![NHS North Bristol NHS Trust logo]

North Bristol NHS Trust
INTEGRATED PERFORMANCE REPORT
June 2023 (presenting May 2023 data)

NBT**CARES**

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North Bristol Trust Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Trend	Peer Performance	Rank
Responsive	A&E 4 Hour - Type 1 Performance	R	95.00%	66.76%	64.14%	59.32%	50.99%	60.83%	56.43%	57.47%	58.29%	55.61%	71.94%	79.69%	78.35%	80.16%	70.74%		58.35%	1/10
	A&E 12 Hour Trolley Breaches	R	0	-	176	297	304	57	261	482	433	786	312	9	135	2	39		3-1127	3/10
	Ambulance Handover < 15 mins (%)		65.00%	-	30.54%	29.50%	26.70%	25.68%	27.12%	23.70%	16.88%	14.09%	24.15%	31.94%	28.00%	38.76%	33.96%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	61.09%	55.43%	54.11%	61.52%	58.63%	48.03%	41.40%	30.37%	56.74%	73.94%	70.60%	82.40%	73.03%			
	Ambulance Handover > 60 mins		0	-	430	527	486	364	439	672	778	1041	457	105	267	87	231			
	Average No. patients not meeting Criteria to Reside			-	300	262	249	295	262	278	276	243	254	217	239	208	190			
	Bed Occupancy Rate			100.00%	98.15%	98.32%	97.98%	97.86%	98.63%	98.57%	98.76%	98.22%	97.93%	96.77%	97.21%	96.08%	97.14%			
	Diagnostic 6 Week Wait Performance		1.00%	15.00%	40.13%	41.00%	42.75%	48.09%	48.27%	39.36%	38.62%	38.56%	32.21%	22.45%	16.03%	17.44%	17.48%		29.04%	4/10
	Diagnostic 13+ Week Breaches		0	1394	4780	4897	4718	4844	4971	4627	4204	3663	2459	1497	939	740	593		130-3738	5/10
	RTT Incomplete 18 Week Performance		92.00%	-	65.62%	64.80%	65.78%	65.82%	66.30%	66.31%	65.58%	62.05%	63.87%	63.87%	63.37%	62.66%	63.23%		53.25%	2/10
	RTT 52+ Week Breaches	R	0	2752	2424	2675	2914	3131	3087	3062	2980	2984	2742	2556	2576	2684	2798		65-11537	2/10
	RTT 65+ Week Breaches			512	1011	1092	1159	1230	1180	1062	1021	1105	895	742	547	591	594		0-3175	2/10
	RTT 78+ Week Breaches	R		-	473	443	439	441	394	375	319	306	223	167	69	65	84		0-689	2/10
	Total Waiting List	R		46000	40634	42326	46900	48766	49025	48871	47418	46523	46266	46327	47287	47861	47731			
	Cancer 2 Week Wait	R	93.00%	79.55%	46.04%	39.40%	41.51%	40.27%	35.87%	30.86%	47.53%	56.62%	55.01%	63.52%	56.84%	41.63%	-		67.88%	10/10
	Cancer 31 Day First Treatment		96.00%	94.09%	83.70%	85.53%	91.16%	87.31%	87.70%	90.39%	86.49%	87.16%	82.41%	89.90%	91.04%	79.58%	-		88.91%	10/10
	Cancer 62 Day Standard	R	85.00%	67.83%	50.15%	48.40%	44.91%	55.75%	59.08%	52.45%	48.86%	49.00%	41.54%	57.82%	61.62%	55.29%	-		55.10%	9/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	67.07%	72.85%	70.94%	58.27%	48.78%	35.15%	42.88%	55.74%	55.48%	62.66%	77.41%	78.17%	68.05%	-		68.60%	4/10
	Cancer PTL >62 Days		242	177	689	555	667	858	529	328	329	328	335	191	140	178	207			
	Cancer PTL >104 Days		0	18	161	134	172	147	123	63	47	23	26	41	29	25	40			
	Urgent operations cancelled ≥2 times		0	-	1	1	1	1	2	0	1	0	0	0	0	1	0			

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

Performance Scorecard

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Trend
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	0.26%	1.25%	0.49%	0.44%	0.93%	1.26%	0.49%	0.49%	0.48%	0.58%	0.45%	0.79%	0.00%	
	Caesarean Section Rate				42.82%	46.53%	45.12%	45.01%	42.86%	43.45%	41.74%	44.57%	44.27%	43.99%	42.03%	36.41%	42.80%	
	Still Birth rate			0.40%	0.24%	0.00%	0.22%	0.00%	0.42%	0.19%	0.22%	0.22%	0.00%	0.00%	0.21%	0.24%	0.21%	
	Induction of Labour Rate			32.10%	35.41%	39.35%	35.15%	31.57%	33.33%	28.97%	31.25%	34.62%	35.73%	38.52%	34.91%	36.89%	35.91%	
	PPH 1500 ml rate			8.60%	2.39%	4.86%	4.08%	2.65%	4.11%	3.77%	3.79%	1.81%	3.60%	3.83%	2.80%	3.16%	4.09%	
	Summary Hospital-Level Mortality Indicator (SHMI)				95.72	95.65	96.22	95.97	97.47	-	-	-	-	-	-	-	-	
	Never Event Occurrence by month		0	0	1	1	0	0	0	0	0	2	1	1	0	0	0	
	Commissioned Patient Safety Incident Investigations				3	1	1	1	0	0	7	1	3	3	3	2	4	
	Healthcare Safety Investigation Branch Investigations				0	1	1	1	0	0	4	0	1	0	0	0	0	
	Total Incidents				1134	1194	1337	1282	1155	1258	1246	1317	1167	969	1178	1010	1048	
	Total Incidents (Rate per 1000 Bed Days)				37	41	46	41	38	40	41	44	37	36	39	37	36	
	WHO checklist completion			95.00%	98.85%	98.19%	98.40%	98.08%	97.58%	97.53%	97.95%	97.91%	97.43%	97.30%	97.76%	99.20%	96.93%	
	VTE Risk Assessment completion	R		95.00%	95.28%	94.48%	92.68%	92.26%	92.36%	93.56%	94.38%	94.37%	94.55%	94.57%	94.07%	93.63%	-	
	Pressure Injuries Grade 2				19	14	25	16	17	14	19	11	16	9	13	20	15	
	Pressure Injuries Grade 3			0	1	1	0	0	0	2	2	1	0	0	1	0	0	
	Pressure Injuries Grade 4			0	0	0	0	0	0	0	0	1	0	2	1	0	0	
	PI per 1,000 bed days				0.50	0.31	0.86	0.48	0.43	0.41	0.62	0.43	0.48	0.37	0.46	0.61	0.44	
	Falls per 1,000 bed days				5.75	5.93	6.90	7.20	7.25	6.35	6.52	7.31	6.09	6.02	5.79	6.24	5.67	
	#NoF - Fragile Hip Best Practice Pass Rate				42.25%	46.30%	24.24%	42.55%	18.64%	14.89%	0.00%	21.88%	47.06%	57.14%	60.34%	69.64%	-	
	Admitted to Orthopaedic Ward within 4 Hours				19.72%	22.22%	9.09%	19.57%	5.17%	17.02%	13.04%	9.09%	26.47%	38.78%	48.28%	48.21%	-	
	Medically Fit to Have Surgery within 36 Hours				45.07%	48.15%	27.27%	52.17%	22.41%	21.28%	0.00%	3.64%	44.12%	59.18%	65.52%	71.43%	-	
	Assessed by Orthogeriatrician within 72 Hours				74.65%	87.04%	75.76%	89.13%	54.24%	27.66%	2.17%	7.27%	67.65%	95.92%	94.83%	96.43%	-	
	Stroke - Patients Admitted				105	40	85	68	72	65	102	89	111	64	115	94	66	
	Stroke - 90% Stay on Stroke Ward			90.00%	48.72%	59.26%	65.45%	84.62%	68.75%	55.88%	54.29%	71.88%	68.12%	82.00%	80.95%	86.36%	-	
	Stroke - Thrombolysed <1 Hour			60.00%	60.00%	100.00%	55.56%	70.00%	64.29%	83.33%	66.67%	35.29%	57.14%	62.50%	80.00%	56.25%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	35.71%	50.00%	39.29%	70.00%	46.88%	41.67%	36.99%	36.92%	43.84%	48.08%	55.68%	73.24%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	90.91%	96.43%	96.55%	93.18%	91.67%	92.31%	83.13%	89.04%	85.06%	94.23%	92.39%	93.59%	-	
	MRSA	R	0	0	1	1	0	0	0	0	0	0	0	0	2	0	0	
	E. Coli	R		4	1	4	3	3	2	2	5	4	9	4	2	8	4	
	C. Difficile	R		5	4	4	3	3	4	1	4	2	1	2	6	1	4	
	MSSA			2	2	2	0	1	8	3	8	2	4	2	0	1	2	
Quality Caring & Experience	Friends & Family Positive Responses - Maternity				89.91%	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				77.44%	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				93.36%	91.62%	91.50%	91.30%	92.14%	92.21%	92.21%	92.67%	93.51%	94.56%	93.58%	92.85%	93.29%	
	Friends & Family Positive Responses - Outpatients				93.83%	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				150	129	116	168	154	151	142	143	127	106	139	156	120	
	Complaints - % Overall Response Compliance			90.00%	78.69%	73.47%	78.18%	76.27%	76.92%	75.76%	72.31%	71.76%	80.82%	82.14%	79.63%	73.17%	79.49%	
	Complaints - Overdue				10	4	5	6	1	3	7	6	12	5	3	4	3	
	Complaints - Written complaints				43	48	53	46	62	64	77	69	51	62	41	41	38	
Well Led	Agency Expenditure ('000s)				1846	1205	2111	1726	1292	2616	1992	1675	2030	1809	2485	2485	1948	
	Month End Vacancy Factor				7.51%	8.07%	8.66%	8.57%	8.65%	8.69%	8.61%	8.93%	8.64%	8.44%	7.88%	6.21%	7.96%	
	Turnover (Rolling 12 Months)	R		-	17.28%	17.41%	17.57%	17.04%	17.22%	17.17%	17.32%	17.10%	16.99%	16.77%	16.76%	16.56%	16.29%	
	Sickness Absence (Rolling 12 month)	R		-	5.13%	5.22%	5.44%	5.48%	5.42%	5.49%	5.49%	5.56%	5.49%	5.43%	5.30%	5.19%	5.08%	
	Trust Mandatory Training Compliance				83.89%	84.98%	82.80%	83.56%	84.40%	83.49%	83.56%	83.65%	86.34%	87.23%	88.71%	80.99%	82.00%	

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Urgent Care

Four-hour performance reported at 70.74% in May. NBT ranked first out of ten reporting AMTC peer providers for the fifth consecutive month.12-hour trolley breaches and ambulance handovers delays reported at 39 and 231 respectively in May. The first of two periods of junior doctor industrial action had some impact on the May position not only in service functioning during the strike but in the resultant loss of discharge activity beyond the strike period. In addition, after a sustained period of flat or reducing ED attendances, there has been greater fluctuation in attendances in recent months. From April to May 2023, there was 13.6% rise in ED attendances – the largest step change in over a year. The year-on-year May position was increased by 5%. Some of the increased attendances in May came as pre- and post-industrial action 'surges' which made planning for increased activity challenging. Ongoing improvement seen in the residual acute NC2R volumes has resulted in improved hospital flow. 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 May was 17.48% - well ahead of in-year plans to deliver 15.00% by the year-end. Challenges remain in diagnostics; the >26-week waits for Endoscopy has been impacted significantly by industrial action, to the extent that the intended Q1 clearance of >26-week breaches was not achieved. Work is underway to reach this position early in the second quarter – again, service disruption (industrial action) dependant. Workforce gaps within the Sonography service mean that non-obstetric ultrasound scanning is an area of challenge. It's high volume nature may mean that there is variability in the overall diagnostic >6-week breach performance whilst sustainable plans are being developed. 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 and >104-Day volumes – they remain within expected tolerances. However, there has been, and is expected to be a significant impact from industrial action. 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 are being felt across all staff groups; this is reflected in the Divisions risk register, which has 6 approved Trust Level Risks and 3 awaiting approval. Bank incentives remain in place. Infection control data for May 2023 was within agreed trajectories for 2023-24, with no new MRSA cases. An overall declining picture for COVID-19, with some restricted access bay closures within the frailty pathway and some bay closures dues to Norovirus. 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 remains below the national target of 95% compliance; with a range of short and medium term improvement actions in progress. Central to this 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. 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 7.96% in May (721 wte), an increase from 6.21% (547 wte) in April due to a more complete funded establishment position recorded in the financial ledger. Comparing the more relevant movement between Mar-23 and May-23, funded establishment increased by 30 wte versus a growth of 16 wte staff in post, increases in establishment were predominantly in NMSK ward staffing and the domestics team in Facilities. Rolling 12-month staff turnover decreased from 16.56% in April to 16.29% in May. The Trust has seen month on month reduction in turnover since Nov-22. May-23 represents the first month which demonstrates statistically significant improvement. The greatest reduction in leavers has been those leaving for work life balance/relocation/promotion reasons, followed by retirements. The rolling 12 month sickness absence position decreased from 5.19% in April to 5.08% in May which represents the fifth month of continuous reduction in absence rates. Reviewing absence rates by reason, stress/anxiety/depression/other psychiatric illness has seen a reduction for the last 13 months (1.07% in May-22 to 0.85% in May-23). Overall temporary staffing demand increased by 3.80% (38 wte) in May compared to April, with the greatest growth rates seen in Allied Health Professions, although volumes small, and Nursing and Midwifery Registered, 10.64% and 7.09% respectively. Bank hours worked increased by 1.71% (11 wte) and agency hours worked increased by 25.77% (38 wte) driving a reduction in unfiled shifts by 5.10% (12 wte).
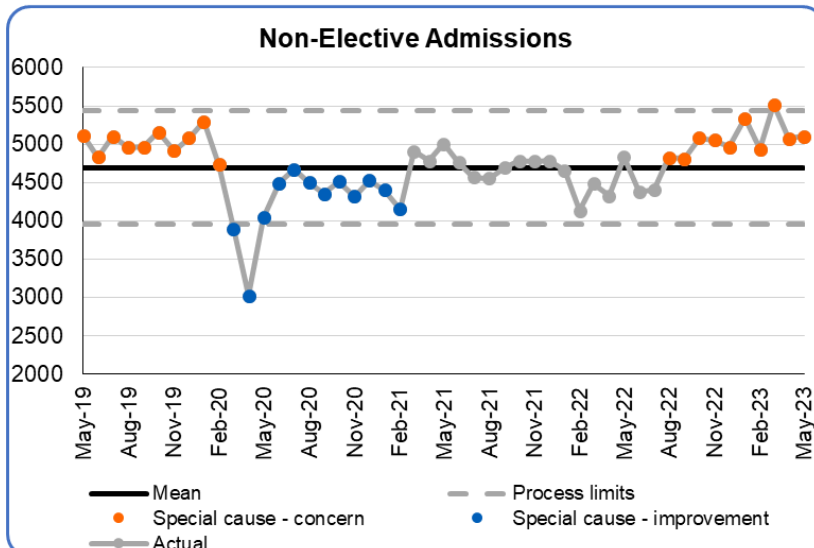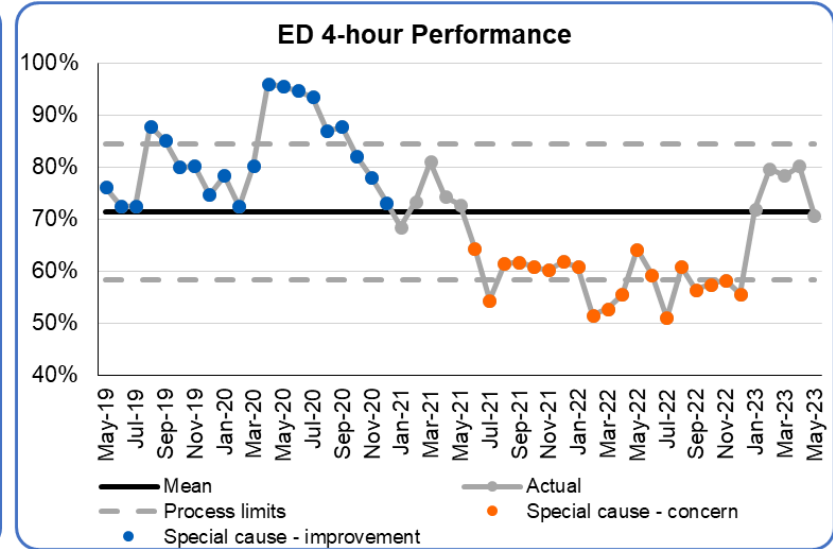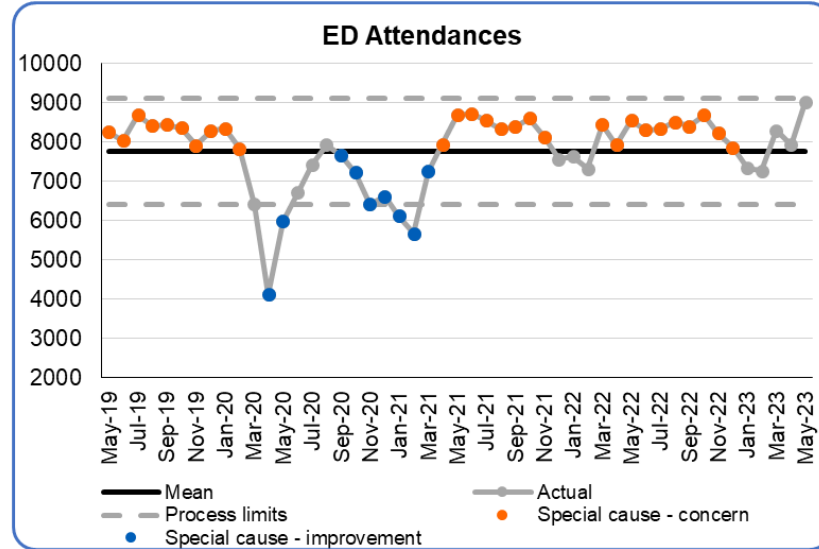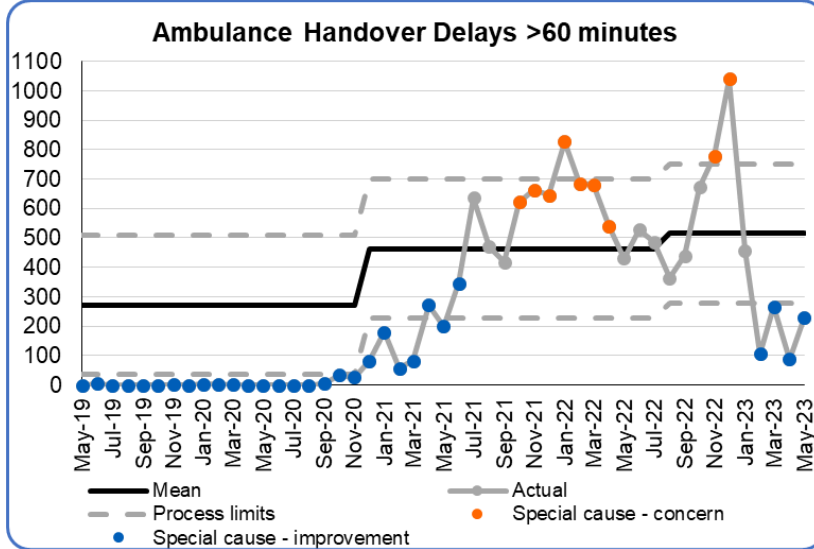
Finance

The financial plan for 2023/24 in Month 2 (May) was a deficit of £1.9m. The Trust has delivered a £2.5m deficit, which is £0.6m worse than plan. This is predominately driven by the impact of industrial action resulting in additional pay costs. Year to date (YTD) the Trust has delivered a £1.5m adverse position against a planned £4.2m deficit. The main drivers are the impact of industrial action in April and May with regards to costs and also loss of elective activity in April due to the strikes. There is no national reporting of Elective Recovery Funding (ERF) activity until Month 3, however the Trust has made an assumption based on activity information that it has underperformed in Month 1 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 2 CIP position shows £1.4m schemes fully completed. The Trust has a further £10.1m in implementation and planning creating a £12.6m shortfall against the Trust-wide £24.2m target. There are a further £7.1m in pipeline. Cash at 31 May amounts to £80.9m, an in-month decrease of £7.3m. Total capital spend year to date, excluding leases, was £7.4m compared to an original phased plan of £5.1m.

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 – briefing to Board on 25/05/2023
	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	Remains challenging. Industrial action (IA) losses and outpatient demand and capacity gap
Diagnostics	15% 6-week target	Plans broadly on track. NOUS and Endoscopy areas for monitoring
	13 week waits	Overall position remains broadly on-track, however, IA impact on Endoscopy required a re-profile
	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 (IA dependant)

N.B. rating reflects the reported period against in-year plan

Ambulance Handover Delays >60 minutes

ED Attendances

ED 4-hour Performance

Non-Elective Admissions

Bed Occupancy (Weekly)

Proportion of inpatients with no Criteria to Reside
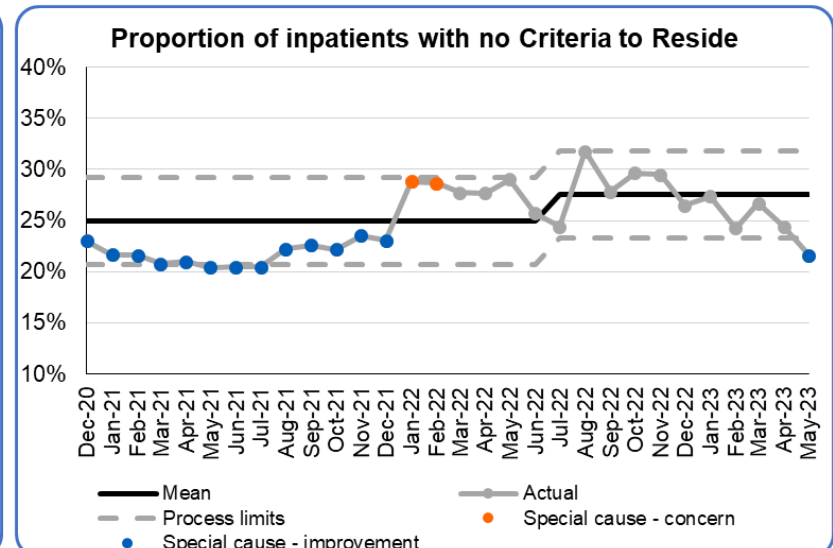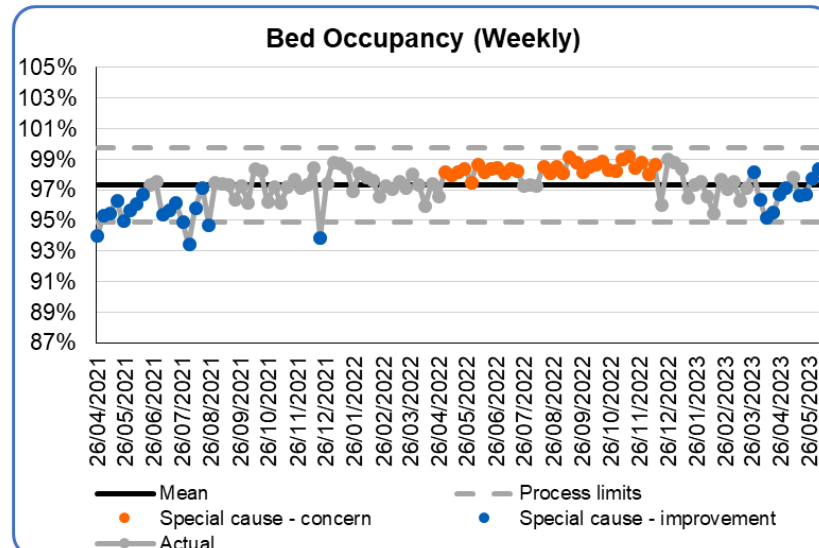
What are the main risks impacting performance?

- Four-hour performance reported at 70.74%, ranking first out of AMTC providers for the fifth consecutive month.
- Industrial action impacting clinical cover at the time and discharge activity for a period subsequent.
- ED attendances were 13.62% higher than last month and 5.32% higher than May-2022.
- There was an increase 12-hour trolley breaches, reporting at 39 in May compared to 2 in April.
- Ambulance handover delays over 60 minutes increased to 231 in May from 87 in April.
- Bed Occupancy varied between 94.40% - 98.77% in May, averaging at 97.14%.

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 6 week Performance (15% target)

Diagnostic 13+ week Backlog
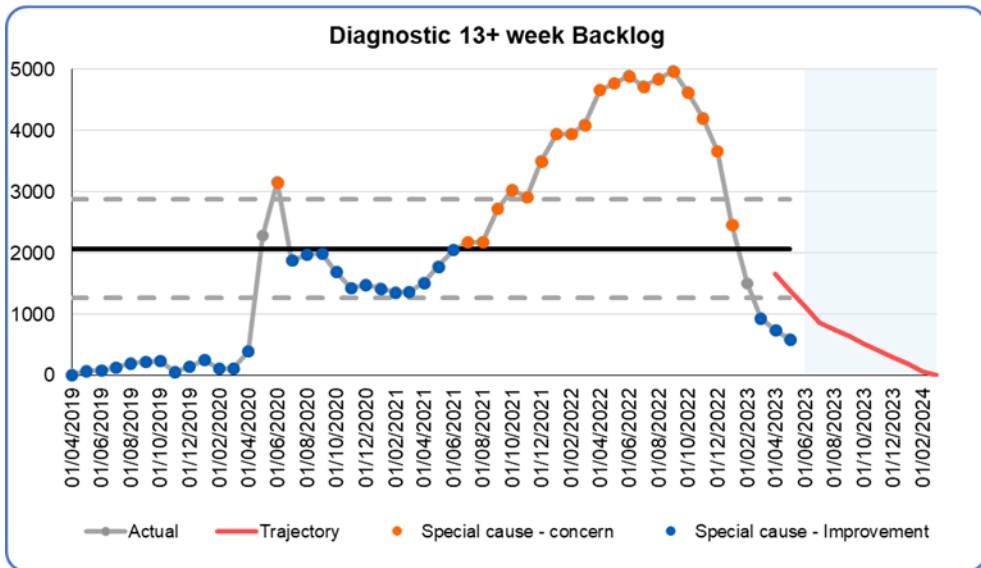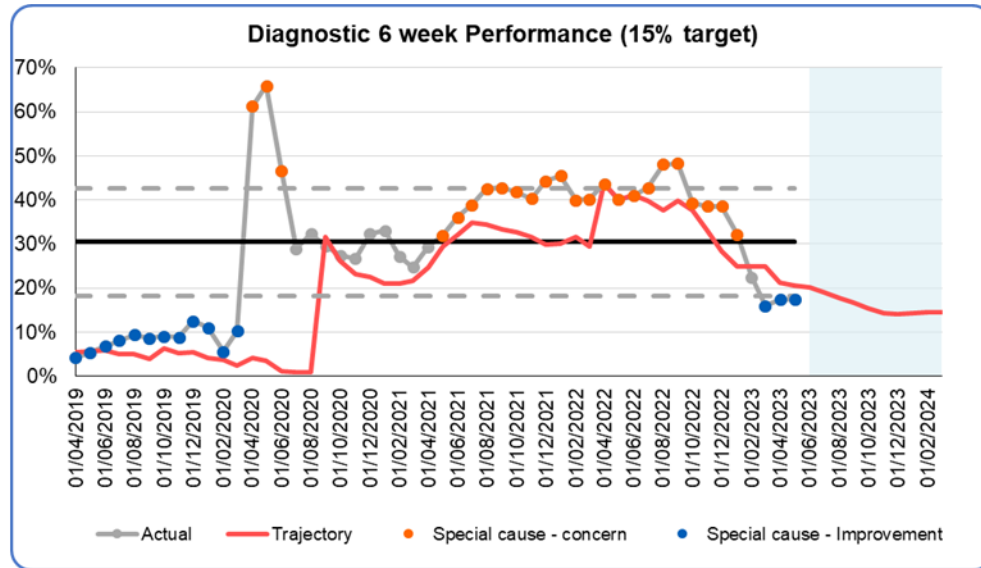
What are the main risks impacting performance?

- 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. Clearance is now aimed for early Q2.

- 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.

RTT - 65+ week waits

Legend:
- Mean
- Special cause - improvement
- Process limits
- Trajectory
- Special cause - concern
- Actual
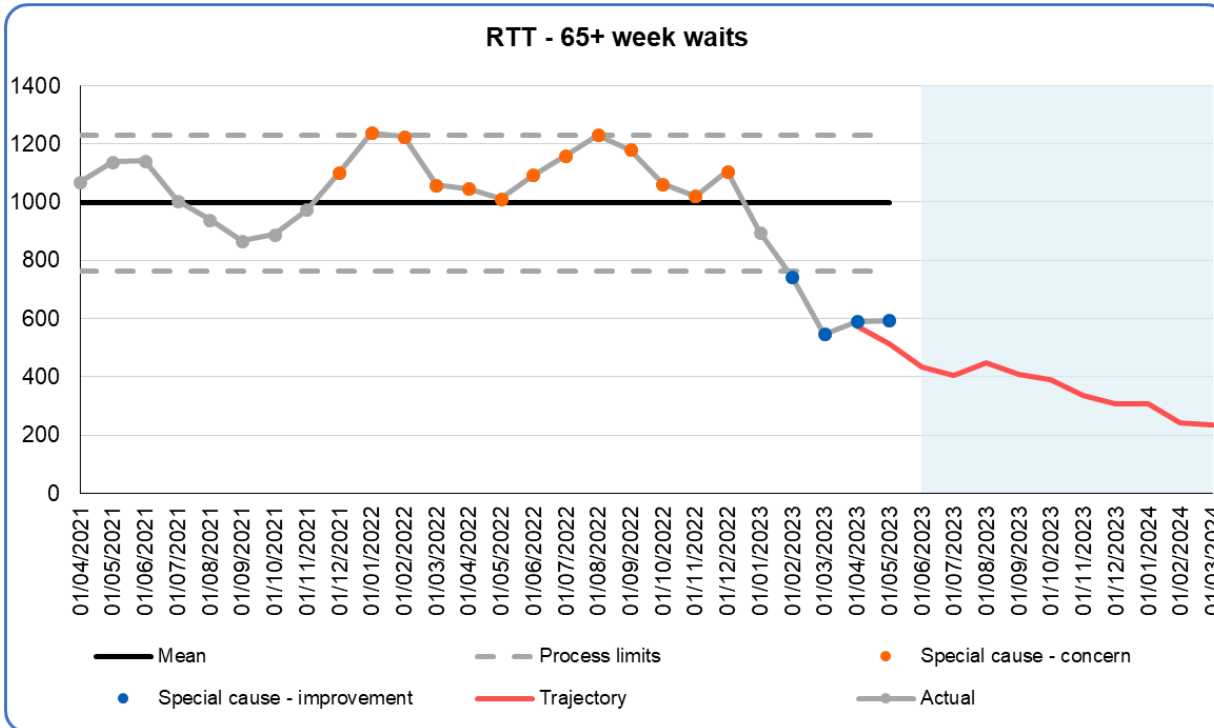
What are the main risks impacting performance?

- There has been a material impact of Nurse, Junior Doctor and Rail strikes in terms of elective procedure cancellations, combined with reduced booking potential and further losses through the re-provision and displacement of activity.

- Ongoing industrial action presents a risk to achievement of compliance. Operational and clinical teams are deploying extensive remedial actions to compensate for strike related activity losses.

- Significant challenges to performance due to operating theatre staff absences (including COVID-19) and intense bed pressures.

- Impact of UEC activity on elective care.

What actions are being taken to improve?

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

- Work is ongoing to eliminate the year end risk volume of 65-week wait potential breaches.

- 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.
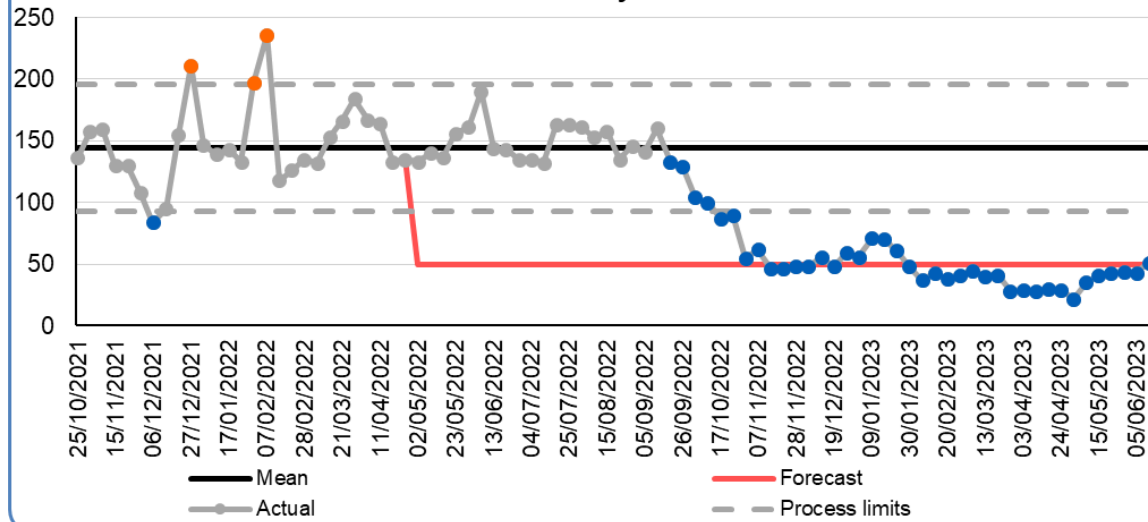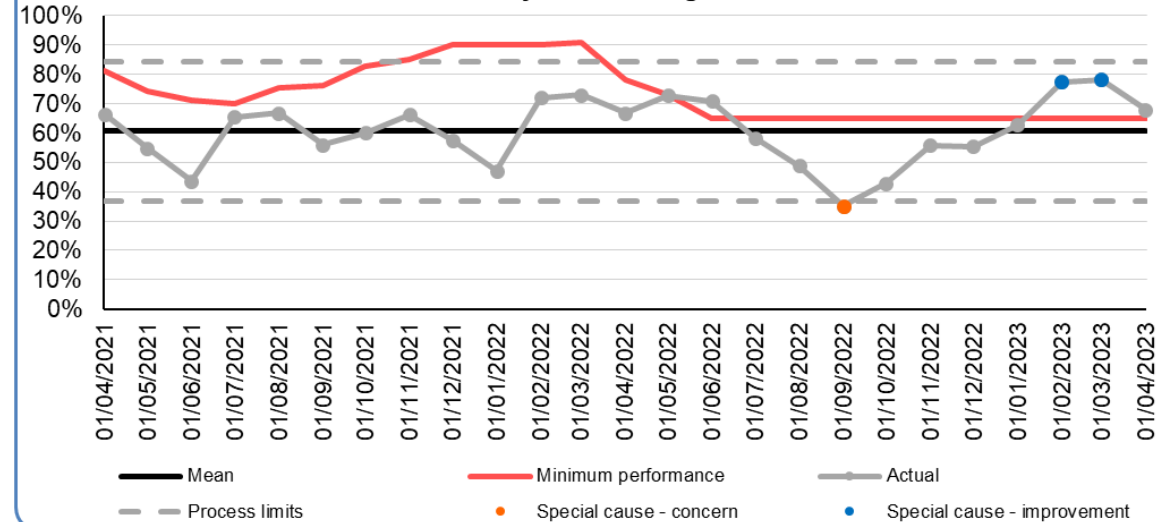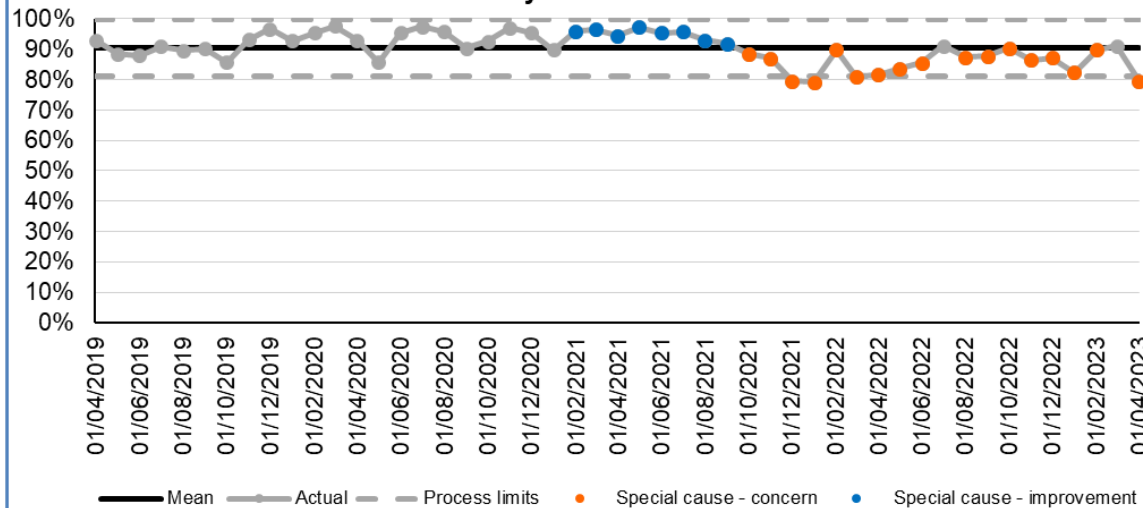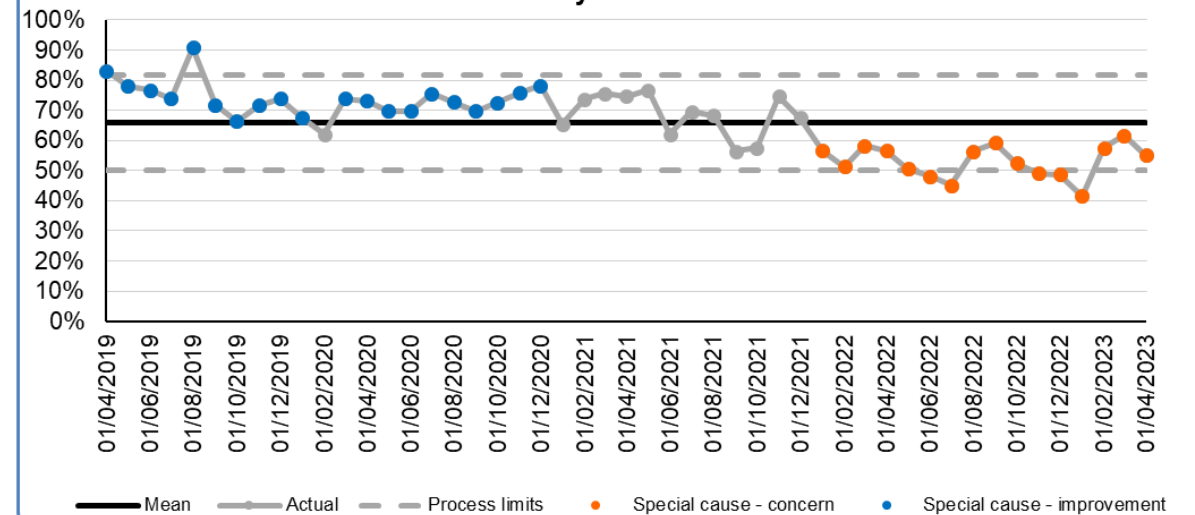
What are the main risks impacting performance?

- Reliance on non-core capacity.

- Increase in demand for diagnostics – Endoscopy in particular.

- Industrial action and bank holidays have had an impact on the position resulting in escalation actions throughout April/May.

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.

- 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 is likely to result in a deterioration in performance as the backlog of patients are seen and treated in the coming months.

- 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.

Safety and Effectiveness

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

NHS North Bristol NHS Trust

	Target	Jan-23	Feb-23	Mar-23	Apr-23	TREND
Activity						
Number of women who gave birth, all gestations from 22+0 gestation			Data Not Available (DNA)	465	418	
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)			Data Not Available (DNA)	2	4	
Number of women who gave birth (>=24 weeks or <24 weeks live)		444	366	463	412	
Number of babies born (>=24 weeks live)		451	375	466	420	
Number of babies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)		34	27	25	35	
No of livebirths <24 weeks gestation		1	1	2	3	
Induction of Labour rate %		36%	39%	35%	36.9%	
Spontaneous vaginal birth rate %		46%	45%	47%	53.9%	
Assisted vaginal birth rate %		10%	11%	11%	9.7%	
Caesarean Birth rate (overall) %		44%	44%	42%	36.4%	
Planned Caesarean birth rate %		19%	21%	21%	18.2%	
Emergency Caesarean Birth rate %		25%	23%	21%	18.2%	
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)		7%	6%	6%	2.60%	
Perinatal Morbidity and Mortality inborn						
Total number of perinatal deaths (excluding late fetal losses)		0	0	2	4	
Number of late fetal loses from 16+0 to 23+6 weeks excl. TOP (for SBLCBV2)		3	1	2	2	
Number of stillbirths (>=24 weeks excl. TOP)		0	0	1	1	
Number of neonatal deaths : 0-6 Days		0	0	1	2	
Number of neonatal deaths : 7-28 Days		0	0	0	1	
PMRT grading C or D cases (themes in report)		Data Not	2	0	0	
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)		0	0	0	0	
Maternal Morbidity and Mortality						
Number of maternal deaths (MBRRACE)		0	0	0	0	
Direct		0	0	0	0	
Indirect		0	0	0	0	
Number of women recieving enhanced care on CDS		17	12	14	12	
Number of women who received level 3 care (ITU)		0	0	1	0	
Insight						
Number of datix incidents graded as moderate or above (total)		1	0	5	2	
Datix incident moderate harm (not SI, excludes HSIB)		1	0	4	2	
Datix incident PSII (excludes HSIB)		0	0	1	0	
New HSIB referrals accepted		0	0	1	0	
Outlier reports (eg: HSIB/NHSR/CQC/NMPA/CHKS or other organisation with a concern or request for action made directly with Trust)		1	0	0	0	
Coroner Reg 28 made directly to Trust		0	0	0	0	
Involvement						
Service User feedback: Number of Compliments (formal)		84	101	128	72	
Service User feedback: Number of Complaints (formal)		12	4	4	5	
Friends and Family Test Score % (good/very good) NICU		Data Not Available (DNA)			100	
Friends and Family Test Score % (good/very good) Maternity		96	94	97	94	
Staff feedback from frontline champions and walk-abouts (number of themes)		4	2	2	3	

							TREND
Workforce							
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite			83	83	83	83	
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps			1	1	1	2	
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps			2.5	2.5	2	2	
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)			0	0	0	0	
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)			1	1	1	2	
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)			0	0	0	0	
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).			13%	24%	33%	39%	
Vacancy rate for midwives			12.6%	18.2%	18.1%	11.60%	
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)			41%	41%	40%	40%	
Vacancy rate for NICU nurses			25	25	27	27	
Datix related to workforce (service provision/staffing)			5	3	10	3	
Consultant led MDT ward rounds on CDS (Day to Night)			80%		70%	70%	
Consultant led MDT ward rounds on CDS (Day)			55%	78%	83%	83%	
One to one care in labour (as a percentage)			99%	99%	99%	100%	
Compliance with supernumerary status for the labour ward coordinator	100%		98%	99%	97%	98%	
Number of consultant non-attendance to 'must attend' clinical situations			0	0	0	0	
Improvement							
Progress in achievement of CNST /10			7	7	7	7	
Training compliance in annual local BNLS (NICU)			100%	100%	100%	100%	
Training compliance in maternity emergencies and multi-professional training (PROMPT) * note: includes BNLS	Overall	90%	77%	70%	72%	65%	
	Obstetric Consultants		65%	65%	75%	69%	
	Other Obstetric Doctors		66%	54%	61%	59%	
	Anaesthetic Consultants		82%	86%	82%	81%	
	Other Anaesthetic Doctors		80%	68%	76%	54%	
	Midwives		80%	78%	76%	71%	
	Maternity Support Workers		91%	66%	64%	57%	
Fetal Wellbeing and Surveillance	Overall	90%	60%	76%	64%	67%	
	Obstetric Consultants		65%	75%	69%	75%	
	Other Obstetric Doctors		38%	64%	46%	51%	
	Midwives		77%	89%	78%	74%	
Trust Level Risks			7	7	9	9	

Executive Summary

- The Perinatal Quality Surveillance Matrix report provides a platform for sharing perinatal safety intelligence monthly.
- There were four cases eligible for full PMRT review.
- The ATAIN percentage in April was 2.6%. This is the first time it has been below the 5% target since December 2022
- 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 3 awaiting approval.

Total Pressure Injuries per 1000 Bed Days

Legend: Mean; Process limits - 3σ; Special cause - improvement; % compliance; Special cause - concern; Target

Pressure Injuries Year to Date 2023/24

Legend: Non-Device G2, Non-Device G3, Non-Device G4, Device G2, Device G3, Device G4

Categories: Medicine, ASCR, NMSK, WCH

Pressure Injuries - Total Incidents

Legend: Mean; Process limits - 3σ; Special cause - improvement; % compliance; Special cause - concern; Target

Pressure Injuries - Device

Legend: Mean; Process limits - 3σ; Special cause - improvement; % compliance; Special cause - concern; Target

Pressure Injuries

What does the data tell us?

In May there were 15 x grade 2 pressure ulcers - 3 x sacrum, 3 x buttock, 4 x natal cleft, 1 x elbow, 1 x spine, 1 x ear and 2 x ear from medical devices.

There was 1 reported unstageable pressure ulcer to the heel attributed to 27b post discharge .

There was an decrease to 16 DTI's from the previous month.

The targets for PU reduction have been agreed 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.

- The patient information leaflet was reviewed by TVS and the PUSG. Following feedback the TVS have commenced work on a pressure ulcer boarding card which will be present in clinical areas and patient rooms to raise awareness with patients on pressure relieving strategies.

- The hybrid dynamic mattress rollout across has commenced at NBT. This has been a collaborative team project with the bed team and support from operations and porters to swap foam mattresses for powered hybrid dynamic mattresses. The rollout has had positive feedback from clinical wards and there has been minimal disruption. All foam mattress under sustainability have been repurposed to charities where possible.
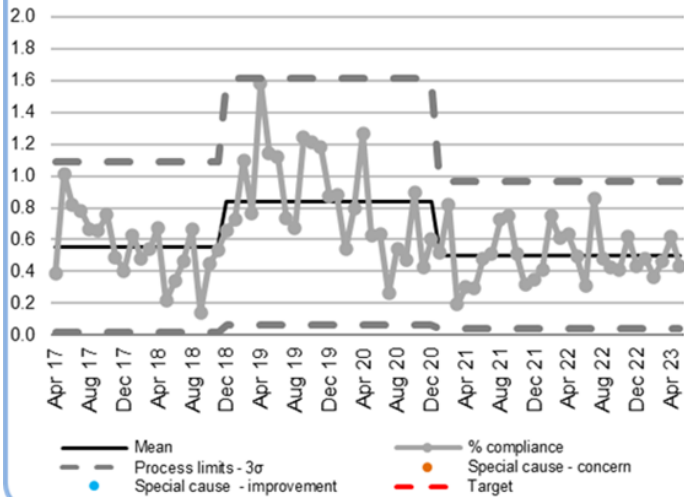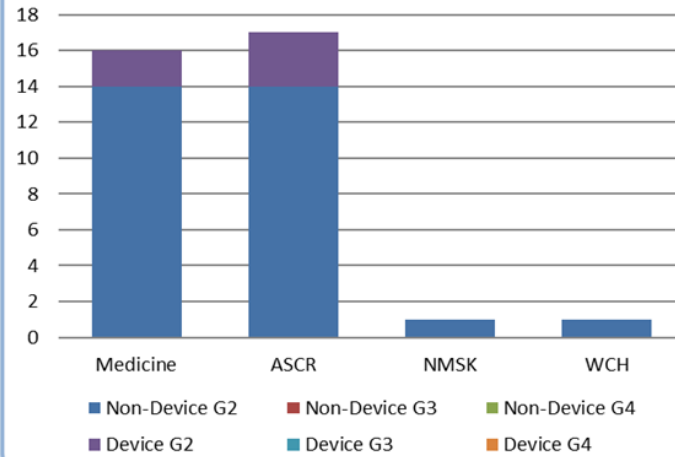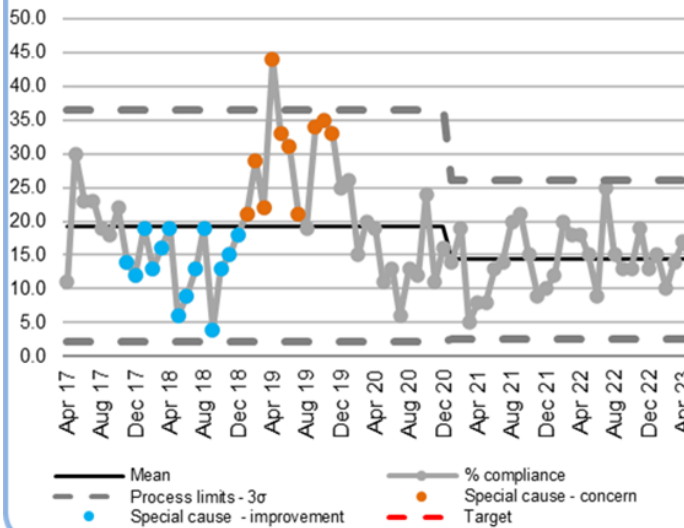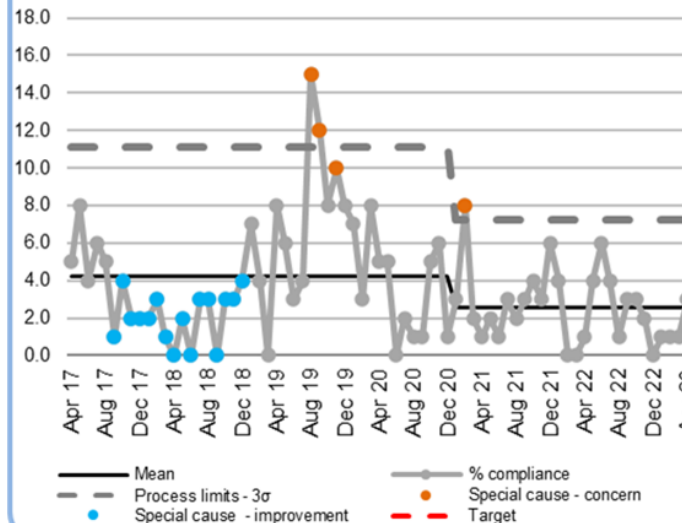
COVID-19 Onset Category by Positive Test Date

Hospital-Onset Probable Healthcare-Associated — Hospital-Onset Definite Healthcare-Associated

MRSA Cases - Trust Attributable

C.Difficile Cases - Trust Attributable (Cumulative Cases)

2023-24 Trajectory — 2022-23 — 2023-24

MSSA Cases - Trust Attributable (Cumulative Cases)

2022-23 — 2023-24 Trajectory — 2023-24

E.Coli Cases - Trust Attributable (Cumulative Cases)

2022-23 — 2023-24 Trajectory — 2023-24

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 –10% reduction plan on previous year

What does the data tell us?

COVID-19 (Coronavirus)

A declining picture continued, however the frailty pathway experienced a higher rate of confirmed cases and restricted access bay closures.

MRSA – No new cases.

C. Difficile – Cases at similar rate to last year – monitoring for intervention as required

MSSA – 2 new cases. Our focus continues on Proactive trust and divisional measures to maintain a below year trajectory and reduction on 2022/23 figures.

Gram –ve – Early below trajectory position.

Norovirus –During May the trust has experienced some issues with Norovirus with some bays closed.

What actions are being taken to improve?

- C *diff* and MSSA Steering Groups continue to work with Divisions to sustain / achieve case reduction and optimal case management. – Team joining work with regional MSSA reduction plans.

- Proactive divisional support including targeted learning continues. Realigned IPC resources are focusing on the Medical division - admission areas , frailty and specialist areas.

Falls per 1000 Bed Days

Falls resulting in Moderate Harm, Severe Harm or Death

Falls resulting in Moderate or Severe Harm, or Death

- Moderate (Short term harm caused)
- Severe (Permanent or long term harm caused)
- Death (Caused by the Incident)
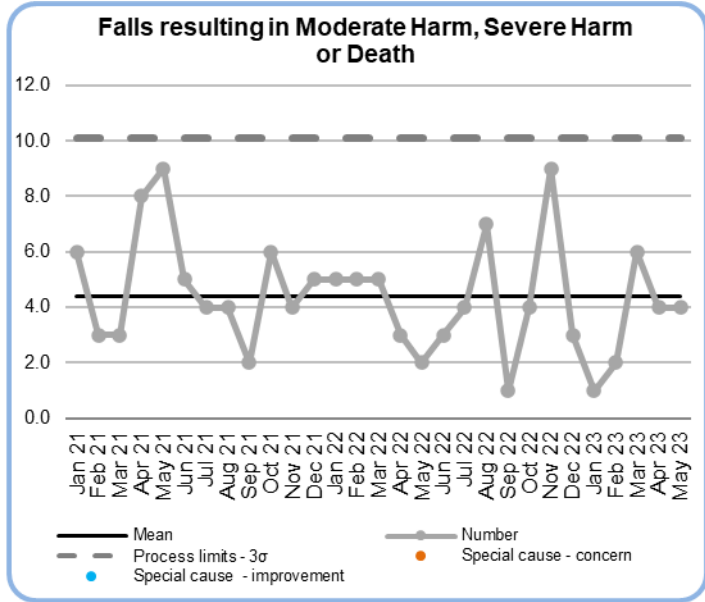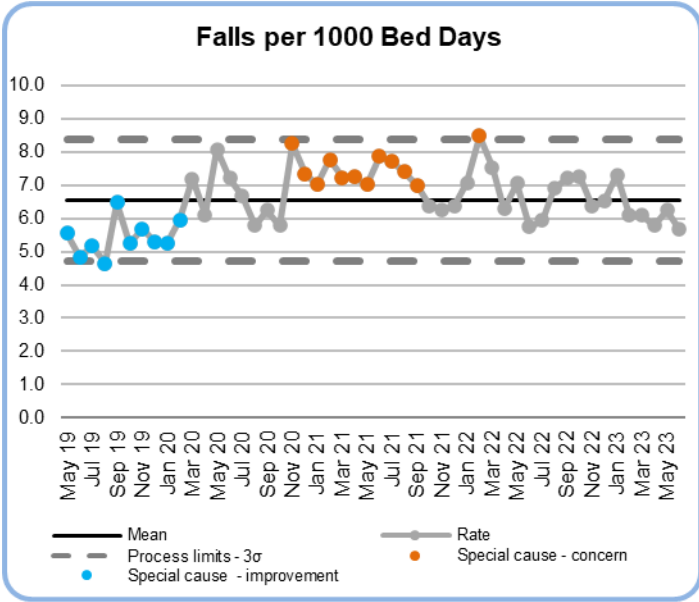
Falls

What does the data tell us?

Falls incidents per 1000 bed days

NBT reported a rate of 5.67 falls incidents per 1000 bed days in May 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 May 2023, 4 falls were recorded and validated as causing moderate harm. Falls remain one of the top 3 reported patient safety incidents, therefore there is confidence that the practice of appropriately reporting falls is well embedded at NBT.
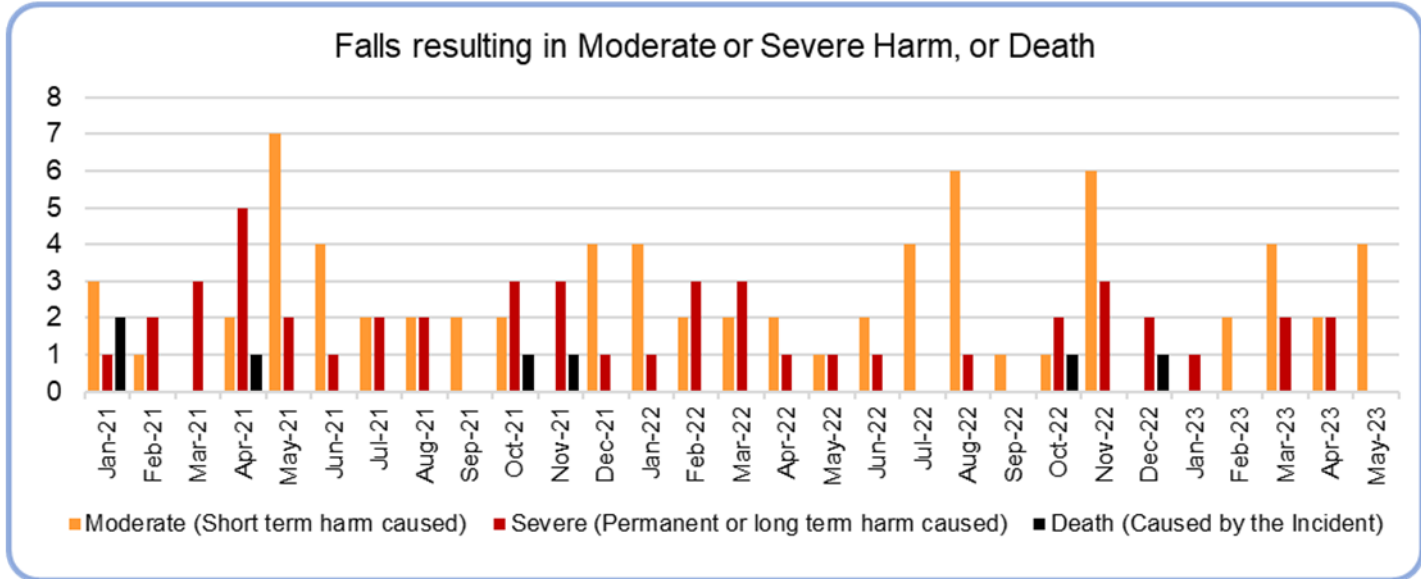
What actions are being taken to improve?

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

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

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

WHO Checklist Compliance (Emergency and Elective)

Values: May-22: 98.85%, Jun-22: 98.19%, Jul-22: 98.40%, Aug-22: 98.08%, Sep-22: 97.58%, Oct-22: 97.53%, Nov-22: 97.95%, Dec-22: 97.91%, Jan-23: 97.43%, Feb-23: 97.30%, Mar-23: 97.76%, Apr-23: 99.20%, May-23: 96.93%

VTE Risk Assessment Completion

Legend:
- Mean
- Process limits - 3σ
- Special cause - improvement
- % compliance
- Special cause - concern
- Target

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

WHO Checklist Compliance

What does the data tell us?

In May, WHO checklist compliance was 96.93%. 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.
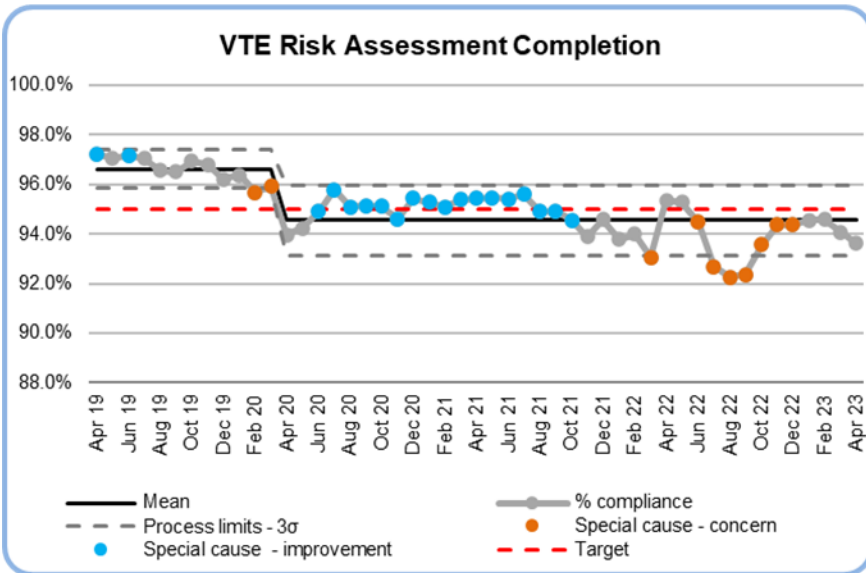
VTE Risk Assessment

What does the data tell us?

In April, the rate of VTE Risk Assessments (RA) performed on admission was reported as 93.63%. 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.

Medication Incidents per 1000 Bed Days

Ratio of Medication Incidents Causing Harm or Death to all Medication Incidents

Incident by stage at which error occured (last 12 months)

Incidents involving high risk drugs - last 12 months

Medicines Management Report
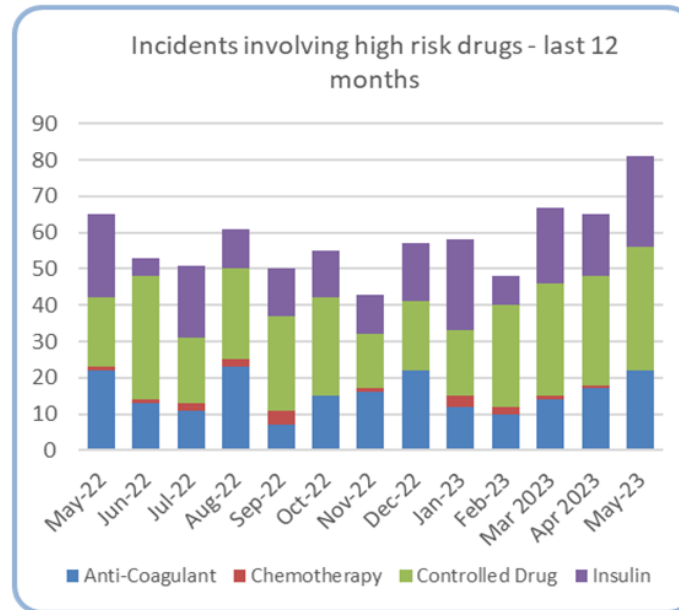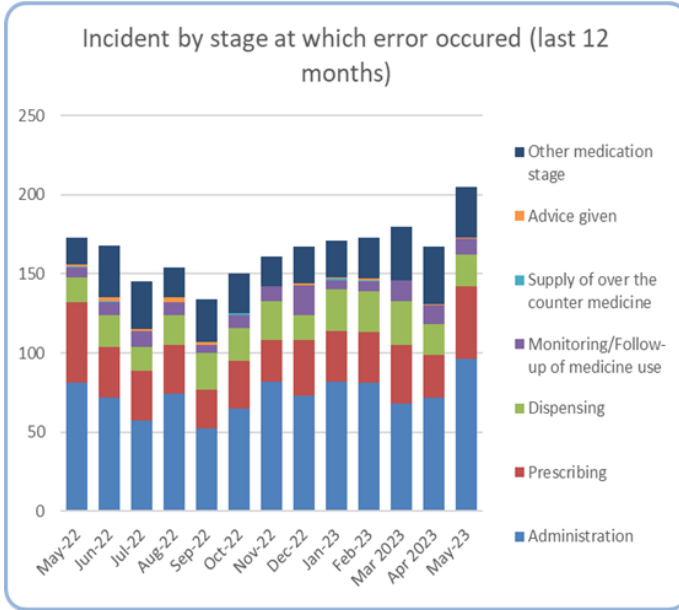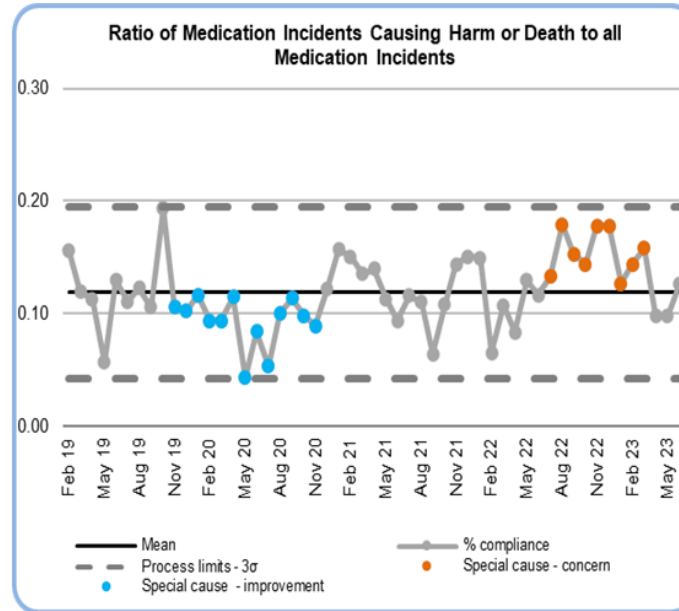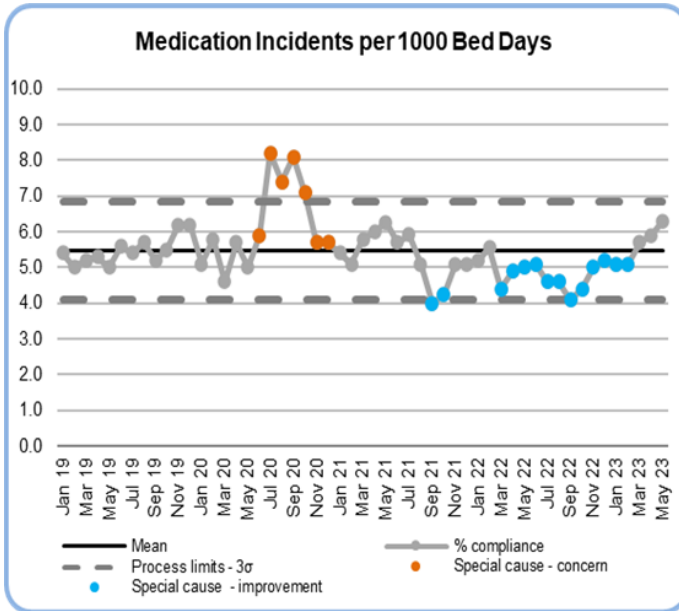
What does the data tell us?

Medication Incidents per 1000 bed days
During May 2023, NBT had a rate of 6.3 medication incidents per 1000 bed days. This is slightly above the 6-month average of 5.5 for this measure.

Ratio of Medication Incidents Reported as Causing Harm or Death to all Medication incidents
During May 2023, c.10.3 % of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.103). This falls below the 6 month average of 12.6 %

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 April 2023, c.40% of all medication incidents involved a high risk medicine which is above the 6 month average of 36%.

General comment: It is of note that the total number of incidents reported in May is markedly above the 6 month average (average approx. 160 reports per month and this month we have seen 185). 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

Concerns and Complaints per Division

Trustwide Complaints, Concerns, Re-opened & Overdue Complaints

Complaints By Subject

Complaint Response Rate Compliance

What does the data tell us?

In May 2023, the Trust received 57 formal complaints. This is 19 more than April and 9 more than May 2022.

The most common subject for complaints is 'Clinical Care and Treatment'. There was a notable increase in complaints regarding 'Attitude of Staff' and 'Communication'. These were not in a specific division but we will monitor this closely.

There were no re-opened complaints in May.

Of the 57 complaints, the largest proportion was received by ASCR (19).

The overall number of PALS concerns received increased from 120 in April to 141 in May.

The response rate compliance for complaints improved to 79.5% in May. A breakdown of compliance by clinical division is below:

ASCR – 86%   NMSK- 100%   CCS – 100%

WaCH- 50%   Medicine – 57%

The number of overdue complaints at the time of reporting has decreased from 3 in April to 1 in May. The overdue complaint is in WaCH.

In April 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 May is 9 days.

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.
- New Service User Experience Lead in WaCH. Currently, there is a gap in provision as this is a job share and only one of the new Leads has begun in post.
- Complaints Training has been provided by the Complaints Manager to staff in WaCH.
- Weekly Cross Divisional Complaint review (divisional complaints teams meet to discuss joint cases).
- PALS to pilot 'drop in' sessions for staff on ward boomerang areas to assist with resolving cases, providing support and guidance. The pilot will start in Medicine.
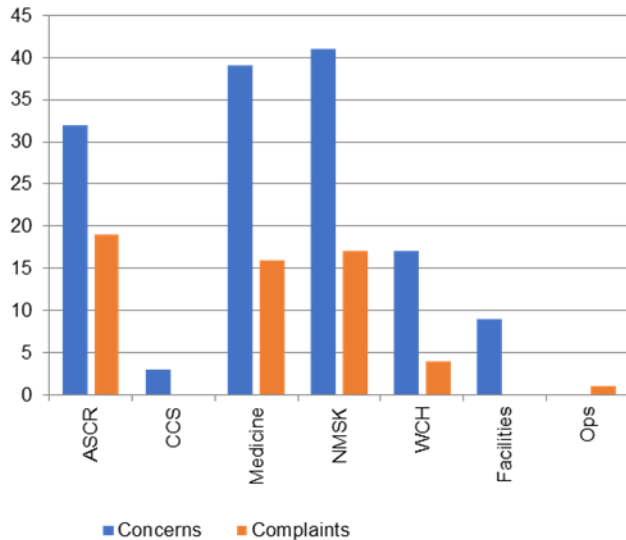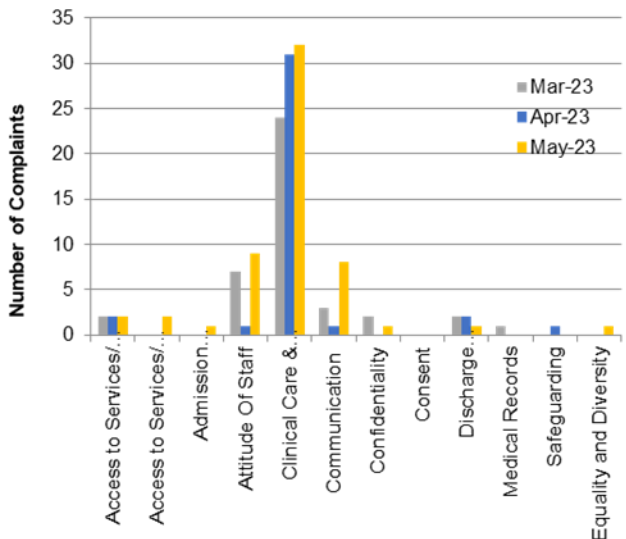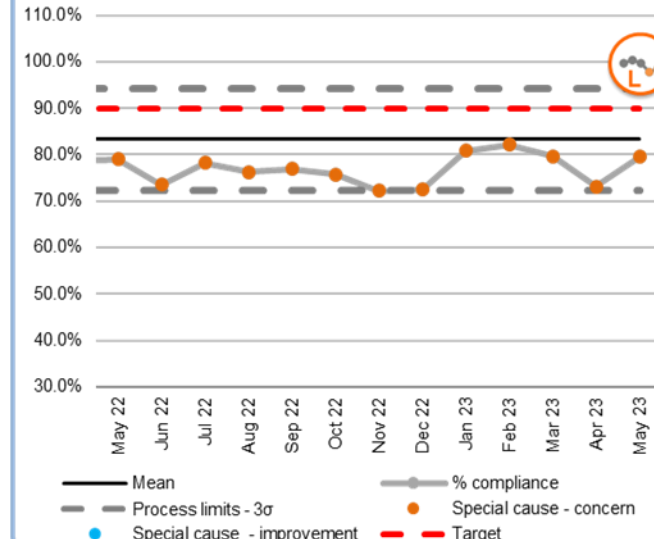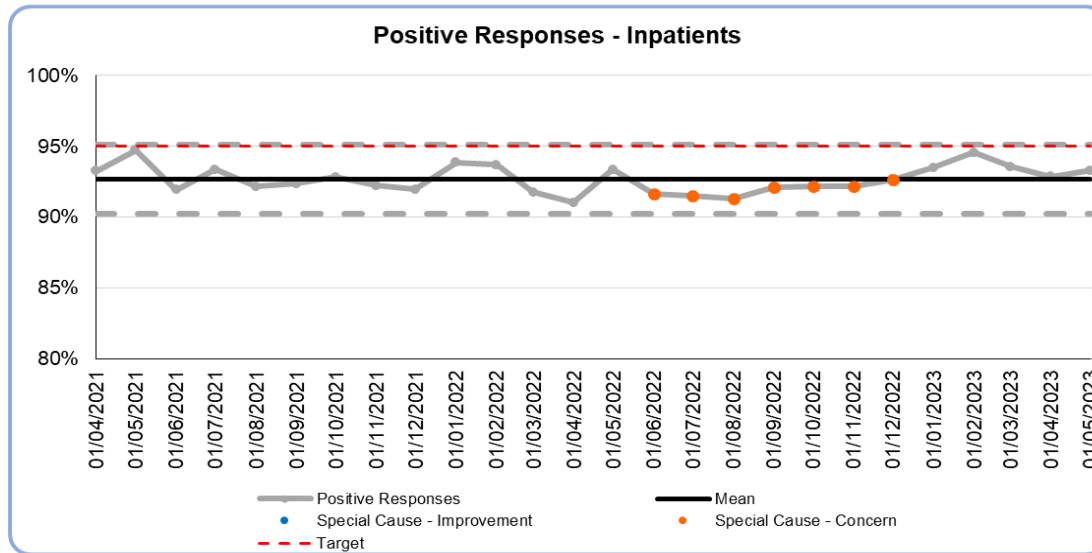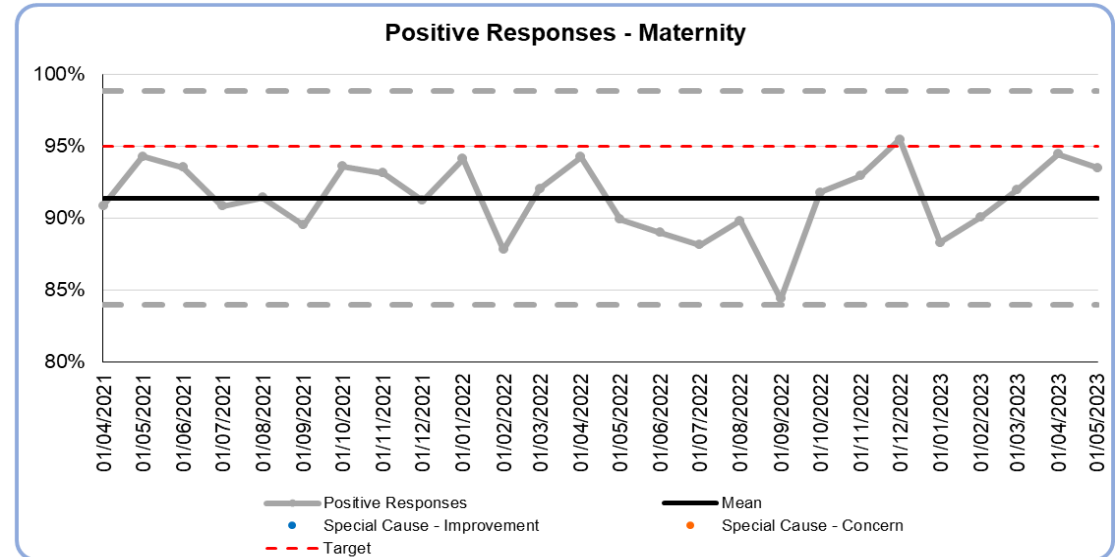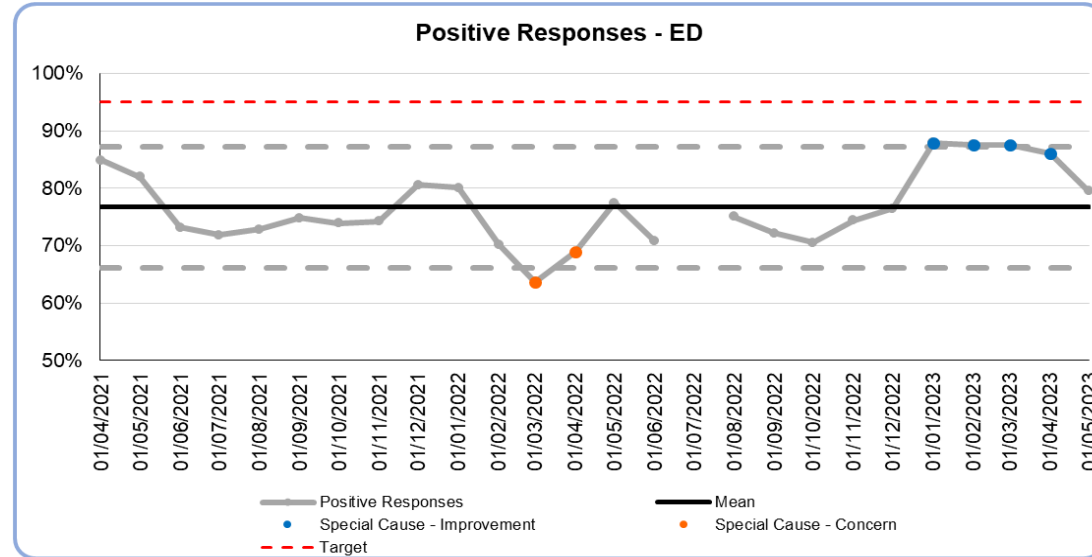
Positive Responses - ED

Positive Responses - Maternity
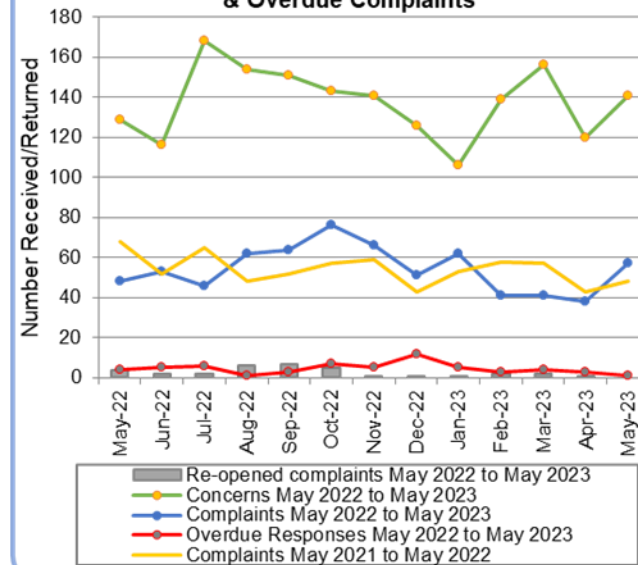
Positive Responses - Inpatients

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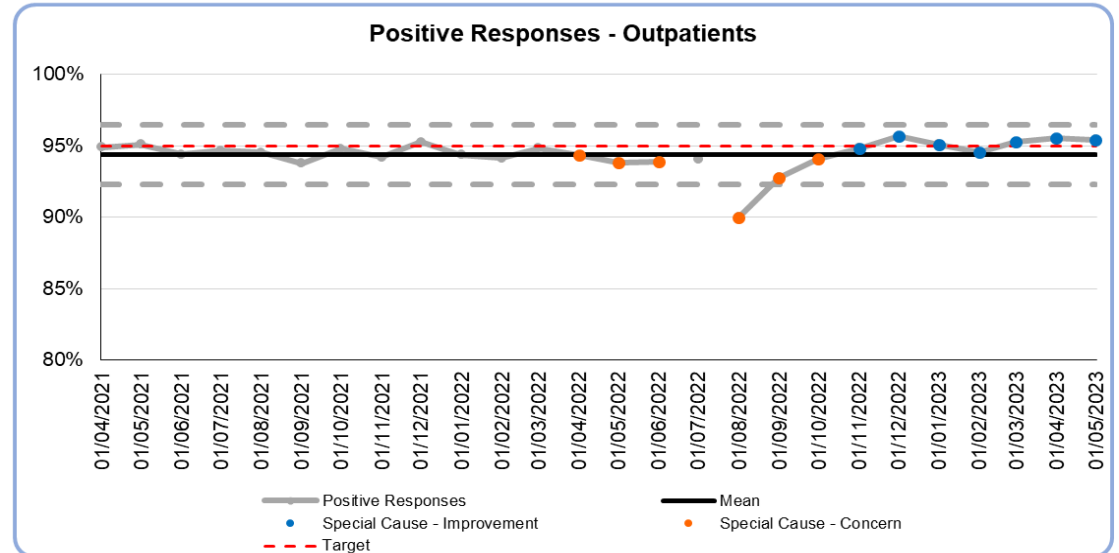
N.B. no data available for the month of July for ED and OP due to an issue with CareFlow implementation

Positive Responses - Trust

Legend: Positive Responses · Special Cause - Improvement · Target · Mean · Special Cause - Concern
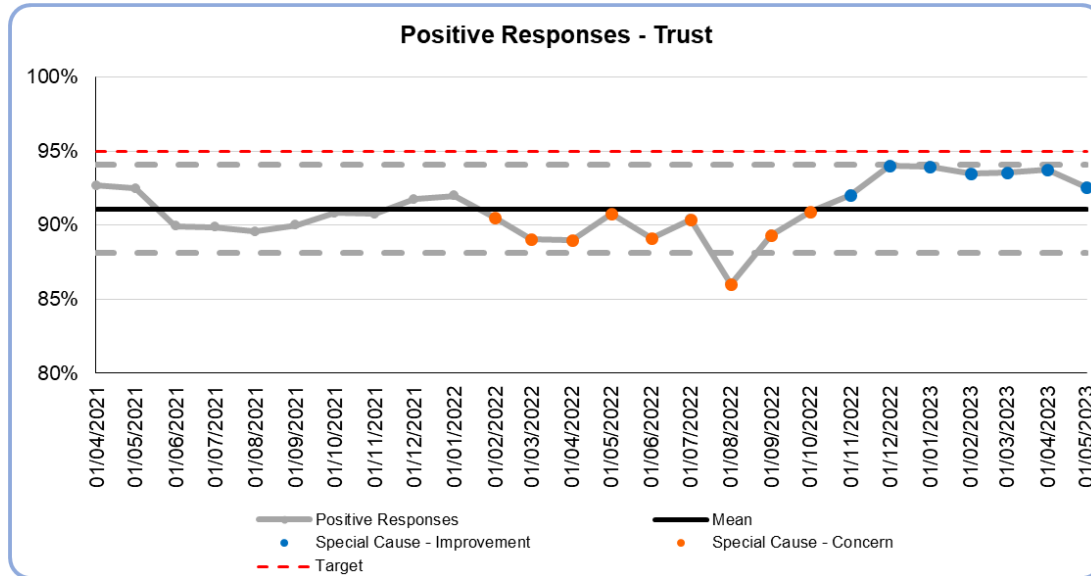
What does the data tell us?

- In May, 92.6% of patients gave the Trust a positive rating, continuing the trend seen over the past 6 months. Whilst this month is a slight drop from last month's score, this is not significant. The current scores remain consistently higher than any point in the past 12 months.

- Outpatient Positive responses and response rates have been consistently trending above their average amount from the past year, and negative responses trending below average.

- This month, ED had a positive response rate of 79.7%, resulting in a higher overall positive response rate for the trust. Whilst ED results are lower this month, the trend still indicates significant improvement.

What actions are being taken to improve?

- A working group meets fortnightly to address data quality issues. Improving data quality will assure staff at a Divisional and Speciality level that the responses reflect their areas, encouraging staff engagement and confidence in using comments for improvements.

- Engagement with clinicians around the FFT and using Envoy to access the feedback has been able to progress, now that we are more confident in the data quality. This will enable staff to utilise the comments to make improvements, which will hopefully in turn improve feedback scores.

- ED are taking a number of measures to improve their feedback, including a piece of work with the Communications Team which aims to address issues patients consistently raise through FFT comments.

- In May, 5375 patients chose to leave a comment with their rating. Thematic review of these responses found that an overwhelming majority of the positive comments were about staff.

  "Excellent care. All members of staff are great communicators and I felt cared for and safe. Procedures were explained and I am happy with everything."

- ED staff have been delighted with the recent improvement in their scores, and are motivated to improve them even more. They are regularly engaging with Trust and Divisional Patient Experience Teams to work together to make improvements.

Commissioning for Quality and Innovation (CQUIN)

Board Sponsor: Chief Nursing Officer
Steven Hams

Commissioning for Quality and Innovation (CQUIN) Schemes

CQUIN Scheme Ref. / Title	Description	Annual Value ('000)	Lead Division	Q1	Q2	Q3	Q4	Comment (*forecasts are % of £ CQUIN value*)
CCG1: Flu vaccinations for frontline healthcare workers	Achieving 90% uptake of flu vaccinations by frontline staff with patient contact	£913k	Operations, Trustwide	N/A	N/A	🔴	🟡	***Target range 70%-90%.*** Y/E 70.2%
CCG 3: NEWS2 Recording	Achieving 60% of all unplanned critical care unit admissions from non-critical care wards of patients aged 18+, having a NEWS2 score, time of escalation (T0) and time of clinical response (T1) recorded.	£913k	Medicine & ASCR	🟢	🟢	🟢	🟢	***Target range 20%-60%.*** Full achievement Q1 -Q4 (>85%)
CCG4: 28- Day Cancer Faster Diagnosis Standards	Achieving 65% of referrals for suspected prostate, colorectal, lung and oesophago-gastric cancer meeting timed pathway milestones as set out in the rapid cancer diagnostic and assessment pathways	£913k	ASCR	🟢	🔴	🔴	🟢	***Target range 55%-65%.*** Q2 -47%, Q3 51.5%, **Q4 ACHIEVED 71.3%**
CCG 6: Anaemia Screening	Ensuring that 60% of major elective blood loss surgery patients are treated in line with NICE guideline NG24.	£913k	ASCR	🟢	🟢	🟢	🟢	***Target range 45%-60%.*** Full achievement Q1-4 (>95%)
CCG 9: Cirrhosis & Fibrosis	Cirrhosis and fibrosis tests for alcohol dependent patients	£913k	Medicine	🟢	🟢	🟢	🟢	***Target range 20%-35%.*** Full achievement Q1, 2, 3 & 4 (51%).
PSS1 - Revascularisation Standards	Achievement of revascularisation standards for lower limb Ischaemia (within 5 days for unplanned inpatient admission)	£867k	ASCR	🟢	🟡	🟡	🔴	***Target range 40%-60%.*** Full achievement Q1, partial Q2 (55%) and Q3 (50%).
PSS2 – Shared Decision-Making	Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to make informed decisions based on available evidence and their personal values and preferences and knowledge	£867k	ASCR	🟢	🟢	N/A	🟢	***Target range 65%-75%.*** Full achievement - Q1 88.4%, Q2 90%, Q3 90.4, Q4 93.3%
PSS5 – Priority Categorisation	Achieving priority categorisation of patients within selected surgery and treatment pathways according to clinical guidelines to reduce the risks of harm to patients	£867k	NMSK & CCS	🔴	🔴	🔴	🔴	***Target range 74%-98%. Q3 66%.*** Achievement adversely impacted by EPR switch, alongside existing challenges in delivering this CQUIN.

🟢 **Full: ≥ max target %**   🟡 **Partial: ≥ min target % and < max target %**   🔴 **Not met: < min target %**

Well Led

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

Well Led Introduction

Vacancies

Trust vacancy factor was 7.96% in May (721 wte), an increase from 6.21% (547 wte) in April due to a more complete funded establishment position recorded in the financial ledger. Comparing the more relevant movement between Mar-23 and May-23 funded establishment increased by 30 wte versus a growth of 16 wte staff in post, this has meant overall our vacancies have increased.
Facilities domestics team and NMSK wards, 25a (Trauma and Orthopaedics) and Ward 34b (Stroke) following safer staffing reviews saw the predominant growth in establishment between Mar-23 and May-23. ASCR, Medicine and NMSK saw the greatest growth in staff in post with commensurate reduction in vacancies, ASCR and Medicine driven by Band 3 HCA growth and NMSK by international nurse recruitment.

Turnover

The Trust rolling 12-month staff turnover rate decreased from 16.56% in April to 16.29% in May. The Trust has seen month on month reduction in turnover since Nov-22 and May-23 represents the first month which demonstrates statistically significant improvement. The period Nov-22 – May-23 saw fewer leavers than the same period in the previous year, this has driven the reduction in turnover rates seen since Nov-22. The greatest reduction has been in leavers for work life balance/relocation/promotion reasons, followed by retirements. All divisions have seen this movement with exception of IM&T and Operations and all staff groups with the exception of Healthcare Scientists and Medical staff – themes which will be considered within the Trust Retention and Staff Experience Group and a view of stretched turnover target for 2023/24.
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 5.19% in April to 5.08% in May which represents the fifth month of continuous reduction in absence rates. Reviewing our absence rates by reason, stress/anxiety/depression/other psychiatric illness has seen a reduction for the last 13 months (1.07% in May-22 to 0.85% in May-23) and recorded absence for COVID-19 has also seen a month on month reduction in absence rates for the last seven months (1.37% in Oct-22 to 0.80% in May-23), however the last seven months has seen growth in absence rates due to cough/cold/influenza and chest and respiratory problems (0.46% in Oct-22 to 0.66% in May-23) which could be offsetting some of the reduction in COVID-19.
Trust Target for 2023/24 (based on moving from 3rd to 2nd quartile of all national acutes): 5.2%

Continue to reduce reliance on agency and temporary staffing

Overall demand increased by 3.80% (38 wte) in May compared to April, with the greatest growth rates seen in Allied Health Professions, although volumes small, and Nursing and Midwifery Registered, 10.64% and 7.09% respectively. Bank hours worked increased by 1.71% (11 wte) and agency hours worked increased by 25.77% (38 wte) driving a reduction in unfiled shifts by 5.10% (12 wte).
As demand has grown at a greater rate than bank has increased, bank fill rates saw a slight reduction from 61.58% to 62.84%. The unfilled shift rate reduced from 22.22% to 20.32% and agency fill rates increased from 14.94% to 18.10%. The main growth in agency hours was at Tier 1, accounting for 89.61% of growth and was predominantly in Nursing and Midwifery Registered which saw growth of 34 wte against a total of 38 wte. Medicine (growth 17 wte predominantly AMU, Ward 27b and 8a), ASCR (growth 9 wte predominantly Theatres and ICU) and NMSK (growth 5 wte predominantly in Stroke Wards). Medicine's growth in agency included 14 wte RMN, of which 2 wte were Tier 4 and 12 wte Tier 1.

| Theme	Action	Owner	By When
Vacancies	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
Turnover	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
Staff Development	Launc the first cohort of 'Mastering Management' delivered by University of West of England	Associate Director Culture, Leadership & Development	Jun-23
Wellbeing	Implementing financial wellbeing projects to support our staff including Citizens Adivce Bureau 1:1 sessions for advice on debt, benefits, housing and consumer rights - data analysis on impact in progress to determine contiuation of initiatives	Associate Director Culture, Leadership & Development	Sep-23
Temporary Staffing	Initiation of a weekly bank incentivisation 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

Workforce
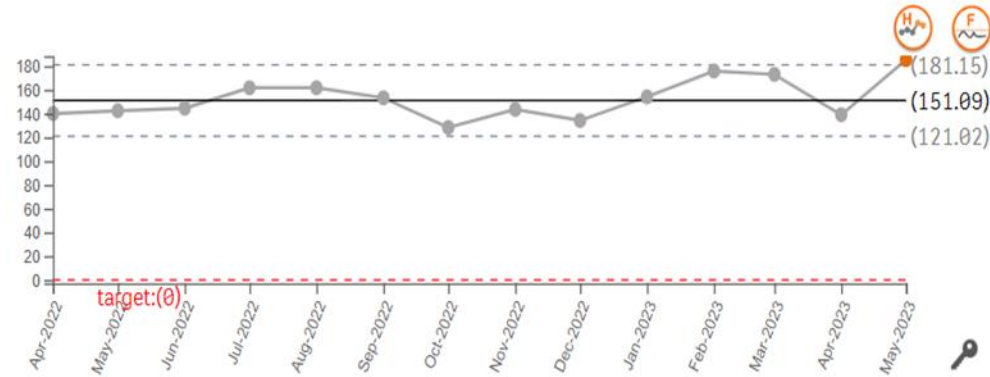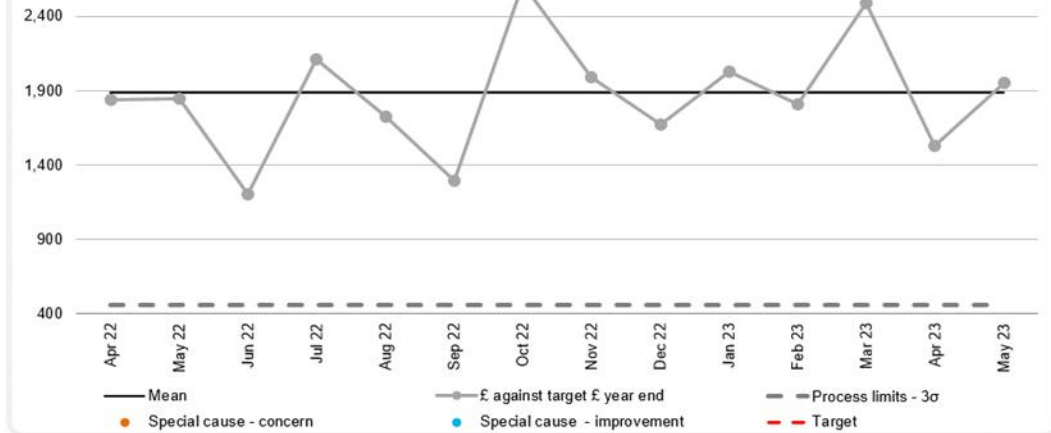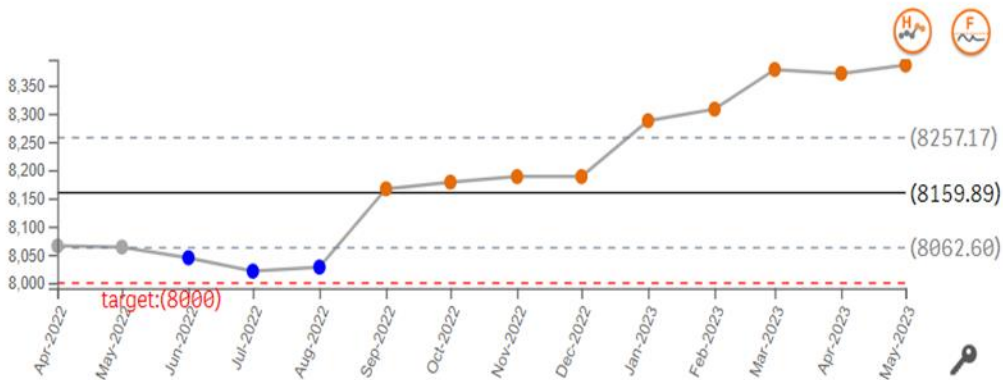
Talent Acquisition Recruitment Activity
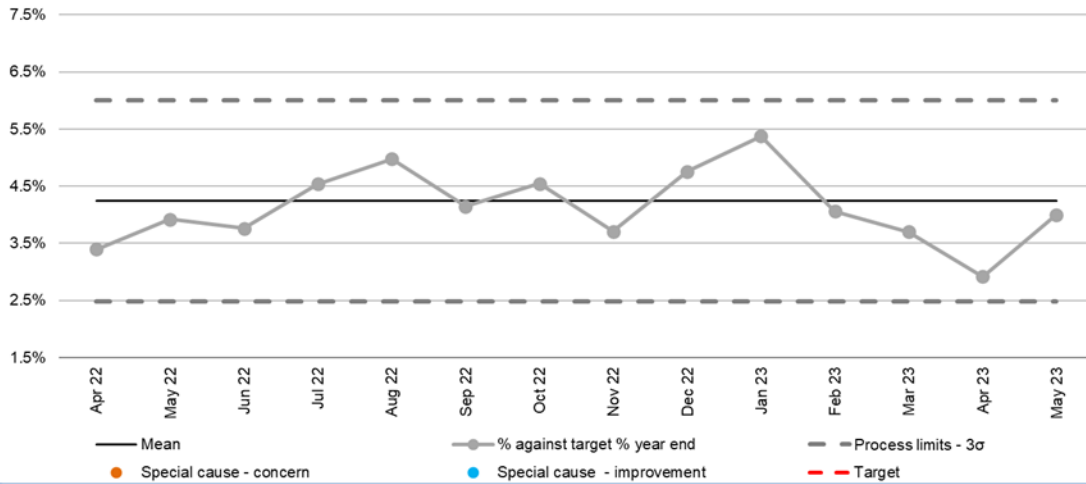
Unregistered Nursing and Midwifery
- **Offers:** 44 offers for HCSW roles ; 4 for band 2 and 40 for band 3 with over 140 wte of candidates with offers being processed
- **Recruitment Activity:** High numbers of applications continue to be received and recruited through the Trust assessment centres
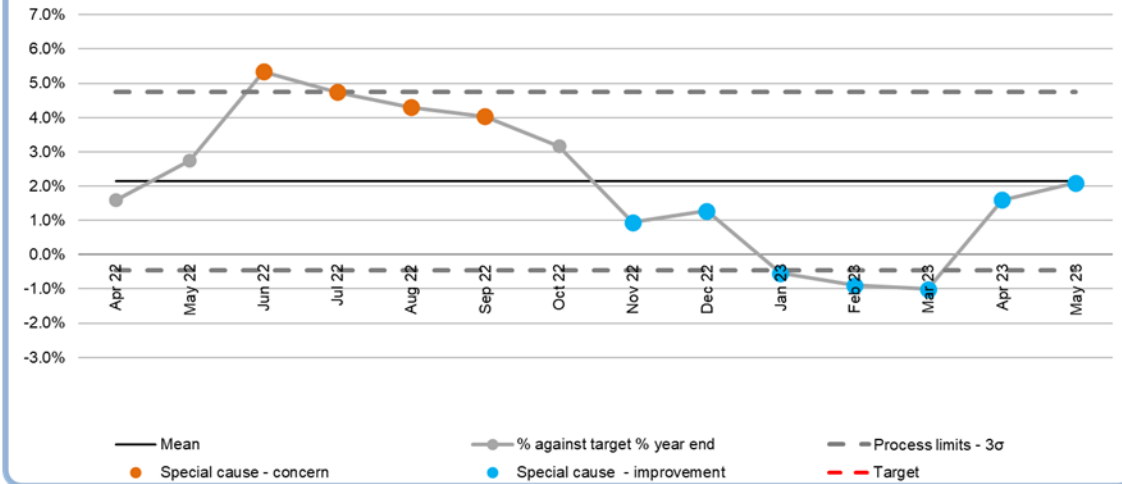
Registered Nursing and Midwifery
- **Offers**: 51 Band 5 offers for registered nurses and Newly qualifying nurses across the Trust. .
- **Careers Events**: Visited University of West of England Healthcare Students fair and the Oxford Brookes Nursing Careers fair. NBT also held our own Nursing and Operating Department Practitioner open day resulting in seven offers on the day
- **International Recruitment**: 22 wte Internationally Educated Nurses arrived in the Trust
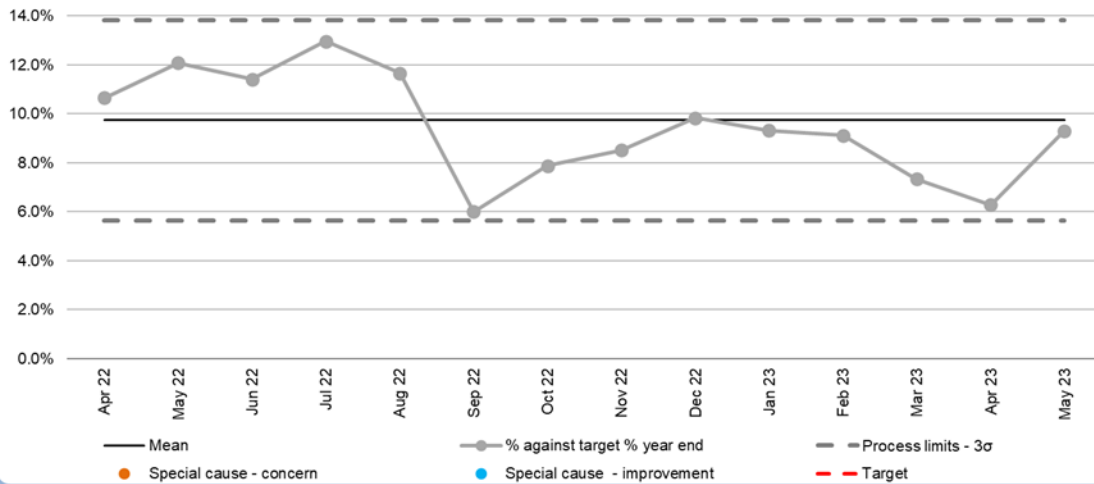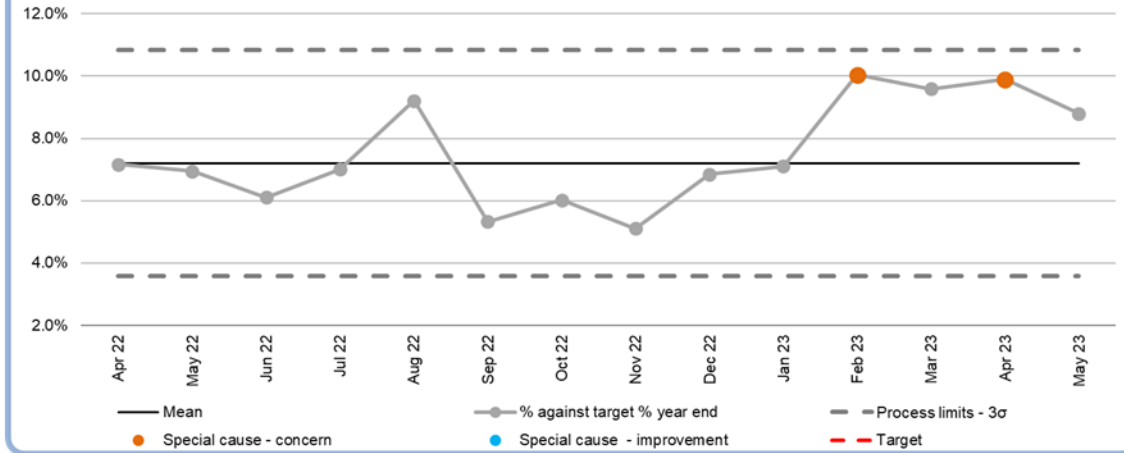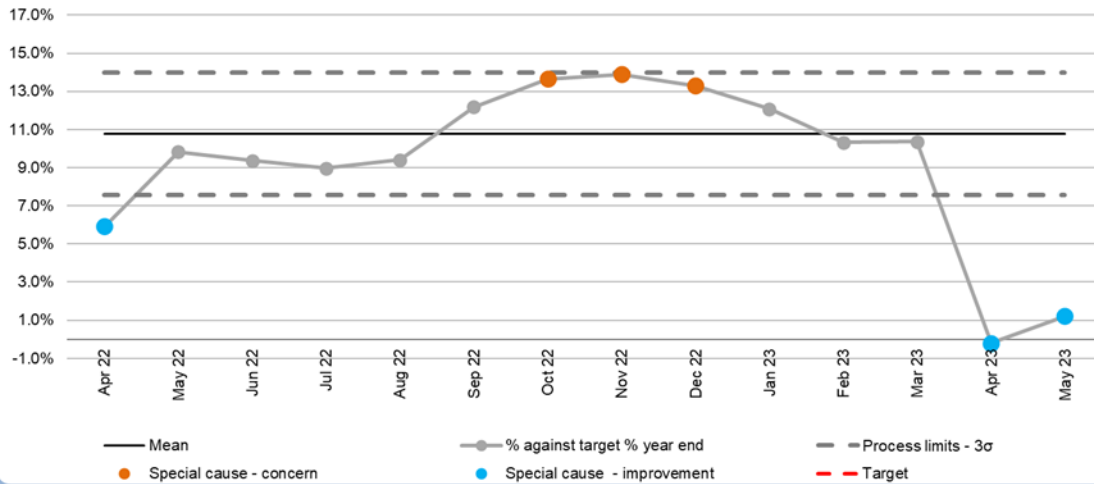
Vacancy

Vacancy

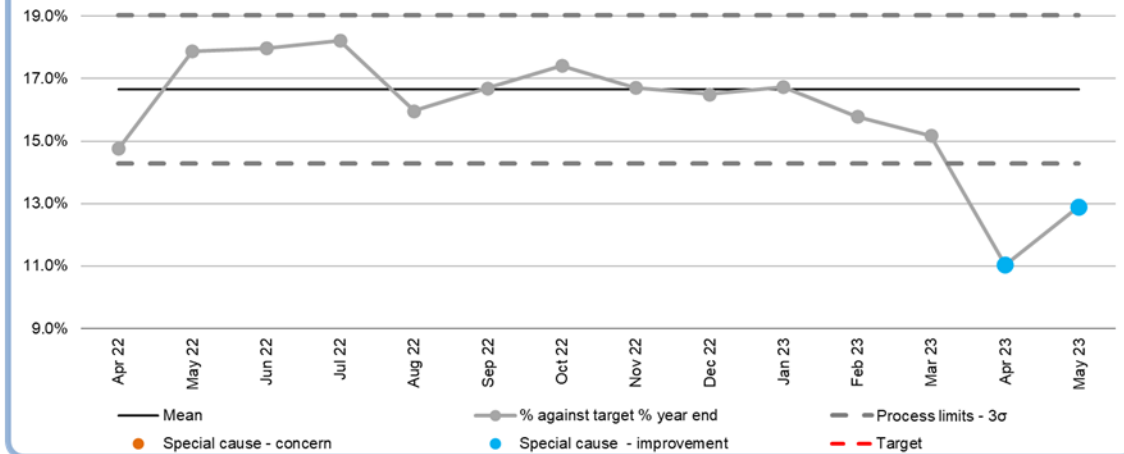Vacancy Factor - Band 4 and Registered Nursing-Trust starting 01/04/22
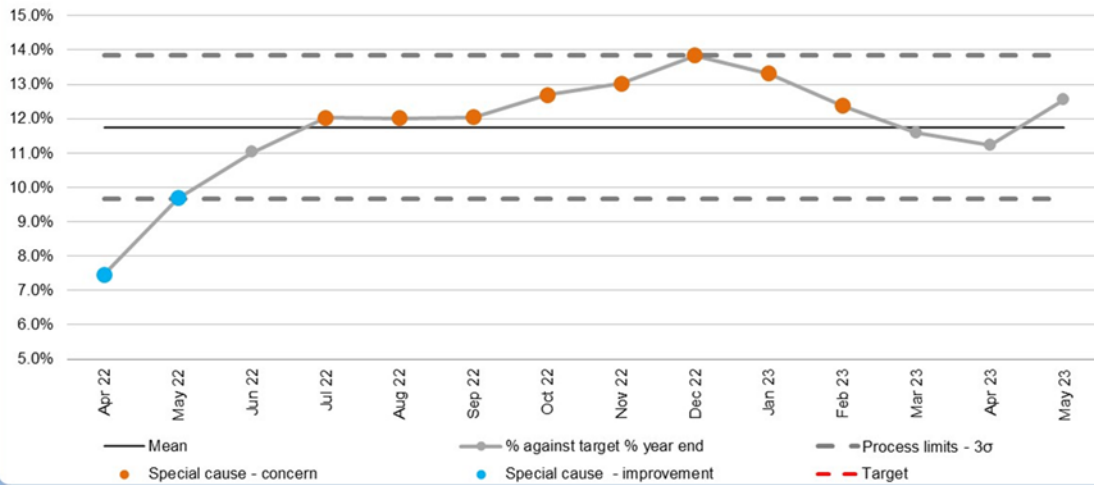
Vacancy Factor - Registered Midwifery-Trust starting 01/04/22

Vacancy Factor - Additional Clinical Services (Excluding Unregistered Nursing)-Trust starting 01/04/22

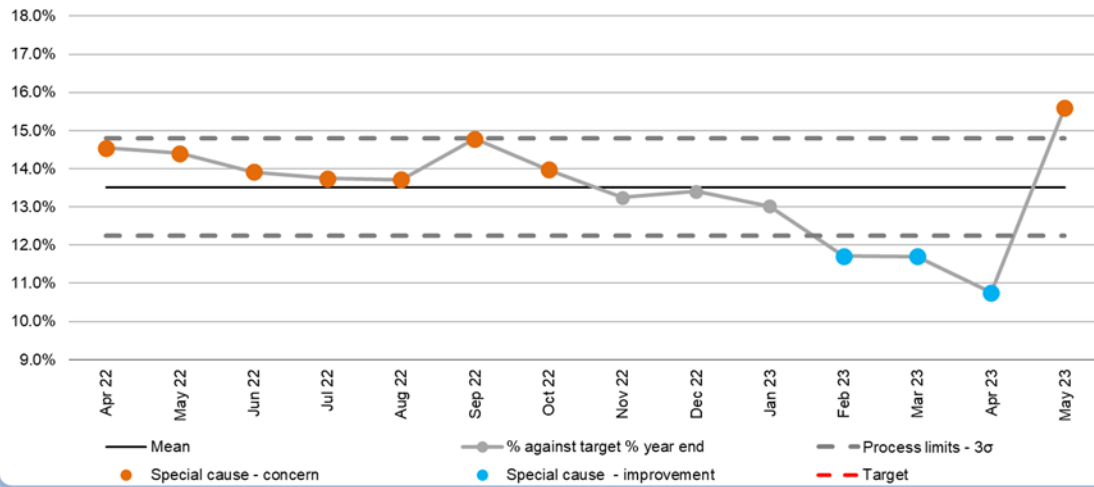Vacancy Factor - Bands 2-3 Unregistered Nursing & Midwifery-Trust starting 01/04/22
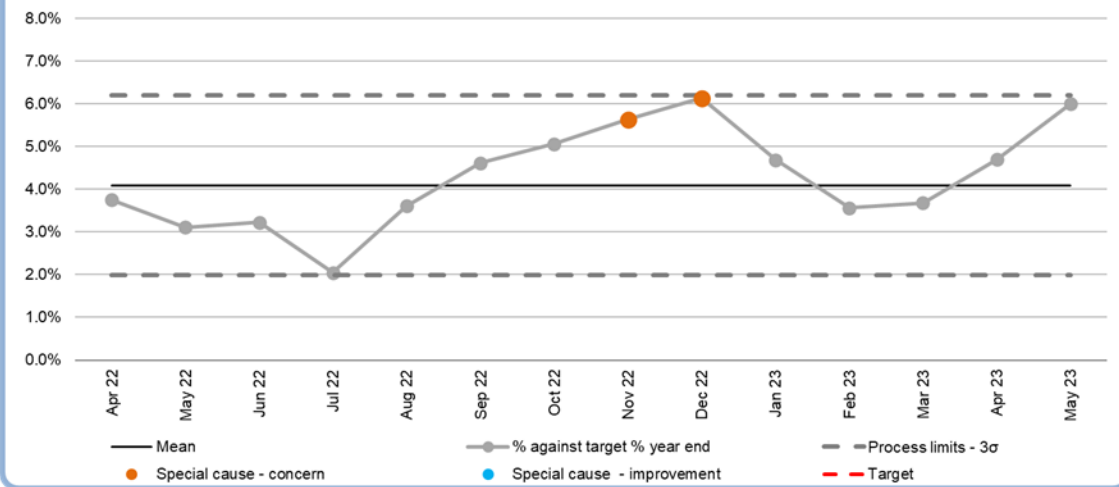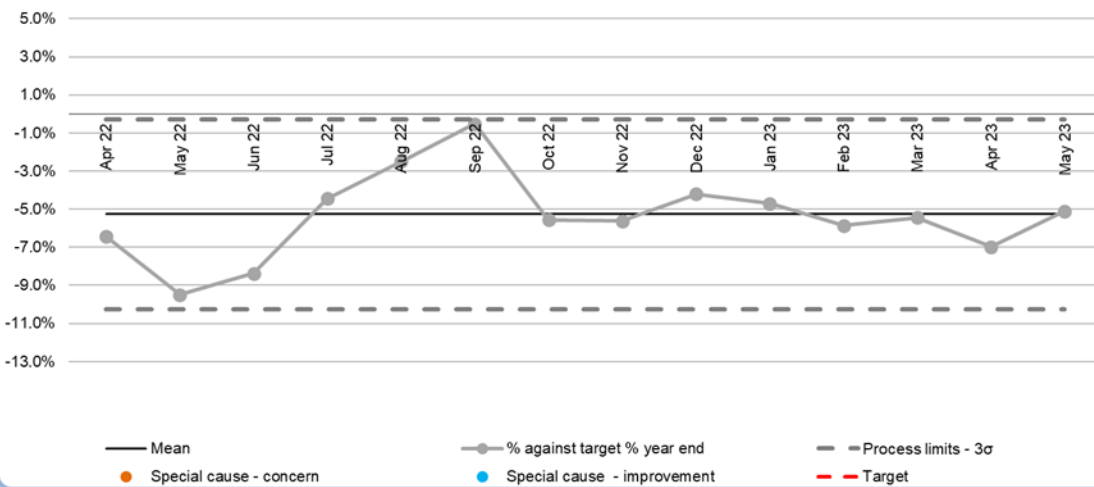
Vacancy

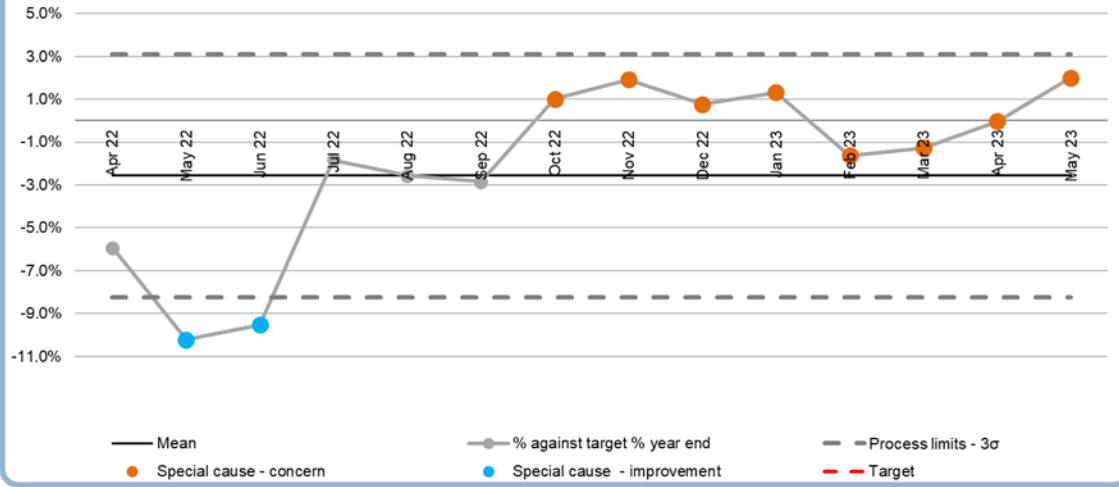Vacancy Factor - Estates & Anciliary-Trust starting 01/04/22

Vacancy Factor - Bands 2-4 Administrative & Clerical -Trust starting 01/04/22

Vacancy Factor - Bands 5-7 Administrative & Clerical-Trust starting 01/04/22

Vacancy Factor - Band 8a+ Administrative & Clerical-Trust starting 01/04/22

Vacancy Position – April 2022 to April 2023

Actions

- To support the Trust ensuring it is prioritising its resources in the areas of greatest need workforce summits with divisional and professional leaders are being scheduled to review each divisions supply pipelines for 23/24 ensuring we focus both on high volume and low volume high skill roles, focussing on impact of not filling posts as well as other factors such as temporary staffing use

- Quarterly data reports representing a 'deep dive' into our workforce position will be produced from the collective work of the People Governance groups and be shared with the People Committee for assurance

What does the data tell us – focussing on staff groups where the SPC chart shows orange data points with no grey or blue data points afterwards, i.e. the latest position is deterioration.

- **Estates and Ancillary:** Growth in funded establishment in May-23 for the Facilities domestics team has driven the increase in vacancy factor moving from Apr-23 to May-23.

Engagement and Wellbeing

Stability Rate (%)
Figures are monthly snapshots

target:(85)

(82.87)
(82.27)
(81.67)

Turnover Rate (FTE) 12 Month Rolling (%)
Figures are monthly snapshots (Not including Junior Dr's)

(18.29)
(17.71)
(17.12)
target:(17)

Sickness Rate 12 Month Rolling (%)
Figures are monthly snapshots

(5.56)
(5.41)
(5.25)
target:(4.4)
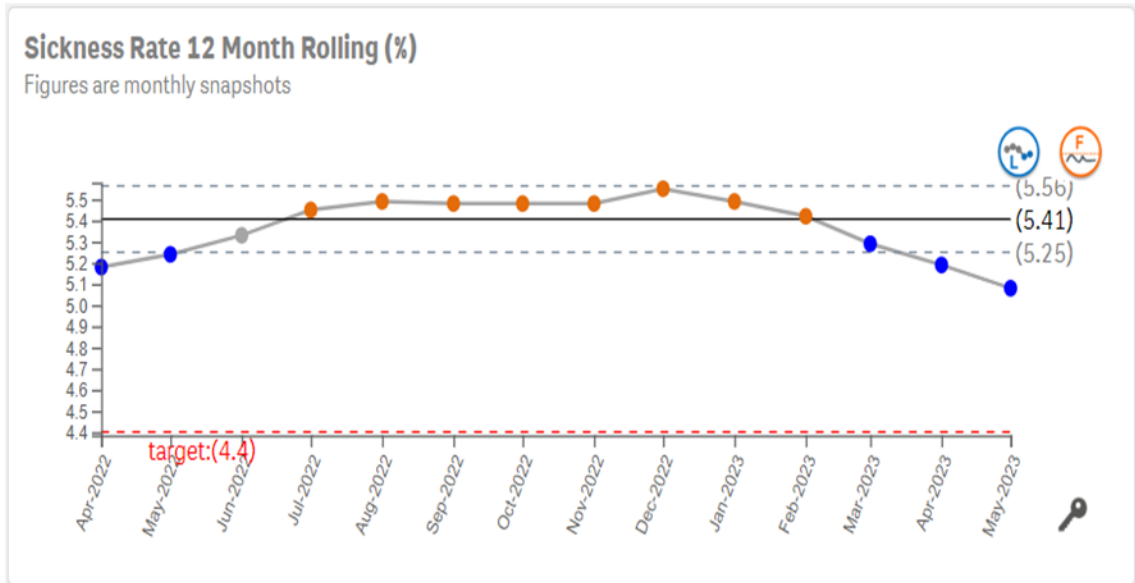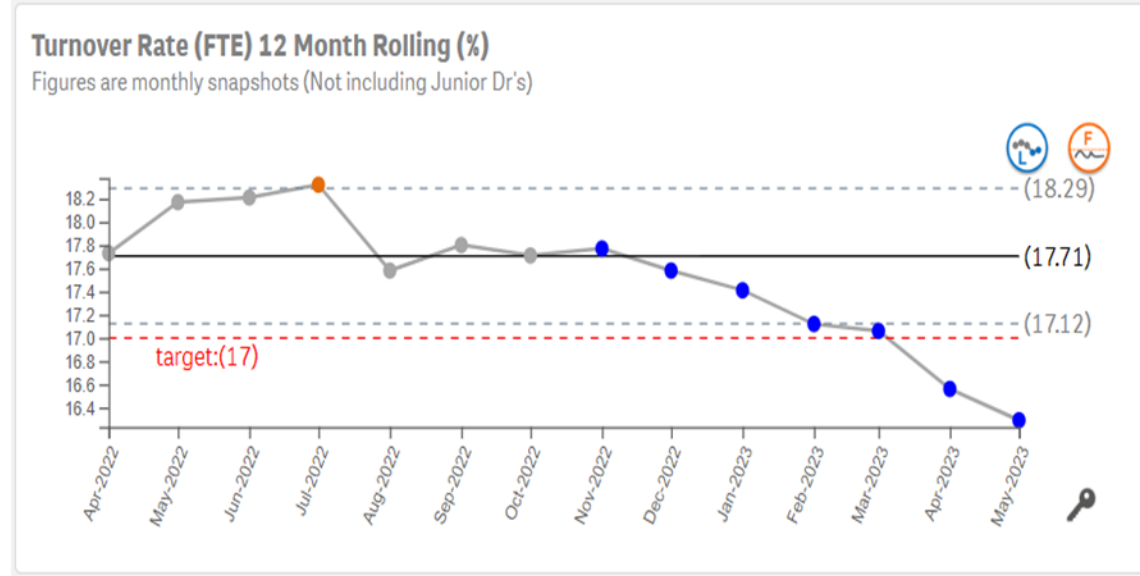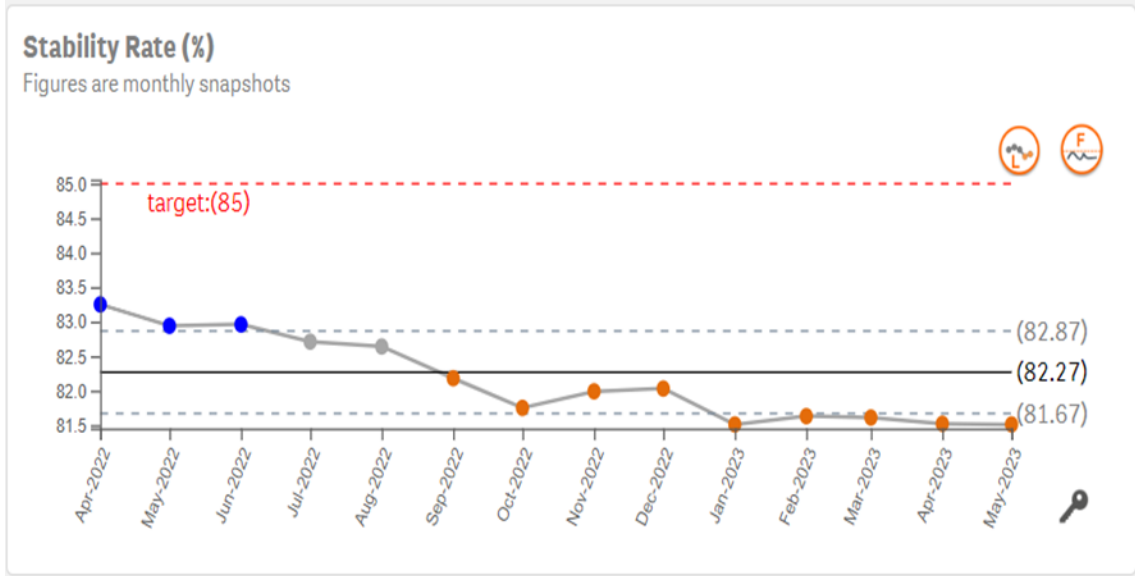
Engagement and Wellbeing

Retention - Actions

Actions delivered: (Associate Director of People)

- Actions to support quality appraisal, including bespoke sessions for Divisional management team meetings, management training (attended by 51 people) and regular updates on appraisal completion shared at senior levels.
- Revised parental leave policy agreed at JCNC subgroup. Minor changes to relocation policy agreed supporting hard to fill roles.
- National pay award implemented, with clear guidance issued to all staff.
- Supporting celebration events for Pride months, supporting LGBTQIA+ colleagues

Actions in Progress:

- Review of line manager training, seeking to increase breadth and impact and support central HELM programme (July 2023)
- Trust-wide sickness absence management plan in development (July 2023)
- Flexible working, fairness at work, and equality and diversity policies progressing (August 2023)
- Development work with JCNC on partnership working and positive relationships (July 2023)

Health and Wellbeing - Actions

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

- Wagestream app continued to build in popularity with more staff signing up
- Staff survey follow-up actions - stock take of progress against the agreed Trust-wide priority: 'improving the quality of appraisals', occurred and feedback on progress shared
- Work plan agreed with Mental Health Liaison Team, Psychology,& other key stakeholders, to review/develop support processes and pathways for staff experiencing acute mental distress
- Schwarz Round occurred and agreement to renew the 2- year Point of Care Foundation License was taken through the Schwarz Round Steering Group
- First Civility and Respect/Culture Working Group meeting occurred and a plan to develop a trust-wide, inclusive Culture group was agreed to support Trust Strategy around 'Proud to Belong' and the positive behaviours framework
- New Women's Staff Network set up – inaugural network meeting to occur on 5 July as part of NHS 75
- Actions taken to better support the Cultural Ambassador voluntary role at NBT

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 reporting refreshed, and an EDI 'Deep Dive' which will be discussed with the EDI Committee and Trust Board **(July – September 2023)**
- Trust retention working group to continue, developing 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)**
- Planning well underway for a Staff Experience Expo as part of NHS 75th birthday celebrations **(May – July 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)**

Essential Training Compliance % (Top 9)
Figures are monthly snapshots
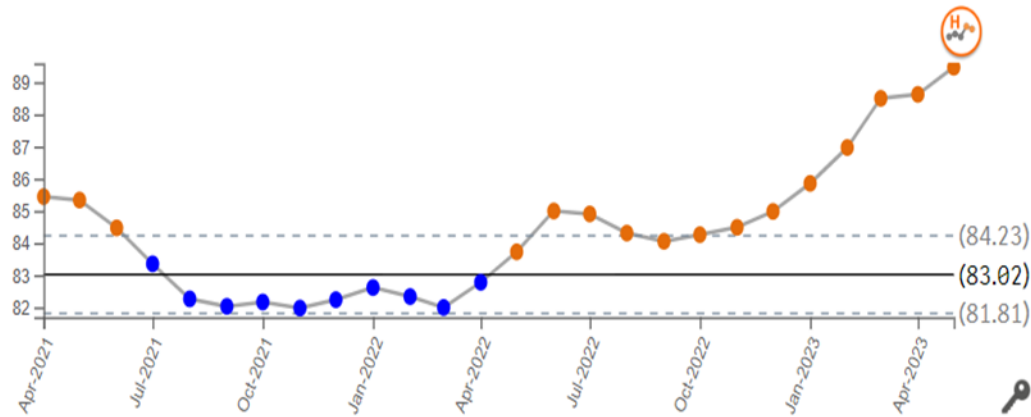
Training Topic	Variance	Apr-23	May-23
Child Protection	2.5%	80.1%	82.6%
Adult Protection	2.1%	81.7%	83.8%
Equality and Diversity	2.8%	82.3%	85.2%
Fire Safety	3.2%	81.3%	84.5%
Health and Safety	2.6%	82.4%	85.0%
Infection Control	2.4%	82.3%	84.7%
Information Governance	3.4%	76.5%	79.9%
Manual Handling	2.8%	80.5%	83.3%
Waste	2.0%	82.7%	84.6%
Total	**0.9%**	**81.08%**	**82.00%**

What Does the Data Tell Us - Essential Training
- All staff – 83.65%, Permanent Staff 92.22%, Fixed Term Temp 80.63%, Other (Bank) 50.53%.
- 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.
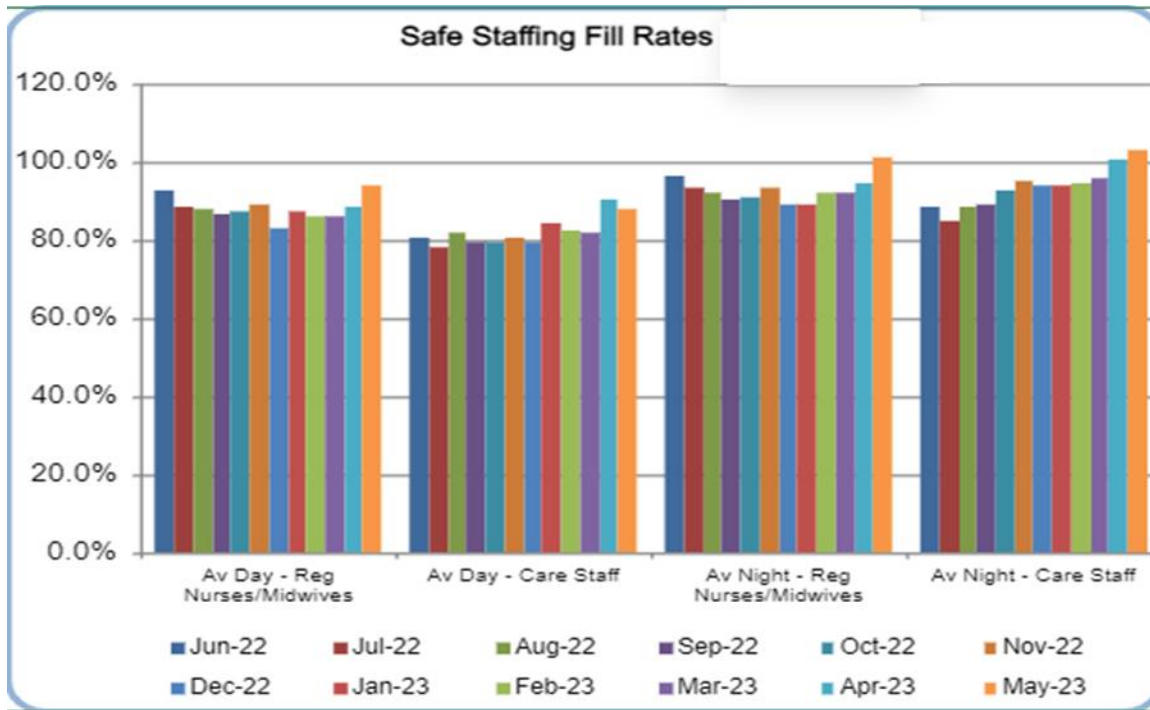
Leadership & Management Learning
- First cohort of Excellence in Management programme for experienced managers (part of our HELM offer) launched on 7th June with a cohort of 23 people.
- First Leading for Change external speaker series launched on 13th June with Dr Megan Joffe running a session on Authority – gaining it, losing it abusing it.
- Content and 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.
- Oliver McGowan e-learning launched across the BNSSG system on 5th June. This learning is mandatory for all employees, and there has been feedback about the modules taking over 90 minutes to complete, and it can cause extreme emotional responses – this may need to be considered wider from a comms perspective.
- DE&S and NBT Mentoring Scheme Cohort 3 will launch on 27th June with 20 Mentors/Mentees from NBT joining 20 Mentors/Mentees from DE&S MoD to begin mentoring relationships over the next 6 months.

Trust Apprenticeships
- No expired levy funds for May, levy utilisation is 76% for the current 2324 FY
- Apprenticeship data is now recorded on ESR, this has enabled us to create EDI and divisional reports.
- Positive outcomes from Traineeship and Women Work Lab work experience, job offers have been made on a temporary and permanent basis.
- Work experience policy has recently been updated, however, may need to be reviewed again due to feedback following an incident from another Trust.

Apprenticeship Centre
- 18 completers in the last 2 months. 8 X Distinction, 6 X Merit and 4 X Pass. A high proportion of our learners achieve above the pass grade which is a positive reflection of our curriculum.
- Extremely positive annual external City & Guilds quality assurance visit for our Healthcare support worker apprenticeship.

Safe Staffing Fill Rates

Legend: Jun-22, Jul-22, Aug-22, Sep-22, Oct-22, Nov-22, Dec-22, Jan-23, Feb-23, Mar-23, Apr-23, May-23

May-23	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	94.0%	87.7%	101.3%	102.6%

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

What Does the Data Tell Us

Of the 34 units reports safer staffing data with fill ates below 80%:
- 8.82% of units had a registered fill rate of less than 80% by day and 2.94% by night – this is a lower number than reported in the previous month). May hotspots in Cotswold and 7B (hotspot in April)

- 23.53% had an unregistered fill rate of less than 80% by day and 17.65% by night – both increased from April position with May hotspots in AMU, 34B, NICU and Cotswold all appearing in April hotspots and Ward 27B, 28B and Quantock Assessment Unit appearing in May

Of the 34 units reports safer staffing data with fill ates above 150%:
- 11.76% had an unregistered fill rate of greater than 150% by day – Ward 33A, 33B, ICU and 7B

Actions

Current review of staffing levels against establishment in line with National Quality Board requirements in progress.

Care Hours Per Patient Day

Required vs Rostered Hours
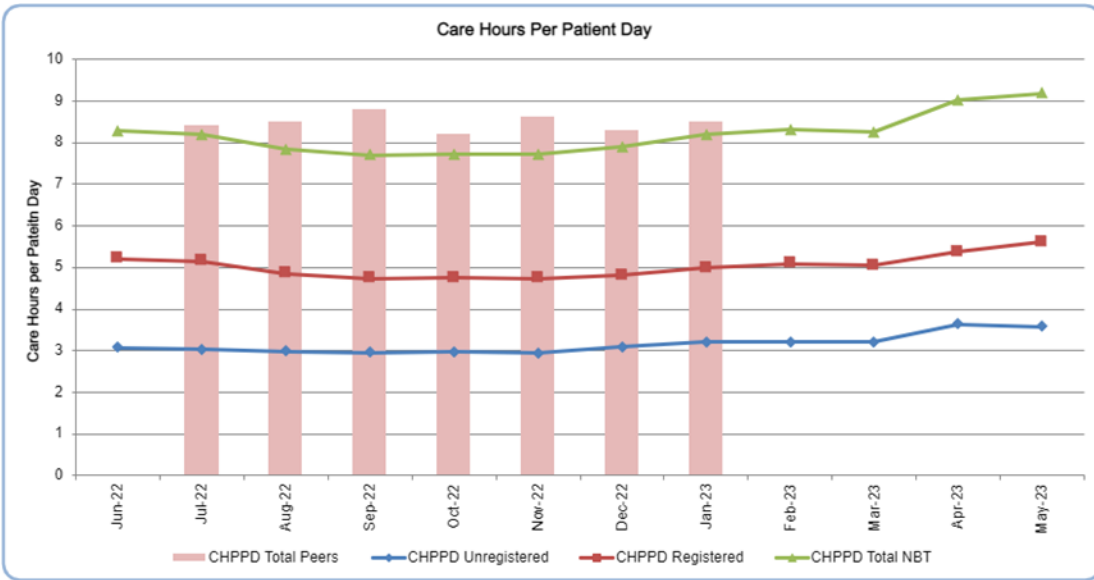
What Does the Data Tell Us – Care Hours per Patient Day (CHPPD)

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.
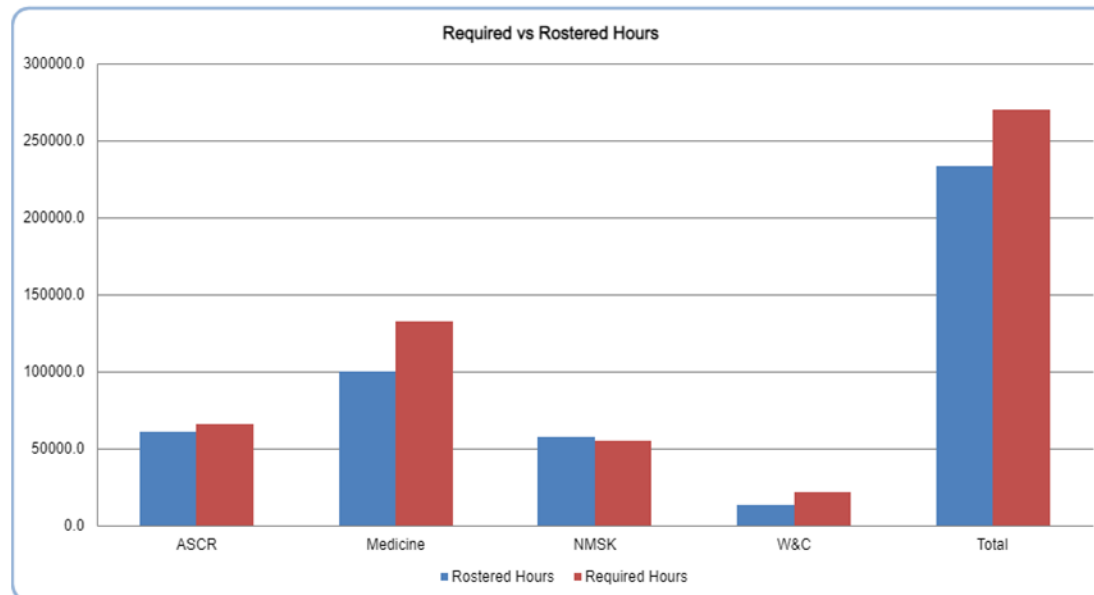
Appraisal compliance - past 12 months

- No. compliant within 12 months
- No. non-compliant within 12 months
- No. where date is unknown (new doctor)

Values shown: 5, 214, 683

Non-compliant doctors - past 12 months

- Last appraisal completed 12-15 months ago
- In Trust missed appraisal escalation process
- Next appraisal due this year

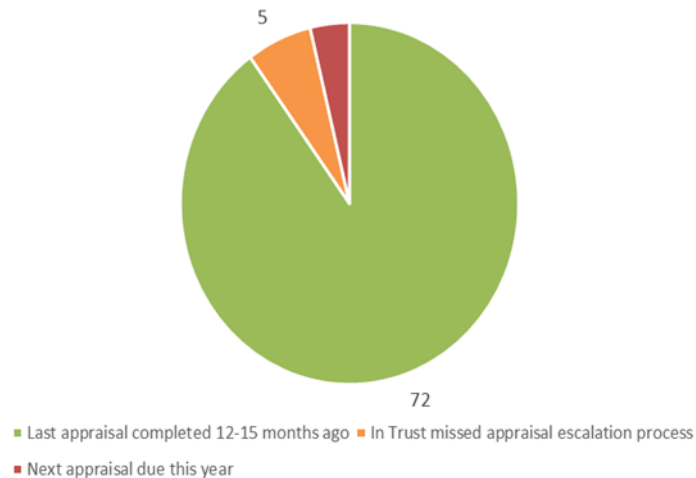Values shown: 5, 72

Medical Appraisal

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.

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

Statement of Comprehensive Income at 31st May 2023

	Month 2			Year to Date		
	Budget £m	Actual £m	Variance £m	Budget £m	Actuals £m	Variance £m
Contract Income	64.1	65.0	0.9	128.1	127.0	(1.1)
Other Income	6.0	6.2	0.2	11.6	13.0	1.4
Pay	(43.9)	(46.1)	(2.2)	(87.8)	(91.8)	(4.0)
Non-Pay	(28.1)	(27.5)	0.6	(56.1)	(53.9)	2.2
Surplus/(Deficit)	**(1.9)**	**(2.5)**	**(0.6)**	**(4.2)**	**(5.7)**	**(1.5)**

Assurances

The financial position for May 2023 shows the Trust has delivered a £2.5m deficit against a £1.9m planned deficit which results in a £0.6m adverse variance in month and year to date.

Contract income is £0.9m favourable to plan. The favourable variance is driven by the recognition of the Pay Award of £0.9m (incremental 3%) which is matched with an increase in pay expenditure.

Other Income is £0.2m 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 £0.3m adverse to plan. The deterioration in month has been driven by a credit note raised with Core Clinical Services in relation to an incorrect invoice from 2022/23.

Pay expenditure is £2.2m adverse to plan. In month, the Trust saw the impact of May industrial action with £0.4m adverse variance. In addition, there have been increased temporary staffing costs of £0.6m. The 2023/24 pay award is driving an additional £0.9m adverse variance as the award is for an additional 5%, however, only 2% was included in the 2023/24 plan.

Non-pay expenditure is £0.6m favourable to plan from the Trust seeing the benefit of reduced public dividend capital (PDC) and depreciation from the asset revaluation in 2022/23. However, there are adverse variances in drugs, offset by increased income.

Statement of Financial Position at 31st May 2023

	22/23 M12 £m	23/24 M01 £m	23/24 M02 £m	In-Month Change £m	YTD Change £m
Non Current Assets					
Property, Plant and Equipment	491.5	495.4	496.1	0.7	4.6
Intangible Assets	17.6	17.5	17.4	(0.1)	(0.2)
Non-current receivables	1.4	1.4	1.4	0.0	0.0
Total non-current assets	**510.6**	**514.3**	**514.9**	**0.6**	**4.3**
Current Assets					
Inventories	10.0	10.1	10.0	(0.1)	(0.0)
Trade and other receivables NHS	26.7	27.5	30.7	3.2	4.0
Trade and other receivables Non-NHS	30.5	33.4	34.9	1.5	4.3
Cash and Cash equivalents	104.0	88.2	80.9	(7.3)	(23.1)
Total current assets	**171.3**	**159.2**	**156.4**	**(2.7)**	**(14.8)**
Current Liabilities (< 1 Year)					
Trade and Other payables - NHS	4.3	4.9	5.5	0.6	1.2
Trade and Other payables - Non-NHS	120.9	111.2	116.1	5.0	(4.8)
Deferred income	17.2	21.8	20.1	(1.7)	2.9
PFI liability	15.7	15.7	16.3	0.6	0.6
Finance lease liabilities	1.4	1.3	1.2	(0.1)	(0.2)
Total current liabilities	**159.5**	**154.8**	**159.2**	**4.4**	**(0.3)**
Trade payables and deferred income	6.7	7.3	7.3	(0.0)	0.5
PFI liability	349.5	348.7	347.1	(1.5)	(2.3)
Finance lease liabilities	5.8	5.7	5.7	(0.1)	(0.1)
Total Net Assets	**160.4**	**157.0**	**152.1**	**(4.9)**	**(8.2)**
Capital and Reserves					
Public Dividend Capital	469.1	469.1	469.1	0.0	0.0
Income and expenditure reserve	(371.3)	(377.0)	(377.0)	0.0	(5.6)
Income and expenditure account - current year	(5.4)	(3.1)	(8.0)	(4.9)	(2.6)
Revaluation reserve	68.0	68.0	68.0	0.0	0.0
Total Capital and Reserves	**160.4**	**157.0**	**152.1**	**(4.9)**	**(8.2)**

Assurances and Key Risks

Property, Plant and Equipment and Intangibles – The year to date increase of £4.3m in Non-current assets is mostly due to an increase in Assets Under Construction in line with the capital plan, offset with the depreciation charged against IT Assets, the PFI and Plant and Machinery.

Cash – The cash balance decreased by £7.3m for the month (£23.0m YTD) due to several large capital invoices being paid in month.

Regulatory

Board Sponsor: Chief Executive
Maria Kane

NHS Provider Licence Compliance Statements at June 2023 - Self-assessed, for submission to NHS

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 be recognised issues relating to cancer wait time performance and reporting.
G6	Registration with the Care Quality Commission	Yes	CQC registration in place. The Trust received a rating of Good from its inspection reported in September 2019. A number of mandatory actions were identified which are being addressed through an action plan. The Trust Board receives updates on these actions via its Quality Committee.
G7	Patient eligibility and selection criteria	Yes	Trust Board has considered the assurances in place and considers them sufficient.
C1	Submission of Costing Information	Yes	A range of measures and controls are in place to provide internal assurance on data quality, including an annual Internal Audit assessment.
C2	Provision of costing and costing related information	Yes	The trust submits information to NHS Improvement as required.
C3	Assuring the accuracy of pricing and costing information	Yes	Scrutiny and oversight of assurance reports to regulators is provided by Trust's Audit and Risk Committee and other Committee structures as required.
P1	Compliance with the NHS Payment Scheme	Yes	NBT complies with national tariff prices. Scrutiny by local commissioners, NHS England and NHS Improvement provides external assurance that tariff is being applied correctly. It should be noted that NBT is currently receiving income via a block arrangement in line with national financial arrangements.
P5	Constructive engagement concerning local tariff modifications	Yes	Trust Board has considered the assurances in place and considers them sufficient. It should be noted that NBT is currently receiving income via a block arrangement in line with national financial arrangements.
IC1	Provision of Integrated Care	Yes	The Trust is actively engaged in the ICS, and leaders participate in a range of forums and workstreams. The Trust is a partner in the Acute Provider Collaborative.
IC2	Personalised Care and Patient Choice	Yes	Trust Board has considered the assurances in place and considers them sufficient.
WS1	Cooperation	Yes	The Trust is actively engaged in the ICS and cooperates with system partners in the development and delivery of system financial, people, and workforce plans.
NHS2	Governance Arrangements	Yes	The Trust has robust governance frameworks in place, which have been reviewed annually as part of the Licence self-certification process, and tested via the annual reporting and auditing processes

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

Target lines
Improvement trajectories
National Performance

Upper Quartile

Lower Quartile

NBT Quality Priorities 2023/24

Outstanding Patient Experience	1	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	2	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.
	3	We will minimise patient harm whilst experiencing care and treatment within NBT services.
	4	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.
	5	We will make Maternity and Neonatal care safer, more personalised, and more equitable

Abbreviation Glossary

AMTC	Adult Major Trauma Centre
ASCR	Anaesthetics, Surgery, Critical Care and Renal
ASI	Appointment Slot Issue
CCS	Core Clinical Services
CEO	Chief Executive
CIP	Cost Improvement Programe
Clin Gov	Clinical Governance
CT	Computerised Tomography
CTR/NCTR	Criteria to Reside/No Criteria to Reside
CQUIN	Commissioning for Quality and Innovation
D2A	Discharge to assess
DDoN	Deputy Director of Nursing
DTOC	Delayed Transfer of Care
EPR	Electronic Patient Record
ERS	E-Referral System
GRR	Governance Risk Rating
HSIB	Healthcare Safety Investigation Branch
HoN	Head of Nursing
ICS	Integrated Care System
IMandT	Information Management
IPC	Infection, Prevention Control
LoS	Length of Stay
MDT	Multi-disciplinary Team
Med	Medicine
MRI	Magnetic Resonance Imaging
NMSK	Neurosciences and Musculoskeletal
Non-Cons	Non-Consultant
Ops	Operations
PDC	Public Dividend Capital
P&T	People and Transformation
PTL	Patient Tracking List
qFIT	Faecal Immunochemical Test
RAP	Remedial Action Plan
RAS	Referral Assessment Service
RCA	Root Cause Analysis
SI	Serious Incident
TWW	Two Week Wait
UEC	Urgent and Emergency Care
VTE	Venous Thromboembolism
WCH	Women and Children's Health
WTE	Whole Time Equivalent
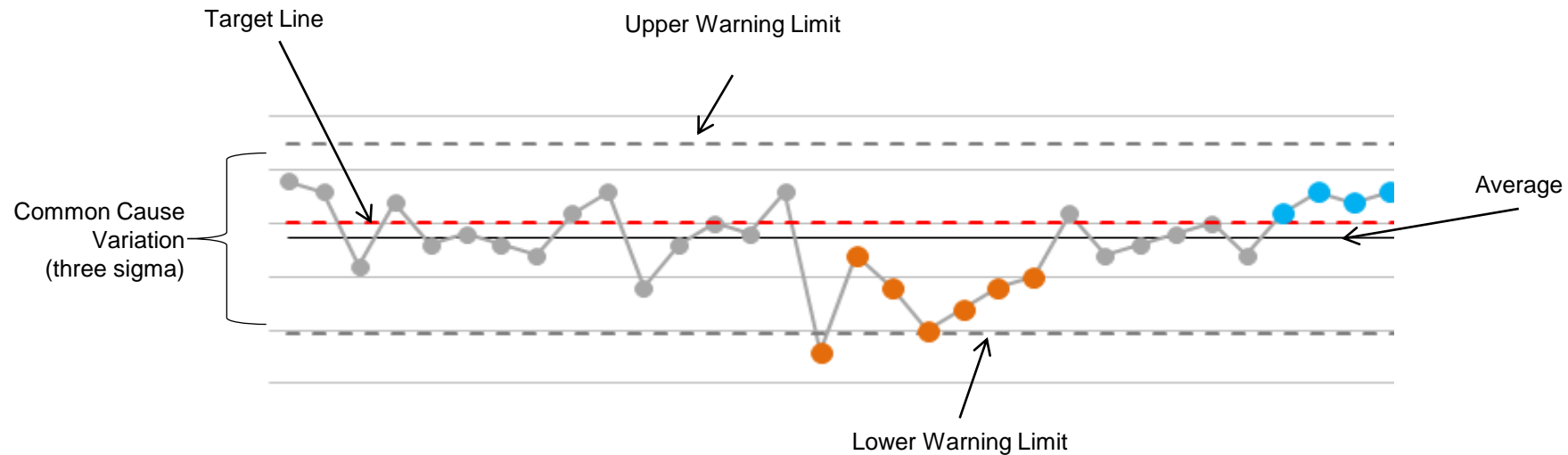
Orange dots signify a statistical cause for concern. A data point will highlight orange if it:
A) Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.
B) Runs for 7 consecutive points below 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