North Bristol NHS Trust
INTEGRATED PERFORMANCE REPORT
March 2023 (presenting February 2023 data)

Contents

North Bristol Trust Integrated Performance Report

Domain	Description	Regulatory	National Standard	Current Month Trajectory (RAG)	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Trend	Peer Performance	Rank
Responsive	A&E 4 Hour - Type 1 Performance	R	95.00%	60.00%	51.53%	52.74%	55.54%	64.14%	59.32%	50.99%	60.83%	56.43%	57.47%	58.29%	55.61%	71.94%	79.69%		51.85%	1/10
	A&E 12 Hour Trolley Breaches	R	0	-	367	449	360	176	297	304	57	261	482	433	786	312	9		9-1279	1/10
	Ambulance Handover < 15 mins (%)		65.00%	-	28.72%	31.90%	28.93%	30.54%	29.50%	26.70%	25.68%	27.12%	23.70%	16.88%	14.09%	24.15%	31.94%			
	Ambulance Handover < 30 mins (%)	R	95.00%	-	48.49%	51.53%	53.02%	61.09%	55.43%	54.11%	61.52%	58.63%	48.03%	41.40%	30.37%	56.74%	73.94%			
	Ambulance Handover > 60 mins		0	-	684	681	538	430	527	486	364	439	672	778	1041	457	105			
	Average No. patients not meeting Criteria to Reside			-	304	302	301	317	280	349	395	368	381	378	343	350	322			
	Bed Occupancy Rate			93.22%	97.51%	97.43%	96.94%	98.15%	98.32%	97.98%	97.86%	98.63%	98.57%	98.76%	98.22%	97.93%	97.02%			
	Diagnostic 6 Week Wait Performance		1.00%	25.00%	40.00%	40.25%	43.61%	40.13%	41.00%	42.75%	48.09%	48.27%	39.36%	38.62%	38.56%	32.21%	22.45%		32.96%	5/10
	Diagnostic 26+ Week Breaches		0	3	1767	2160	2498	2690	2761	2753	2842	3044	2755	2817	2424	1351	1021			
	RTT Incomplete 18 Week Performance		92.00%	-	65.17%	64.71%	64.23%	65.62%	64.80%	65.78%	65.82%	66.30%	66.31%	65.58%	62.05%	63.87%	63.87%		54.28%	2/10
	RTT 52+ Week Breaches	R	0	3160	2296	2242	2454	2424	2675	2914	3131	3087	3062	2980	2984	2742	2556		45-9802	2/10
	RTT 78+ Week Breaches	R		149	511	458	491	473	443	439	441	394	375	319	306	223	167		0-1324	2/10
	RTT 104+ Week Breaches	R		48	177	96	71	48	34	32	33	30	27	17	13	16	8		0-226	7/10
	Total Waiting List	R		38024	38498	39101	39819	40634	42326	46900	48766	49025	48871	47418	46523	46266	46327			
	Cancer 2 Week Wait	R	93.00%	55.06%	66.47%	69.78%	57.66%	46.16%	39.21%	40.99%	40.18%	35.85%	30.86%	47.53%	56.62%	55.01%	-		73.46%	10/10
	Cancer 31 Day First Treatment		96.00%	91.37%	89.91%	80.99%	81.82%	83.77%	85.53%	91.20%	87.36%	87.76%	90.39%	86.49%	87.16%	82.41%	-		88.55%	9/10
	Cancer 62 Day Standard	R	85.00%	74.21%	51.17%	58.66%	56.48%	50.15%	48.40%	45.10%	55.59%	58.90%	52.45%	48.86%	49.00%	41.54%	-		41.50%	10/10
	Cancer 28 Day Faster Diagnosis	R	75.00%	72.48%	72.01%	72.93%	66.82%	72.83%	70.87%	58.29%	48.83%	35.18%	42.88%	55.74%	55.48%	62.66%	-		68.81%	6/10
	Cancer PTL >62 Days		242	345	528	472	641	689	555	667	858	529	328	329	328	335	191			
	Cancer PTL >104 Days		0	50	135	167	133	161	134	172	147	123	63	47	23	26	41			
	Urgent operations cancelled ≥2 times		0	-	0	0	1	1	1	1	1	2	0	1	0	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)	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Trend
Quality Patient Safety & Effectiveness	5 minute apgar 7 rate at term			0.90%	0.00%	1.02%	1.08%	0.26%	1.25%	0.49%	0.44%	0.93%	1.26%	0.49%	0.49%	0.48%	0.58%	
	Caesarean Section Rate				38.14%	42.08%	43.36%	42.82%	46.53%	45.12%	45.01%	42.86%	43.45%	41.74%	44.57%	44.27%	43.99%	
	Still Birth rate			0.40%	0.00%	0.23%	0.24%	0.24%	0.00%	0.22%	0.00%	0.42%	0.19%	0.22%	0.22%	0.00%	0.00%	
	Induction of Labour Rate			32.10%	38.39%	39.72%	34.09%	35.41%	39.35%	35.15%	31.57%	33.33%	28.97%	31.25%	34.62%	35.73%	38.52%	
	PPH 1500 ml rate			8.60%	2.44%	1.42%	2.26%	2.39%	4.86%	4.08%	2.65%	4.11%	3.77%	3.79%	1.81%	3.60%	3.83%	
	Summary Hospital-Level Mortality Indicator (SHMI)				96.04	97.6	97.5	95.72	95.65	96.22	95.97	97.2	-	-	-	-	-	
	Never Event Occurrence by month		0	0	0	0	1	1	0	0	0	0	0	2	1	1	0	
	Commissioned Patient Safety Incident Investigations				1	3	4	3	1	1	1	0	0	7	1	3	3	
	Healthcare Safety Investigation Branch Investigations				0	1	1	0	1	1	1	0	0	4	0	1	0	
	Total Incidents				1172	1312	1211	1133	1190	1336	1278	1153	1259	1243	1312	1149	939	
	Total Incidents (Rate per 1000 Bed Days)				44	44	42	37	41	46	41	38	40	41	43	37	34	
	WHO checklist completion			95.00%	99.61%	98.73%	99.31%	98.85%	98.19%	98.40%	98.08%	97.58%	97.53%	97.95%	97.91%	97.43%	97.22%	
	VTE Risk Assessment completion	R		95.00%	93.99%	92.63%	94.77%	94.69%	94.77%	92.24%	91.75%	91.79%	93.03%	94.17%	93.80%	93.53%	-	
	Pressure Injuries Grade 2				19	18	19	19	14	25	16	17	14	19	11	16	9	
	Pressure Injuries Grade 3			0	0	0	0	1	1	0	0	0	2	2	1	0	0	
	Pressure Injuries Grade 4			0	1	0	0	0	0	0	0	0	0	1	0	2		
	PI per 1,000 bed days				0.75	0.61	0.63	0.50	0.31	0.86	0.48	0.43	0.41	0.62	0.43	0.48	0.37	
	Falls per 1,000 bed days				7.53	6.28	7.05	5.75	5.93	6.90	7.20	7.25	6.35	6.52	7.31	6.35	6.02	
	#NoF - Fragile Hip Best Practice Pass Rate				54.17%	64.58%	40.00%	42.25%	46.30%	24.24%	42.55%	18.64%	14.89%	0.00%	5.45%	0.00%	-	
	Admitted to Orthopaedic Ward within 4 Hours				20.83%	14.58%	71.11%	19.72%	22.22%	9.09%	19.57%	5.17%	17.02%	13.04%	9.09%	26.47%	-	
	Medically Fit to Have Surgery within 36 Hours				62.50%	66.67%	48.89%	45.07%	48.15%	27.27%	52.17%	22.41%	21.28%	0.00%	3.64%	44.12%	-	
	Assessed by Orthogeriatrician within 72 Hours				66.67%	89.58%	91.11%	74.65%	87.04%	75.76%	89.13%	54.24%	27.66%	2.17%	7.27%	67.65%	-	
	Stroke - Patients Admitted				67	78	92	105	40	85	68	72	65	102	89	111	55	
	Stroke - 90% Stay on Stroke Ward			90.00%	72.73%	65.08%	77.14%	48.72%	59.26%	65.45%	84.62%	68.75%	55.88%	54.29%	71.88%	68.12%	-	
	Stroke - Thrombolysed <1 Hour			60.00%	60.00%	44.44%	100.00%	60.00%	100.00%	55.56%	70.00%	64.29%	83.33%	66.67%	35.29%	57.14%	-	
	Stroke - Directly Admitted to Stroke Unit <4 Hours			60.00%	32.73%	32.81%	23.08%	35.71%	50.00%	39.29%	70.00%	46.88%	41.67%	36.99%	36.92%	43.84%	-	
	Stroke - Seen by Stroke Consultant within 14 Hours			90.00%	75.41%	91.30%	84.21%	90.91%	96.43%	96.55%	93.18%	91.67%	92.31%	83.13%	89.04%	85.06%	-	
	MRSA	R	0	0	0	4	0	1	1	0	0	0	0	0	0	0	0	
	E. Coli	R	4		1	5	5	1	4	3	3	2	2	5	4	9	4	
	C. Difficile	R	5		1	6	7	4	4	3	3	4	1	4	2	1	2	
	MSSA		2		2	2	1	2	2	0	1	8	3	8	2	4	2	
Quality Caring & Experience	Friends & Family - Births - Proportion Very Good/Good				94.37%	94.81%	97.50%	91.14%	88.41%	-	88.57%	83.33%	92.98%	96.46%	98.08%	85.61%	88.78%	
	Friends & Family - IP - Proportion Very Good/Good				93.51%	91.18%	90.39%	92.72%	90.96%	90.79%	91.04%	91.52%	91.40%	91.68%	92.15%	93.56%	94.56%	
	Friends & Family - OP - Proportion Very Good/Good				94.11%	94.82%	94.32%	93.83%	93.90%	-	-	92.76%	94.07%	94.83%	95.64%	95.10%	94.57%	
	Friends & Family - ED - Proportion Very Good/Good				70.24%	63.70%	68.93%	77.44%	70.80%	-	75.12%	72.19%	70.56%	74.42%	76.52%	87.92%	87.59%	
	PALS - Count of concerns				111	150	150	129	116	168	154	151	142	143	127	106	139	
	Complaints - % Overall Response Compliance			90.00%	80.85%	78.33%	78.57%	78.69%	73.47%	78.18%	76.27%	76.92%	75.76%	72.31%	71.76%	80.82%	82.14%	
	Complaints - Overdue				10	5	10	4	5	6	1	3	7	6	12	5	3	
	Complaints - Written complaints				43	56	43	48	53	46	62	64	77	69	51	62	41	
Well Led	Agency Expenditure ('000s)				1147	1581	1838	1846	1205	2111	1726	1292	2616	1992	1675	2030	1809	
	Month End Vacancy Factor				7.41%	7.27%	6.64%	7.51%	8.07%	8.66%	8.57%	8.65%	8.69%	8.61%	8.93%	8.64%	8.44%	
	Turnover (Rolling 12 Months)	R		17.02%	16.51%	17.16%	16.71%	17.28%	17.41%	17.57%	17.04%	17.22%	17.17%	17.32%	17.10%	16.99%	16.77%	
	Sickness Absence (Rolling 12 month)	R		4.98%	4.81%	5.02%	5.17%	5.13%	5.22%	5.44%	5.48%	5.42%	5.49%	5.49%	5.56%	5.49%	5.43%	
	Trust Mandatory Training Compliance				82.27%	81.67%	82.38%	83.89%	84.98%	82.80%	83.56%	84.40%	83.49%	83.56%	83.65%	86.34%	87.23%	

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Urgent Care

Four-hour performance improved significantly in February, reporting at 79.69%; NBT ranked first out of ten reporting AMTC peer providers for the second consecutive month. There was a significant reduction in the number of 12-hour trolley breaches and ambulance handovers delays, reporting at 9 and 105 respectively. A second month of improved UEC performance correlates with a material reduction in the numbers of no Criteria to Reside patients. Following the national UEC difficulties in December, system partners were supported in securing short-term non-acute capacity (e.g. Care Hotel) to increase discharge from hospitals. The benefit can be seen in the residual acute NC2R volumes. This, in turn, has resulted in improved hospital flow with reduced 12-hour ED waits and ambulance delays and increase 4-hour ED performance. In addition, clinical operational teams have deployed the new sixth floor winter bed capacity tactically to secure a recurrent benefit to hospital flow. Whilst the improvement in the overall position is welcome, the degree of confidence in this being a sustainable step change remains uncertain. Operational teams have undertaken statistical analysis of the NC2R and ED performance correlation, which suggests that if the interim additional out-of-hospital capacity is not sustained, the benefits currently being seen are likely to reverse. 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. In addition, 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. In the meantime, internal hospital flow plans continue to be developed and implemented.

Elective Care and Diagnostics

The Trust has maintained zero capacity breaches for patients waiting >104-weeks for treatment. The Trust continues to treat patients based on their clinical priority, followed by length of wait. Diagnostic performance improved significantly in February with the national year-end target being achieved and is on track to reach zero 78-week capacity breaches by the year-end - diagnostics performance was 22.45%, 2.55% ahead of the national requirement (25%) with improvement seen in most test types. A small number of national modality reporting is still outstanding as EPR system-embedding issues are resolved. The Trust is working towards achieving year-end NHS improvement targets across all modalities, but challenges remain in the >26-week waits for Endoscopy – as described at the previous Board as related to industrial action. The outstanding >26-week Endoscopy patients will be cleared within Q1 of 2023/24.

Cancer Wait Time Standards

The Trust has made substantial and sustained improvement in the total cancer waiting list, and continues to reduce the number of patients who have waited over a 104-Day and 62-Day for a diagnosis or treatment. 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 (not just TWWs). These measures have now been achieved. In the plan, the next key measure to be delivered will be the FDS 28-Day standard. We are starting to see steady improvement in this measure with it increasing from 35% to 62% between August 2022 and January 2023. A further improvement is expected in February and work will continue to reach the 75% national standard in line with our commitments within the 2023/24 operational plan.

Quality

Within Maternity, amidst the ongoing workforce pressures some areas of excellence have been progressed, such as being the first nationally to commence a Neonatal Head Care bundle in response to HSIB report and the launch of personalised care and support plans. Conversely the high rates of 3rd and 4th degree tears are a national outlier and an in depth review is in progress. There were no ward closures in February due to COVID-19 and NBT remains below trajectory for C. Difficile and Gram negative cases and has not reported any MRSA cases. A Trust-wide MSSA reduction plan has been agreed to tackle the breach of the yearly trajectory. There were two Grade 4 pressure injuries reported in February, for which extensive After Action Reviews are in progress. Overall pressure injury numbers continue to run below the recent mean level. The rate of VTE Risk Assessments remains below the national target of 95% compliance; a range of improvement actions are now in progress. For example, in January, the introduction of a forcing measure in ICU clerking has improved compliance to 98% with the piloting of a digital form in Neurosurgery and Gynaecology also driving improvement, plus more accurate prescribing. This continues to have direct oversight from the CMO as a priority area and through the Trust-wide Thrombosis Committee. The latest CQUIN quarterly position is reported, for which Executive Quarterly Reviews provide oversight of delivery and risks to year-end achievement. Of the three current 'red' rated schemes, two should move favourably during Quarter 4.

Workforce

Trust vacancy factor decreased from 8.64% in January to 8.44% in February, with current vacancies decreasing from 779.5wte in January, to 761.56wte in February. NBT's Rolling 12-month staff turnover decreased from 16.99% in January to 16.77% in February. The Rolling 12-month sickness absence position decreased slightly from 5.49% in January to 5.43% in February. The most affected staff groups were additional clinical services and estates and ancillary staff with rolling 12-month absence rates of 7.97%% and 9.03% respectively. Temporary staffing demand decreased by 6.28% (70.02wte) from January to February. As agency use increased (7.14%, 11.08wte) and bank use fell at smaller rate (-8.22%, -48.28wte) than the fall in in demand, there was a decrease in unfilled shifts by 8.83% (-32.82wte).

Finance

The financial plan for 2022/23 in Month 11 (February) was a surplus of £2.3m. The Trust has delivered a £4.6m surplus, which is £2.3m better than plan. This is predominately driven by additional contract income around demand and capacity, slippage in investments and service developments, and non-recurrent mitigations. This is offset by the non-delivery of savings in the first eleven months of the year and high levels of premium pay spend, including on agency and incentives. In month, the Trust has recognised £0.7m of ESRF funding in addition to that assumed in the plan. Whilst the Trust has not reached the required activity levels to receive this, there has been a national approach of no clawback from commissioners in Months 1 to 11 for non-delivery. In BNSSG, this has been recognised in provider positions in month. On a year to date basis the Trust is at £3.0m deficit against an original planned deficit of £2.1m. Given the position at Month 11, the risks and mitigations impacting on the delivery for the year end position have been reviewed and the Trust is still expected to achieve the planned breakeven position. The Month 11 CIP position shows £6.1m schemes fully completed, with a further £0.6m schemes on track and £1.0m in pipeline which is in line with the forecast outturn. Cash at 28 February amounts to £104.8m, an in-month increase of £4.2m, which is linked with the receipting of additional Public Dividend Capital offset by higher volume of payments made in February. Total capital spend year to date, excluding leases, was £25.7m compared to an original phased plan of £20.0m.

Responsiveness

Board Sponsor: Chief Operating Officer
Steve Curry

Delivery Theme	Delivery Indicator	Key Improvement /Delivery Action
Urgent & Emergency Care	Pre-Emptive Transfers	Improved NC2R, providing opportunity to deploy consistently
	Level 6 Brunel Plan	Open and deployed tactically to "recycle" ongoing benefit to flow
	NC2R/D2A	Reduction in NC2R - limited assurance on ability to sustain or improve in immediate term
RTT	104 week wait	On track for year-end trajectory to zero
	78 week wait	On track for year-end trajectory to zero
Diagnostics	25% 6-week target	On track for year-end trajectory to zero
	Zero 26-week waits	On track for all modalities apart from Endoscopy with trajectory to Q1 2023/24
Cancer PTL	>62-Day PTL volume	On track – exceeded requirement
	>62-Day PTL %	On track – exceeded requirement

Rating reflects the reported period against in-year plan
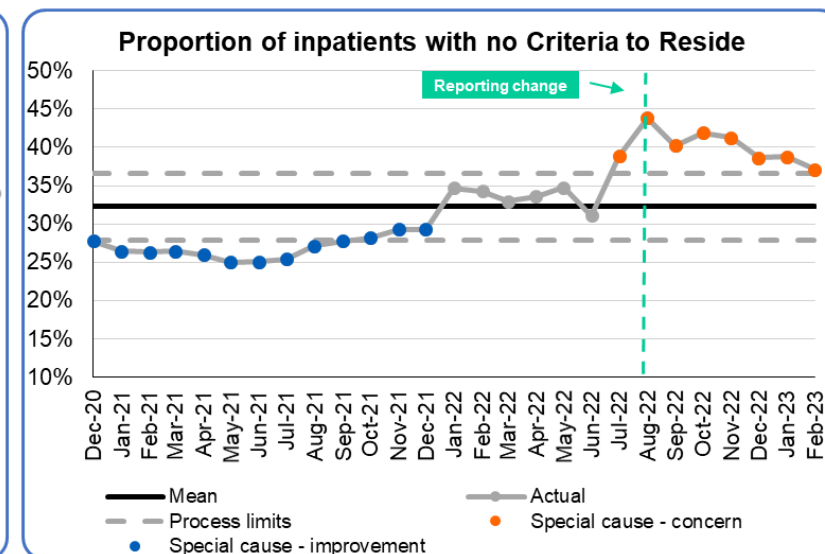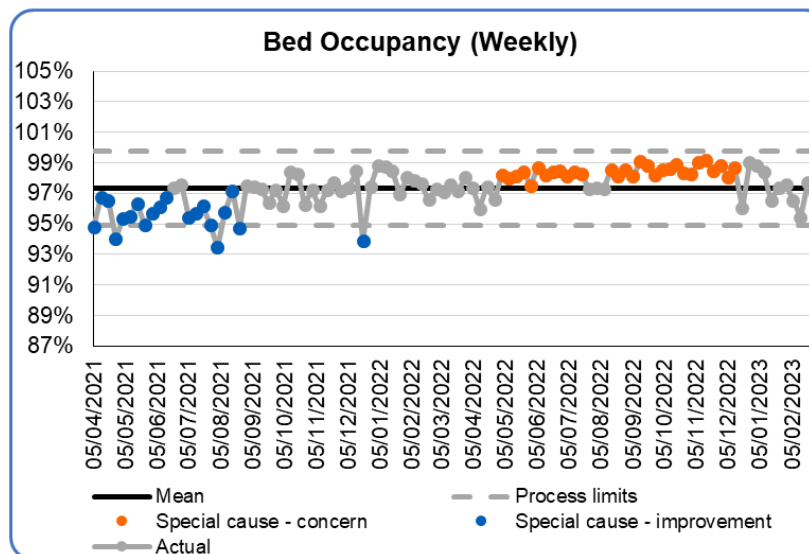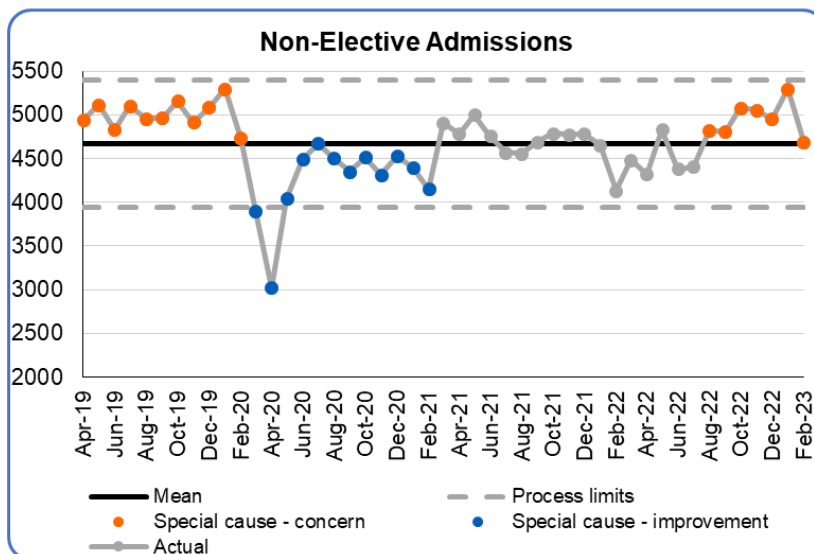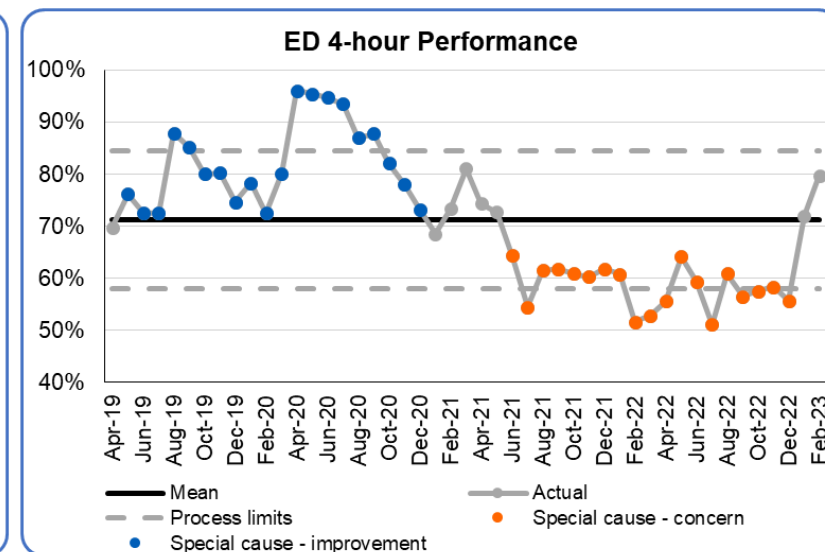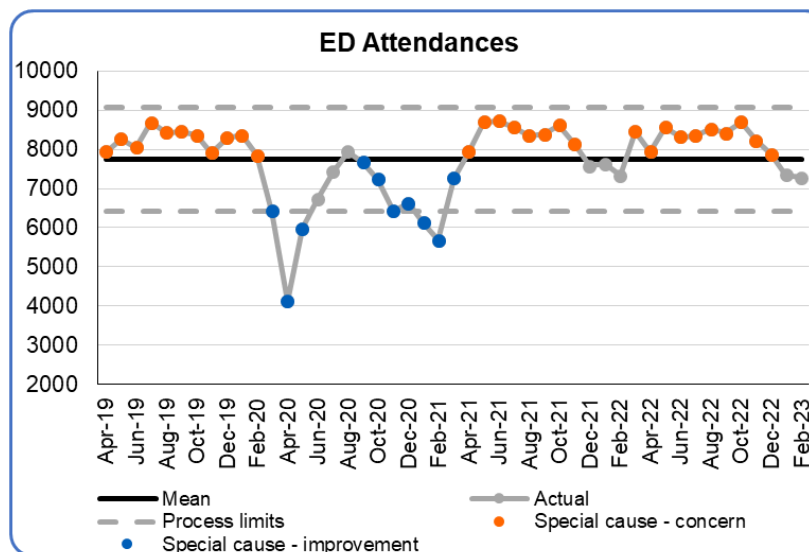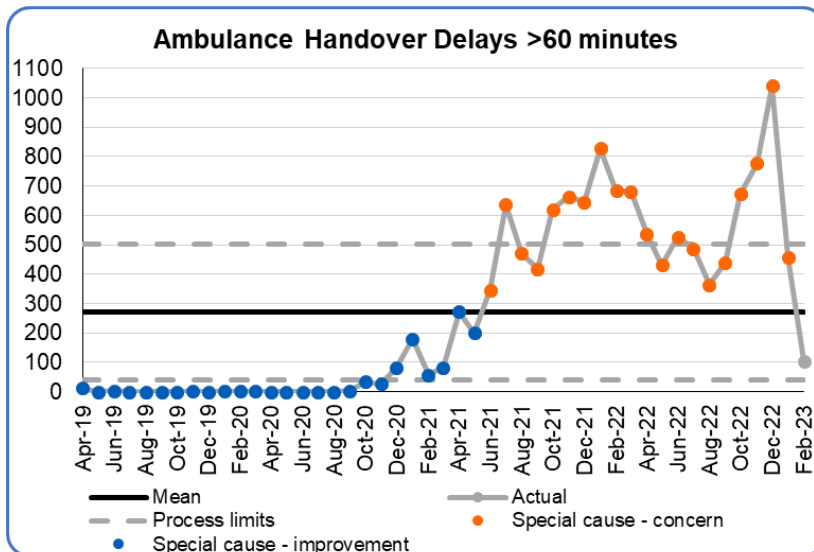
The increase in proportion of inpatients with no Criteria to Reside has resulted from the EPR change which provides improved data capture for these patients.

What are the main risks impacting performance?

- Four-hour performance further improved to 79.69%, ranking first out of AMTC providers for the second consecutive month.
- ED attendances were similar to the same period last year.
- There was significant improvement in 12-hour trolley breaches, with only 9 in February compared to 312 in January.
- Ambulance handover delays over 1-hour decreased significantly to 105 in February from 457 in January.
- Bed Occupancy varied between 92.95% - 99.23% in February, averaging at 97.02%.
- The lower UEC attendance and admission rate seen in January compared to the prior 3-months continued in February, and the tactical deployment of the sixth floor "winter ward" facility has also contributed to the improved position.
- If interim additional out-of-hospital capacity is not sustained, the benefits currently being seen are likely to reverse.

What actions are being taken to improve?

- Ambulance handovers – the Trust continues to implement the pre-emptive ED transfer process. However, rises in No Criteria to Reside patients means that its impact is adversely mitigated at times. 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).
- Clinical operational teams have deployed the new sixth floor winter bed capacity tactically to secure a recurrent benefit to hospital flow.
- 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 (25% target)
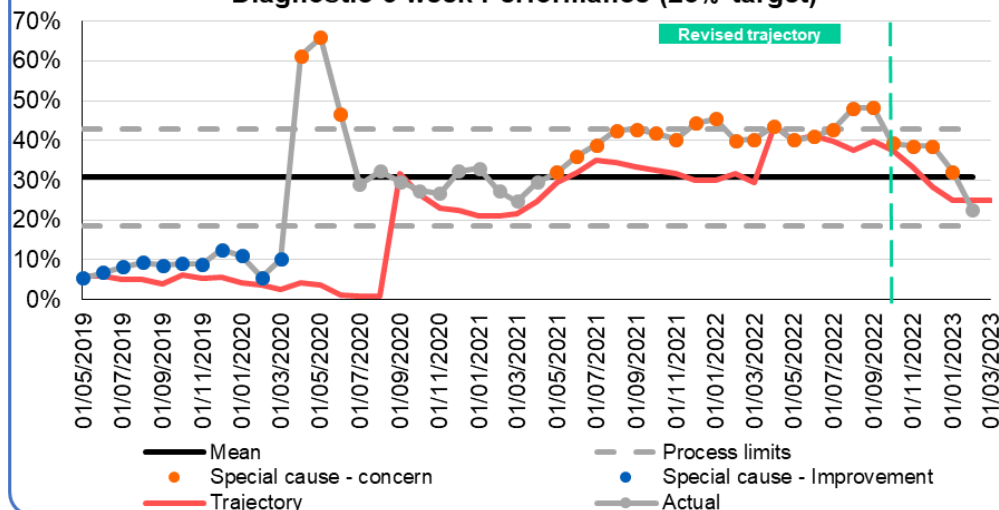
Diagnostic 26+ week Backlog
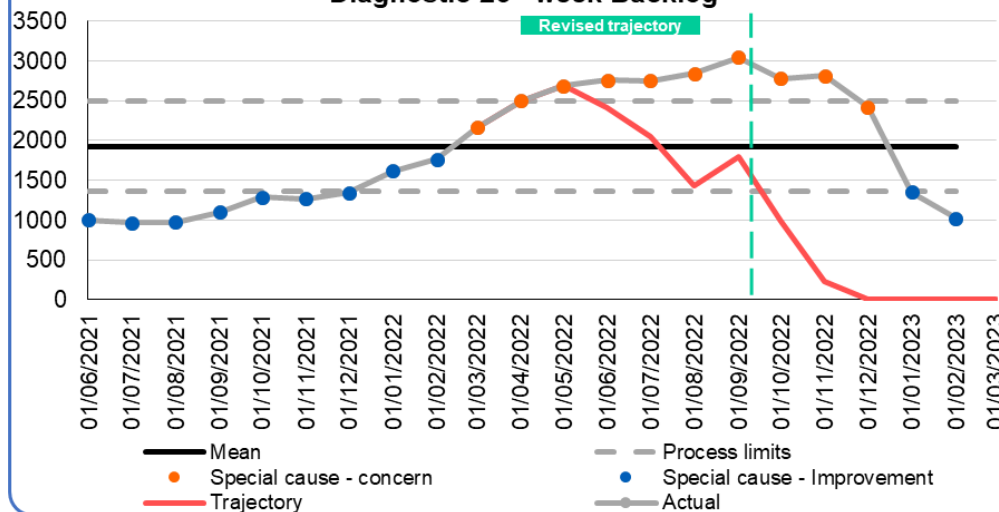
Please note due to configuration issues following implementation of the Trust's new EPR, four test types have been omitted since July-22.

What are the main risks impacting performance?

- Mitigations have had a positive impact with step-change improvement in delivery of the diagnostic 6-week performance. As of February 2023, the national target has been achieved.
- Compliant trajectories submitted to hit no more than 25% patients breaching 6-weeks at year-end and c.380 >26-week breaches (all in Endoscopy) anticipated, the risk of which has been driven primarily by an increase in urgent referrals and loss of capacity due to industrial strike action. The outstanding >26-week Endoscopy patients will be cleared within Q1 of 2023/24.
- Risks of imaging equipment downtime, staff absence and reliance on independent sector.
- Further industrial action remains the biggest risk to year-end target compliance.
- The Trust remains committed to achieving the national requirements in-year.

What actions are being taken to improve?

- 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 September. 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)

RTT - 104 week waits
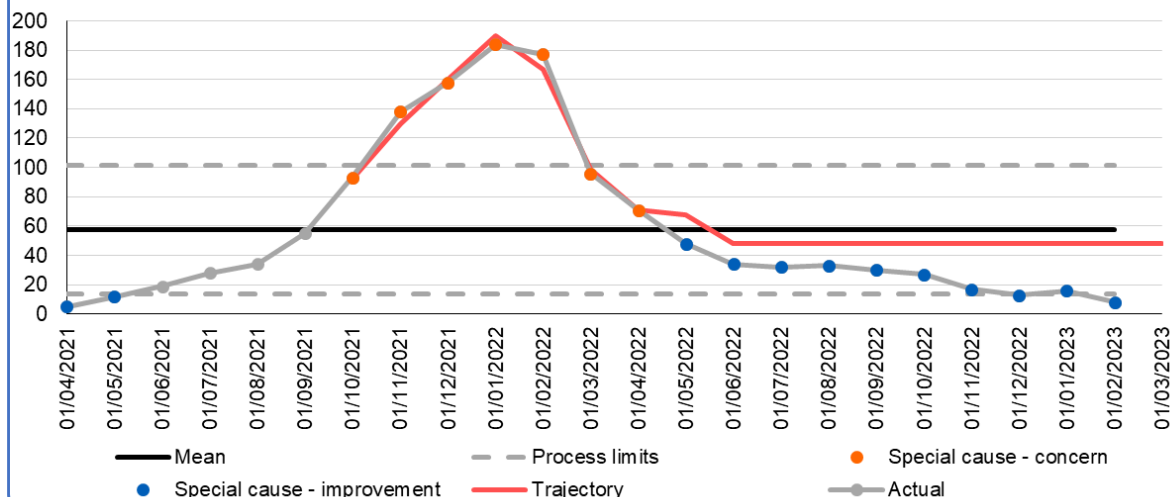
RTT - 78 week waits
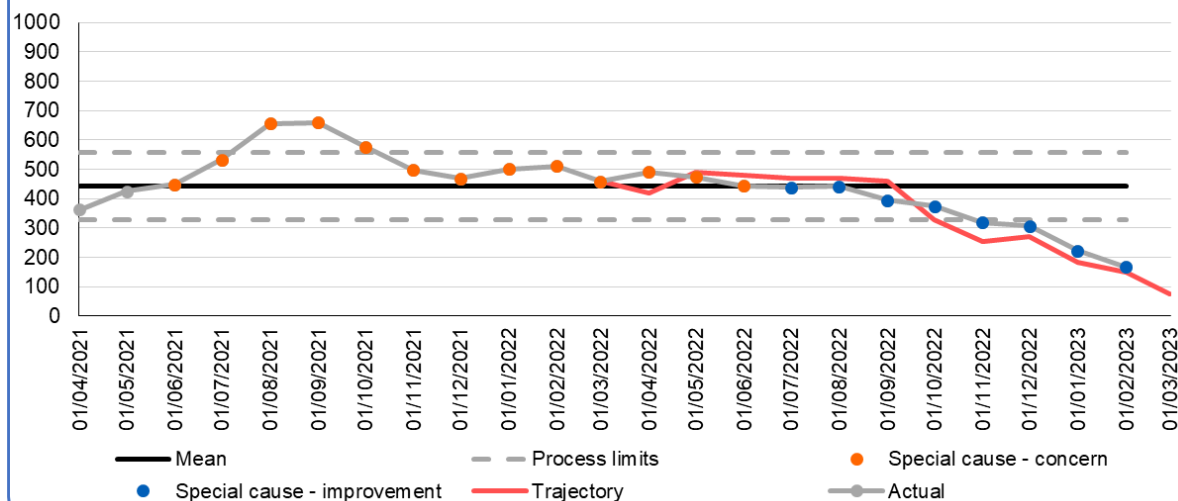
What are the main risks impacting performance?

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

- Impact of UEC activity on elective care.

- Surge in COVID-19 related admissions.

- 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. Further industrial action remains a risk.

What actions are being taken to improve?

- Continued achievement of zero capacity related 104ww position.

- Extensive planning by the Elective Recovery team has resulted in a revised 78ww capacity breach projection for NBT. As a result, the Trust has committed to a zero 78ww breach position at year-end for capacity related breaches.

- There is some risk within the revised offer including an assumption that the second Green ward will function continuously over winter, that the Brunel Building sixth floor UEC capacity plan will be delivered and that any potential COVID-19 impact can be mitigated in terms of bed capacity and staffing losses.

- 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.
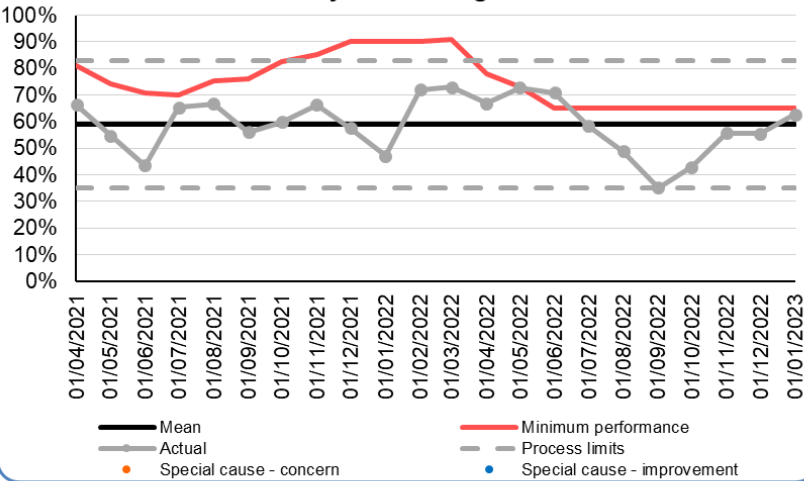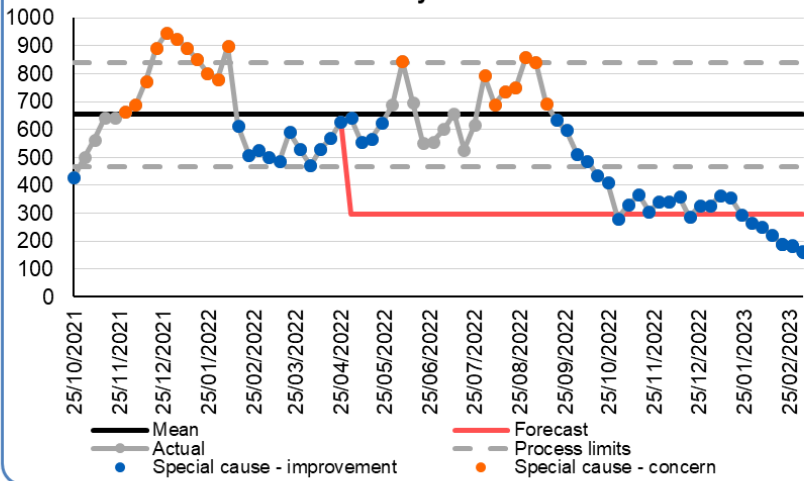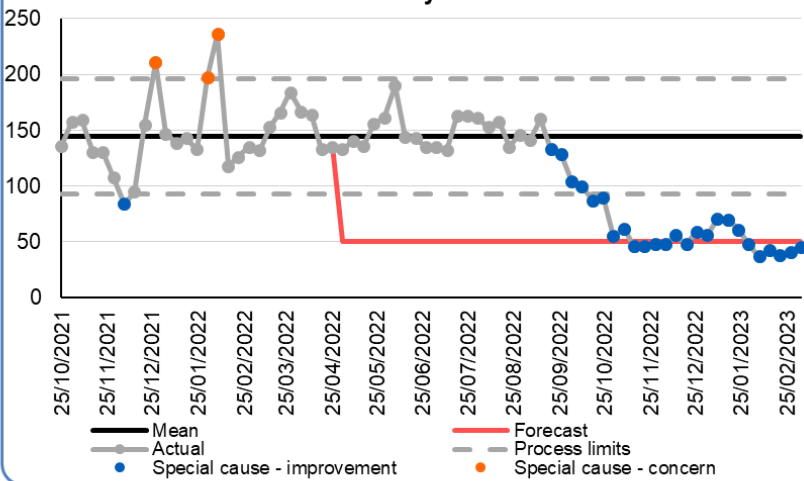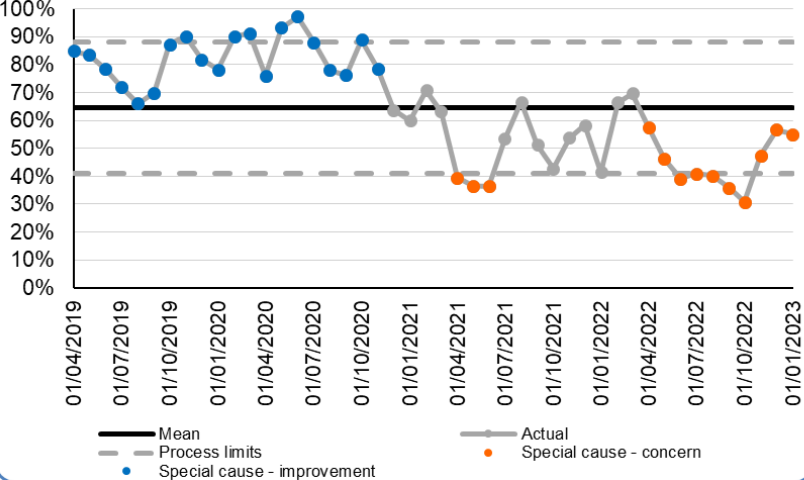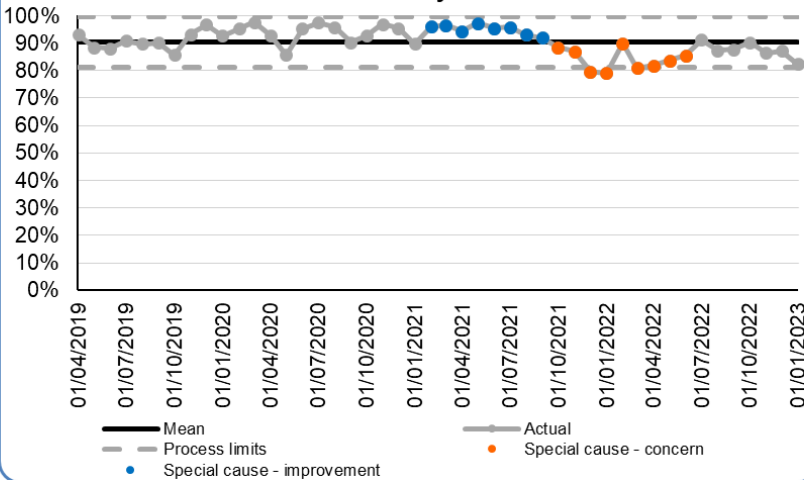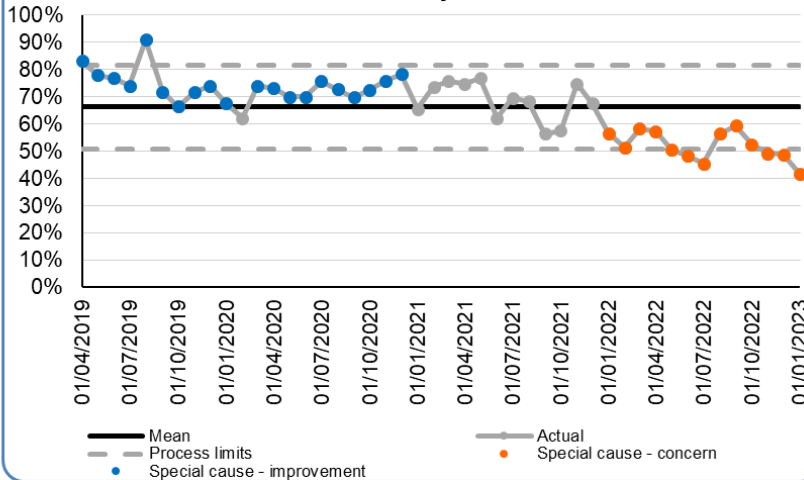
What are the main risks impacting performance?

- >104-Day PTL remains over revised trajectory despite significant improvements in the total >62-Day backlog.

- Reliance on non-core capacity.

- Increase in demand for diagnostics – Endoscopy in particular.

- Industrial action.

What has improved?

- Previously described bridging plans for the Cancer Services Team have been enacted and longer-term recruitment plans are in place.

- Significant improvement through February in reducing the >62-Day Cancer PTL volume and percentage of >62-Day breaches as a proportion of the overall wait list.

- Recognition from regional and national teams on improving trend in >62-Day PTL and tumour site specific improvements in Breast.

- NBT has been removed from Tier 1 and Tier 2 escalation status. This has been confirmed through formal notification from the national team.

- Starting to see steady improvement in 28-Day FDS with it increasing from 35% to 62% between August 2022 and January 2023. A further improvement is expected in February and work will continue to reach the 75% national standard in line with our commitments within the 2023/24 operational plan.

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 will be submitted to the ICB in March 2023.

- The 60-Day follow up visit has taken place and the regional teams are satisfied with the progress being made. The 90-Day visit is scheduled for April 2023.

- Additional work has now been initiated to manage down the total Cancer PTL (including upgrades). This work is progressing at pace in line with trajectory.

Safety and Effectiveness

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

NHS North Bristol NHS Trust

NBT - PQSM

	Target	Jan-23
Activity		
Number of women who gave birth, all gestations from 22+0 gestation		444
Number of babies born alive >=22+0 weeks to 26+6 weeks gestation (Regional Team Requirement)		451
Number of baies born alive >=24+0 - 36+6 weeks gestation (MBRRACE)		34
No of livebirths <24 weeks gestation		1
Induction of Labour rate %		36%
Unassisted Birth rate %		46%
Assisted Birth rate %		10%
Caesarean Section rate (overall) %		44%
Elective Caesarean Section rate %		19%
Emergency Caesarean Section rate %		25%
NICU admission rate at term (excluding surgery and cardiac - target rate 5%)		7%
Perinatal Morbidity and Mortality inborn		
Total number of perinatal deaths (excluding late fetal losses)		0
Number of late fetal loses from 16+0 to 23+6 weeks excl. TOP (for SBLCBV2)		3
Number of stillbirths (>=24 weeks excl. TOP)		0
Number of neonatal deaths : 0-6 Days		0
Number of neonatal deaths : 7-28 Days		0
PMRT grading C or D cases (themes in report)		
Suspected brain injuries in inborn neonates (no structural abnormalities) grade 3 HIE 37+0 (HSIB)		0
Maternal Morbidity and Mortality		
Number of maternal deaths (MBRRACE)		0
Direct		0
Indirect		0
Number of women recieving enhanced care on CDS		17
Number of women who received level 3 care (ITU)		0
Insight		
Number of datix incidents graded as moderate or above (total)		1
Datix incident moderate harm (not SI, excludes HSIB)		1
Datix incident PSII (excludes HSIB)		0
New HSIB referrals accepted		0
Outlier reports (eg: HSIB/NHSR/CQC/NMPA/CHKS or other organisation with a concern or request for action made directly with Trust)		1
Coroner Reg 28 made directly to Trust		0
Involvement		
Service User feedback: Number of Compliments (formal)		84
Service User feedback: Number of Complaints (formal)		12
Friends and Family Test Score % (good/very good) NICU		Coming Soon
Friends and Family Test Score % (good/very good) Maternity		96
Staff feedback from frontline champions and walk-abouts (number of themes)		4

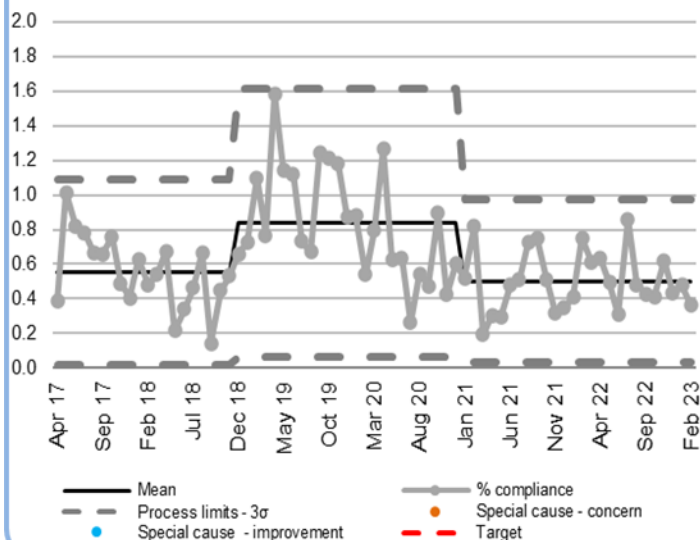| **Workforce**			
Minimum safe staffing in maternity services: Obstetric cover (Resident Hours) on the delivery suite			83
Minimum safe staffing in maternity services: Obstetric middle grade rota gaps			1
Minimum safe staffing in maternity services: Obstetric Consultant rota gaps			2.5
Minimum safe staffing in maternity services: anaesthetic medical workforce (rota gaps)			0
Minimum safe staffing in maternity services: Neonatal Consultants workforce (rota gaps)			1
Minimum safe staffing in maternity services: Neonatal Middle grade workforce (rota gaps)			0
Minimum safe staffing: midwife minimum safe staffing planned cover versus actual prospectively (number unfilled bank shifts).			13%
Vacancy rate for midwives			12.6%
Minimum safe staffing in maternity services: neonatal nursing workforce (% of nurses BAPM/QIS trained)			41%
Vacancy rate for NICU nurses			25
Datix related to workforce (service provision/staffing)			5
Consultant led MDT ward rounds on CDS (Day to Night)			80%
Consultant led MDT ward rounds on CDS (Day)			55%
One to one care in labour (as a percentage)			99%
Compliance with supernumerary status for the labour ward coordinator	100%		98%
Number of consultant non-attendance to 'must attend' clinical situations			0

Improvement			
Progress in achievement of CNST /10			7
Training compliance in annual local BNLS (NICU)			100%

Training compliance in maternity emergencies and multi-professional training (PROMPT) * note: includes BNLS	Overall	90%	77%
	Obstetric Consultants		65%
	Other Obstetric Doctors		66%
	Anaesthetic Consultants		82%
	Other Anaesthetic Doctors		80%
	Midwives		80%
	Maternity Support Workers		91%

Fetal Wellbeing and Surveillance	Overall	90%	60%
	Obstetric Consultants		65%
	Other Obstetric Doctors		38%
	Midwives		77%
Trust Level Risks			7

Executive Summary

The Perinatal Quality Surveillance Matrix (PQSM) report provides a platform for sharing perinatal safety intelligence monthly.

- There were 0 admissions to ITU from Maternity during January with 17 women receiving HDU care on Central Delivery Suite.
- 0 cases eligible for full PMRT review.
- 1 x HSIB final reports received following full investigation. Total of 3 safety recommendations for NBT to action. Primary themes: language/interpretation, neonatal head care and consideration of USS prior to instrumental births.
- Workforce pressures across all staff groups.
- Themes have been identified from staff and service user feedback, and improvement work is ongoing to address these with input from other areas of the Trust and external stakeholders (eg Maternity Voices Partnership) as needed.
- NMPA newly released data shows NBT's 3rd/4th degree rate to be 4.8% from the last year on year assessment which is the highest percentage in the country. The Division recognise this is an issue and above the National average of 3% and is currently conducting an in-depth exploration into this with an action plan to address any areas for learning. The report will be shared with Trust Board and the LMNS once published.
- The Maternity Incentive scheme submitted prior to the deadline for year 4. 3 areas declared non-compliant; Safety Action 5, Safety Action 6 and Safety Action 8.
- Areas of excellence include: Commencement of Neonatal Head Care Bundle following HSIB report – (first of it's kind Nationally). Launch of personalised care and support plans February 2022 – LMNS wide project. PIMS submissions highest since launch in October. 81 submissions for January. CO monitoring recordings at 36/40 were above 80% for the first time in recorded history in January.
- There are 7 Trust Level Risks

Total Pressure Injuries per 1000 Bed Days

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

Pressure Injuries Year to Date 2022/23

Categories: Medicine, ASCR, NMSK, WCH

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

Pressure Injuries - Total Incidents

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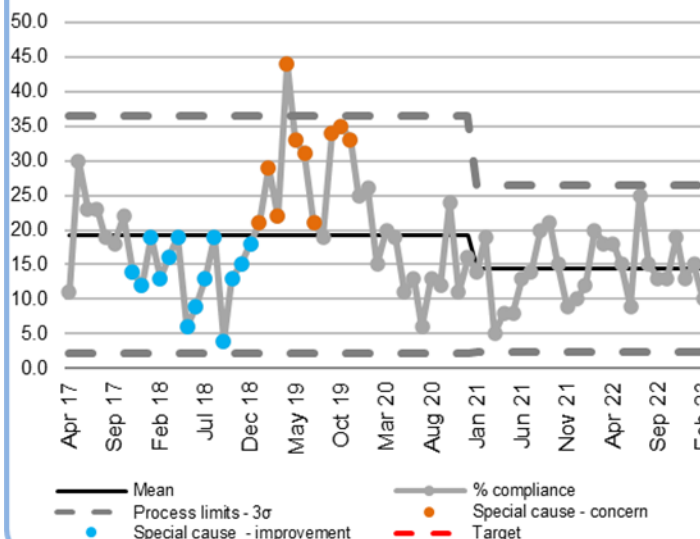
Pressure Injuries - Device

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

Pressure Injuries

What does the data tell us?

In February there was a decrease in the number of Grade 2 pressure ulcer to 9 with 1 attributable to medical device:

- 1 x nose (device related), 3 x heels, 5 x buttocks and sacrum

There was 2 x Grade 4 pressure ulcers reported 1 attributable to Medicine and 1 to NMSK.

There were 3 unstageable pressure ulcers reported.

There was an decrease to 17 DTI's from the previous month:

- 4 x sacrum/buttocks/natal cleft, 2 x hips, 9 x heels, 1 x ear, 1 x toe.

What actions are being taken to improve?

- The Tissue Viability (TV) team provide a responsive, supportive and effective pressure ulcer prevention and validation service. TVS work collaboratively within NBT to reduce harm and improve patient outcomes.
- TV Matron was appointed to the TV team.
- Extensive after action review has been conducted following validation of Grade 4 to the sacrum to the NMSK division.
- MDT meeting to discuss the complex case of grade 4 to the medicine department.
- TVS continue to provide focussed training sessions for the stroke training day. TVS facilitated a non-registered education day in the learning and development centre for HCAs.

COVID-19 Onset Category by Positive Test Date

Hospital-Onset Probable Healthcare-Associated / Hospital-Onset Definite Healthcare-Associated
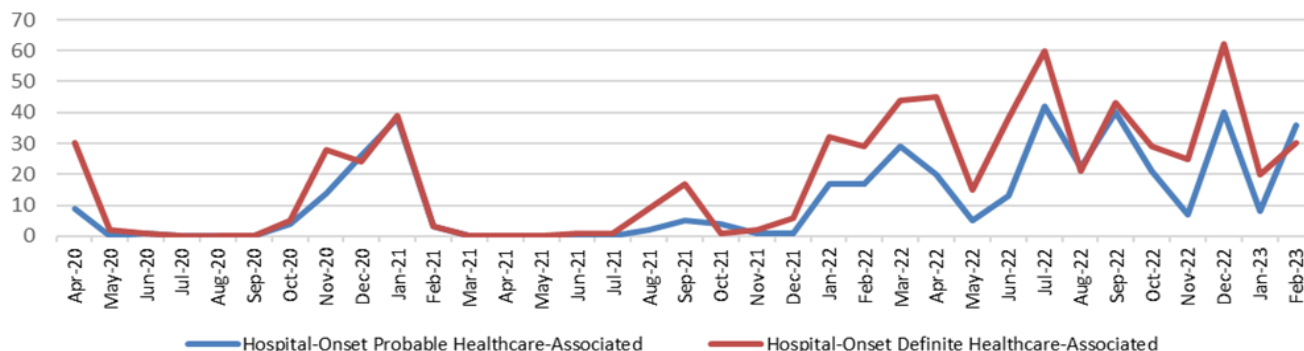
MRSA Cases - Trust Attributable
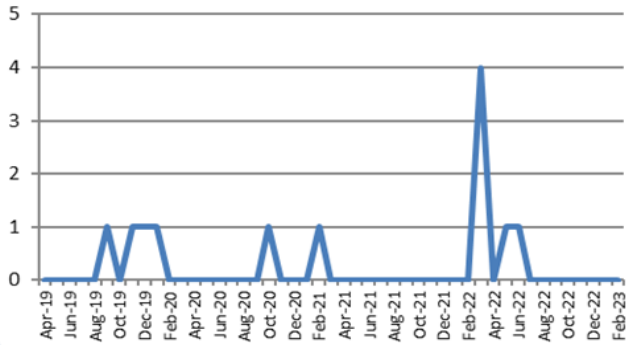
C.Difficile Cases - Trust Attributable (Cumulative Cases)
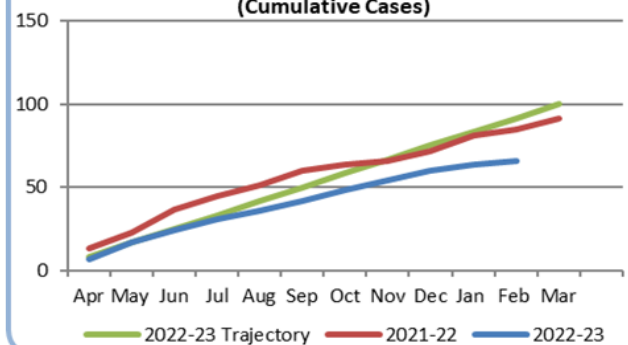
2022-23 Trajectory / 2021-22 / 2022-23

MSSA Cases - Trust Attributable (Cumulative Cases)

2021-22 / 2022-23 Trajectory / 2022-23

E.Coli Cases - Trust Attributable (Cumulative Cases)

2021-22 / 2022-23 Trajectory / 2022-23
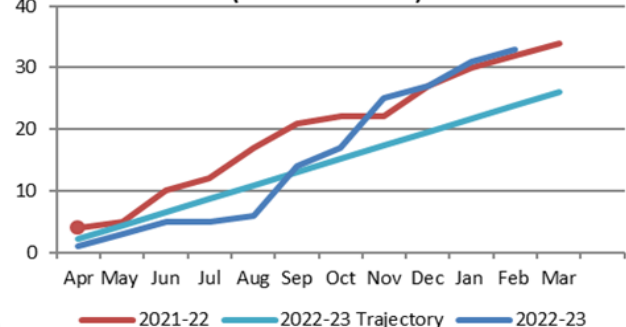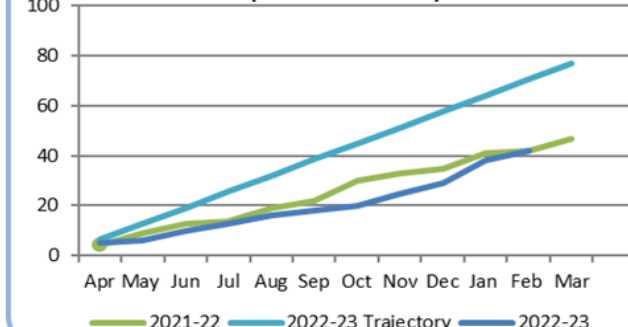
Infection Prevention and Control

What does the data tell us?

COVID-19 (Coronavirus)

February cases continued, no ward closures with only 16 restricted access bays in contrast to 26 restricted bays in January.

Influenza

Cases have reduced in February. Averaging at 1 to 2 daily inpatients.

With reduced trust wide / regional respiratory virus numbers, mandated mask wearing has been stepped down, alongside the EEU admission criteria to reflect "Living with respiratory viruses" and symptomatic discharge screening .

MRSA – No further cases noted in February.

C. Difficile – NBT maintain a below trajectory position, the ICB remain satisfied with our response to this . Learning is shared trust wide in steering groups and divisional COICs.

MSSA – The impact of proactive divisional measures from earlier peaks resulted in a lower monthly rate. Our yearly trajectory – 2022/23 position is breached, this is reflected nationally, regionally.

Gram –ve - NBT is reporting a position below trajectory.

Norovirus – Some increase of cases seen in this time all able to isolate and not resulted in large numbers of closed beds .

What actions are being taken to improve?

- Escalation to ASCR / Medicine around MSSA themes and trends. Targeted work by IPC to support learning. This has been added into a trust wide MSSA reduction plan.
- IPC education , support for divisions reflect needs / requests and theme's, over Mandatory organisms ,Respiratory viruses , Back to Basics.

Falls per 1000 Bed Days

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

Falls resulting in Moderate Harm, Severe Harm or Death

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

Falls resulting in Moderate or Severe Harm, or Death

Legend: 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

The improved position for falls has continued in February 2023. NBT reported a rate of 6.02 falls incidents per 1000 bed days, 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 February 2023, 2 falls were recorded and validated as causing moderate harm, whilst 0 falls were categorised as severe harm or death. 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?

The Falls Academy was formed in September 2020 overseeing falls improvement at NBT. A monthly educational clinically led meeting disseminates learning to frontline staff through link nurses. Next steps for the falls academy and falls improvement is presently being considered.

Inpatient falls is a patient safety priority under the patient safety incident response plan (PSIRP). The phase two implementation of PSIRP was launched in December 2022, a key focus of which is on strengthening the patient safety function to support the clinical divisions with the Trust's patient safety priorities.

WHO Checklist Compliance (Emergency and Elective)

Month	Value
Feb-22	99.61%
Mar-22	98.73%
Apr-22	99.31%
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	97.22%

VTE Risk Assessment Completion

Legend:
— Mean
— — Process limits - 3σ
● Special cause - improvement
—●— % compliance
● Special cause - concern
— — Target
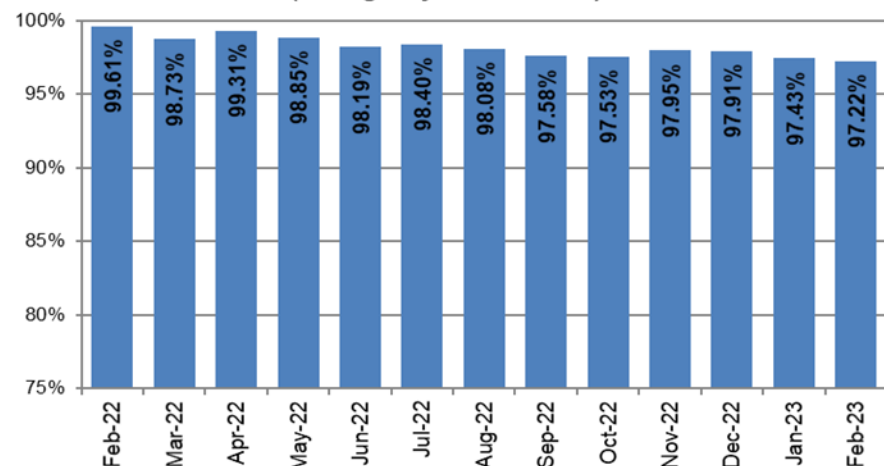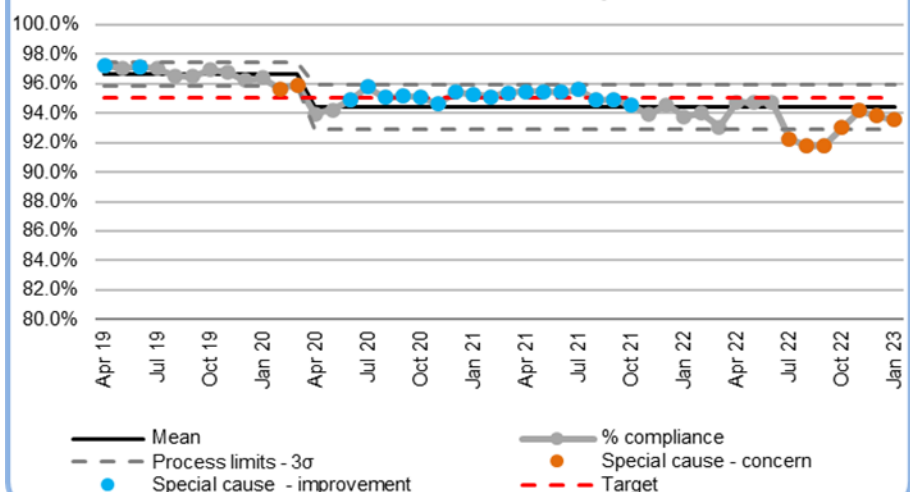
N.B. VTE data is reported one month in arears because coding of assessment does not take place until after patient discharge.

WHO Checklist Compliance

What does the data tell us?

In February, WHO checklist compliance was 97.22%. 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 January, the rate of VTE Risk Assessments (RA) performed on admission was reported as 93.53%. 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 in recent months, however, there is still work to be done to ensure further improvement.

What actions are being taken to improve?

An overarching improvement plan has been developed, clinical leadership responsibilities agreed with direct oversight of the CMO and the Thrombosis Committee reconvened to engage and drive actions across the Trust. Progress on these actions is as follows:

- An improvement trajectory has been agreed for the period November-22 to April-23.
- Neurosurgery and Gynaecology are supporting a pilot of a new digital form
- In January ICU has achieved 98% since the introduction of a forcing measure in the clerking documentation
- Introducing the form is improving the prescribing of thromboprophylaxis, as there is guidance to support the choice of prescription, thus improving patient safety
- Ward audits are showing an improvement in compliance
- A study day has been arranged in May-23, in conjunction with Thrombosis UK (National)
- VTE is to be reintroduced at new starter induction – starting in April-23 (both registered and unregistered)
- The team is planning to have a table in the Brunel Building atrium once there is a full roll out of the digital form.

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 February 2023, NBT had a rate of 5.1 medication incidents per 1000 bed days. This is slightly above the 6-month average for this figure.

Ratio of Medication Incidents Reported as Causing Harm or Death to all Medication incidents
During February 2023, c.15.8 % of all medication incidents are reported to have caused a degree of harm (depicted here as a ratio of 0.158). This is slightly above the 6 month average of 15.5 %

High Risk Medicines
During February 2023, c.32% of all medication incidents involved a high risk medicine in keeping with the 6 month average of 33%. There has been a marked decrease in incidents related to Insulin compared to the high value seen last month but we will continue to monitor this.

Incidents by Stage
In keeping with the picture seen over the last 6 months most incidents are reported to occur during the 'administration' stage. We have however been looking into the coding of incidents and this work has identified that in some cases nurses designate incidents as 'administration errors' even when the cause was unclear prescribing (this is likely to be in part due to the way the incident coding options are presented on Datix). More work on this subject will be undertaken as part of the 'Medicines Academy' project

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.
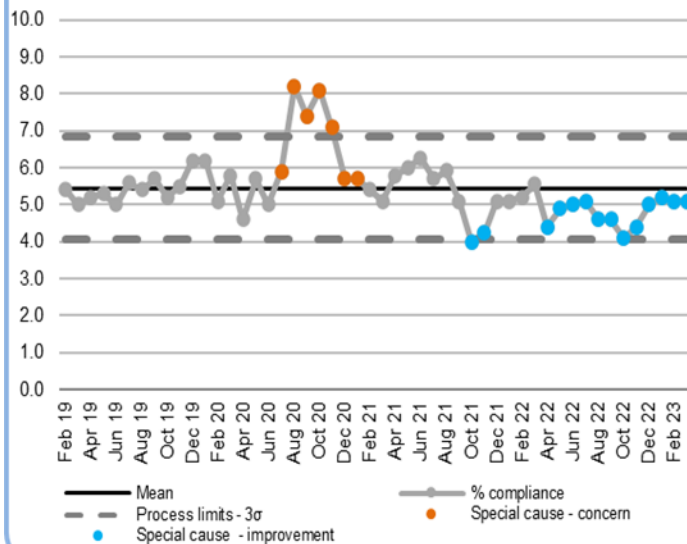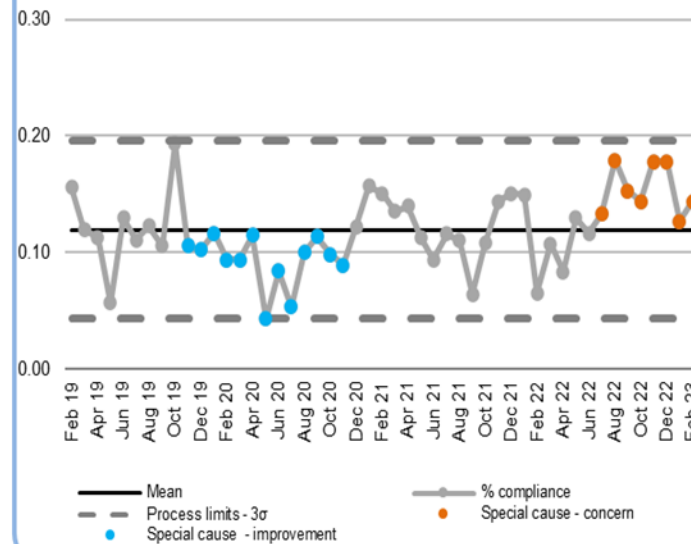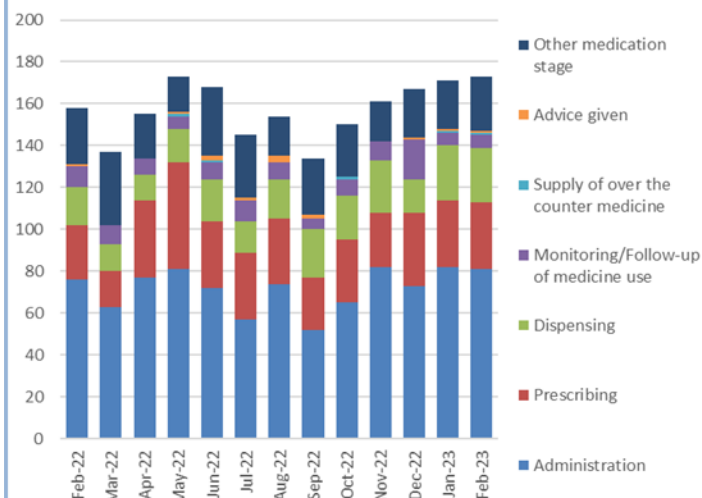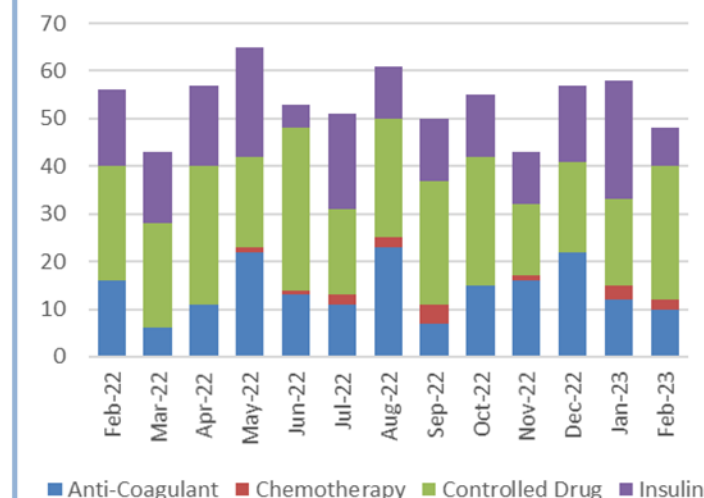
Patient Experience

Board Sponsor: Chief Nursing Officer
Steven Hams

Complaints and Concerns

Trustwide Complaints, Concerns, Re-opened & Overdue Complaints

Legend:
- Re-opened complaints Feb 2022 to Feb 2023
- Concerns 2022/23
- Complaints Feb 2022 to Feb 2023
- Overdue Responses 2022/23
- Complaints Feb 2021 to Feb 2022

Concerns and Complaints per Division

Legend: ■ Concerns ■ Complaints

Complaints By Subject

Legend: ■ Dec-22 ■ Jan-23 ■ Feb-23

Complaint Response Rate Compliance

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

What does the data tell us?

In February 2023, the Trust received 41 formal complaints. This is 21 fewer than the previous month but is consistent with the same period last year where 43 complaints were received.

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

There were 2 re-opened complaints in February, 1 for ASCR and 1 for Medicine.

Of the 41 complaints, the largest proportion was received by ASCR (16).

The overall number of PALS concerns received increased significantly from 106 in January to 139 in February.

The response rate compliance for complaints increased once again to 82.1%.

A breakdown of compliance by division is below:

ASCR – 86%   NMSK- 88%   CCS – 100%
WaCH- 88%   IM&T - 100%   Medicine – 73%

The number of overdue complaints at the time of reporting has decreased from 5 in January to 3 in February. 2 of the overdue complaints are in ASCR and 1 is in Medicine.

In February 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 February was 8 working days. This is nearly half the time taken in January (14 working days). 84% of PALS concerns were closed within the agreed timescales. This is a fantastic achievement given the high volume of cases.

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 Patient Experience Lead in CCS.
- Weekly Cross Divisional Complaint review (divisional complaints teams meet to discuss joint cases).

Commissioning for Quality and Innovation (CQUIN)

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

| CQUIN Scheme Ref. / Title	Description	Annual Value ('000)	Lead Division	Q1	Q2	Q3	Q4 (Forecast)	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%. Q3 69.5%, YE position counts in full. Anticipated within range 70%-90%*
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, 2 & 3 (89%). Also forecasted for Q4.*
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% Forecast for Q4 expected to be above 55% minimum requirement*
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 40%-60%. Full achievement Q1, 2 & 3 (92%). Also forecasted for Q4.*
CCG 9: Cirrhosis & Fibrosis	Cirrhosis and fibrosis tests for alcohol dependent patients	£913k	Medicine	🟢	🟢	🟢	🟢	*Target range 20%-35%. Full achievement Q1, 2 & 3 (57%). Also forecasted for Q4.*
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 & Q2 & also forecasted for Q4.*
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%. Actual position impacted by EPR switch. Alongside existing challenges in delivering this CQUIN.*

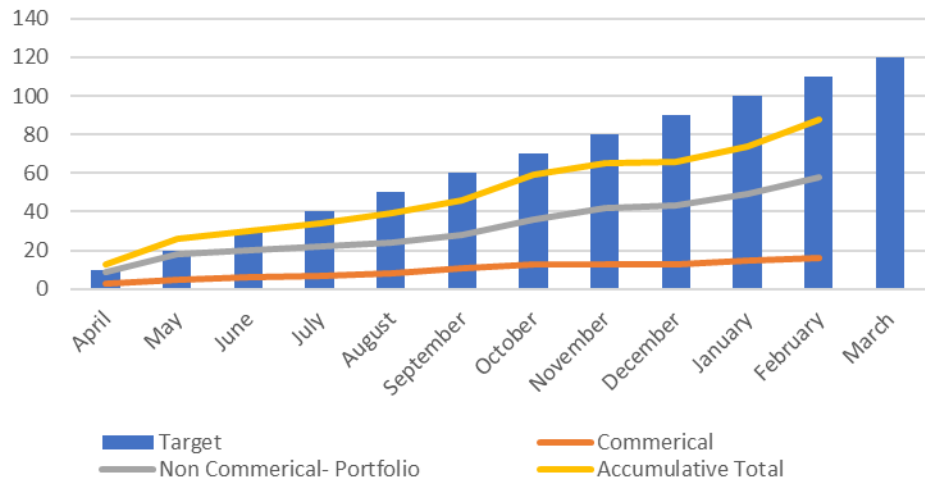🟢 **Full: ≥ max target %**   🟡 **Partial: ≥ min target % and < max target %**   🔴 **Not met: < min target %**

Research and Innovation

Board Sponsor: Chief Medical Officer
Tim Whittlestone

Recruitment vs Target

Legend: NBT Target | Recruitment excl large studies | Avon-Cap and Prospects | Total Recruitment
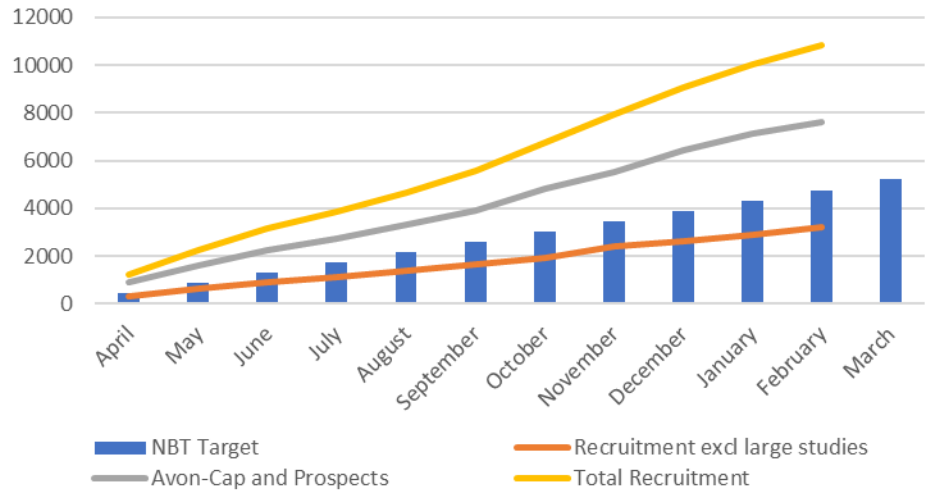
Number of new studies open in year by type

Legend: Target | Commerical | Non Commerical- Portfolio | Accumulative Total

Research and Innovation

What does the data tell us?

Our Research activity
In this financial year we will strive to offer as many research opportunities to our NBT patients and local communities as we can whilst continuing to provide the patients with a positive research experience and high-quality care.

We will aim to recruit 5200 participants to our research studies; this reflects our baseline pre COVID ambitions. At present 10,863 participants have consented to our research. This exceeds our current YTD target (228%) however is reflective of 2 large studies we are involved in (AVONCAP and PROSPECTS). We are monitoring our activity with and without these studies- which is shown in graph 1.

The NBT portfolio of research remains strong; at present we have 236 studies open to new participants and have set up and opened 88 new studies since April (Graph 2), these are predominantly non-commercial studies. We pleased to see a small growth in the number of collaborations with commercial partners which enables us to offer our patients access to clinical trial therapies; this is something we intend to grow over the coming years.

We are very proud of our team who have been part of the project group to set up the NBT "Your Health Check Day" as well as the many staff from research and innovation who gave up their time to support this day, which proved to be hugely popular.

Our grants
NBT currently holds 71 externally funded research grants, to a total value of £33.1m. This includes 34 prestigious NIHR grants totalling £31m. In 2022, NBT received a record level of NIHR grant income (£4m compared £2.8m in 2021), due to NBT's exceptionally high success rates with NIHR grant applications (50% success at stage 1 and 90% stage 2). In addition, NBT is a partner on 67 externally-led research grants, to a total value of £10.6m to NBT.

The level of grant development activity remains high, with 16 research grants submitted by NBT staff so far this year. Recent awards have been made to three NBT researchers for NIHR RFPB (£150k) and NIHR AI (£1.8m) projects.

The Southmead Hospital Charity generously funds two SHC Research Fund calls per annum, run by R&I.
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 have been shortlisted for Stage 2.

In addition to the SHC Research Fund, R&I is planning to introduce 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 will follow a simple SBAR structure and will not require any prior knowledge of, or expertise in, research. R&I will launch this new funding stream across the Trust in due course.

Well Led

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

Well Led Introduction

Vacancies

Trust vacancy factor decreased from 8.64% in January to 8.44% in February, with current vacancies decreasing from 779.5wte in January, to 761.56wte in February. Registered nursing and midwifery saw a slight increase in vacancy rate from 14.80% in January to 15.05% in February, driven by an increase in funded establishment in Maternity Services; medical & dental also saw a slight rise, driven by decreased staff in post in Care of the Elderly Specialty.

Turnover

Trust rolling 12-month staff turnover decreased from 16.99% in January to 16.77% in February. Additional clinical services (23.2%) and administrative and clerical (20.2%) remain the staff groups with highest turnover position in the trust, with administrative and clerical seeing a decline from January to February. Throughout March divisional retention plans for the next year will be aligned with corporate retention initiatives to developed a focussed action plan to deliver the Trust target of 16.5% turnover in 2023/24 with plans captured in the Workforce Retention Plan project charter (as a strategic initiative for the People Patient First Strategic Goal).

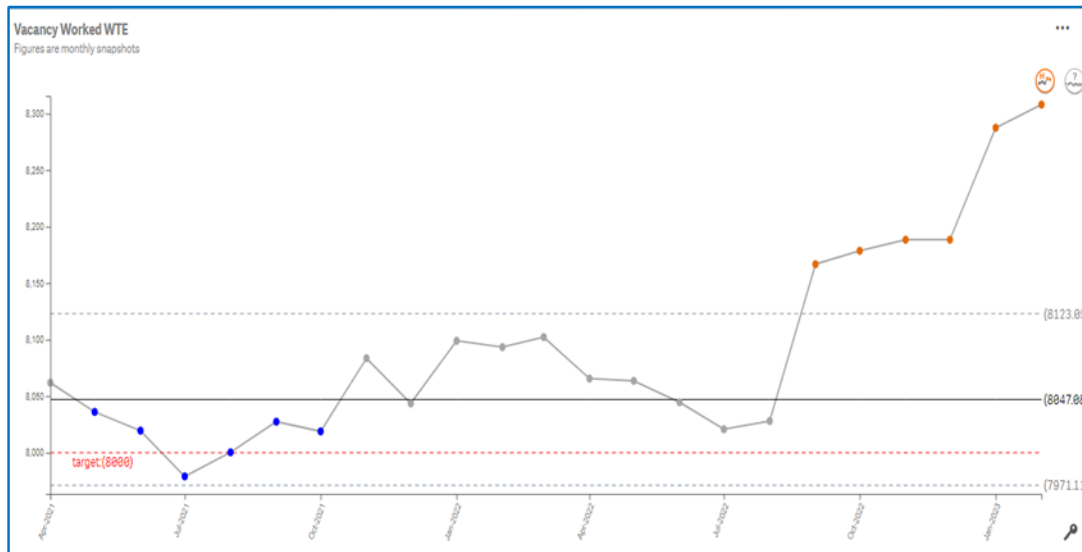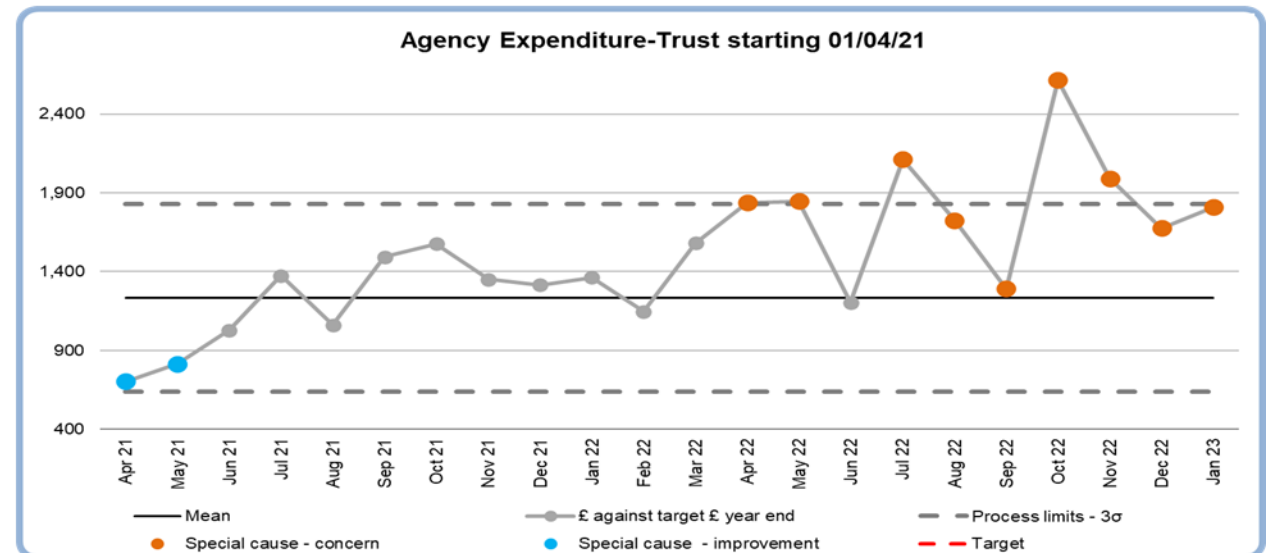**Prioritise the wellbeing of our staff**

The Rolling 12month sickness absence position decreased slightly from 5.49% in January, to 5.43% in February. The most affected staff groups were additional clinical services and estates and ancillary staff with rolling 12 months absence rates of 7.97%% and 9.03% respectively. Infectious diseases (COVID) (20.3%), stress/anxiety/depression/other psychiatric illness (16.7%) and cold, cough, flu – influenza (9.4%), were the leading causes of days lost to sickness absence (in-month). Other musculoskeletal problems saw an increase from 2.3% of in month wte days lost in January to 9.0% in February, this was driven by increases in teams from across the Facilities Division.

Continue to reduce reliance on agency and temporary staffing

Temporary staffing demand decreased by 6.28% (70.02wte) from January to February. As agency use increased (7.14%, 11.08wte) and bank use fell at smaller rate (-8.22%, -48.28wte) than the fall in in demand, there was a decrease in unfilled shifts by 8.83% (-32.82wte). Total agency RMN Use increased by 3.75% (0.96wte), driven by increased tier 1 use in Ward 33A; tier 4 RMN use decreased by 1.00wte (3.75%).

Theme	Action	Owner	By When
Vacancies	Initiated review of recruitment process which will use Patient First improvement methodology to deliver 'Faster, Fairer Recruitment'	Associate Director for Strategic Workforce Planning and Resourcing	Ongoing
Turnover	Complete the Project Charter for Retention and continue to Implement the Trust's agile working principles, working with Divisions and engaging with staff and key stakeholders. Then, the development of a toolkit to support staff and managers to work in agile ways. Increasing flexible working across the Trust to improve work life balance and reduce turnover. Key support to hot spot areas of midwifery and theatres.	Associate Director of People	Apr-23
Wellbeing	Implementing financial wellbeing projects to support our staff including: instant payment mechanism for bank work/salary draw downs (March 23); expansion of subsidised food offers (date tbc); life assurance scheme (May 23); monthly on-site Citizen's Advice Bureau surgeries & manager training sessions (Feb 23); Food bank referral programme (March 23). New Trust-wide leadership development programme to be launched with aim of improving retention (April 23).	Associate Director Culture, Leadership & Development	Apr-23
Temporary Staffing	Analysis of the impact of January's short term bank incentivisation and a wider peice of work definding and agreeing a longer term approach to bank rates and incentives is in porgress, including an anticipated reduction in agency use for 2023/24	Associate Director for Strategic Workforce Planning and Resourcing	Mar-23

Workforce

Agency Filled - WTE
Figures are monthly snapshots

Agency Expenditure-Trust starting 01/04/21

Legend:
— Mean
— £ against target £ year end
— Process limits - 3σ
● Special cause - concern
● Special cause - improvement
— Target

Vacancy Worked WTE
Figures are monthly snapshots
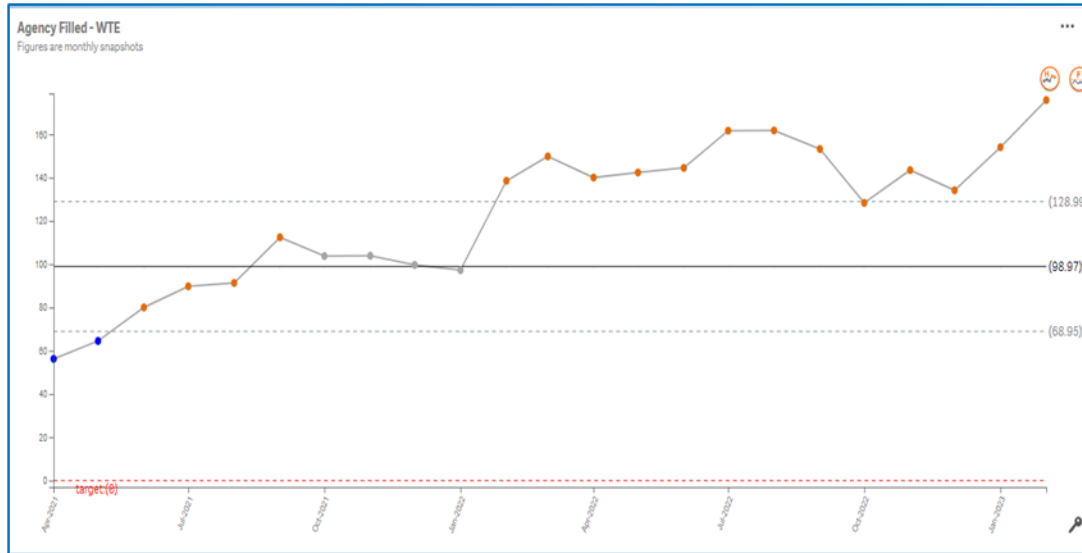
What Does the Data Tell Us – Vacancies Nursing and Midwifery
- The Trust vacancy factor decreased to 8.44% in February.
- Agency use increased by 7.14% in February.

Actions
Unregistered Nursing
- February continues to be busy with 38 offers for healthcare support worker (HCSW) roles across the Trust. 11.72 for band 2 roles and 26.76 for band 3 roles
- February saw 5.61 wte new band 2 starters , band 3 starters were 6.64 wte.
- Vacancies in February for unregistered nursing decreased overall and are now at 149.32 vacancies over both bands – we are reporting this as combined figure due to the movement of staff from Band 2-3 staff within the Trust.

Registered Nursing
- A mixture of applications and open day candidates in February have resulted in 41.47 offers being made for band 5 nursing and midwifery.
- February saw just 11.90 wte band 5 starters in September and leavers were 14.34 wte. Our overall registered nursing and midwifery vacancies now stands at 313.70 wte
- We held our Spring Nursing, Midwifery and ODP careers exhibition in February which was attended by 68 candidates and 21 interviews on the day.
- 19 Internationally Educated Nurses arrived at NBT in February

Engagement and Wellbeing
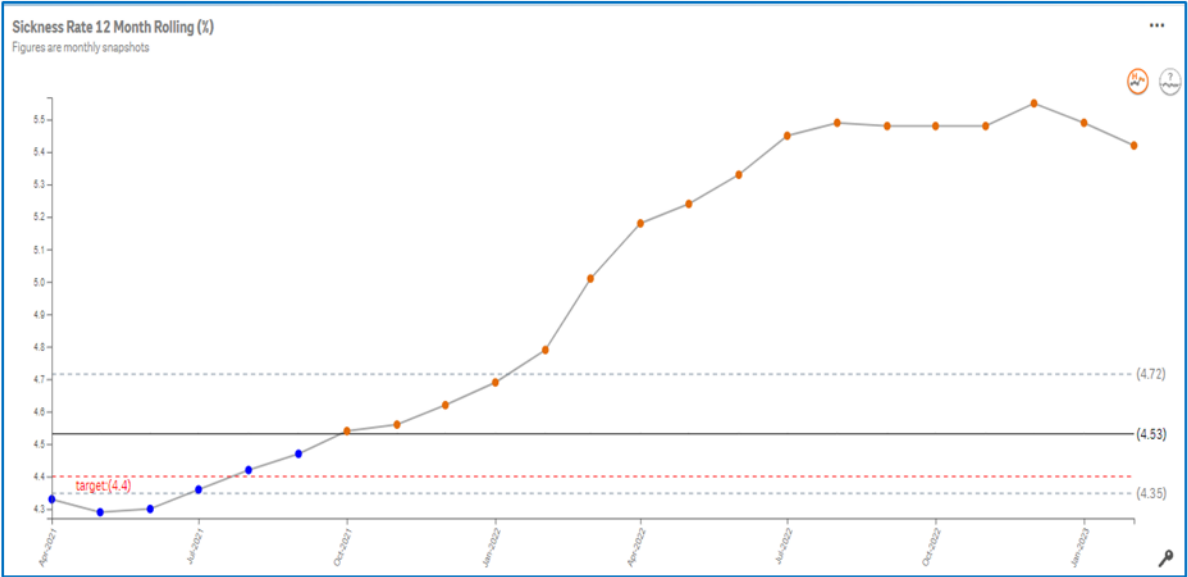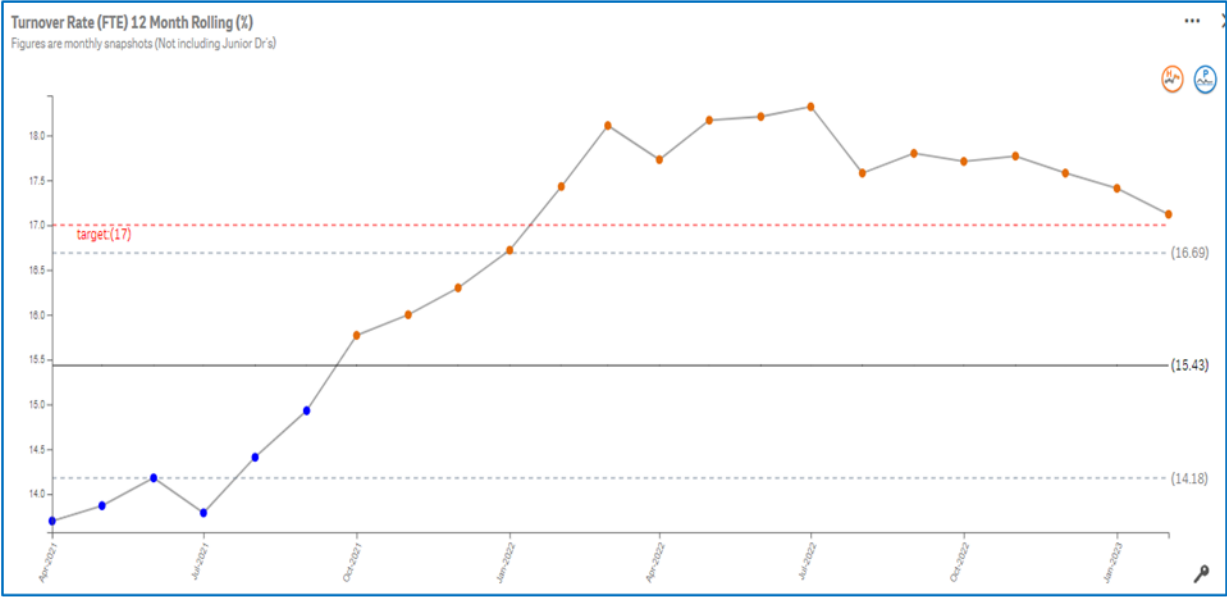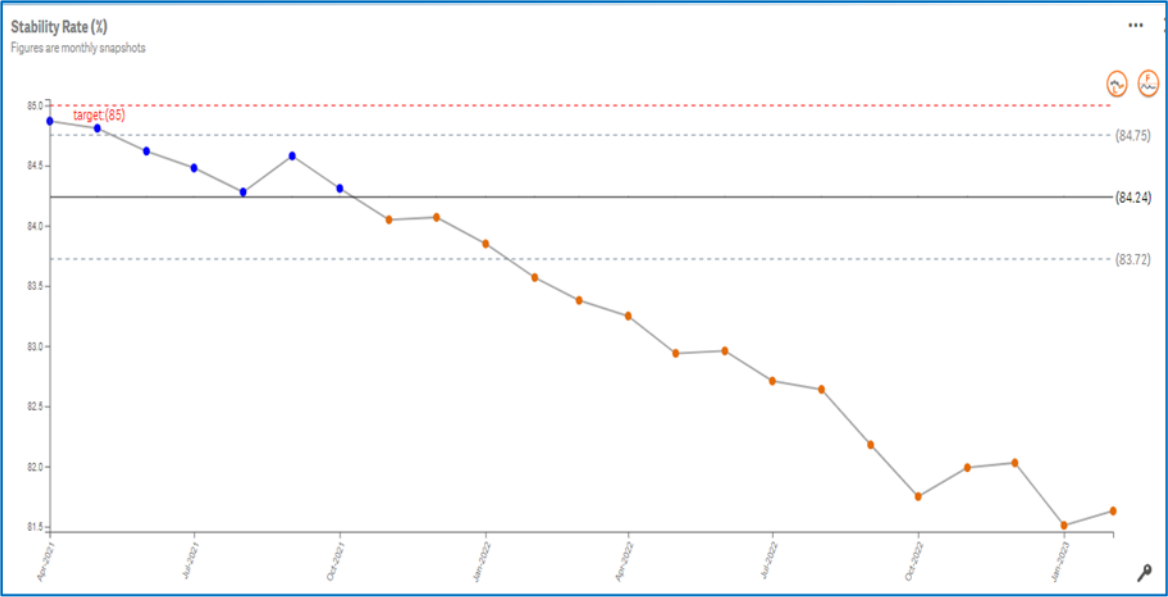
Engagement and Wellbeing

What Does the Data Tell Us - Turnover and Stability

Turnover decreased to 16.77% in February.

Actions delivered: (Associate Director of People)
- Phase 2 HCSW mainly apprentices back pay agreed and staff concerned were written to. Work now underway to enable bank staff to work both band 2 and 3 shifts
- Retention Strategy (Project Charter) completed, aligned to key areas: hygiene factors, pay and reward, on-boarding and career development/workforce planning.
- Agile working stakeholder engagement completed with over 200 colleagues contributing to the agile working conversation.

Actions in Progress:
- New talent development programme aimed at supporting Bands 2-5 BAME staff with career development approved by EDI Committee with launch due April 23.
- Joint system retention work ongoing with a south west showcase event scheduled for April 23.
- Agile working case studies and toolkit being developed with launch April 23.
- New flexible working policy being developed expected to be agreed May 23.
- Re launch of the Itchy feet retention tool April 23 and work ongoing to increase exit questionnaire response rate ongoing.
- Targeted interventions in Theatres linked to helping improve staff retention, sickness and morale (December 2022- March 2023).

What Does the Data Tell Us - Health and Wellbeing

February saw a decrease in sickness absence to 5.43%.

Actions Delivered: (Associate Director Culture, Leadership & Development)
- Meeting with NHSE Head of Staff Engagement and wellbeing on absence.
- First making adjustments masterclass held with further dates through March, April and May to guide managers on making adjustments to support people to stay well in work.
- Menopause Support to staff: further Menopause Cafés planned 28th March; Menopause train the trainer sessions held; International Women's Day coaching event held (8 March) and online training available on LEARN from April, new LINK page with staff menopause toolkit and additional resources launched on IWD.
- Nursing Times Interview on Menopause support work at NBT.
- Wellbeing events: Wagestream Financial wellbeing offer launched March 1st. Wagestream events throughout March, Citizens Advice Bureau Clinics on site launched 3rd of April 121 Financial advice clinics available every Monday until September. Library hosting wellbeing day 21st March. Smoking cessation event 10th March form Bristol Stop Smoking.
- Improved Subsidised food offer in the canteen with £1 jacket potatoes beans on toast soup and a roll and free tea and coffee in the VU. Available till end of May. Overnight food trolley service launched.
- Smoke free site policy expected to be ratified 22nd March.
- Meeting with National NHSE Maternity pathway Wellbeing team - national study of maternity units, commissioned by the national Head of Midwifery.

Actions in Progress: (Associate Director of Culture, Leadership & Development)/Associate Director of People)
- Culture diagnostic work with Theatres Hotspot area in planning with DMT to address issues spanning sickness, turnover, morale and safety.
- Review of NHSE Improving attendance toolkit to see how this diagnostic tool can help support wellbeing and reduce sickness levels
- Finalised Staff Survey results released 9th March updates to People Committee and Trust Board in March. Divisional and Trust-wide improvement plans to follow.
- New Trust-wide Leadership Development Programme proposal approved; procurement process commenced with view to launching in Spring 2023.
- Tender published to procure life insurance for staff who opt-out of NHS staff pension, expected contract completion by May 23.
- Webinars on managing energy bills 28th March Housing matters webinar 30th March.
- Food Bank referral scheme has gone live March.
- Work commenced on addressing sickness and absence linked to stress, anxiety and depression in Facilities and Estates (hot spot area). Plans in development with People Partners, agreeing a consistent approach to all cases of staff of sick with Long COVID, with case review session planned for April 23.

Essential Training Compliance % (Top 9)
Figures are monthly snapshots
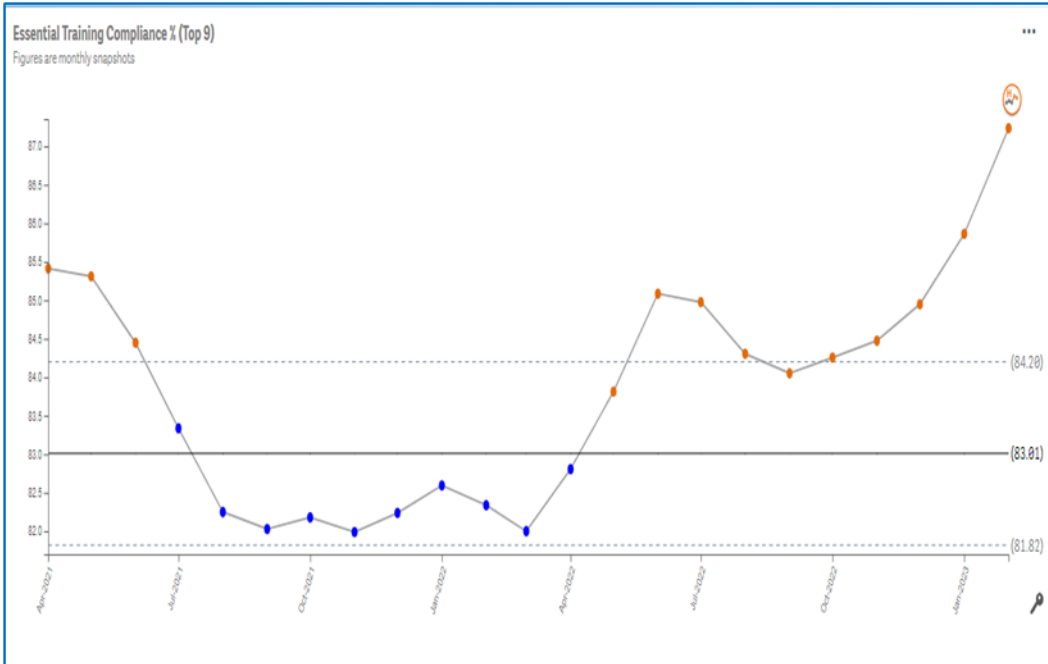
Training Topic	Variance	Jan-23	Feb-23
Child Protection	1.3%	85.2%	86.5%
Adult Protection	1.7%	86.2%	87.9%
Equality and Diversity	1.2%	87.1%	88.3%
Fire Safety	1.6%	86.6%	88.2%
Health and Safety	1.1%	87.1%	88.2%
Infection Control	1.2%	87.7%	88.9%
Information Governance	1.2%	84.3%	85.5%
Manual Handling	1.5%	85.5%	87.0%
Waste	1.1%	87.4%	88.4%
Total	**5.3%**	**82.38%**	**87.66%**

What Does the Data Tell Us - Essential Training
- "Top 9" MaST compliance has risen steeply since September 22 from 82% to **87.66%**. (86.38% last month).

Actions – Essential Training (Head of Learning and Development)
- People Partners emailed weekly MaST reports, highlighting non-compliant staff in their divisions. Increased communication has been pivotal in increasing compliance across the Trust.
- Implemented 8 wk accreditation MaST deadlines on LEARN, notifications for non-compliant staff w.e.f 15 Feb 23.
- Reviewing MaST website and FAQs. Broken link repaired between dynamic and LEARN for resus level 1 module.
- Trust induction has 5 embedded MaST modules: Information Governance, Health & Safety, EDI, and Fire.
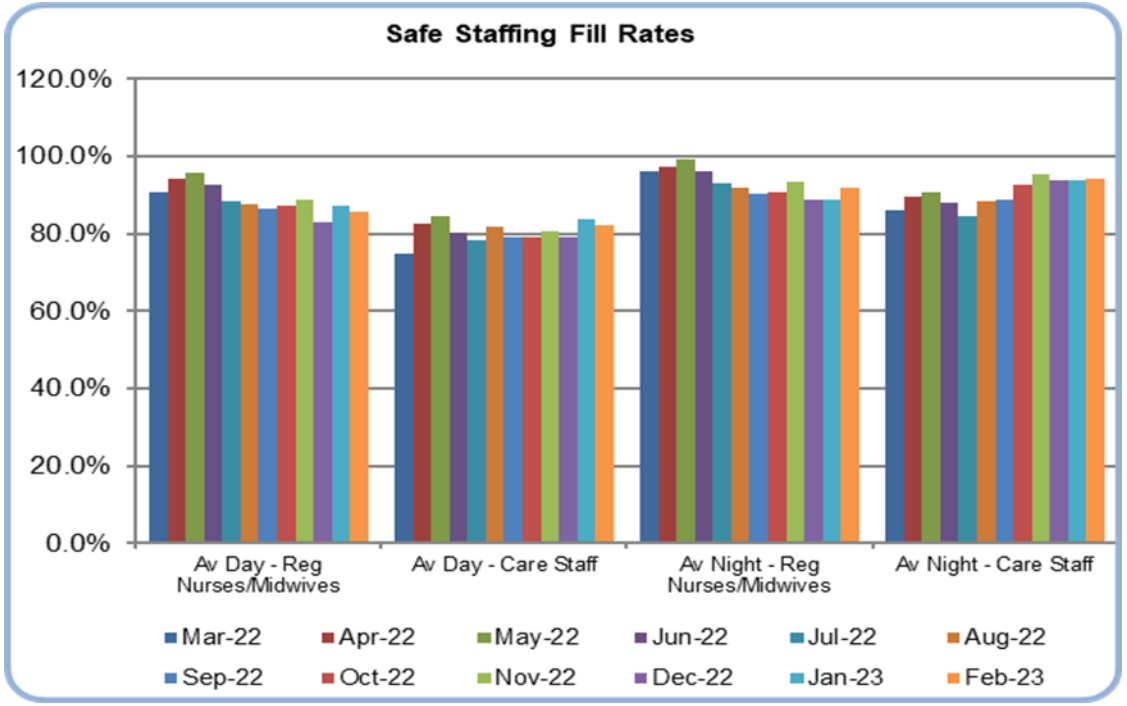
Other Wider Actions
- eLearning - LEARN – 14,191 users, 47,832 logins, 8,849 users with training activity, 20,904 completions (30 days)

Leadership & Management Learning
- First 90 min management bitesize module delivered and received great feedback from attendees, however, attendance was low, with 5 no shows. We will continue to monitor this.
- ILM Leadership and Management Cohort 2 of 22/23 went live on 14 Mar 23, with 15 attendees.
- Procurement underway for Mastering Management Programme to deliver at scale, with first Cohort of NHS Elect delivered 'Excellence in Management' programme in Jun 23. Applications will open in Apr 23.
- Effective Mentor Training delivered on 15 Mar 23, this will enhance our register with more Mentors and further support our people through 1:1 Mentoring as well as support on upcoming Leadership programmes.
- DE&S and NBT Mentoring Scheme to continue this year, with discussions underway for knowledge sharing through Mentoring.
- Bespoke OD requests delivered to teams across Divisions, including Ante Natal team, Theatres and Neuropathology.
- NBT have begun the pilot phase of the ESR / LEARN interface. This will allow for the transfer of Core Skills Training Framework (CSTF) training records of new starters coming from other NHS organisations into LEARN. This will eventually replace the current manual processes that are done as part of the induction process

Apprenticeships
- Some residual issues being resolved since the removal of annex 21 pay.
- Levy utilisation from 1st April 22 for the financial year 84% - 11% of our levy spend has been supporting levy transfer. Total expired funds for April 22 financial year - £126,787 (expired fund 5/12 months)
- Multiply sessions delivered to 12 staff to date. 100% reported improved confidence in maths and 10 out of 12 have gone on to pursue a qualification in maths.
- Functional Skills is now available to all staff. Interest and uptake has been fantastic with 59 enquiries from staff across all areas of the trust and 16 staff members already completed or in training.
- A new traineeship cohort was recruited yesterday from Horfield Job Centre. 5 young adults will be joining us in the next few months to complete training and an extended work placement.
- Room bookings continue to be an issue with not being able to book more than 12 months in advance. Cohorts are having to start, particularly in BA (running 18 months), with only 66% of rooms being confirmed.

Safe Staffing Fill Rates

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

Feb-23	Day shift		Night Shift	
	RN/RM Fill rate	CA Fill rate	RN/RM Fill rate	CA Fill rate
Southmead	85.8%	82.2%	91.9%	94.3%

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:
- 20.59% of units had a registered fill rate of less than 80% by day and 5.88% by night with hotspots in 28A, Cotswold and Cossham.

- 35.29% had an unregistered fill rate of less than 80% by day and 17.65% by night, with hotspots in AMU, 34B, NICU and Cotswold.

Actions

There is an organisational focus on recruiting to Care Staff (HCSW) vacancies with a successful BNSSG recruitment event supported by NHS England during May 2022 with 94.00wte starting up to the end of February.

September's Nursing & Midwifery safe staffing summit has led to some key actions to review and improve the care assistant recruitment process.

Safe staffing is maintained through daily staffing reviews and registered staff and unregistered staff are deployed as required to meet the needs of patients across the service. Where staffing fill rates exceed 100% this is predominantly related to caring for patients with enhanced care needs.

Care Hours Per Patient Day

Legend: CHPPD Total Peers, CHPPD Unregistered, CHPPD Registered, CHPPD Total NBT

Required vs Rostered Hours

Legend: Rostered Hours, Required 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: 764
- No. non-compliant within 12 months: 121
- No. where date is unknown (new doctor): 19
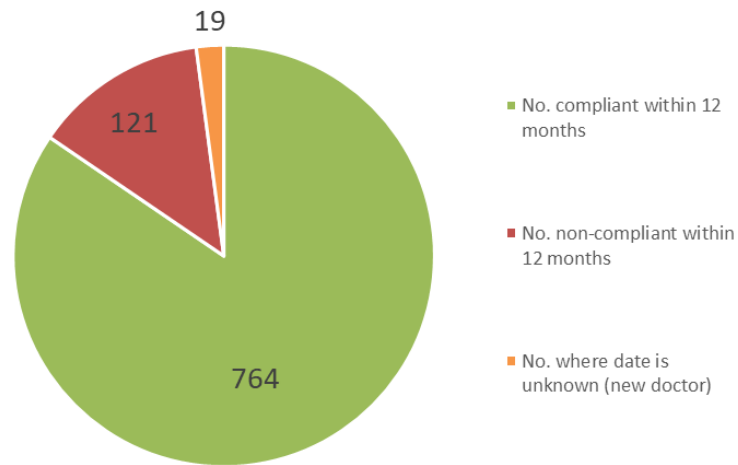
Non-compliant doctors - past 12 months

- Last appraisal completed 12-15 months ago: 76
- In Trust missed appraisal escalation process: 44
- Next appraisal due this year: 1

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?

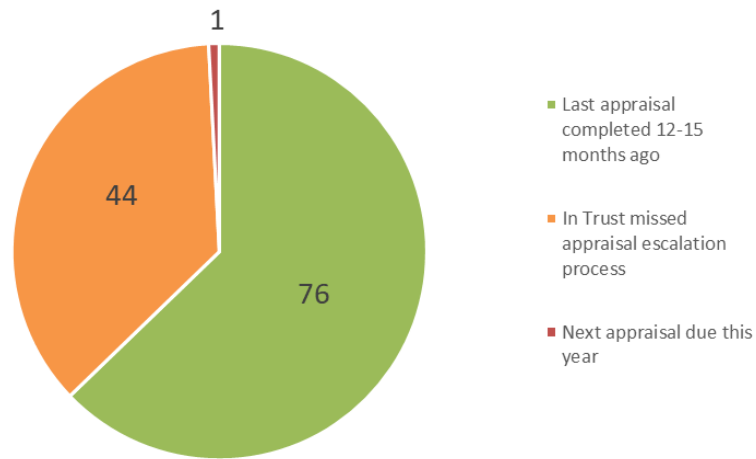Doctors who are overdue their appraisal from the last 12 months which should have taken place at NBT will fall under the Trusts missed appraisal escalation process. Doctors with an acceptable reason for not completing an appraisal in the last 12 months will have a new appraisal date set this year.

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 28th February 2023

	Month 11			Year to Date		
	Budget	Actual	Variance	Budget	Actuals	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	58.5	60.4	1.9	641.5	668.1	26.6
Other Income	5.1	7.8	2.8	62.7	77.6	14.9
Pay	(37.5)	(36.8)	0.7	(428.5)	(450.4)	(21.8)
Non-Pay	(23.7)	(26.8)	(3.1)	(277.8)	(298.4)	(20.5)
Surplus/(Deficit)	**2.3**	**4.6**	**2.3**	**(2.1)**	**(3.0)**	**(0.9)**

Assurances

The financial position for January 2023 shows the Trust has delivered a £2.3m actual surplus against a £2.3m planned surplus which results in a £2.3m favourable variance in month, with a £0.9m adverse variance year to date.

Contract income is £1.9m favourable in month and £26.6m favourable year to date. The in month position is driven by additional commissioner funding received to enable increased escalation capacity causing a favourable variance. In addition to this, income has been recognised relating to reflect the higher than planned pay uplift (£0.6m favourable) and ESRF (£0.7m favourable).

Other Income is £2.8m favourable in month and £14.9m favourable year to date. The Trust has recognised new income streams since the plan was signed off, the new income streams have a net-neutral impact on the financial position. When removed, Other Income is £0.7m favourable to plan which is driven by increased billing in Pathology and a review of accruals across divisions.

Pay expenditure is £0.7m favourable in month and £21.8m adverse year to date. The in month favourable position is driven by non-recurrent mitigations. The year to date adverse position is driven by unidentified CIP, pay award and increases in locum and bank costs driven by enhanced rates.

Non-pay expenditure is £3.1m adverse in month and £20.5m adverse year to date. The in month position is driven by increased spend on drugs and blood products (pass-through) in clinical divisions, unidentified CIP, and increased spend within divisional positions.

Statement of Financial Position at 28th February 2023

	21/22 M12 £m	22/23 M10 £m	22/23 M11 £m	In-Month Change £m	YTD Change £m
Non Current Assets					
Property, Plant and Equipment	605.0	611.4	613.2	1.9	8.2
Intangible Assets	13.7	11.9	12.0	0.1	(1.8)
Non-current receivables	1.5	1.5	1.5	0.0	0.0
Total non-current assets	**620.2**	**624.8**	**626.7**	**1.9**	**6.5**
Current Assets		0.0			
Inventories	9.1	9.7	9.9	0.2	0.8
Trade and other receivables NHS	19.0	16.1	12.1	(4.0)	(6.9)
Trade and other receivables Non-NHS	20.5	29.7	26.2	(3.5)	5.7
Cash and Cash equivalents	116.2	100.6	104.8	4.2	(11.4)
Total current assets	**164.8**	**156.2**	**153.0**	**(3.1)**	**(11.8)**
Current Liabilities (< 1 Year)					
Trade and Other payables - NHS	10.6	10.1	10.2	0.1	(0.4)
Trade and Other payables - Non-NHS	102.6	98.6	88.4	(10.2)	(14.1)
Deferred income	16.4	25.1	23.9	(1.2)	7.5
PFI liability	15.2	15.7	15.7	0.0	0.4
Finance lease liabilities	2.1	1.6	1.4	(0.2)	(0.7)
Total current liabilities	**147.0**	**151.1**	**139.6**	**(11.5)**	**(7.4)**
Trade payables and deferred income	7.1	7.6	7.6	(0.0)	0.5
PFI liability	359.3	351.0	350.3	(0.8)	(9.0)
Finance lease liabilities	2.0	5.7	5.7	(0.0)	3.7
Total Net Assets	**269.7**	**265.5**	**276.6**	**11.1**	**6.9**
Capital and Reserves					
Public Dividend Capital	456.9	459.4	465.4	6.0	8.5
Income and expenditure reserve	(372.4)	(371.3)	(371.3)	0.0	1.1
Income and expenditure account - current year	1.1	(6.6)	(1.5)	5.1	(2.6)
Revaluation reserve	184.1	184.1	184.1	0.0	(0.0)
Total Capital and Reserves	**269.7**	**265.5**	**276.6**	**11.1**	**6.9**

Assurances and Key Risks

Capital –Total capital spend for the year to date, excluding leases, was £25.7m, compared to a core initial plan of £20.0m. The total planned spend for the year is £22.1m (excluding leases). An additional £16.5m of capital funding is expected to be available through national funding, grants and historic receipts. The Capital Planning Group (CPG) has reviewed the year to date position, together with the forecast for the remainder of the year and the associated risks and is content that plans were in place for the Trust to meet its planned expenditure.

Receivables - There was a net increase of £1.2m in receivables, which related to income from the commissioners.

Cash – The cash balance decreased by £11.4m for the year to date due to the in-year deficit and higher than average payments made during the period, including significant amounts of capital spend cash relating to the March 2022 capital creditor. This is offset by deferred commissioning and research income received to date. Despite the reducing cash balance, the Trust is still expected to be able to manage its affairs without any external support for the 2022/23 financial year.

Payables -Year to date NHS payables have reduced by £0.4m due to post year end payments offset by increased invoicing ahead of year end across the whole sector. Non-NHS payables have decreased by £14.1m, of which £5.4m relates to the reduction in invoiced liabilities, £4.8m reflects decrease accrued capital expenditure and the remaining £3.8m is linked with a review of other accrued liabilities ahead of year-end. The above payments patterns are reflected in the reduced cash balance.

Deferred income - There is a year to date increase of £7.5m in deferred income, of which £3.6m represents deferral of contract income for delayed service developments and non-recurrent programmes, such as Mass Vaccination. The remainder is linked with timing of funding received from Health Education England, and research programmes and projects.

Regulatory

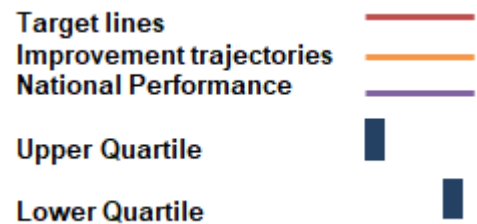## Board Sponsor: Chief Executive
Maria Kane

Monitor Provider Licence Compliance Statements at March 2023
Self-assessed, for submission to NHSI

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

Unless noted on each graph, all data shown is for period up to, and including, 28 February 2022 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 2022/23

QP1   Enabling Shared Decision Making & supporting patients' self-management

QP2   Improving patient experience through reduced hospital stays ('right to reside') & personalised care

QP3   Safe & excellent outcomes from emergency care

QP4   Safe & excellent outcomes from maternity care

QP5   Providing excellent cancer services with ongoing support for patients and their families

QP6   Ensuring the right clinical priorities for patients awaiting planned care and ensuring their safety

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
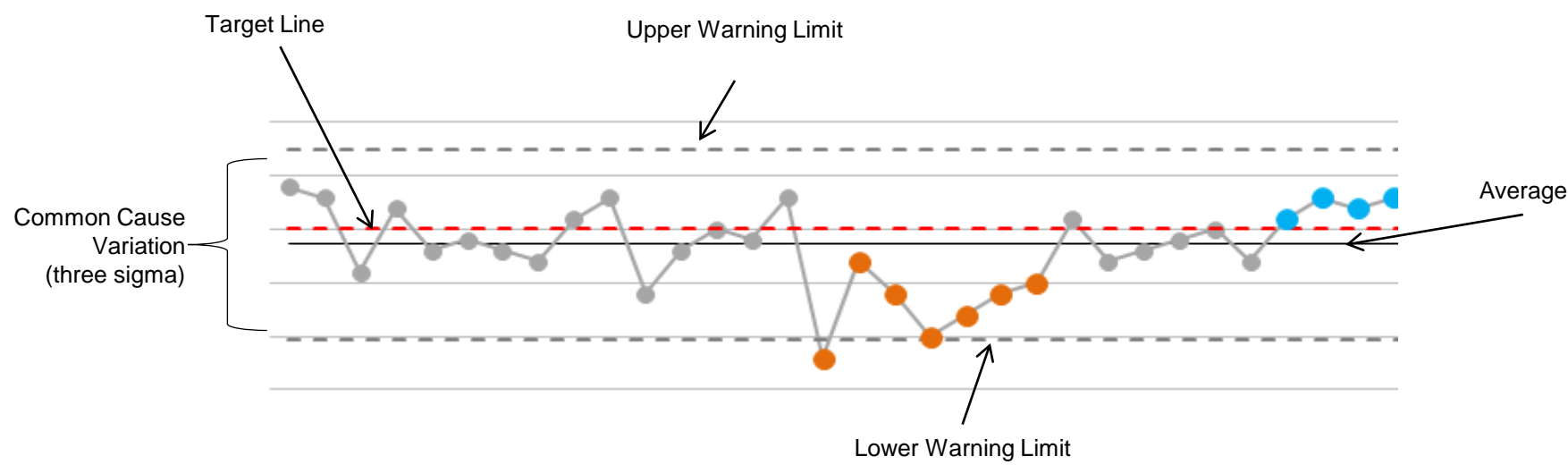
Orange dots signify a statistical cause for concern. A data point will highlight orange if it:
A) Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.
B) Runs for 7 consecutive points below 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