristol, CTP Southwest employment fair, Shepton Mallett. RCNi Nursing and Careers fair, Bristol.
- **International Recruitment:** 19 Internationally Educated Nurses arrived in the Trust





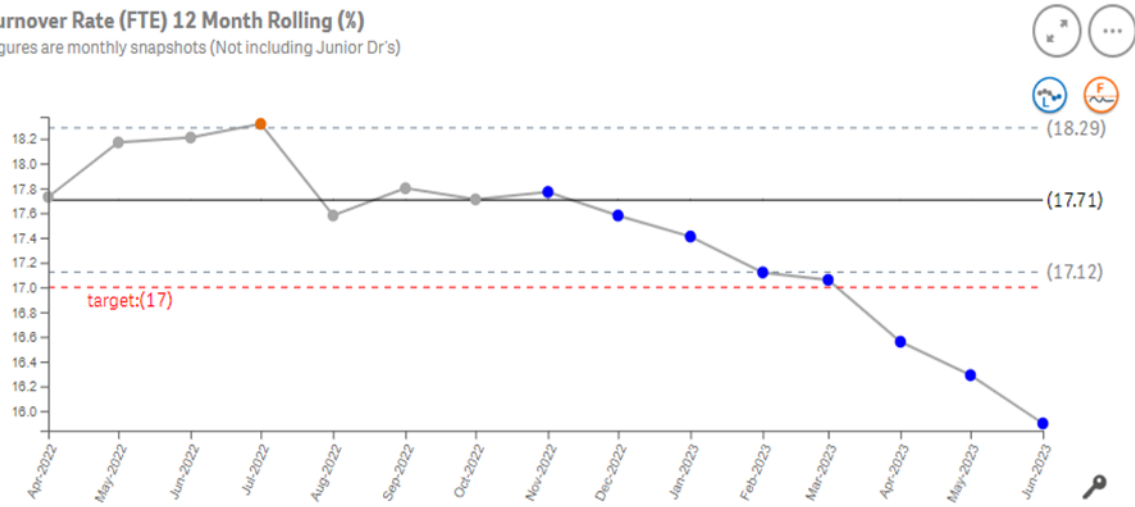
- Registered midwife vacancy factor has increased and shows as deterioration (series of orange markers above upper control) due to additional agreed funding being applied in January 2023
- Incentives remain in place in midwifery to attract more staff through recruitment and to reduce the drop out rate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



- Estates and Ancillary staff vacancy factor has deteriorated due to an increase in funded establishment of 26 wte in the Facilities domestics team. Staff in post in this group has also reduced over the last three months as turnover has increased.

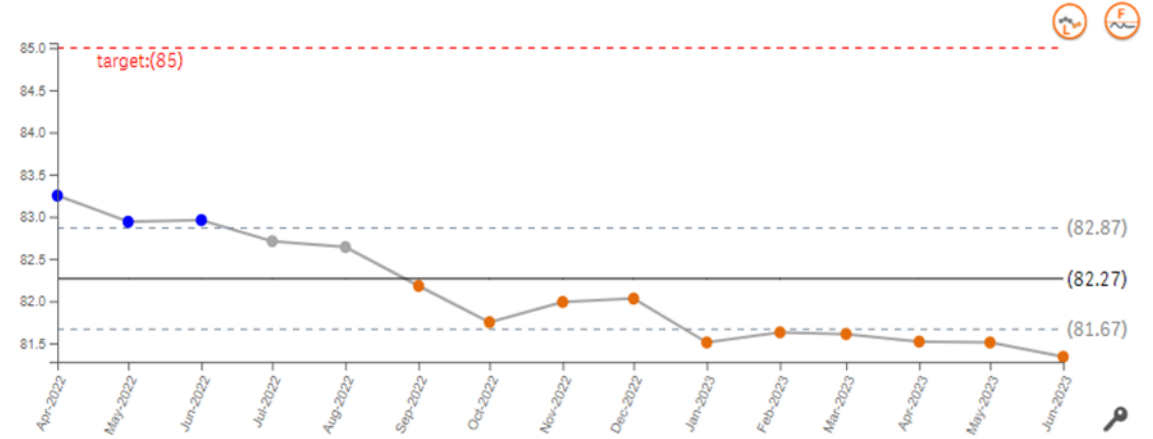
## Turnover Rate (FTE) 12 Month Rolling (%)

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



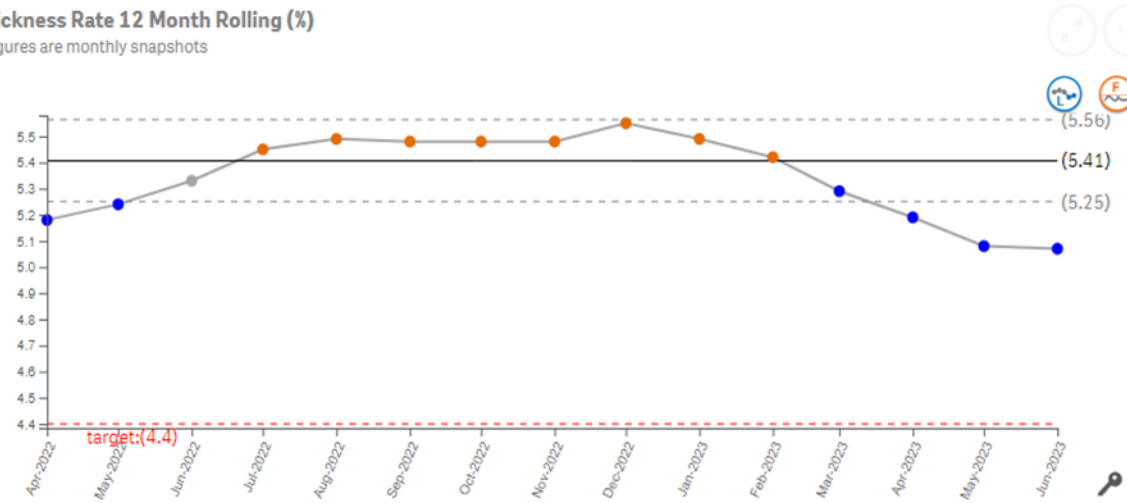
## Stability Rate (%)

Figures are monthly snapshots



## Sickness Rate 12 Month Rolling (%)

Figures are monthly snapshots





## Retention - Actions

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

- Policies agreed on media and social media, parental leave, professional registration, supporting colleagues with alcohol and drug addiction, equality, diversity and inclusion.
- Reinstated casework reviews, including application of restorative just culture principles
- Continued support of appraisal window, including training 100 managers in appraisals, delivering weekly updates on compliance, and providing senior leader assurance
- Participation in NHS75 celebrations, including promoting freedom to speak up and appraisal
- WhatsApp line manager advice service launched

### Actions in Progress:

- Website with bitesize management training in development, providing just in time advice and support (**September**)
- All out of date policies being risk assessed to ensure compliance (**August**)
- Flexible working, fairness at work, reservists, mandatory training, relocation and buying and selling annual leave policies in review process (**August-September**)
- Trustwide absence management plan in development (**August**)

## Health and Wellbeing - Actions

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

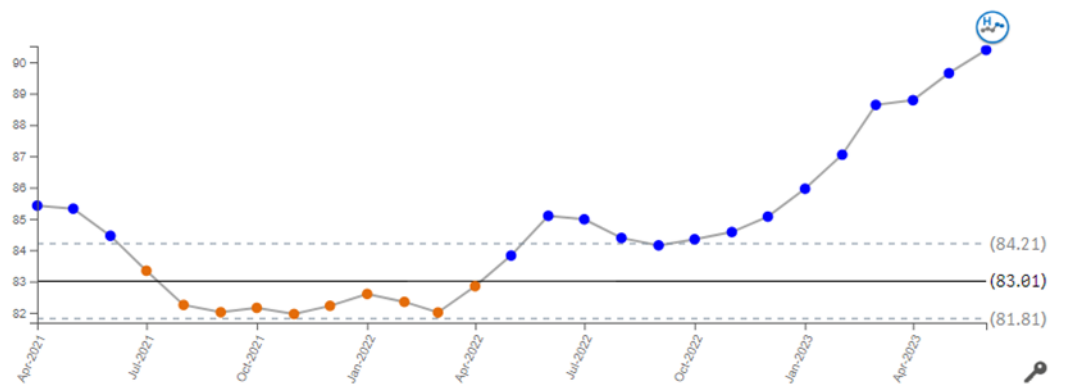
- NHS 75 Staff Experience Expo successfully planned and delivered
- Occupational Health Strategy planning meeting with other system partners – Sirona and UHBW
- New Women's Staff Network set up – inaugural network meeting occurred on 5 July as part of NHS 75
- Further actions taken to better support the Cultural Ambassador voluntary role at NBT
- Menopause Café and Menopause teaching session

### 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**
- 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

Essential Training Compliance % (Top 9)

Figures are monthly snapshots



Training Topic	Variance	May-23	Jun-23
Child Protection	1.2%	82.6%	83.8%
Adult Protection	0.9%	83.8%	84.7%
Equality and Diversity	1.1%	85.2%	86.3%
Fire Safety	1.4%	84.5%	85.9%
Health and Safety	1.4%	85.0%	86.4%
Infection Control	1.0%	84.7%	85.6%
Information Governance	0.3%	79.9%	80.2%
Manual Handling	1.1%	83.3%	84.4%
Waste	0.8%	84.6%	85.4%
<b>Total</b>	<b>2.2%</b>	<b>82.00%</b>	<b>84.23%</b>

**What Does the Data Tell Us - Essential Training**

- All staff – 84.75%, Permanent Staff 92.98%, Fixed Term Temp 82.85%, Other (inc. Bank) 52.5%.
- Need to encourage employees to complete the training and recommend that bank staff must have completed the training prior to starting their shifts.

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

- Snr HR, People Partners, DivDons and Professions emailed weekly MaST reports, highlighting non-compliant staff in their divisions. Increased communication has been pivotal in increasing compliance across the Trust.
- Trust induction 5 embedded MaST modules: Information Governance, Health & Safety, EDI, Fire, and Waste.
- Induction team supporting the Bank to organise MaST training days.

**Leadership & Management Learning**

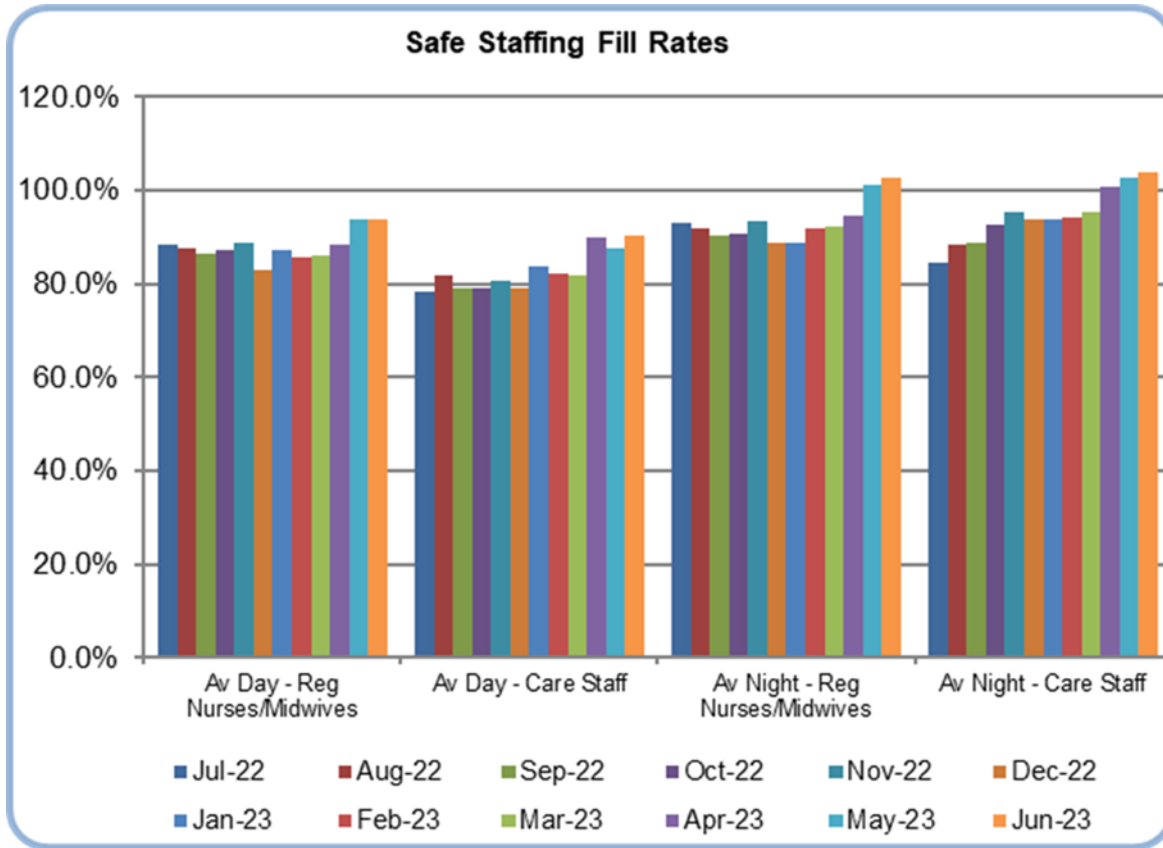
- Mastering Management cohort 1 underway. Dates confirmed for cohort 2-5, however, awaiting dates for Action Learning Sets (cohorts 3-5). Content being finalised for design underway with UWE for the Mastering Management programme (part of HELM) for new managers. First session of 'Accountable Leadership' will launch on 28th June.
- Excellence in Management programme - 19/25 people have signed up for Cohort 2. All divisions represented (except facilities); diverse group - 23% BAME; 13% disability; 13% LGBT+ community; 83% female, 17% male.
- Leading for Change (Exec speaker series) next speaker will be Dr Michael West on 29 Aug 23 "Compassionate Leadership for transforming healthcare".
- On 5 Jun 23 Oliver McGowan e-learning was launched across the BNSSG system. This learning is mandatory for all employees. In response to feedback (possibility of causing extreme emotional responses) the training description has been updated signposting support. 2,252 staff have completed the training out of a target of 13821 = 16% as of 11/07/2023
- DE&S and NBT Mentoring Scheme Cohort 3 underway. 20 Mentors/Mentees from NBT joining 20 Mentors/Mentees from DE&S MoD to begin mentoring relationships over the next 6 months.

**Trust Apprenticeships and Widening Engagement**

- £19K of expired levy funds for June, levy utilisation is 74% for the current 2324 FY
- New guidance has been communicated to all employees regarding work experience policy following safeguarding at an incident at local ICS
- Grant application successful for £145,600 of funding to support 14 HCS Apprentices, apprentices must start by the end of this FY.
- First cohort of T-level students has been welcomed to the Trust

**Apprenticeship Delivery Centre**

- 3 nominations have been submitted for the national apprenticeship awards, including Employer Provider of the year.
- ESFA Audit has come to an end, actions have formed part of the department's quality improvement plan.
- Healthcare team is in the process of submitting a new proposal for healthcare support worker induction as well as a recruitment pathway. There have been several challenges that have been reflected on since the band's 2/3 uplift.



**What Does the Data Tell Us**

Of the 34 units reports safer staffing data with fill rates below 80%:

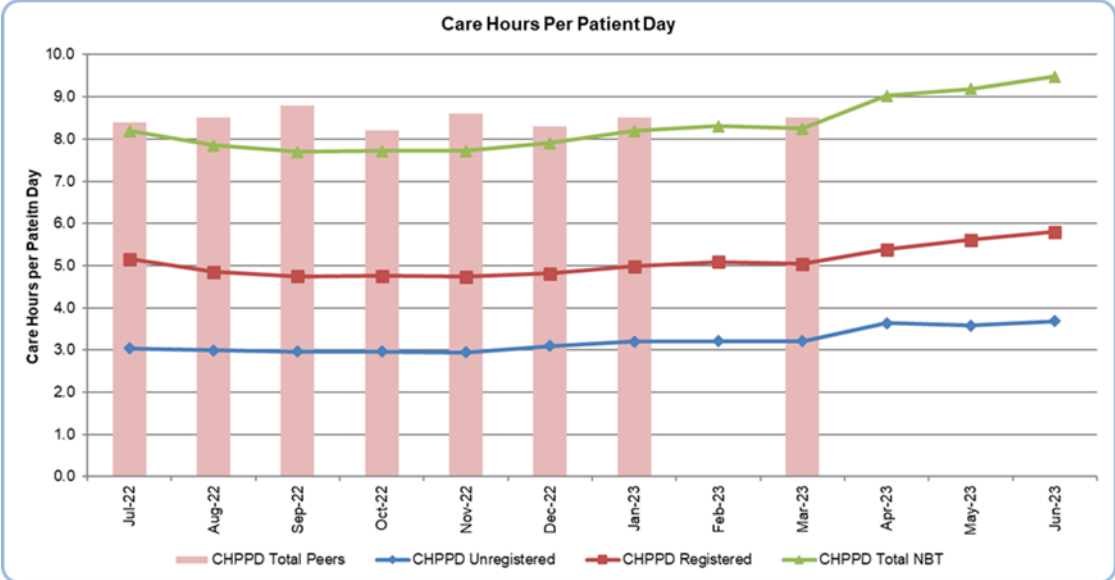
- 11.76% of units had a registered fill rate of less than 80% by day and 8.82% by night – both increased in June from the position in May
- June hotspots with day and night fill rates below 80% - Ward 26b
- June hotspots with day fill below 80% Cotswold and 7B (hotspots in May)
- June hotspots with night shift fill below 80% Birthing Centre
- 20.59% had an unregistered fill rate of less than 80% by day and 14.71% by night – both decreased in June from the position in May.
- June hotspots with day and night fill rates below 80% - **AMU**, Ward 26b and **NICU** (hotspots in May highlighted bold)
- June hotspots with day fill below 80% - Elgar, **34b**, Birthing Centre and **Cotswold** (hotspots in May highlighted bold)
- June hotspots with night shift fill below 80% - Medi-Rooms

Of the 34 units reports safer staffing data with fill rates above 150%:

- 5.88% had registered fill rate of greater than 150% by day and 2.94% by night
- Elgar had greater than 150% day and night and Ward 8a during the day
- 2.94% had an unregistered fill rate of greater than 150% by day and 17.65% at night
- Elgar had greater than 150% day and night
- 33a, 33b, ICU, Rosa Burden and 7b greater than 150% at night

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

# Care Hours



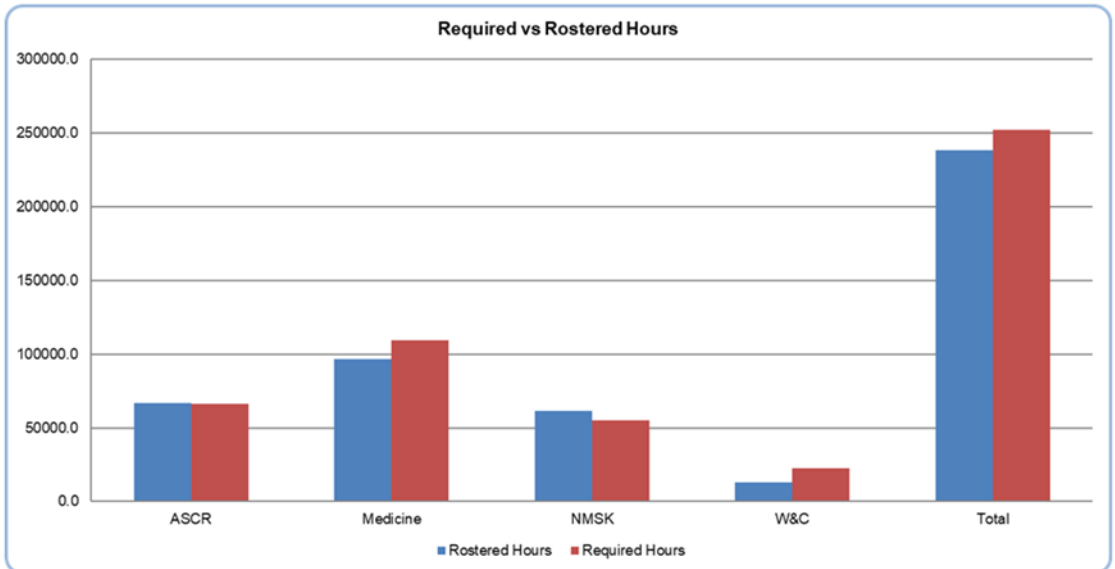
## What Does the Data Tell Us – Care Hours per Patient Day (CHPPD)

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.

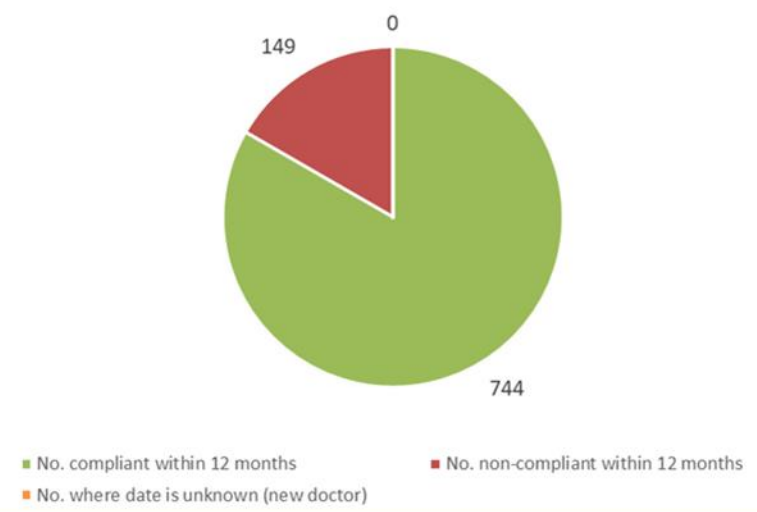


## What does the data tell us

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



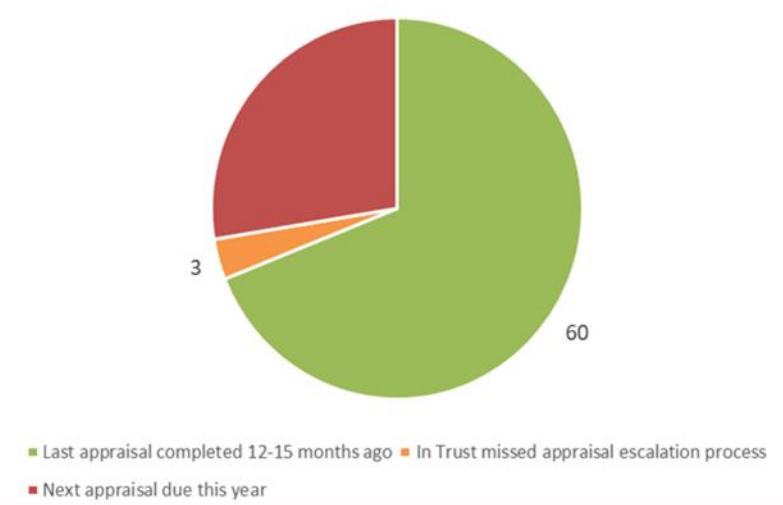
### What does the data tell us?

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 3			Year to Date		
	Budget	Actual	Variance	Budget	Actuals	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	64.4	63.6	(0.8)	192.5	190.6	(1.9)
Other Income	5.6	7.5	1.9	17.2	20.5	3.3
Pay	(43.3)	(43.7)	(0.4)	(131.1)	(135.6)	(4.4)
Non-Pay	(27.4)	(29.7)	(2.3)	(83.5)	(83.6)	(0.2)
<b>Surplus/(Deficit)</b>	<b>(0.7)</b>	<b>(2.3)</b>	<b>(1.6)</b>	<b>(4.9)</b>	<b>(8.1)</b>	<b>(3.1)</b>

## Assurances

The financial position for June 2023 shows the Trust has delivered a £2.3m deficit against a £0.7m planned deficit which results in a £1.6m adverse variance in month and £3.1m adverse variance year to date.

Contract income is £0.8m adverse to plan. The adverse variance is driven by delayed spend on Demand & Capacity and Service Developments with is offset in expenditure (£1.0m) as well as reduced ESRF income due to industrial strikes (£0.4m). This is offset by the recognition of the Pay Award of £0.9m (incremental 3%) which is matched with an increase in pay expenditure.

Other Income is £1.9m 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 £1.0m favourable to plan. The improvement in month is driven by prior year invoicing and overperformance in the Pathology in Core Clinical Services, and increased income from Stroke billing within NMSK.

Pay expenditure is £0.4m adverse to plan. There is a monthly adjustment offsetting the other income value above which creates a £0.7m adverse position in month. In month the Trust saw the impact of June industrial action with £0.5m adverse variance. In addition, there have been increased temporary staffing costs of £0.7m. In month the Trust has also incurred the costs associated with the 2023/24 Agenda for Change pay award creating a £0.7m adverse position in month which is offset within contract income. Further improvements offset the items above following a review of accounting estimates in the position.

Non-pay expenditure is £2.3m adverse to plan driven by high cost drugs and devices (offset in income) as well as a catch up of works orders within Facilities, increased stock purchases in month from clinical Divisions, increased in-tariff drugs costs and the impact of Community Diagnostic Centre (CDC) costs from the use of the mobile unit.

# Statement of Financial Position at 30th June 2023

	22/23 M12	23/24 M02	23/24 M03	In-Month Change	YTD Change
	£m	£m	£m	£m	£m
<b>Non Current Assets</b>					
Property, Plant and Equipment	491.5	496.1	496.3	0.2	4.8
Intangible Assets	17.6	17.4	17.3	(0.1)	(0.3)
Non-current receivables	1.4	1.4	1.4	0.0	0.0
<b>Total non-current assets</b>	<b>510.6</b>	<b>514.9</b>	<b>515.0</b>	<b>0.1</b>	<b>4.4</b>
<b>Current Assets</b>					
Inventories	10.0	10.0	10.1	0.1	0.1
Trade and other receivables NHS	26.7	30.7	15.0	(15.7)	(11.7)
Trade and other receivables Non-NHS	30.5	34.9	33.2	(1.7)	2.7
Cash and Cash equivalents	104.0	80.9	83.5	2.6	(20.5)
<b>Total current assets</b>	<b>171.3</b>	<b>156.4</b>	<b>141.8</b>	<b>(14.6)</b>	<b>(29.5)</b>
<b>Current Liabilities (&lt; 1 Year)</b>					
Trade and Other payables - NHS	4.3	5.5	7.4	1.9	3.1
Trade and Other payables - Non-NHS	120.9	113.3	99.1	(14.2)	(21.8)
Deferred income	17.2	20.1	21.1	1.1	4.0
PFI liability	15.7	16.3	16.3	0.0	0.6
Finance lease liabilities	1.4	1.2	1.0	(0.2)	(0.4)
<b>Total current liabilities</b>	<b>159.5</b>	<b>156.4</b>	<b>145.0</b>	<b>(11.4)</b>	<b>(14.4)</b>
Trade payables and deferred income	6.7	7.3	7.2	(0.0)	0.5
PFI liability	349.5	347.1	346.4	(0.8)	(3.1)
Finance lease liabilities	5.8	5.7	5.6	(0.1)	(0.2)
<b>Total Net Assets</b>	<b>160.4</b>	<b>154.9</b>	<b>152.5</b>	<b>(2.3)</b>	<b>(7.8)</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)	(377.0)	(376.7)	0.3	(5.4)
Income and expenditure account - current year	(5.4)	(5.2)	(7.8)	(2.6)	(2.5)
Revaluation reserve	68.0	68.0	68.0	0.0	0.0
<b>Total Capital and Reserves</b>	<b>160.4</b>	<b>154.9</b>	<b>152.5</b>	<b>(2.3)</b>	<b>(7.8)</b>

## Assurances and Key Risks

**Property, Plant and Equipment and Intangibles** – The year to date increase of £4.4m 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 increased by £2.6m for the month. This increase is due to additional income received from commissioners. The year-to-date position remains a decrease of £20.5m year-to-date, which is mostly due to carried forward and in-year payments for capital projects and improved BPPC performance.

# 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, 30 June 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

### Outstanding Patient Experience

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.

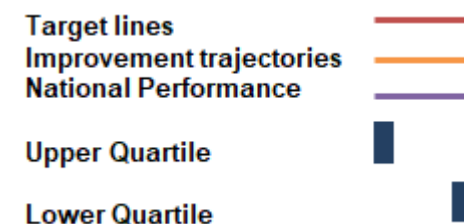
### High Quality Care

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

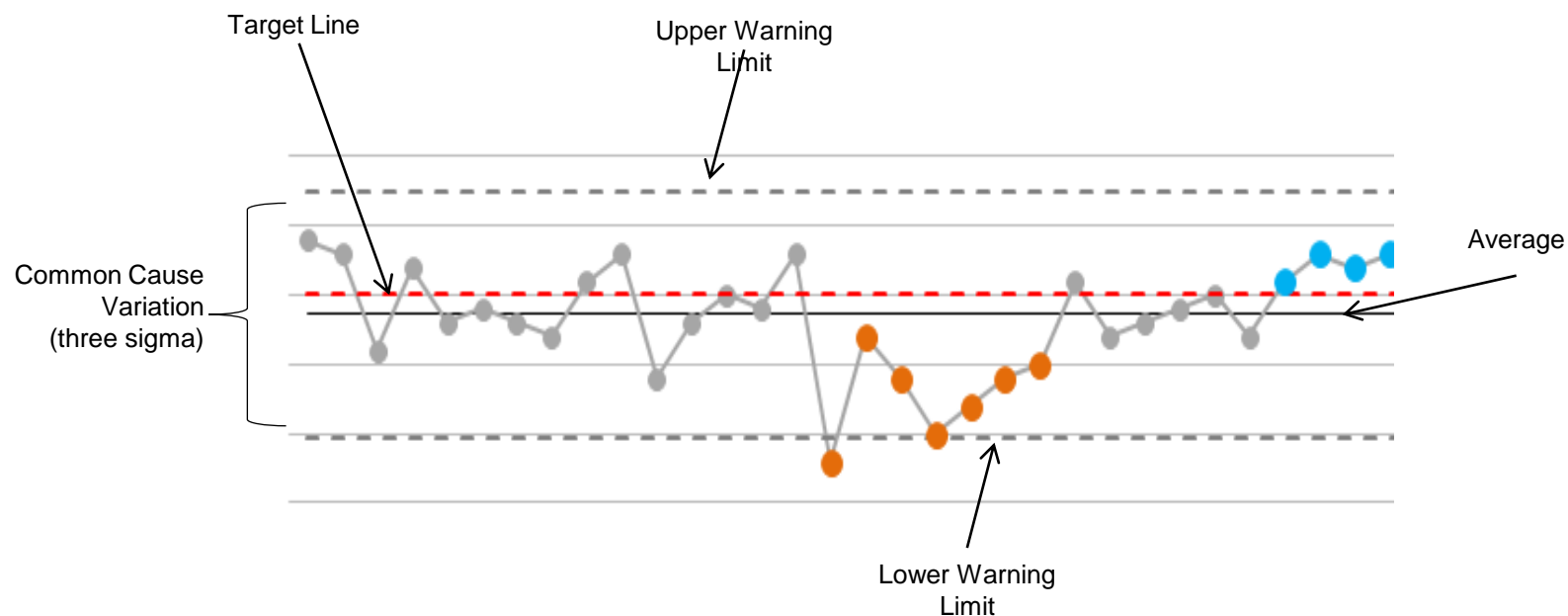


<b>AMTC</b>	Adult Major Trauma Centre
<b>ASCR</b>	Anaesthetics, Surgery, Critical Care and Renal
<b>ASI</b>	Appointment Slot Issue
<b>CCS</b>	Core Clinical Services
<b>CEO</b>	Chief Executive
<b>CIP</b>	Cost Improvement Programme
<b>Clin Gov</b>	Clinical Governance
<b>CT</b>	Computerised Tomography
<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>DDoN</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)